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SAFOG NEWS



July 2023

Born Too SOON



EDITOR'S MESSAGE

Dear Colleagues,

Greetings...

Today I am going to touch upon one of the lesser delved areas of ObGyn. Have we ever paid a little thought on why our region is the preterm birth capital of the world. India and China have almost same population but the number of preterm births in India are 3 times higher than China. Even otherwise also when we look worldwide one in ten babies are born preterm, which means that every 2 seconds, one preterm baby is born. What is worst that we have brought down many of the negative health indices over the past few decades, but the rate of preterm births has hardly changed.

Preterm birth is not only leading to more than one million newborn deaths per year but is also responsible for millions who survive but with disabilities, which have long term consequences on them and their families. Also please note that preterm birth is the single largest killer of children under 5. This is a serious problem, which needs our urgent awareness, continuous attention, all efforts and policies at every level and a commitment from not only the healthcare providers and the families of these babies but also from the organizations and governments.

I have been very fortunate to be part of a big working group of PMNCH devoted towards "Born Too Soon" and this group has been working for more than a decade on global coalition of diverse partners who have come together and worked on preparing a global action report on Born Too Soon.

The first report came in 2012 and, this year a decade later the second report was launched at Cape Town in May which has highlighted that the world has made progress on many fronts. Many countries have adopted global plans and resolutions on newborn health, which include every newborn action plan and ending preventable maternal mortality initiative. It also includes new evidence of life saving interventions led by WHO. Times has been very turbulent and in the last decade we also witnessed many global movements for racial injustice, climate change, women's rights, and bodily autonomy, which has helped us restructure the inequities and demand accountability.



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



It is heartening to know though we have done well as far as our SDG goals are concerned but there are still many countries which really need to work very hard. More than 70 organizations, have come together to develop this updated Born too Soon report which has involved more than 140 individuals from 46 countries. It tells us about the journey of the past ten years, the good and the bad and also on the challenges accepted and the opportunities missed. This report is for everyone whoever is the stakeholder, and custodian of women and the newborn health.

It is my duty to spread awareness and advocacy in our region on the various goals yet to be achieved in our humongous population and inspire, energize and activate our healthcare providers towards this very important goal in maternal and newborn child health.

I am attaching the link of the report here and I urge and request all of you to go through it at large and create awareness amongst all our colleagues, partners and organizations and take small steps towards achieving our targets as far as maternal, neonatal, and infant health is concerned.

May we be able to paint our canvas of times to come with the mother and baby died, receiving top quality care and that too respectfully so that our future generations are happier and healthier.

https://pmnch.who.int/docs/librariesprovider9/meeting-reports/born-too-soon-2023.pdf?sfvrsn=6c77d836_5&download=true



MESSAGE FROM THE PRESIDENT SAFOG



Dr Rohana Haththotuwa,
President, SAFOG

Born too soon.

Preterm birth is defined as a baby born prior to 37 completed weeks of gestation. Approximately 14.8 million babies were born preterm in 2014, accounting for 10.6% of all live births globally, with most of these babies (81%) being born in Asian and sub-Saharan African countries with countries like India, China, Nigeria, Bangladesh, Indonesia and Pakistan having 7.0 million (47.7%) of the global preterm births in 2014.

Globally, the preterm birth rate increased from 9.8% (8.3-10.9) in 2000 to 10.6% (9.0-12.0) in 2014.,

According to WHO reports Preterm birth is the leading cause of death in children under five years, and around 35% of neonatal deaths are caused by preterm birth complications. Preterm newborns are at increased risk of developing short-term morbidities, including respiratory distress syndrome, intraventricular haemorrhage, necrotizing enterocolitis and sepsis, as well as longer-term morbidities, such as chronic lung disease and neurological disabilities.

Hence it is vital that we take steps to prevent preterm labour as well as the complications due to preterm birth. Interventions can be directed at three levels.

