Official Newsletter of the South Asian Federation of Obstetrics & Gyanaecology

SAFOG NEWS

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PRESIDENT'S MESSAGE

Prof Dr Ferdousi Begum
President SAFOG

Dr Yousaf Latif
Secretary General
SAFOG

Time flies. So is life.

In a fine afternoon in Lahore, in March 2017, I was elected by the SAFOG council as the President-Elect of SAFOG. On 4th of April 2019 just before the 12th SAFOG conference at Dhaka Bangladesh, I took over the charge of President SAFOG. I am thankful to the Almighty for giving me this opportunity to work for the women of the region and know my friendly colleagues of **South Asian Federation of Obstetrics & Gynaecology**: a forum of eight countries. The landscape varies from the highest point on the earth, the Everest, a glory to share with and being proud of; to the plains of delta of Ganges. On one side there is Himalayan Range of Mountains and on the other side we are surrounded by the Bay of Bengal, vast Arabian sea and the Indian ocean.

Keeping harmony with the varied landscape, the human habitations and culture varies a lot. But there are so many areas where we are common and that's why we came together to form "SAFOG". We have almost similar health indices and disease profile. We have rich South Asian culture, famous for hospitality and so much to give to the world in terms of innovations, hard work and intellectual contributions.

We have diversity, but still women of our regions faces the same socio cultural evens and odds; making them vulnerable to high burden of malnutrition, mortality, morbidity and violation of human rights.

We, the OBGYN of this region, are a group of empowered professionals, to uphold the health and rights of the women, mothers, girls and newborns of the region with our collective efforts. Our sincerity and commitment can really overcome the current gloomy situation. My two years tenure, mostly covered by the Covid-19 era, flew away: gone with the wind. But the fragrance of our effort to keep our women folk healthy, with their heads held high, will remain forever. I express my gratitude for the remarkable contribution by and cooperation from all of you.

Together, we will achieve more.
Stay well friends.

Prof. Ferdousi Begum
President, SAFOG

EDITOR'S MESSAGE

Prof Dr Jaideep Malhotra

Dear SAFOG family,

I bring you greetings from the desk of the editor for this wonderful newsletter. These has been very testing times for the whole world, which has really brought us to stop and think, where were we going, how were we going , was that the way we wanted to, or we need to think and put our thoughts together and analyse on the changes we would like to bring in our lives, in our practices, so that we can do good service to humanity and also lead a quality life ourselves.

As rightly quoted, "*It is only in our darkest hours that we may discover the true strength of the brilliant light within ourselves that can never ever be dimmed.*" Doe Zantamata.

SAFOG is a great organisation of like-minded Obstetricians and gynaecologists of our region and has devoted last two years under the very able guidance of our beloved president Dr Ferdousi Begum and secretary Dr Yousaf Latif khan, in helping our members overcome the wrath of COVID and face the situation with open minds, change our mindsets and practices, with academics, learning together and being a stronger fraternity, which has really borne the brunt of this pandemic.

We lost many of our members across our member societies and we pray to almighty for their souls to rest in peace and give strength to their families to bear their irreparable losses. We also pray to almighty to give all of us strength and guidance for our future endeavours.

This is a time for a change in the executive of our federation and looking back, we realise, what immense strength, support and positivity was provided by our dear President and all senior members and executive of our organisation, a true representation of friendship, brotherhood and camaraderie, God bless them all.

Our journal, our academics and our forthcoming events, conference and good times ahead is all that we are looking forward to. I would like to put on record my sincere and heartfelt thanks to all our past presidents and senior members, friends and family for their unconditional support and encouragement for the smooth functioning.

I would leave you with this wonderful saying,

"The good old days were never that good, believe me. The good new days are today, and the better days are coming tomorrow. Our greatest songs are still unsung." Hubert H Humphrey

Looking forward to singing together soon.

Jaideep Malhotra
Editor

Dr Jeanne Ann Conry MD, PhD
President-elect, The International Federation of Gynecology and Obstetrics

CHANGING PRACTICES IN CHALLENGING TIMES: WHY LEADERS LIKE YOU WILL BRING ABOUT CHANGE!

How many times in this last year did you find yourself saying….it cannot get any worse? And then it did. I don't think it matters whether it was our practice, our hospitals, our family, or our personal needs. Every person I encountered looked at this year as though every day could not get worse, and here we are fifteen months later uncertain whether this respite will be brief or lasting. These have been challenging times, yet leaders like yourself have stepped forward and brought about change. What is it about leadership that allows us to step up, facilitate change, and ease people ahead despite tumultuous times? Some people believe leaders are born; others say leaders are individuals with a unique ability to respond to need. I think that this last year has seen all of us responding to challenges and being able to change. Despite all that has been very trying this past year, many changes have been for the better. A few years back I was discussing leadership opportunities and said that I rely on "Transformational Leaders." Each of us has leadership potential, yet we need skills, we need feedback, and we need training. This past year we relied on all these skills, and we succeeded. We responded to the needs on labor and delivery, to our surgical theatre, and to our practices.

We all need what I call a "compass" in leadership. There is a direction we need to

follow, based on morals, on patient needs and on circumstances. You will lead that direction. Now remember that sometimes there is going to be what we call a transactional approach needed in your leadership dimension. Often leading a change or developing guidelines in a hospital setting is a transactional change: "I need this, you want that … let us work it out." As you evolve you will realize that your leadership style is a complement of strengths and situational needs. Transactional, transformational…you were equipped to respond, and respond you did! We all need to appreciate that we are not "Future" leaders, but we are leaders right now, leaders who are developing skills and evolving in our roles. Each of you are helping others change behaviors, changing outcomes, and changing the course of women's lives!
Let us look at two examples of leadership over this past year in women's health and changing practices: Webinar-based learning opportunities and telehealth. Both of these are changing practices with challenging times! FIGO introduced learning opportunities for health care professionals around the world through a Webinar series called "FIGOnars." https://www.figo.org/events/figo-webinars From 2020 FIGO has conducted almost weekly Webinars on topics as far-reaching as preterm delivery and the environment to a series on COVID-19 and pregnancy. The purpose is to bring together the global community of women's health experts, advocates, early-career, and frontline health professionals. These FIGO webinars span diverse and internationally relevant topics, from the changes in women's healthcare due to the COVID-19 pandemic, to the impact of the environment upon reproductive health. FIGO has discussed self-managed abortion, new technologies in OBGYN training and practice, women's sexual and reproductive health and rights, among many other topics.
The response in participation, in the variety of topics, and in growth has been overwhelming, with 24,000 participants over the course of the year. This contribution has been so significant that FIGO has asked all of our committees to look at the next decade and develop a series of Webinars that allow collaboration between our committees and provide the most up to date information on global information and women's health. Education for all!
Globally, we saw a response to challenges by changing practices through Telehealth. The barriers to care with COVID-19 have been significant: patients fearful of coming to clinician's offices, clinicians unable to respond to patients needs, prioritizing urgent-emergent-routine care. The most significant response was the uptake in virtual health care visits. One observer said ""It's taken this crisis to push us to a new frontier, but there's absolutely no going back." Parts of Asia saw increases of over 150% in telehealth uptake, and facilities that only had hospital access found telehealth provided much-needed patient access. The pandemic also showed that Telehealth provided an important means of responding to women's sexual and reproductive health care needs. Early reports showed that patients can obtain their abortions safely without the traditional need for in-person pregnancy testing, pelvic examination, ultrasound, or labs. Clinicians can evaluate patients remotely via a telehealth visit (e.g., video or phone) to determine their clinical eligibility for this service based on their health and gestational age. Patients pick up their abortion medications and self-medicate.
This COVID challenge has ushered in a more responsive patient-centered response that circumvents politics, perceived barriers, and unfounded beliefs. It has relied on health care leaders with a strong moral compass placing patient's needs first. My message to all: BE yourself, be professional, KNOW yourself, your job, your organization. And DO: Provide direction, provide vision, and provide motivation to do the best in women's health!

Prof S Arulkumaran
Emeritus Professor of Obstetrics and Gynaecology, St George's University of London

CHANGING PRACTICES IN CHALLENGING TIMES

The world has been turned upside down by the Covid pandemic. Millions of people have lost their lives, many more are continuing to get infected, and millions have long-term consequences due to Covid.

Three Delays: Equal or more number of people have died and suffered due to non-covid related medical conditions due to the well-known 'Three Delay Model' i.e. delay in seeking attention though symptoms were suggestive of malignancy like postmenopausal bleeding due to fear of getting Covid when they approach a healthcare provider or hospital services; delay in reaching the hospital because of transport restrictions or delay in getting a referral via a General Practitioner and delay within hospital due to insufficient beds (some or all were converted to Covid beds) or shortage of health care providers as they were mobilised to care for Covid patients. During this process thousands of health care workers lost their lives to Covid. The population is ever more thankful to health care personals. We are indebted to those who were in the frontline and their families who face hardship.

Three D's – Digital, data & devices; Should we standby and observe this event unfold or should we take this opportunity to 'change practices in the challenging times' now and for the future. We should embrace the three D's of Digital, Data and Devices to overcome the three delays (three D's) brought to our attention due to Covid. With increasing computational power and improving artificial intelligence (AI) and machine learning technology the delivery of health care can be advanced to many more in an effective manner. In the UK, GP consultations were less than 25% by telephone or video link before the pandemic. During the pandemic such consultations have increased to more than 75%. Similar trend was seen with hospital specialist consultations. We need to embrace 'digital technology' which has made this possible and adapt it to suit the specialists and patients in time to come to reduce transport cost, time and carbon emissions related to this activity.

With increase in digital technology massive amounts of data are accumulated related to each condition. This 'big data' can be subjected to analysis by artificial intelligence leading to machine learning that should aid in early diagnosis and management by prompting the patient to seek early consultation. It is claimed that 'Google' was able to create the Algorithm in Chess within four hours to beat the World Chess Masters. If that is possible, machine learning can be developed to help the patient and the clinician towards possible diagnosis by asking more questions and additional input. This is enhanced by telephone-apps that incorporate pulse, BP, SaO2 readings (being developed) and blood glucose readings from percutaneous sensors. This simplest and cheapest 'device' - a mobile phone can have disease specific apps that can analyse the symptoms and signs and transmit messages instantaneously by a call, text, email, picture, or video using free applications like 'Whatsapp' or 'Facetime'. General pregnancy care apps are available but individual/ personalised pregnancy care apps are being developed based on officially available guidelines. These are currently being tested. E.g. the woman enters her age, BMI, parity, previous history, LMP, social history etc. and the app would advise the need to see a clinician or not and what specific questions to

ask and possible tests to consider.
Retinal imaging for diabetic retinopathy and mammogram for breast cancer screening has been subjected to machine learning technology based on over 100,000 images and is being patented and tested. Computerised cervical smear screening is undergoing further refinement. Once this machine learning technology gets established for screening, millions more people would benefit if the society found avenues to make them available at low or subsidised cost.

