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WCGWH-2026

WORLD CONFERENCE ON **Gynecology & Women's Health**

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ABSTRACT BOOK

Table Of Contents

PLENARY SPEAKERS

- 1 Title: The effect human papilloma virus on pregnancy outcome
AMRIT GUPTA, Jiwaji University , Gwalior, Madhya Pradesh, India
- 2 Title: Journey Of Maternal Mortality Of India Success and Challenges
Alka Pandy, India
- 3 Title: Cost Comparison Between Classical Laparoscopic and VNOTES Hysterectomy: Instrumental Expenditure and Length of Hospital Stay
Olga Sanz Asin, University Hospital of Limerick. Ireland
- 4 Title: TEnvironmental Toxicants, Placental Dysfunction, and Fetal Brain Inflammatory Activation: A Transwell Co-Culture Model of Maternal-Fetal Interface
Michal Toborek, University of Miami Miller School of Medicine, United States
- 5 Title: Placental histopathology and clinical significance in the high-risk obstetric patients: A cross-sectional retrospective study
Shuchita Mundle, All India Institute of Medical Sciences, Nagpur, India

-
- 6 Title: The Diagnostic Enigma of a Uterine Vascular Lesion: AVM or Vascularized Fibroid?
-

Sunbal Mukhtar, QEQM Hospital, East Kent Hospitals University NHS Foundation Trust, United Kingdom

- 7 Title: Prevalence and Factors Associated with Unsafe Abortion Among Married Women Admitted to the Gynecology Ward at Lira Regional Referral Hospital in Lira city Northern Uganda.
-

Betty Apio, Lira Regional Referral Hospital, Lira City, Uganda

KEYNOTE SPEAKERS

- 8 Title: Adherence to the Mediterranean Diet during pregnancy in relation to gestational weight gain: the Mutaba'ah Study
-

Aisha Abdalla Almulla, Institute of Medicine, Gothenburg, Sweden

- 9 Title: MORE THAN MEDICINE: Centering Mental Health in the Breast Cancer
-

Aisha Patterson, Patient Advocate & Public Speaker | OK, 74133, USA

- 10 Title: Reframing Polycystic Ovary Syndrome as a Lifelong Disease Beyond Reproductive Endocrinology: Implications Across the Female Lifespan
-

Anoosha Keshav, Medical University of the Americas Charlestown, Nevis, St Kitts & Nevis

11 Title: Locked Down: Experiences of Domestic Violence in Central India

Anusha Kamath, All India Institute of Medical Sciences (AIIMS), Nagpur

12 Title: Opening Pandora's Box: A Case Report On Isolated Fallopian Tube Torsion (Ifft) Mimicking Acute Appendicitis In A Young Adolescent

Arlex C. Alto Jr, Obstetrics And Gynecology Resident Bicol Medical Center, Philippines

13 Title: Exploratory Analysis of Gut Microbiota in Pregnant Women with Preeclampsia and Normal Pregnancy

Azizah Nurdin, Doctoral program, Faculty of Medicine, Hasanuddin University, Indonesia

14 Title: Unmet need for family planning and associated factors among married women in Somalia: A further analysis of 2020

Hamze G. Dahir, School of Public Health and Nutrition, Amoud University, Borama, Somaliland

15 Title: Menopausal hormone therapy and risk of ovarian cancer: evidence from a population-based cohort of 1,274,576 women in Norway

Iqbal Al-Zirqi, Division of Gynaecology and Obstetrics, Rikshospitalet, Oslo University Hospital, Oslo, Norway.

-
- 16 Title: One Decade Later - The Conundrum Of Unrecognized Asherman Syndrome: A Case Report
-

MARIA FRANCESCA LAVADIA-GUMABAO, Bicol Medical Center, Naga City, Philippines

- 17 Title: Female health in low resource setting, the need for easy and effective models of care, pelvic organ prolapse surgical correction as an example.
-

Isam Mohamed Babbiker, Assistant Professor Obstetrics and Gynecology, Sinnar University. Sudan

- 18 Title: Hidden in Plain Sight: Unicornuate Uterus Accidentally Discovered During Term Caesarean Section
-

Preethi Angala, QEQM Hospital, East Kent Hospital Universities, NHS Foundation Trust

- 19 Title: Factors influencing the provision of antenatal urine testing in Kavrepalanchowk, Nepal: a mixed-method study
-

Rajani Shakya, Research & Development Division, Dhulikhel Hospital Kathmandu University Hospital, Nepal

- 20 Title: Ovarian Steroid Cell Tumors: A Rare Case Series and Literature Review
-

Ugi Utomo Dimas, Department of Obstetrics and Gynecology, Persahabatan General Hospital, Indonesia

- 21 Title: Healthcare professionals' experiences of discussing sexual function with menopausal women
-

Victor Olagundoye, Consultant Gynaecologist. Birmingham and awest Birmingham Hospital NHS Trust. UK

22 Title: A Case Report on Advanced Abdominal Pregnancy

Vivien Jovich M. Morales, Bicol Medical Center, Naga City, Philippines

23 Title: Knowledge and practice regarding Intra Uterine Contraceptive Device use in Tissamaharama, Sri Lanka

De Silva BPGN, Sri Lanka, India

FEATURED SPEAKERS

24 Title: Integrative Genomics Identifies Progesterone Receptor Signaling as Protective Against Female Infertility via Immune Modulation: A Mendelian Randomization

Aamir Mahmood, Zhengzhou University, China

25 Title: Vasopressor Strategies for Treatment of Postspinal Hypotension in Parturients Undergoing Cesarean Births

Arya Babul, Society for Awareness of Neglected Diseases, NV 89138,USA

26 Title: Post Cesarean Paralytic Ileus: Risk Factors and Clinical Characteristics

Asaf Zaga, Soroka University Medical Center, Beer Sheva, Israel

27 Title: Premenstrual Dysphoric Disorder; Indicators, Causes and Triggers (PreDDICT)

Chloe Apsey, National Centre for Mental Health, Cardiff University, Cardiff, United Kingdom

28 Title: Machine Learning–Based Early Prediction of PCOS, Endometriosis, and Anemia Using a Unified Multi-Source Menstrual Health Dataset

Jani Preet Shaileshkumar, Student of Information Technology at LDRP-ITR, India

29 Title: Comparing Mental Health Of Pregnant Guatemalans After Immigration

Likhita Nandigam, Baylor College of Medicine, 1 Baylor Plaza, Houston TX 77030, USA

30 Title: Bridging Gaps in Patient Education: A Women's Community Health Fair

Nadine Najah, Warren Alpert Medical School of Brown University, USA

31 Title: Early Detection of Cervical Cancer Using HPV DNA Test and DoIVA: A Case Report

Ras Adiba Riza, Universitas Indonesia, Cipto Mangunkusumo National Hospital, Jakarta

32 Title: Genitourinary Syndrome of Lactation: Symptom Burden, Care Gaps, and Treatment Utilization in the Postpartum Period

Sara Perelmuter, Weill Cornell Medical College, New York, NY United states

33 Title: Improving Patient Experience and Satisfaction in Outpatient Hysteroscopy: A QIP Study

Sarah Bugren, East Kent Hospitals University NHS Foundation Trust, United Kingdom

34 Title: The Psychosocial Impacts and Disease Burden of Adenomyosis

Sarah McDonnell, James Cook University, Townsville Australia

35 Title: Hybrid Abdominal Posterior Colpotomy and Vaginal Extraction Approach for Impacted Prolapsed Fibroid in a Virgo Intacto

Shanya SHANMUGAM, Nanyang Technological University, Singapore

36 Title: VULVAR MELANOMA: A RARE CASE REPORT

Shaira L. Brizuela, Bicol Medical Center, Camarines Sur, Philippines



AMRIT GUPTA

Jiwaji University, Gwalior, Madhya Pradesh

The effect human papilloma virus on pregnancy outcome

Abstract

Pregnancy is a unique state in which balance of immune tolerance and suppression is necessary to protect the fetus without compromising the mother's health.. Human papilloma virus (HPV) is viral infection which mainly gets transmitted through sexual contact. The HPV infection can cause infections in placenta and increase inflammatory response in mother affecting pregnancy outcome. This may result in adverse maternal and neonatal outcome.

Objective: 1.Evaluate the effect on clinical course in pregnancy and maternal outcome in pregnant women with HPV infection;2. Evaluate the effect on the neonatal health, in terms of adverse clinical effect

Methodology: The prospective cohort study was done in tertiary care setting institution along the span of two years. In this study 250 participants were recruited. The study included pregnant women who attended the antenatal clinic for their routine check-up. Written informed consent was obtained from each participant. Participants were asked to fill out a detailed questionnaire about their lifestyle, including demographic characteristics, sexual behaviours, past gynaecological history, and medical and surgical history. HPV was the preliminary screening method, and Pap smear was done in patients who came out to be HPV positive.

Samples were collected by the cotton stick or HC2 sampler brush. provided in the HC2 sampler kit. Cyto-brush was rotated 3–5 times in the region of ecto-cervix. After the collection of sample, it was dissolved in PBS buffer and stored in – 80° for HPV DNA

analysis. HPV DNA was detected using a hybrid capture assay (marketed as Digene HC2 high-risk HPV DNA test; Cat. No./ID: 5199–1220).

The cohort was divided in two study groups 1) those who were HPV positive; 2) those who were HPV negative. Chi-square test is used to compare categorical variables across groups. ANOVA Unpaired t tests and independent sample's tests are used to test the statistical significance of intergroup mean differences. P-values are considered significant if they are less than 0.05. In MS Windows, SPSS20 (IBM Corporation; NY, USA) was used for statistical analysis of all data.

Results; Out of 228 pregnant women 27.63% (n=63) pregnant women found positive for HPV DNA test. In the comparison of the HPV-positive (N=63) and HPV-negative (N=165) groups using chi-square tests, several demographic variables exhibited statistically significant differences. Habitat distribution shows a significant difference ($p<0.001$), with 28.6% of HPV-positive individuals residing in rural areas compared to 8.5% of HPV-negative individuals;

The presence of morbidity besides HPV infection differed significantly ($p<0.001$), with HPV-positive participants more likely to have additional morbidities (54%) compared to HPV-negative participants (32.1%). The mode of delivery showed significant differences ($p<0.05$), particularly in emergency lower segment cesarean section (HPV+: 41.3%, HPV-: 23.6%). Gestational age at delivery was significantly lower in the HPV-positive group (median 37.28 weeks, IQR 36.43-37.85) compared to the HPV-negative group (median 37.71 weeks, IQR 37.14-38.42), with a P-value of 0.003. Finally, birth weight was significantly lower in the HPV-positive group (median 2.75 kg, IQR 2.5-2.9425) compared to the HPV-negative group (median 2.9 kg, IQR 2.67-3.25) with a P-value of 0.001.