Primary prevention such as cessation of smoking directed at all women to reduce the risk of preterm birth, or secondary prevention directed at pregnant women with known risk factors. The interventions include use of progestational agents, cervical cerclage. Tertiary prevention where interventions are provided to the woman shortly before or during the birth process with the aim of overcoming immediate and future health challenges of the preterm newborn. These include the use of tocolytics to prolong the pregnancy, use of antibiotics to prevent infection, corticosteroids to promote lung maturity and Magnesium sulphate. The most beneficial set of maternal interventions are those that could improve survival chances and health outcomes of preterm infants when preterm birth is inevitable. These interventions which could be performed just before or during or soon after child birth include,

Corticosteroids – To improve lung maturity of the newborn given to women at risk of preterm birth from 24 weeks to 34 weeks of



gestation. It should be administered when preterm birth is considered imminent within 7 days of starting treatment. could be given to women with hypertensive disorders and also to those with preterm prelabour rupture of membranes but with no clinical signs of infection. It could also be given to with hypertensive disorders in pregnancy who are at risk of imminent preterm birth. Dexamethasone or betamethasone could be administered intramuscularly.

Tocolytics- to inhibit preterm labour. The use of tocolytics should be individualized and tocolytics should not be used when there is any obstetric or medical contraindication to prolong the pregnancy. They should not be used in preterm prelabour rupture of membranes (PPROM), chorioamnionitis, placenta abruption and cardiac disease.

Magnesium sulfate -for fetal protection against neurological complications such as cerebral palsy in the infant and child it is recommended for women at risk of imminent preterm birth before 32 weeks of gestation.

Antibiotics - Routine use of antibiotics is not recommended for women in preterm labour with intact amniotic membranes and no clinical signs of infection. It is recommended for women with preterm prelabour rupture of membranes. Erythromycin is recommended as the antibiotic of choice for prophylaxis. Combination of amoxicillin and clavulanic acid is not recommended

Optimal mode of delivery - Routine delivery by caesarean section is not recommended,

Thermal care for preterm newborns - Kangaroo mother routinely to the newborn

Continuous positive airway pressure and surfactant administration - for newborns with respiratory distress syndrome.

WHO's Managing complications of pregnancy and childbirth: a guide for midwives and doctors (published in 2000) and Pocket book of hospital care for children (published in 2013), provides guidance on maternal and newborn interventions

We members of SAFOG have a great responsibility in addressing this major issue in the South Asian region and I request everyone to cooperate and assist in preventing preterm births and reducing the complications and newborn deaths due to preterm deliveries.



Dr. Naveen Thacker,
President, IPA

Ms. Khyati Chauhan,
Project Manager, IPA

HOW & WHAT INDIA NEEDS TO REDUCE THE PRETERM BIRTHS AND KIND OF CARE WHICH THEY DESERVE



Preterm births, defined as deliveries occurring before 37 completed weeks of gestation, poses a significant health challenge worldwide⁽¹⁾. India, with its vast population and diverse healthcare landscape, is particularly affected by this issue. The consequences of preterm births are numerous, ranging from increased neonatal mortality rates to long-term health complications. In order to combat this pressing problem, it is crucial to focus on both reducing the incidence of preterm births and providing the specialized care that these vulnerable infants deserve⁽²⁾. India needs to adopt the strategies in order to tackle preterm births effectively and ensure that the highest standard of care is provided to these infants. By addressing the underlying causes, improving prenatal care, strengthening neonatal facilities, and fostering public awareness, India can strive towards reducing the burden of preterm births⁽³⁾.

In order to reduce preterm births and provide the appropriate care that premature babies deserve in India, there are several key considerations and actions that can be taken:

- **Preconception care:** Family planning counselling, particularly for adolescent girls in regions with high rates of teenage pregnancy, is a highly cost-effective intervention⁽⁴⁾. Additionally, preventive measures and

screenings/Management for sexually transmitted infections (STIs) are essential. Promoting healthy nutrition, including the fortification of micronutrients, and addressing lifestyle risks such as smoking and environmental hazards like indoor air pollution are also important aspects of preconception care⁽²⁾. Encouraging families and communities to actively participate in preconception care can optimize pregnancy outcomes⁽⁵⁾. By offering comprehensive preconception care, healthcare providers empower individuals and couples to proactively prepare for a healthy pregnancy, which significantly reduces the risk of complications and improves birth outcomes⁽⁶⁾. This approach also contributes to the long-term health and well-being of both parents and children.