Three Determinants of Maternal Mortality: The burden of maternal mortality depends on providing 'three baskets of care'; Contraception, safe abortion care and management of obstetric emergencies. The Covid era has proven to us that digital, data and devices are helpful in providing women with much needed contraception and early abortion care. Consulting, providing the needed supply of contraceptive or early abortion pills and follow up of patients with mobile app/computer and postal services have worked well in number of countries. The required antenatal care contacts to reduce obstetric complications and maternal mortality could be achieved by a model of hybrid care i.e. few digital and few attendance in person. It appears possible and preferable to many. Those who had diabetes or preeclampsia in pregnancy are likely to develop diabetes and hypertensive disease much earlier in their lives and disease consequences leading to shorter life. Such consequences can be delayed by regular check up and appropriate care which is possible with digital, data and devices.

Conclusion: Public health measures and vaccination needs to continue to change the Covid pandemic to an endemic disease or to completely eliminate it. Whilst resources and focus are spent on the Pandemic, population are dying of NCDs, maternal mortality reduction has slowed down and screening for cancers have reduced. We need to focus on the assets of digital, data and devices to tackle these by 'changing our practice at challenging times'.

MEDICAL PROFESSION AND PROFESSIONALISM AT PRESENT

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Compassion, empathy, confidentiality, trust and honesty are amongst few of many adjectives that describe medical profession. There is honor and nobility in the kind of work that happens. It is robustly associated with the concept of social responsibility, social accountability and social justice. It creates a premise of trust between doctors, patient and society. Medical professionals bear the responsiveness to the health care needs of patient and society replacing one's self interest. The concept of 'patient care above all', being the utmost priority that has been a highlight since the inception of medicine has received much attention. Challenges are faced every day in medical field. There were numerous challenges of the COVID 19 pandemic, little did we know about the disease, its pathophysiology and treatment. Even after a year, there are numerous aspects of this disease that remains unknown to best of the best of scientific communities. No other profession was challenged so much and never had any profession received so much appreciation and criticism at the same time other than medical profession in this ongoing pandemic.

Day by day there are numerous aspects of COVID 19 that is being explored. There is so much unexpected happening and so much of contradictions to popular beliefs at the same time. It's always a new discovery during situations where outbreaks happen and with increasing number of variants spreading all around the world it

does not look very well in near future. But because of the effectiveness of the vaccines that is being seen in actual communities where the results are much better and effective than the trials there seems to be light at the end of the tunnel after all.
Medical professionals have worked under tremendous pressure during the pandemic. At this time of pandemic this pressure has circulated between patient care, safety and safety of oneself. The pandemic has amplified an additional pressure by necessitating to create a barrier to limit the spread of infection. However, to sustainably care for others, health care workers must be vigilant and take care for themselves, and that demands they put on effective personal protective equipment (PPE) and adhere strictly to infection-control protocols even if that delays or reduces patient contact during emergency situations. In the time of pandemic, some patient's interest may come precedence to the of societies' greater good.
Health care professionals are providing compassion to vulnerable patients in this extraordinary situations of anxiety, fear and unawareness. Since the day the pandemic started, speculations regarding whether professionals must prioritize the care of patient above the risk to oneself and fellow professionals has always received a prime discussion. Working without PPEs during early pandemic situations and dealing with patients and families who are anti-maskers and anti-vaxxer must be brought into realization as well. Unavailability of beds, oxygen, medicines and ventilators which is still a major problem in underdeveloped countries, and the necessity to save patients at the same time, working indefinite hours and with little facility available must be called an attention to as well.
Contrary to medicinal and societal advancements, we've got a long way to understand the unique and pivotal roles of medical professionals. The importance of the need to invest in health care above all has bear supremacy now.
Professionalism needs to be viewed as a bi-directional relational exchange, with society demonstrating solidarity with those providing care. Society needs to understand and accept that there is extraordinary work in medical field that is happening around the world, and there is so much that we don't know and still much more that is on the verge of changing. Nothing is constant in science, it is an ever changing process, and something we know now might change in future.
Medical profession is so much more. It deals not only with treating a patient in solitude but also consoling fearful families, giving them voices by speaking up and empowering them. It is important to educate and share the narratives and experiences not only during this pandemic but during every day to day practices of medicine. Professional working day and night sharing their practices with fellow professionals to provide any help that can be provided. This needs to be highlighted, it needs to be protected and supported by all means.

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The WHO defines telemedicine as 'the delivery of health-care services where distance is a critical factor, by all health-care professionals using information and communication technologies for exchanging valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation and the continuing education of health-care workers, with the aim of advancing the health of individuals and communities'. In this crucial COVID time telemedicine is the need of hour.

Before commencing telemedicine consultation following must be known

• All currently registered medical practitioners need to complete a mandatory online course within 3 years of notification of these guidelines to provide consultation via telemedicine. In the interim period, all RMPs can tele-consult, provided they follow the Telemedicine Practice Guidelines notified under IMC Act, 1956 by the MOHFW

Implied consent:

• If the patient initiates the telemedicine consultation, then the consent is implied.

An Explicit patient consent:

• This is needed if a Health worker, RMP or a Caregiver initiates a Telemedicine Consultation

• Explicit consent can be recorded in any form.

• Patient can send an email, text or audio/video message.

• Patient can state his/her intent on phone/video to the RMP (e.g. "Yes, I consent to avail consultation via telemedicine" or any such communication in simple words).

• The RMP must record this in his patient records.

Keeping in mind the patient's interest, the Registered Medical

Practitioners, (RMP) should exercise their professional judgement to decide whether a telemedicine consultation is appropriate or not in any situation.

2. IDENTIFICATION OF RMP AND PATIENT:
Telemedicine consultation should not be anonymous: patient and the RMP need to know each other's identity. An RMP should verify the patient's identity and age. For a minor patient, tele consultation is allowed only if he/she is accompanied by an adult.

3. Mode of Telemedicine:
Technologies to deliver telemedicine consultations are multiple. Primary modes are: Video, Audio or Text.

4. Patient Consent:
• Patient consent is necessary.
Implied consent:
If the patient initiates the telemedicine consultation, then the consent is implied.
• An Explicit patient consent:
This is needed if a Health worker, RMP or a Caregiver initiates a Telemedicine Consultation
Explicit consent can be recorded in any form.
• Patient can send an email, text or audio/video message.
• Patient can state his/her intent on phone/video to the RMP (e.g. "Yes, I consent to avail consultation via telemedicine" or any such communication in simple words).
• The RMP must record this in his patient records.

5. Exchange of information for Patient Evaluation:
An RMP uses professional discretion to gather the type and extent of information. S/he may advise laboratory or radiological tests. If an examination is necessary, the RMP should not proceed with the tele consultation until a physical examination is arranged through an in-person. All patient records & investigation reports should be maintained.

6. Types of consultation:
First consultation means the patient is consulting the RMP for the first time or more than six months have lapsed since the previous consultation. Follow-up means the patient is consulting with the same RMP within six months of the previous consultation.

7. Patient Management:
An RMP may impart health promotion and disease prevention messages and advise on do's and don'ts. Prescribing medicines is at the RMP's professional discretion. S/he can prescribe medicine only when s/he feels satisfied with the information gathered about the patient's medical condition. Medicines are prescribed in the patient's best interest.
• List O includes medicines which are safe and may be prescribed through tele consultation. This includes 'over-the-counter' medications.
• List A includes medicines which may be prescribed during a first video consultation or re-prescribed in follow-up cases. These are relatively safe medicines with low potential for abuse.
• List B includes medications which an RMP can prescribe for a patient undergoing follow-up consultation in addition to those prescribed in-person for the same medical condition.

• Prohibited list: These medications, with their high potential for abuse and harm, cannot be prescribed via telemedicine consultation.

Issue a Prescription and Transmit:
The RMP shall issue a photo/scan/digital copy of a signed prescription or e-Prescription to the patient as per the Indian Medical Council ponsibilities:

List O

- **Common over-the counter medications such as**
  - Antipyretics: Paracetamol
  - Cough Supplements: Lozenges,
  - Cough/ Common-cold medications (such as combinations of Acetylcysteine, Ammonium Chloride, Guaifensen, Ambroxol, Bromhexene, Dextromethorphan)
  - ORS Packets
  - Syrup Zinc
  - Supplements: Iron & Folic Acid tablets, Vitamin D, Calcium supplements
  - Etc
- **Medications notified by Government of India in case from time to time on an Emergency basis**
  - Such as Chloroquine for Malaria control for a specific endemic region, when notified by Government

Act. RMP shall not be held responsible if there is enough evidence to believe that the patient's privacy has been compromised by a technology breach or by a person other than RMP.

Fees for telemedicine consultation:
An RMP can charge consultation fees for telemedicine consultation and should provide a receipt to the patient.

Guide for a Follow-up Telemedicine Consult

Can I prescribe injectable medications on tele-consultation?