Conclusion: In summary, our study offers valuable insights into the relationship between HPV infection during pregnancy, basic demographic factor and maternal and neonatal health outcomes.

Biography

Dr Amrit Gupta at 63 years, is Professor in department of Maternal and Reproductive Health. Her medical education from Jiwaji University , Gwalior, Madhya Pradesh, was followed by training in various streams of obstetrics and gynecology, in the country and abroad. She has worked in renowned institutions in the department of obstetrics and gynecology. She has published more than 25 researches in reputed journal and also contributed to books. Her interests are in preventive oncology, high risk pregnancy and reproductive endocrinology.

**Alka Pandey***India*

Journey Of Maternal Mortality Of India Success and Challenges

Abstract

Introduction

India's Maternal Mortality Ratio (MMR) stands at 80 per lakh live births as reported by United Nations Maternal Mortality Estimation Inter-Agency Group (UN-MMEIG 2000-2023) on April 7, 2025.

In 1990, India accounted for nearly 20% of the global burden of maternal deaths, with a Maternal Mortality Ratio (MMR) of 556 per 100,000 live births. Over the subsequent three decades, the nation has orchestrated one of the most significant public health turnarounds in modern history, achieving 86% reduction in MMR, India reduced its MMR by 23 points from 2020 to 2023.

In 2023, India recorded 19,000 maternal deaths, accounting for 7.2% of global maternal mortality, making it the 2nd largest contributor. India was followed by the Democratic Republic of Congo, also at 7.2%, and Pakistan at 4.1%.

Aim of the study To find out the current MMR of India , causes of deaths , government initiatives to bring down MMR , utilization of these initiatives by public , gaps in these services and way forward.

Methods Search was made on Google Scholar, Pubmed , Science direct.

Results- MMR of India is 80 ,direct causes of maternal mortality were hemorrhage, hypertensive disorders, sepsis. Government of India has launched many schemes to reduce MMR, to name a few are Pradhan Mantri Surakshit Matritva Abhiyan , Janani Suraksha Yojana and SUMAN.

The state wise MMR data shows huge disparities

Area of concern 2000-2015 the AAR for India was 7% , between 2016 and 2023 – the AAR dropped to 6%. The drop of 1% point in AAR indicates that efforts to minimise the MMR or to sustain the reduction rates might require tweaks in policies or slightly better implementation on the ground.

Conclusion: India is on track to meet the Sustainable Development Goal (SDG) target of an MMR below 70 by 2030.



Dr. Olga Sanz Asin

University Hospital of Limerick. Ireland

Cost Comparison Between Classical Laparoscopic and VNOTES Hysterectomy: Instrumental Expenditure and Length of Hospital Stay

Abstract

Minimally invasive gynecologic surgery continues to evolve to optimize patient recovery while maintaining safety and cost-efficiency. VNOTES (Vaginal Natural Orifice Transluminal Endoscopic Surgery) hysterectomy is an innovative approach that may reduce operative costs and hospital stay compared with classical laparoscopic hysterectomy. In this study, we compared procedural costs between classical laparoscopy and VNOTES, focusing on surgical instruments and length of hospitalization. Instrumental costs were estimated using average European market prices: the VNOTES access kit (four trocars) cost €450 and did not require a uterine mobilizer, while classical laparoscopy involved one optical trocar (€250), three standard trocars (€50 each), and a uterine mobilizer (€250), totaling approximately €650. Hospital stay was assumed to be one day shorter for VNOTES, even becoming an outpatient procedure, with daily inpatient costs ranging from €878 to €1,279 in Ireland. Overall, VNOTES reduced instrumental costs by ~30% and total cost per patient by €400–€1,000. These findings suggest that VNOTES hysterectomy is a cost-effective alternative to classical laparoscopy, combining clinical and economic advantages.

Biography

Dr. Olga Sanz works as a consultant in the UL Hospital Group. She has a clinical and research interest in minimally invasive gynecologic surgery, focusing on techniques that optimize patient recovery and surgical efficiency.



Dr. Michal Toborek Cassandra Coriolan, MPH, MS

*University of Miami Miller School of Medicine,
United States*

TEnvironmental Toxicants, Placental Dysfunction, and Fetal Brain Inflammatory Activation: A Transwell Co-Culture Model of Maternal-Fetal Interface

Abstract

Placental dysfunction is a central contributor to intrauterine growth restriction (IUGR) and preeclampsia, leading causes of perinatal morbidity and mortality. Emerging evidence implicates environmental toxicants such as di(2-ethylhexyl) phthalate (DEHP), perfluorooctanoic substances (PFOAs), and other endocrine-disrupting chemicals in altering trophoblast function and impairing placental-fetal communication. This study aimed to model these disruptions using an in vitro co-culture system mimicking the maternal-fetal interface.

A transwell culture system was established using human trophoblast cells seeded in the apical chamber and placental endothelial cells in the basal chamber. Cultures were exposed to DEHP and PFOAs at physiologically relevant concentrations for 48 hours over four dosages. Following exposure, trophoblast cells demonstrated significant downregulation of Connexin 43 (GJA1) and Syncytin-1 (ERVW-1), suggesting impaired cellular communication and fusion.

Conversely, there was marked upregulation of Placental Growth Factor (PGF) and SLC2A1 (GLUT1), indicating a compensatory response to hypoxic or stress-induced conditions.

Conditioned media from the trophoblast-endothelial transwell cultures were collected, centrifuged to remove debris, and then applied to fetal human brain microvascular

endothelial cells (HBMECs). Exposure to toxicant-conditioned media resulted in notable modulation of tight junction proteins and inflammatory markers. Specifically, Claudin-5 (CLDN5) was significantly downregulated, while Occludin (OCLN) was upregulated. There was also pronounced upregulation of interleukin-6 (IL-6), a key pro-inflammatory cytokine implicated in fetal neuroinflammation. Additionally, estrogen receptor expression and SLC2A1 were significantly downregulated, suggesting endocrine disruption and impaired glucose transport across the fetal blood-brain barrier.

These findings demonstrate that environmentally relevant toxicant exposures can disrupt trophoblast signaling and induce pro-inflammatory and barrier-altering effects in fetal brain endothelial models. The transwell co-culture system provides a physiologically relevant platform for studying maternal-fetal toxicant transfer and neurovascular outcomes. These insights may inform mechanistic understanding of how environmental exposures contribute to adverse perinatal outcomes, and highlight the need for stronger environmental health surveillance and preventive strategies during pregnancy.



Shuchita Mundle

All India Institute of Medical Sciences, Nagpur, India

Placental histopathology and clinical significance in the high-risk obstetric patients: A cross-sectional retrospective study

Abstract

Women's childbirth experience can have immediate as well as long-term positive or negative effects on their life, well-being and health. When evaluating and drawing conclusions from research results, women's experiences of childbirth should be one aspect to consider. Researchers and clinicians need help in finding and selecting the most suitable instrument for their purpose. The aim of this study was therefore to systematically identify and present validated instruments measuring women's childbirth experience. A systematic review was conducted in January 2016 with a comprehensive search in the bibliographic databases PubMed, CINAHL, Scopus, The Cochrane Library and PsycINFO. Included instruments measured women's childbirth experiences. Papers were assessed independently by two reviewers for inclusion, and quality assessment of included instruments was made by two reviewers independently and in pairs using Terwee et al's criteria for evaluation of psychometric properties. In total 5189 citations were screened, of which 5106 were excluded by title and abstract. Eighty-three full-text papers were reviewed, and 37 papers were excluded, resulting in 46 included papers representing 36 instruments. These instruments demonstrated a wide range in purpose and content as well as in the quality of psychometric properties. This systematic review provides an overview of existing instruments measuring women's childbirth experiences and can support researchers to identify appropriate instruments to be used, and maybe adapted, in their specific contexts and research purpose.

Biography

Dr. Shuchita Mundle is Professor and Head of the Department of Obstetrics and Gynecology at AIIMS Nagpur. She is a clinician, academician, and researcher with extensive expertise in hypertensive disorders of pregnancy, labor induction, high-risk obstetrics, and minimally invasive gynecologic surgery. She has been actively involved in several international collaborative research projects with leading universities, focusing on maternal health, intrapartum fetal monitoring, and community-based strategies to improve pregnancy outcomes. Dr. Mundle has published widely in peer-reviewed journals and contributes to national and global initiatives in women's health.



Miss Sunbal Mukhtar

*QEQM Hospital, East Kent Hospitals University NHS
Foundation Trust, United Kingdom*

The Diagnostic Enigma of a Uterine Vascular Lesion: AVM or Vascularized Fibroid?

Abstract

To highlight the diagnostic challenge in distinguishing between a uterine arteriovenous malformation (AVM) and a vascularized fibroid, and to emphasise the importance of cautious, multidisciplinary decision-making.

Case Report

A 33-year-old woman presented with persistent irregular vaginal bleeding for two months following surgical management of a miscarriage. Pelvic ultrasound demonstrated a highly vascular lesion in the anterior uterine wall, raising suspicion of retained products of conception or an acquired AVM. MRI showed serpiginous vascular structures suggestive of an AVM, while a vascularized fibroid remained a differential diagnosis. CT angiography further supported AVM by demonstrating uterine artery hypertrophy.

The patient was referred for diagnostic uterine angiography with a view to embolization; however, angiographic findings were more consistent with a vascularized fibroid, and embolization was deferred. Multidisciplinary team discussion recommended combined hysteroscopy and laparoscopy. Hysteroscopy revealed a polypoid lesion with fibrinous material arising from the anterior uterine wall, with otherwise normal endometrium. Laparoscopy demonstrated a mildly bulky uterus with subtle broad ligament varicosities and normal adnexa. Histopathological results are pending. The patient remained haemodynamically stable despite ongoing bleeding and recurrent emergency presentations.

Conclusion

This case demonstrates the significant diagnostic overlap between uterine AVMs and vascularized fibroids. It highlights the limitations of imaging alone and the value of a multidisciplinary, stepwise approach to avoid unnecessary or potentially harmful interventions.



Betty Apio

Lira Regional Referral Hospital, Lira City, Uganda

Prevalence and Factors Associated with Unsafe Abortion Among Married Women Admitted to the Gynecology Ward at Lira Regional Referral Hospital in Lira city Northern Uganda

Abstract

Unsafe abortion remains a major contributor to maternal morbidity and mortality globally, with over 60% of unplanned pregnancies ending in abortion and nearly half of these being unsafe. This study aimed to determine the prevalence of unsafe abortion and associated factors among married women admitted to the gynecological ward at Lira Regional Referral Hospital in Northern Uganda. A hospital-based cross-sectional study was conducted from December 2022 to April 2023 among 368 married women admitted with abortion, who were consecutively recruited. Quantitative data were collected using an interviewer-administered questionnaire and analyzed using descriptive and inferential statistics in Statistical Package for Social Sciences version 29.0. Ethical approval was obtained from Gulu University Research Ethics Committee and permission was granted by Lira Regional Referral Hospital, with informed consent obtained from all participants. Nearly half of the respondents (47.8%) had experienced unsafe abortion. Most participants were aged 15–24 years, resided in rural areas, had primary-level education, and reported low monthly income. Women aged 15–24 years were less likely to have unsafe abortion compared to those aged above 34 years, while those residing in rural settings and those with monthly incomes below 500,000 Uganda shillings were significantly more likely to experience unsafe abortion. The study demonstrates a high prevalence of unsafe abortion among married women in Northern Uganda, with rural residence, older age, and low income being key associated factors. Strengthening public education on the risks of unsafe abortion and expanding access to sexual and reproductive health services, particularly family planning, are essential to reducing unsafe abortion and its associated complications.



