

Official Newsletter of the South Asian Federation of Obstetrics & Gynaecology



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

# SAFOG NEWS



COLLABORATION  
WITH COMMITMENT



## EDITOR'S MESSAGE

**Dear Members,**

Greetings!

Last 2 years have been full of global crisis, compounded by hard core realization of the position of various countries as far as their healthcare provisions are concerned. During this period, all of us also understood that it is extremely important to have strong collaboration for an equitable and resilient healthcare service and it is very important that we achieve our SDG health targets. There are still huge gaps as far as the healthcare services are concerned globally. Countries need to align themselves, coordinate with likeminded friendly countries to increase their efficiency and facilitating progress towards universal health coverage. Based on these facts, this issue of newsletter is being designed on how SAFOG countries can collaborate and optimize the health of their women and children in their region. There is so much we can do with right kind of partnerships and collaborations to address the overlapping challenges and crises that are refraining millions of women and children to survive and thrive. I am very thankful to all the president of the various organization who have sent their thoughts and also thankful to fraternity across the border for organising so many collaborative programs for skill enhancement and capacity building, Jeevandhara being one of them.

June is the month for infertility awareness, and we have one of the largest population of sub-fertile couples in the region with limited resources, accessibility and awareness. A good proportion of sub-fertility is attributable to preventable causes. Unless and until this awareness and knowledge comes in handy at an earlier stage of life, preventive infertility cannot be achieved. The launch of Global Fertility Education Partnership is going to fill many of these gaps in understanding, and I would like to thank FIGO, IFFS and ESHRE for this remarkable partnership. I want to put on record my sincere thanks to our president Rohana Haththotuwa for his unconditional support in bringing out this newsletter and to all the contributors for their efforts and commitment towards women's health.

***"The great thing in this world is not so much where we stand, as in what direction we are moving!" - Oliver Wendell Holmes.***

If all of us move forward together, then success in optimizing women's health will take care of itself. Let us have consensus on collaboration with cooperation and commitment.



**Dr Jaideep Malhotra,**  
*Editor, SAFOG*



## CONGRATULATIONS

Heartiest Congratulation to Prof. T.A. Chowdhury, the doyen of Obs & Gyn in the region for being awarded the prestigious AOFOG Fellowship during the recently concluded AOFOG Conference at Bali, Indonesia. His contribution to the region and specially to Bangladesh and SAFOG are well recognized and appreciated. We wish him all the best of health and happiness.





## PRESIDENT'S MESSAGE

### *Dear friends,*

There is a touch of relief in everyone as we tend to see a ray of light signaling the end of the Covid pandemic. Now most countries have relaxed their travel restrictions and people have started to move around. I also travelled to Kathmandu on the 1st April to attend the International conference of the Nepal Society of O & G where we had a SAFOG session and also the Jeevandara Phase 3 Workshop to train Health workers in the Hospital in the Management of PPH which was conducted in Association with FOGSI and The MCGH hospital USA. Dr. Priti Kumar Co-Chair of the Maternal & Perinatal Health Committee spearheaded the programme. The programme was highly accepted by the participants.

Then I travelled to Indore India to Participated in the AICOG 2022 Congress wSAFOG. Where we had a very informative SAFOG session organized by Prof Narendra Malhotra and Prof Bhaskar Pal, FOGSI representative for SAFOG. Dr Priti Kumar organized another well attended post congress workshop on Management of PPH for the Health workers.

This was my first overseas travel after two years since the outbreak and I was happy to meet and see so many of our friends in person after a long break. Meeting in person gave everyone cheerfulness much more than what we enjoyed when seeing virtually. I feel that now the doors are open for us to travel and that we will be able to get back to our usual in person meetings and conferences.

Dr. Jaideep Malhotra the Editor in Chief of the Newsletter and the Journal is devoting this issue to Collaboration with commitment: In optimizing women's health.

The term collaboration can be of two vastly different senses it could be a positive concept of "action of working with someone to produce something" or have a very negative a concept of "traitorous cooperation with an enemy". We are certainly focusing on the former which imply that we intend to develop a solution together, based on shared input and mutual respect which requires a cooperative spirit and mutual respect among the partners.

Then High-quality health care delivery involves, a diverse team, of often highly specialized health care professionals, assuming complementary roles and cooperating to work together, sharing responsibility and making decisions to formulate and carry out plans for patient care at all levels of health care delivery structure.

There needs to be Collaboration between all teams and team members involving positive engagement in a cooperative and coordinated way, moving towards effective interventions at care delivery with engagement with professional organization, Non-Governmental Agencies and Governmental Agencies. Such effective collaborations will help not only to plan the programmes but to implement them and to have sustainability.

This involves working together of multiple health care practitioners with varying levels of educational and occupational training and experience. So to achieve a successful outcome for the care seeker, effective collaboration among all those responsible is essential to prevent mishaps, lapses and lost opportunities to prevent fatalities.

Consequently, Professional associations which act as representative bodies or umbrella organizations for professionals including Obstetricians and Gynecologists working in the area of women's health need to work in harmony and cohesively with multiple actors at National, Regional and Global level to advance towards the common objective: Optimizing Women's Health .

In this aspect, SAFOG has always made attempts to fulfill its' lawful role in facilitating, directing and maintaining effective collaboration between National organizations of the South Asian Region and

other Global Organizations such as Asia Oceania Federation of Obstetrics and Gynaecology (AOFOG) and Federation of International Federation for Obstetrics and Gynecology (FIGO) , also the World Health Organisation and many more . It will continue to maintain and improve effective collaboration with multiple partners and provide technical assistance to the National Associations in the SAFOG.

Stronger Collaboration, Better Health: The Global Action Plan for Healthy Lives and Well-being for All (the GAP) was launched at the United Nations General Assembly in September 2019. Under the GAP, 12 multilateral agencies engaged in health, development and humanitarian responses committed themselves to more effective collaboration to help countries accelerate progress as part of a decade of action and delivery to achieve the health-related SDGs.

There is no alternative to collaboration among multilateral organizations if the SDGs are to be reached and the GAP platform provides a key opportunity to optimize collaboration among the 12 signatories.

Working together accelerates progress and the outcome.

Collaboration under the GAP has improved mutual understanding and increased trust, social capital and working relationships among the signatory agencies. The GAP approach is support The COVID-19 pandemic has become the major health, economic and social concern in countries and globally, highlighting the critical importance of stronger collaboration.

There is no other situation where working in collaboration has become so vital than now when



**Dr Rohana Haththotuwa,**  
*President, SAFOG*



**Dr Yousaf Latif Khan,**  
*Secretary General, SAFOG*



## A MESSAGE WAS SENT TO THE KEY OPINION LEADERS TO OPINE ON HOW WE CAN COLLABORATE TO OPTIMIZE WOMEN'S HEALTH. HERE ARE SOME OF THE SUGGESTIONS...

### *Dear friends,*

Today infertility affects almost 80 million couples world wide with an incidence of 5-30% in different countries world over. In 1978, 44 years back, the birth of Louise Brown by Patrick Steptoe and Robert Edwards, revolutionised the management of infertility globally. Today Louise Brown is a mother of a naturally conceived child. Unfortunately Louise Brown's mother died a few years back

Since the last 44 years ART has seen

1. Technical developments
2. Increased success rates
3. Patient satisfaction
4. Quality control
5. Reduced risks to mother and child
6. Ethical, legal, social and economic impacts
7. Softer Protocols
8. Patient friendly monitor
9. SOET
10. Artificial Intelligence

If we wish ART to be in our armanterium of infertility management then ART has to be safe, well tolerated, cost effective with high compliance and should lead to a healthy singleton birth.



**Dr Narendra Malhotra,**  
Past President, FOGSI



The biggest challenge is complete reproductive health, and just not for treating infertility, reproductive health is complete freedom from disease and contraceptive measures to all which enables a couple to enjoy sexual freedom without fear of disease and unwanted pregnancy and to plan and have as many offsprings they wish to.

The challenge of ART specialists in South Asia (SAFOG Region) is to speak the common language of reproductive health, have a common mission to give better and a common goal of reproductive health to build health families.

The major problems of infertility in Asia is due to male problems and the social factor of "the all potent man". Tobacco and infections are major cause of subfertile men in Asia.

Also another major problem is that almost 30% of couples who need help are unable to reach the specialist due to various reasons for which social delay and trying out of unscientific local therapy is the major reason, also the affordability and frequent visits to the infertility clinics play a major role.

The challenges in SAFOG Region are :

1. Social priority and challenges of overpopulation.
2. Technical and Risk challenges to produce our desired result of success with quality and minimum risks.
3. The ELSE challenge, (ethical, legal, social and economic challenge).

For an ART specialist the success today should be a singleton term live birth with lowest cost and lowest discomfort and the shortest duration and we must apply the 5 A 's' of an ideal health technology to ART.

1. Appropriate
2. Acceptable
3. Available
4. Accessible
5. Affordable

In the words of Dr. M. Fattahala

"The challenges to ART cannot be underestimated. But the reward is also great what reward can be better than a happy mother, a proud father, a healthy child and a harmonious family."

We salute the efforts of Late Prof. Patrick Steptoe & Nobel Laureate Robert (Bob) Edwards.

Dr. Narendra Malhotra  
Past President FOGSI

## MESSAGE

### ***Greetings SAFOG Members,***

It gives me true pleasure to be part of this important mission “Collaboration with Commitment to optimize women's health” here and with SAFOG.

A holistic, comprehensive, and life-course approach beyond reproductive health is needed to achieve better health of women - starting from pregnancy and maintained throughout the newborn, childhood, adolescence and aging period. Women must be empowered to take care of their health. As the theme for this year goes, it is also absolutely true to highlight the positive impacts which will come through collaboration, through public-private partnerships (PPP- as advocated by the Govt. of India), through young as well as senior minds and when they come together collectively to play their roles, significant change can be achieved at multiple levels.