- Prescriptions for injectable medicines can only be given if the consultation is between an **RMP with another RMP** or to a **Health Worker** for administration to a given patient.
- In such a scenario, the RMP must be confident of the setting of the facility and the technical expertise of the Health Worker.
- **The exceptions to these would be prescribing some follow-up medications which are available only as injections such as Insulin, Low Molecular Weight Heparin, Vaccines etc**

Documentation of consultation Medicine Lists

• Maintain the following records/documents
• Log or record of Telemedicine interaction (e.g. Phone logs, email records, chat/ text record, video interaction logs etc.).
• Patient records, reports, documents, images, diagnostics, data etc. (Digital or non-Digital) utilized in the telemedicine consultation should be retained.
• In case a prescription is shared with the patient, maintain the prescription records as required for in-person consultations.
• Telemedicine consultations should be treated the same way as in-person consultations & be charged an appropriate fee for the Telemedicine consultation
• RMP should also give a receipt/invoice for the fee charged

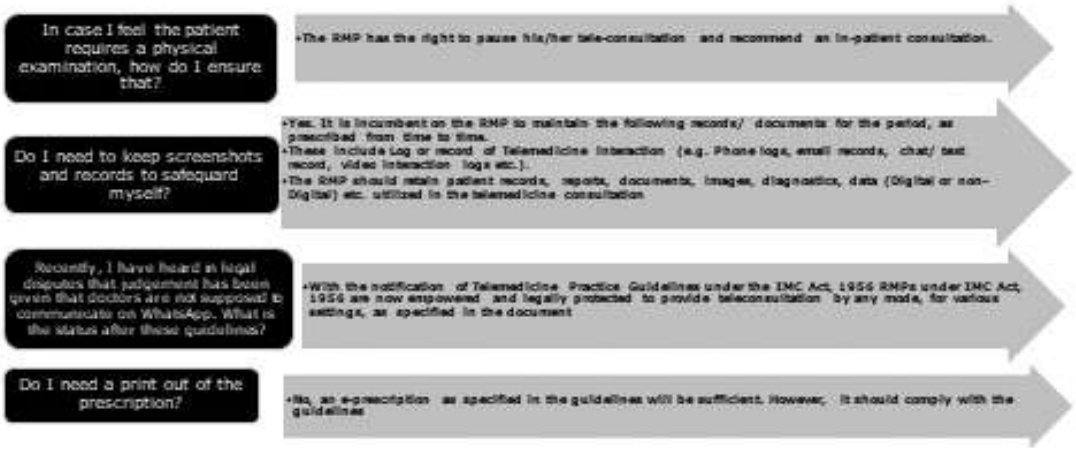
List A

- **First Consult Medications (Diagnosis done on video mode of consultation) such as**
  - Ointments/Lotion for skin ailments: Ointments Clotrimazole, Mupirocin, Calamine Lotion, Benzyl Benzoate Lotion etc
  - Local Ophthalmological drops such as: Ciprofloxacillin for Conjunctivitis, etc
  - Local Ear Drops such as: Clotrimazole ear drops, drops for ear wax etc..
  - Follow-up consult for above medications
- **Follow-up medications for chronic illnesses <u>for 're-fill'</u> (on any mode of consultation) such as medications for**
  - Hypertension: Enalapril, Atenolol etc
  - Diabetes: Metformin, Glibenclamide etc
  - Asthma: Salmetrol inhaler etc
  - Etc

List B

- **On follow-up, medications prescribed as <u>'Add-on'</u> to ongoing chronic medications to optimize management such as for hY**pertension: Eg, add-on of Thiazide diuretic with Atenolol
  - Diabetes: Addition of Sitagliptin to Metformin
  - Etc

Some FAQs to help you



I run a busy OPD and cannot attend to many patients at the same time. Can I record a tele- consultation through my allied healthcare professional on video and then, prescribe medications off-line to the patient ?

- No, this is absolutely not allowed in the Guidelines. The very premise of tele-consultation through a Health worker (as per the Guidelines) dictates that the RMP, Health worker and the patient introduce themselves to each other and give mutual consent for the tele-consultation.

Can RMP, if some investigations are needed, ask for them through tele communication, and will the Pathology Lab/Imaging Centre etc. honour it?

- Yes

- **What is the legal validity of a prescription given by way of email or WhatsApp?**
- **The same will be a valid legal document. The Information and Technology Act, 2000 gives legal recognition to electronic records and digital signature.**

Does the RMP need a print out of the prescription?

No, an e-prescription as specified in the Guidelines will be sufficient. However, it should comply with the Guidelines and medications given in List O, List A, List B as well as medicines which can only be given to In person patients.

Can RMP choose not to proceed with the consultation due to poor quality of telephone connection or due to poor internet connectivity?

- **The RMP may choose not to proceed with the consultation, citing the reasons. If the issue of poor connectivity happens during the course of the communication, the same should be recorded and kept as a proof.**

Will the prescription sent online as an image or scan be honoured by the local chemist?

- Yes. The RMP shall shall issue a prescription as per the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations and shall not contravene the provisions of the Drugs and Cosmetics Act and Rules. The Guidelines gives a list of medicines.
- A sample format is suggested in the Guidelines. RMP shall provide photo, scan, digital copy of a signed prescription or e-Prescription to the patient via email or any messaging platform. In case the RMP is transmitting the prescription directly to a pharmacy, he/ she must ensure explicit consent of the patient

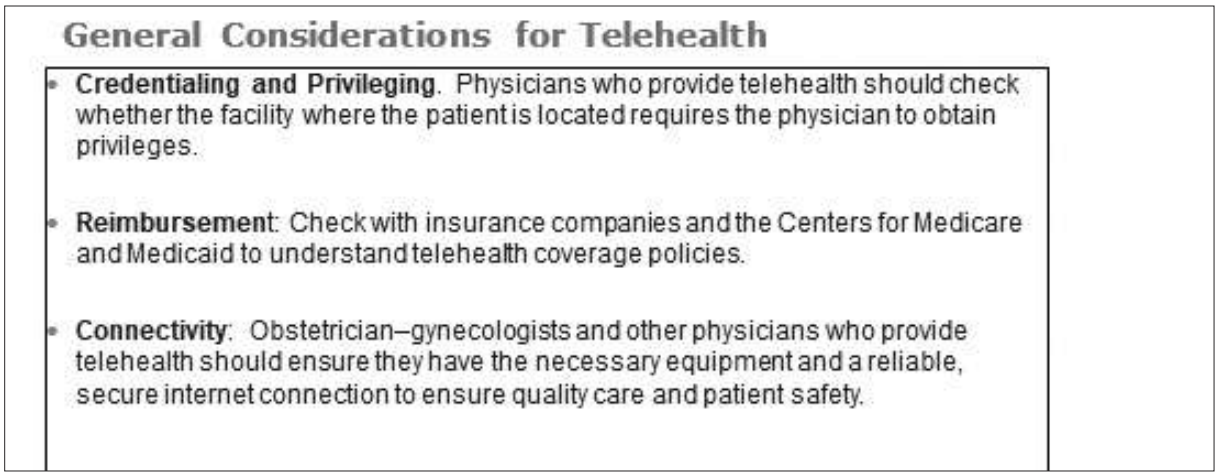
Examples of telehealth in OB-GYN

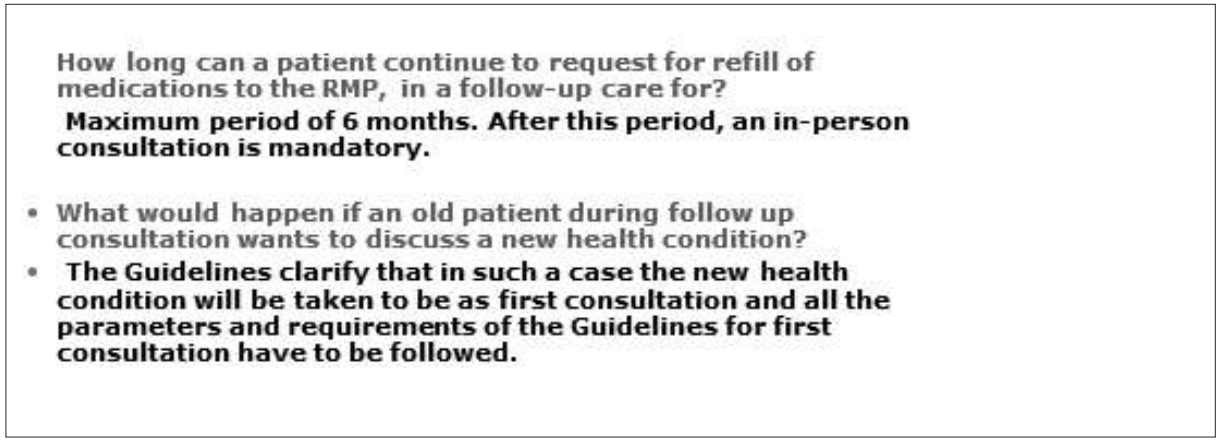
- Virtual patient consultation with specialty services
- Remote observation of ultrasound recordings by maternal–fetal medicine and reproductive endocrinology experts,
- Bladder diary tracking with smartphone apps
- Postpartum blood pressuring monitoring with Wi-Fi-connected devices,
- Remote provision of medication-induced abortion,
- Fertility tracking with patient-generated data. Fertility tracking and pregnancy apps rank among the most popular health apps.

Health benefits/outcomes in telehealth

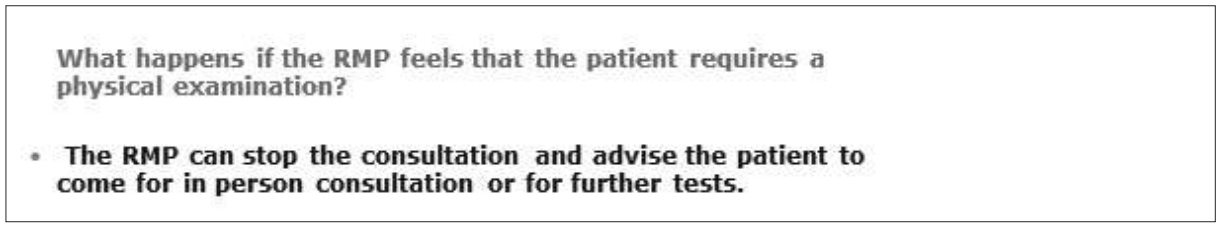
- Evidence suggests that telehealth provides comparable health outcomes when compared with traditional methods of health care delivery without compromising the patient–physician relationship, and it also has been shown to enhance patient satisfaction and improve patient engagement.
- Investigators compared perinatal outcomes in 117 women opting for a regimen of nine in-person prenatal visits and five virtual prenatal visits to 941 women receiving up to twelve in person prenatal visits.
  - There were no significant differences in rates of cesarean birth, preterm birth, neonatal intensive care unit admissions, or birth weight despite a higher rate of preeclampsia in the virtual visit cohort.
  - Patient satisfaction was significantly higher among women having virtual visits, although the absolute differences between in-person and virtual visits were so small as to be of questionable clinical significance

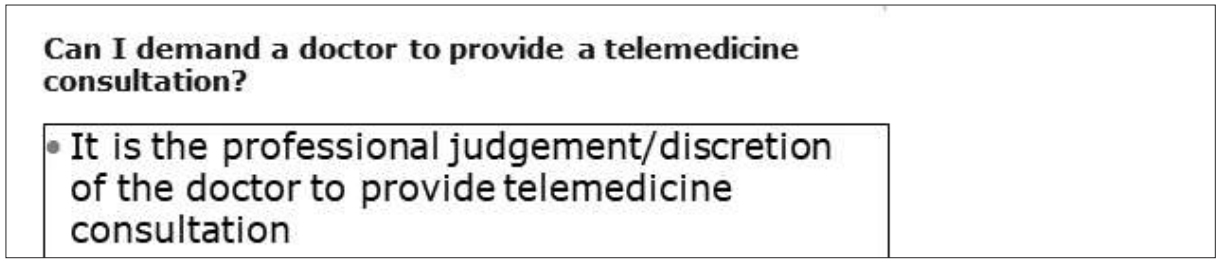
Cont





CAN I BE ANONYMOUS DURING TELECONSULTATION?
No





Reference:
https://www.mohfw.gov.in/pdf/Telemedicine.pdf

CORONA VIRUS AND ITS IMPACT ON HEALTH CARE WORKERS

Pandemics always come up with various life-threatening issues. COVID-19 outbreak came up with the same issues along with certain other problems involving public, administrative and healthcare sector concerns. It resembled the SARS outbreak but posed such challenges against the world that are uneasy to handle. The disease which started from Wuhan, China has now affected almost every country in a ruthless manner. Healthcare workers are working day and night just to protect the citizens despite being at high-risk exposure and they are being aimed by the virus due to shortage of Personal Protection Equipment kits. Not only this, but they are being brutally harassed by the patients themselves. Social, economic, psychiatric and many other factors are responsible for deteriorating the health of these frontline healthcare workers who are now being allegedly regarded as "Healthcare Warriors".

