

Official Newsletter of the South Asian Federation of Obstetrics & Gynaecology



[www.safog.org](http://www.safog.org)

# SAFOG NEWS



## PRESIDENT'S MESSAGE



Prof. Dr. Ferdousi Begum

South Asian Federation of Obstetricians & Gynecologists (SAFOG) is an unique organization of dedicated professionals: an open forum to share and learn from one another and work in unison. This gives us opportunity to strengthen the technical, academic, innovative and public health activities and show case these to the outer world. Similar socio-economic culture and ethnicity serve as a basic structure and bondage making common recommendations implementable with some adaption. With the insistent committed services by our colleagues the region has almost overcome the challenges related to maternal and perinatal mortality, malnutrition related disease burden and morbidity; infectious diseases and disease burden due to limited resources. At the same time due to effect of modernization and life style change, non communicable diseases, obesity and their consequent complications compiled with environmental changes are now being obvious.

The obstetricians & gynecologists of the South Asia region have a lot to do. We need to make our clinicians and allied forces aware about the scenario and make them professionally efficient with proper knowledge, skill and attitude. At the same time, we have to work with government, relevant national & international professional organizations, development partners, national and International NGOs, private organization to act in a concerted way, so that women and girls of this region can lead a healthy and empowered life. The Covid-19 pandemic hit us like a bolt from the blue and hit the region severely causing initial disruption of services. But with the instant positive reaction, along the urgent call and guidelines of WHO, FIGO and other world associations, the OBGYN Societies of all SAFOG countries urgently adopted the principles of preventive, curative & public health measures. Now even with the 2nd/3rd wave of the pandemic we could serve our clients without any little disruption.

*“Smile and let others smile”.*

## SECRETARY GENERAL'S MESSAGE



Dr. Yousaf Latif

Dear Members of this wonderful federation of Obstetricians and Gynaecologists. I am very happy that SAFOG newsletter is coming at your doorstep in these very challenging times. All our member countries are going through some very overwhelming times and I am sure we will endure this too. I congratulate Dr Jaideep Malhotra for all the hardwork put in bringing this newsletter to all of us. Looking forward to some better times, till then stay safe stay healthy.

## EDITOR'S MESSAGE



Prof. Dr. Jaideep Malhotra

*Dear Friends,*

Greetings, Welcome to the first SAFOG newsletter, and I sincerely hope that each one of you is doing well in these extremely challenging times of COVID 19. This small virus has brought the whole world on its feet and countries and people are really struggling to fight this pandemic out. In the developing world it is a double-edged sword, with humongous population in all countries and literacy and health facilities not at par, the situation is explosive, all we can do is pray and abide by the guidelines as much as possible. I am an optimist and see the brighter side of it, as long lockdown periods initially gave us time to think, analyse and reorganise our lives. It gave opportunity to many of us to be digitally savvy and gave us time to learn new technology and utilise it as well. Now imagining life without telemedicine, telehealth, webinars, zoom meetings, artificial intelligence and Paytm will not be possible. These 15 months have taught many of us to learn things, which probably we were resisting for many years it gave us much needed time with our families and friends. It has taught us that there is nothing like good health and no amount of money can buy health, so we need to work towards it ourselves.

As Melinda Gates puts it, “The pandemic has magnified every existing inequality in our society-systemic racism, gender inequality and poverty”.

Can you imagine the impact of all these and the repercussions through the years. Our Governments have a lot to learn too, investing in good health infrastructure and human resource is of utmost importance, and also curbing the population explosion is also equally important and we are the custodians of women's health and the first contact for any young couple, I think we need to focus on these issues and help people and countries achieve their goals. Till then get used to the 'new normal' and I wish you happy reading of this issue dedicated to COVID19 and hope it will keep you engaged.



## Dr Rashid Latif Khan

Safog is a living example of countries working in unison towards understanding the problems unique to the region and strategising protocols to overcome them. I am very proud of this organisation.



## Prof TA Chowdhury 2nd President SAFOG Bangladesh

SAFOG has come a long way since its inception, and is now recognized globally as an important regional federation of obstetric and gynecological societies in South Asia. It has helped to establish remarkable networking among the senior colleagues in the region. Many collaborative academic and training programmes have been initiated and completed. I hope that our junior colleagues will know more about the activities of this federation and its potentials. Publication of a newsletter is a step in the right direction to orient our junior colleagues about the activities of the federation. I will hope that this will continue to be published on a regular basis in future.



## Prof Alokendu Chatterjee



Keep the flag of SAFOG flying high by our untiring dedicated service for the humanity in general and the women in particular

## Dr Narendra Malhotra Vice President SAFOG

It's tough times for the world especially for SAFOG countries. As it is we the developing countries were already suffering from slow achievement towards S.D.Gs and this covid pandemic has slowed SAFOG region even further. Covid 19-20 & now Covid 21 has posed a major challenge to the healthcare systems all over. Our only hope to win over this pandemic is to make people aware of covid appropriate behavior and step up the vaccination drive.



## Dr Alpesh Gandhi President, FOGSI

I would like to congratulate all the countries of SAFOG for doing great academic, and social work and continuing essential time sensitive women's health care services in this difficult time of covid 19. During the year, we came closer to each other inspite of immense diversity and learnt a lot from sharing experiences among all of us. Now we believe that as one unit, jointly we can make a great difference in women's healthcare upliftment in South Asia.







**Prof Dr Farrukh Zaman**  
Lahore, Pakistan

Being a member of SAFOG fraternity has been an enriching experience in many ways. The most important for me is the realisation that despite immense diversity we have so much common at human level and that learning from one another how great a difference we can make.



**Dr Rohana Haththotuwa**

Sri Lanka has been a role model as far as healthcare is concerned, especially in reducing maternal mortality and incorporating midwives in the system to increase reach and support.



**Dr Phurb Dorji , Bhutan**

Maternal Health remains big challenge especially in our SAFOG region. Working together as a SAFOG team to address maternal health issues with sharing experiences is a good way to move forward.



**Dr Farhana Dewan**  
Secretary OGSB

Bangladesh is a small country, but it has set many good examples on improving health care status of the people and is constantly improving. Population stabilization and good economic development only can help in improving health parameters of any country.



**Dr Shafiqua Babak**

Unfortunately Afghanistan has a higher Maternal mortality rate in South Asian countries, so we need more efforts for reduction of MMR among the region level and we can achieve this Goal by sharing experiences of each other specially SAFOG, and implement SDG issue.





Prof Dr Ferdousi  
Begum

## FROM THE PRESIDENT'S DESK

# SAFOG REGION AND COVID-19 PANDEMIC



Covid-19 pandemic is a sudden blow to the entire mankind. It slowed down almost all activities including maternal and new born health services in most of the countries. South Asian region was not an exception. Starting from February 2020- till 11th April 2021 total persons reported to be affected are 1,53,96,921 with total reported deaths of 2,01,646 in eight SAFOG countries. It is a real threat and misery to mankind; thousands of frontline health service providers are victims and hundreds of them died of this deadly disease.

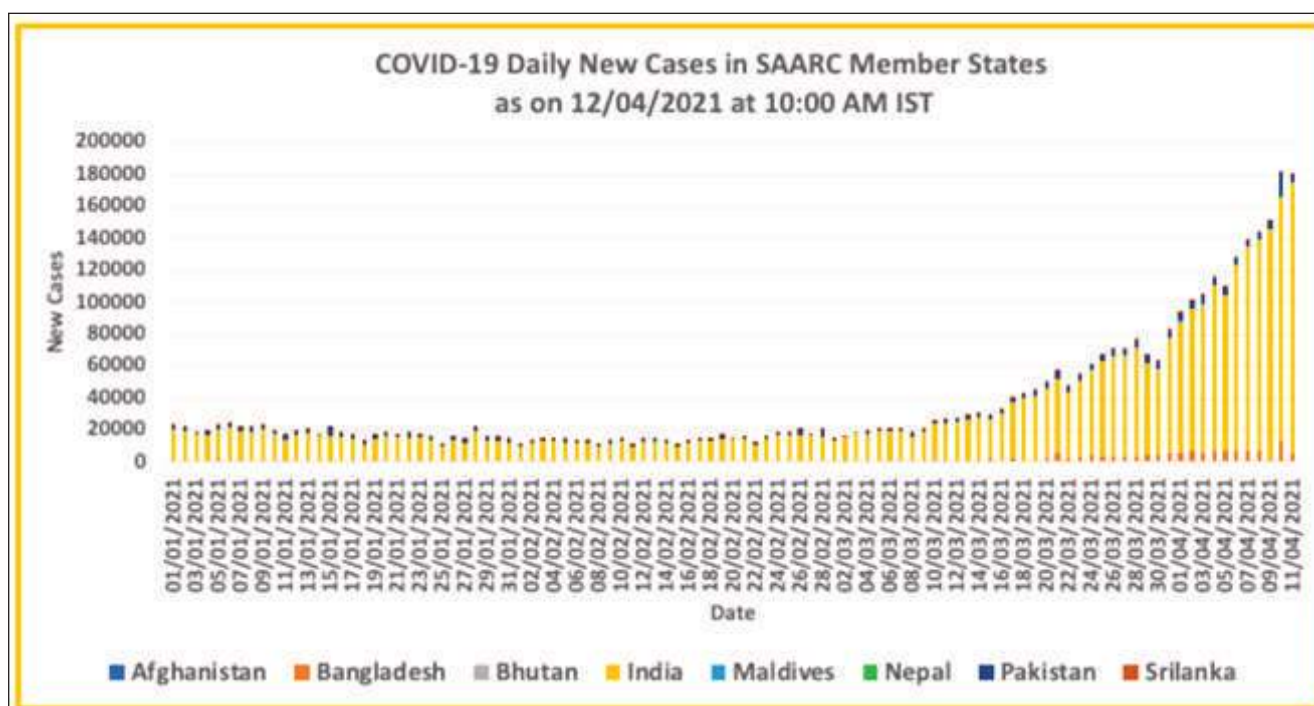
At the first response of defense by lockdown all kinds of services went down and people are affected by lack of income, poverty, scarcity of food, medicine. In response to this unknown enemy the resistance had been built up gradually. We learnt to protect ourselves and our clients and society. The emergency services, routine care, contraceptive services which were disrupted initially, came to almost normal gradually. In addition to physical affection and deaths the psychological effect of this pandemic was immense: both for general people and the health service providers. Thanks to our scientists for working (we are grateful) day and night and coming up with the vaccine which is showing a light of hope. Millions of doses of vaccine have been given and we are hopeful to see its positive impact. number o Though the situation is still uncertain. We are confronted with the true uncertainly of human existence.

