Official Newsletter of the South Asian Federation of Obstetrics & Gynaecology
SAFOG NEWS
SOUTH ASIAN FEDERATION OF OBSTETRICS & GYNAECOLOGY
SAFOG
1996
www.safog.org

PRESIDENT’S MESSAGE

Dear friends,

Wish everyone a Prosperous and Successful Covid Free 2022!

Despite the safety gained with vaccination programs, we continue to be troubled with Covid 19 with the development of new strains

As of 7 December 2021,globally there have been 279,114,972 confirmed cases of COVID-19, including 5,397,580 deaths, reported to WHO. As of 22 December 2021, a total of 8,649,057,088 vaccine doses have been administered

We have survived many waves in the South Asia region but still we are not out of danger. But It is encouraging to see Bhutan & Maldives in South Asia but not yet active members of SAFOG are doing well.

Country	Confirmed cases	Deaths	No Vaccinated	% vaccinated
Afghanistan	157,967	7354	3,566,192	9.37%
Bangladesh	1,583,626	28061	44,735,702	27.44%
India	34,793,333	479997	577,437,315	42.26%
Nepal	827,522	11,586	9,737,333	34.04%
Pakistan	1,294,031	28,912	65,149,948	30.08%
Sri Lanka	584,107	14,901	13,829,115	63.43%
Bhutan	2660	3	565,081	74.05
Maldives	95,032	261	366,748	69.07%

Source: John Hopkins University of Medicine 28th Dec 21

With the progress of the vaccination in our countries we appear to see a ray of light at the end of the tunnel.

It is important to note that many of the health care workers are among the victims of COVID-19. Without their efforts and dedication, there would have been no revival from COVID-19 today. Let's pay homage to them again, I would like to express my heartfelt condolences and deepest sympathies to the families of those doctors and other health workers who have lost their lives due to COVID-19 while attending to Covid patients. I would also like to pay my deepest tribute to the efforts of everyone working during this difficult time.

It is further noted that the maternal Mortality Ratio of all our member countries have been affected by the increased number of maternal deaths due to COVID 19. The promotion of vaccination of pregnant women has been helpful in reducing the infection rates in pregnant women. Women planning pregnancy or those currently pregnant should not be denied the COVID-19 vaccination. COVID-19 has fundamentally changed our lives in many ways

In the meantime, our “new normal. I have learnt that webinars has been the way out to overcome the inability to meet in person. Our standing committees have held webinars during the last few months, and they were well received by the members. They had many attendees from the member countries due to their high academic standards and informative presentations. The webinars were also interactive with Q & A sessions. The moderator's conducted the programs excellently and facilitated smooth and active discussions.

When the new Executive Board took over in August 2021, one of the issues that we wanted to address was improving the relationship of the central body with each and every member of National Society.

One of the ways in which we hope to achieve this is by way of Newsletters which not only highlight the activities of SAFOG but also highlight the activities of the different National Societies. We are hoping to bring out Newsletters once every 4 months. However, these Newsletters can serve their intended purpose if they are received by individual members only. It is therefore disappointing to learn recently that some of our members have absolutely no knowledge about the SAFOG Newsletter! Currently, SAFOG depends on each National Society to disseminate the Newsletter to its membership via email and I appeal to all National Societies to cooperate in this endeavour and for all the National society representatives to keep track on it.

Also pivotal to achieving this objective of close relationship with the National societies and their members is EFFECTIVE COMMUNICATION. I remind all National Society representatives that they play an extremely important role in ensuring that there is always a two-way communication between the SAFOG and the National Society that they represent. Just as they are required to disseminate SAFOG information to their National Society, they are also required to highlight issues and requests from the National Society to the SAFOG. All NS representatives have been encouraged to provide a formal report of their National Societies for the Newsletter.

The other measure that we have embarked on is revamping of the SAFOG website to make it more attractive and user-friendly. Our new website will be up and running shortly and I invite you to explore our website and give us your constructive feedback, if any. The website will be another portal for you to keep abreast of SAFOG activities and also to channel any issues directly to the Secretariat. Current and past Newsletters will also be uploaded to the website for your convenience.

We have also written to all Committee Chairs laying out clearly the framework for their activities, to ensure smooth implementation. As has been said repeatedly before, the standing Committees form the "backbone" of our activities.

I was impressed with the commitment exhibited by the Committee chairs at the recently held Action Plan meeting and I hope this enthusiasm is maintained over the 2 years and is translated into meaningful activities for the Federation.

I hope you enjoy reading this Newsletter and as always, we look forward to your continued support.

Finally, I wish to thank everyone who has committed their time and effort to the cause of SAFOG and wish everyone a Happy New Year.

Let's work together to a more productive 2022!

Dr Rohana Haththotuwa,
President SAFOG,

EDITOR'S MESSAGE

Dr Jaideep Malhotra,
Editor SAFOG

Dear friends,
Wishing you all a very happy New year and I wish and pray to almighty that this new year's, rings in a good health, happiness, peace, and prosperity for one and all.
My heartiest congratulations to our President Dr Rohana Hathtotuwa and the members of the new SAFOG council and wish them all the best for their tenure. SAFOG is moving from strength to strength and our bonding and unified commitment towards the upliftment of women's health is exemplary and this all due to the strong foundations laid by all the past presidents and council members. Many activities are planned by our President and our committees, and many countries specific initiatives will also roll out and this newsletter will provide you with all the information on a quarterly basis. I will urge all to document all activities, with good resolution pictures to be included in this publication. I will also urge all of you to please send all your latest research to our SAFOG journal, which is also moving fast towards PubMed indexing, but all will depend on the quality of research being performed and published.
This month of January is the month of Cervical cancer awareness and screening and there are many other dedicated days of awareness in this month e.g.
1st January is Global family day and let us make efforts to make this world a better place to live for us and our future generations.
2.14th January World logic Day, let us all be logical and tolerant to each other and fair and just in our practices with ethics on top.
3. 24th January International education Day let us educate our girls, because once you educate them, families, societies, and countries become stronger.
Though there are 31 more reasons to celebrate this first month of our new year, let us celebrate and look after our health and the health of our beneficiaries. Looking forward to hearing from you all and contributions, suggestions and inputs are all welcome.
I wish you all the best and hope that this new year will open up new possibilities and make you achieve all your goals an hope this pandemic leaves us to look forward to newer horizons, till then, "Stay committed to your decisions, but stay flexible in your approach".

AN IDEA WHICH CHANGED A REGION

SAFOG ORIGINS

HISTORICAL BACKGROUND

South Asia is home to one sixth of the world's population, making it both the most populace and the most densely populated geographical region in the world. The region faces public health challenges on a demographic and geographic scale unmatched in the world. South Asia's low life expectancy, high rates of malnutrition, maternal mortality, infant mortality, and incidence of tuberculosis are second only to those of subSaharan Africa. India, Pakistan, Bangladesh are burdened by the mammoth population load. The fact that the countries of the South Asia region are home to two thirds of the world's population, living on less than $1 a day makes the matters worse and solutions more difficult to find.

The obstetric and gynaecological societies of the South Asian Association for Regional Cooperation (SAARC) are members of the International Federation of Obstetrics and Gynaecology (FIGO) and the Asia–Oceania Federation of Obstetrics and Gynaecology (AOFOG). The membership of both of these federations includes the obstetric and gynaecological societies of a large number of countries with widely varying standards of women's healthcare, from highly developed resource-rich countries to countries with a poor healthcare delivery system and resource constraints.

It was apparent in the mid-1990s that these larger federations, such as FIGO and AOFOG, were not appropriate for focusing on the women's health problems prevalent in South Asian countries. Therefore, it seemed essential to establish a forum for the obstetricians and gynaecologists of this region to enable them to discuss their specific problems and progress, as well as to share and learn from the experience of all the countries in the region.

In September 2005, senior obstetricians and gynaecologists from India, Pakistan and Sri Lanka met for the first time in Colombo to suggest that a regional federation be formed, which was initially named the Federation of Obstetrical and Gynaecological Societies of the South Asian Region (FOGSAR).

As there was difficulty in registering the organisation in the SAARC Secretariat, the name was changed to the South Asia Federation of Obstetrics and Gynaecology (SAFOG).

GENESIS OF SAFOG

The Sri Lanka College of Obstetricians & Gynaecologists took the initiative to convene a meeting in Colombo on the suggestion of Dr. Rohan Perera. The objective of the meeting was to discuss the practice of Obstetrics and Gynecology in the region at the occasion of the annual conference of SLCOG. Dr. Rashid Latif was also invited for the meeting as president of Pakistan society. With SOGP short of funds, he went to Colombo, where he was the houseguest of Dr Harshalal Seneviratne and incidentally, it was their first meeting as well.