Psychological Impact on Healthcare Professionals

Healthcare professionals dealing with COVID-19 are under increased psychological pressure and experience high rates of psychiatric morbidity, resembling the situation during the SARS and H1N1 epidemics.

Due to the increased risk of exposure to the virus, our frontline doctors, nurses and healthcare workers fear that they may contract COVID-19 themselves. They worry about bringing the virus home and passing it on to loved ones and family members - elderly parents, new born and immune compromised relatives.

Our healthcare staff also report increased stress levels when dealing with uncooperative patients which are not adhering to safety instructions, and feelings helpless when dealing with critically ill patients, as there is no definitive treatment available as well as limited intensive care beds and resources.
A survey of nearly 1,300 healthcare workers10 treating people with COVID-19 in hospitals in China showed high rates of depression, distress, anxiety and insomnia. Guilt, anger, anxiety, fear, shame and depression were all shown which lead to resignations and poor work performance indeed, there have been reports of suicide in healthcare workers in Europe during the COVID-19 pandemic.
Chronic wakefulness can lead to impairment of concentration, poor vigilance, short term memory, reduced retention capacity, impaired motor skills and clinical judgement. Chronic stress leads to health disorders like backache, fatigue, headache, irritable bowel disorder, anxiety etc. Co-morbidities including diabetes, hypertension or chronic respiratory diseases make one more vulnerable to corona-related complications.
So Government should introduce stress management workshops and counselling in health sector and it should be conducted at a regular intervals. Use effective stress reducing techniques such as mindfulness, yoga, deep breathing exercises and guided imagery meditation, they are an excellent way of combating anxiety and achieve deep mental and physical relaxation. All these steps will go a long way in making the workplace of health care worker stress-free.

Social and Economic Impact on Healthcare Workers
The overall predicted effect of COVID-19 economically on productivity rates have been discussed extensively. But the social and economic effect on health care workers has been neglected drastically.
Since people are being asked to practice physical distancing and minimise outside activities and current lockdown, many people who would otherwise be using healthcare are now choosing to stay home. Also, the goal has been to keep medical

offices clear so as to reduce the risk of disease spread. People are postponing care that is not urgent. This includes imaging procedures, surgeries, visits to fill prescriptions, etc.

While healthcare workers are busy dealing with COVID-19 patients, hospitals were still suffering from the decline in other patients. Some primary care practices have reported reductions in the use of other healthcare services of up to 70%. The private healthcare sector has witnessed an 80% fall in patient visits due to current lockdown and test volumes and revenue drop of 50-70% during COVID pandemic. Many small hospitals and nursing homes, especially in Tier-II and -III cities, have been forced to shut their operations since their cash flows have dried up. Salaries of clinical staff are being reduced or frozen, and some staff are being furloughed. Increase in costs owing to infection control and PPE also needs to be accommodated.

During the time of this pandemic, hospitals and medical professionals from doctors to nurses to support staff, who are the brave frontline soldiers fighting the war against COVID, are facing difficult times. With an estimated impact of 14,000-24,000 crores in operating losses for the quarter, the sector would need liquidity infusion, indirect and direct tax benefits, and fixed cost.

The significant impact of COVID 19 has created an opportunity for health system to evolve in new ways and rapidly adapt to NEW NORMAL. This pandemic has shed light on the importance of good infrastructure in health care sector. We should apply positive changes from pandemic and work hard to achieve financial stability in near future. Every effort must be done to address long awaited health policies issue so that no more devastation happen in future subsidies from the government to address the disruption.

Impact on Female Staff

As a result of the pandemic female health workers are facing a double burden:

longer shifts at work and additional care work at home. Globally, women make up 70% of the health workforce and are more likely to be front-line health workers, especially nurses, midwives and community health workers. In India, ASHA workers screened more than ten million people by home visits.
Despite these numbers, women are often not reflected in national or global decision-making on the response to COVID-19.15 In Spain 72% of female health care workers were infected as compare to 28% of male health care workers and almost same level of percentile 66% was seen in Italy in case of infected female health care workers. Alberta Delle Grazie, the Head Nurse of an intensive care unit in a hospital in the North of Italy told in media that "after three weeks of the COVID-19 emergency, we are exhausted, worried and emotionally drained. Many of us have been infected, some have died." It's an example of the daily emotional and mental pressures many women health workers are under.
In COVID-19 time, people have started doing things that were unthinkable before such as Governments should have taken measures to support workers, particularly those working in sectors involved in the emergency response that are less likely to be able to work from home. For instance, in Italy a "Babysitter bonus" of up to 1,000 Euros (1104 US$) has been introduced to enable health sector workers to pay for home-based childcare. In many other European countries, they opened special day care centres for children of health care workers. More such measures will be necessary if we are to continue helping female health workers face the impossible task of fighting COVID-19 and take care of their families at home.

Conclusion
The COVID-19 pandemic is straining health systems worldwide. This pandemic has exposed the poor health system worldwide and impacted healthcare workers badly in all aspects. They are more vulnerable to COVID-19 infection than the general population because of being frequently in contact with affected individuals. They are facing paucity of protective gears and even assaults.
The rapidly increasing demand on health facilities and health care workers threatens to leave some health systems overstretched and unable to operate effectively which directly has major effect on health care workers. While currently all the energies in the country are focused on controlling the transmission and curtailing morbidity and mortality due to the pandemic, here we take a look at how this infection and its fallouts can impact the healthcare scenario.
Despite of all the complications and toil health care workers are facing, still they are managing to put forth their best efforts in serving the community.

Excerpted from:
Corona Virus (COVID-19) and its Impact on Health Care Workers
Amit Lakhani1, Ena Sharma2, Kirti Gupta3, Savita Kapila4, Shivangi Gupta2
1Professor (Orthopaedics), Maharishi Markandeshwar Medical College of Hospital, Solan, Himachal Pradesh; 2Associate Professor, (Periodontics), 3Junior Resident, (Periodontics), Maharishi Markandeshwar College of Dental Sciences of Research, Mullana, Haryana; 4Professor (Medicine), Maharishi Markandeshwar Institute of Medical Sciences of Research, Mullana, Haryana;
Journal of the Association of Physicians of India.
https://japi.org/x26474a4/corona-virus-covid-19-and-its-impact-on-health-care-workers-

THE IMPACT OF COVID-19

Introduction

Healthcare sector has been at the centre of the COVID-19 crisis. On one hand it has had the responsibility of treating COVID-19 patients, while on the other, it has also faced several challenges much like other sectors.

In the midst of it all, the sector has had to continuously innovate and come out with new ways of taking care of patients.

Significant changes in consumer preferences and behaviour towards seeking healthcare services are being observed. The players operating in this sector will do well to understand these behavioural changes and adapt their ways of working accordingly.

With this context in mind, we conducted a survey to gauge changes in consumer behaviour and understand changing consumer preferences and expectations from health care providers. We surveyed 419 consumers across geographies, employment status, gender, and age groups with a focus on evolving consumer sentiments, behaviours, and expectations from health care providers on care settings and safety protocols.

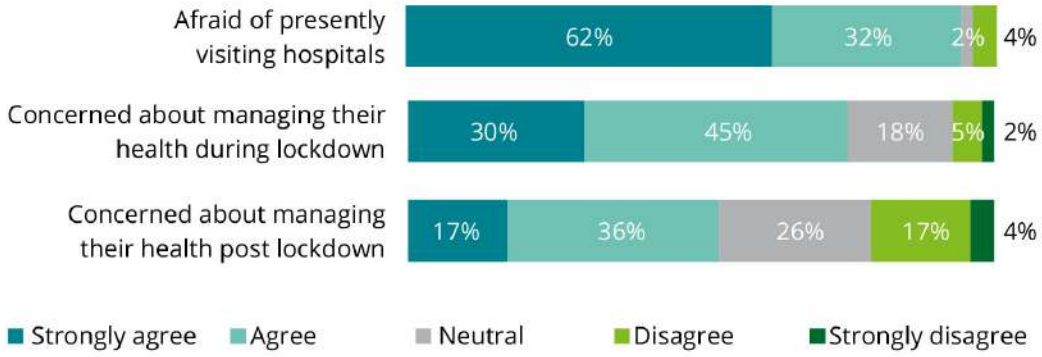
This paper, based on our analysis of the responses, proposes key interventions for health care providers to increase engagement with consumers and prepare their organisations for the post-pandemic world. We believe this will help organisations in the health care ecosystem create better business strategies and continue to thrive post COVID-19 by exploring new settings and delivery channels across the

continuum of care.

HOSPITAL VISITS (OPD AND IPD)

The responses reflected that more than 90 percent of respondents expressed fear of visiting hospitals, while over 50 percent were concerned about health management post lockdown. More than 70 percent respondents would prefer visiting hospitals that did not treat COVID-19 patients, while ~45 percent were willing to do so only if COVID-19 patients were treated in separate buildings.

Consumer concerns around health management
% respondents



Willingness to undergo elective procedure
% respondents

Only 28 percent respondents intend to delay procedures by more than six months, citing fear of contracting COVID-19 in the hospital as the primary reason. Some respondents (18 percent) did not want to delay procedures, while the rest suggested delays until the end of the lockdown or up to six months.