Women's cancers, especially breast and cervical cancer, result in high rates of mortality and morbidity, especially in low- and middle-income countries. Widespread major inequalities in access to early detection and screening lead to large variations in clinical outcomes and survival after treatment. Breast cancer, the leading cause of deaths from cancer in women (1.7 million new cases and 0.5 million deaths in 2012), is diagnosed in low- and middle-income countries mostly at advanced stages, when palliative care is the only option. Cervical cancer is the fourth most common cancer affecting women worldwide and it is the third leading cause of death from cancer in women in low and middle-income countries. In most cases women have limited access to screening and treatment of precancerous lesions, with resultant late-stage identification.

Of all bigger challenges, one which affects the future generations, and close to my heart and agenda is a journey to curtail the challenge of “the prevalence of anaemia” in pregnancy in India, which is among the highest in the world. Anaemia in pregnancy was recognized as a major public health problem in India leading to high maternal morbidity and mortality, low birth-weight and high infant mortality. Several studies have confirmed these findings.

In the last two decades, several national surveys have estimated haemoglobin levels in pregnant women. There was a reduction in the prevalence and severity of anaemia in the last 15 years. The two-pronged strategy of increasing iron intake (dietary diversification and use of iron-fortified iodized salt) in all the population and testing and detecting and treating pregnant women with anaemia will accelerate the pace of reduction in anaemia. Tenth Five Year Plan reiterated the importance of universal screening of pregnant women for anaemia and providing appropriate management depending on the severity of anaemia and time available for treatment. However, we have yet to cope with the burden completely.

Screening for sickle cell and thalassaemia involves a blood test. It's best to



**Dr Usha P. Dave,**  
President, ISPAT



## MESSAGE

**Dear friends,**

EACH MOTHER – A 10g mother

(That is every pregnant mother should have at least 10grams of haemoglobin.)

South Asian Federation of Obstetrics and Gynaecology is going great in leaps and boundaries for the welfare of health of women in general and maternity in particular.

it's a pain to see a maternal death anywhere in the world and an agony if it's preventable in some way.

I would wish that the SAFOG launch a " UNIVERSAL ANTI NATAL CARE "all the member countries chart out a common possible program where in, a pregnant mother gets the maximum benefit.

For example, anaemia is the indirect root cause of maternal death predisposing to hypertensive disorders antepartum and post-partum haemorrhages, sepsis and sudden obstetric collapse. The neonates have no iron stores and again a victim of disease right from in uterus status.

All the stalwarts of SAFOG, sit and form a formula.

Distribution of iron and folic acid tabs right from puberty, throughout pregnancy and lactation.

Taking care of school children - by giving packs of jaggery plus pohe (pound rice) with ground nuts, (rich sources of iron) to be given along with tablet pack.

Course of Mebendazole to be given for treating worm infestation.

Midday meal containing RAGI (rich source of calcium)

committed counsellors is the biggest asset to this program. going to nooks and corners of the countries is a difficult task for health care workers.

Associating the program with NGO's, local women's groups, meeting HODs of teaching collages for their infrastructure utility, announcing prizes for good work to encourage the grass root workers, ... these are few concerns to be charted out.

Course of Mebendazole for treating worm infestation of gut

To conclude, I wonder what about those street girl children, domestic girl workers, school dropouts and non-school goers, it's a pain to think of the poor quality of their lives. how and what and when to do.....

"So much to do".

"Aanandam Vasudhaika Kutumbakam", our pledge to bring happiness to the global family.



**Dr Ambuja Choranur,**  
President Indian Menopause Society

have the test before 10 weeks of gestation period. This is because the mother will have the option of carrier screening test in her & her husband, in case she turns out positive & further prenatal molecular diagnosis if the couple is positive to find out whether the baby will be affected or not. By having the screening test early, the mother can find out about all her options and make an informed decision if the baby is at risk of inheriting a blood disorder. Thus, the reproductive option is available to the family thereby reducing the burden of a blood disorder and prevention of recurrence in the affected family. The collaboration between Centres/hospitals for technical expertise & prenatal diagnosis by establishing the network with rural district health services in the region through PPP can be an excellent "Referral System Model" already proved with efficacy.

Majority of the pregnant women are offered a test for thalassemia depending on the available health infrastructure & services available as well as affordability & rural inadequate facilities for such screening. Secondly, not all women are automatically offered a test for sickle cell. In areas where haemoglobin diseases are more common, all women should mandatorily be offered a blood test for sickle cell. In areas where haemoglobin diseases are less common, a questionnaire should be used to identify the family origins and the origins of the baby's father. If the questionnaire shows that either the mother or the baby's father is at risk of being a sickle cell carrier, a screening test should be done. Improving the health of her newborn is automatically empowering the woman's health and hence 'Universal Newborn Screening', though well accepted in the developed countries as a mandatory public health policy, should also be considered with a priority in Asian countries. The limited resources & inadequate technical infrastructure services can overcome through committed collaborations among national scientific bodies and political will! It can go hand in hand with mother's health and thus, early screening & diagnosis can reduce the national burden of childhood disabilities & death due to preventable metabolic/genetic conditions. One simple test, or better put it as, one simple act of creating awareness about implementing such tests across all maternity centres/ hospitals including Govt. or private can save the future generations.

Overall, a lot of work needs to be done and can only be done through collaboration of government bodies, medical institutions, professionals from all spheres of life and the healthcare workers at the very granular level. The scientific bodies like SAFOG, ISPAT, FOGSI etc. and others in Asian countries as well as related professionals can even make a small beginning at individual level with commitment & passion, and one will definitely find the fruits of all efforts put in. For example, the screening for 'Gestational Diabetes' in pregnant women in a community carries a great impact not only improving women's health but also saving the life of several babies.

I congratulate and thank the members at SAFOG for the mission and theme of "collaboration with commitment to optimise woman's health" and allowing me to opine & be a part of it. I truly believe that this is not only a theme but a mission which we can all build together as a continuous journey forward and only through effective collaboration.

Wishing everyone here all the very best.

**Dr Usha P. Dave**  
**President- ISPAT (2021-23)**



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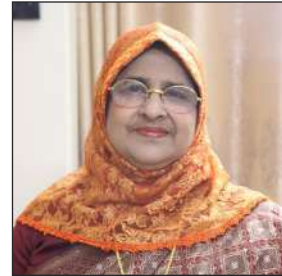


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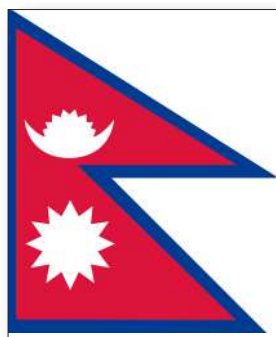


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FOGSI, India

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Prof. Ganesh Dangal,-  
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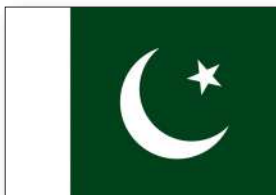


Dr. Yam Prasad Dwa,  
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Afghanistan



Dr. Shahrbanu  
Akbarzada, Secretary-  
ASOG, Afghanistan

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Prof. Rashida Begum, Bangladesh

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**11. CONSTITUTION REVIEW:** Prof. Farrukh Zaman, Pakistan

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



## FIGO STATEMENT ON RESPECTFUL CARE



FIGO believes that respect and dignity form the basis of obstetric and gynecologic care. It is important that respect is shown to patients and families, and likewise to the practitioners providing care, the trainees and colleagues. Respect is not unidirectional, but is at risk with any systematic hierarchy of care. It is telling that the research around patient safety and improved care reduce hierarchies, and stress collaborative patient-centered care.

FIGO as the global voice for Women's Health is comprised of over 130 autonomous member societies. FIGO has produced a Strategic Plan (<https://www.figo.org/about-us/figo-strategic-plan-2021-2030/introduction>) and implementation strategy. FIGO has restructured its Divisions and Committees, creating a Division of Maternal Newborn Health. Within this Division we have a Committee on Health System Strengthening and Respectful Care. This Committee will share guidance and recommendations to all of our Member Societies on the important collaborative elements that ultimately strengthen our health systems. FIGO is clear to have Associate Members representing the breadth of health care on our Committees to assure collaboration and broaden our perspectives. These members represent scientific experts in the field, doulas, midwives, family planning experts and policy implementers. Our work is based on collaboration.



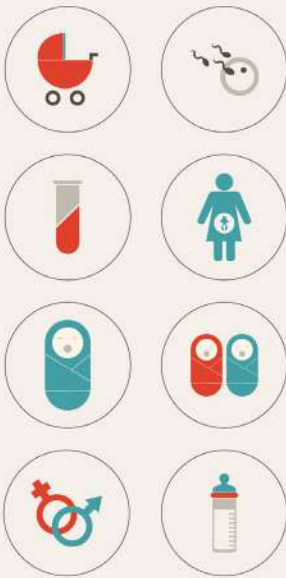
FIGO communicates with Member Societies through Newsletters, Webinars, Regional and World Congresses. We have a Council that represents Member Societies, and Trustees and Regional Representatives that bring our guidance directly to our Member Societies around the five regions of the world. But we also must respect the autonomous nature and independence of every Member Society. Thus FIGO develops the ethical statements and views of women's health and the many challenges faced.

Do we have examples of how to address Respectful Care? Most certainly, and FIGO has met with our leaders. We have no further than to look, learn and share the American College of Obstetricians and Gynecologists and their announcement in February 2022

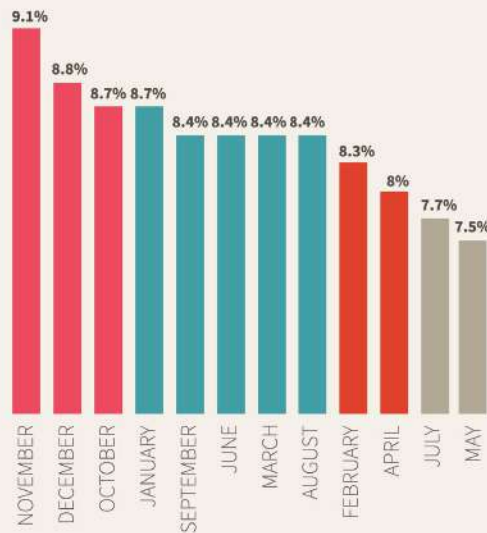
(<https://www.acog.org/about/diversity-equity-and-inclusive-excellence/betsey-lucy-and-anarcha-days-of-recognition>) about respectful care. But at the same time, we are a Federation of Societies, and recognize that each of our societies is independent. Sharing learning, best practices, and an understanding of scholarly work is our key to success. FIGO bases its work on four pillars: Education, Research Interpretation and Implementation, Advocacy and Capacity-building. We will continue to collaborate with our societies to achieve a knowledge base and then strengthen these pillars upon that base.