Dr. Rohan Perera conceived the idea of SAFOG

This meeting was held on the 7th of September 1995 at the residence of Dr. Lakshman Fernando, the then President of the Sri Lanka College of Obstetricians & Gynaecologists. Dr. Shrish Sheth, Dr. Kamal Buckshee and Dr. D.K. Tank from India, Dr. Rashid Latif Khan from Pakistan, and Dr. W.S.E. Perera, Dr. Mahasara Gunaratne, Dr. H.R. Seneviratne and Dr. Lakshman Fernando, Dr. Rohan Perera & Dr. Rohana Haththotuwa from Sri Lanka participated in this important meeting. There was no representative of Nepal, Bangladesh, Maldives or Bhutan at the meeting. At the meeting, Dr. Lakshman Fernando discussed the need for regional collaboration amongst the national societies. Dr. Rashid Latif and Dr D.K. Tank wholeheartedly supported the idea. It was decided to form a federation of the national societies of the SAARC countries. The idea was to establish a forum for the Obstetricians and Gynaecologists of this region to enable them to discuss their specific problems and progress, as well as to share and learn from the experience of other countries in the region. Moreover such as organization would be able to organize seminars, workshops and other educational activities in which both the experts and the aspiring young Gynaecologists would be brought together on the same platform. This would provide an opportunity to young researchers to present their work in front of a large regional group, as many of them may not have the re-

sources to attend large international conferences.
As it was representative body of the SAARC countries, therefore it was decided to name it, as the "Federation of Obstetrics and Gynaecology of SAARC Countries."
The participants of this small group from Pakistan, India and Sri Lanka decided to take the idea home to the respective national Obstetrics and Gynecology societies and discuss in detail about the concept and development plan. A committee was also appointed to formulate the constitution. The members appointed to the committee were Dr. Lakshman Fernando, Dr. Mahasara Gunaratne, Dr. Harsha Seneviratne and Dr. Rohana Haththotuwa.
Almost, a month later, the group met again on 16th October, 1995 at the XV Asia & Oceania Congress of Obstetrics & Gynecology, at Bali, Indonesia, where the format and launch plan of the new organization were finalized, as all the national societies had given the green signal. Here, in addition to members from India, Pakistan and Sri Lanka, members from Bangladesh and Nepal also participated. Dr. Ershad Ali, Dr. T.A. Chaudhry and Dr. A.B. Bhuiyan represented Bangladesh and Dr. Sanumaya Dali represented Nepal. At this meeting it was unanimously decided to have the Headquarters of the organization in Colombo and Dr. Rohana Haththotuwa was requested to look after the secretarial work. It was also decided to have the constitution ready by the first congress. In the meeting Dr. Rashid Latif Khan volunteered to organize the "First Congress of Obstetrics and Gynecology of SAARC countries" in Lahore, Pakistan in November 1996. Under the patronage of Dr. Rashid Latif, a core team consisting of Dr. Farrukh Zaman, Dr. Sohail Lodhi, Dr. Rubina Sohail and Dr. Mohammad Tayyab was formulated, for managing this significant occasion.
The next meeting of the group was in Delhi on the occasion of another conference. Here, Dr. Rashid, invited delegates from the component countries and offered to fully sponsor travel arrangement, registration and hotel stay of ten invited speakers from each country. The offer was received with enthusiasm and was graciously accepted by the member countries. There was a lot of emphasis on the success of the first conference and it was decided to make it a mega event.
Initially the organization was named as "Federation of Obstetrics and Gynaecology of SAARC Countries." There were difficulties in registration of the organization, due to the use of the term "SAARC". The budget of the conference was a major financial challenge because of the sponsorships offered to various countries, including delegates from the South Asian region, UK and Europe. Moreover there was extreme difficulty in providing sponsorship especially for a conference at the regional level. After hectic efforts by Dr. Farrukh Zaman, Dr Rubina Sohail and their team, a firm commitment for the sponsorships was managed. As things got moving and started becoming tangible, the rest of the pharmaceutical industry came forward and provided support for exhibition, hall, dinner and entertainment etc.
The conference itself had more than hundred overseas delegates and around a thousand registered delegates. About one hundred and fifty scientific papers were presented during the conference. The conference provided an opportunity for interaction and exchange of ideas. It was a platform for discussing the common

problems and the unique solutions each country had to offer.
The social program was instrumental in bonding at a personal level. The hospitality and warmth received from outside the conference hall was memorable, both for the conference delegates and the citizens of Lahore. The enthusiasm, love and goodwill it generated were remarkable and the conference was a roaring success. For the first time ever, the specialists of the SAARC countries converted it into a tight knit unit and friendships developed. It resulted in a flow of invitations to and from each country to conferences and initiation of writing books with contributions from authors belonging to different South Asian countries. SAFOG had born with a bang!

FIRST SAFOG COUNCIL MEETING

The first formal council meeting was held on 29th November 1996, at Hotel Pearl Continental during the conference. All the member countries were in attendance except Bhutan and Maldives. The office bearers elected during the conference were Professor Rashid Latif as President, Dr D.K. Tank as Vice President, Dr T.A. Chowdhury as President Elect, Dr Rohana Haththotuwa as Secretary General and Dr Harsha Seneviratne as treasurer. Two special posts of Secretary Research and Secretary Education were identified to promote research and academics in the region. The elected council members were Dr. Dr Shala Khatun, Dr Syeda Firoza Begum, Dr Syed Ershad Ali, Dr A. I. M. Anowar-ulAzim from Bangladesh, Dr Sohail Khurshid Lodhi, Dr Sadiqua Jafarey, Dr Mohammad Saeed, Dr Muhammad Tayyab, Dr Robina Idrees Siddiqui, Dr Shahnaz Naseer Baloch from Pakistan, Dr Sanumaya Dali from Nepal and Dr J.N. Rodrigo, Dr Mahsara Guneratne, Dr W. S. E. Perera, Dr Asoka Gunesekera from Sri Lanka.

• Members from Sri Lanka worked diligently to put forward an interim constitution, which was approved and a committee was formulated for preparing and proposing the final constitution. One of the important meetings for the development of the final constitution was held at the house of Dr J.N. Rodrigo, whose son being a lawyer helped in fine-tuning the constitution. The final constitution was presented, subsequently approved and adopted by the council after some amendments.

• It was decided that a SAFOG Congress would be held once every 2 years in association with the Obstetrics and Gynaecology society of the country hosting the congress. The conference would rotate amongst India, Pakistan, Bangladesh, Sri Lanka and Nepal every two years.

• There had been some difficulty in the registration of this newborn organization under the existing name. Therefore, the name was changed to SAFOG (South Asian Federation of Obstetrics & Gynecology) after approval of the other constituent members. The logo of SAFOG, designed initially by the local artists, was later modified by Prof. Alokendu Chatterjee and was approved by the Council at Dhaka.

• Sri Lanka College of Obstetrics and Gynecology (SLCOG) graciously offered to provide space and maintain the headquarters of this emerging organization.

Inaugural Meeting:

- 7th of September 1995 at the residence of Dr. Lakshman Fernando, the then President of the Sri Lanka College of Obstetricians
- Dr. Shrish Sheth, Prof. Kamal Buckshee and Dr. D.K.Tank from India,
- Prof. Rashid Latiff Khan from Pakistan, and
- Profs W.S.E. Perera, Mahasara Gunaratne, H.R. Seneviratne and Dr. S Lakshman Fernando, Rohan Perera & Rohana Haththotuwa from Sri Lanka participated

Decisions taken at the Meeting:

- Form FOGSAR
- Invite Other countries in the SAARC region
- A committee appointed to formulate the constitution.
- Committee members were Dr. Lakshman Fernado, Prof. Mahasara Gunaratne, Prof. Harsha Seneviratne and Dr. Rohana Haththotuwa.

FOGSAR Meeting In Bali 16/10/1996:

- Members from Bangladesh and Nepal also participated.
- Bangladesh Prof. Ershad Ali, Prof. T.A. Chawudhary and Prof. A.B. Bhuiyan
- Nepal Dr. Sanumaiya Dali.
- At this meeting it was unanimously decided to have the Headquarters of the organization in Colombo
- Dr. Rohana Haththotuwa elected as the Secretary
- Prof. Rashid Latiff Khan volunteered to organize the 1st congress of the Federation in Lahore, Pakistan in 1996.
- It was also decided to have the constitution ready by the 1st Congress.

This offer was accepted and thus, Colombo became the headquarters of this emerging association. It was also decided to open an account in Colombo, which was to be operated by the treasurer of SAFOG.

• To generate some finances, all countries societies agreed to make annual subscription to SAFOG.

The 1st Congress, 1996:

- Held in association with the Society of Obstetricians and Gynecologists Pakistan in Lahore
- Was a tremendous success due to the untiring efforts & excellent work of the chief organizers, Prof. Rashid Latiff Khan and Prof Farrukh Zaman and their team.

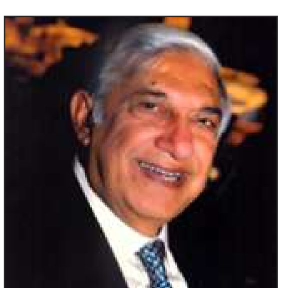
FOGSAR to SAFOG:

- A meeting of FOGSAR was held on 29th Nov 2006 during the congress.
- The constitution prepared by the committee was presented and after much discussion and few amendments, it was adopted and signed by the member countries.
- As there was a difficulty in registering the organization in the SAARC Secretariat the name of the Federation was changed to, South Asian Federation of Obstetrics & Gynaecology (SAFOG).