Country	Total cases	Total death	Recovered
Afghanistan	57,160	2521	51,962
Bangladesh	6,84,756	9739	5,76,590
Bhutan	910	1	875
India	1,35,27,717	1,70,179	1,21,56,529
Maldives	25,617	67	22,551
Nepal	2,80,028	3,040	2,74,027
Pakistan	7,25,602	15,501	6,34,835
Sri Lanka	95,131	598	91,631
<b>Total</b>	<b>1,53,96,921</b>	<b>2,01,646</b>	<b>1,38,09,000</b>

Coronavirus Disease (COVID-19) - SAARC Region. <http://www.covid19-sdmc.org/>

The OBGYN societies of the region and their members took prompt action. The challenges were to continue uninterrupted services and protecting ourselves and the community. The situation was tackled by following the basic preventive measures, IPC, guideline developments and continuous training, innovating suitable alternative, necessary adjustments and research.

Covid-19 pandemic taught us several lessons: to be united, to follow the rules of nature, to take care of basic health and remain close to the nature, expending more on health research. It taught us the value of human life, being together and supporting each other. There were many scientific innovations including the benefit of distant learning and telemedicine. The best lesson it taught us of the value to being together, supporting one another and maintaining the discipline in all aspect of life. It helped us to conquer the time and distance by use of electronic media. We must learn from this pandemic and prepare fully to manage it and prevent such happening in future.







Prof Dr Jaideep  
Malhotra

## FROM THE EDITOR'S DESK

# ARTIFICIAL INTELLIGENCE IN COVID TIMES



Life has taken a 360 degrees turn in the last 15 months of this COVID pandemic and every day our learning keeps on changing .Though the healthcare systems stand exposed of their depth, and have left us on the edge, but have taught us many lessons which will stay with us for a long long time and not only that, the way we have practiced medicine may never be the same. Today we understand that we have to live with this virus and it cannot shut us up indefinitely.

But resuming work means we have to adopt a number of new practices and those will be our “New Normal.”

Our fraternity has borne the brunt of this pandemic the maximum , and largely all the process and procedures in our practice are driven by persons and require human interventions, but being an optimistic person, I would say our fraternity has reorganised as fast as possible though still a long way to go as this has to include, not only us, but our support staff and our beneficiaries too. We are blessed today with amazing technology along with artificial intelligence that has developed rapidly and gradually penetrated our personal and social life. In the recent years, computers, driven by computer power, memory, data storage and large amounts of data, have been handling increasingly complex learning tasks with incredible success and are available us to optimize our service provision and monitor their outcomes in healthcare too.

This may sound simple, but actually is not, because with benefits come challenges and the risks which need proper assessment.

In the middle of pandemic, how fast we adapted ourselves to telemedicine, which we were struggling to incorporate for decades, but today this trend is accelerating as telehealth becomes more





accepted and popular. We are now using two-way technologies much more effectively than ever to provide access to healthcare remotely. It has become part and parcel of our practice and our patients also have accepted it well. AI enabled us intelligent interactive monitoring of the patients, has provided intelligent interfaces supporting access to healthcare services, eased out patient-tailored decisions. Along with this, it provided us decision support systems, with diagnostic reasoning to decision-making. In the past some very good examples of this have been, machine learning in medical imaging, also deep learning for identifying metastatic breast cancer seem promising. Machine learning actually is helping bench-to-bedside clinicians to perform their jobs more effectively.

Today we have immense data available to us, using which we can actually reconstruct diseases, test hypothesis, recruit patients, analyse big data, even in our clinics there can be mind boggling applications, like identifying subtle changes in chest X-ray films or increasing our accuracy levels for diagnosing conditions like stage of CIN or as in my own clinic we are using AI to grade embryos and predicting their implantation potential which can have huge impact on our practice and results and I can share with you that initial results are very promising.

The other areas of prognostication, telemonitoring have proven to be a great asset. That day, is not far when machine learning and wearable technology will continuously monitor a person's health and great examples of these are, devices like the Apple Watch or the Kardia Alivecor devices, which can detect arrhythmias and send alerts to patients through their smartphone apps. When this becomes fully integrated into the current clinical flow, AI will impact cardiology, cancer, and neurosciences in a big way in stratifying patients, enabling more proactive care and management.

### **AI in Obstetrics**

Cardiotocography (CTG) has been with us for decades used to monitor the fetal

heart and uterine contractions and functions as an indirect tool for screening for the development of hypoxia. Currently used as the major tool in intrapartum decision making but CTG interpretation, have been very subjective. Many studies looking at CTG data aimed to demonstrate Machine Learning can be a great adjunct in fetal monitoring, and help in decision making regarding the need of caesarean section during intrapartum care.

### **AI in Gynaecological Oncology**

Till date Prognostication in gynaecological cancer is guided by FIGO classification. A shift towards novel molecular or radiological biomarkers is rapidly emerging as the next step in treatment stratification. We have shifted from developing treatments, to preventing, personalising and delivering precision care. AI has helped us process vast amounts of data to increase available knowledge on disease processes. Today AI has been declared as the primary tool to achieve the vision of personalised medicine.

### **AI in IVF**

One of the most challenging step in IVF is the selection of a viable embryo which is essential to predict outcomes which could lead to reducing time to pregnancy and result in a healthy, live-birth. A lot of algorithms are being tested all over the world to predict the likelihood of successful IVF. Time-lapse imaging of embryos and image data have been used for this purpose too and results so far have been encouraging. Friends technology will be technology, though it may enable us to perform many steps uniformly and faster, but it too has its limitations, such as systematic biases and improper labelling of data, leading to skewed results. At the end of the day success of AI will really depend on how fast we can provide large amounts of information to be processed.

AI is a hot topic and we have great expectations from its applications especially, it seems to be a promising tool which can augment knowledge and assist clinicians in decision making in a variety of areas in obstetrics and gynaecology.

I would end up by saying,

**“One machine can do the work of fifty ordinary persons, but no machine can do work of one extraordinary man.”**

**Elbert Hubbard**

Take care, and look after yourself, your health comes first.

## COVID 19 UPDATES

# COVID AND PREGNANCY

By Ravi Teja  
Co-founder iMUMZ

The pandemic is a very challenging time for the population in general. The studies have shown emotional disturbance, depression, stress, mood alterations, irritability, insomnia, anger and emotional exhaustion among the general population. This particular phase has been very challenging to the pregnant women and new mothers. Not able to access their health care providers, pandemic stress, and health challenges have made this phase challenging for them more than the average population. There are so many disruptive digital health solutions that came up during this phase to help the healthcare providers and the general population.



iMumz is one such revolutionary digital health solution. iMumz is the complete pregnancy and parenting app. Here is how they have helped the pregnant women & new mothers in the pandemic.

**1. Live sessions** - Post pandemic, iMumz has streamed 600Hrs+ Live content, where expert doctors come to answer the questions of pregnant women through 'Ask me anything' live sessions. These sessions have answered more than 25,000 questions of expecting and new mothers.

**2. Meditation** - Multiple researches have shown the impact of meditation in pregnancy. It is proven to improve many maternal and fetal health outcomes. iMumz app users have meditated for more than 2 Million minutes since the pandemic started.

**3. Bonding with baby in the womb** - Bonding activities like talking to the unborn baby, connecting with Music and stories have proven to increase the Maternal and Fetal attachment and reduces the chances of postpartum depression. Expecting users have spent more than 1.5 Million minutes in bonding with their babies in the pandemic in the iMumz app.

"In history, there were many challenging events for mankind. Everytime, the stress levels and physical health conditions have affected the offspring born during that time. iMumz is shielding the new generation from the pandemic stress" says the founders of this digital health platform.

iMumz app has also won the prestigious national award 'AatmanirbharApp challenge' launched by the Hon'ble Prime Minister of India, Shri Narendra Modi. This app is one of the fastest growing apps in India with 250,000+ members and recommended by 1000+ Obstetricians for the impact it is creating.



## COVID 19 UPDATES

# QUICK TESTS SHOW VALUE FOR STOPPING COVID'S SPREAD



Rapid COVID-19 tests can detect most coronavirus infections that will lead to further transmission, according to simulations incorporating the results of more than 3.5 million coronavirus tests.

Rapid coronavirus tests performed by hand-held test kits called antigen lateral-flow devices could bolster test-and-trace programmes. But such tests are less effective at detecting infections than are slower, gold-standard polymerase chain reaction (PCR) tests.

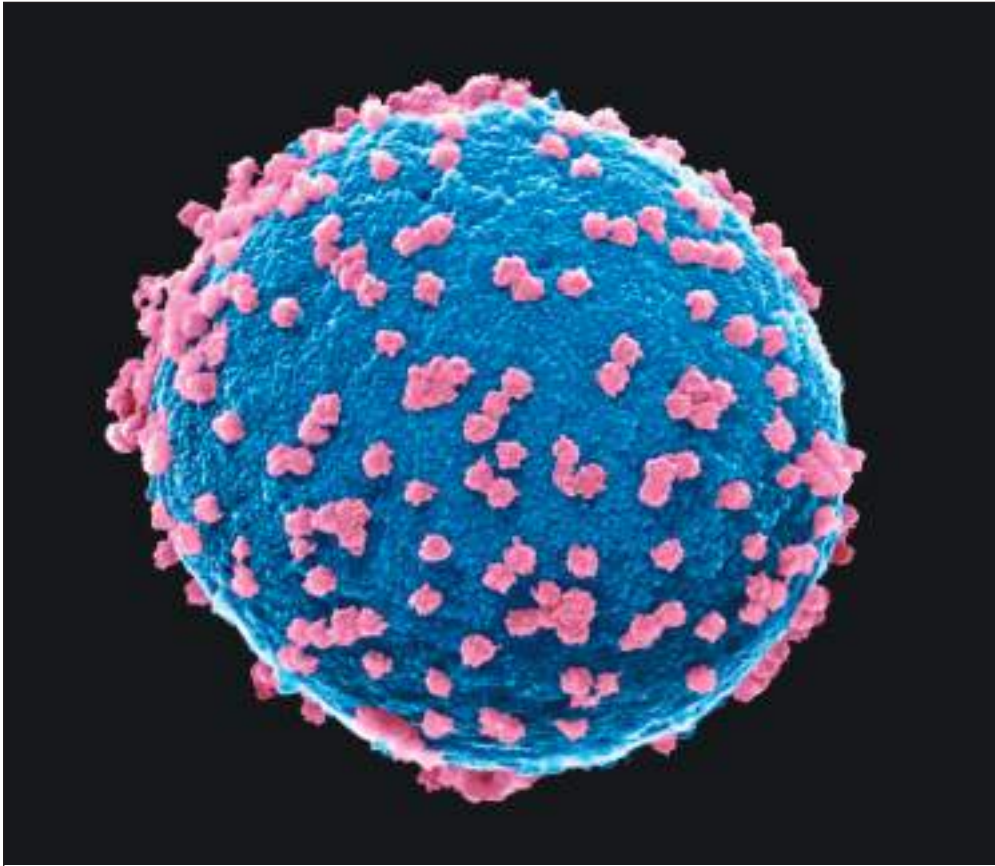
David Eyre and Tim Peto at the John Radcliffe Hospital in Oxford, UK, and their colleagues analysed testing and contact-tracing data collected in England from 1 September 2020 to 28 February 2021 (L. Y. W. Lee et al. Preprint at medRxiv <https://doi.org/f5jc>; 2021). The study included data from about one million people with positive coronavirus PCR tests and the results of PCR tests from about 2.5 million other people who had come into contact with them.