## BABY CONCEPTION INFOGRAPHIC



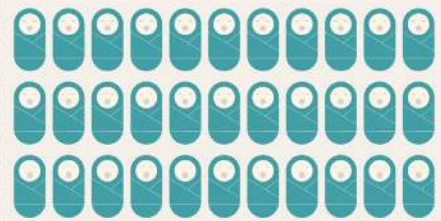
### WHEN MOST BABIES ARE CONCEIVED?



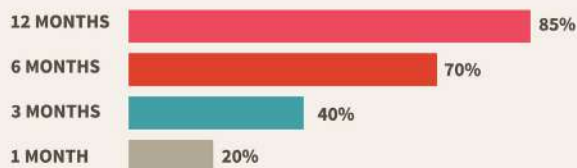
**9 230 000**  
**WOMEN**  
**GIVE BIRTH**  
**EACH MONTH**



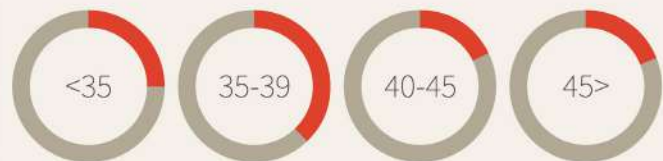
**1 203 030 CHILDREN**  
**ARE BORN EACH DAY WORLDWIDE**



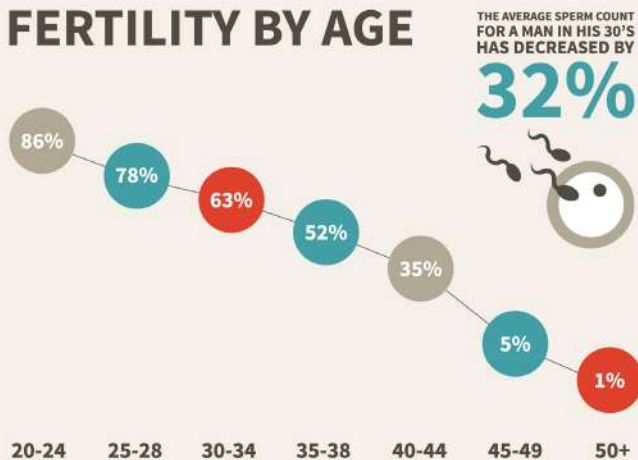
### TIME TO CONCEIVE



### PREGNANCY RATES BY FEMALE AGE

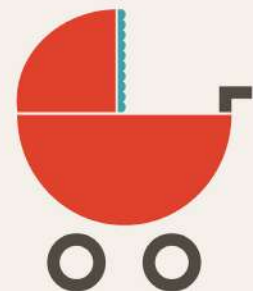


### FERTILITY BY AGE



### WHAT IS INFERTILITY

- <35** UNABLE TO CONCEIVE IN 1 YEAR OF TRYING
- >35** UNABLE TO CONCEIVE IN 6 MONTHS OF TRYING



4 OF 10 FERTILITY PROBLEMS CAN BE ATTRIBUTED TO MALES





Proud to have Dr Jaideep Malhotra representing FIGO in Partnership for Maternal, Newborn and Child Health (PMNCH) & Health Care Professional Associations (HCPA) being key opinion leader in LIVES IN THE BALANCE SUMMIT Series of World Health Assembly (WHA)





## LIVES IN THE BALANCE SUMMIT SERIES: DELIVERING ON COMMITMENTS TO IMPROVE HEALTH EQUITY THROUGH MULTI-STAKEHOLDER COLLABORATION

### Key Contacts

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### Location & Timing

- 20th May, 14h30 CET
- Speakers: <https://who.zoom.us/j/99264372470>
- Guests: <https://www.eventbrite.ch/e/lives-in-the-balance-summit-series-registration-338240846477>
- Part of PMNCH's Lives in the Balance Summit series
- **Speakers: Please login at least 30 minutes prior to the event**

### Event Description

The WHO PMNCH's "[Lives in the Balance](#)" summits highlight the urgent need to support women, children and adolescents during COVID-19 and enable partners and governments to meet those needs, by advocating for an equity lens to country response efforts. In an effort to share lessons, tools and resources on the importance of focusing on women, children and adolescents and enhancing strategies to equitably protecting the health and well-being of this population group in delivering commitments, including during humanitarian and fragile settings, **this event will bring together multilateral, academic, health-care professionals, government and private sector leaders to highlight the importance of:**

- maximizing the full capacity of health systems to ensure broader access to care
- leveraging the private sector engagement as a critical way to achieving Universal Health Coverage
- understanding the role of quality as an enabler for government to leverage private sector capacity



In 2020, PMNCH launched its COVID-19 Call to Action ([www.covidcalltoaction.org](http://www.covidcalltoaction.org)), which has now achieved pledges of \$30.2 billion in commitments for better financing, policy and service delivery for women's, children's and adolescents' health.

Increasingly, the global health community has acknowledged that governments must engage the private health sector—a significant player in delivering health care—to help achieve the Sustainable Development Goals (SDGs) and advance universal health coverage (UHC). Multi-stakeholder collaboration, including during crises, continues to be key to achieve and inclusive and equitable delivery of services at the local, national and global levels. Many countries have mixed health systems where both public and private providers are delivering health services; however, the private sector often lacks standards for quality care and national accreditation to assure quality care. Government engagement of the private healthcare sector is not only critical for ensuring high-quality care, but also helps to augment health systems' capacity to deliver care and reach a wider population in a cost-effective and equitable manner.

For instance, while maternal deaths have declined by nearly 40% worldwide over the past two decades, maternal mortality continues to be a significant public health challenge. A large proportion of maternal deaths are preventable, even in countries with limited resources. In low- and lower-middle income countries, almost 60% of preventable deaths are the result of poor-quality care. Quality of maternal health care services is poor in many of the 81 countries that account for 95% of all maternal deaths and 90% of all child deaths worldwide.

In India, for example, while the country's maternal mortality ratio plummeted 80% between 1990 and 2018, India still has one of the highest burdens of maternal mortality in the world. Today, up to 50% of women in India seek maternity care from the private sector; however, there is no consensus on national quality standards for private maternity care and no national accreditation to assure the quality of this care.

Federation of Obstetric and Gynecological Societies of India (FOGSI) leads Manyata - a quality certification for private maternity care providers based on a quality improvement model that significantly improves private providers' adherence to WHO-aligned quality standards. Through the Manyata certification and facility-based training and mentoring, FOGSI is working to assure the quality of care in public and private facilities in 21 states across India. To date, over 1,200 providers have achieved Manyata certification upon meeting quality standards.

Ariadne Labs has conducted a comprehensive review of Manyata, outlining different quality improvement models affect quality care, adherence to quality standards, and achievement of certification among private facilities. **During this event, Ariadne Labs will be sharing its results of this analysis, underscoring how a program like Manyata can help strengthen health systems' ability to deliver high-quality, sustainable care.**

#### Timeline (14h30)

(10 minutes before)	Participants to login via panelist link
5 minutes	<p>Welcome &amp; Setting the Scene  </p> <p><b>David Clarke</b>, Acting Unit Head, Health System's Governance and Policy, WHO</p> <ul style="list-style-type: none"> <li>• Welcome and opening remarks</li> <li>• Defining mixed health systems and highlighting the importance of integration of private sector into the health system to achieve UHC, including during humanitarian and fragile settings and responding to issues discussed during Lives in the Balance: Delivering Commitments in Humanitarian and Fragile Settings</li> </ul>
7 minutes	<p>Opening Talks  </p> <p><b>Caroline Quijada</b>, Executive Committee Representative and Chair of the Private Sector Constituency, PMNCH; &amp; Deputy Director of Abt's Sustaining Health Outcomes through the Private Sector Plus (SHOPS Plus)</p> <ul style="list-style-type: none"> <li>• Highlight critical elements of commitments governments have made in response to PMNCH Call to Action on COVID-19</li> <li>• Challenges in meeting these commitments (\$66bn Gap in funding), exacerbated by COVID-19 and the increasing number of humanitarian and fragile settings across the globe</li> <li>• Identifying the role that the private sector can play in helping countries meet country commitments in response to PMNCH Call to Action on COVID-19</li> </ul>