AIMS AND OBJECTIVES OF SAFOG

1. To bring together the obstetricians and gynecologists within the region for closer cooperation and social understanding.
2. To use and develop reproductive health as an instrument toward social and health development.
3. To promote the exchange of ideas and sharing of knowledge, skills and attitudes among obstetricians and gynecologists in the region.
4. To strengthen and produce uniformity in the postgraduate training of medical graduates in reproductive health.
5. To facilitate continuing medical education in reproductive health in the region.
6. To encourage and maintain research on reproductive health in the region relevant to the good health of the population.
7. To cooperate with other international and regional organizations concerned with reproductive health.
8. To strive to reach the goal of providing reproductive healthcare for all persons in the region and, in particular, the provision of safe motherhood.
9. To enhance the involvement of obstetricians and gynecologists in the process of decision making in the health policies of the region.

THE FIRST EXECUTIVE COUNCIL



President
Professor Rashid
Latif Khan

President Elect
Professor TA Chowdhury

Secretary General
Dr. Rohana Haththotuwa

Vice President
Dr DK Tank

Vice President
Dr. Lakshman Fernando

Dy Secretary General
Prof. Sanumaiya Dali

Secretary Education
Prof. Farrukh Zaman

Secretary Research
Prof. Alokendu Chatterjee

Treasurer
Prof. Harsha Seneviratne

Editor
Prof. A.B. Bhuiyan

4 members from each member country were nominated as council members.

SAFOG PRESIDENTS

Presidents were appointed from the country where the Congress was held every two years.

Professor Rashid Latif Khan (Pakistan) 1996-1998

Prof. T.A.Chowdhury (Bangladesh) 1998-2000

Dr. Lakshman Fernando (Sri Lanka) 2000- 2003

Dr. D.K.Tank (India) 2003- 2005

Dr. Sudha Sharma (Nepal) 2005- 2007

Prof. Farrukh Zaman (Pakistan) 2007- 2009

Prof A.B.Bhuiyan (Bangladesh) 2009 -2011

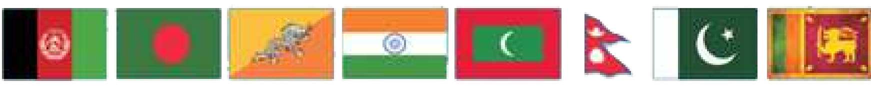
Prof. H.R.Seneviratne (Sri Lanka) 2011 - 2013

Prof Alokendu Chatterjee (India) 2013 - 2015

Prof Ashma Rana (Nepal) 2015-2017

Prof Rubina Sohail (Pakistan) 2017 -2019

Prof. Ferdousi Begum (Bangladesh) 2019 -2021



SAFOG MILESTONES

2000 The first issue of the SAFOG Journal was published by Prof. A.B. Bhuiyan

2001 Members from Bhutan and Maldives participated in the SAFOG Council meeting, in Sri Lanka. For the first time representatives from all 7 SAARC countries participated. Dr. Duptho Wagmo represented Bhutan and Dr.Sajid Patel represented Maldives.

2007 First meeting between the representatives of the Executive Council of AOFOG and Council members of SAFOG in June 2007, during the SAFOG conference in Lahore, Pakistan.

2007 Joint conference with the Royal College of Obstetricians & Gynaecologists in Kolkata, India initiated by Prof Alokendu Chaterjee (Vice President).

2008 SAFOG website launched by Dr. Narendra Malhotra (Editor).

2009 South Asia day celebrated jointly between RCOG & SAFOG in London.

2012 SAFOG Session in FIGO Congress initiated by Prof Rubina Sohail.

2014 Joint FIGO-SAFOG-SLCOG Conference.

EXECUTIVE COUNCIL 2021-2023

President
Dr. Rohana Haththotuwa
Sri Lanka

President Elect
Dr. Prof. Shyam Desai,
India

Immediate Past President
Prof. Ferdousi Begum,
Bangladesh

Vice President
Prof. Lubna Hasan,
Pakistan

Vice President
Prof. Kusum Thapa,
Nepal

Vice President
Prof. Rowshan Ara
Begum, Bangladesh

Director International
Relation
Prof. Narendara
Malhotra, India

Treasurer
Prof. UDP Ratnasiri,
Sri Lanka

Secretary General
Prof. Yousaf Latif,
Pakistan

Deputy Secretary
General
Prof. Farhana Dewan,
Bangladesh

Assistant Secretary
General
Prof. Sanath Lanerolle,
Sri Lanka

ADVISORS

Prof. Rashid Latif Khan, Pakistan
Prof. AHM TA Chowdhury, Bangladesh
Prof. Sudha Sharma, Nepal
Prof. Farrukh Zaman, Pakistan
Prof. AB Bhuiyan, Bangladesh
Prof. Harsha Seneviratne, Sri Lanka
Prof. Alokendu Chatterjee, India
Prof. Ashma Rana, Nepal
Prof. Rubina Sohail, Pakistan

Editor, JSAFOG:
Dr. Jaideep Malhotra India

PRESIDENTS & SECRETARIES OF SAFOG REGIONS

BANGLADESH

Prof. Ferdousi Begum, President, OGSB, Bangladesh

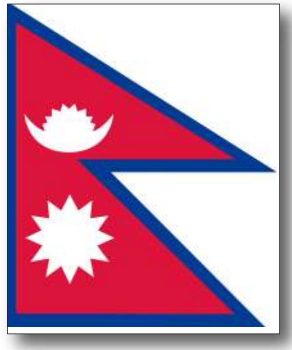
Prof. Gulshan Ara, Secretary -OGSB, Bangladesh

