

International Congress on **MIDWIFERY AND MATERNAL HEALTH**

May 19-20, 2021 | Webinar

**The impact of inequalities and on mothers mental well being****June Pembroke Hajjaj***North West Healthcare Trust, United Kingdom*

The disparity in outcomes in maternity for Black, Asian and Minority Ethnic women giving birth in the UK has been recognized for some time. Coronavirus or Covid-19 has forced this disparity in health inequalities to be elevated to National attention like never before.

MBRRACE-UK (2019) provides continual evidence that maternal and perinatal mortality rates were significantly higher for Black, Asian, mixed race and minority ethnics. UK Obstetric Surveillance System (UKOSS 2020) recent report provides further indication of the disproportionate impact in relation to mortality with Black, Asian and Minority Ethnic women. It is suggested that this cannot be simply explained by higher incidence in the main geographical areas with known higher proportions of women from the Black, Asian and Minority Ethnic community, as outcomes were seen when women from areas such as London and West Midlands were excluded. The result also remained in spite the adjustment for age, BMI and co-morbidities.

We as Health Care Professionals are supposed to eliminate discrimination, advance equality and opportunity as well as foster good relations with those who we serve. Therefore, there has to be some difficult conversations and discussions which can be uncomfortable in a liminal space, facing issues of possible institutional racism or unconscious bias held and carried out within the provision of our maternity services.

In order to start the conversation focus groups were undertaken. Focus groups are designed to obtain thoughts and feelings seeking insight and potential explanations for behaviours, in this instance from both women and ours as the Health care professionals. Themes of Power, not being listened to, the influence of colonialism and perception of self, provided thought provoking reflection and recommendations from the women.

**Biography**

June Pembroke Hajjaj has an enquiring mind and passion about the consequences of unaddressed inequalities, aiming to improve the physical and psychological safety for Black Asian and Minority Ethnics within maternity. Her frank and contextual evaluation model based on phenomenology understanding the essence of the phenomenon through the lived experience, utilizing focus groups to address this sensitive subject. She teaches on civility, human factors and cultural safety both.

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**Why some women who attended focused antenatal care fails to deliver in health facilities: a qualitative study of women's perspectives from slums of Addis Ababa, Ethiopia****Endalew G. Sendo***Addis Ababa University, Ethiopia*

**Statement of the Problem:** Despite the government's efforts to encourage childbirths in health facilities, the majority of births (an estimated 85%) still occur at home without skilled assistance, especially among slum dwellers in Ethiopia's capital, Addis Ababa. There is still no study on facility deliveries in Addis Ababa's urban slums, Ethiopia. The purpose of this study was to explore why some women who attended focused antenatal care (FANC) fail to deliver in health facilities from slums of Addis Ababa, Ethiopia. Public health facilities (3 health centers and 1 District hospital). A qualitative exploratory and descriptive research design was used. Study participants comprised of women of reproductive age group (18-49 years) living in slum areas of Addis Ababa, Ethiopia. We used 20 in-depth audio-recorded interviews. Data were analyzed concurrently with data collection. Thematic analysis was done for the study. A multi-level life-course framework of facility-based delivery in low- and middle-income countries (LMICs) developed by Bohren, et al was used to frame the current study and link the findings of the study to the body of knowledge. From the analysis of in-depth interview data, four themes emerged, namely, perceived benefits of home delivery, knowledge deficit about health facility-based delivery, poor access to health care facilities, and inadequate (demand side) resources. These themes were identified as a rich and detailed account of the perspectives of facility-based and home delivery among attendees of Focused Antenatal Care (FANC) in Addis Ababa, Ethiopia. The findings of this qualitative study revealed that perceived benefits of home delivery, knowledge deficit about health facility-based delivery, poor access to health care facilities, and inadequate (demand side) resources were related to low uptake of the facility-based delivery services. Using ANC visits to advise women about Birth preparedness and complication readiness, the use of facility deliveries and risks of home delivery to the mother and the new-born is recommended.