23 minutes	<p><b>Case Study on India – Manyata Program  </b></p> <p>Moderator</p> <ul style="list-style-type: none"> <li>• <b>(3 mins) Mary-Ann Etiebet</b>, Lead of MSD for Mothers and AVP for health equity, MSD <ul style="list-style-type: none"> <li>◦ Panelist introduction and brief introduction about Manyata</li> </ul> </li> </ul> <p><b>Facilitated Discussion</b> <i>(Please see next section below for targeted questions)</i></p> <ul style="list-style-type: none"> <li>• <b>(8 mins) Megan Marx Delaney</b>, Research Scientist, BetterBirth Program, Ariadne Labs <ul style="list-style-type: none"> <li>◦ Overview of Manyata key research objectives and questions</li> <li>◦ High-level findings, implications and next steps for improving QI and sustaining quality care across health systems more broadly</li> </ul> </li> <li>• <b>(6 mins) Dr. Jaideep Malhotra</b>, Former President of FOGSI (Federation of Obstetric and Gynecological Societies of India, Gynecologist, IVF Specialist &amp; Founder, Rainbow Hospital, Agra <ul style="list-style-type: none"> <li>◦ Sharing the current and future role of the private sector in the broader health system context and improving maternity care, more specifically</li> <li>◦ Highlighting importance of implementing and sustaining private sector-based QI programs to augment public maternity care capacity(ies)</li> </ul> </li> <li>• <b>(6 mins) Dr K Madan Gopal</b>, Senior Consultant, Niti Aayog, Government of India <ul style="list-style-type: none"> <li>◦ Speak to value of Manyata as a cross-sectoral collaboration and quality standards and what this research means for improving quality care across the health system</li> <li>◦ Highlight what other countries can learn from Manyata</li> </ul> </li> </ul>
8 minutes	<p><b>Hearing from those with lived experience (Young Leader)</b></p> <ul style="list-style-type: none"> <li>• Sandra Mwarania, Advocacy and Program Manager at White Ribbon Alliance Kenya <ul style="list-style-type: none"> <li>◦ Highlight WRA Kenya experience and lived experience as youth leader</li> </ul> </li> </ul>
17 minutes	<p><b>Audience Q&amp;A   Comments from Panelists</b></p> <p>Moderator</p> <ul style="list-style-type: none"> <li>• <b>Mary-Ann Etiebet</b>, Lead of MSD for Mothers and AVP for health equity, MSD</li> </ul> <p>Speakers</p> <ul style="list-style-type: none"> <li>• <b>David Clarke</b>, Acting Unit Head, Health System's Governance and Policy</li> <li>• <b>Caroline Quijada</b>, Deputy Director of Abt's Sustaining Health Outcomes through the Private Sector Plus (SHOPS Plus)</li> <li>• <b>Megan Marx Delaney</b>, Research Scientist, BetterBirth Program, Ariadne Labs</li> <li>• <b>Dr. Jaideep Malhotra</b>, President at SAFOMS (South Asian Federation of Menopause Societies) &amp; Former President of FOGSI (Federation of Obstetric and Gynecological Societies of India)</li> <li>• <b>Dr K Madan Gopal</b>, Senior Consultant, Niti Aayog, Government of India</li> </ul>
5 minutes	<p><b>Closing remarks   Round Robin - what, from your perspective, is most essential for local leaders to keep in mind when leveraging the private sector to achieve UHC, including in humanitarian and fragile settings?</b></p> <p>Speakers</p> <ul style="list-style-type: none"> <li>• <b>David Clarke</b>, Acting Unit Head, Health System's Governance and Policy</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Caroline Quijada</b>, Deputy Director of Abt's Sustaining Health Outcomes through the Private Sector Plus (SHOPS Plus)</li> <li>• <b>Megan Marx Delaney</b>, Research Scientist, BetterBirth Program, Ariadne Labs</li> <li>• <b>Dr. Jaideep Malhotra</b>, President at SAFOMS (South Asian Federation of Menopause Societies) &amp; Former President of FOGSI (Federation of Obstetric and Gynecological Societies of India)</li> <li>• <b>Dr K Madan Gopal</b>, Senior Consultant, Niti Aayog, Government of India</li> </ul>
5 minutes	<p><b>Call to action and closing remarks  </b></p> <ul style="list-style-type: none"> <li>• <b>Mary-Ann Etiebet</b>, Lead of MSD for Mothers and AVP for health equity, MSD <ul style="list-style-type: none"> <li>◦ Share a call-to-action to lead actors in leveraging the private sector in global, regional and local contexts to achieve UHC</li> </ul> </li> </ul>

**BLOG**

# Stem the sharp decline in health worker numbers by prioritizing retention, recruitment and competency based education in humanitarian settings

24 May 2022

Reading time: 6 min (1507 words)

Skilled and competent health workers are an essential element of robust well functioning health systems for women, children and adolescents. However the availability of many health workers, in all sectors, is worryingly low and worsens further during states of emergency.

Before the pandemic, the world was short of almost six million nurses, mostly in low- and lower middle-income countries. COVID-19 has pushed the shortfall towards seven million and beyond. There is also a global shortage of 900 000 midwives, which represents a third of the required global midwifery workforce. In the United States alone, there is a projected shortfall of up to 22 000 by 2050.

Gaps like these are seen across the health workforce. Although a global issue, sadly it is often worst in resource poor, remote and rural settings where establishing the workforce is hardest. These countries have the lowest number of health care workers, many of whom receive insufficient training. With fragile health systems and without a strong health workforce, these settings often have the poorest health outcomes for women, children and adolescents.

Without additional recruitment and retention, by 2030, WHO project a global shortage of 18 million health workers, mostly in low- and lower-middle income countries. Data from 121 countries on the density of the paediatric workforce from International Paediatric Association in 2019 highlighted a huge discrepancy, with 0.5 paediatricians per 100,000 children in low-income countries and a median of 72 paediatricians per 100,000 children in high-income countries.

More than ever before, health workers everywhere are stretched desperately thin



and the current health workforce is insufficient to meet the need of the world's women, children and adolescents.

#### Causes of the problem

There are historical and structural reasons for health worker shortages, stemming from decades of underinvestment and failure to prioritize the roles and needs of health workers within health systems.

Current recruitment levels and growth in capacity of health workers is insufficient due to an ongoing mismatch between education and supply strategies, health systems and population health needs. Additionally a major cause of the shortage in LMIC countries particularly those in conflict is the migration of health care workers from their countries to more developed countries, a phenomenon known as the "brain drain". The problem is not only due to poor working conditions in poorer countries but also due to active recruitment by richer countries. On top of this, the workforce is aging which would not be of concern if there was a growing cohort of younger health workers occurring alongside it. However, health services are not recruiting fast enough to replace those who leave. In the US, less than 1 in 5 (19%) of the nation's obstetricians and gynaecologists are younger than 40 years old. Thus the gap in numbers and expertise gets ever wider. For example- without sufficient recruitment and retention, the world could face a shortage of up to 13 million nurses, nearly half the nursing workforce by 2030.

In particular the pandemic has placed immense pressure on health systems, including on the health workforce. With resources shifted to combat COVID-19, many health workers were denied the basic resources needed to provide essential services for the women, children and adolescents they care for. In 2021, the third WHO pulse survey estimated that one third of reproductive services globally remain disrupted. Additionally, shortages in personal, protection



equipment and vaccines have left workers vulnerable to succumbing to COVID-19 infection. Despite this, many continued to work on, resulting in an unimaginable pressure and workload.

Recent global shocks including new and ensuing conflict has left health workers in challenging and unsafe environments. PMNCH's board chair Helen Clark recently co-authored a piece in the BMJ opinion, highlighting the challenges healthworkers are facing in delivering essential services. Instead of getting more support, many healthworkers are getting less. For example, in Afganisatan, the Nursing and Midwifery Council regulatory body was disbanded, leaving nurses and midwives working around the clock in unsafe settings, often without support or pay.

Health workers are not made of stone. Like all human beings they too have suffered fatigue, stress and burn-out. To protect their mental and physical health and well-being, many feel compelled to take time out, or even leave their professions completely. This is happening across the world. An experienced nurse in Switzerland described: "I went to my boss's office and cried, I said 'But I have the impression that I am caring...like a fool ... I [don't] feel safe ....'"

An obstetrician in Agra, India described: "We have been in chronic fatigue and the Covid-19 pandemic has broken us but we had no choice but to go all out to help those that are suffering. The staff are getting scared and not feeling safe in their present working environment. How can this go on?"

How can we stem the sharp decline in health-worker numbers and give them the support and resources they need?

## SOLUTIONS

First, the world should recognize that well-trained health workers are an essential investment for a resilient health system. The Lancet noted that fully resourcing midwife-delivered care by 2035 could avert 67 per cent of maternal deaths, 64 per cent of newborn deaths and 65 per cent of stillbirths. It could save an estimated 4.3 million lives per year. Explicit focus on training and recruitment of the health workforce is needed in vulnerable regions where health-worker numbers are lowest. The recent WHO Health and care worker compact highlights the importance of protecting, safeguarding and investing in the health care workforce. When health workers are trained effectively, they deliver. A clear example of a positive health workforce solution for caring for refugee populations has been the WHO Refugee Health Programme, where almost 2000 Syrian health workers have been trained in 7 refugee health training centres to work in a network of up to 178 refugee health centres throughout Turkey. Countries must look to novel context-specific strategies such as these to ensure adequate training and support of the health workforce.

Health workers must also be supported to lead effectively. Country leaders should champion all health care workers and ensure full representation and inclusion across disciplines during high-level meetings and decisions. There is also a need to close the gender gaps in healthcare workforce. where women are almost 70% of the global health and social workforce but it is estimated they hold only 25% of senior roles. During the COVID19 pandemic women have provided much of the health and care, but have not had an equal say in decision making. This pervasive leadership gap between women and men in health can only be closed by addressing systemic barriers to women's advancement.





Better, up to date, complete contextualised data is necessary to inform policies decisions and action. In 2016 the UN High-level commission on investing in health workforce and economic growth highlighted better data, information and accountability as one of the ten key pillars to transform the health workforce for the SDGs. Governments must invest in mechanisms to collect data in real-time, especially during health emergencies, for better response plans. Retention of existing health care workers is necessary and can be achieved through newer innovative models of care (eg. The WHO Global Strategic Directions for Nursing and Midwifery.) Developing countries have a responsibility to safe-guard their healthworkers and provide an enabling workplace environment to mitigate against the brain drain phenomena through a focus on Ethical Migration. There are numerous examples of ethical migration having been implemented successfully with trade agreements. Careful consideration must be taken to reward, recognise, and remunerate health workers adequately, to ensure they are supported and can work safely – for example, through early access to full vaccination programmes.

Governments need to focus on priorities and plan ahead. The pandemic in particular has left such destruction in its wake and we must prioritise healthworkers in preparedness plans from the offset. It is imperative that an assessment of pandemic-related damage to health systems is undertaken to identify priority areas for health worker recruitment and competency based education. Explicit prioritisation of health-workers, including for the health workers needed to serve the needs of women, children and adolescents, must be made in the new international instrument on pandemic preparedness and response.

PMNCH is driving this agenda through its HCPA constituency. Only by listening to the views of those on the front line can we make real change and action happen. Within our 2022-2023 advocacy goals, we highlight the need to strengthen the health workforce, including midwives, nurses, doctors and all health clinicians caring for women, children, and adolescents, as a key focus for initiatives.

