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The third epidemic of blindness from retinopathy of prematurity: Where next?

Retinopathy of prematurity (ROP) is a vaso-proliferative disease of preterm infants. Visual loss from ROP is potential avoidable through strategies which reduce preterm birth, high quality neonatal care from immediately after birth and screening infants at risk followed by timely treatment if indicated. The first epidemic of blindness due to ROP, which occurred in the 1940s and 50s in the USA and Western Europe, came to end when the use of 100% supplemental was curtailed. In the 1980s a second epidemic was described, which came about as a result of increasing survival of extremely preterm infants. The third epidemic was first described in Latin America in the 1990s, arising as a consequence of expansion of neonatal care and lack of awareness of the need for screening and treatment coupled with less than optimal neonatal care. Over the last 20 years the epidemic has spread and is now affecting countries in South Asia, particularly India. South Africa has already established a national ROP screening program, but blindness from ROP will increase in other countries in the Africa region, as neonatal care services will inevitably expand. Policies, national guidelines, training and greater awareness are urgently needed to prevent ROP blindness in this region.

Biography

Clare Gilbert is an Ophthalmologist with a Masters in Epidemiology and an MD in Surgical Retina. She has 28 years experience of research and education in low and middle income countries and co-directs the International Centre for Eye Health, London School of Hygiene & Tropical Medicine. Her research interests are blinding eye diseases of children: She has 300 peer reviewed publications, has written 24 book chapters and has received several awards for her work including from the American Academy of Ophthalmology, the International Council of Ophthalmology, L'Occitane Foundation and the Royal National Institute for the Blind's Lifetime Achievement Award.

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