The team used data on the performance of lateral-flow devices to estimate that the most sensitive rapid tests could have detected nearly 90% of cases that led to an infected contact. The team also found that people with higher levels of SARS-CoV-2 in their bodies tended to be more infectious than people with lower levels.

Infection with the B.1.1.7 variant, which was first identified in the United Kingdom, increased transmission by about 50%. The findings have not yet been peer reviewed.

## COVID 19 UPDATES

# SPUTNIK V VACCINE IS NO MATCH FOR A FAST-SPREADING VARIANT



A cell (blue; artificially coloured) infected with particles of SARS-CoV-2.  
Credit: Science Photo Library

A coronavirus variant that was first detected in South Africa can evade antibodies elicited by the Sputnik V vaccine against COVID-19. Many vaccines — including Sputnik V, developed by the Gamelaya National Centre for Epidemiology and Microbiology in Moscow — trigger the production of antibodies targeting the SARS-CoV-2 protein called spike, which the virus uses to infect host cells. Scientists worry that the vaccines

might be ineffective against SARS-CoV-2 variants with mutations in the spike-encoding gene.

Benhur Lee at the Icahn School of Medicine at Mount Sinai in New York City and his colleagues obtained samples of antibody-laden blood serum from 12 people vaccinated with Sputnik V (S. Ikegame et al. Preprint at medRxiv <https://doi.org/f5h9>; 2021). The authors then tested the serum against benign viruses engineered to make the versions of spike found in certain SARS-CoV-2 variants.

The team found that 8 of the 12 samples did not inhibit viruses equipped with spike from B.1.351, the variant first identified in South Africa. But the samples did effectively overcome viruses with spike from B.1.1.7, a variant first detected in the United Kingdom. The emergence of new variants might require the development of a new generation of vaccines, the authors say. The findings have not yet been peer reviewed.

## COVID 19 UPDATES

# 20-30% RECOVERED PEOPLE LOSE NATURAL IMMUNITY AGAINST COVID-19 IN 6 MONTHS

According to research by the Institute of Genomics and Integrative Biology (IGIB), natural immunity against COVID-19 lasts for 6 to 7 months. It also states that between 20-30% of those infected with the virus shed this immunity after a 6-month period.

According to research by the Institute of Genomics and Integrative Biology (IGIB), natural immunity against COVID-19 lasts for 6 to 7 months. It also states that between 20-30% of those infected with the virus shed this immunity after a 6-month period.

"The key finding of 20-30% of subjects losing virus neutralizing activity, despite staying seropositive, at 6 month follow-up helps understand why the large second wave has not spared cities like Mumbai with high seropositivity," Dr Anurag Agarwal, the director of IGIB stated on Twitter.

The findings of this research are particularly important for India as they could potentially explain the timing of the second wave of the COVID-19 pandemic in the country. The results also emphasise the importance of vaccination against virus infection.

Research on the immunity period of COVID-19 vaccines is still ongoing, but most vaccines currently in use are expected to protect beneficiaries from severe coronavirus infection or death for at least a couple of years.

Researchers have stated that the findings can explain why cities like Mumbai and Delhi are experiencing a spike in COVID-19 cases. This is happening despite these cities having high seropositivity, according to Hindustan Times. Delhi had average seropositivity of just over 56 per cent in January.

The IGIB study established that seropositivity was inversely proportional to the test positivity rate of COVID-19.

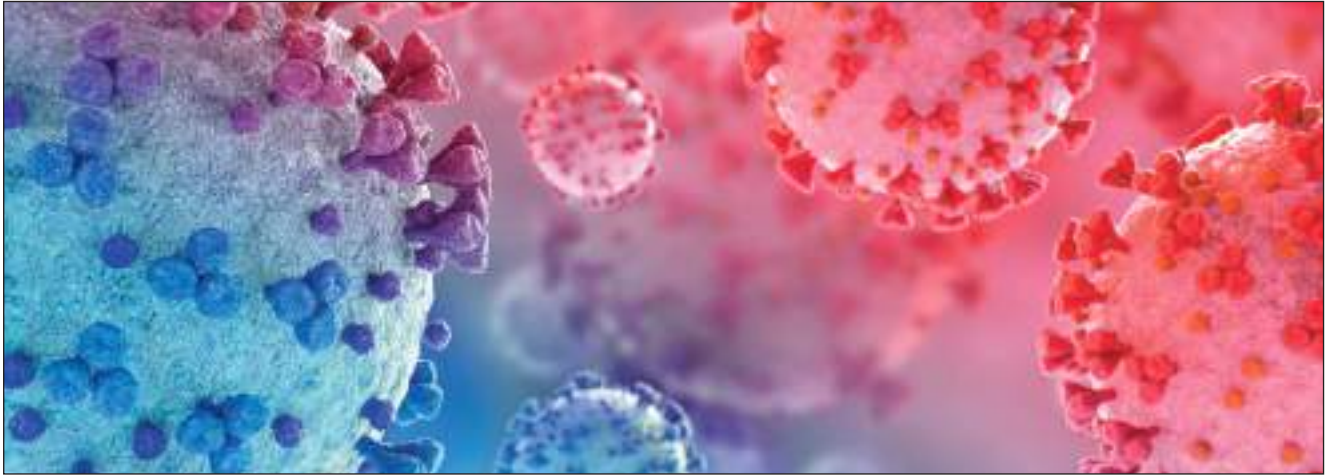
"In September, when we conducted a sero-survey across CSIR (Council for Scientific and Industrial Research) laboratories, just over 10% of the participants were found to have antibodies against the virus. Then, we followed up with a fraction of these participants for three and five to six months and conducted a quantitative test to check their antibody levels," said Dr Shantanu Sengupta, according to the daily. Sengupta is a senior scientist from IGIB and one of the writers of the study which was published in eLife journal on April 10. "At five to six months, nearly 20 per cent of the participants had lost the neutralisation activity despite having antibodies; the neutralisation activity for the rest was also on the decline."

Nearly 10 per cent of the participants of the study tested positive for antibodies in September 2020. The researchers tracked 175 of these participants for a period of five to six months and discovered that 31 of them had lost the neutralising activity and eight of them no longer had antibodies.



## COVID 19 UPDATES

## TWO NEW STUDIES SHOW THAT THE U.K. COVID-19 VIRUS VARIANT IS NOT LINKED TO SEVERE DISEASE



In two studies published in *The Lancet Infectious Diseases* and in *The Lancet Public Health*, respectively, scientists provide comforting news about a new strain of the COVID-19 virus that emerged from the U.K. last December. It has since become the dominant virus in the region, accounting for nearly all of the new COVID-19 cases there—and has recently been implicated in spikes in parts of the U.S., as well as other parts of the world.

The researchers report that the so-called B.1.1.7 variant of the virus is not linked to more severe disease or death, and that the virus isn't causing different (or higher numbers of) symptoms among those infected compared to previous strains of SARS-CoV-2. But they also stress that their findings aren't the final word on the impact of the variant. Indeed, the results conflict with those of another study published last month in *Nature*, which found the opposite outcome among hospitalized patients. In that study, the B.1.1.7 variant was linked to an increased risk of dying from the disease compared to other variants.

In the study published in *Lancet Infectious Diseases*, scientists led by Dr. Eleni Nastouli associate professor of infection, immunity and inflammation at University College of London, sequenced the virus obtained from samples from 341 people who tested positive for COVID-19 at two hospitals in the U.K. between November and December 2020, just as the new variant began to spread there. About 58% of these people were infected with B.1.1.7, and the researchers compared the severity of their disease with that of people infected with the other common circulating virus strain at the time, D614G and found no significant differences. Some 36% of those with B.1.1.7 became severely ill, compared to 38% of those with the other strain. "We didn't find an association between severity of disease with the variant after adjusting for other factors [like age, ethnicity and other health conditions]," says Nastouli. She and her team did, however, find that people infected with B.1.1.7 were more likely to have higher viral load in their nasal and throat samples than those infected with the previously circulating variant. That's in line with other studies

showing that B.1.1.7 is more transmissible than previous versions of the virus. The study from Lancet Public Health similarly found B.1.1.7 was linked to increased likelihood of transmission—in this case, the research suggested a 35% higher rate of transmissibility compared to the previously circulating strain. This research is based on a completely different data set than was Nastouli's; in this case, the raw data come from 36,000 participants of the COVID Symptom Study, an ongoing survey of four million people in the U.K. who enrolled to download an app and record daily how they are feeling and any symptoms they may experience, as well as results of any COVID-19 tests they took. The researchers combined these self-reported data with genomic data from the COVID-19 Genomics U.K. Consortium, which randomly sequences viruses from positive test samples in the U.K, to figure out what proportion of positive tests included the B.1.1.7 variant. That gave scientists a proxy for evaluating whether people more likely infected with B.1.1.7 experienced different symptoms or disease than those infected with other versions of the virus.

“We didn't find any change in the type of symptoms experienced or the total number of symptoms among people with B.1.1.7,” says Mark Graham, research associate at King's College London and lead author of the study. That's important, he says, because it confirms that current screening and testing methods can effectively pick up cases of the variant.

Graham and his team were also able to explore another critical question: whether exposure to B.1.1.7 would lead to reinfection among people who have previously recovered from COVID-19 with the previously circulating strain, or among people vaccinated against the disease with the currently authorized shots. They looked specifically at those who reported having two positive COVID-19 tests within 90 days, and since very few fell into this category, determined that the rate of reinfection with any version of the virus was low, including in areas where B.1.1.7 cases were relatively higher. That suggests that B.1.1.7 was not leading to appreciable reinfection among people previously infected with another version of the virus. Those conclusions are supported by recently reported real-world data from Israel showing lower infection rates—even among people infected with B.1.1.7 and other variants—if people are vaccinated against COVID-19.