- **Strengthening Antenatal Care Services:** Improving access and quality of antenatal care services is crucial. Pregnant women should receive adequate antenatal counselling, regular health check-ups, screenings, and appropriate interventions to identify and manage conditions that can lead to preterm births. This includes managing chronic illnesses, promoting adequate nutrition, and promoting healthy lifestyle choices⁽⁷⁾.

- **Enhancing Awareness and Education:** Increasing awareness among expectant mothers, families, and healthcare professionals about the risks and consequences of preterm births is essential⁽²⁾. Conducting educational campaigns, workshops, and prenatal classes can help educate the people about the importance of prenatal care, early detection of risk factors, and the availability of specialized care for preterm infants⁽⁸⁾. It is equally important to spread awareness regarding government maternal health programs.

- **Collaboration and Research:** Encouraging collaboration among healthcare professionals, researchers, policymakers, and organizations is crucial. Promoting research on preterm births, sharing best practices, and advocating for policies that support preterm infants and their families can lead to better outcomes and improved care.

- **Enhancing Neonatal Care Facilities:** Developing and expanding neonatal intensive care units (NICUs) with trained healthcare professionals specializes in neonatology is crucial. NICUs should have the necessary equipment, resources, and protocols to provide specialized care for premature infants, including respiratory support, temperature regulation, feeding assistance, and developmental care⁽⁹⁾.

- **Promoting Kangaroo Mother Care (KMC):** Encouraging the practice of KMC, which involves skin-to-skin contact between the mother and premature baby, can have significant benefits. KMC helps regulate the baby's body temperature, promotes breastfeeding, enhances bonding, and improves overall outcomes for preterm infants⁽¹⁰⁾.

- **Strengthening Post-Discharge Support:** Providing support and guidance to parents after discharge from the hospital is vital. This includes access to follow-up care, early intervention services, counselling, and support groups to help parents navigate the challenges associated with caring for a premature baby⁽¹¹⁾.

It is important to note that addressing the complex issue of preterm births

requires a multi-faceted approach involving healthcare providers, policy-makers, communities, and individuals. By implementing these strategies, India can work towards reducing preterm births and providing the comprehensive care that premature babies deserve.