INDIA

Dr. S. Shantha Kumari, President, FOGSI, India

Dr. Madhuri Patel, Secretary General-FOGSI, India

NEPAL

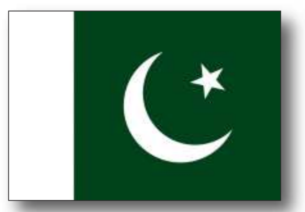


Prof. Ganesh Dangal,-President, NESOG, Nepal

Dr. Yam Prasad Dwa, Secretary-NESOG, Nepal

PRESIDENTS & SECRETARIES OF SAFOG REGIONS

PAKISTAN



Prof. Razia Korejo, President, SOGP, Pakistan

Prof. Haleema Yasmin, Secretary-SOGP, Pakistan

SRI LANKA

Dr. Pradeep de Silva, President, SLCOG, Sri Lanka

Dr. Chaminda Mathota Secretary -SLCOG, Sri Lanka

AFGANISTAN

Dr. Najmussama Shefajo, President, ASOG, Afghanistan

Dr. Shahrbano Akbarzada, Secretary-ASOG, Afghanistan

SAFOG COMMITTEE CHAIRS

1. CLINICAL RESEARCH & GOOD PRACTICE

Prof. Ganesh Dangal, Nepal

2. REPRODUCTIVE ENDOCRINOLOGY COMMITTEE

Prof. Rashida Begum, Bangladesh

3. GYNAE ENDOSCOPY COMMITTEE

Prof. Laila Arjumand Banu, Bangladesh

4. GUIDELINES DEVELOPMENT COMMITTEE

Dr. Mangala Dissanayake, Sri Lanka

5. IMAGING SCIENCE COMMITTEE

Dr. Archana Baser, India

6. MATERNAL & PERINATAL HEALTH COMMITTEE

Prof. Sadia Ahsan Pal, Pakistan

7. NCD COMMITTEE

Prof. Padam Raj Pant, Nepal

8. WSSR COMMITTEE

Dr. Asifa Noreen, Pakistan

9. GYNAECOLOGICAL ONCOLOGY COMMITTEE

Dr. Aliya Aziz, Pakistan

10. EDUCATION

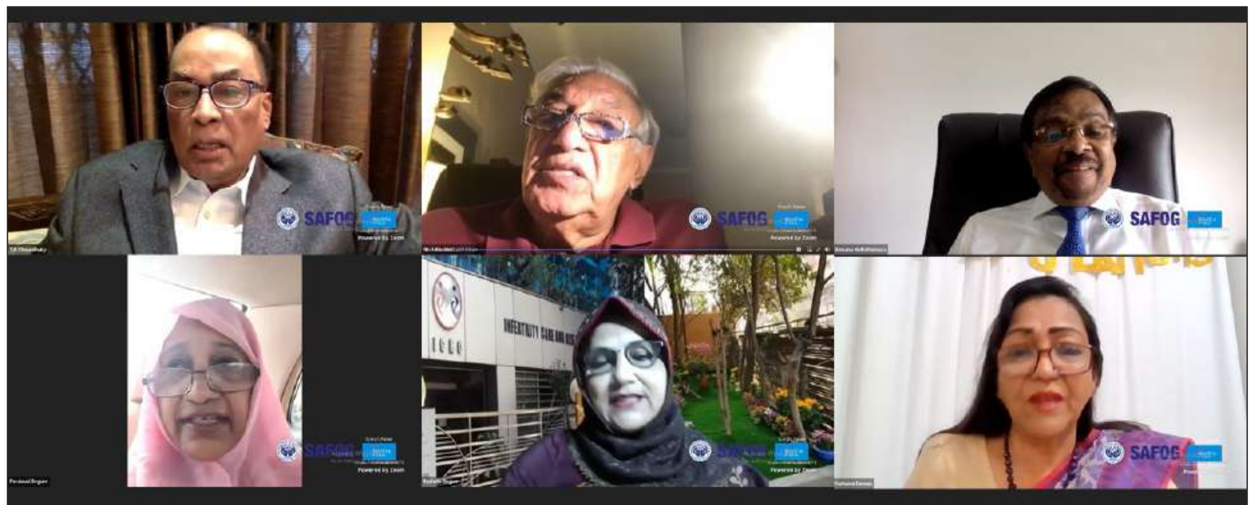
Dr. Parul Kotdawala, India

AD-HOC COMMITTEES

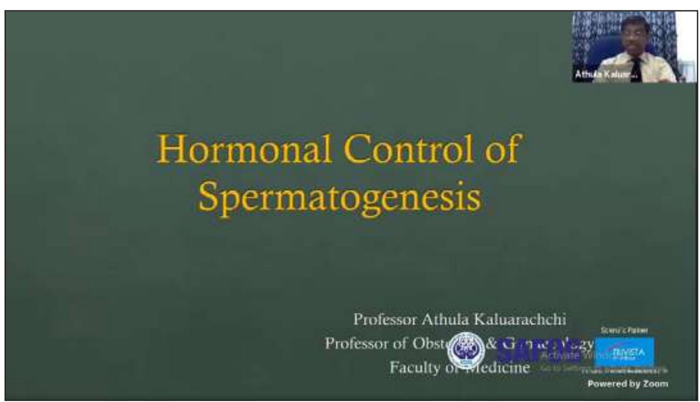
11. CONSTITUTION REVIEW: Prof. Farrukh Zaman, Pakistan

12. COVID-19 ADVISORY COMMITTEE: Hemantha Perera, Sri Lanka

REPORT ON ACTIVITIES OF REPRODUCTIVE ENDOCRINOLOGY SUB COMMITTEE SAFOG



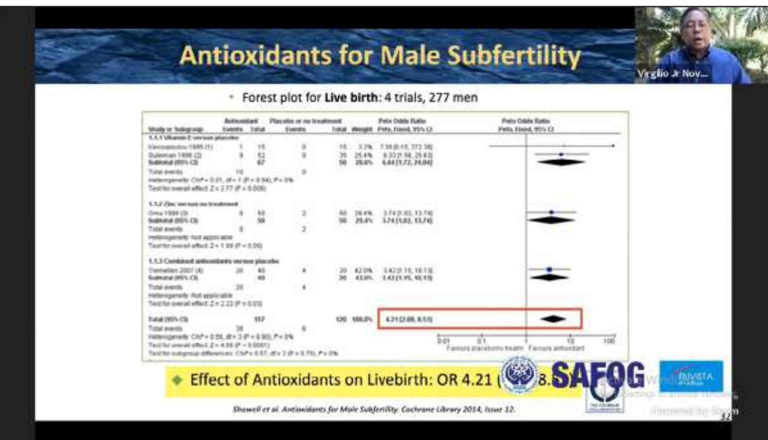
Reproductive Endocrinology Sub-Committee, SAFOG successfully conducted a webinar on **"Male infertility: How to solve the problem?"** on 14th November 2021.
The session was chaired by Prof. Rohana Haththotuwa President SAFOG and Prof. Ferdousi Begum immediate past President SAFOG.
Chief guests were Prof TA Chowdhury and Prof. Rashid Latif Khan Ex President SAFOG.
Prof Narendra Malhotra Vice president SAFOG was the special guest of the webinar.
The program was started by welcome address of Prof. Rashida Begum, Chairperson of Reproductive Endocrinology Sub Committee, SAFOG. Whole program was anchored by Prof. Farhana Dewan, Deputy General Secretary, SAFOG.
Program had two segments, presentation and panel discussion. There were three interesting topics presented by three eminent speakers of this region and globe:



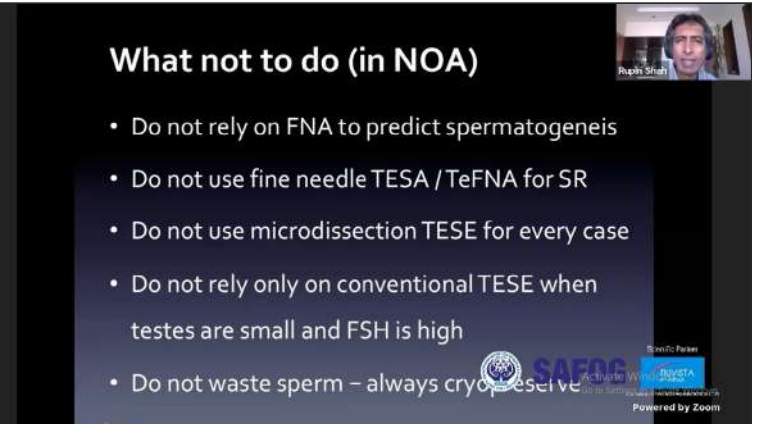
1. **Hormonal control of spermatogenesis** was presented by Prof. A. Kaluarachchi from Sri-Lanka. He described very clearly the basic of spermatogenesis, understanding of which is

the essential part or root of management of male infertility.

2. Role of medical management in abnormal semen parameter was presented by Prof. Virgilio Jr Novero, Vice President ASPIRE from Philippine. His excellent presentation gave an idea to general OB/GYN and fertility specialist about the extent of treatment of abnormal semen parameter by application of drug. He clearly mentioned in detail the rationality and efficacy of medical management.



3. Prof. Rupin Shah from India talked on **"Surgical sperm retrieval: What to do what not to do"**. He showed and mentioned the procedures of PESA, TESA and TESE. He mentioned the necessity of micro TESE, whether it is needed in all cases or not with proper explanation. It was an excellent deliberation about surgical sperm retrieval, which is very much helpful for ART specialists.



Beside these three presentations there was a panel discussion event which was moderated by Prof. Yasuf Latif Khan, General Secretary SFOG. There were 5 panelists from India (DR. Sujata Kar), Pakistan (DR. Haroon Latif Khan), Bangladesh (Dr. Tanzeem S Chowdhury), SriLanka (Dr. Tuan Milhan Batcha) and Nepal (Dr. Preana Dahal). It was a very lively discussion on different problem-based scenarios by excellent moderation of Prof. Yasuf Latif Khan. Program was concluded by Vote of thanks of Prof. Farhana Dewan.

We are waiting for our next program in March 2022.

SAFOG Webinar on

Male Infertility: How far to go to solve the problem?

Organized by Reproductive Endocrinology Committee

Date: 14.11.2021 || Time: 10:00 am - 12:00 noon (IST)

Chairpersons

Prof. Rohana Haththotuwa

Prof. Ferdousi Begum

Chief Guests

Prof. T.A. Chowdhury

Prof. Rashid Latif Khan

Special Guest

Prof. Narendra Malhotra

Welcome Address

Prof. Rashida Begum

Speakers

Prof. Athula Kaluarachchi

Prof. Virgilio Jr Novero

Prof. Rupin Shah

Session Panelists

Dr. Haroon Latif Khan

Dr. Tanzeem Sabina Chowdhury

Dr. Sujata Kar

Dr. Prerana Dahal

Dr. Tuan Milhan Batcha

Moderator

Prof. Yousaf Latif Khan

Anchor

Dr. Tuan Milhan Batcha

Vote of thanks

Prof. Farhana Dewan

Join Zoom **Meeting ID: 978 2168 6775 I Password: 733249**

Scientific Partner

Courtesy by

VIRTUAL SYMPOSIUM ON REDEFINING POST-PARTUM HAEMORRHAGE IN SOUTH ASIAN COUNTRIES - SAFOG Session, 5th December 2021

Organized by the Maternal & Perinatal Health Committee SAFOG

Virtual Symposium on
Redefining Postpartum Haemmorhage in
South Asian Countries

Initiative by Maternal Perinatal Health Committee SAFOG
Chairperson: Prof. Sadiah Ahsan Pal (Pakistan)
Co Chairperson: Dr Priti Kumar (India)

