

Official Newsletter of the South Asian Federation of Obstetrics & Gynaecology



SAFOG NEWS

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September 2022

Celebrating **25TH** Anniversary Conference

"When the
times get
TOUGH,

the **TOUGH**
get going"





MESSAGE



Dr Rohana Haththotuwa,
President, SAFOG



Dr Yousaf Latif,
Secretary General, SAFOG

Greetings from Sri Lanka,

Our Editor in Chief Dr. Jaideep Malhotra has very rightly chosen a very appropriate and timely theme "When the times get tough, the tough get going" for this September issue of the SAFOG Newsletter.

From the beginning of our term, we had to sail through the rough seas of Covid 19 having to face and overcome several waves. Though Covid disrupted all our activities and forced us to be locked down on several occasions a new experience for most of us, we were able to make our way through due to the commitment of all our fellow members who came forward during the difficult times, to deliver the care for our patients & women, risking their own lives and we are very sad to know that several of our colleagues lost their lives during the pandemic.. The pandemic helped us to get used to new methods of taking care of our patients. Although the epidemic now appears to have been finally positioned outside the red zone in many parts of the world allowing people to resume their normal way of living, we cannot totally be off-guard just yet, as there can still be possibilities of new waves caused by subvariants

Just as we were able to take a breath of relief after the virus, we were faced with another global threat which manifested. That is the impact of the continuing Russian and Ukraine war which has affected the development and growth of many countries, causing high inflation, and damage to supply chains. This has brought about food shortages and much economic difficulties to our people. Unfortunately, we have seen countries in our region also been affected particularly Sri Lanka. it can be expected that the most vulnerable groups, women and children would be inevitably affected by this situation.

Moreover, we heard about the devastating floods which affected Pakistan. By mid-June, more than 1400 people had died including 500 children, and millions have been displaced. UNFPA reports that almost 650,000 pregnant women in the flood-affected areas require maternal health services to ensure a safe pregnancy and childbirth, and up to 73,000 women expected to deliver next month will need skilled birth attendants, newborn care and support. Compounding this problem is the fact that more than 1,000 health facilities are either partially or fully damaged in Sindh

province. Our prayers are with Pakistan and its people wishing that situation will return to normal soon. SAFOG will be always there to assist Our member Society SOGP in which ever they want.

True to the saying 'When the times get tough, the tough get going', everyone stood up to the occasion. In the midst of all these difficulties. President and the Council of the Sri Lanka College of Obstetricians and Gynaecologists took up the challenge and moved ahead in making preparations to host the Silver Jubilee congress in a grand scale in the midst of all these barriers. As troubles do not come in single the SLCOG organisers had to face in addition an internal political unrest and instability. All these didn't deter the organizing Committee. They moved forward with confidence, with the assistance of the SAFOG advisors, Executive board members and the committee chairs along with the National societies of SAFOG member countries.

I am certain with everyone's corporation, determination and commitment we will witness a grand Silver Jubilee Congress in association with annual congress of the Sri Lanka College of O &G in Colombo, Sri Lanka.

Everyone, Keep up the good work & continued support

Look forward to seeing everyone in Colombo at the congress,



MESSAGE

Dear Colleagues,

The achievements of any organization are a combined efforts of all its members and in our case, all our member countries. A very big congratulation to each and everyone on the 25th Silver Jubilee conference of SAFOG. These are special times, when we look back on all the hard work which has been put together by great visionaries of our member countries in, not only putting the organization together but also nurturing it with great dedication, teamwork and camaraderie and bringing it to this stage, where we all members of this great organization SAFOG are feeling proud, happy and satisfied of having not only survived through all the ups and downs, but also having grown from strength to strength to become a leading organization of the region.

As we celebrate today, I want to put on record that each and every member of the organization is the most valuable asset and on behalf of the President and the executive, I want to thank each and everyone for your appreciation, passion, dedication and continued efforts to achieve this big milestone.

This journey has not been an easy one. We have a very diverse population, difficult political scenarios, different levels of healthcare provision and yet, with the cohesive understanding and teamwork, we have been able to develop great friendship, cooperation and understanding within the region, which has helped us achieve lot of respect, peace, and stability. It has also helped us learn from each other and implement a lot of guidelines and policies in developing skill enhancement and upgrading the health infrastructure and the services provided to the women of our region, inspite of so many inequalities, which exist at every level.

“Never doubt that a small group of thoughtful committed citizens can change the world, indeed it is the only thing that ever has” – Margaret Mead

Even our Prime minister Mr. Narendra Modi said that, this pandemic has taught us that connectivity through digital media has been an innovation of the century. It has been so easy to connect with each other during these very tough times that all of us continued to connect, exchange views and learn from each other, which was phenomenal not only in exchange of education but also being together, interacting, building relationships and not lagging behind because of the tremendous impact of Covid. We have been a source of strength for each other as member countries and the very reason Sri Lanka is able to hold this prestigious Silver Jubilee Conference is a attributable not only to the brave, confident and go getting members of our Sri Lankan society, but also because of the support, strength, cooperation, collaboration and the gentle push, love and respect which has been provided by all the member countries. Together we are a force to reckon with and that should be our aim as passionate healthcare providers of the region.

Looking forward to seeing you all in Colombo and celebrating together. Keep the flag of women’s healthcare flying high.



Dr Jaideep Malhotra,
*Editor, SAFOG Journal &
SAFOG Newsletter*

MESSAGE

Greetings from FOGSI, Congratulations to all my Obygns whose relentless work has made it possible to reduce the MMR to the present 103/100,000 and working towards reducing it to SDG Goals 2030.

As Obstetricians we are under unrelenting work pressure, working for long hours, rendering quality care, striving hard to save mothers and the new born. We also undergo sleep deprivation and anxiety, despite all of these struggles, our profession demands us to be stronger during the tough times, that we have been.

Nothing was static during the covid pandemic situation; there were new challenges every day, which put a lot of physical, emotional and psychological stress. The emotional toll was much worse as many doctors themselves stayed away from their families to protect them dedicating themselves to service. The most sensitive issue is women's health, wellbeing, and quality of life.

As president of FOGSI, My Theme was - FOGSI for All Always & DHEERA Stop Violence Against Women. We saw that during covid times the most vulnerable group were the women at home facing all kinds of abuse and violence, this is the time to escalate the motivation of every obstetrician and gynaecologist to work for, DHEERA the initiative that I have started in 2016 to stop Violence Against Women.

The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."

Violence against women is a social, economic, developmental, legal, educational, human right, and health (physical and mental)



issue. It is a preventable cause of morbidity and mortality in women. Violence against women is perhaps the most shameful human rights viola-



Dr S Shantha Kumari,
MD, DNB, FICOG, FRCPI (Ireland)
FRCOG (UK)
President FOGSI 2021-2023
Honorary Treasurer FIGO 2021-2023
Consultant Yashoda Hospitals
Hyderabad, India





tion and perhaps the most pervasive. It knows no boundaries of geography, culture or wealth and its widely prevalent and root cause of maternal morbidity, reproductive coercion, poor physical, emotional and psychological health of women and what we see is only tip of the ice berg. Did you know that Nearly 38% of Indian women face Violence in the hands of their partners! In Indian DATA, the prevalence of such form of reproductive coercion existed in 22.7% to 50% of women. Globally, between 10 and 69 % of women report physical abuse by an intimate partner at least once in their lives. Between 6 and 47 % of adult women worldwide report being sexually assaulted by intimate partners in their lifetime. Between 7 and 48 % of girls and young women age 10-24 years report their first sexual encounter as coerced. (Source: WHO 2002; Garcia-Moreno and Watts 2000; Heise et al. 1999)

There has been a "horrifying global surge in domestic violence" since the start of the COVID-19 lockdowns.

Obstetricians and gynaecologists have a unique role in identifying this problem and extending help as we are the first contact for help.

OBJECTIVES OF DHEERA

SENSITISATION of self, fraternity, victims, male partners and people at large. ADVOCACY-giving a call, making a noise, sounding a warning that VAW must STOP.

FOCUS ON ACTION- Bring in all the stakeholders-law, Police, Obstetricians, Women, Students, Youngsters Men as Partners, To understand the widespread menace of VIOLENCE AGAINST WOMEN and how it intersects health issues in women. To focus on impact of VAW during pregnancy. To focus on the role of Obstetrician And Gynecologist in detecting VAW.

Create a cadre of Trainees to focus on VAW and its impact on women's health as Future torch bearers of Women's health.

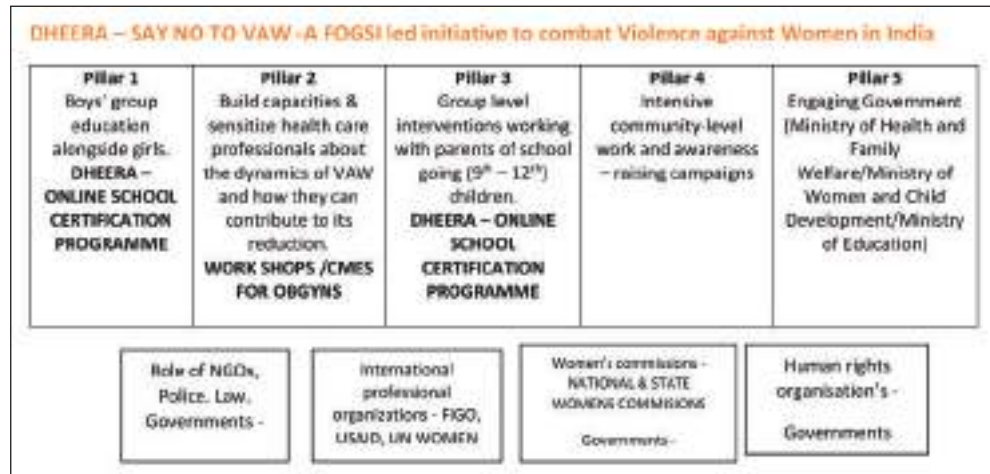
The goal is to work for dignity, and freedom, ensure women's participation at all levels of decision-making in the society

Stop violence against women - Alert women from all exploitative compulsions, sensitizing and creating awareness from the age they connect themselves to the society



DHEERA means "courage"
Power of being DHEERA Together
#dheeratogether





DHEERA - Online Certificate Course for Schools - VAW is a serious hindrance to women's health and SDG GOALS. DHEERA adds a new page to reach young boys and girls 9th to 12th standard as an online certification course through structured informative sessions by FOGSI Experts, which will go a long way in enabling the future generation to say NO to any Violence against Women.

DHEERA - Final goal - Engaging government (ministry of health and family welfare/ministry of women and child development/ministry of education) and make it mandatory and compulsory in the curriculum. This will go in a long way to sensitise young minds specially boys on VAW and pave way for a more gender neutral and equal communities

DHEERA – SAY NO TO VAW - A FOGSI-led initiative to combat Violence against Women in India.

PILLAR 2 - Workshops / CME for GYNECOLOGISTS -Build capacities and sensitize health care providers/ professionals about the dynamics of abuse/VAW and how they can contribute to its reduction.

1 VAW and Women's Health – How does it intersect Women's Health? Effects of VAW on Pregnancy and New born.

2 VAW – Sexual aspects – Rape / Sexual assault. How should a gynaecologist approach a survivor of sexual assault – examination and collection of evidence? Medico legal aspects guidelines and protocols.