Aisha Abdalla Almulla

Institute of Medicine, Gothenburg, Sweden

Adherence to the Mediterranean Diet during pregnancy in relation to gestational weight gain: the Mutaba'ah Study

Abstract

Excessive gestational weight gain (EGWG) increases the risk of adverse pregnancy outcomes. We aimed to assess the associations between the alternate Mediterranean diet (aMED) index and its components with gestational weight gain (GWG) and EGWG among pregnant women in the United Arab Emirates (UAE). The analysis involved 576 pregnant women from the dietary subcohort of the Mutaba'ah Study. The aMED index score was calculated based on a self-administered semi-quantitative food frequency questionnaire completed during pregnancy. GWG was calculated as the difference in weight between the last (gestational week ≥ 37) and the first recorded weight (gestational week ≤ 14). EGWG was defined, according to the Institute of Medicine guidelines. Multivariable linear and logistic regression analyses assessed the relationship between aMED and its components with GWG and EGWG. In total, 29% of the pregnant women had EGWG. No significant associations between aMED and GWG or EGWG were found. GWG was inversely associated with the intake ratio of monounsaturated fatty acids to saturated fatty acids ($\beta = -0.84$, 95% CI: -1.51, -0.17) and positively associated with the intake of fruit ($\beta = 0.05$, 95% CI: 0.009, 0.08). The odds of EGWG were inversely associated with a higher intake of vegetables (OR=0.93, 95% CI: 0.88, 0.99, per 25g/d) and positively associated with a higher intake of fruit (OR=1.02, 95% CI: 1.00, 1.03, per 25g/d). Increasing intake of vegetables and consuming high-quality fat may promote healthy GWG. Further investigations are needed to clarify the role of fruit intake in relation to GWG.

Biography

Dr. Aisha A. Almulla is a qualified registered dietitian and dedicated clinical researcher with a strong interest in the critical field of maternal and child nutrition. She earned a Bachelor's degree in Clinical Nutrition and Dietetics from the University of Gothenburg before pursuing advanced studies, which include a Master's degree and a PhD in Clinical Nutrition and Dietetics. She was awarded her doctorate with distinction from the prestigious Sahlgrenska Academy at the University of Gothenburg, Sweden, a leading institution in medical research. She has made significant contributions to the scientific literature, authoring numerous articles in high-impact, international, peer-reviewed journals. Her work is centered on investigating the profound impact of nutrition during the perinatal period on both immediate pregnancy outcomes and the long-term health and development of children. Dr. Almulla is also a frequent presenter at prominent national and international conferences and an active membership in several professional committees and nutrition societies.



Aisha Patterson

Patient Advocate & Public Speaker | OK, 74133, USA

MORE THAN MEDICINE: Centering Mental Health in the Breast Cancer

Abstract

The emotional fallout of breast cancer is often unspoken—but deeply felt. Nearly 50% of patients experience anxiety symptoms, and 1 in 4 meet the criteria for clinical depression. These rates rise even higher for younger women and women of color, who frequently face added layers of isolation, identity disruption, and unaddressed trauma.

While the physical fight against cancer is grueling, the mental toll can be just as life-altering. Yet, emotional and psychological support is often sidelined—especially for women balancing treatment with careers, caregiving, and cultural expectations.

In this transformative workshop, Aisha Patterson—breast cancer survivor, speaker, and nationally recognized mental health advocate—creates a trauma-informed, culturally grounded space to explore the mental health needs of patients and survivors. Drawing from her personal story and insights gained from supporting over 100,000 followers, Aisha blends guided storytelling, self-reflection tools, and practical frameworks that prioritize emotional wellness in the cancer journey.

Participants will engage in honest dialogue about grief, anxiety, identity loss, and healing beyond the hospital room—and walk away with real strategies they can use or share.

Attendees will leave with:

- Mental health prompts and tools for personal use or facilitation
- A culturally responsive model for emotional support Language to help survivors navigate anxiety and guilt
- A deeper understanding of the mental weight of survivorship
- Tips for creating emotionally safer, more inclusive spaces

Ideal for healthcare providers, peer support leaders, therapists, and survivors ready to put mental health at the center of care.

Biography

Diagnosed with breast cancer at 32, Aisha Patterson has become a leading national advocate for women under 40, women of color, and working mothers facing health crises. Since 2020, she's grown a platform of over 100,000 engaged followers, using that reach to push for healing, equity, and empowerment in survivorship communities.

Her work spans educational content, storytelling campaigns, and survivor-centered initiatives focused on clinical trials access, mental health, financial support, and treatment navigation. Aisha's been featured on Good Morning America, Essence Magazine, and through the American Cancer Society; she's also partnered with Eli Lilly, GoodRx, and others to build culturally responsive resources.

On stage, she's known for blending humor, real-talk, and strategy. Off stage, she's raising her family on a farm—living and speaking her truth so others can lead with clarity, power, and hope.



Anoocha Keshav

*Medical University of the Americas Charlestown,
Nevis, St Kitts & Nevis*

Reframing Polycystic Ovary Syndrome as a Lifelong Disease Beyond Reproductive Endocrinology: Implications Across the Female Lifespan

Abstract

Polycystic ovary syndrome (PCOS) is among the most common endocrine disorders worldwide, yet it continues to be primarily defined and managed as a reproductive condition centered on menstrual irregularity and infertility, limiting recognition of its broader and long-term health consequences. Increasing evidence indicates that PCOS is a chronic, multisystem condition with clinical implications that extend across the female lifespan. This narrative review synthesizes evidence from adolescence through postmenopause to examine how PCOS-related risk evolves over time. The literature demonstrates that PCOS often emerges during adolescence, when early metabolic and psychological features may be overlooked or attributed to normal pubertal development, resulting in delayed diagnosis and missed preventive opportunities. During the reproductive years, clinical management frequently remains fertility-focused despite consistent associations with adverse pregnancy outcomes and early cardiometabolic dysfunction. With advancing age, reproductive manifestations may diminish; however, underlying metabolic risk persists or progresses, with insulin resistance, metabolic syndrome, type 2 diabetes, and cardiovascular disease commonly extending into midlife and later adulthood. Prolonged exposure to unopposed estrogen further increases lifetime risk of endometrial hyperplasia and endometrial cancer, underscoring the relevance of PCOS beyond reproductive endocrinology. Across all life stages, gaps in longitudinal follow-up and surveillance contribute to preventable morbidity.

Collectively, these findings support reframing PCOS as a lifelong condition and highlight the importance of a life-course approach to improve early recognition, continuity of care, and long-term health outcomes in women with PCOS

Biography

Anoosha Keshav is a medical student, former healthcare entrepreneur, and women's health advocate with a strong interest in advancing more inclusive and proactive care for women. She is currently pursuing her MD while focusing on women's health research, particularly conditions that are underdiagnosed, misunderstood, or frequently dismissed in clinical practice, including polycystic ovary syndrome. Her work is informed by both lived experience as a patient and professional experience within the healthcare system, giving her a dual perspective on how gaps in recognition, delayed diagnosis, and fragmented care continue to affect women's health outcomes. Through research, education, and advocacy, Anoosha is committed to bridging the gap between women's lived experiences and current medical frameworks, and to contributing to a more holistic, life- course approach to women's health.



Anusha Kamath

All India Institute of Medical Sciences (AIIMS), Nagpur

Locked Down: Experiences of Domestic Violence in Central India

Abstract

Introduction: The National Family Health Survey (NFHS-4) data show that 31.1% of women faced domestic violence in 2015–2016, with no reduction since 2005–2006. Emerging data show that since the outbreak of the coronavirus disease (COVID-19), reports of intimate partner violence have increased worldwide because of mandatory lockdowns to curb the spread of the virus. The nature of the current pandemic, which has forced women to spend time with their abusers and restricted their mobility, has made them more vulnerable to abuse. We aimed to determine the proportion of domestic violence among Indian women during the lockdown period.

Methods: This is a cross-sectional study, conducted in June– August 2020 on married, Indian women of reproductive age who attended the obstetrics-gynecology outpatient department during the COVID-19 pandemic. The Abuse Assessment Screening questionnaire validated during NFHS-4 (2015–2016) was used as a data collection tool. Our primary objective was to determine the proportion of women presenting to the hospital who were exposed to domestic violence during the lockdown period. Analysis was done using SPSS Statistics V22.0.

Results: A total of 412 women were recruited for the study. The mean age was 23 years (range 19–52 years). The prevalence of domestic violence in any form was found to be 32.5%, with the majority being verbal abuse in the form of insults, threats of physical violence, or public humiliation.

Conclusion: The results of this study indicated a high proportion of women with a history of domestic violence during the pandemic. Thus, health care policy makers and experts involved in

women's care—particularly during crisis conditions such as the COVID-19 pandemic—should be aware of the extent of this problem and take measures to properly address it.

Biography

Dr. Anusha Kamath is an Associate Professor in the Department of Obstetrics and Gynecology at the All India Institute of Medical Sciences (AIIMS), Nagpur. She has over a decade of academic and clinical experience, with a strong interest in gynecologic oncology, preventive oncology, and women's health research. Prior to joining AIIMS, she worked for three years at the Gujarat Cancer and Research Institute (GCRI), Ahmedabad, where she gained extensive experience in managing gynecologic malignancies. Dr. Kamath has been actively involved in teaching undergraduate and postgraduate students, organizing academic programs, and conducting clinical research. Her recent work includes studies on cervical cancer screening and diagnostic accuracy in ovarian tumors. She has presented at national and international conferences and contributes to public health awareness initiatives on women's cancers. Dr. Kamath is passionate about advancing cancer care and fostering multidisciplinary collaboration in women's health.

**ARLEX C. ALTO JR**

*OBSTETRICS AND GYNECOLOGY RESIDENT
BICOL MEDICAL CENTER, Philippines*

Opening Pandora's Box: A Case Report On Isolated Fallopian Tube Torsion (Ifft) Mimicking Acute Appendicitis In A Young Adolescent

Abstract

INTRODUCTION: Isolated fallopian tube torsion (IFTT) is an interesting, extremely rare, and potentially lethal gynecological emergency that may arise most unexpectedly even among young adolescents. It is frequently misdiagnosed and can be mistaken for acute appendicitis due to its vague clinical presentation and lack of pathognomonic signs.