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This opinion piece is written by the following members of the PMNCH Health-Care Professionals Associations Constituency:

- International Confederation of Midwives (ICM)- Franka Cadée, Harriet Nagiya, Mandy Forrester
- International Council of Nurses (ICN)- Anne Sylvie Ramelet, Michelle Acorn
- Council of International Neonatal Nurses (COINN)- Carole Kenner, Karen Walker
- International Federation of Gynecology and Obstetrics (FIGO)- Bo Jacobsson, Jaideep Malhotra, Jeanne Conry, Mary- Ann Lumsden, Yvonne Diaz
- International Pediatric Association (IPA)- Christiana Russ, Errol Alden, Jon Klein
- Junior Doctors Network, World Medical Association (JDN, WMA) - Egl Janušonyt

# 'HER' UNSPOKEN PROBLEMS

## NOW A DESIGNER VAGINA: Where are we heading?



Hey U have changed? I am not the same and you are not the same !

It is the 21st Century, and human being, with their unique minds and skills have designed everything possible well almost everything. We have designer cycles, cars, beds, cloths etc. etc., and with medical science advancing to cloning and genes came designer babies. So what was and is left – Yes the genitals and sexual organs.

It is not new that humans & doctors have tried to enhance sexual pleasure by increasing or atleast trying to increase penile length and trying to tighten the vagina, by drugs and by crude surgical methods.

We all know the universal truth that sex is an essential ele-



**Dr Narendra Malhotra,**  
DR NARENDRA MALHOTRA  
MD, FICOG, FUSJAGO, FICMCH, FICS,  
FRCOG, FMAS, AFIAP  
Past President: FOGSI/ISPAT/ISAR/IFUMB  
/AOGS/ROTARY CLUB  
President, InSARG  
International Director, SAFOG



ment of a happy matrimonial life. Sex improves a couple's emotional bondage adds to excitement and physical pleasure. It's not uncommon today that we gynaecologists come across complaints of "Doctor, I have become very loose", "Doctor, there is no feelings now" and "Doctor, sex is not the same for us."

Vaginal looseness is very common and women after delivery do suffer from weakening and damage to vaginal muscles and ligaments which can cause vaginal relaxation. Also with age the female hormones diminish and the vagina becomes loose leading to loss of sexual satisfaction to the partners and also may lead to urinary control problems – what we medically call as stress urinary incontinence.

There are today many types of conventional surgeries available with the gynaecologist and the plastic surgeons and a "vaginal job" has become like a "nose job" for the cosmetic surgeon.

It is the era and age of women empowerment and it is her right to enjoy sexual freedom and happiness and this new demand of redesigning the vagina and shaping the external genitalia has opened up new surgical options with the gynaecologists. Gone are the days of A-P repair or tightening operation or relaxing incisions.

Today we have Lasers and Designer Laser Vaginoplasty® (DLV®) a procedure in USA. The Laser vaginal Rejuvenation Institute of America claims that only physicians trained at LVRIA are certified to perform DLV. What is this DLV :- it is a group of procedures which repairs and enhances and beautifies the external genitalia of the female. These procedures are known as Labioplasty, Perineoplasty and Hymenoplasty. Well ladies the age of Designer vaginas is here and if you want it the cosmetologists and the Gynaecologists will do it. Whether you should get it done is as debatable as whether you should all have a facelift at 45.

Many other Vulval & Vaginal procedures are now possible with your next door friendly Gynecologists lasers introduced by FEMILIFT ALMA can now treat many of HER UNSPOKEN Problems.



1. After Delivery Vaginal realignments
2. After 40 for Vaginal toning & Lubrication
3. Perimenopausal Vaginal dryness and Dysparunias & Vaginal loosening
4. Urine leaks (Stress Urinary Incontinence)
5. Mild Prolapse (First and Second degree)
6. Sexual enhancement therapy
7. Asthetic vulval rejuvenation and whitening

It's a simple, short, non invasive procedure which gives high success rates. Women no longer need to suffer from leaking urine, bad itchings, ugly patches local warts and loose vagina and vaginal dryness.

All is now curable by simple Laser rejuvenation techniques.

Treatment is FDA approved and available at selected Gynaec centers in India and with a few cosmetologist & Dermatologists.



## OBESITY SIGNIFICANTLY INCREASED HEART FAILURE RISK AMONG WOMEN WITH LATE MENOPAUSE



While women who enter menopause before age 45 are known to be at higher risk for heart failure, obesity significantly increased heart failure risk among women who experienced late menopause - at age 55 or older, according to new research published today in the *Journal of the American Heart Association*, an open access, peer-reviewed journal of the American Heart Association.

A woman's body produces less estrogen and progesterone after menopause, changes that can increase the risk for cardiovascular diseases including heart failure, according to the American Heart Association. Menopause typically occurs between the age of 45 and 55, however, the average age for natural menopause has increased by 1.5 years over the past six decades, according to some research.

Previous research has found that women who experience early menopause are at heightened risk of heart failure.

Investigators analyzed health data for nearly 4,500 postmenopausal women participating in the Atherosclerosis Risk in Communities (ARIC) Study. ARIC is a long-term research project that began enrolling participants in 1987, focused on measuring the associations between known and suspected heart disease risk factors and the development of heart disease among adults in four diverse communities in the United States. Six follow-up visits were completed by 2019.

For this analysis, participants were grouped by how old they were when they entered menopause: younger than 45 years; 45-49 years; 50-54 years; and 55 years and older. The average age of study participants was 63.5 years at the fourth visit. Women with a heart failure diagnosis before the fourth study visit were excluded from the analysis for this study.

## THE SURPRISING DIVERSITY OF THE FALLOPIAN TUBE



The fallopian tube is the site of fertilization, where once a month for the duration of a female's post-pubescent, pre-menopausal life, an egg is moved from the ovary, ready for fertilization by a sperm cell. A new study from Michigan Medicine researchers creates a detailed "atlas" of the various cell types and their gene activities within the highly specialized fallopian tube, paving the way for new research into infertility and other diseases affecting this organ, including some cancers.

Using tissue samples from four premenopausal women, Saher Sue Hammoud, Ph.D., and Jun Li, Ph.D. from the Department of Human Genetics led a team at U-M to analyze almost 60,000 cells by single-cell RNA sequencing. They used the data to characterize the diversity of cells that make up the fallopian tube, including both the lining of the tube (the epithelium) and the deeper stromal layer, consisting of immune, blood, muscle, and other cells.

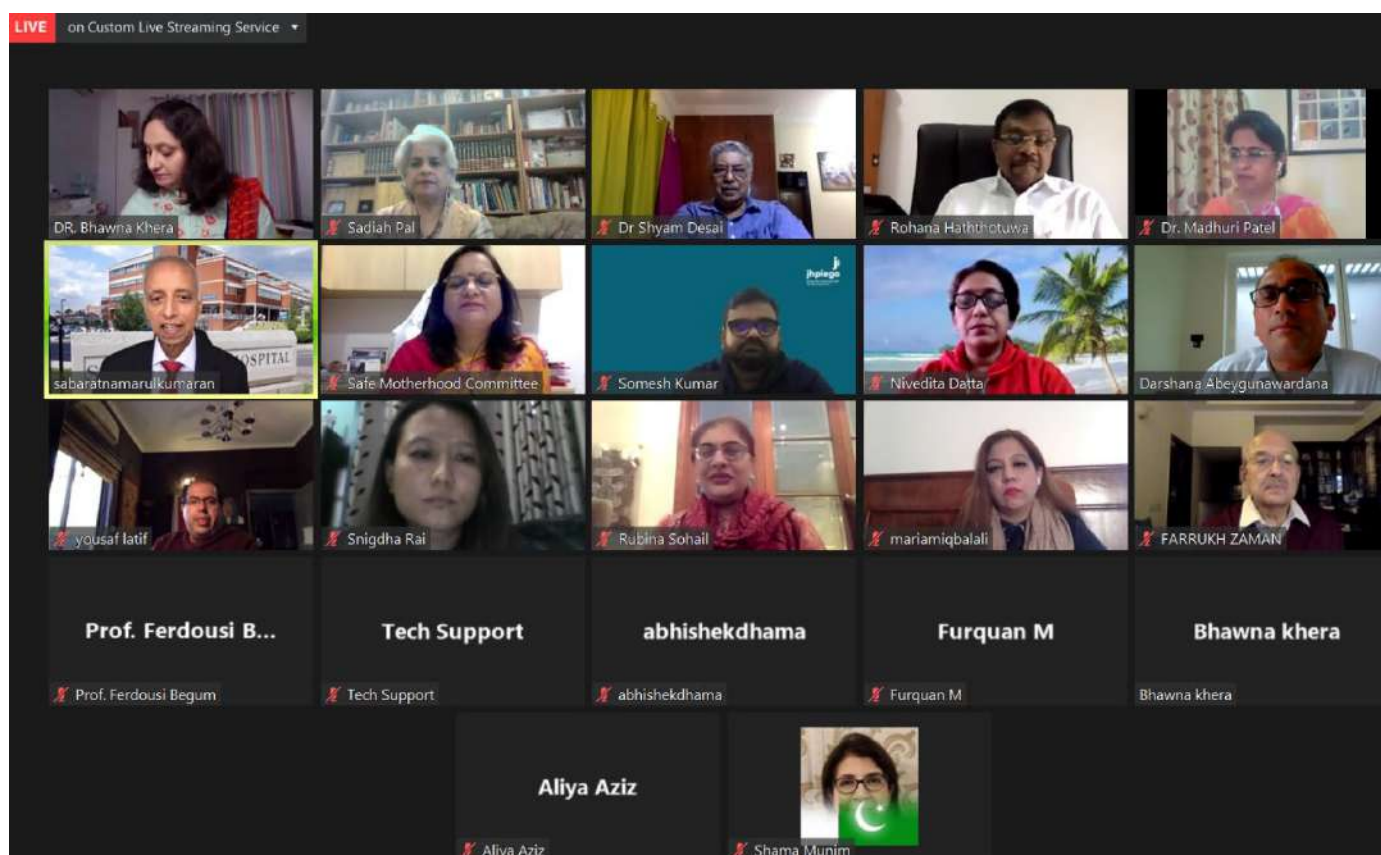
Specifically, they identified 10 epithelial cell subtypes, including four of the finger-like ciliated cells responsible for moving the egg through the fallopian tube's three sections before and after fertilization. The cells within the fallopian tube are ever changing, replenishing themselves over time and varying in number depending on a woman's age, hormones, menstrual cycle, and in the presence of disease. By comparing cells from women with healthy fallopian tubes to two samples from women with hydrosalpinx, the researchers were able to pinpoint which cells increased in number, and which changed characteristics, such as a high degree of inflammation.