3 Rehabilitation of survivor – Social financial and mental health – long term sequelae.

4 How to create a VAW free communities – Work in team, work in tandem.



LIMITS ONLY EXIST IN OUR MIND, IN REALITY WITH HARD WORK AND DEDICATION WE CAN ACHIEVE ALL THE DREAMS !

I am sure if we are committed to Women's health, together we can eradicate this menace of VAW from the society.

Dear friends we are 38000 gynaecologists taking care of Women's health in India we can definitely make a difference if we address this social evil of VAW and make our country a safer place for Women.

"When the times get tough, the tough get going

TOGETHER WE CAN MAKE A difference .



MESSAGE

Greetings SAFOG Members,

It is an honor to write a message for the newsletter of SAFOG. COVID – 19 pandemic had global impact on reproductive health service deliveries world over. Most affected were the least protected communities like refugees, displaced peoples and those living in low income settings.

COVID – 19 also had impact on health seeking behaviors with fears of contracting infection. This behavior prevented women & girls from attending family planning clinics, antenatal care clinics, safe child birth & other essential reproductive health services. Understanding the impact of COVID- 19 pandemic on reproductive health it is crucial to develop strategies that prevent adverse reproductive health outcomes.

All the SRH related studies from world over reported that access to contraceptive & SRH related services got hampered primarily due to prioritization of pandemic response over SRH.

In high income countries access to medical abortions through tele-health services and also most family planning services through telemedicine services for contraceptive counselling and prescriptions.

Pandemic related lockdowns contributed to substantial decrease in contraceptive uptake in low income countries & rural areas of the developed countries.

Throughout the COVID- 19 pandemic the World Health Organization (WHO) Director General Health has emphasized that all countries must strike a balance between protecting the health ,economic & social disruption.

Countries especially low-income countries need to balance the demands of pandemic directly to COVID – 19 & at the same time make strategic plans to maintain reproductive health services.

Right to sexual & reproductive health care services should be provided regardless of COVID – 19 status.

Strategies should be in place to guide National Health System to sustain Reproductive Health Services while also respond to additional demand of COVID – 19 pandemic.



Professor Azizunnisa Abbasi,
FRCOG MRCOG FCPS DGO MCPS
Certified Specialist in Urogynaecology
President SOGP Pakistan

MESSAGE

When the times get tough, the tough gets going! Obstetrical & Gynaecological Society of Bangladesh (OGSB) believes that all the professional societies are the example of this. We have faced many challenges but we have converted them to opportunities. Let us cite the example of Covid-19: we stood together; passed the initial days with perplexities but we get prepared ourselves and continued to work sacrificing ourselves, our families, friends and children. When the time gets tough; the tough gets ready! Yes, this should be the principle. We should get ready to face the challenges, however high and tough the waves of the torrential storm may be. The examples are many; including reduction of maternal and newborn mortality and morbidities.

We dream, we put the dream into motion and never let nothing to stand in our way! We have slowed down and hope to control the population explosion and relevant consequences like deforestation and environmental pollution.

When the going gets tough, the tough gets going: the tough gets rough! The introduction of Covid-19 vaccination for pregnant mothers is one of the examples when we created pressure on the authority and made it possible. Another example is the HPV vaccine to prevent cervical cancer: where we sticking to the relevant authorities nationally and internationally, so that, they are bound to do it; and happily, in the year 2023, Bangladesh girls are going to get HPV vaccine in national immunization program.

So, dear friends, we are ready to cross the river with fierce current, and we will climb the high mountains and those are the prices we are willing to pay!

We had, we are and we will be, always, together!



Dr Ferdousi Begum,
MBBS, FCPS (OBGYN), Fellow
(WHO)
President OGSB

MESSAGE

Dear Friends,

COVID-19 has transformed our lives so much, in ways that seemed unimaginable before. Our world and the way we work have changed and we have moved on to living with yet another 'new normal'. To get to where we are today has needed hard work and resolve like never before in our home and work lives. The enormous scale of the crisis and the impact it is having are naturally causing a lot of fear, uncertainty and anxiety in this stressful time of a global health pandemic.

The COVID-19 situation was particularly stressful because it was hard to predict how things will develop, and our circumstances were changing rapidly. During these challenging times, we needed to keep an eye on our mental health and look out for those closest to us. There is no doubt that this is a tough situation, and it is understandable that we might be feeling low or missing our loved ones. Keeping mortality as low as possible became the highest priority for individuals and governments; hence and in accordance with the WHO advice regarding measures for containing the epidemic, governments implemented quarantine, social distancing, and isolation of infected populations. A life-threatening pandemic, and social distancing, increased individuals' death anxiety.

Even after two years, the twin calamities of a pandemic and a tough economy, this may be a good time for a resilience workout in the face of stressors and changing demands. Now we know it really is much more a set of skills that can be taught and learned. There is no resilience gene to help us deal with adversity. It is a skill to foster, a muscle to pump up.

We have really doubled down on the importance of understanding what resilience really means, and what it takes to create lasting resilience. We need to activate our own resilience when life seems hard to lower stress. It is the process of harnessing the resources we need to get through that tough time and maintain our well-being.

During the pandemic we had become more resilient by taking care of ourselves, reflecting on problems we have overcome before, focusing on gratitude for the good things that happened, having people in our life to help us meet our needs, and more practice to get through challenging times.



Prof. Dr. Ganesh Dangal,
President, Nepal Society of Obs/Gyn

WE THANK AND VALUE ALL THE WORLD LEADERS WHO HAVE PROVIDED UNCONDITIONAL SUPPORT AND BLESSINGS IN SHAPING UP SAFOG TO ITS PRESENT STATUS



Prof S. Arulkumaran,
FIGO



Prof Jeanne Conry, FIGO



Prof Mary Ann Lumsden,
FIGO



Prof Lesley Regan,
FIGO



Prof CN Purandare, FIGO



Prof Walfrido W. Sumpaico,
AOFOG



Prof Ravi Chandran,
AOFOG



MESSAGE

Greetings SAFOG Members,

“When the times get tough, the tough get going” - How true is this saying for the survivors!

Our planet earth was probably not made to test the tough, but since beginning this earth (planet) of ours has seen great destructions and has seen life bouncing back. Where to begin- The extinction of Dinosaurs – They could never fight back to life due to many reasons, The fight during the magnificent century, the Romans, The Sultans, The Christianity, The Mahabharata and the story of Ramayana.

The ruthless Alexander the great all wielded the sword of destruction but yet the tough survived. Human race survived two brutal world wars and many climate changes, floods, wild fires, storms etc. Human beings survived the Pandemics of Plague, Spanish Flu and recently Covid-19. When times got tough the tough (Human race) got going. It says truly TOUGH TIMES NEVER LAST BUT TOUGH PEOPLE DO.

We must understand that we have one life to live and only one home our planet and remember it's true that hard times create strong men & women and strong women and men create good times, but it's the good times which will create weak men and women and again weak men and women will create hard times.

Let's create good times but be strong and not let goodness create hard times.



Prof Dr Narendra Malhotra,
MBBS, MD, FIAJAGO, FICMU, FICOG,
FICMCH, FRCOG, FICS, FMAS, AFIAPM
Director- SAFOG International Affairs



Dr Neharika Malhotra,
MBBS, MD (Gold Medalist), DRM
(Germany), DMIS, FICMCH, FMAS,
FICOG, ICOG Fellowship in Reproductive
Medicine

MESSAGE

The specialty of Obstetrics & Gynecology is a tough specialty in medicine by all standards. The fact that you are caring for two people instead of one, probability of complications, long working hours, lack of sleep, and the unexpected turn of events all play a part in creating a stressful environment. The health care provider in OB/GYN, therefore needs to develop good communication and problem-solving skills. In South Asia, we have our own set of issues – overpopulation, poverty, lack of political stability and economic crisis to name a few. To top it all the maternal and neonatal health indicators in most of the countries need to be improved and great amount of effort and hard work is required on the part of the government and policy makers but also on the part of the health care providers.

Natural calamities and disasters keep affecting the countries to make the environment more challenging. The ever-increasing demands on time and energy create an environment where doctors feel overwhelmed and unable to manage the high expectations through problem solving skills and coping strategies. We must train our younger colleagues to rise above the challenges, so that in case of need they can play a more productive part, over and above the call of duty.

Developing resilience is important as a much needed trait. Resilience is the ability to withstand and bounce back in the face of stress. Resilient people tap into their strengths and support systems to overcome challenges and work through problems. This is sometimes God gifted but usually has to be developed as a set of skills by appropriate training; an essential skill for an OB/GYN.

The resilience of doctors has been put to test many times, but I will share two stories to make my point. I have chosen a success story of COVID-19 pandemic and story of a young doctor who bounced back in the face of terrorism.

ROLE OF HCP IN COVID-19 PANDEMIC

The frontline healthcare providers played a pivotal role amidst the COVID-19 pandemic, facing critical impacts, social, psychological, and economic. Many of them lost their lives in the endeavour to save their patients. One example of resilience was a young OB/GYN. On March 21st, 2020, the Government of Pak-



Prof. Rubina Sohail

MBBS, MCPS (OB/GYN),
FCPS (OB/GYN), DCPS-HPE
Professor of Obstetrics and
Gynaecology, Services Insti-
tute of Medical
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Lahore, Pakistan



istan announced lockdown which was imposed throughout the country albeit with some variations. Due to the spread of pandemic, elderly people were a high-risk group. In addition to her duties Dr SK decided to provide services to the aging population at old people homes. She launched an initiative, "old is much more than gold" to support the elderly population. Her inspiration came from the news from UK that reported how the elderly people living in old homes were affected the most. Despite all challenges, she continued to work and support the elderly. They progressed to developing Samra Noor Initiative which was about Advocacy of COVID19 vaccination in females specially in the childbearing age group and pregnant women in collaboration with GOP NHSRC.

The way in which SAFOG and national societies stepped up to meet the newly found challenges was impressive. The series of webinars conducted by SAFOG played a pivotal role in sensitizing the health care providers and keeping them updated about changing face of COVID-19.

FROM PARALYZING GRIEF TO COMMUNITY INITIATIVE- ALTRUISM AT ITS BEST

The story behind Grief Directory: Inspiring story of a doctor emerging from trauma through turning a personal, unbearable grief and loss into a dynamic altruistic initiative.

On the morning of February 18, 2013, Dr. FAH with her infant daughter, bade farewell to her husband and eleven-year-old son as they left for work and school, without knowing this was the last time she would see them alive. Their deaths were the result of a sectarian target killing. In the days of grieving and desolation, she and a friend started a model of support for victims of violence and terrorism. This led to the creation of "The Grief Directory" in 2015 – an organization that works to counter extremist narratives and support sufferers of violent extremism.

It's important to understand that resilience does not make the problem go away; it helps develop the ability to harness the inner strength, withstand pressure and rebound from a setback. In order to develop resilience, positive thinking, using support networks, seeking help, getting connected, making every day meaningful, i.e., learning from experience, remaining hopeful and working towards a goal are important steps.