CASE PRESENTATION: A 13-year-old nulligravid girl who was admitted with the impression of ruptured appendicitis was referred to the Department of Obstetrics and Gynecology for intraoperative care. Her clinical history indicates that she had recurrent abdominal pain associated with nausea, vomiting, and anorexia for 3 months. She had no other significant medical, surgical, reproductive and gynecologic history. No imaging studies were done by the admitting surgeon. The patient was taken for appendectomy under spinal anesthesia. However, the appendix did not appear inflamed or ruptured. The gynecology team was called to attend because of a large fluid-filled hemorrhagic structure arising from the right adnexa measuring 11 x 3 cm associated with torsion with 720 degrees of rotation. Consequently, detorsion and right salpingectomy were performed. The patient tolerated the procedure well and had an uneventful postoperative recovery period. The histopathological result confirmed the diagnosis of IFTT. Patient counseling was given in terms of future fertility.

CONCLUSION: Although extremely rare, it is necessary to include IFTT in the

differential diagnosis of female patients presenting with pelvic pain at the onset of symptoms, regardless of age. Multidisciplinary involvement and an effective referral system is critical. Late diagnosis can lead to necrosis, irreversible damage, and salpingectomy, which can affect future fertility.

Keywords: Isolated Fallopian Tube Torsion, Appendicitis, Salpingectomy, Fertility.

Biography

Dr. Arlex Alto is a dedicated Obstetrics and Gynecology resident at Bicol Medical Center in the Philippines. As a committed medical doctor, he has demonstrated excellence in clinical practice and case analysis, earning recognition by winning both local and national interesting case contests. With a strong foundation in women's health, Dr. Alto combines compassionate patient care with academic curiosity, aiming to advance maternal and reproductive health in his community. He continues to strive for excellence in his field through hands-on experience, research, and ongoing education.



Azizah Nurdin

Doctoral program, Faculty of Medicine, Hasanuddin University, Indonesia

Exploratory Analysis of Gut Microbiota in Pregnant Women with Preeclampsia and Normal Pregnancy

Abstract

Gut microbiota is suggested to play a role in modulating immune and metabolic processes during pregnancy. The association between gut microbiota and preeclampsia remains incompletely understood. This study aims to explore potential differences in gut microbiota composition between pregnant women with preeclampsia and those with normal pregnancies. This preliminary analysis includes 24 pregnant women (normal pregnancy and preeclampsia). Fecal samples were analyzed using 16S rRNA sequencing. Alpha diversity (Shannon, Simpson) and beta diversity were assessed to evaluate microbial composition. Descriptive statistics were applied to highlight initial trends. Preliminary data indicate differences in gut microbiota patterns between the preeclampsia and normal pregnancy groups. These findings are exploratory and require validation with the complete sample set. These early results suggest a potential difference in gut microbiota composition between pregnant women with preeclampsia and those with normal pregnancies. Further analysis on the full sample is needed to confirm these trends. This study supports continued exploration of the role of gut microbiota in the pathogenesis of preeclampsia.

Keywords: Gut microbiota, preeclampsia, pregnancy, alpha diversity

Biography

Azizah is a lecturer at State Islamic Alauddin University specializing in obstetrics and gynecology. He is currently pursuing a doctoral (PhD) program with a research focus on gut microbiota in pregnant women, particularly its association with preeclampsia and normal pregnancy. His research interests include the interactions between gut microbiota, the immune system, and maternal health, aiming to advance understanding and management of preeclampsia



Hamze G. Dahir

*School of Public Health and Nutrition, Amoud University,
Borama, Somaliland*

Unmet need for family planning and associated factors among married women in Somalia: A further analysis of 2020

Abstract

Unmet need for family planning (FP) in Somalia represents a critical public health challenge, significantly contributing to high rates of unintended pregnancies and maternal mortality. Despite national efforts, a substantial gap persists between women's reproductive intentions and their access to contraception. This study aimed to investigate the sociodemographic and reproductive factors associated with unmet FP needs among married Somali women. A quantitative, cross-sectional secondary analysis was conducted using data from the 2020 Somalia Demographic and Health Survey (SDHS), comprising 1,074 currently married women aged 15–49 years. Multinomial logistic regression was utilized to examine associations between sociodemographic factors and three outcome categories: unmet need for limiting, unmet need for spacing, and met need.

The analysis revealed a substantial unmet need for limiting births (36.6%), while the unmet need for spacing was low (0.7%). Age was a significant predictor; older women (45–49 years) demonstrated significantly lower odds of unmet need for limiting compared to adolescents (AOR 0.04). Conversely, fertility preferences were strong predictors: women desiring children after two years (AOR 19.75), those undecided (AOR 23.27), and those wanting no more children (AOR 1.76) exhibited significantly higher odds of unmet need for limiting compared to women wanting children within two years. The findings underscore a critical disconnect between reproductive desires and contraceptive access, highlighting the necessity for culturally sensitive interventions that prioritize women's specific reproductive intentions rather than general awareness.

Biography

Hamze G. Dahir is the Associate Dean of the School of Public Health and Nutrition at Amoud University, Somaliland. A dedicated public health researcher with a Master of Research degree, he specializes in epidemiology, reproductive health, and health systems strengthening in post-conflict settings. His work bridges the gap between complex health data and actionable community solutions, often utilizing the One Health framework to explore connections between environmental factors and disease transmission. Mr. Dahir is deeply committed to capacity building, mentoring the next generation of health professionals, and advocating for the Sustainable Development Goals (SDGs). He has published extensively on maternal health, immunization coverage, and disease surveillance in the Horn of Africa.



Iqbal Al-Zirqi

Division of Gynaecology and Obstetrics, Rikshospitalet, Oslo University Hospital, Oslo, Norway

Menopausal hormone therapy and risk of ovarian cancer: evidence from a population-based cohort of 1,274,576 women in Norway

Abstract

Introduction: In this cohort study, we investigated the association between use of menopausal hormone therapy (MHT) and epithelial ovarian cancer (EOC) risk.

Methods: We identified all women aged ≥ 45 years residing in Norway between 2004-2018. We obtained data on prescriptions, cancer and sociodemographic factors from national registries. Using multivariable Cox models, we estimated hazard ratios (HR) for the association between current use of MHT and EOC risk according to MHT type, administration route and individual drugs overall, and stratified by histological subtype and stage.

Results: We included 1,274,576 women, among whom 443,342 (34.8%) used MHT, and 4,796 (0.38%) developed EOC over a median follow-up of 12.7 years. Compared to no use, current use of any MHT was associated with an increased risk of EOC (HR 1.20, 95% confidence interval [CI] 1.11-1.30). We observed an increased EOC risk with current use of oral oestradiol combined with norethisterone (HR 1.32, 95% CI 1.15-1.50) and with vaginal oestradiol (HR 1.21, 95% CI 1.10-1.34), but not with non-vaginal oestrogen (HR 1.01, 95% CI 0.80-1.28 for oestradiol, HR 0.81, 95% CI 0.58-1.12 for estriol). In the drug-specific analyses of non-vaginal preparations, we observed an increased risk of EOC with current use of oral ActiVelle® (HR 1.42, 95% CI 1.18-1.69). Among vaginal preparations, we observed an increased EOC risk with current use of

Vagifem® (HR 1.17, 95% CI 1.03-1.34 for the 0.010 mg Vagifem; HR 1.31, 95% CI 1.13-1.53 for the 0.025 mg Vagifem). Current use of any MHT was associated with a higher risk of high-grade serous EOC (HR 1.23, 95% CI 1.10-1.38). HR (95% CI) for the other subtypes of EOC were 1.00 (0.69-1.45) for endometrioid, 0.54 (0.34-0.86) for mucinous, 1.11 (0.74-1.66) for clear cell, and 0.50 (0.27-0.94) for carcinosarcoma. HR (95% CI) for the stage-specific analyses were 1.08 (0.88-1.31) for localised, 1.39 (1.03-1.87) for regional, and 1.22 (1.12-1.34) for distant EOC.

Conclusion: Current use of MHT was associated with an increased risk of EOC, driven by the largest subtype, serous EOC. Among MHT components, oestradiol combined with norethisterone, and vaginal oestradiol showed increased risk of EOC, while non-vaginal oestrogen did not.



Dr. Isam Mohamed Babbiker

Assistant Professor Obstetrics and Gynecology, Sinnar University. Sudan Consultant Obstetrics and Gynecology, Consultant Obstetric Fistula Surgeon

Female health in low resource setting, the need for easy and effective models of care, pelvic organ prolapse surgical correction as an example

Abstract

During the last decades there is great improvement in health services and treatment modalities but still there is big gap in between countries and sometimes within the same country.

In low resources communities still maternal and neonatal mortality is present as main health problem. In addition, female health is daily challenging due to many factors including but not only; the cost of medical interventions, the availability of it, and if it fulfills woman's needs.

One of the concerns in female reproductive health is pelvic organ prolapse. It is estimated that 40% of women will experience pelvic organ prolapse, this number is expected to increase as life expectancy is increased. (1) Actually, pelvic organ prolapse in addition to affecting quality of life it reflects in directly the level of care given to females and it also reflects to what extend females are aware of their own health. Management of uterine prolapse depend on many factors including age, medical fitness for major surgery, fertility issues and hospital setting as well as level of training for treating doctor. But one of the important factors is community believes and patient wish. (2).

There is no simple, straightforward answer to the complexity of pelvic reconstructive surgery for POP (3) and as consequences the decision varies according to many

factors among which mainly is level of training and facilities available for treating doctor. Depending on this we think to develop simple effective technique for uterine preserving surgery, that is easy to learn and can be done in minimal setting in addition to correct many pelvic organs prolapse related problems. Which is important in this technique-ISAM TECHNIQUE- is the very low profile of complications in addition to high success rate.

There are advantages with uterine preserving surgeries vs hysterectomy in form of less blood loss, operative time, and others in addition to similar outcome in short time till 3years, as no enough data regarding long term.(4)

But if we consider other factors especially in low settings and low resources communities it is in favor of preserving surgery.

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Miss Preethi Angala

QEQM Hospital, East Kent Hospital Universities, NHS Foundation Trust

Hidden in Plain Sight: Unicornuate Uterus Accidentally Discovered During Term Caesarean Section

Abstract

To report the incidental intraoperative discovery of a unicornuate uterus during term caesarean section in a primigravida with congenital renal agenesis, highlighting the association between Müllerian anomalies and renal malformations and their obstetric implications.

Case Report

A 22-year-old primigravida with known congenital left renal agenesis presented at 38 weeks' gestation in early labour. Her medical and gynaecological history was otherwise unremarkable, with spontaneous conception and an uncomplicated antenatal course. Routine antenatal ultrasonography demonstrated normal fetal growth and no uterine abnormalities.

