

Annual Congress & Medicare Expo on

Primary Healthcare

April 25-27, 2016 Dubai, UAE

Improving breastfeeding rates in PHC'S in UAE: A public health strategy

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United Arab Emirates (UAE) is facing two critical situations: high incidence of obesity and chronic diseases and suboptimal infant feeding practices as reported by the Ministry of Health in the UAE. So, early identification of risk factors of chronic diseases is important for developing early intervention strategies to optimize health care for individuals and communities. A growing body of literature shows that the period of the first 1,000 days is a critical window of opportunity for intervention and prevention of chronic diseases, through developmental programming. So, optimal breastfeeding of children under two years of age has the greatest potential for a more positive impact on child survival than all preventive interventions. WHO reported that promotion of breastfeeding may contribute to the prevention of childhood obesity. In addition, suboptimal complementary feeding practices, including timing of introduction of complementary foods and the type of foods introduced, have been associated with an increased risk of adulthood obesity and comorbidities. Improving exclusive breastfeeding rates and complimentary practices may be considered as a potential component of the primary public health strategy to decrease health risks and problems in the UAE, a country with high prevalence of obesity and non-communicable diseases and will contribute to the improvement of the overall health status in the UAE.

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Impact of maternal omega-3 fatty acids supplementation on plasma lipid concentrations in late pregnancy

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The pregnant women are exposed to atherogenic state during pregnancy characterized by hypertriglyceridemia. Omega-3 LCPUFAs are proposed to have a lipid lowering effect during pregnancy. The aim of this study was to explore the possible influence of maternal omega-3 LCPUFAs supplementation during the last trimester of pregnancy on serum lipid concentrations.

In this randomized intervention study, a total of 84 pregnant women at their 20 weeks of gestation were enrolled and divided into two groups: Group1 (n=42) women who received 600 mg omega-3 LCPUFAs daily (containing 550 mg DHA and 50 mg EPA) the end of supplementation. Women who received supplementation during pregnancy had significantly lower plasma concentration of triglycerides (-65.12 mg/dl, p=0.001) and higher HDL-C (13.69 mg/dl, p=0.001) than the control group. Maternal plasma concentration of triglycerides was independently and inversely associated with the level of omega-3 index in maternal plasma (β = -12.65 mg/dl, p=0.004), and positively associated with the ratio of omega-6: omega-3 fatty acids (β = 5.51 mg/dl, p=0.004) after adjusting for confounders. It is concluded that omega-3 fatty acids supplementation would improve the blood lipid profile in pregnant women through thypotriglyceridemic effect and increase HDL-C concentration which in turn reduce the incidence of atherogenesis.

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