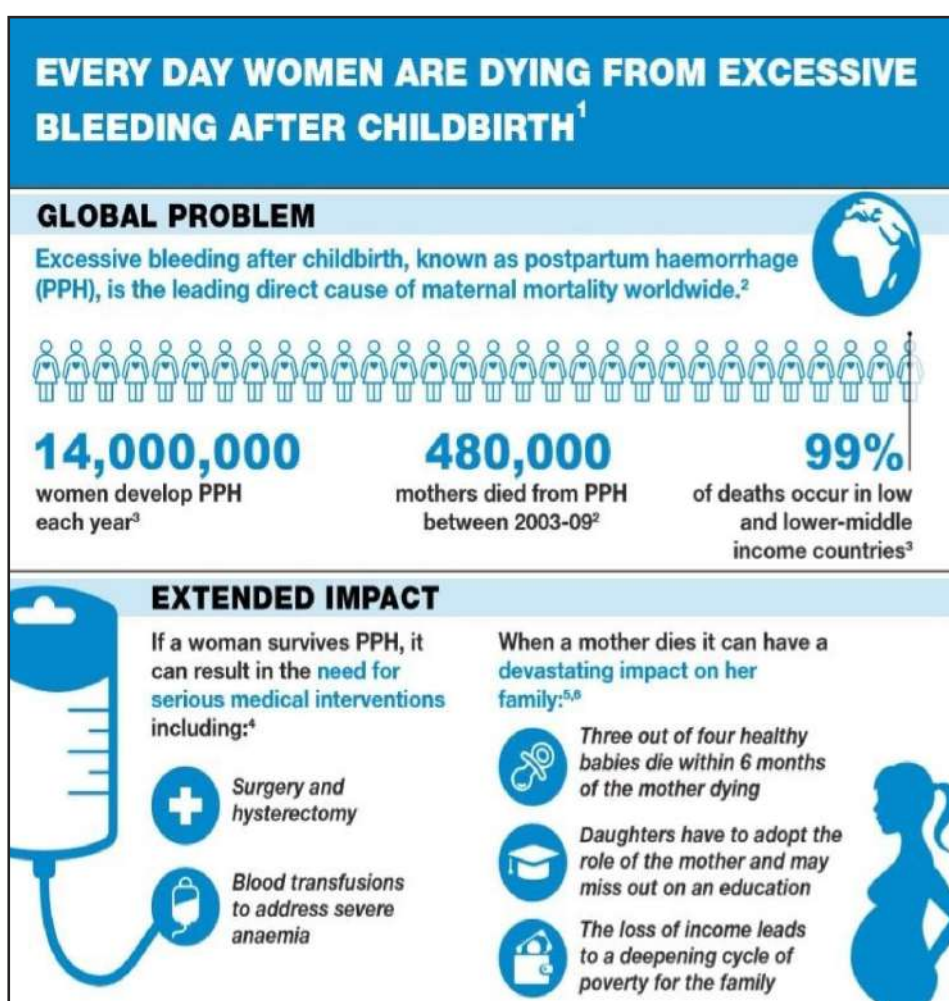
## SAFOG EVENTS

# WEBINAR ON PPH BY SAFOG MATERNAL & PERINATAL HEALTH COMMITTEE

SUNDAY 5TH DEC FROM 4-5;30 PM PAKISTAN TIME: 4:30 - 6 PM  
SRI LANKA/ INDIA TIME: 3-4:30 AM BANGLADESH, 11 AM UTC



The Speakers & Panelists Shared their experience in the following:  
 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 Arulkumaran shared his experience, recommendations and way forward in the end



#### Technical consultation recommendations:

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

#### Current challenges:

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

Need for large-bore cannula

Deaths were reduced – Tranexamic Acid should be given in <3 hours of PPH

It is of benefit whether atonic or bleeding from trauma

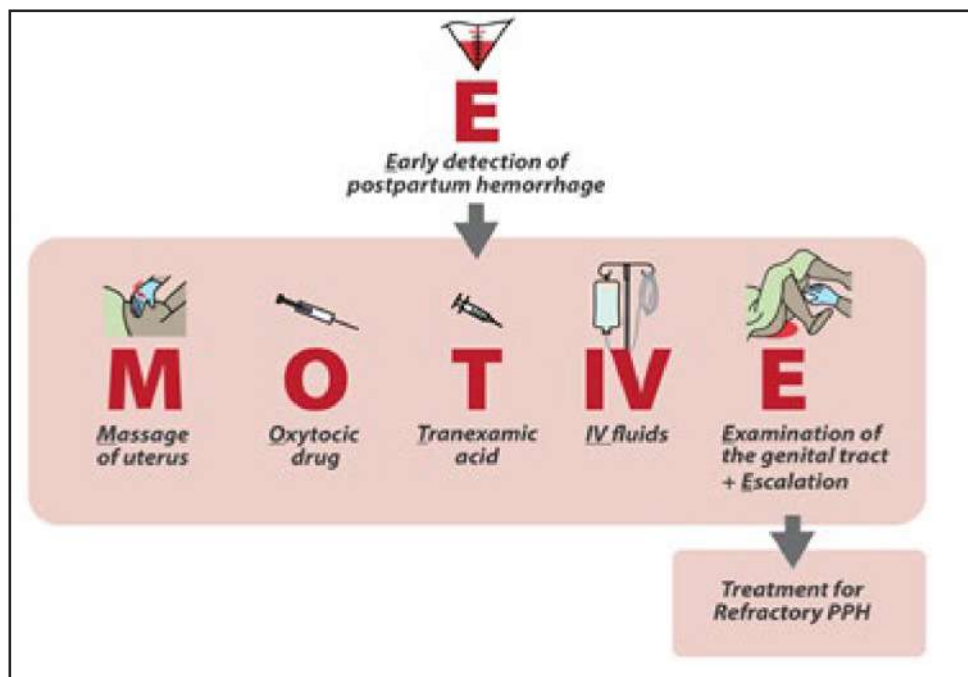
Survival benefit decreased by 10% for every 15 min delay until 3 h, after which there was no benefit

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

40 Vs 40 Health facilities – 11 months baseline data collection & then 40 switch over to E MOTIVE; n=337,920

## Investigators:

Professors Arri Coomaraswamy & Professor Ioannis Galos, University of Birmingham





Mother's Day celebrations by SAFOG members

## Dr Rekha Poudel, MBBS, FCPS ( Obstetrics and Gynaecology), Nepal

A single day is never enough at all to pay homage to a mother for her unconditional love and sacrifices. She can take place of many person in one's life, but none can take hers.

In Nepal, mother's day is celebrated as an auspicious day on the last day of the dark fortnight of April or early May. This year, it was celebrated on 30th April, 2022. I was lucky this time as it was Saturday (public holiday in Nepal). I woke up early, took a bath and then, made prayers in small 'pooja-kotha' of our house. A day before the same, I had bought 'dhaka-shawl' to gift important women (mothers) in my life.

'Dhaka' is a traditional hand-woven fabric and buying locally made product was itself a tribute to our mother-land.

I, then, saw my mother-in-law's face (as popularly quoted as 'aama ko mukh herne din'). I offered her sweets and spread out the shawl over her shoulders wishing her happy, healthy and long life. Then, I made a video-call to my mother who is in other city and bowed to her virtually. All thanks to the internet which connected us.

My whole family then went to my husband's maternal home where 86 years old grandmother was lying paralyzed due to stroke. My daughter put the shawl around her shoulders and kissed on her cheeks. Grandma babbled some words which weren't clear enough. I wish her nothing but quick recovery. I finally, got to visit my own maternal uncle's home where my 85 years old grandma stayed. She has been a true blessing and she is the one who raised me (due to my mother's ill health). I am what I am today all because of her. I am always grateful for her sacrifice and I owe this life to her. She enjoyed the sweets utterly and smiled wide showing her remaining few teeth. Travelling from one place to other was hectic but all was worth it. Last but not the least, my day ended with a hand-made card from my daughter with her engraved words "I love you mom". And that was a bliss.

Thankyou god for giving me lovely mothers and making me one, too.





## Dr Prerna Keshan, East zone leader, FOGSI YTPC

Mother's day programme under the banner of FOGSI YTPC was organised in the premises of Aditya diagnostics and hospitals, Tinsukia Assam by the east zone YTPC leader Dr Prerna Keshan on the 9th of May 2022 .

The programme was attended by over 50 females of different age groups including new mothers, to be mothers, mothers of one or two toddlers and many others planning a pregnancy .The session included an awareness drive on antenatal and postnatal exercise importance ,diet and nutrition advice,postural correction and control ,importance of anemia correction in all stages of motherhood and adolescent period.The attending mothers were also distributed token gifts as gratitude for their being an epitome of love and sacrifice .



## Dr. Yukti Wadhawan

On the occasion of Mother's Day, on 8th May 2022, a Public forum webinar was organised by YTP Committee of FOGSI in collaboration with Meyer Vitabiotics.

The speaker for the event was Dr. Yukti Wadhawan, who addressed the topic, 'WOMEN'S HEALTH & NUTRITION'.

An overwhelming response was seen with over 500 women participants, from all parts of the country joined in & the programme was much appreciated. All the stages of a woman's life from adolescence to menopause were dealt with. Utmost importance was given to having a balanced diet, including all minerals & micronutrients, exercising daily, maybe walks or yoga, also, take out sometime for relaxation or meditation or pursuing a hobby.

Also, special emphasis was laid on recognising warning or abnormal symptoms by the woman herself, & to get examined by an expert at the earliest. Audience was explained the concept of early diagnosis & treatment. Special attention was given on the point that all women, no matter what age & culture, everyone deserves a good quality of life & a wholistic approach has to be taken.