Writing this makes me nostalgic – thinking of the song "When the Going Gets Tough, the Tough Get Going" written originally and recorded by English singer Billy Ocean in 1985 – the same year I graduated and became a doctor. The song was used as the theme song for the Michael Douglas film "The Jewel of the Nile".

It doesn't matter how many times you fall. All that matters is that you get back up again and keep moving forward.



Dr UDP Ratnasiri,
Treasurer, SAFOG,
Sri Lanka

HOW SRI LANKA HAS ACHIEVED THE PRESENT STATUS OF MATERNITY CARE WITHIN THE HEALTH SERVICE?



Sri Lanka carries better health care indices in the south Asian region, especially in maternal, perinatal, and child health. This development has come over the last few decades and remain static in the last decade for several reasons.

The achievement is due to improved educational level, transport, and communication standards in addition to health care.

Primary health care is provided mainly by the community health care worker including community physicians, medical officers of health, Public health nurses, and the majority of community midwives. The overall supervision of this preventive care system is supervised by the Family Health Bureau which is the maternity care division of the Ministry of Health headed by its director. There are guidelines developed for the community maternity and neonatal care separately by the family health bureau with the participation of community experts and obstetricians and Gynecologist in the ministry and the universities. These guidelines are updated regularly and disseminated among the grass root level health care workers. Sri Lanka College of Obstetricians and Gynaecologists play a major role in providing guidance and participating in the preparation of guidelines. The maternal



and perinatal death analyses are done regularly and recommendations are made to improve the care at the national level. The country is moving towards a confidential inquiry into maternal deaths and there is already started an ongoing pilot project to change the death analysis system in 2023.

The maternal and neonatal curative system maintains a high standard of care with the provision of antenatal care covering more than 99% of pregnant women. Consultant neonatologists are available in many of the teaching hospitals and Pediatricians provide neonatal care in other hospitals. Most of the deliveries are done in the hospitals manned by 24/7 coverage of Obstetricians care. Ultrasound scanning facilities are available in all these hospitals and dating scanning is done routinely. Comprehensive emergency obstetric care is available for emergency obstetrics with 24/7 blood bank facilities. There is a referral system that helps in the provision of special care facilities for the need. The post Graduate institute of Medicine sends about 35 registrars to the teaching hospitals for their clinical training and are following the evidence-based care according to guidance provided by the trainers attached to these hospitals. The Sri Lanka College of Obstetricians and Gynecologist prepare Obstetrics, Gynaecology, and Gynea oncology guidelines with the participation of its members and publish them on its website for reference to the practicing consultants and trainees. There is ongoing skill development training in most hospitals to improve the knowledge and skills of medical and midwifery staff headed by consultants to update them.

To improve standards of health care and health indices further, a dedicated commitment of clinicians, administrators, and politicians is needed.

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Prof. A.B. Bhuiyan

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



We thank all the visionary leaders of SAFOG, who have provided unconditional support, nurturing and blessings in shaping up SAFOG to its present status

SAFOG PRESIDENTS

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



Professor Rashid
Latif Khan (Pakistan)
1996-1998



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1998-2000



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(Pakistan) 2007- 2009



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(Bangladesh)
2009 -2011



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(Sri Lanka) 2011 - 2013



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(India) 2013 - 2015



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Dr Hemantha Perera



Prof Ganesh Dangal
Chairman

REPORT

CLINICAL RESEARCH AND GOOD PRACTICE COMMITTEE, SAFOG

Committee Chair- Prof Ganesh Dangal; Sr Consultant at Kathmandu Model Hospital; Nepal

Co-chair- Dr. Indu Asanka Jayawardena, Senior Lecturer in the Dept of O & G in the Faculty of Medicine Colombo; Srilanka

Members	Country	Email
Dr Karishna Kumari	India	doc_krishnak@yahoo.co.in
Prof. Syeda Batool Mazhar	Pakistan	batoolmazhar@yahoo.com
Prof Hemantha Dodampahala	Srilanka	hemdodam@gmail.Com
Prof. Gehanath Baral	Nepal	baraldr@gmail.com
Dr. Tanzeem Sabina Chowdhury	Bangladesh	tanzeemsc@gmail.com

COVID is still rampant all over the SAFOG countries and the situation is unpredictable. But with vaccination coverage, we can organize more activities; otherwise, it is limited. As most of the year is also likely to be shadowed by COVID-19 and restrictions of travel, we should concentrate on some online activities.

PLANNED ACTIVITIES WERE:

- **November-December 2021.**

What is good clinical practice? International online activity.

- **March-April 2022.**

Research for busy Ob/Gyn.-National programme to be held in person.

- **June-July 2022.**

How to do a trial (an RCT?) International programme.

- **August-September 2022.**

Peer Review workshop (Joint NAME/NHRC/SAFOG)

- **Submission to SAFOG newsletter & JSFOG- manuscript/scientific write ups.**



GOOD CLINICAL PRACTICE [GCP]: SAFOG RESEARCH COMMITTEE INITIATIVE WEBINAR

FEBRUARY 7, 2022 (MONDAY)
6:00 PM – 8:00 PM NEPALI TIME

DR. ROHANA HATHTHOTHUWA
PRESIDENT, SAFOG

PROF. DR. GANESH DANGAL
PRESIDENT, RESEARCH COMMITTEE, SAFOG

PROF. DR. YOUSAF LATIF
SECRETARY GENERAL, SAFOG

DR. INDU ASANKA JAYAWARDANE
DR. CHANDRA PATELNI KIRANIKOR
COMMITTEE, SAFOG

PROF. DR. GEHANATH BARAL
MEMBER, RESEARCH COMMITTEE, SAFOG

PROF. DR. SYEDA BATOOL MAZHAR
MEMBER, RESEARCH COMMITTEE, SAFOG

PROF. DR. GANESH DANGAL
GUEST OF HONOR

PROF. DR. YOUSAF LATIF
GUEST OF HONOR

DR. MALITHA PATABENDIGE
SPEAKER

PROF. DR. SYEDA BATOOL MAZHAR
SPEAKER

MONDAY, FEBRUARY 7, 2022
6:00 PM - 8:00 PM
JOIN MEETING URL: <https://www.zoom.us/j/92768426862>
PASSWORD: 927686

THIS PROGRAM IS ELIGIBLE FOR CME CREDIT
TECHNICAL SUPPORT BY:
NEPAL RESEARCH AND NETWORK (NRN)

Particular	Speaker	Time
Welcome by Chair, Research Committee, SAFOG (Introduction Program and chairs)	Prof. Dr. Ganesh Dangal,	5m
Chair and welcome by: , President, SAFOG	Dr. Rohana Haththothuwa	5 m
Co-Chair GS, SAFOG	Prof. Dr. Yousaf Latif Khan	5 m
An Overview of Good Clinical Practice (GCP)	Prof. Dr. Gehanath Baral	35
Having clearly defined research question/s and appropriate study design	Dr. Malitha Patabendige	10 min
conforming to overall ethical principles	Prof. Dr. Ganesh Dangal	10 min
Quality assurance and monitoring of clinical trials - GCP	Prof. Dr. Syeda Batool Mazhar	10min
Ethical considerations for including pregnant women in clinical trials	Dr. Indu Asanka Jayawardane	10 min

The above-mentioned seminar was well attended. Overall, comments were positive and encouraging and there was high level content, relevance and highly educational- “Makes an impact on my practice”. First event from an entirely online platform- issues with connectivity, co-ordination, technical support and lessons learnt for improvements in a future event

NEXT STEPS

- Continue with a similar topic and theme to explore further,
- RCT webinar
- In person national workshop- we may need to convert to hybrid or virtual platform.

RESEARCH TOPIC SUGGESTIONS

- Treatment of PPH with carbetocin
- Research is needed to compare IV Carbetocin versus IM carbetocin



for prophylaxis.

- Effect of IV & IM carbetocin Vs IM carbetocin in high-risk cases.
- Carbetocin and Tranexamic acid in high-risk cases for prophylaxis VS Carbetocin only.
- Comparison of suction versus balloon Tamponade for early management of PPH

For research collaboration, let us invite all stakeholders to submit proposals for research collaboration, mediating and facilitating research activities among the membership. Also, let us look at possible non-member collaborators we can harness in.

For research visibility, we should organize an online meeting where members can present their ongoing research activities for recognition, peer evaluation and possible collaboration. We can consider putting out an abstract book or supplement as well. We can organize Education and CPD related to research and scientific activities such as 3-4 webinars related to research and reviews with current practice relevance.

We do really hope that we see an end to these restrictions so that we can actually meet once again in person.



Prof Rashida Begum
Chairman

REPORT

REPRODUCTIVE ENDOCRINOLOGY COMMITTEE, SAFOG

Reproductive Endocrinology Sub Committee SAFOG conducted three webinars successfully between November 2021 and July 2022.

1st webinar was on “Male Infertility-How far to go to solve the problem?”

The committee successfully conducted the 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.

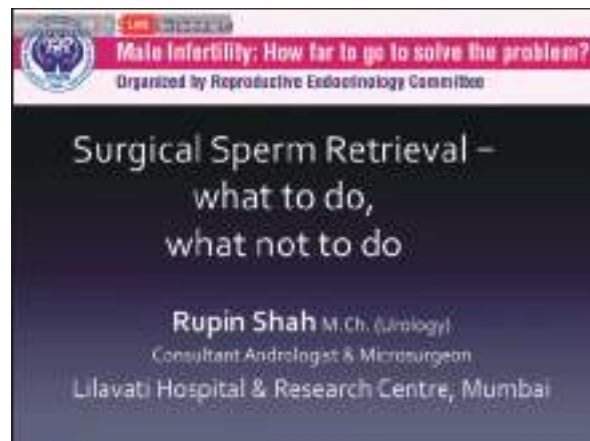
Program had two segments, presentation and panel discussion. There were three interesting topics presented by three eminent speakers of this region and globe.

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.



2nd Webinar was on “Endometriosis- A challenging issue for fertility specialists

The committee successfully conducted the webinar on “Endometriosis- A challenging issue for fertility specialists” on 26.04.22. The session was chaired by Prof. Farrukh Zaman past President SAFOG and Prof. Ferdousi Begum immediate past President SAFOG.

Chief guests were Prof. Sameena Chowdhury president EASB and Prof. Shantha Kumai President FOGSI.

The program was started by welcome address of Prof. Rashida Begum, Chairperson of Reproductive Endocrinology Sub Committee, SAFOG. Whole program was anchored by Dr. Nusrat Mahmood council member SAFOG. Program had two segments, Keynote speech and panel discussion. Keynote speech was



given by Yutaka Osuga, President Japan Society of Endometriosis. He explained in depth about endometriosis associated infertility and management.

There was an interesting panel discussion event which was moderated by Prof. Nandita Palshetkar, Co-chairperson Reproductive Endocrinology Sub Committee, SAFOG.

Panellists were from India (Prof. Narendra Malhotra and Archana Verma), Pakistan (Prof. Sadia Pal), Bangladesh (Prof. Firoza Begum), and from Sri Lanka (Prof. Hemantha Senanayake). It was a very lively discussion on different problem-based scenarios by excellent moderation of Prof. Nandita Palshetkar. Program was concluded by Vote of thanks of Prof. Yasuf. Latif Khan, General Secretary SAFOG.

