



University of Pune

# INTERDISCIPLINARY SCHOOL OF HEALTH SCIENCES

Pune Public Health Conference 2013  
Symposium on reproductive and child health

## Pregnancy loss, birth defects and genetic disorders in India: Epidemiology, social costs, health systems needs

11<sup>th</sup> - 13<sup>th</sup> February, 2013

There is sufficient evidence that preconception care reduces the complications of pregnancy including pregnancy loss, birth defects and genetic disorders. The Reproductive and Child Health (RCH) programme offers a spectrum of services ranging from the Adolescent Reproductive and Sexual Health (ARSH) programme, ante-natal care (ANC) services and several interventions targeted towards perinatal and early neonatal morbidity and mortality reduction. There is however a "crack in the continuum" as there are few pre-pregnancy interventions. Every year, women enter pregnancy with teratogenic risk exposures such as micronutrient deficiencies, pesticide exposure or tobacco habit. What is the prevalence of these risk factors amongst adolescent girls and women of reproductive age? Are 800 000 pregnancies actually affected each year in India? If the pregnancy outcome is a stillbirth, or results in early neonatal mortality, how do birth defects impact public health indicators? There are no government services for affected children and no education or support services for their parents. What is the quality of life of these children and their families? Can a low cost, population wide programme for prevention be suggested within the Reproductive and Child Health programme in India?



### Share your Research as Poster Presentations in the following

Environmental exposures (e.g. pesticides, harmful chemicals, radiation, industrial exposures) in pregnant women, women in reproductive age group, adolescent girls	<ul style="list-style-type: none"> <li>➤ Pregnancy loss i.e. miscarriage, intrauterine death, stillbirths</li> <li>➤ Preterm births</li> <li>➤ Early neonatal deaths</li> <li>➤ Low birth weight</li> <li>➤ Birth defects</li> <li>➤ Chronic childhood disability e.g. congenital malformations, physical and mental disability</li> <li>➤ Genetic disorders e.g. sickle cell anaemia in tribal groups, thalassemia, bleeding disorders or other chronic conditions</li> </ul>
Addictions (tobacco, alcohol, recreational drug use) in pregnant women, women in reproductive age group, adolescent girls	
Maternal illness (TORCH infections, syphilis, malaria, tuberculosis during pregnancy, or non-infectious illness like epilepsy, diabetes, hypertension, thyroid disorders), obesity	
Non-prescription medication use during pregnancy, or by women in reproductive ages, pre-pregnancy anti-folate drug use	
Psychosocial stressors during pregnancy e.g. work load, poverty, domestic violence	
Consanguinity, family history risk, genetic disorders in at-risk ethnic groups or the general population	
Demographic factors like adolescent pregnancy or pregnancies at advanced ages	
Nutritional factors, under nutrition, macro and micro-nutrient deficiencies - iron, folate, iodine amongst pregnant women, women in reproductive age group, adolescent girls	

**Registration Fees :**  
INR 1800 (general)  
INR 900 (for students)

**Venue :**  
MDC Auditorium  
Yashwantrao Chavan  
Academy of  
Development  
Administration  
(YASHADA) Rajbhavan  
Complex,  
Baner Road,  
Pune-411 007

**Last date for submission of abstracts (400 words):**

**5<sup>th</sup> of January, 2013.**

**Last Date for registration :**

**5th February 2013**

(Demand draft in favour of Registrar, University of Pune)

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Updates at [www.unipune.ac.in](http://www.unipune.ac.in)

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