Frequency of hospital visits once lockdown ends vs. pre-lockdown
% respondents

Almost three-fourth respondents indicated fewer hospital visits post-lockdown, with 77 percent of those respondents citing infection risk as the highest deterrent, while also indicating a preference for at-home remedies and telemedicine to avoid hospital visits.

Implications:

- Hospitals should consider preparing for pent-up elective procedure demands to peak over the next six months.*
- Consumer preference for visiting either non-COVID-19 facilities or ones treating COVID-19 in separate buildings may need to be factored in, as hospitals commence COVID-19 services.
- With long-term, on-premise footfall trending downwards, hospitals may consider developing capabilities for alternate channels of administering care, ranging from telemedicine to providing health care services at home.

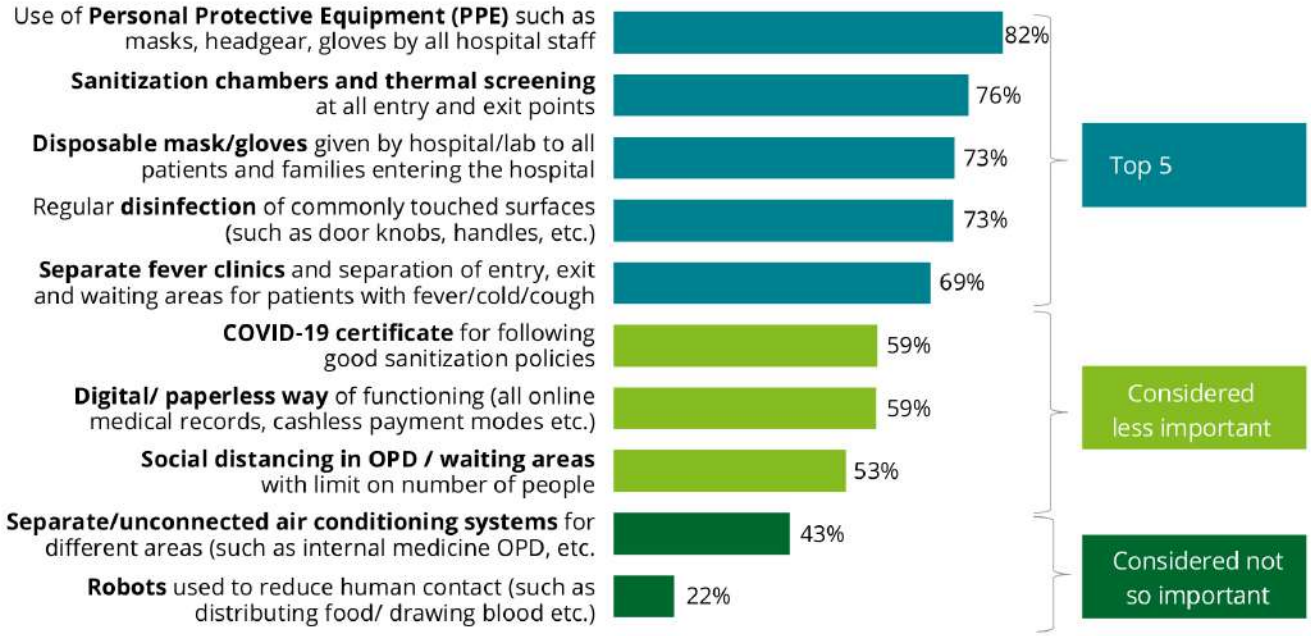
While demand for elective procedures will likely pick up over the next six months, hospitals may witness many of these being postponed as a probable outcome of another wave of COVID-19.

SAFETY AND PRECAUTIONARY EXPECTATIONS

While consumers expect hospitals and hospital staff to follow all safety protocols, some are "perceived" to be more important than others by consumers.

Key consumer expectations for measures to be taken by hospitals/diagnostic labs

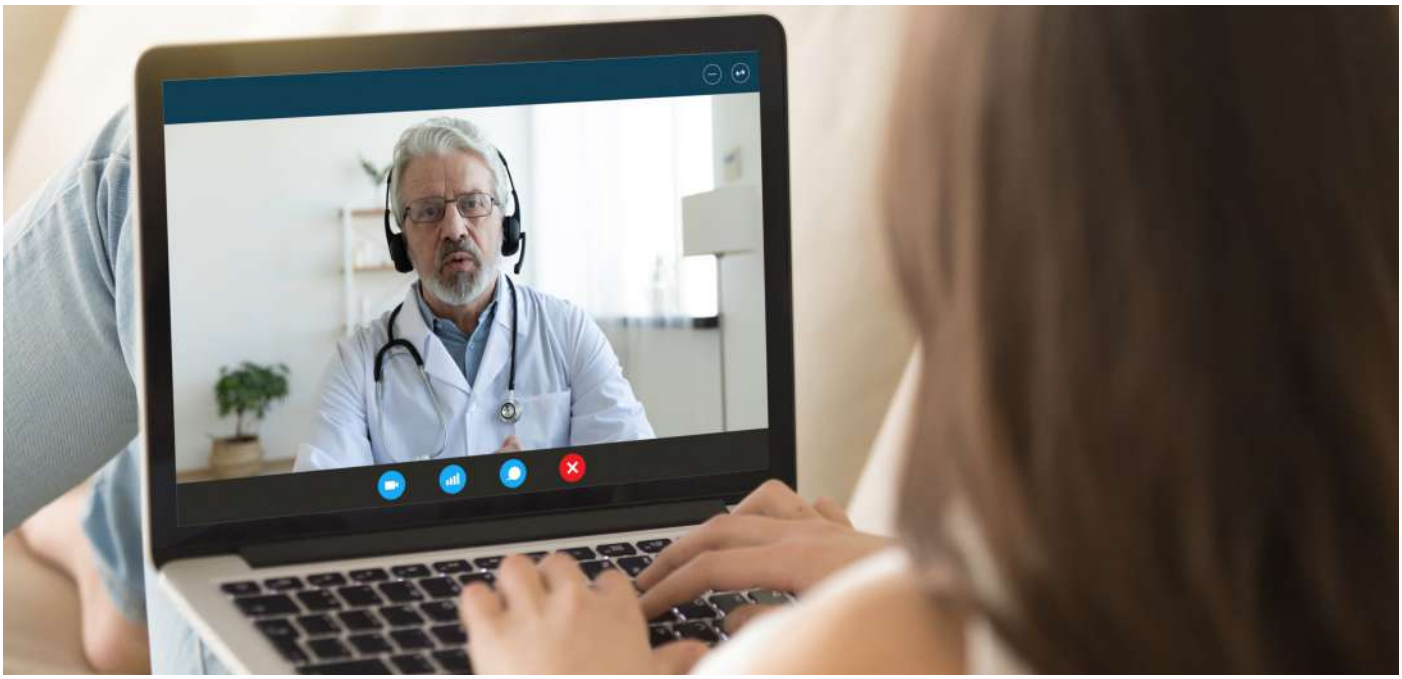
% respondents (multiple responses could be selected)



Consumer perception of adherence to safety protocols is also affecting their preference for the type of facility they want to visit. Around 65 percent respondents, who visited local nursing homes in the past, have expressed reluctance to do so now, based on their perception of inadequate compliance to COVID-19 safety norms. Moreover, ~59 percent respondents showed higher preference for visiting reputed hospital chains, as they believe those facilities to have better adherence to safety norms.

Implications:

- In order to win consumer confidence and regain footfall, hospitals need to prioritise consumer safety and protection on premises and invest towards marketing themselves as "COVID-19 safe" to consumers.

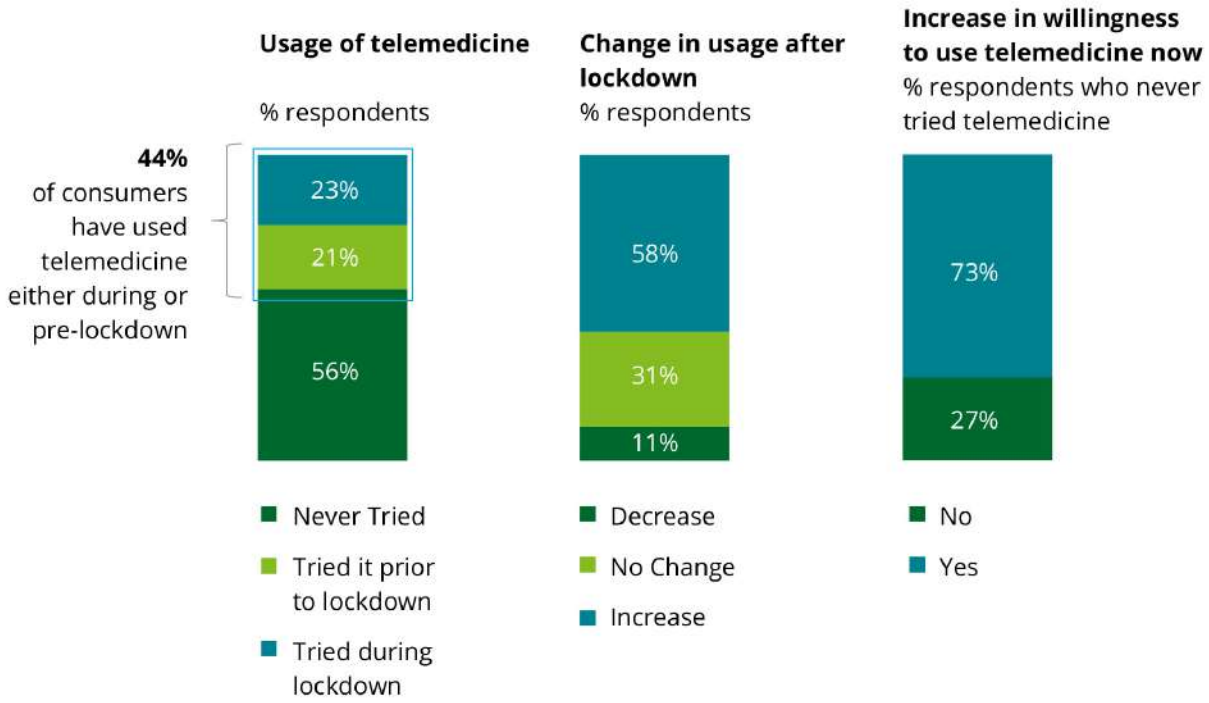


HEALTH CARE DELIVERY AT HOME

While consumers have already started exploring alternate mediums and platforms of receiving care, we believe that the aforementioned change in sentiment, catalysed by COVID-19, is likely to have clear, second-order effects on how care is administered and received. Home health care is expected to be a big winner as consumer receptiveness towards out-of- hospital, at-home services across the care continuum shoots up, with 70–80 percent of the sample responding positively towards at-home-care settings across consultation, diagnostics, day-care services and in-patient care.