**Biography**

Endalew G. Sendo is an Assistant Professor at the School of Nursing and Midwifery, Addis Ababa University in Ethiopia and has accumulated knowledge and skill in Reproductive Health and maternal Health and I am a fervent educator, researcher, and Mentor. My background is in nursing and I studied for my Master's degree in Maternity and Reproductive Health at Addis Ababa University. I also completed my Ph.D. studies at the University of South Africa in January 2020. I have cultivated clinical skills, teaching, and research skills through diverse experiences over the last 25 yrs. I have long years of both qualitative and quantitative research experiences. My research focuses on the sexual and reproductive health of adolescents and youth, STIs including HIV, maternal health, new-born and child health, Cervical and Breast cancer. I have supervised and mentored 36 post graduate students with their master's thesis and I have also published 22 scientific papers in peer-reviewed journals.

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**FGM a Religio-cultural sensitive issues and maternal health care choices among Somali women in Dadaab refugee camp, Kenya**

**Josephine W Gitome**  
Kenyatta University, Kenya

**Problem statement:** A major cultural practice on Somali mothers which affect deliveries is Female Genital Mutilation (FGM). UNHCR (2010) Dadaab Study concluded that female circumcision is a major reason why women die during delivery. Ninety eight percent Somali women in Kenya go through female circumcision (NCAPD Policy Beliefs: 2010) and 80 percent get infibulation. The challenge is aggravated by the fact that health providers may not be fully prepared to address deliveries complicated by religio cultural context inhibitions.

**The Purpose of this study:** is to discuss the process of getting maternal health care for mothers who have gone through FGM. The level of preparedness of the midwives to handle FGM type 3 and other religio cultural concerns will be investigated.

**Methodology & Theoretical orientation:** A qualitative study involving Snowballing method of sampling, in-depth interviews and focus group discussions (FGDs) which brought out pertinent issues that makes traditional birth attendants (TBAs) the preferential option for some mothers in Dadaab IFO Refugee camp.

**Findings:** A certain number of Somali mothers seek the assistance of TBAs' in spite of the presence of UNHCR level 4 category hospitals. In situation of birth complications, the mother choice for TBA assistance delays the family decision to take her to hospital making it difficult for health care workers to eventually save mother and child. The midwives training may not have effectively addressed FGM as social cultural sensitive issues affecting child birth and care.

**Conclusion & Significance:** Women who have gone through FGM experience complications during delivery. The shortage of midwives and the presence of male midwives in hospitals make some Somali mothers to seek assistance from TBAs to their detriment in case of need for surgery.

**Recommendation:** There is need to contextualize midwifery training by enhancing the curriculum with evidence based /mother centered skills.

**Biography**

Josephine Gitome has a PhD in Pastoral Adolescent care and counseling, her passion is in holistic pastoral care psychology. Her current focus is in improving refugee healthcare being a prerequisite of livelihood and education. She is the founding Director of Kenyatta University Dadaab Campus and Director in KU, Centre for Refugee Studies & Empowerment (2012-2018). She is currently participating as CO Principal Investigator in migrant mother's maternal health care and digital network project. The innovative project is in collaboration with Black Rhino Virtual reality Co Ltd and Newcastle University seeking to create a virtual reality toolkit that can be used in midwifery classes to create awareness of some migrant and marginalized mothers' healthcare concerns and perceptions.

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**Placenta disposal rituals among Somali refugees in Dadaab camp****Muthoni Mainah***Kenyatta University, Kenya*

Rituals surrounding birth and placenta are common in various African societies. The rituals and practices are transmitted from one generation to next in form of fertility myths, folk tales, taboos and religion. The burial of placenta is a common post-partum ritual in many cultures. However, the ritual processes practices and its symbolic meaning vary from one culture to the other. For instance, the Holy Quran, 20:55, indicates that placenta should be buried because it is from the earth people were created, and into it shall they return. Other communities believe placenta should be buried lest witchdoctors steal and use it to curse the family. Therefore, this study embarked on exploring the rituals surrounding disposal of placenta among Somali refugees living in Dadaab camp. The study wished to establish religio-cultural drivers behind burying of placenta; how and where the placenta is buried and significance of burying the placenta for the mother, baby and community at large. It was a qualitative study carried out for refugee camp- Dadaab. The study interviewed men, TBAs, pregnant mothers and safe mothers. Two separate focus group discussions (FGDs) were done for men and women, where one FGD was conducted for only women and another for men only. The findings indicated that for Somali refugees, burying of placenta is a significant spiritual-cultural practice that has been carried out by ancestors. TBAs are the ones that bury the placenta two feet deep to avoid foul stench and animals preying on it. The study established that the placenta has a religious significance and is one of the major reasons why the community prefers TBAs services to hospitals. Such findings could be a game changer for hospital staff to come up with strategies to make sure they elicit mothers input regarding placenta disposal and make provision to meet their wishes.