At the patient's request, a caesarean section was performed. Intraoperatively, an incidental finding of a unicornuate uterus was noted, with a single right uterine horn associated with the right fallopian tube and ovary, and absence of left-sided Müllerian structures. The procedure was completed without complication, resulting in the delivery of a healthy neonate. Postoperative recovery was uneventful.

Conclusion

Unicornuate uterus is a rare Müllerian anomaly frequently associated with ipsilateral renal agenesis and may remain undiagnosed until pregnancy or surgery. This case demonstrates that favourable obstetric outcomes are possible despite the increased

risks traditionally associated with this anomaly. Awareness of the association between renal and uterine malformations is essential, and appropriate imaging and counselling should be considered to optimise management and outcomes in future pregnancies.



Dr. Rajani Shakya

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Kathmandu University Hospital, Nepal*

Factors influencing the provision of antenatal urine testing in Kavrepalanchowk, Nepal: a mixed-method study

Abstract

Routine urine testing during pregnancy is important for diagnosing complications like pre-eclampsia and gestational diabetes, but is among the least frequently performed antenatal care (ANC) components in settings. This study explores the factors influencing the provision of antenatal urine testing in Kavrepalanchok district, Nepal.

This study was conducted between February-June 2024 which includes observations of health facilities (n=6) and interviews (n=19) with local policymakers, ANC providers, and pregnant women. Our mixed-method study analyzed nationally representative Nepal Health Facility Survey (NHFS) 2021 too.

Facility observation notes and interview transcripts were coded using a template analysis approach, and NHFS 2021 was descriptively analyzed. Findings were mapped to the WHO framework for the quality of ANC.

Among health facilities offering ANC services in the NHFS 2021, 32.5% performed urine dipstick testing on-site. Physical infrastructure and supplies to enable pregnant women to provide urine samples was adequate at health facilities. However, ANC providers rarely performed point-of-care dipstick tests in lower-level facilities. Limited laboratory capacity in lower-level facilities resulted in pregnant women making repeated visits or being referred to higher-level facilities to obtain urine tests. Healthcare providers were aware of the significance of urine testing but not of the recommended frequency. Urine tests were regularly performed during the first ANC visit and repeated only if there

were other symptoms of pregnancy complications. Despite availability of adequate physical resources for urine testing, routine urine tests were not conducted in every ANC visit, as recommended in Nepal guidelines. Training and supportive supervision are necessary to modify urine testing practices in ANC, including performing dipstick tests by ANC providers, at point of care, in rural health facilities lacking lab services.

Biography

Since joining Dhulikhel Hospital, Rajani has been involved in research related to Non Communicable Diseases, Maternal Health, and Digital Health. Her education background in MBBS and MD in Community Medicine and is interested in implementation sciences and health system research.



Ugi Utomo Dimas

Department of Obstetrics and Gynecology, Persahabatan General Hospital, Indonesia

Ovarian Steroid Cell Tumors: A Rare Case Series and Literature Review

Abstract

Steroid cell tumors (SCTs) are rare ovarian sex cord-stromal neoplasms, accounting for less than 0.1% of all ovarian tumors. They are typically hormonally active, with androgen excess leading to virilization, menstrual irregularities, or infertility. Steroid cell ovarian tumor encompasses three subtypes—stromal luteoma, Leydig cell tumor, and steroid cell tumor not otherwise specified (SCT- NOS), with the NOS variant being the most frequent. We report two cases of ovarian SCT with distinct presentations. The first case involved a 22-year-old woman with seven years of secondary amenorrhea and hirsutism. Pelvic ultrasonography revealed a left adnexal solid, irregular mass sized 49 × 43 mm. Laparotomy, cystectomy-frozen section was performed. With the results of frozen section was SCT, and histopathology confirmed SCT. The second case was a 49-year-old postmenopausal woman who presented with progressive abdominal enlargement without virilization. Ultrasound showed a right adnexal solid, irregular mass measured 90 × 56 × 91 mm with massive ascites. Laparotomy, right salpingo-oophorectomy-frozen section, continued with left salpingo-oophorectomy and total hysterectomy was performed. Histopathology revealed a steroid cell tumor with atypical features. These cases illustrate the diagnostic spectrum of SCTs: from hormonally active tumors in young women with hyperandrogenism to silent, clinically unsuspected tumors in postmenopausal patients presenting with abdominal enlargement. While imaging and hormonal assays provide useful clues, histopathology remains the gold standard for diagnosis. Complete surgical excision offers favorable outcomes in most cases, with fertility preservation possible in young women. However, the risk of malignant transformation, especially in tumors with atypical features, warrants long-

term clinical, hormonal, and radiologic surveillance.

Keywords: abdominal enlargement, hyperandrogenism, ovarian neoplasm, steroid cell tumor

Biography

Ugi has completed his medical doctor at the age of 27 years from Trisakti University and is currently undergoing a specialist education program in obstetrics and gynecology at the University of Indonesia.



Dr. Victor Olagundoye

*Consultant Gynaecologist. Birmingham and awest
Birmingham Hospital NHS Trust. UK*

Healthcare professionals' experiences of discussing sexual function with menopausal women

Abstract

Background: 80% of women in menopause experience genitourinary syndrome of the menopause, yet fewer than 25% seek help. Pelvic Organ Prolapse (POP) is a common condition affecting over 30% of women aged 60 and above. More than half will encounter bothersome symptoms that significantly impact quality of life and sexual intimacy. It is estimated that by 2050, the number of women with POP will rise by up to 50% due to increasing life expectancy, many of whom will remain sexually active. Vaginal pessaries are an effective alternative to surgery for well-selected and motivated patients. Open discussion about sexual function is a vital part of counselling for these women. Unlike previous studies focusing on Healthcare Professionals' skills (HPCs), knowledge, and communication and choice of HCPs^{3,4,5}, this study investigates HCPs' lived experiences when discussing intimate issues with postmenopausal women with POP.

Objective: To explore healthcare professionals' (HCPs) experiences of discussing sexual function with post-menopausal women with POP in a urogynaecology clinic.

Design: Semi-structured, in-depth qualitative interview

Setting: A tertiary university teaching hospital in England with an established urogynecology department

Subjects: The sample included 10 participants (7 females and 3 males), comprising 3 consultants, 1 Advanced Nurse Practitioner (ANP), 2 Clinical Nurse Specialists (CNS), and 4 specialist registrars, providing a diverse mix of healthcare professionals. All

participants are experienced in managing women with prolapse and discussing sexual intimacy.

Results: Post-menopausal women were found to be reluctant and embarrassed to discuss sexual intimacy openly, but this can be improved by building trust. Being seen by a female HCP, having a female chaperone, and using an appropriate interpreter (in cases of language barriers) significantly increase women's willingness to discuss sexual issues.

Conclusion: The study showed that post-menopausal women found it difficult, hesitant, and embarrassed to openly discuss sexual issues, which are important in choosing the right vaginal pessary. This problem can be alleviated by building trust between HCPs and patients, and by HCPs remaining sensitive to patients' ethnic and cultural backgrounds while respecting women's choice of HCPs.

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Vivien Jovich M. Morales

Bicol Medical Center, Naga City

A Case Report on Advanced Abdominal Pregnancy

Abstract

Introduction: Abdominal pregnancy is a rare type of ectopic pregnancy with incidence of 1 out of 10,000 pregnancies. This type generally does not reach term due to high incidence of morbidity and congenital anomalies. Maternal hemorrhage due to placental detachment is a common cause of mortality hence, leaving it in-situ is considered a safer option. This case highlights the importance of anticipation and preparedness to different scenarios that may arise intraoperatively. To the best of our knowledge, this is the first case of advanced abdominal pregnancy reported with successful delivery of a term baby with complete placental extraction.

Course of the Patient: This is a case of a 29-year-old, G2P2 (1001), on her 38th week of gestation, who consulted due to generalized abdominal pain. Ultrasound findings revealed an empty uterus with a live term fetus occupying the abdominal cavity. Magnetic resonance imaging (MRI) described the placenta's possible attachment to the abdominal aorta. A multidisciplinary subspecialty team carried out the preoperative preparations. Patient underwent exploratory laparotomy, fetal extraction to a live baby with no gross anomalies. Placenta was not manipulated. However, spontaneous detachment was noted after cord clamping which resulted to bleeding. Placental extraction was carried out successfully with activation of massive blood transfusion protocol. The post-operative course was uneventful both for the mother and the baby.

Discussion: Abdominal pregnancy is a rare form of ectopic pregnancy where implantation takes place in the peritoneal cavity. Its management lies not solely in the delivery of a live baby but more importantly in the approach on placental management since hemorrhage is the common cause of maternal mortality. The multidisciplinary

team approach and adequate preoperative preparation in the index case had a great positive impact on the intraoperative call to do placental extraction which fortunately, was carried out successfully. The management of abdominal pregnancy is therefore, individualized.

Biography

She finished her degree of Doctor of Medicine in FEU NRMF Institute of Medicine at 25 years old. She took her residency training in Obstetrics & Gynecology in Bicol Medical Center from 2020 and graduated last 2024. She presented this paper in their Interdepartmental Case Presentation Contest and won 1st place. She is currently a Junior Consultant at the same training institution and continues to build her expertise in the field of Obstetrics and Gynecology while giving compassionate care to her fellow Bicolanas.



De Silva BPGN

Imperial College Healthcare Trust, London W6 8RF

Knowledge and practice regarding Intra Uterine Contraceptive Device use in Tissamaharama, Sri Lanka

Abstract

Intra Uterine Contraceptive Devices (IUCD) are a highly effective, reliable, long acting reversible contraceptive method (LARC) used globally. Its a cheap and cost effective method, with a success rate of approximately 99.5%, is ideal for low resource Countries. Despite their proven benefits, usage in rural areas of Sri Lanka, including Tissamaharama, remains low. Understanding women knowledge and practices regarding IUCDs is essential to improve contraceptive services and Reproductive Health outcomes.

Objective

To assess the level of knowledge and practice regarding IUCD use among women of reproductive age in Tissamaharama, Sri Lanka, and to identify factors influencing uptake.

Methods

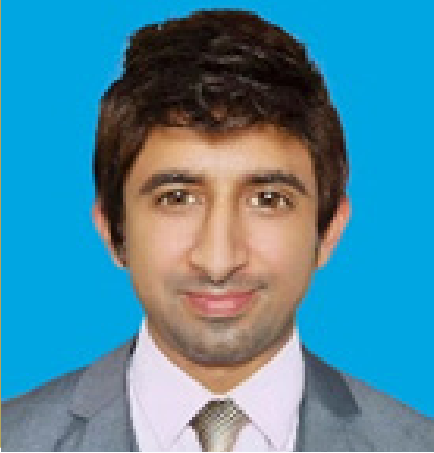
A cross sectional study was conducted among 376 women aged 18 -49 years attending the Family planning Clinic at Base Hospital Tissamaharama, Sri Lanka over a period of 12 months. A pretested interviewer administered questionnaire covering sociodemographic characteristics, reproductive history, knowledge, attitudes and contraceptive practices was used. Descriptive and multivariate analyses were done to identify factors associated with IUCD use.