Doctor consultations

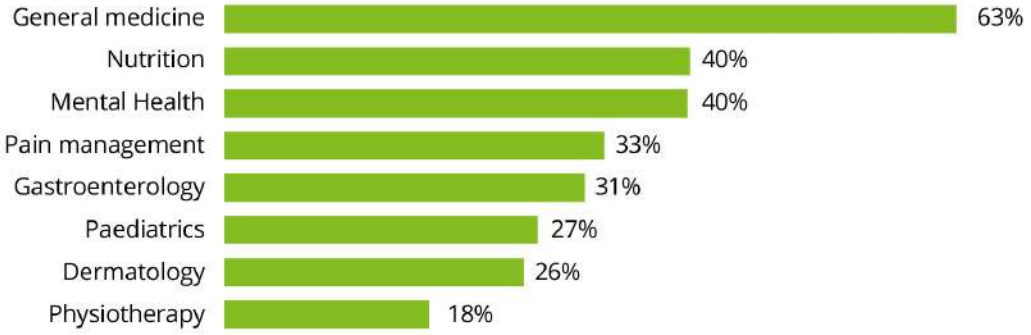
The shift in preference towards home-based health care has resulted in an increase in usage of and preference for telemedicine across specialties.



The user base for telemedicine is seen to have more than **doubled** during the lockdown from **21 percent to 44 percent respondents.**

Amongst the respondents who indicated increase in telemedicine usage post lockdown, 77 percent highlighted time savings as a key reason for their preference. Additionally, around 73 percent respondents, who had never tried telemedicine before, expressed an inclination towards using telemedicine at the moment. Amongst the respondents who are unwilling to use telemedicine, a large portion (more than 50 percent) believe that consultations without in-person examination would be ineffective.
From general medicine to physiotherapy, there exists significant interest in telemedicine across specialties.

Willingness to use telemedicine for consultations across different specialties
% respondents (multiple responses could be selected)



Consumers also exhibit clear preferences towards choice of telemedicine platforms. A majority of respondents (~70 percent) prefer to continue pre-existing relationships with family doctors/General Practitioners (GPs) by replacing in-person consultations with telemedicine consultations. Consumers also place value on brands as indicated by more than half of the respondents, who prefer telemedicine platforms from reputed hospital chains.

Prevalence of data privacy as a concern
% respondents

Additionally, data privacy, confidentiality, and security were some of the major concerns amongst respondents. This indicates a need for platforms/providers to ensure that adequate data protection systems are put in place.

Another key constraint seems to be the Willingness-to-Pay (WTP). Around 57 percent (of those enthusiastic about telemedicine) expressed that they would not be willing to pay as much for a telemedicine consultation as they would for an in-person consultation.

Implications:

- It is critical for hospitals to consider ramping up telemedicine service platforms and digitally upskilling medical staff, considering the willingness towards telemedicine services for consultations across specialties.
- Increased interest towards telemedicine, in all likelihood, may trigger long-term trends such as home collection of diagnostic samples and home delivery of pharmaceuticals, which will necessitate incumbent players to develop capabilities towards non-traditional forms and channels of care delivery.
- Providers will have to ensure that services are priced according to patient's willingness to pay and that data security concerns are addressed.

DIAGNOSTICS

Large diagnostic players are exploring alternate avenues of testing, ranging from mobile vans and drive-through testing to home collection of samples, in a bid to facilitate diagnosis amidst restricted mobility owing to the lockdown.

Home collection of samples over visiting a hospital/lab
% respondents

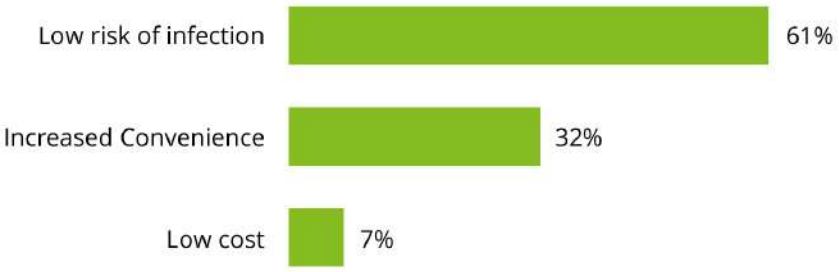
Implications:

- With an overwhelming majority (74 percent) of respondents preferring home collection of samples over visiting a hospital or a lab, diagnostics players should consider scaling up capabilities developed during COVID-19 for home collection and/or explore potential partnerships with players to enhance last-mile connectivity and expand home collection networks in individual geographies.

IN-PATIENT CARE

Another area where we foresee potential for growth is home health care—the delivery of services such as post- procedure care in one's home as opposed to a hospital.

Reason for preferring home stay over hospital stay
% respondents



Consumers have clear expectations on safety precautions from providers of home health care. Similar to their preference for precautions to be taken by hospitals, the use of Personal Protective Equipment (PPE) by staff is an important measure, expected by 46 percent respondents. Hygiene and cleanliness were also important factors, held by 38 percent respondents. Other expectations include adherence to emergency management practices and COVID-19 certifications.

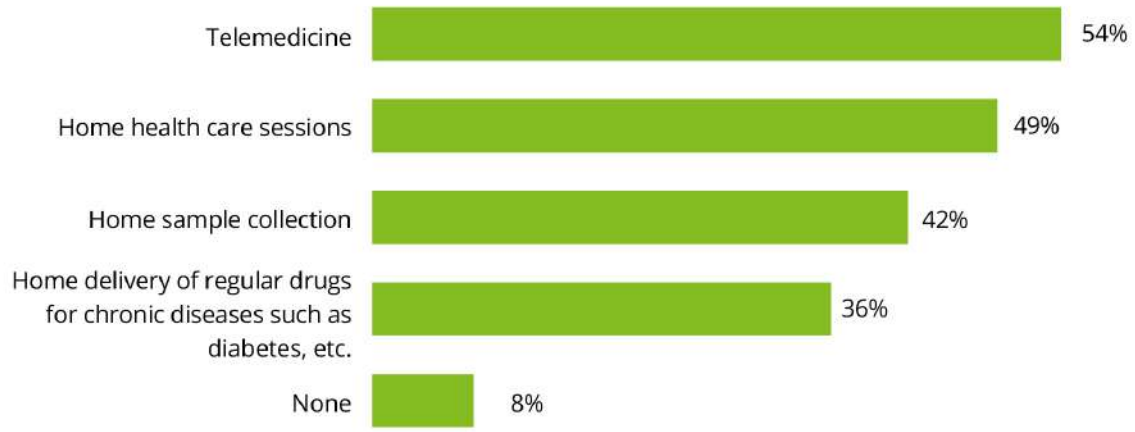
Implications:

- Home health care is likely to become an integral part of the services offered by hospitals and independent start-ups.
- Alternatively, it could also emerge as a collaborative offering from hospitals and start-ups as a combined package, for instance, at-home post-procedure care, as part of a surgical procedure package.
- With an increase in elderly population in tier-2 and tier-3 cities, demand for home health care services is likely to increase.
- Additionally, home-care coverage under health insurance could translate to higher uptake percentages amongst consumers and as a regular offering by hospitals.

Subscription-based service models

Home-based care is transforming and evolving to meet patients' needs. Most respondents suggested that they are willing to subscribe a variety of home-care services at a discount.

Willingness to purchase a subscription for various services
% respondents (multiple responses could be selected)



Implications:

- Although providing subscriptions to consumers at a discount may result in short-term losses, it is likely to take care of the working capital issues to some extent with upfront payment. It also ensures a fixed consumer base over a period of time and facilitates visibility on the patient flow, thereby creating better solutions for common requirements.
- Practicing subscription models also create opportunities for customised marketing and continued patient engagement, increasing the likelihood of higher and more consistent RoIs on marketing expenses.

CONCLUSIVE REMARKS

With changing consumer behaviour, the demands from health care providers are changing, with an increased preference for alternate non-traditional care delivery settings. Consumers are increasingly preferring to have their healthcare needs met remotely or from the comfort and safety of their homes. They expect their healthcare service providers to prioritise adherence to safety protocols. Moreover, they are willing to have a longer term engagement with providers with whom they develop trust and comfort.

The innovative players in the space are already recognising these trends and are coming out with ways to address them, through tech-enabled solutions. Going forward, we see health management to become a lot more integrated, with players offering different services coming together and offering the consumers the care they need. Several of the services will either move to a virtual setting, or to consumers' homes, with technology platforms pulling them together— much like a jigsaw puzzle.

Organisations that accept these changes and think of them as opportunities to evolve will benefit, while those that resist the change and simply wait for the pre-COVID world to return will find the going increasingly tough over time.

https://www2.deloitte.com/in/en/pages/life-sciences-and-healthcare/articles/covid-impact-lshc.html