**Biography**

Muthoni Mainah is a lecturer in the department of Sociology, Gender and Development Studies at Kenyatta University-Kenya. She attained PhD in Gender and Development Studies, MA in counselling psychology and Bachelor of Education at Kenyatta University and MA in Gender and Development Studies at the University of Nairobi (Kenya). She has published in the areas of SGBV, gender water and entrepreneurship, Gender and criminology, conflict resolution and anger management. As a researcher, she has been Principal Investigator, co-PI and researcher in various research projects. She has presented several papers in seminars and conferences. She is widely consulted by national and international organizations, including the UNICEF, Kenya Port Authority, UNWOMEN and IITA. She participated in developing a gender responsive Unified Framework for Maritime Disaster and Risk Management; Gender Responsive Budget briefs for Embu, Meru and Kajiado Counties; Gender policy and strategic plan for KPA.

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**Environmental Toxicant Induced Epigenetic Transgenerational Inheritance of Disease: Generational Toxicology****Michael K. Skinner***Washington State University, USA*

Transgenerational effects of environmental toxicants significantly amplify the biological impacts and health hazards of these exposures. One of the most sensitive periods to exposure is during fetal gonadal sex determination when the germ line is undergoing epigenetic programming and DNA re-methylation occurs. Previous studies have shown that toxicants (e.g. Glyphosate) can cause an increase in adult onset disease such as infertility, prostate, ovary and kidney disease, cancers and obesity. Interestingly, this effect is transgenerational (F1, F2, F3 and further generations) and due to a permanent (imprinted) altered epimutation of the germline. The transgenerational epigenetic mechanism appears to involve the actions of an environmental compound at the time of sex determination to permanently alter the epigenetic (e.g. DNA methylation) programming of the germ line that then alters the transcriptomes of developing organs to induce disease susceptibility and development transgenerationally. In addition to DNA methylation, alterations in sperm ncRNAs and histone retention have also been observed. A variety of different environmental compounds have been shown to induce this epigenetic transgenerational inheritance of disease including: fungicide vinclozolin, plastics BPA and phthalates, pesticides, DDT, dioxin, hydrocarbons and herbicides like atrazine and glyphosate. Interestingly, exposure specific epigenetic alterations were observed between the specific toxicants. Recently we have identified in human's epigenetic biomarkers for parental germ cell transmission of offspring disease states such as infertility, autism and arthritis. The suggestion that environmental toxicants can reprogram the germ line to induce epigenetic transgenerational inheritance of disease, which is a new paradigm in disease etiology, and indicates generational toxicology, needs to be assessed in the future.

**Biography**

Michael Skinner is a professor in the School of Biological Sciences at Washington State University, Pullman Washington, USA. He did his B.S. in chemistry at Reed College in Portland Oregon, his Ph.D. in biochemistry / chemistry at Washington State University (WSU) and his Postdoctoral Fellowship at the C.H. Best Institute at the University of Toronto, Canada. He has been on the faculty of Vanderbilt University and the University of California at San Francisco. Dr. Skinner's current research has demonstrated the ability of environmental exposures (e.g., toxicants) promote the epigenetic transgenerational inheritance (non-genetic form of inheritance) of disease phenotypes due to abnormal germ line epigenetic programming in gonadal development. Dr. Skinner has over 350 peer reviewed publications and has given over 350 invited symposia, plenary lectures and university seminars. He has done Ted talks and had documentaries done on his research with BBC Horizon, PBS Nova, Smithsonian, and France ARTE.

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**Midwife knowledge and support to women is important for the family health****Annsofie Adolfsson***Orebro University, Sweden*

The EKC model (Empathy, Knowledge and Care) provides the necessary empathy, knowledge and care for the women who encounter health issues during their reproductive life. This approach to caring requires that healthcare workers are knowledgeable in order to confirm that a patient has suffered a miscarriage or a IUFD (Intra-uterine fetus death). Through understanding and training in the EKC model the healthcare professional increases their ability to be sympathetic and empathetic to a patient's needs. The workers get training in sexual and reproductive health in order to intimately understand how they affect the lives of individuals and their families.