Results

Majority were aware of IUCDs, however, accurate knowledge about their mechanism, duration and side effects were limited. Misbeliefs such as device migration, pain, lack of sexual satisfaction were common. Only 27% of the study sample were willing to have an IUCD initially but following counselling, 43% consented for IUCD. Major barriers identified included fear of having a foreign body in utero, partner opposition, fear of migration, side effects and negative peer inputs.

Conclusions

In Tissamaharama, Sri Lanka, the gap between awareness and use of IUCDs remains substantial. Improving counselling services, addressing misconceptions, involving partners and ensuring service availability are important to enhance IUCD uptake.

**Aamir Mahmood***Zhengzhou University, China***Integrative Genomics Identifies Progesterone Receptor Signaling as Protective Against Female Infertility via Immune Modulation: A Mendelian Randomization****Abstract**

Progesterone is essential for female reproduction, but the causal relationship between its signaling pathway and infertility remains uncharacterized. We applied a multi-omics Mendelian randomization (MR) framework to investigate the causal effect of progesterone receptor (PGR) signaling on female infertility risk. Genetic instruments for circulating PGR protein levels were obtained from a genome-wide association study (GWAS) of 47,745 individuals. Outcome data came from the FinnGen consortium (18,718 infertility cases, 501,254 controls). Genetic predisposition to higher PGR levels was associated with a reduced risk of female infertility (inverse variance weighted OR = 0.87, 95% CI: 0.76–0.99). Bidirectional MR suggested a potential feedback loop, with genetic liability to infertility associated with lower PGR levels. Multi-tissue expression quantitative trait locus (eQTL) mapping identified 213 significant associations affecting 60 genes. Strikingly, 8 of 12 ovary-specific candidate genes (67%) were located in the HLA/MHC locus. Functional enrichment analysis revealed overwhelming dominance of immune pathways. Protein-protein interaction network analysis highlighted HLA-DRB1, HLA-C, and SIRPB1 as central hubs. This integrative genomic study provides novel evidence that progesterone receptor signaling protects against female infertility primarily through immune modulation mechanisms, with HLA genes playing a central role.

Biography

Aamir Mahmood completed his bachelor degree of clinical medicine during 2016-2021. He did his master degree of Obstetrics and Gynecology during 2021-2024. Currently, He is PhD student at Henan Key Laboratory of Reproductive and Genetics, The First Affiliated Hospital of Zhengzhou University, China. His Research interests are Ovarian Aging, Primary Ovarian Insufficiency (POI), Polycystic Ovary Syndrome (PCOS), Female reproductive health and fertility, Ovarian biology and disease, Reproductive endocrinology and health.



Arya Babul

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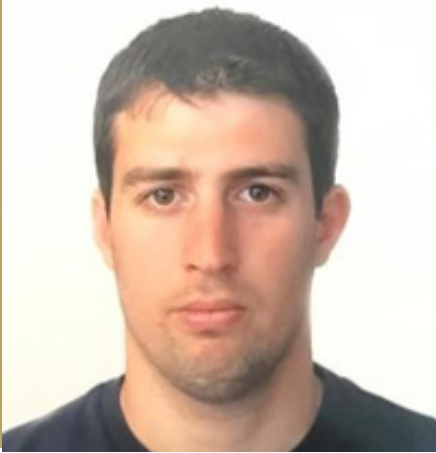
Vasopressor Strategies for Treatment of Postspinal Hypotension in Parturients Undergoing Cesarean Births

Abstract

Postspinal hypotension (PSH) is a common and potentially serious complication of neuraxial anesthesia for cesarean delivery, with an incidence of approximately 70% in routine elective cases and up to 90% among high-risk parturients, such as those with preeclampsia, multiple gestation, or cardiac disease. PSH may manifest as maternal nausea, vomiting, dizziness, and, in severe cases, unconsciousness. Critically, it can impair uteroplacental perfusion and compromise fetal oxygenation, contributing to adverse neonatal outcomes. The urgency of PSH prevention is heightened in high-risk cesarean deliveries, where both maternal and fetal physiologic reserves are diminished, making the choice of vasopressor regimen pivotal. Historically, ephedrine was favored for its combined α - and β -adrenergic agonist effects, though concerns about fetal acidosis due to higher transplacental transfer have tempered its use. Phenylephrine has since become the first-line agent at many institutions, valued for its rapid onset, reliable vasoconstrictive action, and favorable fetal acid-base profile. More recently, norepinephrine has emerged as a promising alternative, offering a more balanced hemodynamic profile by preserving systemic vascular resistance without the pronounced bradycardia associated with phenylephrine. This presentation reviews the maternal and neonatal efficacy and safety of ephedrine, phenylephrine, and norepinephrine, administered as bolus or infusion for both prophylaxis and treatment of PSH in high- and low-risk cesarean deliveries. Findings are drawn from five recent meta-analyses conducted by the author, encompassing data from 14,424 parturients..

Biography

Arya Babul is the Founder, President, and CEO of the Society for Awareness of Neglected Diseases (SAND), a nonprofit organization dedicated to raising global awareness of neglected tropical diseases (NTDs) among students aspiring to enter healthcare professions. SAND focuses on three particularly burdensome NTDs: Trachoma, Onchocerciasis (River Blindness), and Lymphatic Filariasis (Elephantiasis). Arya is currently a student of Biomedical Sciences at the West Career and Technical Academy in Las Vegas, USA. He serves as lead author on more than a dozen peer-reviewed abstracts and manuscripts spanning anesthesiology, critical care, pain medicine, obstetrics, and dermatology.



Asaf Zaga, MD

Soroka University Medical Center, Beer Sheva, Israel

Post Cesarean Paralytic Ileus: Risk Factors and Clinical Characteristics

Abstract

Objective

To identify maternal, obstetric, and surgical risk factors associated with paralytic ileus (PI) following cesarean section (CS), and to inform perioperative risk assessment and postoperative clinical management.

Methods

A retrospective cohort study was conducted including all women who underwent CS between 2012 and 2022 and subsequently required abdominopelvic CT for suspected postoperative complications. Participants were categorized based on CT diagnosis into PI and non-PI groups. Demographic, obstetric, clinical, and operative variables were extracted from electronic records. Univariate analyses were performed followed by multivariate logistic regression including clinically relevant covariates. Statistical significance was defined as $p < 0.05$.

Results

Among 270 eligible patients, 41 (15.2 percent) were diagnosed with PI. Women with PI were older (mean 34.6 versus 30.4 years, $p < 0.01$), had higher gravidity (mean 5.1 versus 3.8, $p < 0.01$), and more frequently underwent emergency CS (75.6 percent versus 55.3 percent, $p = 0.05$). General anesthesia was significantly more common among PI cases (73.2 percent versus 45.2 percent, $p < 0.01$). No significant group differences were identified regarding prior abdominal surgery or intraoperative findings.

Conclusion

Paralytic ileus represents an important postoperative complication of CS and is associated with identifiable patient and procedure related factors, including increased maternal age, higher gravidity, emergency delivery, and general anesthesia. Recognition of these characteristics may support improved perioperative counseling and postoperative surveillance strategies.

Biography

Dr. Asaf Zaga is a physician and obstetrics and gynecology resident at Soroka University Medical Center in Beer Sheva, Israel, where he has been training for the past four years. He completed his medical degree at the First Faculty of Medicine of Charles University in Prague in the Czech Republic. His clinical and research interests focus on postoperative complications following cesarean delivery, maternal morbidity and the improvement of perioperative care. In addition he has developed professional expertise in the evaluation and management of recurrent pregnancy loss and takes part in multidisciplinary care for affected women. In 2024 he presented original research at the WCRPL Conference, contributing clinical insights in the field of reproductive health. Dr. Zaga is actively involved in research initiatives within his department and aims to advance evidence based practice through high quality clinical investigation and improved diagnostic and management strategies in obstetrics and gynecology.



Chloe Apsey

*National Centre for Mental Health, Cardiff University,
Cardiff, United Kingdom*

Premenstrual Dysphoric Disorder; Indicators, Causes and Triggers (PreDDICT)

Abstract

Premenstrual Dysphoric Disorder (PMDD) is a cyclical mood disorder that affects around 1.6%- 5% of people with periods. It is characterised by the sudden onset of severe changes in emotional, cognitive and behavioural functioning during the 7-10 days before the onset of menstrual bleeding. Symptoms subside within a few days of the onset of menses and are significantly distressing, with 30% of people with PMDD attempting to commit suicide in their lifetime.

The PreDDICT project aims to be the first large-scale genetic study of Premenstrual Dysphoric Disorder (PMDD), which utilises standardised prospective measures for confirming diagnosis. At present we have recruited over 1,000 people who either have a clinical diagnosis of PMDD or are in the process of receiving one. Participants who do not have a diagnosis of PMDD were invited to complete daily symptom ratings for two months.

Due to technical issues and low engagement, we experienced high drop-out rates for the daily ratings arm of the study. To overcome this, we developed an app prototype based on the Daily Record of Severity of Problems. The long-term goal is to create a tool that could be used to support PMDD research and diagnosis. We held focus groups with people with lived experience of PMDD to collect feedback and insights. A total of four themes for consideration were identified: (1) ease of use; (2) avoiding a reductionist approach; (3) importance of correct language; and (4) features for users' benefits.

Biography

Chloe Apsey is a final year PhD student and research assistant at Cardiff University, who has been researching the menstrual cycle and mood disorders for 5 years. In extension of their research, they have also been involved in a wealth of public engagement and collaboration with charities such as International Association of Premenstrual Disorders and The PMDD project. Their aim is not only to improve knowledge of the interplay between female hormones and mental health via research, but help change policy by proactively contributing to the public conversation.



Jani Preet Shaileshkumar

Student of Information Technology at LDRP-ITR, India

Machine Learning–Based Early Prediction of PCOS, Endometriosis, and Anemia Using a Unified Multi-Source Menstrual Health Dataset

Abstract

Early detection of reproductive health disorders such as Polycystic Ovary Syndrome (PCOS), anemia, and endometriosis remains challenging because symptoms frequently overlap with normal menstrual patterns or require clinical testing for diagnosis. This study presents a machine learning–based multi-disorder prediction framework developed using a unified dataset composed of synthetic menstrual health records, anonymized survey responses, and publicly available clinical datasets. The final dataset contains more than 2,000 samples and 18 standardized features capturing cycle characteristics, symptom severity indicators, emotional and lifestyle factors, hemoglobin levels, and diagnostic labels. Three Random Forest classifiers were independently trained for each condition. Exploratory analysis highlighted medically consistent associations such as prolonged cycles with PCOS, severe pain with endometriosis, and low hemoglobin with anemia. The models achieved strong predictive performance 99.75% accuracy for anemia, 90.6% for PCOS, and 98% for endometriosis. Feature importance analysis aligned with established clinical understanding, enhancing reliability. This work lays the groundwork for accessible, low-cost, non-invasive menstrual health screening solutions and supports future development of home-based diagnostic technologies.