South Asia Federation of Obstetrics & Gynaecology

SAFOG Webinar on

Topics of Clinical Importance in Ob Gyn

Date: 1st May, 2021 | 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

SCIENTIFIC PROGRAMME

10.30 AM Welcome

PROF SHYAM DESAI

10.35 AM Words of Wisdom

PROF RASHID LATIF KHAN

SESSION 1 : 10.40 AM to 12.00 PM

Chairpersons

PROF ALOKENDU CHATTERJEE

PROF FARRUKH ZAMAN

TOPIC: MANAGING HIGH RISK PREGNANCIES - CHALLENGES AND SOLUTIONS FOR LOW RESOURCE COUNTRIES

SPEAKER

DR HEMA DIVAKAR

Discussants

PROF SADIAH AHSAN PAL

PROF FARHANA DEWAN

TOPIC: ROBSONS CLASSIFICATION A TOOLTO OPTIMISE CAESAREAN SECTIONS

SPEAKER

PROF. LUBNA HASSAN

Discussants

PROF U D P RATNASIRI

PROF ARCHANA BASER

SESSION 2 : 12.00 PM to 1.20 PM

Chairpersons

PROF RUBINA SOHAIL

PROF FERDOUSI BEGUM

TOPIC: OVULATION INDUCTION IN PCOS PATIENTS

SPEAKER

PROF. NANDITA PALSHETKAR

Discussants

PROF MURLIDHAR PAI

PROF YOUSAF LATIF

TOPIC: HOW TO PROTECT AND IMPROVE FERTILITY POTENTIAL IN ENDOMETRIOSIS

SPEAKER

PROF RASHIDA BEGUM

Discussants

PROF HEMANTHA SENENAYAKE

PROF MURLIDHAR PAI

1.20 PM Vote of Thanks Prof Yousaf Rashid

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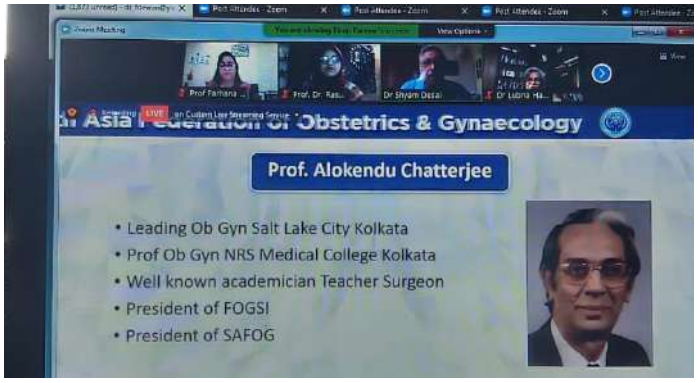
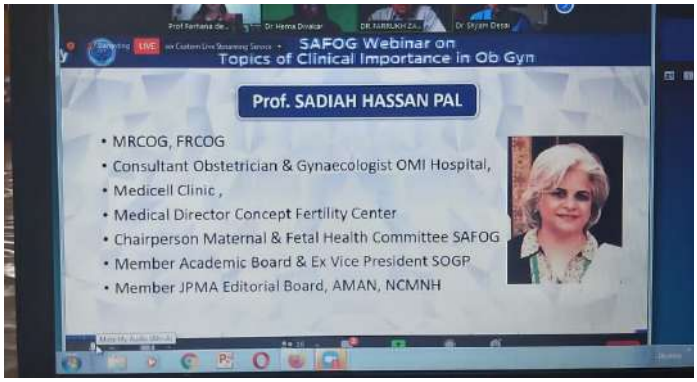
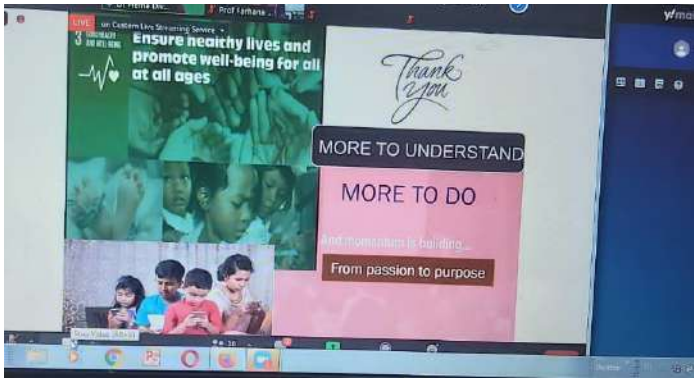



Discussants
PROF SADIAH AHSAN PAL
PROF FARHANA DEWAN


SAFOG Webinar on
Topics of Clinical Importance in Ob Gyn
Prof. SADIAH HASSAN PAL
• MRCOG, FRCOG
• Consultant Obstetrician & Gynaecologist OMI Hospital,
• Medicell Clinic ,
• Medical Director Concept Fertility Center
• Chairperson Maternal & Fetal Health Committee SAFOG
• Member Academic Board & Ex Vice President SOGP
• Member JPMA Editorial Board, AMAN, NCMNH


South Asia Federation
Prof. Farhana Dewan
MBBS, FCPS, FMAS (India),
Trained on High Risk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Thank you
MORE TO UNDERSTAND
MORE TO DO
From passion to purpose


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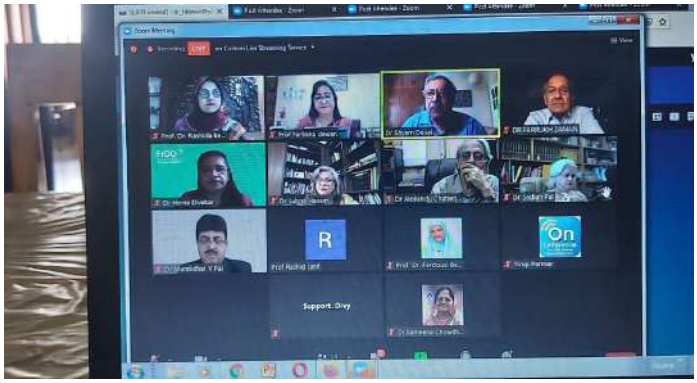

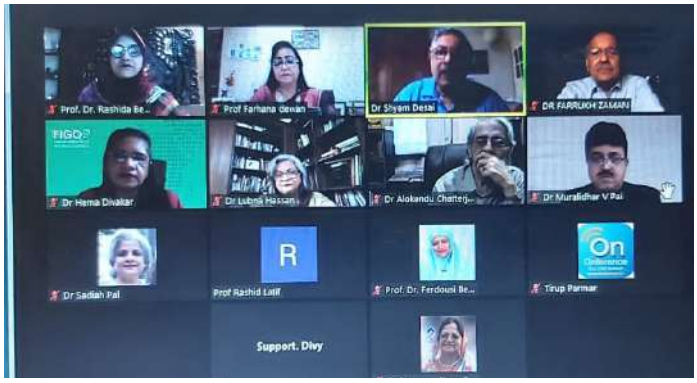
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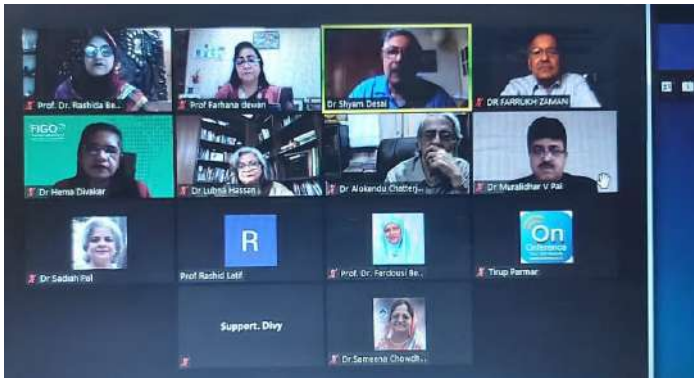
Prof. Dr. Ferdousi Be...
Tirup Parmar
Support. Divy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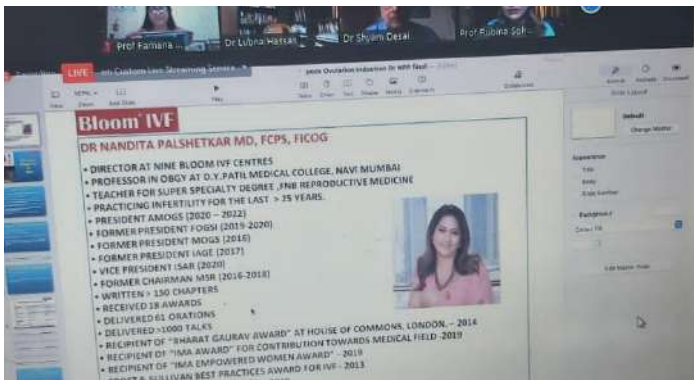
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DR NANDITA PALSHETKAR MD, FCPS, FICOG
• DIRECTOR AT NINE BLOOM IVF CENTRES
• PROFESSOR IN OBGY AT D.Y.PATIL MEDICAL COLLEGE, NAVI MUMBAI
• TEACHER FOR SUPER SPECIALTY DEGREE ,FNB REPRODUCTIVE MEDICINE
• PRACTICING INFERTILITY FOR THE LAST > 35 YEARS.
• PRESIDENT AMOGS (2020 – 2022)
• FORMER PRESIDENT FOGSI (2019-2020)
• FORMER PRESIDENT MOGS (2016)
• FORMER PRESIDENT IAGE (2017)
• VICE PRESIDENT ISAR (2020)
• FORMER CHAIRMAN MSR (2016-2018)
• WRITTEN > 150 CHAPTERS
• RECEIVED 18 AWARDS
• DELIVERED 61 ORATIONS
• DELIVERED >1000 TALKS
• RECIPIENT OF "BHARAT GAURAV AWARD" AT HOUSE OF COMMONS, LONDON. – 2014
• RECIPIENT OF "IMA AWARD" FOR CONTRIBUTION TOWARDS MEDICAL FIELD -2019
• RECIPIENT OF "IMA EMPOWERED WOMEN AWARD" - 2019
• RECIPIENT OF "IMA BEST PRACTICES AWARD FOR IVF - 2013

EVENTS

RECORDED: 27TH MAY, 2021
Language: English

Description: Minimal access surgery contributes towards the improvement of the quality of life of patients who must undergo gynecological surgery. Unfortunately, many patients end up undergoing open surgery and there remain multiple barriers to their care. This webinar aims to provide tools to allow healthcare providers to offer their patients less invasive surgical options in a safe and feasible manner.
The webinar is organised by the FIGO Committee on Minimal Access Surgery, in collaboration with SAFOG (South Asian Federation of Obsterics and Gynecology) and GESB (Gynecological Endoscopic Society of Bangladesh)

Moderators
Dr JD Villegas-Echeverri, Chair of FIGO MAS Committee, Colombia
Dr Nusrat Mahmud, Joint secretary of Gynecological Endoscopic Society of Bangladesh and Assistant Secretary General of SAFOG, Bangladesh

Speakers
Dr Faysal El Kak, FIGO Vice President, Lebanon
Professor Ferdousi Begum, SAFOG President, Bangladesh
Professor TA Chowdhury, GESB President, Bangladesh
Professor Laila Banu, Bangladesh – Electrosurgery: What you need to know
Professor Alberto Mattei, Italy – Laparoscopic entry techniques: Evidence based recommendations
Dr JD Villegas-Echeverri, Colombia – 10 steps for a safe and feasible TLH
Professor Philippe Descamps, France – Endometriosis – from basic to complex
Professor Megan Wasson, USA – Complications in MAS. Can we avoid them?