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BORN TOO SOON LAUNCH

BOOK LINK

<https://www.who.int/publications/i/item/9789240073890>



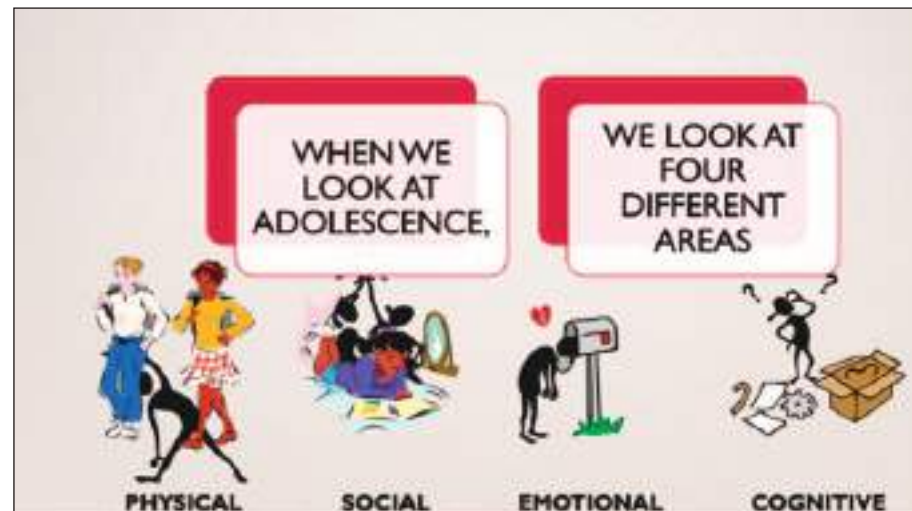




Dr. Neharika Malhotra

ADOLESCENT HEALTH: NURTURING OUR FUTURE GENERATION FOR A HEALTHIER TOMORROW

As a doctor, I am deeply committed to the well-being of all, I want to shed light on a crucial topic that affects our future generation - Adolescent Health. Adolescence, the phase between childhood and adulthood (around ages 10 to 19), is a critical time of growth and development.



To ensure a healthier tomorrow, we must prioritize the health of our adolescents today. Let's delve into the importance of adolescent health and explore how we can support and nurture our young ones for a brighter future.

Why Adolescent Health Matters:

Adolescence is a time of many changes - physical, emotional, and mental. These changes lay the groundwork for adulthood, making it essential to focus on their health during this phase. Good health now sets the stage for healthier lives as they grow older, benefiting both individuals and society as a whole.

Challenges Faced by Adolescents:

Adolescents deal with unique health challenges. Some of these include:

1. Emotional Well-being: Many young people experience emotional ups and downs during adolescence. Mental health issues like feeling low, anxious, or struggling with self-esteem are common and need our attention.



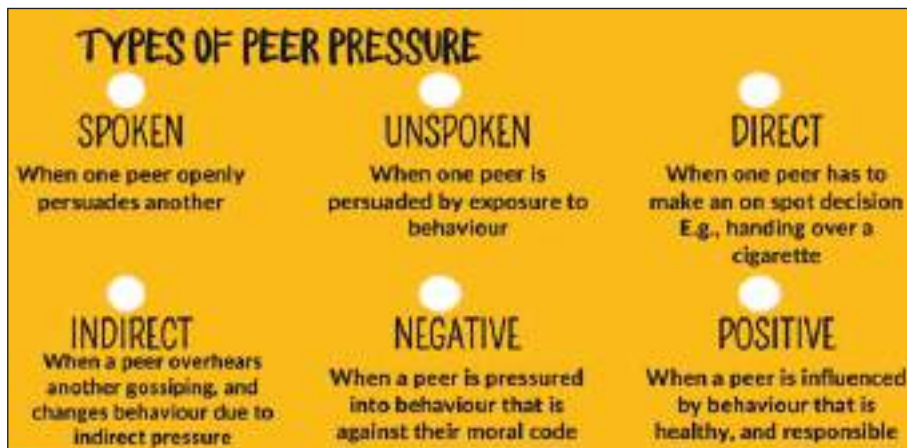
MENTAL CHANGES

- Sense of grown personality
- Search for identity
- Freedom seeking tendency
- Overconfidence
- Fantasies
- Mood changes, irresponsible
- Stress
- Attraction

2. Taking Charge of Reproductive Health: Understanding sexual and reproductive health is crucial. We must empower adolescents with information, support, and access to reproductive health services so they can make informed choices about their bodies.

3. Eating Right and Staying Active: A balanced diet and regular exercise are vital for healthy growth during adolescence.

4. Coping with Peer Pressure: Adolescents may face peer pressure, leading to risky behaviors like substance experimentation. Creating awareness and support systems can help address these issues.



5. Protection from Violence and Abuse: We must protect young people, especially girls, from sexual violence and exploitation. Ensuring a safe environment is essential for their well-being.



Physical Violence	Psychological Violence	Combination
<ul style="list-style-type: none"> ▪ Acid Attacks ▪ Honour Killings ▪ Femicide ▪ Sexual Violence 	<ul style="list-style-type: none"> ▪ Financial Manipulation ▪ Emotional Abuse ▪ Bullying ▪ Stalking ▪ Eve Teasing ▪ Criminal Intimidation 	<ul style="list-style-type: none"> ▪ Domestic Violence

Education for Empowerment:

Education plays a crucial role in promoting adolescent health. By providing clear and comprehensive health education at schools and in communities, we equip adolescents with the knowledge and skills they need to make informed decisions about their health and well-being.