So why do other studies show higher rates of severe disease and mortality among people infected with B.1.1.7? One reason, suggests Nastouli, may have to do with the different populations studied. Her study focused on people sick enough to need hospitalization, while, for example, the Nature study from March that found more severe disease relied on community level data from people not seeking care from hospitals. “They don't conflict necessarily; they are just studies done in different settings,” she says.

The researchers on the Nature paper also did not use genetic sequencing from positive samples to confirm presence of B.1.1.7 as Nastouli and her team did, but depended instead on another method of detecting the variant that was a little more indirect, and possibly less accurate.

How reliable either set of findings are needs to be confirmed with more data involving genetic sequencing of the virus from people who test positive, says Nastouli, and more studies in places outside of the U.K.—like the U.S.—where B.1.1.7 is growing.

## COVID 19 UPDATES

# GLOBAL COVID-19 VACCINE SUMMARY: SIDE EFFECTS



All data and statistics are based on publicly available data at the time of publication. Some information may be out of date. Visit [www.medicalnewstoday.com](http://www.medicalnewstoday.com) for the most recent information on the COVID-19 pandemic.

As the global effort to produce vaccines that can curb the COVID-19 pandemic forges ahead, headlines continue to highlight development breakthroughs and safety concerns.

This article summarizes the known side effects of the 13 authorized vaccines and provides insight into risks that researchers are still investigating.

Currently authorized COVID-19 vaccines

The table below gives an overview of the 13 authorized vaccines, categorized by type, based on how they function. It also shows their efficacy.

Each of the following vaccines has received use authorization in at least one country.

Name	Manufacturer	Type of vaccine	Efficacy rate
BNT162b2	Pfizer-BioNTech	mRNA	95%
mRNA-1273	Moderna	mRNA	94.5%
Ad26.COV2.S	Janssen (Johnson & Johnson)	Viral vector	66%



Name	Manufacturer	Type of vaccine	Efficacy rate
AZD1222	Oxford-AstraZeneca	Viral vector	81.3%**
Covishield*	Serum Institute of India	Viral vector	81.3%
Ad5-nCov	CanSino	Viral vector	65.28%
Sputnik V	Gamaleya	Viral vector	91.6%**
Covaxin	Bharat Biotech	Inactivated	80.6%
BBIBP-CorV	Sinopharm (Beijing)	Inactivated	79.34%**
Inactivated (Vero Cell)	Sinopharm (Wuhan)	Inactivated	72.51%
CoronaVac	Sinovac	Inactivated	50.38%
RBD-dimer	Anhui Zhifei Longcom	Protein subunit	Unknown
EpiVacCorona	FBRI	Protein subunit	Unknown

\* Covishield is the Oxford-AstraZeneca vaccine produced for India.

\*\*Trusted Source

### COMMON SIDE EFFECTS

Vaccines allow the body to build immunity by activating T and B lymphocytes, cells that, respectively, recognize the targeted virus and produce antibodies to combat it. A vaccine cannot cause COVID-19. No vaccine contains a complete form of the virus responsible for this illness. While their body builds immunity, it is normal for a person to experience minor side effects.

According to the Centers for Disease Control and Prevention (CDC) Trusted Source and the World Health Organization (WHO) Trusted Source, common side effects of a COVID-19 vaccine include:

- a fever
- fatigue
- headaches
- body aches
- chills
- nausea

A person might also experience side effects around the injection site, which is usually the upper arm. These might include swelling, pain, redness, an itchy rash, and other mild forms of irritation. People sometimes refer to this issue as COVID arm.

Health authorities recognize that each of the 13 authorized COVID-19 vaccines can cause side effects. These are often mild and last for only a few days. They are not unexpected.

Every vaccine facility in the United States has to report specific post-vaccination symptoms, known as adverse events, to the government's Vaccine Adverse Event Reporting System (VAERS). Individuals can also submit reports through the VAERS portal.

The Food and Drug Administration (FDA) Trusted Source, CDC Trusted Source, and other regulatory agencies are closely monitoring VAERS to scrutinize the safety of the vaccines used in the U.S.

Similar systems are in place in other countries. In the United Kingdom, for example, the scheme is called Yellow Card. The European Union asks people to report



suspected side effects to their healthcare practitioners or fill out dedicated online forms.

### **ALLERGIC REACTIONS AND ANAPHYLAXIS**

Rarely, a person experiences an allergic reaction to one or more of the ingredients in a vaccine. They might develop hives or another type of skin rash, swelling, and respiratory symptoms.

A severe allergic reaction is called anaphylaxis, and it involves low blood pressure, nausea, and difficulty breathing, among other symptoms.

Anaphylaxis is an extremely rare side effect of vaccination. According to the CDC, around 2–5 people per million Trusted Source, or fewer than 0.001% of people vaccinated in the U.S. have experienced anaphylaxis afterward.

Allergic reactions to mRNA vaccines have been of particular concern, as they contain a chemical, called polyethylene glycol (PEG), that has never been used in an approved vaccine before. PEG is in many drugs that have occasionally triggered anaphylaxis. In these vaccines, it coats the mRNA molecule and supports penetration into cells.

There are similar concerns about the Janssen vaccine, which contains polysorbate 80, a chemical that is structurally related to PEG.

A study of data about allergic reactions to mRNA COVID-19 vaccines noted that most people who experienced anaphylaxis afterward had a history of allergies and this particular severe reaction.

The data suggest that there is a very low risk of anaphylaxis as a result of mRNA COVID-19 vaccines. Regardless, the CDC Trusted Source recommend that vaccine administrators conduct prescreening for specific allergic reactions. These vaccines are safe for people with common allergies, such as to foods, pets, environmental elements, latex, and oral medications.

The CDC also recommend that anyone who has had an allergic reaction to one dose of a vaccine not receive a second dose of the same type of vaccine.

### **FREQUENCY OF SIDE EFFECTS IN WOMEN**

Side effects appear to be more commonly reported in women than men. A study by CDC researchers shows that 78.7% Trusted Source of adverse event reports submitted during the first month of U.S. vaccination involved women.

Another study observed that females represented 15 out of 16 Trusted Source people with anaphylaxis after a vaccine.

These findings are in line with a 2013 study on the H1N1 vaccine during the 2009 flu pandemic, which found higher rates of hypersensitivity reactions among females of

childbearing age than other groups in the study population.

Reproductive hormones, such as estrogen and testosterone, may play a role in this sex discrepancy. A study Trusted Source in mice suggests that estrogen causes the body to generate more antibodies, leading to a higher immune response.

### **POTENTIAL SIDE EFFECTS PER VACCINE**

Recently, there have been new concerns about serious side effects of COVID-19 vaccines.

These effects may be coincidental, and there is currently not enough conclusive evidence to link these effects to specific vaccines. However, regulatory agencies are taking precautionary measures to investigate these safety concerns.

### **Pfizer-BioNTech and Moderna**

The Pfizer-BioNTech and Moderna vaccines are both two-dose mRNA vaccines. People have reported similar, common side effects after the second doses of each. These COVID-19 vaccines are the first vaccines approved for use in humans that incorporate mRNA technology. As a result, there are concerns about the long-term effects and a risk of altering the body's genetic information.

People may be unaware that researchers have spent many years studying the potential of mRNA vaccine technology. There have been efforts to develop mRNA vaccines in the past, including Moderna's human-based trial of an mRNA Zika virus vaccine.

Furthermore, it is unlikely that an mRNA vaccine can alter genetic information. The mRNA in a vaccine does not enter the nucleus of a cell, where DNA is stored, and it degrades rather quickly in the body after it serves its purpose.

Yet many were alarmed by reports from Norway that 23 people Trusted Source had died shortly after receiving the Pfizer-BioNTech vaccine. However, there is no evidence that these deaths were a direct result of the vaccine.

"There is a possibility that these common adverse reactions — that are not dangerous in fitter, younger patients and are not unusual with vaccines — may aggravate underlying disease in the elderly," suggests Dr. Steinar Madsen, the medical director of the Norwegian Medicines Agency.

"We are now asking for doctors to continue with the vaccination, but to carry out extra evaluation of very sick people whose underlying condition might be aggravated by it," he adds.

Another death, which occurred in the U.S., was associated with having a low blood platelet count, or thrombocytopenia Trusted Source. So far, 20 thrombocytopenia cases have developed following either a Pfizer or Moderna vaccination. Currently, however, no causal evidence links these cases with the vaccines.

Other concerns involve pregnancy and fertility. According to a February 2021 statement from the American College of Obstetricians and Gynecologists, the American Society for Reproductive Medicine, and the Society for Maternal-Fetal Medicine:

"While fertility was not specifically studied in the clinical trials of the vaccine, no loss of fertility has been reported among trial participants or among the millions who have received the vaccines since their authorization, and no signs of infertility



appeared in animal studies. Loss of fertility is scientifically unlikely.”

In a press statement later the same month, Pfizer and BioNTech announced that they have begun a COVID-19 vaccine clinical trial in 4,000 healthy pregnant women to explore the efficacy and safety for the participants and their babies. The results will hopefully provide further insight.

### **Janssen (Johnson & Johnson)**

The Janssen vaccine can also cause common vaccine side effects.

The vaccine’s product information document provides details about precautions to take and the expected effects.

### **Oxford-AstraZeneca and Serum Institute of India**

The European Medicines Agency (EMA) and Danish Health Authority recently observed that the Oxford-AstraZeneca vaccine has been followed by incidents of blood clots.

Of the 5 million people who received this vaccine, there have been 30 reported cases of blood clots. One case in Denmark was followed by death.

On March 18, 2021, the EMA concluded that the Oxford-AstraZeneca vaccine is safe and does not increase the overall risk of blood clots. They pointed out that the incidence rate of blood clots in people who have had the vaccine is lower than that in the general population.

The EMA did acknowledge extremely rare cases of thrombocytopenia, an issue that supports blood clot formation, following the vaccination. They are now incorporating this into their vaccine product information. Still, they highlight a lack of causal evidence and emphasize that the benefits of vaccination still outweigh the risks.

Multiple countries, including Denmark, Norway, Germany, and France, had paused the distribution of this vaccine as a precautionary response to the initial reports of blood clots. Many of these countries plan to resume the use of this vaccine, and there are concerns that this event has slowed down the timeline of vaccine distribution throughout Europe.