WATCH IT HERE

Webinar Series: Infections in Obstetrics and Gynecology

Under aegis of

Maternal & Perinatal Health Committee of South Asian Federation of Obstetrics & Gynecology (SAFOG)

1 ICOG POINT

Webinar Series 4 – Sepsis in Obstetrics

11 June, 2021 (Friday) 5.00 PM - 7.30 pm

CONVENERS

DR SADHANA GUPTA
FOGSI Representative to SAFOG
Member of Maternal & Perinatal Health Committee

DR A.G. RADHIKA
Senior Consultant,
UCMS & GTB Hospital, Delhi
National Co-ordinator,
FOGSI Clinical Research Committee

CO-CONVENER

DR RICHA SHARMA
Professor UCMS & GTBH, Delhi
FOGSI - MTP Committee Chairperson Elect.

TIME	TOPIC	SPEAKER
5.00 - 5.10	Brief introduction to the session	Dr A.G. Radhika
	Welcome Address& Introduction of Chief Guest & Guest of Honour	Dr Sadhana Gupta
5.10 - 5.15	Address by Chief Guest	Dr Alpesh Gandhi
5.15 - 5.20	Address by Guests of Honour	Dr Hema Diwakar (India) Dr T A Chaudhary (Bangladesh)
	Master of Ceremony	Dr Ruchika Garg
Session I : SAFOG Country Perspective - Burden of Disease & Control Initiatives		
Chairpersons : Prof Ferdausi Begum, Dr Ganesh Dangal, Dr Phurb Dorji, Dr. Richa Sharma		
5.20 - 5.50	Bangladesh	Dr Farhana Diwan
	Pakistan	Dr Sadiah Ahsan
	Nepal	Dr Heera Tuladhar
	Maldives	Dr Aseel
	India	Dr A.G. Radhika
Session II : Principles of Management of Obstetric Sepsis **Chairpersons:** Dr Mandakini Megh, Dr Sadiah Ahsan, Dr Abha Singh, Dr Jyothika Desai		
5.50 - 6.05	Diagnosis of obstetric sepsis & Early Warning Scores	Dr Sarita Bhalerao
6.05 - 6.20	Chorioamnionitis : Challenges in Diagnosis	Dr Murlidhar Pai
6.20 - 6.35	3 hour Bundle in Obstetric Sepsis	Dr Alka Pandey
6.35 - 6.50	Updated Recommendations For Prevention of Peripartum Infections	Dr Manju Puri
6.50 - 7.00	Discussion	
7.00 - 7.10	Role of Haemostatic Agents in Gynaecological Procedures	Dr Suneet Jindal
7.10 - 7.20	Viewpoints & way forward	SAFOG & FOGSI representatives
7.20 - 7.30	Audience Interaction & Vote of Thanks	Dr A.G. Radhika, Dr Richa Sharma Dr Sadhana Gupta

CLICK HERE TO JOIN US
11 June 2021 5:00 PM - 7:30 PM

SAFOG SESSION

at

FCPC 2021 World Congress

01st-05th July 2021

3rd July – 08:00-09:00PM(IST)

"SCREEN THE MOTHER, VACCINATE THE DAUGHTER"

-:Guest of Honor:-

Prof. Ferdousi Begum (Bangladesh)

-:Expert:-

Dr. Rohana Hattathowa (Srilanka)

-:Moderators:-

Dr. Rubina Sohail (Pakistan)

Dr. Narendra Malhotra (India)

-:Panelists:-

Dr. Aliya Aziz (Pakistan)

Dr. Shafiqua Babak (Afghanistan)

Dr. Poorabh Doorji (Bhutan)

Dr. Aseel Jalil (Maldives)

Dr. Kusum Thappa (Nepal)

Dr. Rowshanara Begum (Bangaladesh)

Dr. UDP. Ratnasiri (Srilanka)

Dr. Shyam Desai (India)


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AMERICAN ASSOCIATION of CONTINUING MEDICAL EDUCATION
2nd the ANNUAL INTERNATIONAL CONFERENCE
AESTHETIC GYNECOLOGY
"FEMALE INTIMATE HEALTH"
IT'S ALL ABOUT FEMALE INTIMATE HEALTH
SHAPE
FUNCTION
PERFORMANCE
8th - 9th JULY 2021
HILTON CAIRO HOTEL, EGYPT
THE MAIN CONFERENCE ESSENCE
Non-surgical aesthetic gynecology.
Surgical aesthetic gynecology.
Female intimate dysfunction.
Male intimate dysfunction.
Psychology of intimate dysfunction (Sexology).
INTIMATE = SEXUAL
51 Topics
21 Free workshops
20 CME credit hours
51 International speakers
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Digital Link to Leadership
Building a cohesive patient experience online
BAYER
Fertility Today & Tomorrow
"Future of Practice" challenges in the current changing environment of IVF Practice
How can Patients and Patient needs addressed innovatively
Recent collaborations of IVF Chains and mergers - Newer ways of Business model
11th July 2021
3:00 PM - 4:30 PM
Block Your Date
Speaker & Moderator
Panelists
Dr. Jaideep Malhotra
Dr. P. C. Mahapatra
Dr. Rishma Pai
Dr. Nayana Patel
Bayer for WOMEN
*For the use of registered medical practitioners or laboratory or hospital only. | PP-YSM-IN-0129-1


Dr Abha Rani Sinha
Dr. Sameena Choudhury
Dr Manidip Pal
Dr. S. P. Jaiswar
RANITA ROY CHOWDHURY
Dr. Priyankur Roy
Anirban Bhaumik
Dr. Nayan Sarkar
Dr. Mriganka Mouli Saha
Dr. Suvobrata Sarkar
Prof Dr Heera Tulachar
Dr. Ayan Ghosh
Dr. Mriganka M...

E Cesarean Section Workshop

16th July, 2021 @ 5.30 P.M to 8.00 P.M

Theme - Cesarean Section

President & Secretaries of 3 societies

Dr. Jagruti Desai
President SOGS, Surat

Dr. Kajal Mangukiya
Secretary SOGS, Surat

Dr. Arti Manoj
President AOGS Agra

Dr. Savita Tyagi
Secretary AOGS Agra

Dr. Sanjaya Sharma
President JOGS, Jhansi

Dr. Alka Sethi
Secretary JOGS, Jhansi

CHIEF GUEST

Dr. Uday Thanewala
(ICOG Chairperson, Navi Mumbai)

GUEST OF HONOR

Dr. Archana Verma
(Ghaziabad)

CO-ORDINATOR

Dr. Sadhana Gupta
Fogsi Vice President 2021
Fogsi Rep to Safog 2018-2021

MASTER OF CEREMONY
Dr. Ruta Vekariya

Inauguration & Sarasvati Vandana — Chief Guest, Guest of Honor, Office Bearers Faculties & Participants

Session 1 – Review the basics (Each Talk is of 13 + 2 Min)

MOCs for Inauguration

CHAIRPERSON

Dr. Sanjaya Sharma

Dr. Jagruti Desai

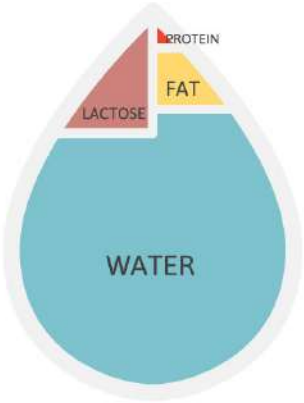
Dr. Alka Saraswat

1" Topic - Revisit indication of Cesarean Section and Robson's classification (5.40 - 5.55 PM)
Dr. Richa Baharani (Jabalpur)

MOTHER`S MILK AND BREASTFEEDING

WHAT BREAST MILK CONTAINS

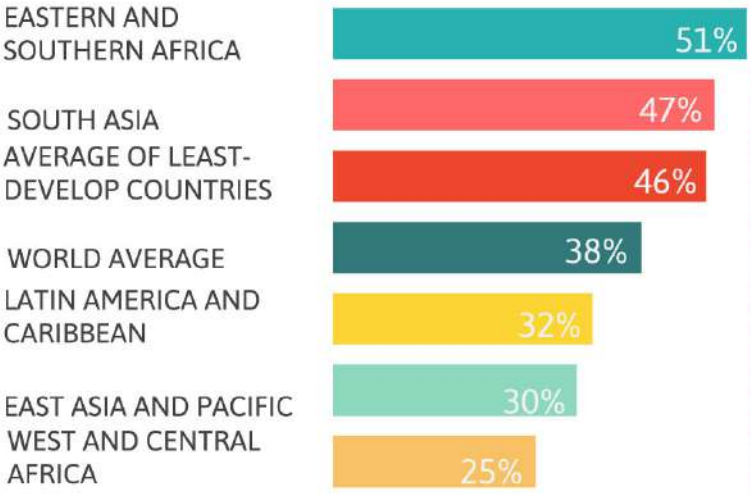
- OTHER NUTRIENTS (VITAMIN C AND CAROTENE) 0.2%
- PROTEIN 1.0%
- FAT 3.8%
- LACTOSE 7.0%
- WATER 88.0%



BREAST MILK ALSO CONTAINS **IMMUNE CELLS, ANTI-BODIES AND DIGESTIVE ENZYMES** THAT HELP THE BABYS IMMUNE AND DIGESTIVE SYSTEMS TO DEVELOP

EXCLUSIVE BREASTFEEDING IS RECOM-MENDED IN THE FIRST SIX MONTHS OF LIFE

HOW MANY CHILDREN ARE BREASTFED

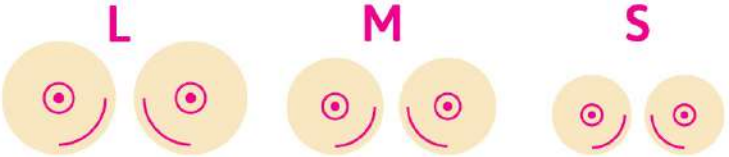


HOW BREAST MILK IS PRODUCED

PREGNANCY INCREASES THE HORMONES OESTROGEN AND PROGESTERONE, WHICH STIMULATE ALVEOLI CELLS AND THE MILK DUCTS TO GROW.

AFTER BIRTH THE HORMONE PROLACTION STIMULATES THE ALVEOLI TO PRODUCE MILK.

OUTWARD APPEARANCE OR BREAST VOLUME DOES NOT AFFECT THE ABILITY OF THE BREAST TO PRODUCE AD-EQUATE MILK



WHEN DO MOST MOTHER`S BREASTFEEDING THEIR BABY

Thank you Prof. Dr. Ferdousi Begum for a wonderful tenure in these challenging times. Your leadership and guidance is an inspiration for many.

Welcome Dr Rohana Haththotuwa. We look forward to a rewarding tenure ahead.