FOGSI Young Talent Promotion Committee

— Celebrates —

# Mother's Day

Join Us For a Public Forum on Women's Health & Nutrition  
<https://www.facebook.com/Young-Talent-Promotion-Committee-108003477406877>

8<sup>th</sup> May 2022 Time : 11:00 am – 12:00 pm

Speaker

  
 Dr. Yukti Wadhawan

  
 Dr. S. Shantha Kumari  
 President FOGSI

  
 Dr. Madhuri Patel  
 Secretary General FOGSI

  
 Dr. Basab Mukherjee  
 Vice President FOGSI

  
 Dr. Neharika Malhotra  
 Chairperson FOGSI Young Talent Promotion Committee

From the makers of

ultra-Ca<sup>+</sup> Ovacare

Sponsored by MEYER VITABIOTICS



## Dr Neharika Malhotra

In Celebration of Mother's Day, Dr Neharika Malhotra organized a Women's Health Camp on at Malhotra Nursing & Maternity Home, Agra (India) on 7 may 2022, where 207 Patients benefitted. It was a one of its kind camp where multiple other activities were kept along with free consultation, blood tests and free medicines. Other activities included like Games, Nail Paint Session, Hourly Lucky Draw, Healthy Food distribution, yoga session for healthy life style, patient education sessions and cake cutting to celebrate Mother's day .

Camp was very successful and other organizations were also involved in this like, Ujala Cygnus Rainbow Hospital, FOGSI YTP Committee, SMRITI NGO, Rotary Club of Agra Grace and Tajcity and many others.



## डॉक्टर दीदी संग महिलाओं और बच्चों ने सेलिब्रेट किया मदर्स डे

**सेलफी का केज, गिफ्ट पाकर खिले चेहरे, खूब हुआ मस्ती, निःशुल्क स्वास्थ्य शिविर में 207 मरीज देखे**

अमर भारती संवाददाता

**आगरा।** एमजी रोड स्थित मल्होत्रा नर्सिंग एंड मैटर्निटी होम में मदर्स डे सेलिब्रेट किया गया। निःशुल्क स्वास्थ्य शिविर लगा, जिसका लाभ 207 महिला, पुरुष और बच्चों को मिला। इसके अलावा खूब मस्ती और मनोरंजन भी हुआ।

स्मृति, रोटरी क्लब आगरा ग्रेंस, रोटरी क्लब आगरा ताज सिटी, फोगसी आईटीपी कमिटी, उजाला सिग्नस रैनबो हॉस्पिटल, आईएचआरओ के सहयोग से आयोजित शिविर दोपहर तक चला। डॉ. नरेन्द्र मल्होत्रा, डॉ. निहारिका मल्होत्रा, डॉ. सरिता दीक्षित, डॉ. प्रज्ञा देव शर्मा, डॉ. उमेश वर्मा, खयटीशिवन कीर्ति पांडे ने सेवाएं प्रदान कीं।

बॉलीवुड फेम कॉस्मेटोलॉजिस्ट नीलम





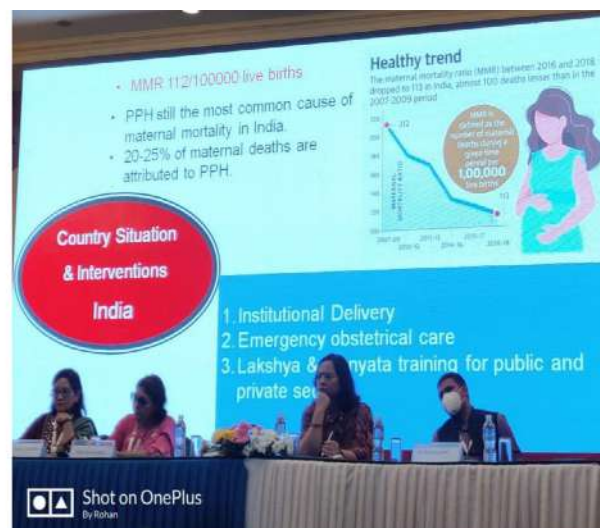
## SAFOG SESSION AT NESOG XVI NATIONAL CONFERENCE

SAFOG symbolises women's health. At the NESOG annual conference on 2nd April, SAFOG session focussed on Maternal Health and indices of Maternal Mortality, stressing on the need for all SAFOG countries to take strides in improving maternal lives. NESOG, with its commitment to maternal health had a special session for SAFOG in the morning, prime time. The session was chaired by Dr. Hira Tuladhar & Dr. Ashima Rana. Dr. Rohana Haththotuwa, President SAFOG, the first speaker spoke about the MMR in SAFOG countries, and stressed upon the need for optimising Maternal Care, public-private partnership and liaising with Govt and Non Govt agencies.

Dr. Priti Kumar, Co-Chair Maternal and Perinatal Health Committee, spoke about PPH, a major cause of 'preventable Maternal Mortality'. She stressed upon preventive, quick diagnosis, prompt management by 'Bundle Approach', timely referral and facility preparedness. Dr. Priti shared her experiences of implementing PPH emergency care in India. Dr. Navraj Joshi, Ministry of Health, Nepal (Health Emergency Operation Centre) spoke about the various initiatives of Govt of Nepal, for this session, need for documentation & reporting. Dr. Snigdha Rai was the Master of Ceremony ably introducing speakers and maintaining the decorum of the house. The session was appreciated by Dr. Jeanne Conry (FIGO President) and the attendees. After the session, FOGSI team lead by Dr. Priti Kumar donated NASGs, ESM UBTs, PPH EMC Charts, NASG Application and removal charts and Handbooks for Doctors and Healthcare Workers on PPH emergency care to Nepal Obstetric society for conducting trainings on PPH EMC at Paropakar Maternity and Women Hospital Kathmandu, Nepal. The occasion was graced by Dr. Jeanne Conry FIGO President, Prof. Rohana Haththotuwa, Prof. Ganesh Dangal President NESOG, Associate Prof. Yam Dwa Secretary General NESOG, Prof. Ashima Rana, Dr. Heera Tuladhar and Dr. Snigdha Rai. The efforts of Maternal and Perinatal Committee SAFOG and Safe Motherhood Committee FOGSI were highly appreciated by President FIGO, President SAFOG and President NESOG. The team of Maternal and Perinatal Committee SAFOG lead by Dr. Priti Kumar (Co Chairperson Maternal & Perinatal Committee SAFOG) moved



to the SAFOG booth, just outside the hall and conducted hands on trainings. All those visiting the booth were given hands -on demonstration of Bundle Approach for PPH management, including display of posters and demonstration of UBT&NASG. The team members were Dr. Nivedita , Dr. Meera , Dr. Meeta, Dr. Sangeeta , Dr. Anupam and Dr. Preeti Priyadarshani. The heavy footfall was an indication of the interest amongst the doctors to learn the technique. The booth was graced by the presence of Dr Rohana Haththotuwa, Dr Ganesh Dangal , Dr Priti Kumar and Dr. Snigdha Rai.



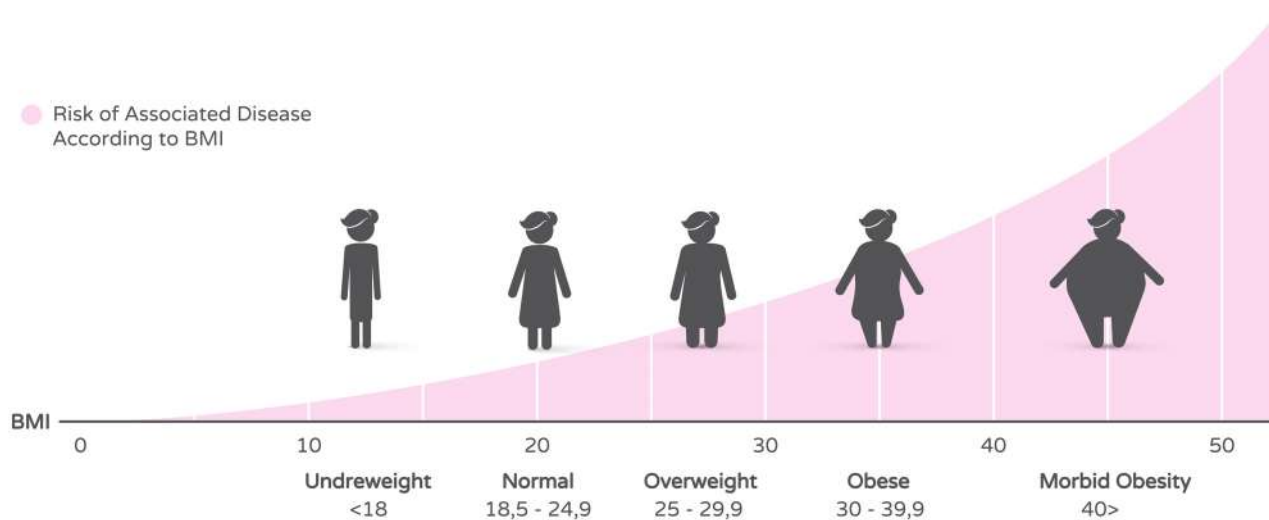






Woman BMI

- Risk of Associated Disease According to BMI





## ***Jeevandhara Phase 3***

### **Trainings of Life Saving Skills for PPH Emergency Care**

#### ***SAFOG , FOGSI & MGH Collaboration***

*Initiative by Maternal and Perinatal Committee SAFOG , Safe Motherhood Committee FOGSI & MGH*

*In collaboration with Nepal Society of Obstetricians & Gynaecologists*

Jeevandhara means “flow of life or existence’ and Project Jeevandhara is focussed on reducing maternal mortality due to PPH by detailed training and mentorship based on ‘ Bundle Approach “FIGO guidelines, to ensure facility preparedness in managing PPH.

Standardised training based on Emergency Bundle Approach should be imparted to all health care providers, both Clinicians and Health Care Workers, to ensure Standardised Care for everyone, every time, everywhere. The facility preparedness should be both Clinical as well as Non Clinical, ie Holistic preparedness.

Jeevandhara 3 is a collaborative TEAM effort by SAFOG,FOGSI , MGH & NESOG to reduce Complications due to PPH by prevention, early detection ,prompt and standardised (FIGO based) management and timely referral.