5th DECEMBER

Time	Topic	Faculty
05 min	Welcome & Introduction	Prof Sadiah Ahsan Pal / Prof Priti Kumar Chairperson Maternal & Perinatal Health committee SAFOG 2021
10 min	PPH - still a major maternal mortality cause today Expert Comments by Chief Guest	Prof Arul Kumaran (Chief Guest)
Session 1		
	Chairpersons Panelists Moderator	Prof Rashid Latif Khan (Past President SAFOG/ founder) Prof Shyam Desai (President Elect SAFOG) Prof Farrukh Zaman (Past president SAFOG) Dr. Madhuri Patel (Secretary General FOGSI) Dr. Yousuf Lateef
10 min	Maternal Mortality due to PPH-Ground Realties South Asian Region	Speaker Dr. Rohana (President SAFOG)
10 min	Global Evidences around PPH	Dr. Somesh Kumar Public Health Specialist, Country India Director, Jhpiego
15 min	Evidence based management of PPH Using Bundle Approach in India	Dr. Priti Kumar - Co-Chairperson Maternal & Perinatal Health committee SAFOG 2021
05 min	Comments from Panelists & Chairpersons	
Session 2		
25 min	Panel Discussion: Building consensus, country experiences & Challenges in PPH management in SAFOG countries	Moderator: Dr. Sadiah A Pal/ Dr Mariam Iqbal
05 min	PPH Emergency Response by bundle approach' a FIGO-MGH-SAFOG PROJECT' Engaging Professional societies in Bangladesh	Dr. Ferdousi Begum Past president SAFOG (Bangldesh)
05 min each		Panelists: Dr. Shama Munim / Dr Rubina Sohail (Pakistan) Dr. Darshna (Srilanka) Dr. Sheela Mane/ Dr Nivedita Dutta, India Dr. Snigdha Rai (Nepal) Dr. Shafiqa Breshna Babak (Afghanistan)
10 min	Expert comments Way forward Vote of Thanks	Prof Rohanna Prof Arulkumaran Prof Yousuf Lateef Khan

Virtual Symposium on Redefining Postpartum Haemmorhage in South Asian Countries

Initiative by Maternal and Perinatal Health Committee SAFOG

Chairperson: Prof. Sadiah Ahsan Pal (Pakistan)
Co Chairperson: Dr Priti Kumar (India)

Prof. Rohana Haththotuwa
President SAFOG
Sri Lanka

Prof. Dr. Yousaf Latif Khan
Secretary General
SAFOG
Pakistan

Prof. Sadiah Ahsan Pal
Chairperson
Maternal & Perinatal Health committee SAFOG
Pakistan

Dr. Priti Kumar
Chairperson
Maternal & Perinatal Health committee SAFOG
India

EXPERTS

Sir Sabaratnam Arulkumaran
Past President of the FIGO
Special Guest
UK

Prof. Ferdousi Begum
Past President SAFOG
Bangldesh

Prof. Shyam Desai
President Elect SAFOG
India

Prof. Farrukh Zaman
Past President SAFOG
Pakistan

Prof Rashid Latif Khan
Past President SAFOG/ founder
Pakistan

Dr. Madhuri Patel
Secretary General FOGSI
India

Dr. Somesh Kumar
Country Director Jhpiego
India

Dr. Shama Munim
Director Fetal Medicine Center & Senior Obstetrician South City Hospital, Karachi, Pakistan

Prof. Rubina Sohail
Professor of Obstetrics & Gynaecology
Pakistan

Dr. Sheela Mane
Professor,
K C General Hospital
Bengaluru, India

Dr. Nivedita Datta
East Zone Coordinator Safe Motherhood Committee FOGSI
India

Dr. Darshana Abeygunawardana
Consultant Obstetrician & Gynaecologist Base Hospital Homagama,
Sri Lanka

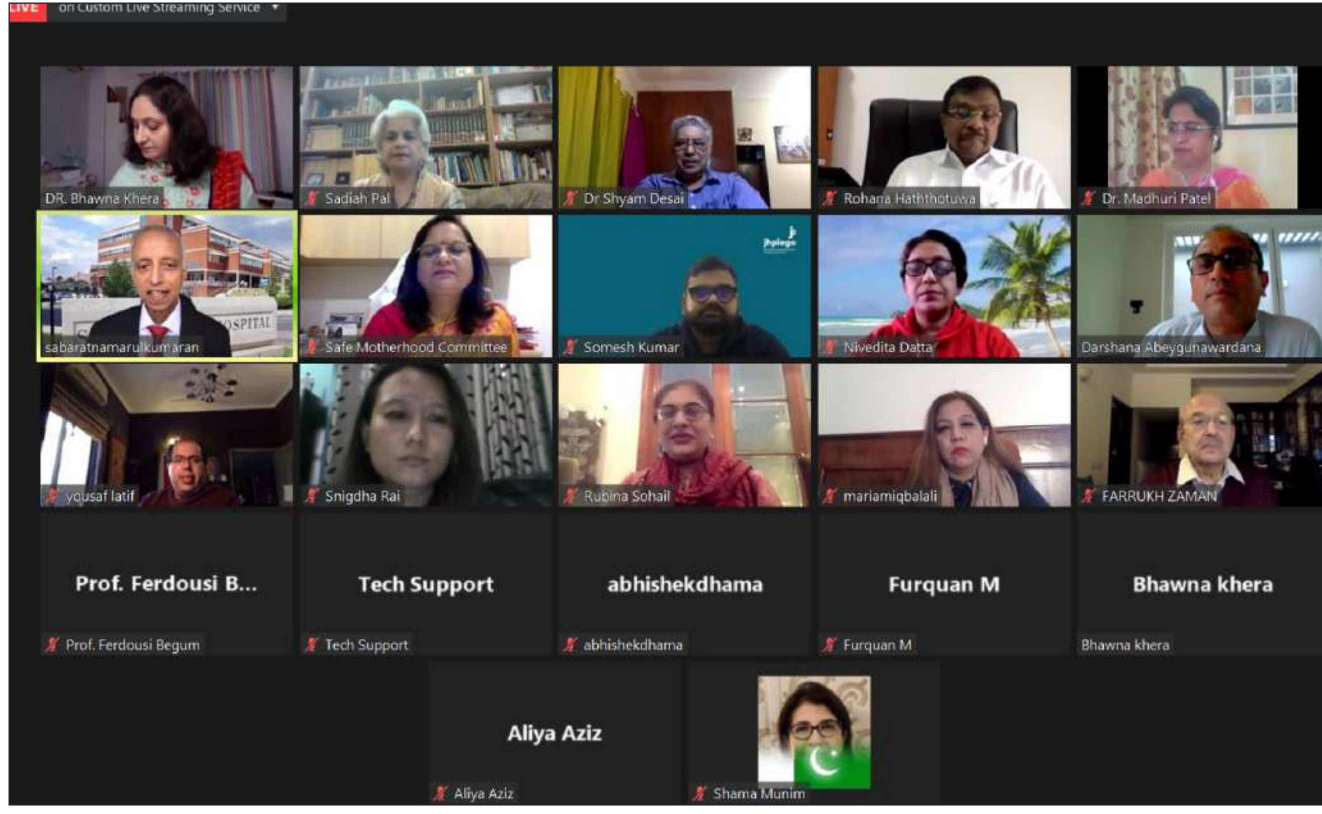
Dr. Snigdha Rai
Assistant Professor,
National Academy of Medical Sciences (NAMS), Nepal

Dr. Shafiqa Breshna Babak
Chief of QA Department
Rabia Balkhi Maternity Hospital, Kabul
Afghanistan

4:00 - 5:30 pm Pakistan	5:00 - 6:30 pm Bangladesh
4:30 - 6:00 pm Sri Lanka/ India	4:45 - 6:15 pm Nepal
3:30 - 5:00 pm Afghanistan	11:00 am UTC

Dr. Bhawna Khera
India

Dr. Mariam Iqbal
Pakistan



SESSION 1:

Prof Arulkumaran gave a brief overview of PPH as a leading cause of maternal death. The higest mortality being in India, Pakistan and Bangladesh

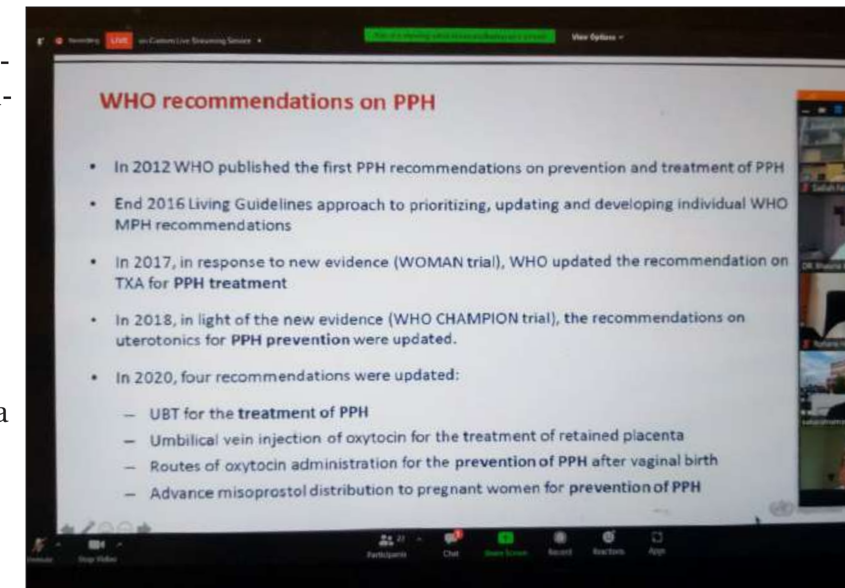
Prof. Rohanna (President SAFOG) presented the situation on Maternal Mortality due to Postpartum Haemorrhage in South Asia. He highlighted the factors responsible for high obstetric mortalities in these countries e.g. Early marriage, prevalence of anaemia and lack of available health workforce.