The Serum Institute of India’s Covishield is the locally manufactured version of the Oxford-AstraZeneca vaccine. India has not reported any incidents of blood clotting related to Covishield and currently has no plans to discontinue its distribution.

Drug regulatory agencies in India are still closely examining the data, however, to ensure that there are no causal links.

### **CanSino and Gamaleya**

Both the CanSino Trusted Source and Gamaleya Trusted Source vaccines use the adenovirus type-5 (Ad5) as their delivery vehicle. The peer-reviewed research into trials of these vaccines found that they caused common side effects, none of which were serious.

However, a team that included Dr. Juliana McElrath, director of the Vaccine and Infectious Disease Division at the Fred Hutchinson Cancer Research Center, raised concerns about the use of Ad5 in COVID-19 vaccines.

A 2008 study found that the Ad5 HIV-1 vaccine was linked to increased susceptibility

to HIV infection. Multiple follow-up studies found similar results to support this link. The researchers recommend a cautious approach to Ad5-based COVID-19 vaccines, especially in areas most affected by the HIV and AIDS epidemic.

### **Bharat Biotech**

Published data from Bharat Biotech's Covaxin phase 1 and 2 trials show no serious side effects. Otherwise, there is little information about the risk of adverse effects.

### **Sinopharm: Beijing and Wuhan**

Sinopharm have manufactured two vaccines, developed with the Institute of Biological Products in Beijing and Wuhan, respectively.

The published phase 1 and 2 trial data for the BBIBP-CorV and inactivated Vero cell Trusted Source vaccines show that most of the adverse events were common side effects and that none were serious.

### **Sinovac**

Phase 1 and 2 trial data Trusted Source for the CoronaVac vaccine indicate no reports of serious adverse events.

Interestingly, the study authors found fewer reports of fever among participants who received this vaccine, compared with those who had received the Pfizer-BioNTech, Oxford-AstraZeneca, or CanSino vaccines.

### **Anhui Zhifei Longcom**

There is currently no publicly available peer-reviewed data about the safety or efficacy of the dimeric receptor-binding domain, or RBD-dimer, vaccine. One preprint paper states that no serious adverse events were reported during a trial.

### **FBRI**

EpiVacCorona is Russia's second approved COVID-19 vaccine, and trials to determine its safety and efficacy are ongoing.

Tatyana Golikova, the country's deputy prime minister, notes: "Unlike the first Russian vaccine, Sputnik V, which is a vector vaccine, that is, produced based on adenovirus, the new vaccine consists of artificially synthesized short fragments of viral proteins, peptides, through which the immune system learns and subsequently recognizes and neutralizes the virus."

*Courtesy: [www.medicalnewstoday.com/](http://www.medicalnewstoday.com/)*



# MASTER TRAINING WORKSHOP ON GBV

- Master training workshop on Gender Base Violence was held on 21st – 24th September 2020 by FIGO, SAFOG and WHO Collaboration.
- 24 Gynecologist from three different districts from Punjab were trained as master trainer.





## GLOBAL KILLER FACTS

**1 in 3** women worldwide have experienced physical and/or sexual violence in their lifetime.

**38%** of murders of women are committed by a male partner.

**200,000,000**

women and girls have experienced female genital mutilation/cutting (FGM/C).

**28** girls every minute are married before the age of 18.

**10,000,000**

children are victims of child sexual exploitation.

**80-100**

million girls are 'missing' from the world's population – victims of gender-based infanticide, femicide, malnutrition and neglect.

**1 in 4** women experience physical and/or sexual violence during pregnancy.

**150,000,000**

girls worldwide are raped or subject to sexual violence each year, usually by someone in their family circle.

**700,000,000**

women alive today were married as children (under the age of 18).



# TRAINING OF HEALTH CARE PROVIDER AND FIRST LINE SERVICE PROVIDER ON HEALTH SYSTEM RESPONSE TO GBV

## 1<sup>ST</sup> WORKSHOP

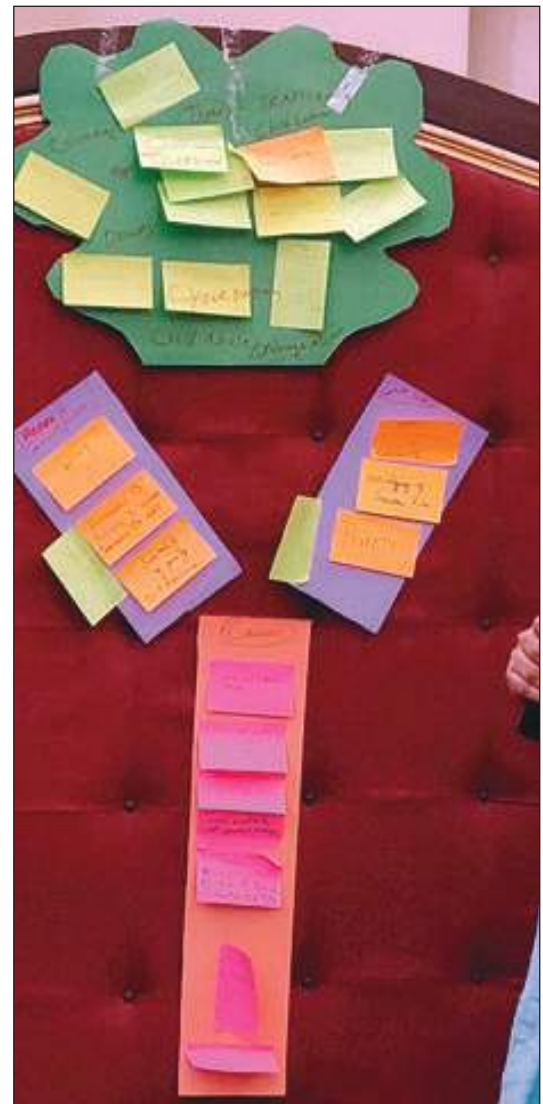
- First workshop was conducted in Fatties Hotel Lahore from 21st – 23rd October, 2020.
- Participants from Kasur, Pattoki and Gujranwala districts has attended the workshop
- Among participants 15 doctors and 11 police officers has attended this workshop. Doctors and police officers from the same facilities has participated in the workshop.
- At the end of workshop they have identified the short comings of existing center and were able to coordinate with each other and higher authorities, so they can, serve the survivor in better way.





## 2<sup>ND</sup> WORKSHOP

- Second workshops was conducted in Fatties Hotel Lahore from 27th – 29th October, 2020.
- Participants from Multan, Rawalpindi, Jehlam and Faisalabad has attended the workshop
- Among participants 16 doctors and 12 police officers has attended this workshop. Doctors and police officers from the same facilities has attended the workshop.
- Participants learned the identification of gender.



## GLOBAL KILLER FACTS

**35%** of women worldwide are the victims of domestic violence.

**137** women are killed by their partner or a family member every day.







*Dr Sadhana  
Gupta*

## SAFOG COUNTRY REPRESENTATIVE REPORT INDIA

### FOGSI SAFOG SAVING MOTHERS CONFERENCE

Saving Mothers conference under aegis of FOGSI and endorsed by SAFOG was organized at Gorakhpur (India), Dr. Sadhana Gupta FOGSI representative to SAFOG was organizing chairperson, The highlight of conference was preconference workshops on Critical care in Obstetrics, Maternal Fetal Medicine & Labor Room Emergencies. Skill stations on Neonatal Resuscitation and Maternal CPR in which around 150 delegates practiced hands on.

Special SAFOG session was conducted in well-organized fashion, details of which are as follows- Quiz was organized on topic of high-risk pregnancy, in which Nepal Team was the winner.

Around 500 delegates participated from India and South Asia. The conference was a grand success with lots of appreciation from participants. Conference was awarded 15 ICOG credit points and MCI 12 credit points.



### SAFOG SESSIONS IN AICOG 2020

i. SAFOG Skill Station on Surgical Management of PPH was organised in which eminent faculties from SAFOG nations –India, Bangla Desh & Nepal –Dr. Sadhana Gupta, Dr. S.P. Jaiswar, Dr. AG Radhika, Dr. Nalini Misra (India), Prof Kohinoor Begum, Dr. Sameena (Bangla Desh), Dr. Lata Bajracharya (Nepal) participated. Faculties demonstrated and hands-on practice for assessment of blood loss, compression and selective devascularisation sutures and uterine tympanode on uterine models. Around 300 participants were trained. Formal inauguration was done by Prof Ferdausi Begum and office bearers of FOGSI & SAFOG.



ii. SAFOG Academic session on theme of Safe operative obstetrics in South Asia. Highlights of the session was formal inaugural session, thought provoking and stimulating scientific talks and panel which emphasise high need of Educational and skill enhancement programme in South Asia for assisted vaginal delivery and quality obstetrical care.

Session was attended by around 500 participants including eminent persons in FOGSI and SAFOG for their valuable inputs.



**i. SAFOG Webinars in COVID times –**

- ii. FOGSI GCPR and registry of management of Covid positive pregnant women prepared under able leadership of FOGSI President Dr Alpesh Gandhi was shared with SAFOG office bearers and office bearers of SAFOG Ob Gyn societies by Dr Sadhana Gupta.
- iii. On 9th & 17th May under leadership and coordination of SAFOG President Prof Ferdausi Begum SAFOG webinar was organised on theme of COVID 19 and women's health in which FOGSI participated actively
- iv. FOGSI SAFOG webinar under aegis of FOGSI clinical research committee on 11th July – Webinar was organised on theme of Placenta Accreta Syndrome with International Faculty Prof Ferdausi Begum, Dr T.A Choudhary, Dr Hira Tuldhare and eminent National Faculty Dr Sadhana Gupta, Dr A.G Radhika, Dr Alka Pandey, Dr Milind Shah, Dr T. Ramani Devi, Dr Arup Majhi. Webinar attended by 300 participants and awarded 2 ICOG credit points
- v. FOGSI SAFOG Masterclass on theme of Intrauterine Growth retardation was organised on 25th July under aegis of SAFOG imaging science committee under leadership of Chairperson Dr Archana Baser. Session had eminent National & International faculties and stimulating discussion.
- vi. SAFOG AOGD webinar was organised on theme of Non-Communicable disease in South Asia with special reference to obstetrics on 4th August. Highlights of the webinar were participation of Dr Hema Diwakar, Co-chair FIGO MCD committee and Prof Ferdausi Begum SAFOG President who presented FIGO and South Asia perspective on Non-Communicable disease respectively. Dr Sadhana Gupta & Dr Yusuf Latif Khan, Secretary general SAFOG moderated jointly the panel discussion on management of Gestational Diabetes Mellitus thus, crossing the barriers of visa and borders. Eminent academician and clinician Dr Ashok Kumar, Dr A.G Radhika, Dr Kuldeep Singh, Dr Piquee Saxena and Dr Ankita Srivastava participated as an expert panelist.
- vii. In Covid times we are sharing and joining the academic programmes of member societies of SAFOG countries in diverse capacities. It has gained in experience sharing and reaching to a good number of people in all member countries.