3rd webinar on PCOS

3rd webinar was held on 24.07. 22 on PCOS jointly organized by Education Committee and Reproductive Endocrinology Committee SAFOG.

The session was chaired by Prof Asma Rana and Prof. Atul Munshi.

The program was started by welcome address of Prof. Shyam Desai, President-elect SAFOG. Prof. Yasuf Latif Khan General Secretary SAFOG introduced about the topic. There were four presentations and discussions on the topic. Dr. Madhuri Patil from India presented on Adolescent PCOS, Dr. Prof. Yam Dwa from Nepal presented on lean PCOS, Dr. Prof. Arshad Chohan from Pakistan presented on Obesity and PCOS and Dr. Prof. Rashida Begum from Bangladesh presented on PCOS and Infertility. Finally, Prof. Shyam Desai, Dr. Madhuri Patil and Dr. Parul Koldawala further discussed about the topic. A wide spectrum of PCOS was discussed through presentation and further discussion.

The program ended with the concluding remark of Prof. Farhana Dewan, Deputy General Secretary SAFOG.





Prof Laila Arjumand Banu
Chairman

REPORT

ENDOSCOPY COMMITTEE, SAFOG

Chair-Prof Laila Banu
Vice chair-Dr Bhaskar Pal

MEMBERS:

1. Dr. Laxmi Agarwal Shrikhande-India
2. Dr. Samina Selim-Pakistan
3. Dr. Wasantha Galappathy-Srilanka
4. Dr Gyanendra Man Sing Karki -Nepal

FIGO-SAFOG-GESB CONFERENCE

DATE-Thursday-27th May 2021

3pm UK (UTC+1)

Speakers

1. Prof Laila A Banu-char-endoscopy committee -SAFOG and member-MAS committee FIGO and secretary general GESB
-Electro surgery –what to need you know.
2. Prof Alberto Matte from Italy
-Laparoscopic entry technique-evidence based recommendations.
3. Dr. JD Village-from Columbia-Chair Mas committee FIGO-10 steps for a safe and feasible TLH
4. Dr Phillipe Decamps from France
-Endometriosis from basic to complex
5. Dr. Megan Wasson from USA –complications in MAS-Can you avoid them/

Q/A session

Moderated by JD and Dr Nusrat

Many questions from participants were answered by speakers.

2ND WEBINAR ON –A JOURNEY TO RESUME HYSTEROSCOPY

CHAIRPERSONS

Prof TA Chowdhury-president GESB

Prof Ferdousi Begum-President SAFOG

GUEST OF HONOUR

1. Prof Laila A Banu-
2. Prof Yusuf Latif Khan



3. Prof Rohana Hattatowa
Prof Shyam Desai

Speakers

Dr Vinayak Mahajan

From Pune- India- a renowned hysteroscopy surgeon

He presented the basic and advanced hysteroscopic operations with video clips-
technique and prevention of complications

Moderator was Dr. Maruf Siddiqy-hysteroscopic surgeon and infertility specialist
Q/A session was very interactive

3RD WEBINAR ON SAFE ENDOSCOPY

Chief guest-Prof Rohana Hathhotuwa

Guest of honor- Dr. Shantakumari, Prof Yousaf Latif

Chairpersons-Dr.Sameena Saleem

Mainly organized by Dr. Bhaskar Pal

Speakers

Prof Shyam Desai- entry related complications

Prof Bhaskar pal-Urinary tract injuries

Prof Yousaf Latif

Prof Laila A. Banu-safe use of energy sources.

Prof Narendra Malhotra-avoiding complications at hysterectomy

FUTURE PLAN

- To establish a network between the members of SAFOG countries who perform the endoscopy .
- To establish a database –so that all the endoscopic surgeries can be reported to SAFOG endoscopy committee.
- To train the people who are interested in endoscopy. They may be trained in reputed centres in SAFOG countries
- Arrange webinars /conferences on endoscopy frequently-every 3months
- Workshops can be arranged in the SAFOG countries periodically
- We can publish a news letter – biannually or quarterly .
- All the new procedures or techniques ,information about the training centers can be published.
- Each news letter will contain some theoretical aspects –at least one topic
- We can establish an institution /centers where training on endoscopy will arranged-SAFOG Endoscopy Center.
- According to majority decision-center will be established there.
- Certificate with president, secretary general and committee chair will sign the certificate.
- All the training centers in the SAFOG countries can be visited and accredited by SAFOG council
- There will be uniform guideline / curriculum in all centers



Prof Sadia Ahsan Pal
Chairman

REPORT

MATERNAL & PERINATAL HEALTH COMMITTEE, SAFOG

Webinar on Saving Mothers & Babies – Learning from Large Multicenter Studies
by SAFOG Maternal & Perinatal health committee
3rd July 2022

Recording of the webinar is available on :
<https://www.youtube.com/watch?v=rOfZJtTsuMQ&t=2015s>



SAFOG Webinar organized by Maternal & Perinatal Health Committee
SAVING MOTHERS & BABIES - LEARNING FROM LARGE MULTICENTER STUDIES
DATE: 3rd July, 2022 (Sunday)
TIME: (Pakistan): 07:00 PM - 08:30 PM | (Bhaskar & India): 07:00 PM - 08:30 PM
(Bangladesh): 08:30 PM - 09:30 PM | (UK): 00:30 PM - 04:00 PM

Honourable Guests: Prof. Dr. Anwar Hossain, Prof. Dr. Ghoshal, Prof. Dr. Sengul
Chairpersons: Prof. Dr. Anwar Hossain, Prof. Dr. Ghoshal, Prof. Dr. Sengul
President SAFOG: Prof. Dr. Anwar Hossain
Moderators: Prof. Dr. Ghoshal, Prof. Dr. Sengul
Vote of Thanks: Prof. Dr. Anwar Hossain
Speakers: Prof. Dr. Anwar Hossain, Prof. Dr. Ghoshal, Prof. Dr. Sengul, Prof. Dr. Anwar Hossain, Prof. Dr. Ghoshal

SPEAKER	COUNTRY	TOPIC
Prof. Anwar Hossain	Bhaskar	EMERGENCY: Conceptual and implementing a large Multicenter study
Prof. Anwar Hossain	UK	The WOMAN-1 Study
Prof. Anwar Hossain	UK	PREVENT Study
Dr. Anwar Hossain	UK	External Quality Audit

Chairman & Session Chairperson/Banquet:
Including Remarks: Prof. Dr. Anwar Hossain (2022)
Vote of Thanks: Prof. Dr. Anwar Hossain (Bangladesh)

Zoom ID: 846 9060 9957 | Passcode: SAFOG



The Speakers & Panelists Shared their experience: Country experience of PPH management; Gaps in knowledge and practices; Documentation challenges; Availability of Drugs; PPH bundle approach management; Availability of Blood and Blood Components; Experiences in public and private sectors in your country; Additional steps needed to reduce PPH in country; Referral Linkages
Prof Rohana (President SAFOG) gave the overview of the Webinar
Prof Arulkumar shared his experience, recommendations and way forward in the end

3 important committees for any trial are : Steering committee,
Data monitoring committee & Publication committee
Audit is very important as well as Champions of the Trial

Prof Lumaan Shaikh (AKUH, Pakistan) shared details about the ongoing EMOTIVE Trial

PPH is often not detected early; thus life-saving treatment is not promptly initiated Solution: Early detection and treatment of PPH. Several approaches can be used to increase the accuracy of visual evaluation of blood volume. Deaths were reduced –

Trenexamic Acid should be given in <3 hours of PPH

It is of benefit whether atonic or bleeding from trauma. Survival benefit decreased by 10% for every 15 min delay until 3 h, after which there was no benefit

'Care Bundle Approach' of first response together rather than sequential, & application of management modalities

The E-MOTIVE trial is the Early detection of PPH & treatment using the WHO MOTIVE 'first response' bundle: a cluster randomized trial with health economic analysis and mixed methods evaluation

Prof Ian Roberts shared the experience of WOMAN Trial

Tranexamic Acid reduces deaths from PPH, effective regardless of cause of PPH, reduces need for re-operation, heat stable, inexpensive, no increase in adverse events

NESOG Supported by ESM UBT (Courtesy Dr Thomas Burke)

Jeevandhara Phase 3

SAFOG , FOGSI & MGH Collaboration , 18-09-2022





WOMAN 2 trial in ongoing for prevention of PPH in women with anaemia (9000 women randomized)

Prof Sudhin Thayill spoke about the PREVENT study (Prevention of Epilepsy by reducing neonatal encephalopathy)

Improving Research outcomes by external quality audits: Learning from PREVENT Study





Prof Padam Raj Pant
Chairman

REPORT

NON-COMMUNICABLE DISEASE (NCD) COMMITTEE, SAFOG

Committee Chair- Prof Padam Raj Pant, Nepal
Co-chair- Dr. Sadhana Gupta, India

PLANNED ACTIVITIES WERE:

To conduct at least three webinars in this year. With nomination of Dr. Sadhana Gupta as co-chair we planned to conduct CME every second Friday of the month if possible.

Conducted CME

Date	Topic
May 13 th 2022	Gestational Diabetes Mellitus in Asia Part I
June 10 th 2022	Obstetric Management of Gestational Diabetes Mellitus/Hyperglycemia Part II
July 8 th 2022	Thyroid dysfunction in women of South Asia



In first CME on 13th May the program was as follow:

There was presence of:

President- DR ROHANA Haththotuwa

President Elect-Dr. Shyam Desai

Secretary- DR Yusaf Latif Khan

Welcome progamme

Sesson 1

Diagnostic criteria, protocols and incidence of GDM in South Asian Country per-
spective:

1. Sri Lanka Dr. Indu Asanka Jayawardhane
 2. India- Dr. Pikee Saxena/ Dr Amita Pandey
 3. Nepal – Dr. Padam Raj Pant/ Dr Sandesh Paudel
- Expert-Dr. Hema Diwakar, Prof. Ferdousi Begum

Session-2:

Maternal nutrition therapy in GDM- Complexity of Simplicity

Speaker: Dr Rubina Sohail

Chair: Dr. Hira Tuladhar, Dr Uday Thanawala

Session 3: Ora hypoglycemic agents in GDM

Speaker: Dr. Sadhana Gupta

Chair: DR. Ashma rana, Dr. Phurb Dorji/ Dr. Seshih

Session 4: Insulin in GDM- Simplicity the complexity

08th July, 2022

Theme: Thyroid Dysfunction in women of South Asia

President – Dr. Rohana Haththotuwa

Secretary General - Dr. Yousaf Latif Khan

Chair Dr. Padam Raj Pant (Nepal) Co-Chair – Dr. Sadhana Gupta (India)

**INAUGURATION**

Presidential Welcome -Dr. Rohana Haththotuwa,

Address by Secretary General – Dr. Yousaf Latif Khan

Chief guest Dr. S Arulkumaran, **Guest of honor** – Dr. Alpesh Gandhi

Coordinator & MOC – Dr. Amrita S Jaipurkar (India)/ Dr Mousumi Das Ghosh

Session 1

Chair- Dr. Narendra Malhotra (India), Dr. Sameena Chowdhury (Bangladesh),

Dr. Shafiqa Babak (Afghanistan), Dr. Girija Wagh (India)

Country Perspective –

a) Dr. Padam Raj Pant (Nepal)/ Dr. Asmita Ghimire

b) Dr. Shemoon Marleen (Sri Lanka)

c) Dr. Richa Sharma (India)

d) Dr. Syeba Akhter (Bangladesh)

Session 2 - Special perspective

Chair- Dr. Sampat Kumari (India), Dr. Kohinoor Begum (Bangladesh),
Dr. Priti Kumar (India), Dr. Asifa Noreen (Pakistan)

a) Thyroid Disorder in pregnancy – Dr. Sadhana Gupta (India)

b) Thyroid dysfunction in elderly women – Dr. Kusum Thapa (Nepal)

c) Screening for Congenital hypothyroid in SAFOG region – Dr. Pyali
Bhattacharya (India)

Q&A, Discussion amidst SAFOG leaders and vote of thanks

Seminars were well attended

Overall comments and suggestions were encouraging

There were high level speakers.