Constraints in Women Empowerment

- Lack of education
- Traditional view limit participation
- Financial constraints
- Family responsibilities
- Low mobility
- Low ability to bear risk
- Low Social status
- Conflicts among women's groups



SIX 'S' FOR WOMEN EMPOWERMENT

1. Shiksha	= Education
2. Swasthya	= Health
3. Swavlamban	= Self Reliance
4. Samajik Nyay	= Justice
5. Samvedan	= Sensitivity
6. Samta	= Equality



Engaging with Young Minds:

Involving adolescents in the planning and execution of health programs is essential. Their voices matter, and we should listen to their needs and concerns. Engaging with youth-led organizations helps foster a sense of empowerment and ownership.

Building Supportive Environments:

Adolescents need support from families, schools, and communities. Open communication, understanding, and acceptance are vital for their growth and development.

Advocacy and Investment:

Investing in adolescent health is an investment in our collective future. Advocating for policies and resources that address their specific needs is crucial. As doctors, we play a vital role in raising awareness and driving positive changes.



Conclusion:

As doctors, let us take a stand to prioritize the health of our adolescents. Their well-being shapes our future, and we must do our best to support and nurture them during this crucial phase of life.

By working together, we can empower our young ones, provide them with the tools they need, and create an environment that fosters their growth and well-being.

Remember, a healthier adolescent today means a healthier society tomorrow!





Director International Relation
Prof. Narendra Malhotra, India



President
Dr. Rohana Haththotuwa, Sri Lanka

SAFOG INTERNATIONAL ORATION WEBINAR SERIES - REPORT

Cosmetic, Aesthetic,
Regenerative Gynaecology- A new Super
Speciality



<https://www.youtube.com/watch?v=Y3n3J26bRfM>

Advances in Prenatal
Ultrasound



<https://youtube.com/live/oCzm-vbihol>

Breech Delivery



<https://www.youtube.com/live/gOCcGKQYXVk?feature=share>

Maternal Mortality
Rate. What Are Pregnant Women Dying
From?



<https://mymedisage.com/video/maternal-mortality-rate-what-are-pregnant-women-dying-from>

Changing landscape
for the Obstetrician
and Gynaecologist
:Stepping up and out



<https://mymedisage.com/video/safog-international-orations-webinar-2023-changing-landscape-for-obstetrics-and-gynaecology>

ART of Hysteroscopy



<https://mymedisage.com/video/safog-international-orations-art-of-hysteroscopy>

Advances in Assisted
Reproductive Technology

Registration Link: <https://mymedisage.com/liveevents/SAFOG04>



SAFOG INTERNATIONAL ORATIONS WEBINARS SERIES 2023

- 24 Aug: **Advances in Assisted Reproductive Technology: Dr Basil Tarlatzis**
Registration Link: <https://mymedisage.com/liveevents/SAFOG04>
- 21 Sep: **Born too Soon:**
- 26 Oct: **PPH Management:**
- 23 Nov: **Advances in Gyn Cancer Management:**
- 21 Dec: **Genetics in Human Reproduction:**





Dr Rashida Begum

COMMITTEE REPORT

REPORT ON ACTIVITIES OF REPRODUCTIVE ENDOCRINOLOGY SUB COMMITTEE SAFOG

Reproductive Endocrinology Sub Committee SAFOG conducted four webinars successfully between November 2021 and May 2023.

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 SriLanka. 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 Kumari 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.



Panelists 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. The 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.