## IMAGING SCIENCE

### PROGRAMS CONDUCTED

#### SAFOG WEBINAR

- Imaging master class on 27/07 /2020
- Balancing Preterm FGR v/s Still Births .
- There were 2 talks -Dr Chander lulla and Dr Vivek Kasyap
- Panel discussion moderated by Dr archana Baser and Dr. Chinmayee Ratha
- Panelists were from all SAFOG countries.
- It was very interactive webinar





## SAFOG - FOGSI WEBINAR

Pharmed in association with FOGSI and Imaging Science Committee SAFOG  
and Imaging Master Classes

brings you International Masterclass



SAFOG



FOGSI



### Dilemma in Delivery Decisions - Balance between Preterm FGR and Stillbirth: Learn with Experiences of Experts

Date: July 25, 2020  
IST 4-6 PM

Local Time Afghanistan: 15:00-17:00, Maldives & Pakistan: 15:30-17:30

India & Sri Lanka: 16:00-18:00, Nepal: 16:15-18:15, Bangladesh & Bhutan: 16:30-18:30

#### Guests of Honour



**Dr. Rashid Latif Khan**  
Founder President



**Prof. TA Chowdhury**



**Prof. Sudha Sharma**



**Prof. Farrukh Zaman**



**Prof. AB Bhuiyan**



**Prof. Rubina Sohail**

#### Past Presidents, SAFOG



**Dr. H D Pal**



**Dr. Shyam V Desai, Past President FOGSI**

#### Moderators

#### Hosts of Ceremony



**Dr. Archana Basar**  
Chair Imaging Committee, SAFOG  
VP FOGSI



**Dr. Chinmayee Bortha**



**Dr. Neharika Malhotra**



**Dr. Apoorva Pallam Reddy**

Please Register/Sign in 15 minutes before the scheduled time

<b>Moderators</b>		<b>Hosts of Ceremony</b>	
			
<b>Dr. Archana Baser</b> <small>Chair Imaging Committee, SAFOG Vizag 2022</small>	<b>Dr. Chinmayee Rotha</b>	<b>Dr. Nehanika Malhotra</b>	<b>Dr. Apoorva Pallam Reddy</b>

**Please Register/Sign in 15 minutes before the scheduled time**

<b>Welcome Address</b> <b>3 Min</b>	<b>Prof. Yousof Latif, Secretary General SAFOG</b>	
<b>Address</b> <b>3 Min</b>	<b>Dr. Alpeesh Gandhi, President FOGSI</b>	
<b>Address</b> <b>3 Min</b>	<b>Dr. Ferdousi Begum, President SAFOG</b>	

**Session 1      Keynote Presentation: Doppler & Decisions in FGR**

<b>Chairpersons</b>	
	
<b>Dr. Sadhana Gupta</b>	<b>Dr. Mala Arora</b>
<b>Presenters</b>	
<b>Dopplers in Obstetrics - What is new?</b> <b>15 Min</b>	<b>Dr. Vivek Kashyap</b> 
<b>FGR Vs. SGA</b> <b>15 Min</b>	<b>Dr. Chander Lulla</b> 
<b>Discussion      15 Min</b>	

Session 2

## Panel Discussion: Dilemma in Delivery Decisions - Balance between Preterm FGR and Still birth

45 Min

### Panelists

**Prof Firoza Begum**

Prof & Head, Dept. FM Med,  
SSMHS,  
Bangladesh



**Dr. Phurb Dorji**

President, Bhutan Society of OB,  
Bhutan



**Dr. Nandita Palshetkar**

Past President FOGSI,  
India



**Dr. Uma Ram**

India



**Dr. P K Shah**

India



**Dr. Wahid Majrooh**

Afghanistan



**Dr Heera Tuladhar**

President, Nepal Society of OB,  
Nepal



**Dr. Talha Abdul Halim**

Pakistan



**Prof. Tinan Dias**

Specialist in Fetal Medicine,  
Sri Lanka



**Dr. Aseel Jaleel**

Moldova



Comments by Guests of Honour

15 Min

Comments by Chairpersons

5 Min

Vote of Thanks

3 Min

**Dr. Jaydeep Tank**, Secretary General FOGSI



## FUTURE PLAN

SAFOG Webinars / Workshops on Basic and Advanced Ultrasonogram,

Dr. Archana Baser

MS, DNB, FRCOG, FICOG

Director, Akash Hospital Indore

Vice President FOGSI, 2020, Organising Secretary, AICOG 2021 (Indore)

Managing Committee Member, ISAR 2018-20, Managing Council Member, ICOG 2017-19

Fellow Representative, AICC RCOG WEST Zone

## AUTHORS



Dr Rubina Sohail

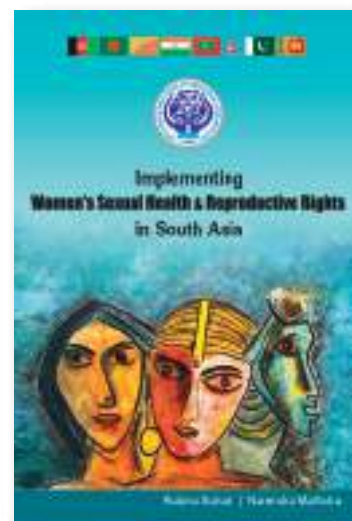


Dr Narendra Malhotra

## SAFOG BOOK REPORT

## ABOUT THE BOOK

“Implementing Women's Sexual Health & Reproductive Rights In South Asia” is a very special book which emphasizes on the current situation in region. Sexual and reproductive rights form the essential components of various human rights pertaining to life, dignity, health and education. The practice of these rights can lead to improvement of the health and wellbeing of not only the women but the society at large. Application of the principles enshrined in these rights ensures the wellbeing and empowerment of women that are so desirable in so many countries specially South Asia. This book provides those working in the field of Obstetrics and Gynaecology with a roadmap of how to improve women's health and rights and deserves to have a wide readership if we are to implement a rights-based approach to girls' and women's health and to meet the Sustainable Development Goals. It is a multiauthor book in the true sense with forty one authors from the SAARC region contributing in the write-up and experienced editors Prof. Rubina Sohail and Prof. Narendra Malhotra editing it masterfully to reach this final shape. **“This is a must read book”**

Ravi Chandran  
President AFOG

“This book identifies the sexual & reproductive rights issues faced in South Asia and attempts to set out potential remedies. It is a timely publication and it is hoped that it will eventually become a source of reference for practitioners in this region.”

Sir Sabaratnam  
Arulkumaran  
Past President of the  
RCOG, FIGO and BMA

“The book deserves credit for providing the situational analysis in each country in section I followed by Issues and Solutions in section II and progressing to description of practical steps for way forward in section III. Issues of contraception, safe abortion care, STD, HIV/AIDS, rape, gender violence, genital mutilation, other harmful practices and lack of empowerment are covered in detail”

CN Purandare  
Past President FIGO

“SAFOG's publication of Implementing Women's Sexual Health & Reproductive Rights in South Asia is a great step in highlighting the status of women's health as well as the rights situation in South Asia”

Lesley Regan  
President RCOG  
Treasurer FIGO

“I would like to commend the editors who have gathered together so many colleagues dedicated to the advancement of women's rights in South Asia and beyond. I am especially pleased that we are not only shedding light on the current situation in many different nations, each with their own barriers and challenges, but collectively taking responsibility for the rights of women and girls and committing to driving change everywhere.”

Rashid Latif Khan  
Professor Emeritus

I compliment Dr. Rubina Sohail and Narendra Malhotra for undertaking this endeavor. I wish that this book is read by every practicing Gynecologist in SARC Countries. I hope it will achieve desired results or at least make a dent into the great mass of difficulties faced by women of this region and health care providers in our region.





Prof. Lubna Hassan  
FRCOG  
Vice president SAFOG

# OPTIMIZING CS IN SOUTH ASIA

## A SAFOG INITIATIVE



Although South Asia has the second lowest caesarean section (CS) rate in the world (after Africa), it experienced the second largest absolute increase in CS, reaching 19.2% in 2014 up from 7.2 % in 2000, with an annual rate of increase of 6.4%. Each country in the region experienced an increase in their respective national rates. However rising rates overall mask disparities in care across socioeconomic groups. Meanwhile there is a growing consensus that the rise may not be medically indicated, and evidence indicates medically unjustified CS has negative consequences for maternal and infant health.

The Robson Ten Group Classification (TGCS) has been widely used globally as a strategy to optimise CS rates and has been endorsed by WHO and FIGO for assessing, monitoring, and comparing CS rates within and between institutions, regions, and countries.

Against this backdrop in 2018 the Maternal and New-born Health Committee of the South Asian Federation of Obstetrics & Gynaecology (SAFOG) showed its concern and initiated a process on how to optimise CS rates in South Asia?

Given that data collection remains an inexact science in most South Asian countries would it be possible to utilise the TGCS in our respective countries?



Given that National data in the region is mostly based on Demographic and Health Survey estimates rather than robust data.

Knowing that facility level data is collected but seldom utilised to develop strategies to combat negative practices.

To Address this gap, a proof-of-concept study was designed to apply the Robson Ten Group Classification System (TGCS) in major South Asian hospitals to begin making recommendations to optimize CS rates in south Asia. To our knowledge this is the first study of its kind to utilise the TGCS to compare data from five countries in South Asia.



**This cross-sectional pilot study was conducted for a period of 6 months from September 2018 to February 2019 at 5 urban, public sector, tertiary care hospitals in 5 countries of South Asia. The data set includes 37251 deliveries. All women who gave birth at the hospitals during the study period were eligible for inclusion and classified using the TGCS. There were no missing data. The participating hospitals are as follows:**

- (A) Kabul, Afghanistan (n: 11873),
- (B) Chittagong, Bangladesh (n: 8761),
- (C) Kathmandu, Nepal (n: 10245)
- (D) Lahore, Pakistan (n: 5173)
- (E) Colombo, Sri Lanka (n: 1199).