Dr. Somesh Kumar (Jhpiego Country Director, India) updated on WHO PPH recommendations with particular focus on 2017, 2018 and 2020. Dr. Somesh talked about gaps in implementation of these measures like non availability of medications in public health facilities. The

PPH bundle approach was briefly described.

Dr. Priti Kumar, Co-Chair Maternal and Perinatal Health Committee talked about implementation of Emergency PPH bundle approach in India and challenges faced particularly with reference to Uttar Pradesh (UP). As a society liaison officer, she is part of FOGSI FIGO UPTSU PPH project in UP. There was a high success rate of another project JEEVANDHARA in states of Uttar Pradesh, Jharkhand and Bihar. 101 Doctors, 400 Nursing staff were trained. In baseline surveys gaps were identified in recognition of PPH, active management of third stage of labour, correct dosages of Tranexamic acid etc. after mentoring sessions, end line survey scores improved more than 80%. This project was supported by MGH, MGIMS, UNICEF, Jhpiego, Pathfinder international. Another project Thai Nalam started in TRICHY. Other workshops were conducted in Ahmedabad and AIIMS Raibareilly. JEEVANDHARA phase 2 is being started in other districts of Uttar Pradesh. The message is being spread far and wide. ESM UBT, NASG, Posters and reading material being distributed. The aim is to reach Zero mortality due to PPH.

FOGSI GEN SEC Dr. Madhuri Patel endorsed the activities of FOGSI and Safe Motherhood Committee in improving maternal mortality and emphasised the need for training and availability of medications. Prof. Farrukh Zaman appreciated the points made by all the speakers and the work of Dr. Priti Kumar in implementation of the program so efficiently in a short span of time. Prof. Shyam Desai spoke on way forward for continuing efforts to further prevent maternal mortality. Delay in recognition, delay in transfer and appropriate treatment were highlighted for improvement.



SESSION 2

PANEL DISCUSSION: Building consensus, country experiences & Challenges in PPH management in SAFOG countries

Moderator: Dr. Sadia A Pal/ Dr. Mariam Iqbal

Panelists:

Dr. Shama Munim / Dr. Rubina Sohail (Pakistan)

Dr. Darshana (SriLanka)

Dr. Sheela Mane/ Dr. Nivedita Datta (India)

Dr. Snigdha Rai (Nepal)

Dr. Shafiqa Breshna Babak (Afghanistan)

The Panel discussion revolved around the country experiences of PPH management, gaps in knowledge, practice, problems with documentation & recommended drugs availability. There was also discussion on use of PPH bundle in the country and availability of blood products and experiences in public and private hospitals in the SAFOG countries.

Bangladesh: Prof. Ferdousi Begum (past President SAFOG) presented the ongoing PPH Emergency Response by bundle approach ‘ a FIGO-MGH-SAFOG Project” Engaging Professional societies in Bangladesh. The project is planned for 2 years (Dec 2020-May 2022). The goal of the project is reduction of PPH by 50 % and improve health services in Bangladesh. The role of SAFOG and OGSB is mostly implementation and monitoring of the project, reporting to FIGO-CPH, working with the government and network partners for the treatment and prevention of PPH, ensuring regular communication between project and FIGO team and regulation of funds. She shared details of training and how master trainings are completed already. Simulation training (because of covid) are completed and will be followed by in person trainings. The way forward is implementation of PPH bundle activities, regular reporting, faculty and support staff training, regular simulation practice and regular meetings with all stakeholders.

Pakistan: Prof. Rubina Sohail reported that there is increase in institutionalization of deliveries in Pakistan and informed that 49% of deliveries in the Punjab province of Pakistan are facility based. Drug availability is not a problem in Pakistan except Carbetocin . Misoprotol in the essential drug list) has proved to be the major game changer in Pakistan and the referral system is improving. The rural 1034 ambulance services as well as rural bike services have been a great help in referral. To prevent third delay there have been trainings of doctors to identify and see serious patients first. However, there is a huge gap between public and private sector hospitals. Smaller hospital facil-

ities are substandard with no standardized care. There is issues with cold chain maintenance and storage of Oxytocin and anti-shock garment is not available. There is a need for training of doctors in teamwork and leadership. Some of the challenges identified were documentation being substandard, PPH bundle not in use, however, there is a conversation going on with Massachusetts hospital for collaboration in this regard. She suggested that the way forward is to ensure availability of blood and blood products, improved referral mechanisms, train doctors, ensure availability of medicines. An additional step would be to ensure the PPH bundle approach in all facilities.
Professor. Shama Munim emphasized on the need for training of individuals, standardised care and planned hands on training of healthcare professionals. She identified the same challenges: lack of proper documentation and the inadequate evaluations of blood loss. She also mentioned the availability of Misoprostol and Tranexamic acid have reduced the incidence of PPH.
Prof Sadiah A Pal added that regular refresher trainings & re-trainings of staff was needed. This was being done by AMAN & SOGP, but needs to be adopted by all maternity set ups. SOGP in collaboration with partners plans to conduct the PPH Bundle approach trainings all over Pakistan. Advanced distribution of Misoprostol has proven to reduce PPH during the massive floods in Sindh in 2010. Although MMR in Pakistan has reduced from 276 to 186 in 10 yrs, PPH remains the leading cause of death and a lot of work needs to be done

Sri Lanka: Dr. Darshana said that Misoprostol has worked remarkably well for Srilanka. There is a good 24/7 medical coverage that has reduced PPH incidence, now the third leading cause of maternal mortality in Srilanka. Safe motherhood program trained junior doctors, midwives and nursing staff in management of PPH. In his opinion, PPH bundle is workable in Srilanka as not all institutes are covered by consultant Obstetricians in hospitals in periphery where training is required. In Srilanka almost all deliveries are in institutions. There is a good midwifery system. They go from home to home and identify high risk pregnancies and refer them to consultant led units. Carbetocin is not available despite being a registered drug. The biggest challenge is human resource as there are not enough doctors, midwives and nurses. In some setups at night, there is combined house officer roster for example a surgical medical officer taking care of a patient, who lacks expertise in OBGYN. However the government is working to appoint dedicated medical officers trained in OBGYN in every labour room.

India: Prof. Sheela Mane
The current MMR of India is 113, however, it differs in different zones of the country. In south India most of the states & Maharashtra has almost achieved SDG Goal. MMR is between 50-80. Even in these status maximum no. of cases of mortality are due to PPH which is about 25-30%. Institutional deliveries are on the rise & Government Initiative of LAQSHYA Guidelines is applicable to all the Government facilities like PHC, CHC, medical collage etc. These institutions are certified by state & family welfare department after they fulfill the criteria they have to get certified with National team. She insisted that

training of Health workers, staff nurses & midwives on the Infection prevention protocol is mandatory. Oxytocics are available and Misoprostol is used at periphery if no facility to store oxytocin in refrigerator is available. Tranexamic acid is used in most of the facilities & it is included in PPH Management. Carbetocin is available in private setting, however, shortly will be available in public facilities too. The gaps in the management of PPH are underestimation of blood loss & due to scarcity of Human Resource. 4th stage observation may be not adequate, so there is a delay in diagnosing PPH. PPH is seen more in cases referred from the periphery so there is a need to improve referred linkages. In institutions more cases of PPH during cesarean are due to rise in cases of Adherent placenta in previous LSCS cases .Blood banks facility is there in medical colleges & some District Hospitals & cities but Blood storage facility at CHC. Under LAQUSHA training almost all the components of PPH bundle are included but there is a need to improve Referral linkages & Documentation . There is an increase in the rate of cesarean section compared to vaginal delivery which is a cause of concern. Management of Refractory PPH plays a very important role & need to improve the training at periphery facility to avoid leading to surgical management.
Private sector training is happening through FOGSI with MANYATA accreditation & also Jeevandhara project of PPH BUNDLE of Safe motherhood committee under Dr.Priti's guidance will definitely bring a big change.
Tamil Nadu state is the first state to implement use of Antishock garment at every public facility.
Kerala MMR is 48. Only state to conduct confidential enquiry of maternal deaths. UBT balloon still not available in public facility but Condom Tamponade is used in public facility.
Dr Nivedita talked about community awareness being extremely important to prevent first delay in antenatal birth preparedness. Proper training of midwives and healthcare professionals and increasing the number of healthcare professionals is the need of the day.