**Perinatal and Perinatal committee of SAFOG
REPORT 2021-2023**



Dr Sadiq Ahsan Pal
Chairperson

Dr Priy Kumar
Co- chairperson

**Star Global Conference FOGSI SAFOG Initiative
Training of Life Saving Skills for the Management of
PPH trained 50 Obgyn at Pune 24-03-2023**



**Workshop at LABORCON 2023 Conference at Patna - FOGSI
SAFOG Initiative Live Saving Skills in the Management of PPH
7th April 2023 Trained 60 ObGyn**



**Workshop at LABORCON 2023 Conference at Patna - FOGSI
SAFOG Initiative Live Saving Skills in the Management of PPH
7th April 2023 Trained 60 ObGyn**



**Dr Archana Baser**

COMMITTEE REPORT

We had 2 Journal club meetings

1) 26/06/2022

Dr Rohana Was guest of Honour

Chairperson Dr Atit Poudel

Presenter was Dr Shweta Kaul Jha and

Mentor was Dr Meenu Agrwal

Topic was comparison of AFC and AMH to determine gonadotrophin dose in IVF RCT

2) Journal Club meeting was conducted in association with by Nepal Obst Gyne society Dr Atit Poudel was convenor for the same on 7/8/2022

3) Webinar 28/06/2023 Technology from diagnosis to Treatment Planning

Guest of Honour - Dr Rohana , Dr Shyam Desai , Dr Yousuf Atit

Dr Asha B

Speakers:

Dr Sonal Panchal - Imaging in endometriosis

Dr Nikita Trehan - Staging of endometriosis and updates in management

Panel Discussion - Moderated by Dr Archana Baser Dr Anu Chawala

Panelist - Dr Asha Baxi, Dr Laxmi Shrikhande, Dr Vimee Batra,

Dr Sudha Tandon

It was very well attended program

Webinar on 18/06/2023 Fogsi Imaging Science Committee and SAFOG Imaging Science Committee

Ultrasound in Prediction and management of Medical disorders in Pregnancy

We are coming up with 2 News letters

1 Fetal medicine updates

2 Gynaecology enhancing your diagnostic acumen in various conditions

July 29 webinar - Adenexal masses

13/08 webinar FGR

SAFOG FOGSI ultrasound workshop on 22/09/2023 at Mumbai with MOGS

On simulator - Early Pregnancy 30 delegates

3d/4D workshop 30 delegates



Dr Sadiyah Ahsan

COMMITTEE REPORT

REPORT SAFOG MATERNAL & PERINATAL HEALTH COMMITTEE FROM 2021 TO JUNE 2023

Members of the Maternal & perinatal Health Committee SAFOG 2021 - 2023

	Name	Country
Chairperson :	Prof Sadiyah Ahsan Pal	Pakistan
Co- Chairperson :	Dr. Priti Kumar	India
Members:		
	Prof. Shama Munim	Pakistan
	Dr. Darshana Abeygunawardena	Srilanka
	Dr. Snigdha Rai	Nepal
	Prof. Latifa Shamsuddin	Bangladesh
	Dr Sheela Mane	India
	Dr. Mariam Iqbal (Volunteer)	Pakistan

Webinars/ meetings/ trainings on the following with input from all countries

- SAFOG session held in SOGP conference 25.2.22
- SAFOG session planned in NESOG 1-3 April 2022, with PPH Jeevandhara 3 workshop
- WHO Intrapartum care and respectful maternal care with the new partograph implementation planned in all Safog countries
- Reducing Perinatal deaths & Stillbirths (in continuation with previous webinar)
- Covid 19 infection in Pregnancy & lactation, management , vaccination

Suggestions by SAFOG Patron Prof. Sir S. Arulkumaran:

Initial Guidance received from Emeritus Prof Sir Arulkumaran via Webinar in Sept 2021 on the New WHO Labour Care Guide (LCG). Since then 45 trainings Held all over Pakistan by Senior SOGP Fellows. WHO focal persons in Geneva contacted and offered technical support & Guidance to conduct trainings in Pakistan.