Sexual and reproductive health is a cross-sectional science that includes medicine, psychology, sociology and the caring sciences. Some of the more commonly experienced issues are in the areas of spontaneous abortion, miscarriages, invitrofertolization and adoption. Issues such as sexual abuse and violence towards women is another issue that is treatable with the EKC model. Pregnant women with diabetes type 1 fall under "maternity and diabetes" issues.

Intimate knowledge about how the grieving process works is essential to be able to provide the necessary support to the patient. It is possible that the support will give them the courage and motivation to try and conceive again. One key aspect of the EKC model is to provide open and clear communication between the healthcare personnel and the patient, whether that communication is done face-to-face or otherwise. The structured EKC conversation provides a viable tool to help healthcare professionals assist their patients in coming to terms and resolving their loss.

**Biography**

Annsofie Adolfsson has completed his PhD at the age of 46 years from Linkoping University and postdoctoral from University of Washington, Seattle, US and Skovde University college of Sweden. She is the Professor of University College of southeast Norway and Associate Professor of Orebro University Medical sciences. She has published more than 58 papers in reputed journals and has been speaker at several conferences and reviewer at journals currently she is a senior lecturer at Orebro University, Sweden

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**The fear of COVID-19 created regret in candidates for professional decisions?****Hacer Unver***Inonu University, Turkey*

**Statement of the Problem:** Coronavirus (COVID-19), which affects the whole world, continues to affect individuals physically, socially and psychologically. The purpose of this study is to describe whether the fear of covid in health professional candidates affects professional decision regret were investigated.

**Methodology & Theoretical Orientation:** This study was conducted in descriptive research type. The research was performed in Turkey to the east of a state university in the Faculty of Health Sciences and Nursing. The sample of the study consisted of 592 students studying in the 2020-2021 Fall semester. The data were collected from 01.11.2020 - 01.01.2021 with Personal Information Form, The Fear of COVID-19 Scale (FCV-19S), Career Decision Regret Scale. Correlation analysis was used to determine the relationship between fear of covid-19 and professional decision regret.

**Findings:** The mean age of the students was  $20.73 \pm 1.94$ , 87.3% are women, 75% of them have nuclear family structure, 34% were educated in the midwifery department, 36.7% of them are in the second grade, 57.8% of their income is equal to their expenses, 52% of them decide on their career choice with their family, 96.3% are determined to be single. The students Covid-19 fear scale total score average  $18.40 \pm 7.08$ , 68.4% of were determined to regret their professional decision. The correlation analysis has shown that no significant relationship was found between fear of covid-19 and professional decision regret ( $p = 0.583$ ).

**Conclusion & Significance:** Findings show that no relationship was found between fear of COVID-19 and professional decision regret of healthcare professional candidates who continued their education online during the pandemic process.

**Biography**

Hacer Ünver, faculty of health sciences, faculty member at midwifery department. She wrote her doctoral dissertation titled "The Effect of Yoga on Posttraumatic Growth and Quality of Life in the Postpartum Period". He's just early in his career. Open to all kinds of developments for his profession, ready for interdisciplinary and international team work.

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**Family planning as a determining factor in preference to traditional birth attendants (TBAS) for Somali expectant mothers in Dadaab refugee camps, Kenya**

**Newton Kahumbi Maina**  
Kenyatta University, Kenya

**Statement of Problem:** Family planning is a determining factor in the maternal health care choices for Somali pregnant mothers in Dadaab Refugee Camps. Research has revealed that during delivery, the Somali mothers prefer the services of Traditional Birth Attendants (TBAs) to those of midwives in hospitals. The preference for TBAs is borne of the belief that when women deliver in hospitals, they could be subjected to family planning against their will. The contention is that Islam and socio-cultural practices of the Somali community do not advocate family planning. The purpose of this paper is to discuss Islam's position on family planning with in order to explain the response of the Somalis of Dadaab refugee camps on family planning.