**The professors supervised the data collection process. We received monthly data for 6 months from each of the hospitals which we analysed and interpreted at the Women's Health Intervention and Development Initiative (WHI-DI), the Organization of the chief researcher working on improving maternal and perinatal health in Pakistan.**

Our study showed high rates of CS in the participating hospitals. Though we cannot extrapolate our data to the whole of South Asia, it does provide a glimpse into the prevailing situation. Efforts to optimize CS rates should be directed at:

- 1) reducing CS in low-risk pregnancies. Studies have shown that involving senior clinicians in decision-making for the index CS is an effective strategy.
- 2) improving case selection for induction and pre-labour CS would reduce the high rates in groups 2 and 4.
- 3) increasing VBAC.

We conclude that the TGCS is useful as a starting point with which to identify patient groups warranting interventions to optimise CS use in South Asia. However, it is clear that collecting data on CS alone is not sufficient. Analysis, interpretation, and incremental addition of subgroups with other maternal and neonatal outcomes

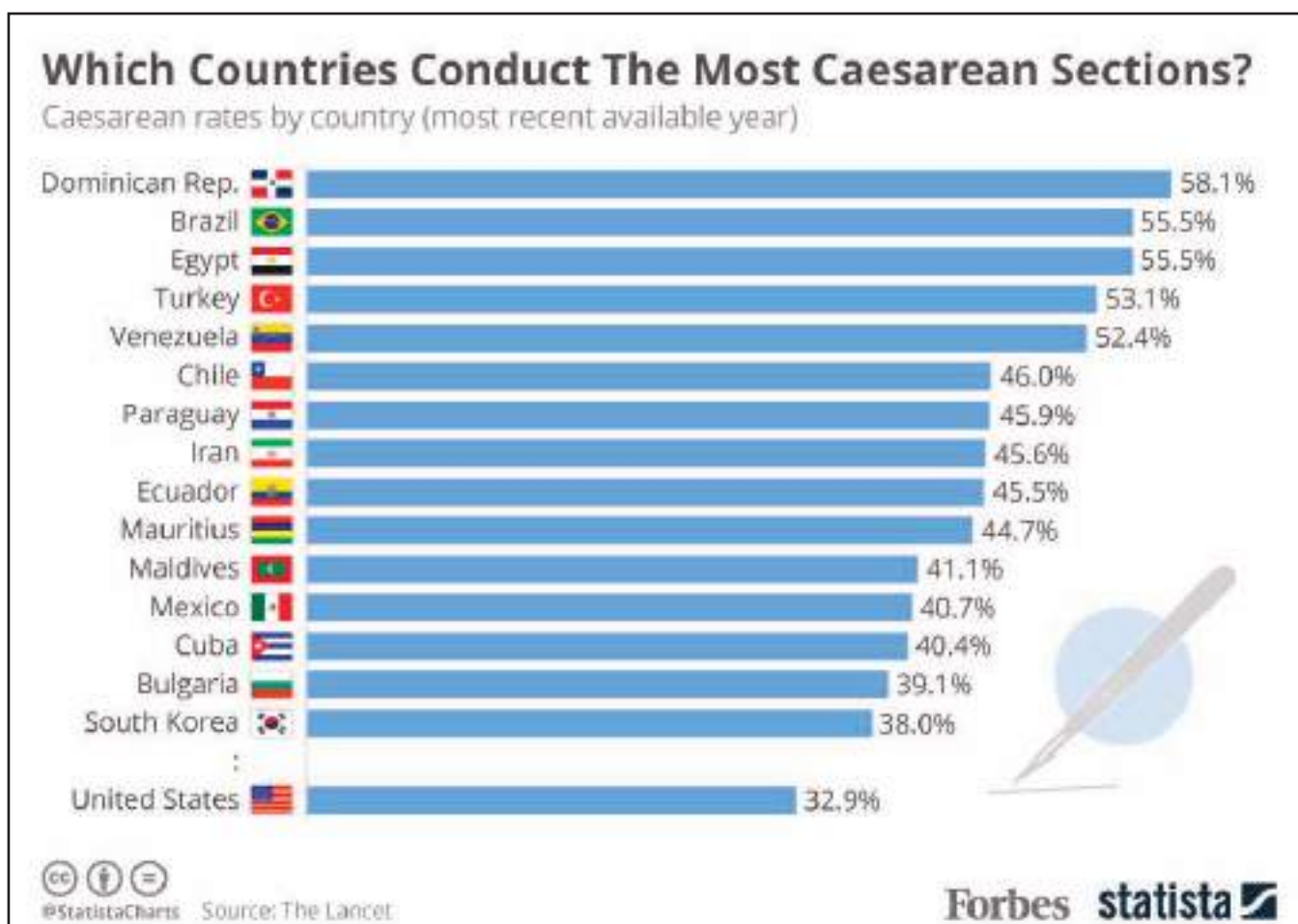


is required to provide evidence to optimise its use and to improve the quality of care. Moreover, to enhance the quality of data collection and interpretation training is necessary.

As a follow up activity WHI-DI conceived and developed a training for institutionalizing of TGCS which was field tested in Peshawar, Karachi, and Lahore in 2019. WHO and the Government of Pakistan developed an android app and a series of 10 TOT work shops were conducted across Pakistan through 2020. It is hoped this can be taken up by other countries.

This effort is buttressed by publication (accepted) in a prestigious journal such as the JSAFOG and will help promote and legitimise the entire approach and encourage clinicians across the region to optimise CS rates. Absent high-profile publication, I know from experience working on several other WHO projects, that it is typical for initiatives such as this in the region to lapse before full completion/ implementation.

For SAFOG this study is an important addition to a body of work on the use of CS. Hopefully it will stimulate a discussion and can be the basis of a statement on optimising CS in South Asia by SAFOG. As detailed in the study this is a complex topic of crucial public health importance.





# COVID-19 ERA: THE LESSONS LEARNT



**Prof. Ganesh Dungal, MBBS, MD, FICS**  
*Professor of Obstetrics and Gynaecology at Kathmandu Model Hospital, under National Academy of Medical Sciences (NAMS): <http://nams.org.np> Guide/Preceptor/Supervisor-PG/MD/ Fellowship in Urogynecology of NAMS and FCPS Obs/Gyn*



**Dr Marisha Shrestha**



Who could have thought the lively days, the bustling crowd, and the congested streets would ever be this silent? Could we possibly have imagined that life and livelihood would come to such a sudden, drastic halt? Yet, within a short span of time, the coronavirus pandemic has paralyzed the entire world. Ever since its first detection in December of 2019, the virus has shown no sign of slowing down. With over 82.2 million cases worldwide as of December 2020 and new variants emerging, the global community has a serious cause of concern, lessons to learn, and also room for hope.

2020 gave us a reality check on how vulnerable we are as living organisms. While the

survival of fittest has ensured the continuity of life on earth, it has also led to extinction of a variety of species. Human beings have made it to the top of the food chain with sheer ingenuity. With the help of medical breakthroughs, science, and technology, we have made our lives simpler, longer, and more productive. However, COVID-19 has shown us that even such advancements cannot shield us from the threat of the unknown. This was not the first outbreak in the history of mankind nor will it be the last. No border - territorial or natural - has been able to contain its alarming spread. Even wealth cannot protect us completely. Everyone is susceptible to the pandemic - some more, some less - as various forms of inequities have put disadvantaged groups at a greater risk.

In the quest to flatten the curve of the coronavirus, it became apparent early on that a resilient health system that can rapidly diagnose, assess, report and respond is a cornerstone for pandemic preparedness. Although the first world countries are known to have a robust health care system, even they lacked the sufficient capacity to treat the disease or lessen the long-standing inequalities in terms of access to health care. This shows the urgency for all the governments across the world to invest in healthcare for all, biomedical research and development for better preparedness for the next health crisis.

The virus has also brought mental health awareness, self-care, and practice of gratitude at the forefront of our minds. In the wake of this virus, lives and livelihoods are being lost leaving millions vulnerable, unemployed, and under stress. The topic of mental health has often been under-reported, suppressed, and undermined due to the surrounding social stigma. The first step towards addressing this issue is by first recognizing it as a threat to personal and social wellbeing. The subsequent steps revolve around coming together collectively to ensure that those who seek help find it - be it through adequate facilities or personal care.

At the same time, it is important to acknowledge the resilience of human beings. Amidst this uncertainty, the human race is persevering in unity to defeat this virus. In this age of “new normal”, wearing the cover of masks, physically distancing from loved ones, and handwashing have become our greatest weapons against the uncertainties that await us each day. The verse ‘health is wealth’ has taken a whole new meaning. Likewise, the saying “prevention is better than cure” has become the new culture. Most importantly, the wakeup calls for an equitable health care system has prompted coordinated actions across the world. With the rollout of vaccines starting from 2021, humanity can cautiously start to reimagine a new normal with health at the center.

# SAFOG INTERNATIONAL RELATIONS COMMITTEE REPORT

## JANUARY 2020 TILL DATE



Prof. Shyam Desai

The year 2020 dawned with a lot of expectations and several academic programs were planned for the year. Following the activities of 2019 when our SAFOG members interacted at the various programs organised, the first Annual Conference was the FOGSI Annual Congress at Lucknow, in January 2020.

A record number of delegates including those from SAFOG countries visited the historic city of Lucknow. The SAFOG session was planned as a Panel discussion and the attendance was satisfactory.