Workshops Held all over Pakistan at initiative taken by SOGP, AMAN, CPSP

Publication of Labour care guide & Giant laminated Partograms (for teaching and practice)

With support from 2 pharmaceutical companies. LCG were distributed all over Pakistan. Link to the webinar:

<https://www.youtube.com/watch?v=GqAbGHjvNI4>

PMNCH 1.8 BILLION CAMPAIGN: EMPOWERING ADOLESCENT YOUTH FOR A BETTER FUTURE

We are delighted to bring to your attention a significant global initiative that aims to empower and uplift adolescent youth across the world. The Partnership for Maternal, Newborn & Child Health (PMNCH) has launched the "1.8 Billion Campaign," a movement that seeks to address the critical challenges faced by adolescents and young people. In this edition of the SAFOG Newsletter, we delve into the key details of this campaign and explore its potential impact on the lives of the younger generation and their future.



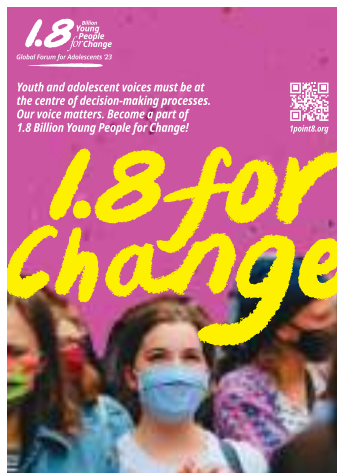
Introduction to the 1.8 Billion Campaign:

The 1.8 Billion Campaign derives its name from the staggering statistic that approximately 1.8 billion young people, aged between 10 and 24, populate our planet today. This generation represents the largest youth population in history, and their potential to shape the future is immeasurable. Recognizing the importance of investing in adolescents and youth, PMNCH has partnered with various organizations and stakeholders to spearhead this transformative campaign.

Objectives of the Campaign:

The overarching goal of the 1.8 Billion Campaign is to advance the health, rights, and well-being of adolescents and youth globally. It aims to address the various challenges faced by this demographic, including but not limited to:

- 1. Healthcare Access:** Improving access to quality healthcare services and promoting health education to help young people make informed decisions about their well-being.
- 2. Education and Empowerment:** Enhancing educational opportunities and vocational training to empower adolescents and youth to build a better future for themselves and their communities.
- 3. Gender Equality:** Advocating for gender equality, especially concerning issues like early and forced marriages, which disproportionately affect adolescent girls.



4. Mental Health Support: Promoting mental health awareness and providing support to address the growing mental health challenges faced by young people.

5. Sexual and Reproductive Health: Ensuring access to comprehensive sexual education and reproductive health services, as well as promoting rights-based approaches to family planning.

6. Youth Participation: Encouraging meaningful youth participation in decision-making processes and policies that affect their lives.

How to Get Involved:

The 1.8 Billion Campaign thrives on collective action and engagement. Individuals, organizations, governments, and policymakers can contribute in the following ways:

1. Raising Awareness: Share information about the campaign on social media platforms, in community gatherings, and through various communication channels.

2. Collaboration: Partner with local and international organizations working on youth-related issues to amplify the campaign's impact.

3. Policy Advocacy: Engage with policymakers to prioritize youth-related policies and allocate resources to address their needs effectively.

4. Volunteering: Offer your time and expertise to organizations that are actively working to support adolescent and youth development.

5. Donations: Financial contributions to credible organizations dedicated to youth empowerment can make a significant difference.

Conclusion:

The PMNCH 1.8 Billion Campaign holds the promise of transforming the lives of millions of young people worldwide. By focusing on their unique needs and challenges, this initiative paves the way for a more equitable and prosperous future. As we collectively work towards achieving the Sustainable Development Goals, let us remember that empowering adolescents and youth is not only an investment in their future but also an investment in the future of our global community.

We expect that like minded organisations will organize large scale events for this cause and will be wholeheartedly supported and promoted by PMNCH wherever possible, and we lay trust in the collective power of collaborative efforts to empower and uplift the lives of adolescents and youth worldwide. For more information about the campaign and how you can get involved, please visit the official campaign page: [PMNCH 1.8 Billion Campaign] <https://pmnch.who.int/news-and-events/campaigns/1-8-billion> <https://www.1point8b.org/>

Together, let us strive to create a world where all young people can thrive, realize their potential, and become powerful agents of positive change.