**Methodology & Theoretical orientation:** The paper is derived from a qualitative study that involved snowball sampling, in-depth interviews and focus group discussions (FGDs). These methods brought out family planning as a determining factor in the mother's choice of TBAs as opposed to hospital midwives in Dadaab Refugee camps. Findings: Any discourse on Islam and family planning offers two perspectives: proponents of family planning and opponents of family planning. Both perspectives use the texts of the Qur'an and Hadith (traditions) and different interpretations to justify and support their respective positions and opinions. Through primary and secondary sources, the paper interrogates both perspectives of family planning in Islam.

**Conclusion & Significance:** It is concluded that the Somalis' belief on family planning is informed by the two perspectives of family planning but the opponents' perspective holds sway. This determines the preference for TBAs for fear that mothers who deliver in hospitals could be subjected to family planning contraceptives. Recommendation: there is need to educate the community further on Islamic teachings on family planning; and more sensitization conducted on the benefits of child spacing.

**Biography**

Newton Kahumbi Maina (PhD) is a Senior Lecturer in Islamic Studies in the Department of Philosophy & Religious Studies, Kenyatta University. He has published widely in the area of Islamic Studies, Gender and Islam and Christian and Muslim relations. He is currently a Co-investigator in Digital Innovation & Maternal Health for Migrant Mothers Network, a research project partnership of researchers of Kenyatta University (Kenya) and Newcastle University (UK). He has also conducted independent researches on: "Women Religious Leaders as Actors in Ethnic Conflict Management and Resolution in Kenya" (2004); "The Influence of the Interpretations of Islam on Girl's Access to Secondary School Education in Kenya"(2003); "The Impact of Islam on Women's Political Mobilization in Kenya" (1999); the Contribution of Religious Networks to Female Education in Kenya (1994) and "Muslim Education in Kenya with Special Reference to Madrasa System "(1993).

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**Gender differentiated attitude towards caesarean section: case of Somali refugees living in Dadaab****Priscilla Ndegwa**

Kenyatta University, Kenya

**Statement of the problem:** Caesarean section (CS) is the most commonly performed obstetrical surgery for life-saving and prevention of delivery complications. The World Health Organization (WHO) recommends a Caesarean section rate of between 10 and 15% as an acceptable level. However, studies have suggested that African women have an aversion for CS preferring vaginal delivery to caesarean section even when there is need to address basic obstetric complications; they perceive CS as being dangerous to the mother and baby. The inadequate use of CS in African countries has been identified as a key factor in the continuing high rates of maternal and perinatal morbidity in the region. In light of non-acceptance of CS among women in many developing countries, this study sought to explore gendered differentiated attitude towards CS among Somali Refugees who seek the services of Traditional birth attendants (TBA) in Dadaab.

**Methodology:** A qualitative case research design was employed- Ten Traditional Birth Attendants, 3 pregnant women, 2 men and 2 refugee safe mothers were selected through Purposive sampling. Data was collected through in-depth interviews and personal observations. Findings: The study found that both men and women were reserved about CS expressing fear of death. Women avoided CS due to fear of facing rejection from their husbands, psychological and emotional trauma of being stigmatized by the community; men felt that their conjugal rights were restricted if their women went through CS. They also indicated that TBAS are fellow women who help mothers to deliver at home, while in hospitals CS is done by men which is against the Somali culture.

**Conclusion and significance:** These findings indicate that there are many perceptions about CS among refugee community and thus need for programs to increase community understanding of CS as a method of delivery. The findings may also be a valuable process indicator for identifying the gaps in obstetric care that can be used for advocating improvements for healthcare.

**Biography**

Priscilla Ndegwa is a faculty member in the school of business at Kenyatta University. She holds a PhD and Masters in human resource management and a Bachelor in education. She is currently the coordinator of Kenyatta University Dadaab Centre (formally Centre for refugees' studies and empowerment). For close to five years she has been working with UNHR and its agencies and other humanitarian players in the implementation of refugees' educational programmes at both Dadaab and Kakuma. Her hands on experience working with refugees communities expose her to the challenges facing them and critically the girl child who become nursing mother at quite an early age. With her experience she will be instrumental in the implementation process of this project.