### South Asia Federation of Obstetrics & Gynaecology



## E-Webinar on Dilemmas & Controversies in ObGyn

Date: 22<sup>nd</sup> November, 2020 | Sunday  
Time: 10.30 am (IST) Onwards

Registration / Viewer's Link: <http://sun.onference.live/safog>



Prof Ferdousi Begum  
President SAFOG



Prof Shyam Desai  
CONVENOR  
Director International Relations SAFOG



Prof Yousaf Latif  
Secretary General SAFOG

MOC: Dr. Gaurav Desai, Asst. Prof. - Seth GS Medical College – Mumbai

#### SESSION 1

##### Chairpersons



Prof Rashid Latif Khan



Prof Ferdousi Begum

##### Topic 1 Dilemmas in Myomectomy



Prof Kurian Joseph

##### Topic 2 Controversies in the Surgical Management of Endometriosis



Prof Hemantha Senenayake

#### SESSION 2

##### Chairpersons



Prof Alokendu Chatterjee



Prof Farrukh Zaman

##### Topic 3 Dilemmas in the Management of a Growth Retarded Pregnancy



Prof Sadiah Ahsan Pal

##### Topic 4 Controversies in the Management of First Trimester Bleeding



Prof Sameena Choudhury

#### SESSION 3

##### Panel discussion on Dilemmas in The management of a Multifetal Pregnancy

##### Chairpersons



Prof Rubina Sohali



Prof T A Chowdhary



Prof Shyam Desai



Prof Narendra Malhotra

##### Moderators



Prof Lalla Arjumand Banu



Prof Heera Tuladhar



Prof Ratnasiri



Prof Athula Kaluarachchi



Prof Yousaf Latif



Prof Jaideep Malhotra

Vote of Thanks By Prof Yousaf Latif

Academic Partner



Makers of



Media Partner



**SOGP**  
VIRTUAL SYMPOSIUM

24<sup>th</sup> - 26<sup>th</sup> October 2020  
"Innovation in health care teaching & service delivery  
let's invest for future"

SAFOG Session

### SDG Goals – What Works for Whom? The South Asia Lens

Saturday, 24<sup>th</sup> October, 2020 Time: 2:00 pm - 4:30 pm (PST)

#### Patrons



Prof. Rashid Latif  
Patron President SAFOG



Prof. Sabaratnam Anilkumaran  
Patron President SOGP

#### Chairs



Prof. Ferdousi Begum  
President SAFOG



Prof. Razia Kureju  
President SOGP



Prof. Farrukh Zaman  
President SOGP & IAPAC

#### Speakers



Prof. Rubina Sohali  
Co President IAPAC



Prof. Sameena Chowdhry  
President SOGP



Prof. Sadiah Ahsan Pal  
President SOGP & IAPAC

#### Panelist



Prof. Lubna Hassam  
Vice President IAPAC



Prof. Narendra Malhotra  
Vice President SOGP



Prof. Shyam Desai  
Vice President SOGP & IAPAC

#### Moderator



Prof. Yousaf Latif  
Secretary General SAFOG



Academic Partner



Makers of



Media Partner





Panel discussion SAFOG Panelist:  
After the onset of COVID cases being detected in our countries travel and physical interaction was obviously avoided and we resorted to Webinars. The International Relations Committee Convened two Webinars on Challenges and Dilemmas in Ob Gyn and Pitfalls in ob gyn during the period in November 2020 and January 2021. The Chair participated in five other SAFOG webinars which were as follows:  
1) Faculty SOGP webinar on SDG What works for whom. The South Asian Lens  
2) Faculty SAFOG Webinar on COVID 19  
3) Faculty in SAFOG webinar on stillbirths  
4) Faculty in Bangladesh Ogsb webinar on Endometriosis and  
5) Faculty in Nepal ob gyn society webinar

A webinar is planned in the near future to discuss Topics of Clinical Importance.

**SESSION 1 : 10.35 am to 11.10 am**

Chairpersons

 Prof T A Chowdhary 	 Prof Rohana Hathotuwa 
<b>Challenges in the Management of Placenta Accreta</b>	<b>Challenges in the Management of Urinary Fistulae</b>
 Prof Rubina Sohail 	 Prof Sayeba Akhtar 

**SESSION 2 : 11.15 am to 11.55 am**

Chairpersons

 Prof Ashma Rana 	 Prof Yousaf Latif 
<b>Challenges in the Anomaly Scan</b>	<b>Challenges in Vaginal Hysterectomy</b>
 Prof Archana Baser 	 Prof U D P Ratnasiri 

**SESSION 3 : 12.00 noon to 01.00 pm**

Panel Discussion on Challenges in The Management of Severe PIH

Moderators

 Prof Lubna Hassan 	 Prof Bhaskar Pal 
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Panelists

 Prof Alokendu Chatterjee 	 Prof Ferdousi Begum 	 Prof Farrukh Zaman 
 Prof Rowshanara Begum 	 Prof Farhana Dewan 	 Prof Phurb Dorji 

**1.00 pm Vote of Thanks Prof Yousaf Latif**

South Asia Federation of Obstetrics & Gynaecology

# SAFOG

## Webinar on Challenges in Ob Gyn

Organised by  
International Relations Committee SAFOG

Date : 24<sup>th</sup> January, 2021 | Sunday

Time : 10.30 am (IST) Onwards

Registration / Viewer's Link : <http://sun.onference.live/SAFOG>



Prof Ferdousi Begum  
President SAFOG



Prof Shyam Desai  
CONVENOR  
Director International Relations SAFOG



Prof Yousaf Latif  
Secretary General SAFOG

10.30 am

Welcome



Prof T A Chowdhary

Academic Partner



Makers of



Media Partner





**Jaideep Malhotra**  
Editor-in-Chief



**Ruchika Garg**  
Joint Editor

## JOURNAL REPORT



- Journal SAFOG is a **double-blind peer reviewed** journal.
- Started publishing six (6) Issue for the year 2019 onwards.
- Dr Jaideep Malhotra is the editor in chief since 2015.
- Journal is being digitally preserved in Portico which is a mandatory condition for Medline and other premium databases and will appear soon.
- JSAFOG has associated with various international partners as promotional partners in Middle east, North African countries and other countries around the globe.
- Articles from Indonesia, South Africa, Egypt, Nepal, Pakistan & others are published in year 2019 and 2020.
- Two awards "**Dr RM Malhotra Award**" and "**Laila Arjumand Banu Award**" will be presented for the best articles at Annual SAFOG Conference.
- Authors will also get an opportunity to present the paper at the conference.
- 2020-21 Plan: To increase & promote inclusion of the citations in research around the globe.
- The Journal is indexed in SCOPUS, Index Copernicus, ProQuest, Embase, EBSCO, Genamics Journal Seek, Google Scholar, Microsoft Academic, HINARI, EMcare, J Gate, Ulrich, Cite Factor, SIS, SJIF, OAJI, COSMOS, SIF, ESJI, SJR, IJIF, MIAR, DRJI
- To facilitate the Open Access arrangement and making the research available to the medical community, a very small Article processing fee (APC) has been introduced as USD 75 only. It will also enable the journal to invest in global promotion and recognition efforts.

### JSAFOG (2019 Statistics)

Articles Submitted **390**

Articles Accepted **159**

Articles Rejected **143**

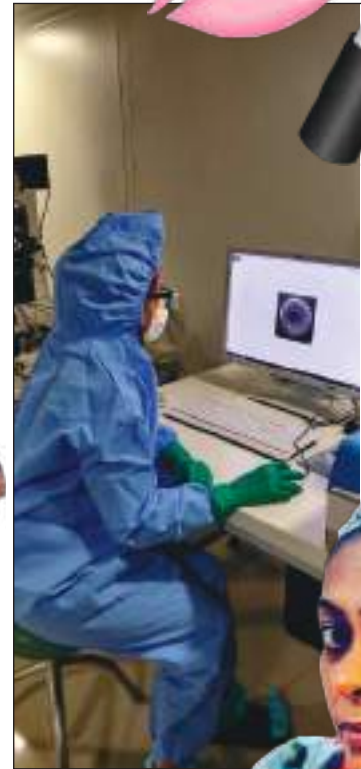
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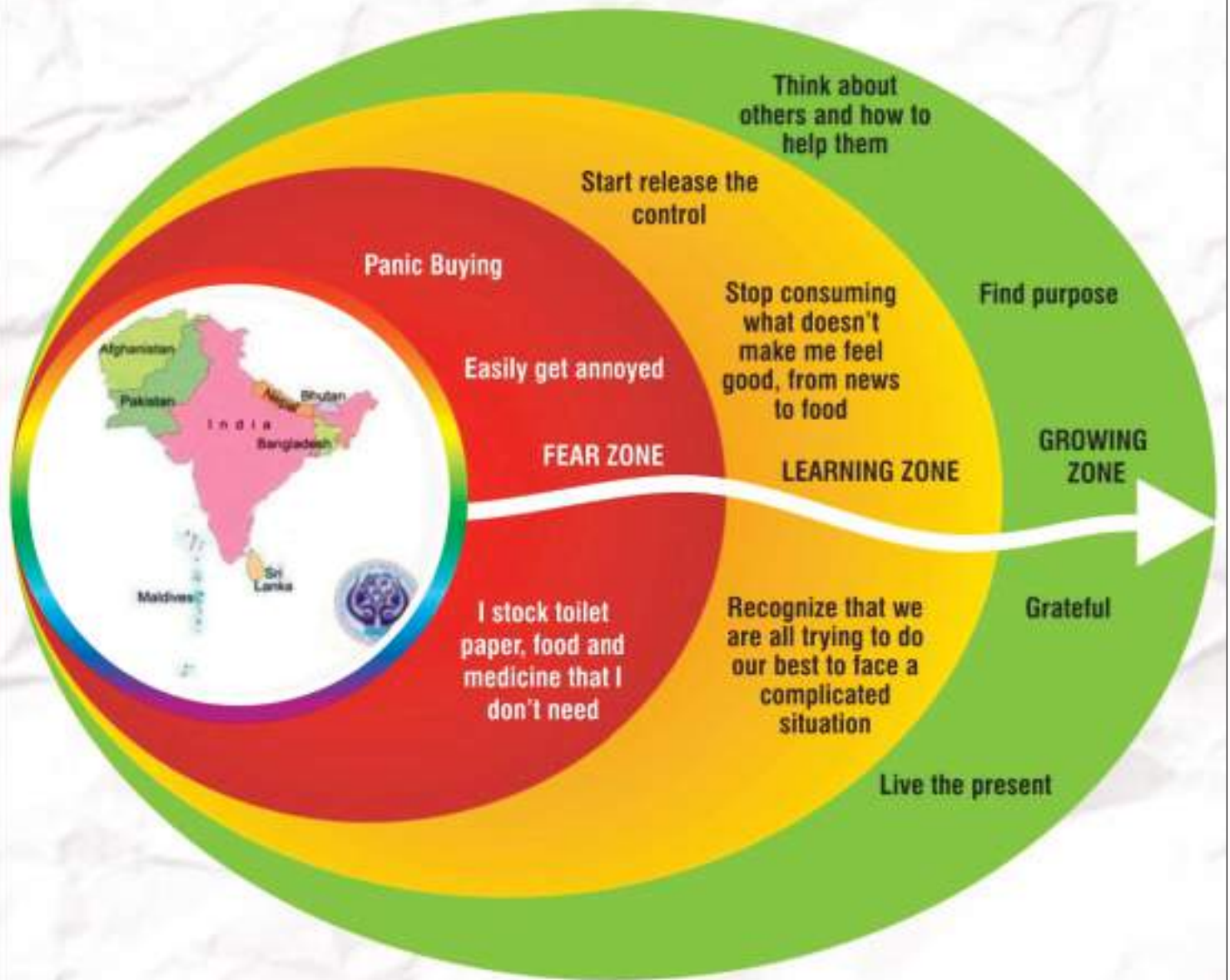


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