Nepal: Dr Snigdha Rai MMR in Nepal is 186, and 25% of maternal death are due to PPH . She felt that PPH bundle is a structured way of improving clinical outcomes in Nepal. Misoprostol, ergometrine are readily available in both private and public hospitals while Tranexamic acid is only available in the tertiary care but not in rural settings. Blood products are limited in emergency units and donors are called in during emergency. There are 21 district level blood banks and 17 emergency units. No storage facility is available. Quality of oxytocin cannot be ensured because of lack of refrigerators in rural areas. There is lack of expertise in balloon tamponade are not available in rural areas. Difficult geographic terrain and lack of proper roads in Nepal affect the referral services. Anti -shock garment is not available. Tranexamic acid is not a major component in government policy and there is limited human resource. Misoprostol is used instead of oxytocin where fridge is not available. Tamponade checklist is added to midwifery curriculum now but the government has no minimal standards in place for healthcare facilities. Helicopter services are available for acute emergency for remote areas. Steps to be taken include in-

creasing number of blood banks, take care of clinical and non-clinical aspects of PPH bundle and increase the number of human resource and increase the number of government hospitals.

Afghanistan: Prof Shafiqa Babek was unable to join.

EXPERT COMMENTS:
Prof Rohana congratulated the committee on conducting a successful webinar and appreciated the valuable suggestions by al. He stressed on the importance of prevention of anemia to decrease adverse effects of PPH, and the need for early detection and referral as well as early treatment with Tranexamic acid and oxytocin. It was suggested that the committee should make a list of recommendations.

Way Forwad: Prof Arul Kumaran spoke about the Champion trial in particular reference to in adequate treatment due to lack of recognition of PPH and hence delayed treatment. He emphasized on the need for timely recognition of PPH using visual charts, MEOWS chart, etc. He stressed on the use of correct size of IV cannula (14 or 16 G). He also explained how in vaginal delivery or c-section; Tranexamic acid has a special role. Immediate treatment is more efficient than delayed, in fact immediate treatment results in 70% reduction in blood loss. He talked about the Women trail on 483 women and elaborated on role of public health measures like birth spacing, low body weight and correction of anemia can help reduce the risk. The lack of blood and delay in reaching facilities in time result in adverse outcome. Tranexamic acid can be given intramuscular (5ml on each lateral thigh) if iv administration expertise is not available/ not possible. He introduced the multicenter E-MOTIVE trial, which is underway. All measures should be taken simultaneously, and training of young doctors on advanced surgical procedures should be included in their mentorship. Skilled birth attendants in case of PPH after home delivery, can catheterize patients, give methotrexate, oxytocin, IV fluids, Pack the vagina in case of tears and perform uterine massage, and allow them to use Tranexamic acid IM, if unable to give IV
It was agreed by all the faculty from SAFOG countries that the FIGO PPH Bundle approach should be part of the management and training curriculum of OBGYN in SAFOG region
Dr. Sadia A Pal thanked the faculty and participants

SAFOG - IAN DONALD SCHOOL INTERNATIONAL ACADEMIC EXCHANGE WEBINAR

JANUARY 27TH 2022 (THURSDAY)

IST	UK	BANGLADESH	NEPAL	PAKISTAN	AFGHANISTAN	BHUTAN	MALDIVES
6:00 PM	12:30 PM	6:30 PM	6:15 PM	5:30 PM	5:00 PM	6:30 PM	5:30 PM

Co-ordinators & Chair

Dr. Sonal Panchal | **Dr. Monisha Singh** | **Dr. Ankita B Goyal**

IMAGING THE FETUS

6:00pm	**Welcome**	:	Dr. Rohana Haththotuwa
6:05pm	**Address by IAN Donald School Director**	:	Dr. Asim Kurjak
6:10pm	**Programme Outline**	:	Dr. Jaideep Malhotra
6:15pm	**Address by Chief Guest**	:	Dr. Frank Chervenak
6:20pm	**Session**		
	Chairperson	:	Dr. C.B. Nagori, Dr. Aris Antaklis, Dr. Hesham Arab
6:20-6:40pm	**1)** Neurocognitive Evaluation of Fetus	:	Dr. Asim Kurjak
6:40-7:00pm	**2)** Silhouette Imaging : (Light up The Pandora's Box)	:	Dr. Ritsuko Pooh
7:00-7:20pm	**3)** Role of Epigenetics in Fetal Origin of Adult Disease	:	Dr. Frank Chervenak
7:20-7:30pm	**Q&A**		
7:30-8:30pm	**Panel Discussion on Fetal Growth Restriction & Wellbeing**		
	Moderators	:	Dr. S. Suresh Dr. Narendra Malhotra
	Panelists	:	Dr. Sami Mahmoud, Dr. Ashok Khurana, Dr. Hashim Wahaaj, Dr. Sridevi Kolli, Dr. Gigi Selvan, Dr. Sonal Panchal, Dr. Alaa Ebroshy, Dr. Fehmida Banu, Dr. Hari Shreshtha, Dr. Kuldeep Singh
8:30pm	**Vote Of Thanks**	:	Dr. Yousaf Latif Khan

27 Jan SAFOG First webinar with Ian Donald School of its SAFOG INTERNATIONAL JOINT WEBINAR SERIES 2022

FORTHCOMING EVENTS

in collaboration with

RCOG | FIGO | AOFOG | SAFOMS

SAFOG INTERNATIONAL JOINT WEBINAR SERIES 2022

DR. ROHANA HATHTHOTUWA
PRESIDENT

DR. YOUSAF LATIF KHAN
SECRETARY GENERAL

DR. NARENDRA MALHOTRA
DIRECTOR INTERNATIONAL AFFAIRS

ON

zoom | YouTube | Facebook | Twitter

LOCAL OFFICE CO-ORDINATER : MR. RAVI AGARWAL
E-MAIL : RAVIORPINE@GMAIL.COM | PHONE : +91-9045806968

Date & Topic Schedules
Program Outline - 3 Talks 20 Minutes Each & One Panel 45 Minutes, 10 Minutes Q&A

JANUARY 27TH 2022 (THURSDAY)
SAFOG : IAN DONALD SCHOOL
Chief Guest : Dr. Asim Kurjak / Dr. Frank Chervenak
Co-ordinator : Dr. Sonal Panchal / Dr. Monisha Singh / Dr. Ankita B Goyal
Topic : Imaging The Fetus

MARCH 24TH 2022 (THURSDAY)
SAFOG : WAPM
Chief Guest : Dr. Chihal Sen
Co-ordinator : Dr. Neharika Malhotra / Dr. Priyankur Roy
Topic : Preconception & Epigenetics

MAY 26TH 2022 (THURSDAY)
SAFOG : FIGO (REI COMMITTEE)
Chief Guest : Dr. Jeanne Conry
Co-ordinator : Dr. Jaideep Malhotra / Dr. Shaheen Anjum / Dr. Parul Sinha
Topic : Infertility Updates

JULY 28TH 2022 (THURSDAY)
SAFOG : RCOG
Chief Guest : Prof. Arul Kumaran / Dr. Edward P Morris
Co-ordinator : Dr. Dib Datta / Dr. Selvapriya Saravanan / Dr. Jyoti Gupta
Topic : Addressing Adverse Outcomes in Pregnancy

SEPTEMBER 24TH 2022 (SATURDAY)
SAFOG : AOFOG
Chief Guest : Prof. W. W. Sumpaico
Co-ordinator : Dr. Jaydeep Tank / Dr. Aarti Chitkara / Dr. Mohita Agarwal
Topic : The 5 P'Ss

NOVEMBER 27TH 2022 (SUNDAY)
SAFOG : SAFOMS
Chief Guest : Dr. Mary Ann Lumsden
Co-ordinator : Dr. Ambuja Choranur / Dr. Prerna Keshan / Apoorva Pallam Reddy
Topic : Menopause Management of G.S.M.

Pregnant women should not delay COVID-19 vaccination until late pregnancy, study suggests

COVID-19 vaccination of expectant mothers elicits levels of antibodies to the SARS-CoV-2 outer "spike" protein at the time of delivery that don't vary dramatically with the timing of vaccination during pregnancy and thus don't justify delaying vaccination, according to a study from researchers at Weill Cornell Medicine and NewYork-Presbyterian.

The researchers, whose study was published Dec. 28 in Obstetrics & Gynecology, analyzed how anti-spike antibody levels in the mother's blood and baby's umbilical cord blood at delivery varied with the timing of prior vaccination in nearly 1,400 women and their babies.

They found that the levels of these antibodies at delivery tended to be higher when the initial vaccination course occurred in the third trimester. However, they also found that antibody levels at delivery are still comparably high, and probably still protective, when vaccination occurs in early pregnancy or even a few weeks before pregnancy—and a booster shot late in pregnancy can make those antibody levels much higher.

