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Dunstan baby language efficacy in decreasing the parenting stress levels of housewives with 0-2 month old infants vs. standard care using a quasi-experimental study design

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L iterature shows that infant distress and care giving can be sources of stress of primary care givers, especially for first Litime mothers. The researchers wanted to determine whether Dunstan Baby Language (DBL) is efficacious in decreasing parenting stress among these primiparous women with 0-2 month infants over those utilizing standard newborn care. This research utilized a quasi-experimental approach, where 18 participants were gathered and divided into control (standard care) and experimental (DBL) groups. Descriptive statistics were used in the interpretation of the demographics, while a repeated measures mixed model was used for the Parental Stress Scale (PSS) results. A total of 27 participants were enrolled in the study. The experimental group had 18 participants, with a subsequent loss to follow up of 9, while the control group had 9 participants. These participants had babies with a mean age of 1 month in the experimental group and 2 months in the control group. An apparent decrease was noted in the Time 1 to Time 2 and the Time 2 to Time 3 PSS scores in the experimental group, as opposed to the control group having minimal changes in their PSS mean scores, but p-values failed to demonstrate any significant difference among them (p-values ranged from 0.053-0.415). Use of DBL among newborn babies led to decreased parenting stress levels among primiparous mothers as reflected in the downward trend of PSS mean scores during the observation period. However, the difference was not statistically significant versus the standard newborn care.

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## Special considerations in the evaluation and management of children with congenital heart disease and heterotaxy (isomerism)

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I somerism (also known as heterotaxy) is a unique condition which impacts 1 in 10,000 live births. Well recognized for the abnormalities in organ lateralization, isomerism is characterized by isomeric findings of the thoracic organs and random arrangement of the abdominal organs. Anatomic and functional abnormalities have been noted in every organ system although each individual patient may have a different number of affected organ systems with a variety of different findings possible in each organ system. Nearly all these children will have congenital heart disease, most of which will require single ventricle palliation. These children have gastrointestinal, immunologic, sinopulmonary and central nervous system issues which increase morbidity and mortality overall. Morbidity and mortality also increased during the perioperative and postoperative period in respect to cardiac surgery. It is thus imperative that cardiologists understand the nuances of isomerism to best manage these patients. While this is necessary, survey data collected by our group of nearly 200 pediatric cardiologists demonstrates that many do not understand the special considerations in respect to isomerism. This talk will discuss multisystem evaluation strategies in patients with isomerism as well as specific management strategies that can be employed to optimize outcomes and quality of life in these children. In addition, this talk will touch upon the underlying link of ciliary dyskinesia with isomerism and how this may be a therapeutic target to better manage these children as well. This talk will rely on data mostly from my research group which has been the most productive in respect to studying and publishing regarding isomerism (also known as heterotaxy).

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