In Nepal we conducted awareness program on gestational diabetes and thyroid disorders in schools and hospitals.

Awareness program for hospital staffs





We are planning to have:
SAFOG COMMITTEE WORKSHOP
SAFOG CONFERENCE, SRILANKA
29th September 2022
SAFOG NCD Committee

Session 1- Breaking the Nexus of NCD in South Asia - Obs. Gyn.
prospectus

- 1- PCOS Women and Metabolic Syndrome
- 2- Long term consequence of Hypertensive Disorder in Pregnancy
- 3- Nutrition in Pregnancy and Health of next generation

Unfortunately Dr. Padam Raj Pant will not be able to attend the conference due to ongoing University examinations.
Co-Chair Dr. Sadhana Gupta will be in the conference.

We will continue CME once in two months.
Wish for the success of the Congress.

Special thanks to President SAFOG Prof. Rohana Haththotuwa,
Secretary General Dr. Yousaf Latif Khan
Special guest Sir Dr. S Arulkumaran
Co-chair Dr Sadhana Gupta



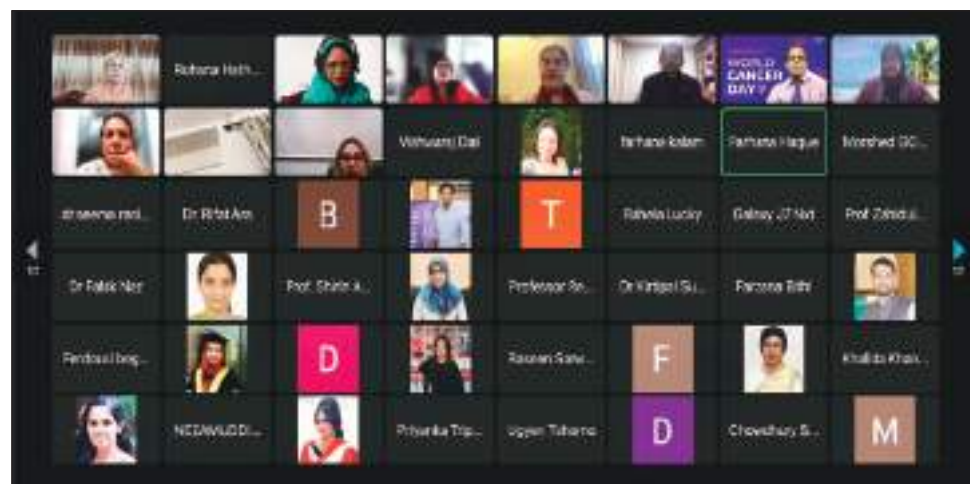
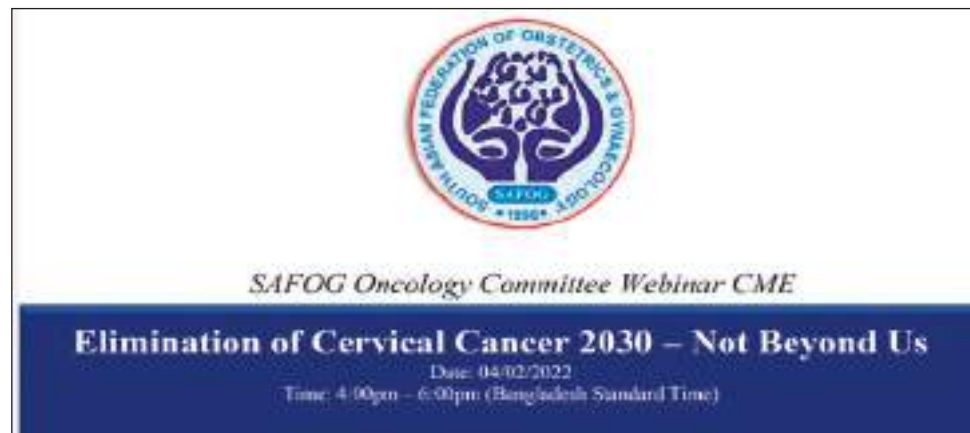
Dr Aliya Aziz
Chairman

REPORT

ONCOLOGY COMMITTEE, SAFOG

Members

- Dr Aliya B. Aziz (Chair) Pakistan
- Dr Bhagyalaxmi Nayak (Co-Chair) India
- Dr Niranjana Chavan (India)
- Dr Tahira Yasmeen (Pakistan)
- Prof. Sabera Khatun (Bangladesh)
- Dr. Kirtipal Subedi (Nepal)
- Dr. Chinthana Hapuarachchi (Sri Lanka)
- Dr Inaya Abdul Raheem (Maldives)
- Dr Ugyen Tshomo (Bhutan)





Watch on 04 February, 2022 Time : 04:00 PM - 06:00 PM (Bangladesh Standard Time)

Organized by: GOSB

SAFOG Oncology Committee Webinar CME

Elimination of Cervical Cancer 2030 - Not Beyond Us

Inauguration

Chairpersons: Prof. T.A Chowdhury, Dr. Rakana Hossain

Welcome Address: Prof. Dr. Sabena Khatun, Dr. Aliya Aziz

Chairperson: Dr. Bhagyalaxmi Nayak, Prof. Shirin Akter Begum, Dr. Rabina Sahal

Speakers: Dr. Inaya Atulul Rahaman, Dr. Tahira Yasmeen, Dr. Jannatul Parvar, Prof. Farhad Begum, Prof. Rubaya Anwar, Dr. Niranjan Chavan, Prof. Sabena Khatun, Prof. Jannatul Ferdous, Prof. Syed Akram Hossain, Prof. Samreena Chowdhury, Prof. Khatunaj Begum, Dr. Neeraj Bhatla, Prof. Neerazuddin Ahmed

Panelist: Dr. Bilal Ara, Dr. Samanthe Premaratne, Dr. Niranjan Chavan, Dr. Ujjwal Chakrabarti, Dr. Namika Durg, Dr. Karimul Saleh, Prof. Shahana Perveen

Co-ordinator: Prof. Shahana Perveen

Closing Remarks: Prof. Sanjiban Ali Begum

Vote of Thanks: Prof. Farzila Hossain

Scientific Partner: Daktarika Media Partner: Doctor TV

Educational grant accepted by SEARO

Title : Training of FOGSI members in Mizoram to do Augmented VIA , Thermal Ablation & LEEP(Enhancing skills of gynaecologists in Mizoram to eliminate Cervical Cancer: Together we can !!!)

Collaborators : FOGSI, Dept. of Health & Family Welfare(Govt. of Mizoram) and Zoram Medical College

Principal Investigator: Dr. Bhagyalaxmi Nayak, Co Chair Oncology Committee SAFOG

Co-Investigator: Dr Neeraj Bhatla, Dr Aliya Aziz, chair Oncology committee SAFOG



SAFOG ONCOLOGY COMMITTEE WEBINAR.

THEME : OVARIAN CANCER: ARE WE EVOLVING?
JULY 3RD 2022, 4 PM TO 6 PM NST

Dr Yousouf Latif Khan
Secretary General

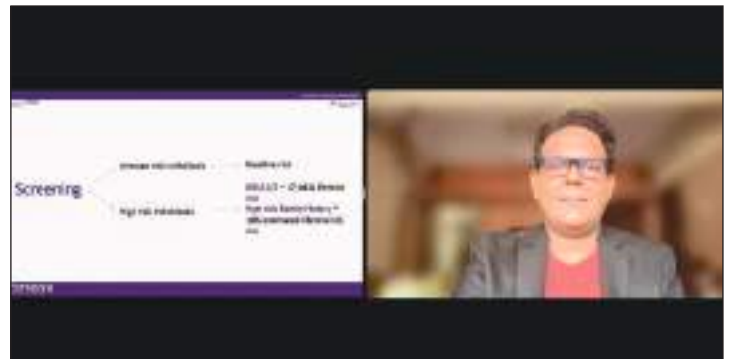
Dr. Rohana Haththotuwa
President

Dr. Aliya B Aziz
Chairperson
Oncology Committee

SCIENTIFIC SESSION

Inauguration : 4 PM to 4 : 15 PM
 Welcome address Dr. Kirtipal Subedi
 Presidential address Dr. Rohana Haththotuwa
 Aims and activities of SAFOG oncology committee Dr. Aliya Begum Aziz

Sl. No.	Topic	Speaker	Chairpersons
1.	Screening for ovarian cancer: where are we? 15 minutes	Dr. Ranjit Manchanda(UK)	Dr. Niranjana Chavan (India), Dr. Shahana Perveen (Bangladesh)
2.	Role of colour Doppler to differentiate between malignant and benign ovarian masses: Current evidence and practices. 15minutes	Dr. Sabera Khatoun (Bangladesh)	Dr. Bhagyalakshmi Nayak (India), Dr. Ugyen Tshomo (Bhutan)
3.	Role of imprint cytology vs frozen section in ovarian carcinoma: A real world issue. 15 minutes.	Dr. Kirtipal Subedi (Nepal)	Dr. Bhaskar Pal(India) , Dr. Tahera Yasmin (Pakistan)
4.	Primary surgery or interval surgery in advanced ovarian cancer – a continuing debate.	Dr Ramesh Shrestha (Nepal)	Dr. Sheela Verma (Nepal), Dr. Rubina Sohail(Pakistan)
5.	Fertility preserving surgery in management of ovarian carcinoma: Optimism demystified. 15 minutes	Dr Jitendra Pariyar (Nepal)	Dr. Farhana Dewan(Bangladesh) Dr. Samantha Premaratne(Srilanka)
6.	Role of immunotherapy in management of ovarian carcinoma: Personalized medicine is here 15minutes	Dr Yasmin Abdul Rashid (Pakistan)	Dr. Chintana Hapuarachchi(Srilanka) Dr. Inaya Abdul Raheem(Maldives)
Closing ceremony 15 minutes			





REPORT

EDUCATION COMMITTEE, SAFOG

Dr Parul Kotdawala
Chairman

- 17/08/2021: Elected as chairperson for Education Committee SAFOG on
 - 26/09/2021: Action plan meeting of Committee Chairs with Exec Board & Advisors
 - 10/10/2021: Webinar 1: 'Teaching techniques in medical education'
 - 16/11/2021: Committee meeting
 - 11/03/2022: Committee meeting
 - 26/06/2022: Webinar 2: 'Evidence Based Medicine: what it is and what it is not'
 - 24/07/2022: Webinar 3: 'PCOS management', in collaboration with 'Endocrinology Committee' of SAFOG
- Members planning and activities

Atul Munshi

- Planning a study on Cesarean Section
- ### Haleema Yasmin
- Conducted 2 sessions of inter-professional teams in patient safety.
 - Especially safe injection pra times and infection prevention.
 - Nurses, doctors, theatre technician attended the sessions.