The below were the important diagrams:

1. Multi Source Data Intergration Workflow

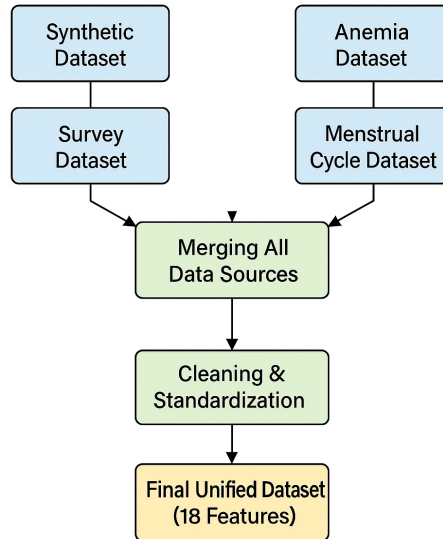
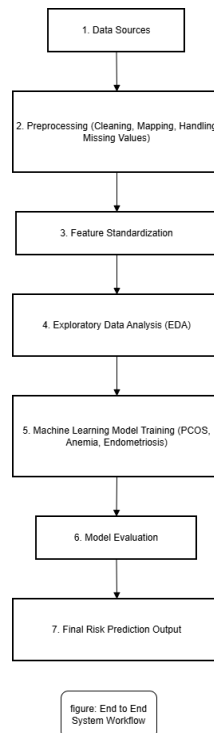


Figure 1. Multi-Source Data Integration Workflow

2.. End to End System Workflow



3. Preprocessing Pipeline



Biography

Jani Preet Shaileshkumar is an emerging researcher in the interdisciplinary fields of machine learning, women's health informatics, and digital diagnostics. His work focuses on developing accessible, data-driven tools for early detection of reproductive and hematological disorders using multi-source datasets and AI-enabled predictive modeling. His current research integrates survey data, clinical datasets, and synthetic menstrual-health records to design non-invasive, low-cost screening frameworks tailored for real-world applications. He aims to contribute toward the future development of home-based diagnostic technologies for menstrual and reproductive health. He has worked across data preprocessing, exploratory analysis, model development, and interpretable AI systems, with a strong interest in applying computational methods to underserved healthcare areas. He is committed to advancing women's health research through innovation, accessibility, and technology-driven preventive care.



Likhita Nandigam

Baylor College of Medicine, 1 Baylor Plaza, Houston TX 77030, USA

Comparing Mental Health Of Pregnant Guatemalans After Immigration

Abstract

: Pregnancy is a critical period characterized by substantial physiological, psychological, and social transitions, during which individuals are particularly vulnerable to mental health disturbances. Antenatal anxiety and depression are among the most common psychiatric conditions affecting pregnant individuals, with global prevalence estimates ranging from 10% to 25%, and higher rates reported in low-resource settings. These conditions are associated with adverse maternal and neonatal outcomes, including preterm birth, low birth weight, impaired maternal-infant bonding, and increased risk of postpartum depression. Evidence suggests that immigrant populations face a disproportionately elevated risk for perinatal mental health disorders due to unique sociocultural and structural stressors, such as language barriers, fear of deportation, limited social support, discrimination, and unfamiliarity with the healthcare system. Immigrant women are also less likely to access or receive adequate mental health care, often due to legal status, stigma, and systemic barriers. These disparities underscore the need for comparative studies that evaluate antenatal mental health symptoms in vulnerable pregnant sub-populations.

Our study is currently active (data collection to be completed in August 2025), and we are working to quantify and compare the prevalence and severity of depression and self-harm symptoms among pregnant women receiving prenatal care in Guatemala versus Guatemalan women receiving care in the United States. Our study sites are Santiago, Atitlan, Guatemala, and Houston, Harris County, Texas with IRB approval in Houston and IRB exemption in Guatemala. We are employing the Edinburgh Postnatal

Depression Scale (EPDS) as a quality improvement measure in a nonprofit hospital in Guatemala, and the same EPDS is the standard of care for antepartum patients in Harris County, Texas. After data collection is completed, we plan to analyze our data and quantify the differences in mental health symptoms during pregnancy across health systems. With this analysis, we can further understand if and how location and types of resources have an impact on symptom severity. We hope this will guide mental health resources to be offered to pregnant women in Guatemala and the United States.

Biography

Likhita Nandigam is a fourth year medical student completing the four-year dual degree MD-MPH program through Baylor College Medicine and UT Houston. She plans to apply to Obstetrics and Gynecology residency this fall, with an ultimate career goal of contributing to high-risk pregnancy management through a global health lens. Outside of learning medicine and engaging in health advocacy, she also enjoys traveling, cooking, indoor rock climbing, and running.



Nadine Najah

Warren Alpert Medical School of Brown University, USA

Bridging Gaps in Patient Education: A Women's Community Health Fair

Abstract

Patient education is essential for shared decision-making and plays a significant role in addressing poor health outcomes. This study evaluates how an in-person Women's Community Health Fair influences care-seeking behaviors and patient comfort in discussing women's health topics with providers. The event featured a keynote speaker on "Women's Health Across the Lifetime," followed by breakout sessions led by women's health physicians covering topics such as reproductive mental health, menopause, self-breast exams, and gynecological exam tools.

Sessions were presented at a 5th-grade literacy level in English and also translated live to Spanish for greater accessibility. Pre- and post-event surveys assessed participants' knowledge and comfort in discussing their reproductive health using a 5-point Likert scale, with 1 being extremely uncomfortable and 5 being extremely comfortable. Of the attendees surveyed, 64% had never attended a women's health event. Participants' average comfort level in discussing reproductive health with a provider increased from 3.30 to 3.96, and their comfort in seeking help when they had concerns increased from 3.48 to 3.91. Attendees reported feeling empowered and engaged, with requests for more advertising and Spanish-language-only sessions in the future.

Our preliminary analysis suggests that conferences tailored for patients can positively impact patient education and care-seeking behaviors, increasing shared decision-making in healthcare settings. Future work includes incorporating interactive sessions on optimizing patient-provider communication and goal-setting, as well as active

collaborations with community organizations to sustain long-term patient engagement and health education.

Keywords: health education, care-seeking behavior, patient comfort, patient-provider communication



Ras Adiba Riza

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Early Detection of Cervical Cancer Using HPV DNA Test and DoIVA: A Case Report

Abstract

Background: Cervical cancer remains a major cause of morbidity and mortality in low-to- middle income countries, including Indonesia, where most cases are detected at advanced stages. Limitations of conventional screening methods, such as Pap smear and VIA, highlight the need for more accurate and feasible modalities. High-risk HPV DNA test offers superior sensitivity, while Documentation of VIA (DoIVA) provides objective visual assessment and supports remote consultation, making both methods particularly valuable in resource-limited settings.

Objective: To present a case illustrating the necessary role of the DNA HPV test and DoIVA in early detection and evaluation of cervical cancer.

Case Report: A 49-year-old multiparous woman presented with intermittent vaginal bleeding and a history of positive VIA and Pap smear in 2019; however, she was lost to follow-up. Upon re-evaluation in 2022, speculum examination, imaging, and biopsy revealed cervical adenocarcinoma stage IIB, for which she underwent concurrent chemoradiation, achieving clinical no evidence of disease. In 2025, she developed recurrent bleeding and pelvic pain. Repeat pelvic examination and biopsy confirmed recurrent adenocarcinoma. Throughout her diagnostic course, DoIVA served as an important visual documentation tool, supporting consistent evaluation of cervical findings when follow-up and specialist access were limited.

Conclusion: This case underscores the important role of integrating HPV DNA test with DoIVA for cervical cancer screening, particularly in health systems with limited

pathology and colposcopy services. The combination enhances diagnostic accuracy, supports timely triage, and facilitates remote expert consultation. Strengthening screening programs by incorporating these tools may significantly improve early detection and reduce cervical cancer burden.

Keywords: HPV DNA, DoIVA, cervical cancer, VIA, screening

Biography

Ras Adiba Riza is a medical doctor currently pursuing her residency training in Obstetrics and Gynecology at the University of Indonesia. She completed her undergraduate medical education at the same institution, where she developed a strong interest in women's health, cancer prevention, and maternal–fetal medicine. During her academic journey, she was awarded the opportunity to undertake a Bachelor of Medical Science (BMedSci) at the University of Melbourne, Australia, where she gained additional exposure to clinical research, evidence-based medicine, and global health perspectives.

Her combined training experiences in Indonesia and Australia have shaped her commitment to advancing women's reproductive health, particularly in improving early detection and management of gynecologic diseases. Currently, as an obstetrics and gynecology resident, she continues to engage in clinical care, academic development, and research activities aimed at improving maternal and reproductive health outcomes in Indonesia.



Sara Perelmuter

Weill Cornell Medical College, New York, NY United states

Genitourinary Syndrome of Lactation: Symptom Burden, Care Gaps, and Treatment Utilization in the Postpartum Period

Abstract

Background & Objective:

Lactation induces a hypoestrogenic state that may lead to vaginal dryness, dyspareunia, urinary symptoms, and sexual dysfunction—collectively termed Genitourinary Syndrome of Lactation (GSL). Despite its clinical overlap with genitourinary syndrome of menopause, GSL remains under-recognized in postpartum care. We aimed to characterize symptom burden, quality-of-life impact, and treatment gaps in a large postpartum cohort.

Methods:

We conducted a cross-sectional online survey (March–May 2025) using a 30-item questionnaire distributed via social media and postpartum networks. Eligible participants were ≤ 24 months postpartum. Respondents were categorized as exclusively lactating, mixed feeding, or non-lactating. Quantitative data were analyzed using descriptive statistics, chi-square tests, and logistic regression. Thematic analysis was applied to open-ended responses.

Results:

Among 1,446 respondents (median age 36), 47.7% were exclusively lactating, 14.7% mixed feeding, and 37.7% non-lactating. Vaginal dryness was reported by all lactating participants and 78.7% of non-lactators. Dyspareunia affected 57.0% of exclusively lactating respondents, compared to 50.0% of mixed and 36.3% of non-lactating individuals. Among those exclusively lactating, 76.3% reported difficulty with sexual

activity. Despite the high symptom burden, 63.8% were never asked about genitourinary symptoms by a provider, and only 28.4% were offered treatment. Most were unaware that safe, lactation-compatible therapies existed. Vaginal estrogen and pelvic floor physiotherapy were the most frequently offered treatments but reached fewer than 30% of symptomatic individuals. Significant associations were found between lactation status, symptom prevalence, and treatment patterns ($p < 0.001$). Qualitative responses highlighted themes of pain, intimacy disruption, and lack of clinical support.