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**'Respectful maternal care' and by who? : Perspectives of Somali community at IFO refugee camp, Dadaab, Kenya**

**Jacqueline Mutheu Kituku**  
Kenyatta University, Kenya

**Statement of the problem:** Any form of disrespect of women of child bearing age within the healthcare system may create a lacuna, thereby forcing women to seek alternative care from persons who are neither skilled nor able to promptly recognize, manage and or refer complications arising during pregnancy, labour, child birth and puerperium. The global high maternal mortality rate is associated with preventable complications occurring during pregnancy, labour, child birth and the puerperium. Those who survive miraculously, suffer lifelong disability which affects their quality of life. Services offered by traditional birth attendants (TBAs) continue to be sort by women of reproductive age in both rural and urban African settings including Dadaab, despite the presence of health facilities. TBAs seem to offer a type of care that is regarded as being respectable to the woman and her family. Hence, this study aimed to investigate the perspectives of the Somali community residing in Dadaab refugee camps on what they consider as respectful maternal care.

**Methodology:** A preliminary study was conducted at IFO refugee camp, among 3 TBAs, 2 save mothers, 2 married men and 2 expectant women. Focused group discussions, interviews and video recordings were conducted. Data was coded, categorized into thematic areas and content was analyzed.

**Findings:** TBAs and save mothers accorded Somali women both social and psychological support during pregnancy, child birth, and postnatal period, and treated them with respect. Cultural beliefs and practices such as prayer, disposal of the placenta and the gender of the care provider, play a big role in maternal care among the Somali women.

**Conclusion and Significance:** Respectful maternal care should be accorded to all women irrespective of their background and should also be culturally sensitive. Virtual reality should be incorporated into midwifery training to enhance the knowledge, skills and attitudes of future midwives.

**Biography**

Midwifery expert with a passion for quality maternal and neonatal health. She possesses a wide experience in managing pregnancies, births and postnatal care. She is also skilled in managing obstetric emergencies. She has vast experience in module writing for midwifery curriculum and training of the same. She has consulted for various organizations in the areas of midwifery curriculum and maternal health

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**Incarcerated Amyand hernia with necrosis of the appendix and cecum****Renato Queiroga de Almeida***Faculdade de Medicina do ABC, Brazil*

**Statement of the Problem:** Presence of vermiform appendix (inflamed or not) within a hernia sac is called Amyand hernia. It is a rare disease, occurring about 1% of inguinal hernia patients. Commonly the diagnosis occurs intraoperatively.

**Case report:** A 7-month-old boy was admitted with abdominal distension, vomiting and non-stooling for the past 3 days. Examination revealed a painful abdomen on palpation, scrotal erythema and irreducible mass on right inguinoscrotal region. A plain abdominal X-ray showed dilated colon and small bowel loops. At surgery, we performed laparotomy and were founded cecum and appendix inside the hernia sac, with signs of necrosis. Due to extension of ischemia, the cecal appendix, cecum, and terminal ileum were resected, and an end-to-end ileo ascending colon anastomosis was performed. The hernia sac was closed with a right inguinoscrotal hernioplasty.

**Discussion:** Amyand hernia is a rare disease, occurring in about 1% of adult herniotomies. In children is much less uncommon, estimated in 0,07 - 0,28%, and the presence of an inflamed vermiform appendix is related as 0,08%. There are several clinical manifestations of Amyand hernia: reducible or incarcerated hernia within non-inflamed appendix or inflamed appendix to systemic signs of sepsis. Pre-operative imaging studies (such as ultrasonography or computed tomography) can be useful. The diagnosis generally occurs intraoperatively. Appendectomy in Amyand hernia remains controversial.

**Conclusion:** AH is usually diagnosed as an incarcerated/strangulated right inguinal hernia and should be considered in the differential diagnosis of incarcerated/strangulated in neonates and infants. Adequate treatment is an urgent surgical exploration of the inguinal region and laparotomy, if necessary. The surgical approach in the presence of suspected ischemia, necrosis, or perforation of the structures placed inside the hernia sac may prevent the need for intestinal resection.

**Biography**

Renato Queiroga de Almeida is a MD, General and Pediatric Surgeon, Medical Preceptor of the Division of Pediatric Surgery at the Faculdade de Medicina do ABC in Santo André, São Paulo, Brazil. Responsible for Pediatric Surgery service at Complexo Hospitalar do Município de Santo André, São Paulo, Brazil.

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