Salma Rauf

- Analysis of Cases according to Robson Ten group classification system (TGCS) at Dhaka Medical College Hospital, 1/1/2021- 31/12/2021
- Bangladesh Mentorship Program - Labour Ward Protocol



SOUTH ASIAN FEDERATION OF
OBSTETRICS AND GYNAECOLOGY

SAFOG

Education Committee

Webinar on
"Evidence Based Medicine:
what it is and what it is not"

Sunday 26th June 2022

11.00 to 13.30
(Sri Lanka Time, India Times)



Prof. S. Arulkumaran,
UK



Dr. Parul Kotdawala,
India



Dr. Rohana Haththotuwa,
Sri Lanka



Dr. Prof. Shyam Desai,
India



Dr. Prof. Yousaf Latif Khan,
Pakistan



Dr. Prof. Shabeen Nazz
Masood,
Pakistan



Dr. Prof. Malik
Goonewardene,
Sri Lanka



Prof. Ferdousi Begum,
Bangladesh



Dr. Nitin Raithatha,
India

PROGRAMME DETAILS

• Welcome:	Dr. Shyam Desai (President Elect, SAFOG)	05 min
• Need for EBM, Introduction of Program/Speakers	Parul Kotdawala (SAFOG Edu. Committee)	10 min
• Overview of Evidence Based Medicine	Dr. Shabeen, Pakistan	15 min
• Current Best Available Evidence& their limitations:	Prof. Firdousi Begum, Bangladesh	15 min
• Personal Experience and Available Facilities	Prof. Malik Goonewardene, Sri Lanka	15 min
• Patients' Preferences	Prof. Nitin Raithatha, India	15 min
• Misconceptions of Evidence Based Clinical Practice	Prof. Malik Goonewardene, Sri Lanka	15 min
• Discussion		20 min
• Expert Comments	Prof. Sir Sabaratnam Arulkumaran	10 min
• Closing Remarks	Dr. Rohana Haththotuwa (President, SAFOG)	10 min
• Vote of Thanks	Dr. Yousaf Lateef (Secretary General, SAFOG)	05 min

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South Asia Federation of Obstetrics & Gynaecology

SAFOG 'Education Committee'

in collaboration with
'Reproductive Endocrinology Committee'
is pleased to announce its 3rd webinar on
PCOS

 **Sunday 24th July, 2022**  **10:30 AM - 12:30 PM (IST)**

Timings of all SAFOG countries ie
10:30 India | 11:00 Bangladesh/Bhutan | 10:45 Nepal | 10:00 Pakistan

 Registration / Viewer's Link:
https://bit.ly/SAFOG_PCOS

10:30 am
Welcome Note



Prof. Shyam Desai
President-Elect SAFOG, India



10:35 am
Introduction of The Topic



Prof. Yousaf Latif
Secretary General SAFOG, Pakistan



SESSION 1 : 10:40 am

Chairpersons



Dr. Prof. Ashma Rana





Dr. Prof. Atul Munshi



Adolescent PCOS



Dr. Madhuri Patil



Lean PCOS



Dr. Prof. Yam Dwa



Obesity and PCOS



Dr. Prof. Arshad Chohan



PCOS & Infertility



Dr. Prof. Rashida Begum



Discussion : 11:40 am



Prof. Shyam Desai





Dr. Madhuri Patil





Dr. Parul Kottawala



Concluding Remarks 12:10 Pm



Dr. Farhana Diwan



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THE RISE OF NCDs IN THE SOUTH ASIA REGION

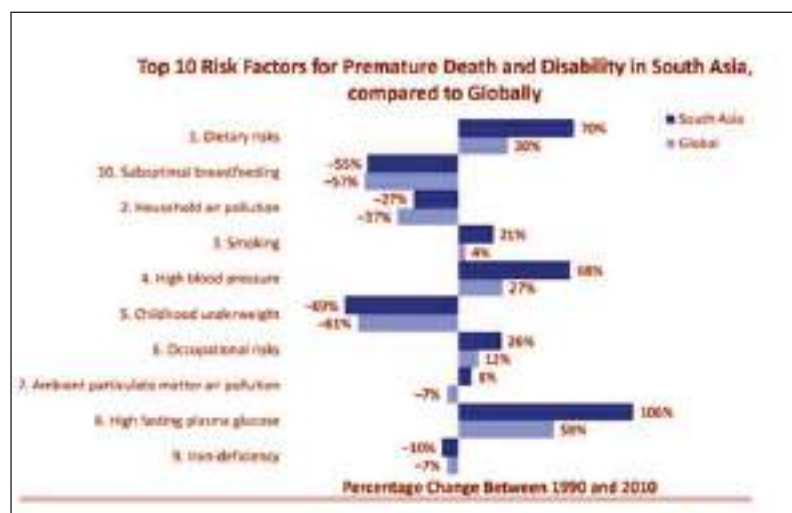
Non-communicable diseases (NCDs) such as metabolic, cardiovascular, cancers, injuries, violence and mental health disorders are increasingly gradually and contributing to the disease burden in South Asia. The demographic, epidemiologic and socio-political transitions in the region are not only accelerating but also exceeding the other regions. The region is also an important priority area for meeting global health targets as this region is the home of one-quarter of the world's population.

Changes in leading risk factors—particularly dietary habits, sedentary behavior, tobacco use and high blood pressure—are thought to underlie the mounting burden of death and disability due to NCDs. Improvements in life expectancy, increasing socioeconomic development and urbanization in South Asia are expected to lead to further escalation of NCDs. Not only the affluent, the poorer section of population are also going to suffer. Between 1990 and 2010, nearly all NCDs increased at a higher rate in South Asia compared with globally, with diabetes and CHD increasing 104 and 73%, respectively. There is notable lack of national surveillance data to document the distribution and trends in NCDs in the region and lack of economic studies and policy initiatives to address NCD burdens.

Opportunities for innovative structural and behavioral interventions that promote maintenance of healthy lifestyles—such as moderate caloric intake, adequate physical activity and avoidance of tobacco—in the context of socioeconomic development are abundant. Testing of health care infrastructure and systems that best provide low-cost and effective detection and treatment of NCDs is a priority for policy researchers. If we are to turn the tide of rising NCDs, we must work together to strengthen health systems, address manageable risk factors, and ensure all people, no matter where they live, have access to quality diagnoses and treatments.

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Ghaffar A, Reddy KS, Singhi M. Burden of non-communicable diseases in South Asia. *BMJ*. 2004 Apr 3; 328(7443): 807–810. doi: 10.1136/bmj.328.7443.807
Karen R. Siegel, Shivani A. Patel, and Mohammed K. Ali. *Non-communicable diseases in South Asia: contemporary perspectives*. *Br Med Bull*. 2014 Sep; 111(1): 31–44. doi: 10.1093/bmb/ldu018
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Dr Ferdousi Begum,
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(OBGYN), Fellow
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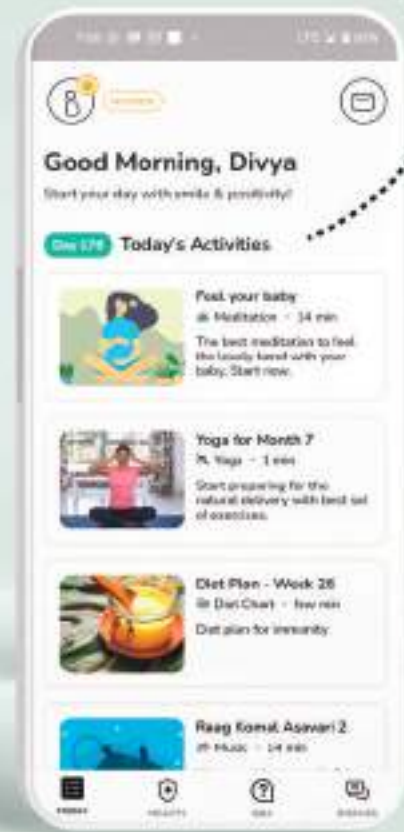
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JSAFOG BEST PAPER 2020

ORIGINAL ARTICLE

Awareness, Knowledge, and Attitude of Egyptian Women toward Cesarean Delivery: A Cross-sectional Survey

Ahmed Alaa-El-Din Wali¹, Ayman Taher², Shima Mostafa Abd-El-Fatah³

ABSTRACT

Background: Cesarean section (CS) rates have almost doubled globally from 2000 to 2015, with Egypt having one of the highest rates worldwide. This survey was carried out to highlight the role of poor knowledge in increasing unindicated cesarean deliveries (CDs).

Aim and objective: To assess the awareness of Egyptian women about the indication of their first CD, their knowledge about different modes of delivery, and their attitude toward CD.

Materials and methods: A cross-sectional survey of 2,379 multiparous ladies, with history of at least one CS, was conducted at a tertiary university hospital, from April 2018 to August 2018. A semistructured questionnaire was used which covered sociodemographic aspects, information about previous deliveries, and 13 closed-ended questions assessing awareness, knowledge, and attitude toward CD.

Results: We found that 72.8% of the women had their CS in their first delivery. The private sector is responsible for 48.5% of the primary CD. Nineteen percent of the participants did not know or were not told of their indication for CD, and nine percent had a CS upon demand. Answers showed that 54.6% of women saw CS is safer for the mother, and 63.7% that it is safer for the baby. Participants thought that CS compared to vaginal delivery is less painful (63.4%), associated with less bleeding (69.8%); does not affect emotional bonding (54.1%); protects against prolapse, urinary, and sexual problems (48.7%); and does not affect future fertility (75.8%). In addition, 44% did not know that vaginal birth is possible after a CS, 28% would opt for a CS to avoid the lithotomy position, and 72.5% did not regret delivering by CS.

Conclusion: Egyptian women's awareness about their indication for CD is defective, and their knowledge regarding pros and cons of different modes of delivery is inadequate and incorrect.

Keywords: Attitude, Awareness, Cesarean section, Cross-sectional, Knowledge, Maternal request, Misbelief, Misconception, Questionnaire, Survey.