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

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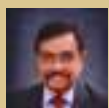
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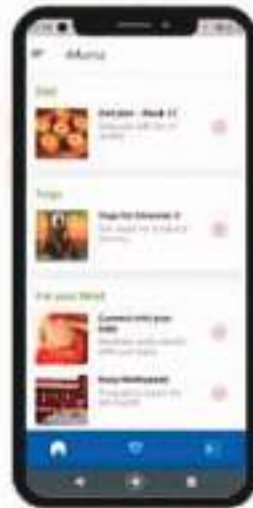


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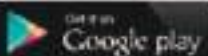
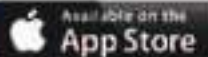
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14th SAFOG CONFERENCE

on

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in association with

The Federation of Obstetric and
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hosted by

The Mumbai Obstetric &
Gynecological Society

23rd - 24th September 2023
Venue: The Lalit, Mumbai,
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FIVE PRECONGRESS WORKSHOPS

Friday 22nd September 2023
at Cooper Hospital, Juhu and
Holy Spirit Hospital, Andheri



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Online Registration : <https://tinyurl.com/14th-safog>

LAUNCH OF PMNCH 1.8 BILLION CAMPAIGN AT SAFOG

PANEL DISCUSSION ON ADOLESCENT HEALTH

DATE: 23 SEP 2023 TIME: 04.00 PM

VENUE: 14TH SAFOG CONFERENCE, THE LALIT, MUMBAI, ANDHERI (E),
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SAFOG Annual Conference hosts an enlightening Panel Discussion on Adolescent Health, covering mental health, reproductive & sexual health, nutrition, substance abuse, gender equality, coping with peer pressure, and community involvement. Join us to contribute to enhancing adolescent well-being. Together, we can make a lasting impact on their lives. Be part of the conversation!





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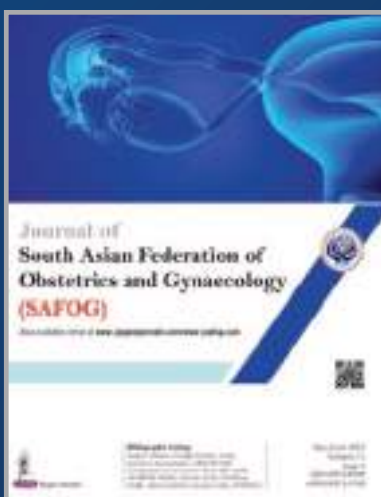


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JSAFOG

(2023 Statistics)

Authors: **3807**Articles Submitted: **2920**Published Article: **1278****Jaideep Malhotra**
Editor-in-Chief**Ruchika Garg**
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REPORT****2023****JSAFOG (2023 Statistics)**

- The Journal of South Asian Federation of Obstetrics and Gynaecology (JSAFOG) is a double-blind peer reviewed journal.
- The journal aims to provide access to latest and the best scientific, peer-reviewed and clinically-oriented knowledge.
- Started publishing six (6) Issue for the year 2019 onwards.
- The scope of this journal is to cover the broad subjects of obstetrics and gynaecology and publish articles, information, and practice guidelines.
- Dr Jaideep Malhotra is the editor in chief since 2015.
- Journal is being digitally preserved in Portico which is a mandatory condition for Medline and other premium databases and will appear soon.
- JSAFOG has associated with various international partners as promotional partners in Middle east, North African countries and other countries around the globe.
- Articles from Indonesia, South Africa, Egypt, Nepal, Pakistan and others are published in year 2021 and 2022.
- Authors will also get an opportunity to present the paper at the conference.
- 2023-24 Plan: To increase & promote inclusion of the citations in research around the globe.
- The Journal is indexed in Scopus, Embase, Google Scholar, J-Gate, Genamics JournalSeek, ULRICHS WEB, Scimago Journal and Country Rank (SJR), I2OR, INFOBASE INDEX, EmCare, Scilit, WorldCat, ICMJE, OpenAcademic Journals Index, PORTICO

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