STUDY SHEDS LIGHT ON HOW THE IMMUNE SYSTEM BEHAVES DURING PREGNANCY

At the Norwegian University of Science and Technology's (NTNU) Centre for Molecular Inflammation Research (CEMIR), a research group is engaged in studying inflammation in pregnancy. The group has made findings that shed light on how the immune system behaves during pregnancy.

Anders Hagen Jarmund, a research program student, and his colleagues at CEMIR are the first researchers to survey the development of women's immune responses throughout pregnancy.

The study followed 707 women with normal pregnancies, who gave birth to healthy full-term and post-term babies.

Blood samples from the mother provide detailed information about inflammatory conditions in the body, the strain on the fetus and early signs of immunological disorder.

The researchers found that immune activity in normal pregnancies follows a certain pattern, with elevated immune activation in the first three months, then a calmer phase the next three and higher activity in the last three months, especially when childbirth is imminent.

Jarmund discovered several conditions in the mother or fetus that created abnormalities in the immune response.

"The immune changes detected with cytokine profiling are so sensitive that they capture the effects of obesity and smoking in the mother. The immune system is also affected if the fetus is stunted, and may even indicate whether it's a boy or a girl," says Jarmund.

Another finding was that women who had given birth previously clearly had higher immune activation in the beginning of their pregnancy, but lower than first-time mothers as labor approached.

Women who went over term had particularly strong immune activation, which might indicate stress.

Human iPSC-derived fallopian tube organoids reveal the origins of common ovarian cancer

Stem cell scientists have revealed the origins of a common ovarian cancer by modeling fallopian tube tissues, allowing them to characterize how a genetic mutation puts women at high risk for this cancer. The created tissues, known as organoids, hold potential for predicting which individuals will develop ovarian cancer years or even decades in advance, allowing for early detection and prevention strategies.

The new study findings, published on December 29, 2021, in Cell Reports, could help physicians pinpoint which of these women are most likely to develop ovarian cancer in the future, and who are not, and pursue new ways to block the process or treat the cancer.

To make their discoveries, the research team generated induced pluripotent stem cells (IPSCs), which can produce any type of cell. They started with blood samples taken from two groups of women: young ovarian cancer patients who had the BRCA-1 mutation and a control group of healthy women. Investigators then used the iPSCs to produce organoids modeling the lining of fallopian tubes and compared the organoids in the two groups.

"We were surprised to find multiple cellular pathologies consistent with cancer development only in the organoids from the BRCA-1 patients," said Nur Yucer, PhD, project scientist in Svendsen's lab and first author of the Cell Reports study.

Besides showing how ovarian cancer is "seeded" in the fallopian tubes of women with mutated BRCA-1, the organoid technology potentially can be used to determine if a drug might work against the disease in an individual, Svendsen said. Each organoid carries the genes of the person who provided the blood sample, making it a "twin" of that person's own fallopian tube linings. Multiple drugs can be tested on the organoids without exposing the patient to them.

FIRST GENETIC RISK FACTORS IDENTIFIED FOR SUDDEN UNEXPLAINED DEATH IN CHILDREN AFTER AGE ONE

A new study found that changes in specific genes may contribute each year to the roughly 400 sudden unexplained deaths in children (SUDC) aged one year and older -- and separately from sudden infant death syndrome (SIDS).

Children younger than 1 year old who die suddenly are diagnosed with SIDS, and older children with SUDC. But the conditions likely have many factors in common, say the study authors. Although SIDS causes 3 times as many deaths as SUDC each year, it receives more than 20 times the research funding. Parents who lost a child older than age 1 have had few options to support their search for answers, and no research organization to join.

Published online December 20 in the Proceedings of the National Academy of Sciences, the new study is the first to identify genetic differences present in a large group of SUDC cases, most of which involved children who died between the ages of 1 and 4.

Led by researchers from the NYU Grossman School of Medicine, the study analyzed the DNA codes of 124 sets of parents, and of the child that each couple lost to SUDC. They found that nearly 9% - or 11 of the 124 children - had DNA code changes in genes that regulate calcium function. Calcium-based signals are important for brain cell and heart muscle function. When such signals are abnormal, they may cause arrhythmias (abnormal heart rhythms) or seizures, both of which increase the risk of sudden death.

The researchers discovered that most of these DNA changes were new. The mutations were not inherited, instead arising randomly in the children of parents who did not have that genetic change, says Gould. Thus, if SUDC occurs in one child, it is unlikely to occur again if the same couple has another child.

Vaginal bleeding between periods or after menopause

Menstrual bleeding that is longer than usual

Bleeding after intercourse

Pain during sexual intercourse

Persistent pelvic and/or back pain

Pain during urination

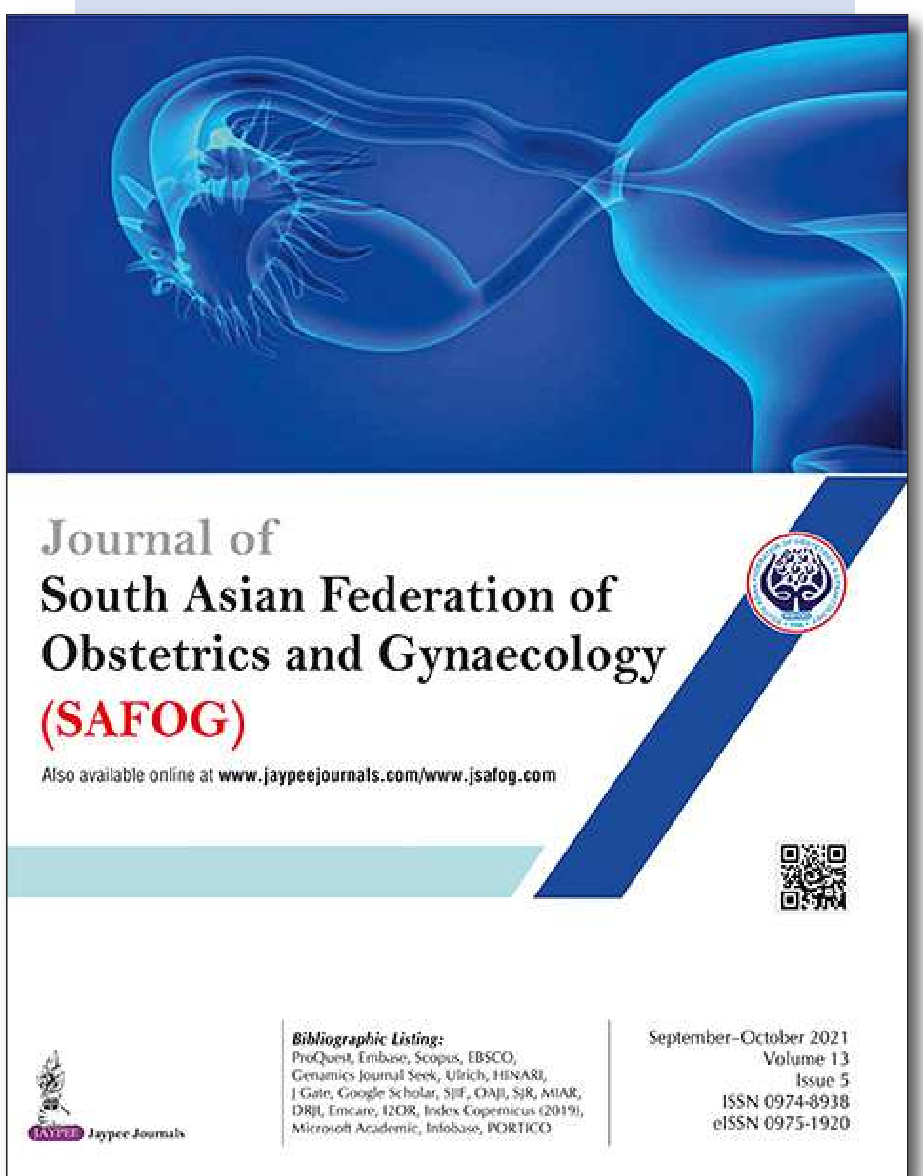
Needing to urinate more often

Vaginal discharge that may be heavy and have a foul odor

Weight loss

JANUARY
Cervical Cancer Awareness Month

JOURNAL OF SOUTH ASIAN FEDERATION OF OBSTETRICS AND GYNAECOLOGY (JSAFOG)



Members are requested to submit their research/original articles for publication in JSAFOG. https://www.jsafog.com/

Journal of South Asian Federation of Obstetrics and Gynaecology (JSAFOG) is a scientific and peer-reviewed platform for exchange of professional activities, clinical practice guidelines, operative skill updates, and nursing midwifery practices among member countries. The journal aims to provide platform for members to have access to latest and the best scientific, peer-reviewed and clinically-oriented knowledge suitable to the specific needs of the region. The journal is indexed with, or included in, the following: ProQuest, Embase, SCOPUS, EBSCO, Genamics Journal Seek, Ulrich, HINARI, J Gate, Google Scholar, OAJI, SJR, MIAR, DRJI, EMcare, I20R, Index Copernicus, Microsoft Academic, Infobase, PORTICO