Journal of South Asian Federation of Obstetrics and Gynaecology (2020); 10.5005/jp-journals-10006-1768

INTRODUCTION

Cesarean section (CS) is one of the most common major surgical procedures worldwide.^{1,2} Despite being a vital obstetric procedure which saves lives of women and infants, it is not free of short- and long-term adverse events for both.³ Ideally, according to the World Health Organization, cesarean deliveries (CDs) should not exceed 10–15% of all deliveries.^{4,5} A recent systematic review concluded that a CS rate above 9–16% does not decrease maternal and infant mortality.⁶ However, the rates in many countries seem to be much higher than this advised optimum rate and, unfortunately, are still rising.⁷ From the year 2000 to 2015, CS rates have almost doubled globally, with highest rates in Argentina, Colombia, the Dominican Republic, and Egypt.^{7,8} Unlike a lot of poor African countries where CS rates are astonishingly as low as less than two percent of all deliveries, the rate in Egypt is tremendously high.^{8,9} According to the data in national surveys, CS rates have bounced in Egypt from 10.3% in the year 2000 to 19.9%, 27.6%, and 51.8% in the years 2005, 2008, and 2014, respectively.^{10,11} Some reports have recorded rates as high as 63% by the year 2015,⁷ and a rate of 70.5% in higher socioeconomic classes,⁸ especially in private health facilities.^{7,8,10–12}

Several interlacing factors may play a role in this dramatic increment in the rate of unindicated CDs in Egypt.¹³ Surprisingly, the healthcare sector in Egypt—almost—lacks national or institutional practice guidelines.¹³ Additionally, childbirth classes, education, and counseling do not constitute part of the routine antenatal care.¹⁰ In a survey, a large proportion of Egyptian health care providers—especially in private sectors—replied that they would not opt for obstetric practices which tend to decrease the need for CDs, such as external cephalic version, breech delivery, trial of labor in mild

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Source of support: Nil

Conflict of interest: None

cephalopelvic disproportion (CPD), and instrumental delivery.¹⁴ Another contributing issue is the disparity in vaginal delivery and cesarean delivery fees, which might drive healthcare providers to offer women a cesarean.¹⁵ Childbearing women themselves, their relatives, and the society might prefer delivery by a CS due to lack of general knowledge about advantages of vaginal delivery, fear from pain, widespread misconceptions about urinary and sexual functions after vaginal delivery, and the misbelief that a CS is safer for the baby.¹⁶ Other worldwide factors to which rising rates of CDs can be attributed include convenience to both the woman and obstetrician, fear from medicolegal accusations, lack of training on assisted vaginal deliveries, and overuse of advanced fetal monitoring.¹⁷ Yet, several other factors remain unknown in Egypt and should be explored.¹⁸

Having one of the highest CS rates in the world, and in an attempt to highlight the role of poor knowledge in increasing

JSAFOG BEST PAPER 2020

CASE REPORT

Pregnancy with COVID-19: Weal and Woe

Fahmida Rashid¹, Shoyela Shahnaz², Reshma Sharmin³, Mohammad Abdus Sattar⁴, Shahanara Chowdhury⁵

ABSTRACT

Background: Coronavirus disease-2019 (COVID-19) has spread across the globe and has been declared pandemic by the World Health Organization (WHO). People of all age groups are at risk of getting the disease. Pregnant women are at an increased risk of acquiring the infection and developing moderate-to-severe pneumonia resulting in adverse outcome.

Case Descriptions: Published case series have shown that high-risk pregnancies have been associated with higher morbidity and mortality. Pregnancy-induced immune response might have an impact on maternal cardiovascular system and exaggerate the course of COVID-19 disease. Here, we report two cases of late pregnancy with COVID-19 one of which ended with complete recovery and another with adverse outcome.

Conclusion: These two case scenarios might add to the emerging evidence of pregnancy outcome in COVID-19.

Keywords: Comorbidity, COVID-19, Pneumonia.

Journal of South Asian Federation of Obstetrics and Gynaecology (2020): 10.5005/jp-journals-10006-1798

BACKGROUND

In 2020, world experienced an awful pandemic due to Coronavirus disease-2019 (COVID-19) caused by noble corona virus (SARS-CoV-2), which originally started from Wuhan, China which engrossed almost all countries of the world. From fetus to elderly, all are at a risk of getting infected with this virus. The UN study found that during COVID-19 lockdown there had been over 7 million unintended pregnancies in the world. Pregnant women are at an increased risk of acquiring viral respiratory infection and developing severe pneumonia due to the physiological changes in their immune and cardiopulmonary systems.^{1,2} As pregnant women are susceptible to severe acute respiratory syndrome (SARS)³ that may result in increased risk of adverse pregnancy outcomes. In general, the clinical characteristics of pregnant women are similar to those of nonpregnant adults in terms of maternal and fetal outcome.⁴ Majority of pregnancies with COVID-19 have good outcome and develop mild disease, while a few groups of pregnant women get adverse outcome following COVID-19. The most high risk among pregnant women are—those beyond 28 weeks of pregnancy, associated comorbidity, such as diabetes mellitus, hypertensive disease of pregnancy, asthma, heart disease, obesity, and maternal age >35 years. A systemic meta-analysis reported up to 3% pregnancy ended up with severe maternal morbidity.⁵ Pregnant women with history of kidney transplantation, or on immunosuppressive agents have been defined as “extremely vulnerable” by Public Health England. As pregnancy is a prothrombotic state, 5–10% of women without risk factors and women of high-risk pregnancy have adverse outcome following COVID. These vulnerable groups should be hospitalized following COVID, as they are at increased risk of severe disease. They may require advanced oxygen therapy including intensive care unit (ICU) admission. With respect to maternal ICU admissions and mortality rates during COVID-19, the available data appear reassuring. In contrast, SARS and middle east respiratory syndrome (MERS), respectively, had 15–18% and 25–27% mortality rates; 30 and 60% ICU admission rates, and a requirement for mechanical ventilation in 35 and 41% of women.^{6,7}

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Source of support: Nil

Conflict of interest: None

CASE DESCRIPTIONS

Case 1

A 28-year-old primi, physician by profession who was 35 weeks pregnant developed low-grade fever and mild cough during the first week of June 2020. She reported to her obstetrician after 5 days as she felt undue fatigue. She has been self-isolating for the last 3 months and went out only once for routine ultrasound scan as a part of routine antenatal checkup. Her husband who was a physician also developed similar symptoms. Following a telephone consultation with she underwent a reverse transcription polymerase chain reaction (RT-PCR) to rule out COVID-19. Her RT-PCR report came negative on day 5. But, COVID-19 suspect case she was advised to have home isolation and self-monitoring of oxygen saturation and monitoring of fetal heart rate by fetal Doppler and fetal movements. During this isolation period, her cough increased and also she developed respiratory distress and chest tightness. On seventh day of her symptom, her saturation fell to 93% and she was advised for hospitalization. But she refused hospitalization and instead decided to have oxygen at home @ 3 to 5 L/minute. During this time, she also had telephone consultation with an internal medicine specialist who advised some routine



JSAFOG BEST PAPER 2021

RESEARCH ARTICLE

Mindful Digital Program–based Interventions and their Role in Pregnancy and Fetal Outcomes

Jaideep Malhotra¹, Narendra Malhotra², Madhuri Patil³, Neharika Malhotra⁴, Ruchika Garg⁵

ABSTRACT

The joint family system provides a support system especially for children, young parents, and parents-to-be and is a major factor in their survival, health, education, development, and protection. It has the major potential to provide stability and support when there are problems. The joint family system even in India is on the decline, and nuclear families are on the rise both in urban and rural areas. This has left the pregnant woman with little or no family support to fall back on, which can be a cause of stress and thus affect the outcome of pregnancy. Moreover, during the COVID, the medical support was also limited, which has added to the distress.

Stress in the mother can result in hypertensive disorders of pregnancy with resultant low-birth-weight babies, preterm delivery, adverse neurodevelopmental outcomes for the child, and developmental delays in babies, and all these need to be avoided.

iMumz pregnancy, the baby care and parenting digital program, has sought to address these issues by partnering closely with pregnant women, offering a wide range of assistance and activities for maternal well-being in the comfort of their own homes. This study captures the responses and pregnancy outcomes of the women who have used the iMumz pregnancy digital program during pregnancy.

Materials and methods: This longitudinal study (panel study) was conducted on 512 primigravidas. The study group included 255 pregnant women who opted for a digital holistic health program: “Baby Care Program” (BCP), while the control group consisted of 257 pregnant women who received no such interventions.

The BCP included mindfulness meditation, 3 hours of yoga and breathing practices every week, 2 hours of harmonizing music every week, 1 hour of baby bonding activities every week, and 1 hour of personalized diet and pregnancy education each week. The data were collected at 15 and 35 weeks of pregnancy and then from 1 month until 6 months of postdelivery.

Results: The study showed a statistically significant improvement in sleep patterns and stress levels. It also showed a statistically significant decrease in the incidence of preterm delivery and low birth weight and a better maternal–fetal bonding or attachment (MFA) in the BCP study group compared to the control group. After initiation of BCP activities in the App, 88% of the patients reported a significant reduction in stress. The BCP study group also reported a higher sense of mastery in coping with postpartum blues. Eighty percent of the control group reported postpartum blues as compared to 19% of the BCP users. Moreover, 81.4% of the BCP study group reported more sense of control in managing their pregnancies, despite the stressful COVID environment.

Conclusion: The BCP activities, such as meditation, yoga and breathing exercise, harmonizing music, baby bonding activities and personalized diet, and pregnancy education, have helped pregnant women to reduce their stress levels with improvement in sleep quality, increased a sense of control over diet and nutrition, and educated about MFA.

The use of BCP has also positively correlated with better early childhood development and milestones.

Keywords: Baby Care Program, Baby blues, Fetal development, Mother–fetal attachment, Nuclear family, Pregnancy, Stressors.

Journal of South Asian Federation of Obstetrics and Gynaecology (2021); 10.5005/jp-journals-10006-1909

INTRODUCTION

Traditionally, our social structure and culture supported the transition of women to motherhood. The pregnant women in the past with joint family system were surrounded by knowledgeable women, family, and close friends, who supported this transition with affirmation and great excitement. We also know that pregnant women were treated differently, given the best food, and protected from stress and hard physical work. The joint family system also played a major role in the survival, health, education, development, and protection of the children in the family and helped in providing expecting mothers with stability and support when they most needed it.^{1,2} The current trend of changing family dynamics to a nuclear structure along with limited medical support during the COVID pandemic had led to more stress and anxiety during pregnancy. It has been observed that approximately 70% of women experience either prolonged depression or a phase of baby blues,³ which can have an effect on the maternal–fetal bonding and also influence sleep patterns, ability to perform daily tasks, and quality of life in the pregnant women.

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²Global Rainbow Healthcare, Agra, Uttar Pradesh, India; Dubrovnik International University, Dubrovnik, Croatia; IAN Donald School, Mumbai, Maharashtra, India

³Patil's Fertility and Endoscopy Clinic, Bengaluru, Karnataka, India

⁴Rainbow IVF Hospital, Agra, Uttar Pradesh, India; Patankar Hospital, Pune, Maharashtra, India

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How to cite this article: Malhotra J, Malhotra N, Patil M, et al. Mindful Digital Program–based Interventions and their Role in Pregnancy and Fetal Outcomes. *J South Asian Feder Obst Gynae* 2021;13(3):174–179.

Source of support: Nil

Conflict of interest: None

JSAFOG BEST PAPER 2022

ORIGINAL ARTICLE

Distribution and Prevalence of High-risk Human Papillomavirus Infection in Women of Western Uttar Pradesh, India: A Hospital-based Study

Ruchi Mishra¹, Dakshina Bisht², Manisha Gupta³

ABSTRACT

Aim: Cervical cancer caused by human papillomavirus (HPV) is heterogenic in nature with a regional variation in its distribution. It is crucial to detect high-risk HPV, and thus, the present study aims to find the distribution and prevalence of HPV genotypes by DNA testing and its correlation with cervical cytology. The results of this study would be helpful in the development of newer and efficacious HPV vaccine to make it regionally more specific.