Conclusion:

GSL symptoms are prevalent, distressing, and under-treated. Improved screening, provider education, and access to lactation-safe therapies are needed to address this overlooked contributor to postpartum sexual and genitourinary morbidity.

Biography

Sara Perelmuter is a medical student at Weill Cornell Medical College in New York City and an emerging leader in the field of sexual medicine. She currently serves as President of the Sexual Medicine Research Team and has authored over fifteen peer-reviewed publications focused on reproductive and genitourinary health. Her research has contributed novel insights into postpartum sexual dysfunction, genitourinary syndrome of lactation, and gynecologic cancer survivorship. A dedicated advocate for women's sexual and reproductive health, Sara is committed to advancing evidence-based, patient-centered care and is on a clear path toward a career in academic obstetrics and gynecology.



Sarah Bugren

*East Kent Hospitals University NHS Foundation Trust,
United Kingdom*

Improving Patient Experience and Satisfaction in Outpatient Hysteroscopy: A QIP Study

Abstract

This Quality Improvement Project (QIP) aimed to enhance patient satisfaction in outpatient hysteroscopy services by addressing key concerns including pain management, communication, and waiting area facilities. The objective was to improve the patient experience and align the service with national benchmarks for outpatient hysteroscopy.

Design:

A comparative observational study was conducted, analyzing patient satisfaction survey data from 2023 and 2024. The rationale for this approach was to evaluate the impact of targeted interventions implemented after the 2023 findings. National benchmarks were used as a reference to assess performance and identify gaps.

Method:

Patient satisfaction data were collected using structured surveys administered to attendees at four outpatient hysteroscopy sites: William Harvey Hospital (WHH), Buckland Hospital (BHD), Kent and Canterbury Hospital (KCH), and Queen Elizabeth the Queen Mother Hospital (QEQM). The 2023 survey included responses from 100 patients, while the 2024 survey involved 97 patients. Interventions implemented in 2024 included improved distribution of pre-procedure written information, enhanced communication about pain management, staff training, and environmental upgrades. Data were analyzed quantitatively, comparing performance across years and with national benchmarks.

Results:

The 2024 survey showed significant improvements in patient satisfaction. Distribution of pre-procedure written information increased from 73% to 97.9%, surpassing the national benchmark of 87%. Pre-procedure pain management advice improved from 60% to 75.3%, exceeding the national benchmark of 66.9%. Emotional distress and embarrassment levels decreased, and consultation quality remained excellent, with patients consistently rating dignity, respect, and communication above national standards. However, the mean pain score rose from 4.8 in 2023 to 5.59 in 2024, exceeding the national average of 5.2. Minimal progress was observed in improving waiting area facilities.

Conclusions:

The interventions implemented in 2024 effectively enhanced patient preparation, communication, and emotional support, as evidenced by improved survey outcomes and alignment with national benchmarks. Nonetheless, the increase in reported pain levels and persistent issues with waiting area facilities highlight areas requiring further attention. Future efforts will focus on developing detailed pain management protocols, upgrading facilities, and conducting re-audits to monitor progress. This QIP demonstrates the potential for patient-centered, evidence-based interventions to elevate satisfaction and improve service quality in outpatient hysteroscopy.



Sarah McDonnell

James Cook University Townsville Australia

The Psychosocial Impacts and Disease Burden of Adenomyosis

Abstract

Adenomyosis (AD) is increasingly recognised in clinical practice and emerging research, particularly following its recent reclassification as a distinct gynaecological condition. While its clinical manifestations and treatment options are relatively well described, the psychosocial impacts of this chronic condition remain poorly understood, limiting the delivery of holistic, patient-centred care. This research project began with a scoping review aimed to map the existing literature on the psychosocial impacts and symptom experiences of women with AD. Guided by the PRISMA-ScR framework, five databases (MEDLINE, CINAHL, PsycINFO, Scopus, and EMCARE) were systematically searched without date restrictions. The protocol was registered with the Open Science Framework (OSF; <https://doi.org/10.17605/OSF.IO/W8UJN>). Eligible studies included primary qualitative, quantitative, or mixed-methods research examining psychosocial or symptom experiences among women diagnosed with AD. Sixteen studies met the inclusion criteria, representing diverse geographic contexts and methodological approaches. Psychosocial impacts were consistently reported across four domains: physical health, psychological well-being, sexual and intimate relationships, and daily functioning and quality of life. Significant adverse effects were observed across all domains. Following the review, the author designed a national Australian survey to explore the psychosocial impacts experienced by women with AD. Preliminary findings from this survey will be presented, highlighting the QoL burden experienced by this population and justifying the need for more comprehensive and patient-centred models of care..

Biography

*Sarah McDonnell is a final-year Bachelor of Medicine, Bachelor of Surgery student at James Cook University, completing an Honours degree in women's health. Her research focuses on the psychosocial impact and disease burden of adenomyosis, reflecting a strong commitment to advancing patient-centred and equity-focused care in women's health. Sarah has completed a scoping review titled *The Psychosocial Impact and Disease Burden of Adenomyosis*, currently under submission to peer-reviewed journals. As part of her Honours thesis, she worked with her supervisors to design and conduct the first Australian-wide survey exploring the lived experiences and psychosocial impacts of women with adenomyosis. She is currently analysing the data, which has yielded significant and clinically relevant preliminary findings. Her career interests lie in rural generalism with advanced training in obstetrics and gynaecology, with a focus on integrating research, advocacy, and compassionate clinical care.*



Shanya SHANMUGAM

Nanyang Technological University, Singapore

Hybrid Abdominal Posterior Colpotomy and Vaginal Extraction Approach for Impacted Prolapsed Fibroid in a Virgo Intacto

Abstract

Myomectomy via vaginal or minimally invasive methods using posterior colpotomy is a well established technique for managing prolapsed fibroids. However, this technique may be unsuitable in cases involving large, impacted fibroids or limited vaginal access, necessitating alternate or hybrid approaches that can combine the advantages of both abdominal and vaginal routes.

We report a case of a 29-year-old virgo intacto presenting with heavy menstrual bleeding and recurrent acute retention of urine. A prolapsed fibroid of 10.7x9.8x9.8cm in the Pouch of Douglas was discovered on imaging. Due to her recurrent retention of urine, surgery was expedited without pre-operative gonadotrophin therapy. She was consented for an open myomectomy, hysteroscopy, and dilatation and curettage.

Intraoperatively, full visualisation of the fibroid was impossible due to the large impacted fibroid in a narrow introitus. During both examination under anaesthesia and hysteroscopy, the upper limit of the fibroid, stalk, and cervix could not be seen or felt. As a result, we were unable to bypass the fibroid to its pedicle for devascularisation. An abdominal approach was chosen, combining a posterior colpotomy to access the fibroid stalk above its bulk, minimising risk of rectal injury as the fibroid was extremely low in the vagina. The pedicle was clamped and Vicryl sutures were placed to ligate and transect it. The fibroid remained impacted in the vagina, so it was removed vaginally via bissection with aid of episiotomy. The fibroid weighed 303g. Estimated blood loss was 200ml. The patient was discharged on post-operative day 3 without complications.

Posterior colpotomy has been described as a technique for specimen extraction in laparoscopic and robotic myomectomies, allowing removal of specimens without laparotomy and avoiding extension of abdominal incisions and its related complications. However, its application for larger fibroids requiring abdominal approaches is seldom reported. While vaginal myomectomy remains the preferred option for prolapsed fibroids due to natural orifice approach and shorter recovery, large size and limited visualization may necessitate individualised approaches, including abdominal posterior colpotomy techniques.

This case highlights the importance of tailoring surgical planning to patient and disease factors for complex fibroid cases, emphasising posterior colpotomy as a valuable adjunct in preserving fertility and minimising morbidity in challenging cases..

Biography

Shanya Shanmugam is a graduate from Lee Kong Chian School of Medicine, Nanyang Technological University, Singapore. She is currently working as a doctor in KK Women's and Children's Hospital, Singapore. She has an interest in Obstetrics and Gynaecology and medical education.



Shaira L. Brizuela, MD

Bicol Medical Center, Camarines Sur, Philippines

VULVAR MELANOMA: A RARE CASE REPORT

Abstract

Vulvar melanoma (VM) is a rare and aggressive form of gynecological cancer that primarily affects older women. It accounts for 5% of all vulvar neoplasms. While the exact cause of VM is unknown, the most common sites of origin for VM are the labia minora and clitoris [1]. Early diagnosis of VM is challenging due to its rarity and varied clinical presentations, often leading to delayed treatment. This case report presents the first documented case of vulvar melanoma in Bicol Medical Center, involving a 40-year-old female patient with a gradually enlarging vulvar mass initially mistaken for an infection. Subsequent evaluation revealed malignant melanoma of the superficial spreading subtype, infiltrating into the papillary reticular dermal interphase. Immunohistochemistry confirmed the diagnosis through positive tumor marker results. The patient underwent wide local excision of the vulvar mass and is currently undergoing chemotherapy. Surgical excision with a tumor-free margin of at least 2 cm is considered the most effective treatment for VM. However, the role of adjuvant therapies such as radiotherapy and chemotherapy are still unclear. The prognosis for VM is generally poor, with a highly variable 5-year overall survival rate of only 46.6% compared to 92% for cutaneous melanoma. The lack of clear treatment guidelines highlights the need for further research and consensus on optimal management approaches. This report emphasizes the importance of considering vulvar melanoma as a differential diagnosis for vulvar masses, especially when conventional treatments fail to yield resolution. Early recognition, accurate histopathological diagnosis, and appropriate multidisciplinary management are essential for improving outcomes in VM. Further studies are warranted to establish standardized treatment protocols and enhance understanding of the underlying biology and prognosis of this rare malignancy.

Biography

Dr. Shaira L. Brizuela was born on March 7, 1995, in Tabaco City, Albay, Philippines. She earned her Bachelor of Science in Biology from De La Salle University, Taft Avenue, Manila in 2015 and obtained her Doctor of Medicine degree from Bicol University College of Medicine in 2019. Currently, Dr. Brizuela is a third-year Resident Physician in Obstetrics and Gynecology at Bicol Medical Center, where she actively participates in patient care, research, and academic training. Her clinical and research interests focus on maternal and fetal health, perinatal care, and evidence-based approaches to improving obstetric and gynecologic outcomes. She continues to advocate for quality healthcare and patient education, aiming to contribute significantly to women's health through both clinical practice and scholarly work.

A watercolor-style cloud graphic in shades of blue and teal, centered on the page. It has a soft, painterly texture with darker blue at the top and lighter teal at the bottom.

Thank You