Materials and methods: A cross-sectional study was conducted in a tertiary-care hospital. A total of 217 women presented at the outpatient Department of Obstetrics and Gynaecology with different clinical conditions. Women with history of malignancy and pregnancy were excluded from the study. Detailed history was taken on a preformed pro forma, and cervical samples were detected for abnormal cytology by Pap smear and genotyping by HPV DNA testing by polymerase chain reaction.

Results: The overall prevalence of HPV was 5.5% (12/217), and HPV types 59, 56, 51, 33 and 18 were found prevalent in this study. The higher number of HPV DNA positivity found was in low-grade squamous intraepithelial lesion constituting (66.6%), followed by inflammatory smear (20.6%) and normal cytology with (1.1%).

Conclusion: It has been observed that there is a high prevalence of HPV genotypes 59, 56, 51, 33, and 18. Our study highlights the importance of considering other high-risk genotypes which are not covered by the vaccines currently available in India; therefore, it is necessary to redesign the vaccine by including these genotypes to reduce the incidence of carcinoma cervix.

Keywords: Cervical cancer, High-grade squamous intraepithelial lesion, Human papillomavirus DNA, Human papillomavirus vaccines, Low-grade squamous intraepithelial lesion, Pap smear.

Journal of South Asian Federation of Obstetrics and Gynaecology (2022); 10.5005/jp-journals-10006-2013

INTRODUCTION

Human papillomavirus is a highly prevalent sexually transmitted infection with varying degree of genotypic distribution worldwide.^{1,2} Although the majority of lesions are benign and cleared away by host immune system,³ due to long persisting period of HPV infection, it may escape from immune response and lead to the development of preinvasive lesions.⁴ In order to prevent the progression from premalignant lesion to cancer, early detection could be the important step. Prophylaxis used for the prevention of HPV infection provides protection against few predominant genotypes included in its formation, due to its highly heterogeneous nature regional data on genotypic distribution are essential for the development of newer vaccines with expanded coverage of high-risk genotypes.

Based on the above mentioned background, this study was aimed to find the distribution and to estimate the prevalence of high-risk genotype of HPV in the region of Western Uttar Pradesh and to correlate the HPV DNA testing with Pap smear. The results of the current study might help to decrease the incidence of carcinoma cervix and will be helpful in the development of newer efficacious vaccines.

MATERIALS AND METHODS

The present study was conducted in Department of Microbiology in collaboration with Department of Gynaecology, Santosh Medical College and Hospital, Ghaziabad, Uttar Pradesh. Women of

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How to cite this article: Mishra R, Bisht D, Gupta M. Distribution and Prevalence of High-risk Human Papillomavirus Infection in Women of Western Uttar Pradesh, India: A Hospital-based Study. *J South Asian Feder Obst Gynae* 2022;14(2):91–94.

Source of support: Nil

Conflict of interest: None

reproductive age-group were included in the study from May 2019 to April 2021. Pregnant women with the history of malignancy were excluded from the study. Detailed history was taken in a preformed pro forma questionnaire followed by clinical examination. The study was approved by the Institutional Ethics Committee. All subjects under study were informed the objective of the study, and written informed consent was taken prior sample collection.

Pap smear and HPV DNA sampling was done by clinicians with the help of Ayre spatula by rotating at 360° in and outside the

REPORT

SAFOG INTERNATIONAL ACADEMIC WEBINAR SERIES 2022



in collaboration with







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ON



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Date & Topic Schedules

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

JANUARY 27TH 2022 (THURSDAY)	<div style="background-color: #ffc107; padding: 2px; text-align: center; font-weight: bold; font-size: small;">SAFOG : IAN DONALD SCHOOL</div> Chief Guest : Dr. Asim Kurjak / Dr. Frank Chervenak Co-ordinator : Dr. Sonal Panchal / Dr. Monisha Singh / Dr. Ankita B Goyal Topic : Imaging The Fetus	
.....	<div style="background-color: #ffc107; padding: 2px; text-align: center; font-weight: bold; font-size: small;">SAFOG : IAPM: IANDOANLD</div> Chief Guest : Dr. Asim Kurjak Co-ordinator : Dr. Neharika Malhotra / Dr. Priyankur Roy Topic : Preconception, Epigenetics & Genetics	<div style="background-color: #ffc107; padding: 5px; border-radius: 15px 15px 0 0;"> MARCH 24TH 2022 (THURSDAY) </div>
<div style="background-color: #333; color: white; padding: 10px; border-radius: 15px 15px 0 0;"> JUNE 1ST 2022 (WEDNESDAY) </div>	<div style="background-color: #ffc107; padding: 2px; text-align: center; font-weight: bold; font-size: small;">SAFOG : FIGO (REI COMMITTEE)</div> Chief Guest : Dr. Jeanne Conry Co-ordinator : Dr. Jaideep Malhotra / Dr. Shaheen Anjum / Dr. Parul Sinha Topic : Infertility Management in Low Resource Setups
.....	<div style="background-color: #ffc107; padding: 2px; text-align: center; font-weight: bold; font-size: small;">SAFOG : RCOG</div> 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	<div style="background-color: #ffc107; padding: 5px; border-radius: 15px 15px 0 0;"> JULY 28TH 2022 (THURSDAY) </div>
<div style="background-color: #333; color: white; padding: 10px; border-radius: 15px 15px 0 0;"> OCTOBER 12TH 2022 (WEDNESDAY) </div>	<div style="background-color: #ffc107; padding: 2px; text-align: center; font-weight: bold; font-size: small;">SAFOG : AOFOG</div> Chief Guest : Prof. W. W. Sumpaico Co-ordinator : Dr. Jaydeep Tank / Dr. Selvapriya Saravanan / Dr. Neharika Malhotra Topic : The 5 P's
.....	<div style="background-color: #ffc107; padding: 2px; text-align: center; font-weight: bold; font-size: small;">SAFOG : SAFOMS</div> Chief Guest : Dr. Mary Ann Lumsden Co-ordinator : Dr. Ambuja Chorapur / Dr. Prerna Keshan / Apoorva Pallam Topic : Menopause Management of G.S.M.	<div style="background-color: #ffc107; padding: 5px; border-radius: 15px 15px 0 0;"> NOVEMBER 27TH 2022 (SUNDAY) </div>

UPCOMING WEBINARS

SAFOG - AOFOG

The 5 P's

10/12/2022

SAFOG - SAFOMS

Menopause Management of G.S.M.

11/27/2022



ORGANIZERS



Dr Narendra Malhotra
(Director-International
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Dr Rohana Haththotuwa
(President SAFOG)



Dr Yousaf Latif
(Secretary General SAFOG)

SAFOG WEBINAR WITH
IAN DONALD SCHOOL
1/27/2022

IMAGING THE FETUS





Prof Asim Kurjak Prof Ritsuko Pooh Dr Frank Chervenak

- Live Attendance: 827
- YouTube: 326

SAFOG WEBINAR WITH
IAPM-IAN DONALD SCHOOL
3/24/2022

**PRECONCEPTION, EPIGENETICS
& GENETICS**





Dr Manjeet Mehta Dr Ana Vivic Dr Raju Sahetya

- Live Attendance: 492
- YouTube: 187

SAFOG Webinar with FIGO-REI
6/1/2022

**Infertility Management
in Low Resources Setups**





Prof Sanja Kupesic Prof Jaideep Malhotra Prof Craig Niederberger

- Live Attendance: 532
- YouTube: 282

SAFOG Webinar with RCOG
7/28/2022

**Addressing Adverse Outcomes
in Pregnancy**

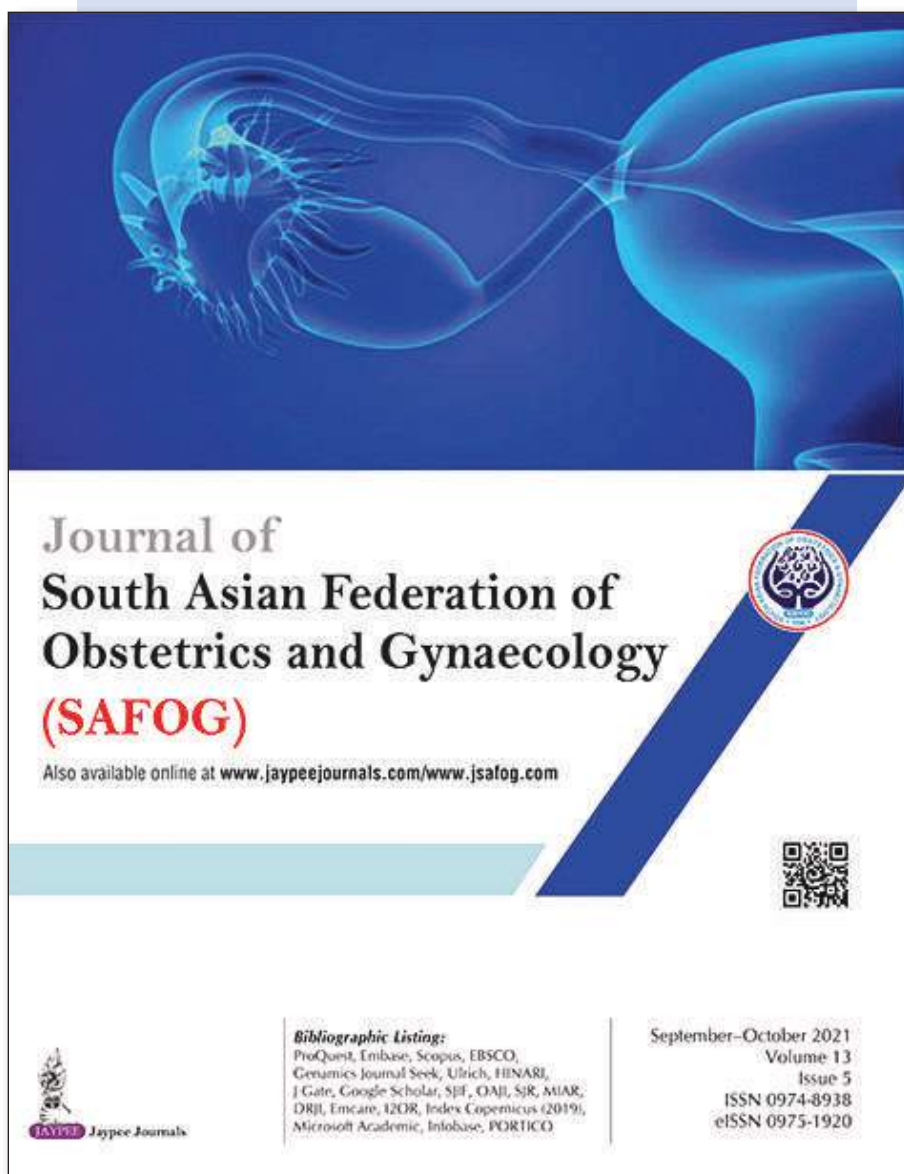




Prof Edward P Morris Prof Lesly Regan Prof Rubina Sohail

- Live Attendance: 615
- YouTube: 261

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



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