The Orientation and first training Session for the same was held on 3rd April at Paropakar Maternity & Women’s Health Hospital, Nepal. The inaugural Session was graced by the presence of Prof Rohana Haththotuwa, President SAFOG, Prof.Priti Kumar, Co-Chair Maternal & Perinatal Health Committee, SAFOG, Prof Ganesh Danggal, President NESOG, Prof. Amir Babu, Director, Paropakar Hospital ,Dr. Shree, HOD, Deptt of G&O, Paropakar Hospital and Dr. Snigdha associate professor Dept of Obs and Gyne, Paropakar Maternity and women hospital, Nepal.

Members of team Safe Motherhood Committee FOGSI including Dr. Nivedita, Dr. Meera, Dr.Meeta, Dr. Sangeeta Arya, Dr.Preeti Priyadarshini, Dr. Anupam Singh and the team of Paropakar Hospital lead by Dr.Snigdha conducted the trainings of 40 doctors and 20 Nursing Officers.

The Inaugural Session was followed by a brief introduction of Jeevandhara by Dr. Snigdha. Pre-training Survey was conducted. All attendees were given a hard copy, separate ones for Doctors and Nurses. After the Survey, the faculties oriented the attendees about the prevention, identification, management by Bundle Approach, facility preparedness & referral protocols. Prof Rohana and Dr. Priti also took the training sessions. Hands on trainings on Aortic Compression , Bimanual Uterine compression , Uterine Balloon Tamponade & NASG were done. A Simulation was enacted for better comprehension of participants. The session was peppered with some fun, to keep the atmosphere interactive and lively.



Facility & Attendees were provided IEC materials—booklets (for all attendees) and posters, ESM-UBT & NASG, by Safe Motherhood Committee FOGSI and Maternal and Perinatal Committee SAFOG. A Certificate of participation was given to each provider at the end of training. Pledge: Let's join hands for a 'Zero PPH Mortality Mission' was solemnly taken by all.

All were assured that this was the beginning, not just a one-time training. Assurance of online mentoring, followed by Assessment was done. 'Each one teach one' was enforced, so that the

learning would be an ongoing process. Need for Simulation and Drills was emphasised, along with debrief and documentation. The quiz was conducted to assess the knowledge of doctors and Healthcare workers and winners were awarded. The excitement was palpable among the participants. It was well covered by the media

The session was appreciated by the trainees and NESOG.











## SAFOG EVENTS

SAFOG WEBINAR WITH  
IAN DONALD SCHOOL

# IMAGING THE FETUS



### ORGANISERS



Dr Narendra Malhotra  
(Director-International Affairs SAFOG)



Dr Rohana  
Haththotuwa  
(President SAFOG)



Dr Yousaf Latif  
(Secretary General  
SAFOG)

### SPEAKERS

- Prof. Asim Kurjak
- Dr. Ritsuko Pooh
- Dr. Frank Chervenak

- Live Attendance: 827
- YouTube: 326

WATCH THE WEBINAR HERE: <https://www.youtube.com/watch?v=sslGwFlRRGU>

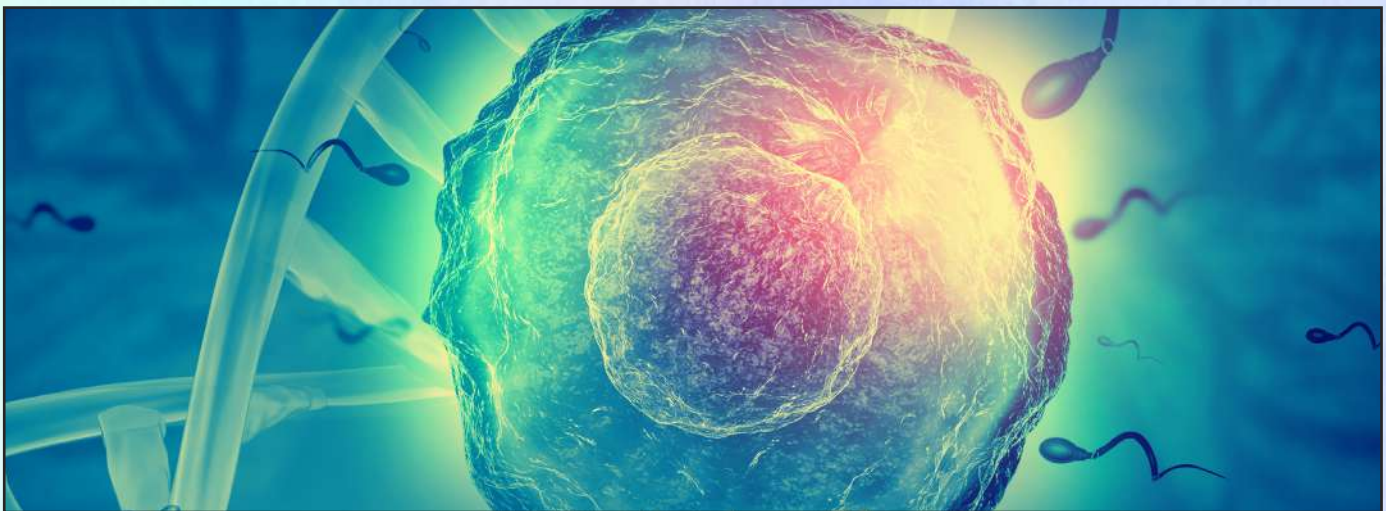




## SAFOG EVENTS

SAFOG WEBINAR WITH  
IAPM-IAN DONALD SCHOOL

# PRECONCEPTION, EPIGENETICS & GENETICS



### ORGANISERS



Dr Narendra Malhotra  
(Director-International Affairs SAFOG)



Dr Rohana Haththotuwa  
(President SAFOG)



Dr Yousaf Latif  
(Secretary General SAFOG)

### SPEAKERS

- Dr. Manjeet Mehta
- Dr. Ana Vicic
- Dr. Raju Sahetya

- Live Attendance: 492
- YouTube: 187

WATCH THE WEBINAR HERE: <https://www.youtube.com/watch?v=tJEn1WgG6PQ>



## FORTHCOMING EVENTS

  
 in collaboration with  







**SAFOG INTERNATIONAL JOINT WEBINAR SERIES 2022**

  
**DR. ROHANA HATHHOTUWA**  
 PRESIDENT

  
**DR. YOUSAF LATIF KHAN**  
 SECRETARY GENERAL

  
**DR. NARENDRA MALHOTRA**  
 DIRECTOR INTERNATIONAL AFFAIRS

ON






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

Date & Topic Schedules

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

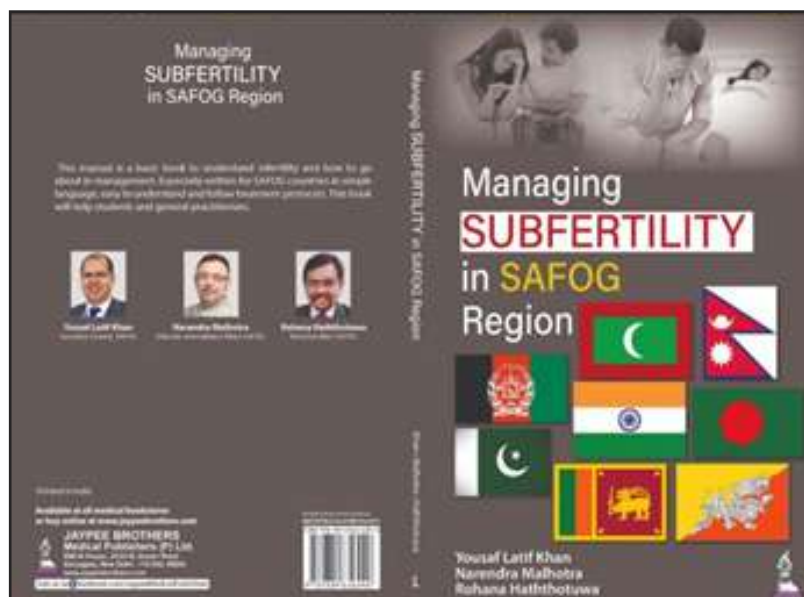
<b>JANUARY</b> <b>27TH 2022</b> <b>(THURSDAY)</b>	<b>SAFOG : IAN DONALD SCHOOL</b> Chief Guest : Dr. Asim Kurjak / Dr. Frank Chervenak Co-ordinator : Dr. Sonal Panchal / Dr. Monisha Singh / Dr. Ankita B Goyal Topic : Imaging The Fetus
<b>JUNE</b> <b>1ST 2022</b> <b>(WEDNESDAY)</b>	<b>SAFOG : IAPM: IANDONLD</b> Chief Guest : Dr. Asim Kurjak Co-ordinator : Dr. Neharika Malhotra / Dr. Priyankur Roy Topic : Preconception, Epigenetics & Genetics
<b>JUNE</b> <b>1ST 2022</b> <b>(WEDNESDAY)</b>	<b>SAFOG : FIGO (REI COMMITTEE)</b> Chief Guest : Dr. Jeanne Conry Co-ordinator : Dr. Jaideep Malhotra / Dr. Shaheen Anjum / Dr. Parul Sinha Topic : Infertility Management in Low Resource Setups
<b>JULY</b> <b>28TH 2022</b> <b>(THURSDAY)</b>	<b>SAFOG : RCOG</b> 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
<b>SEPTEMBER</b> <b>24TH 2022</b> <b>(SATURDAY)</b>	<b>SAFOG : AFOG</b> Chief Guest : Prof. W. W. Sumpaico Co-ordinator : Dr. Jaydeep Tank / Dr. Aarti Chitkara / Dr. Mohita Agarwal Topic : The 5 P'Ss
<b>NOVEMBER</b> <b>27TH 2022</b> <b>(SUNDAY)</b>	<b>SAFOG : SAFOMS</b> Chief Guest : Dr. Mary Ann Lumsden Co-ordinator : Dr. Ambuja Choranur / Dr. Perna Keshan / Apoorva Pallam Topic : Menopause Management of G.S.M.



## BOOK REVIEW



**Dr Neharika Malhotra,**  
MBBS, MD (Gold Medalist),  
DRM (Germany), DMIS,  
FICMCH, FMAS, FICOG,  
ICOG Fellowship in Repro-  
ductive Medicine  
• Consultant-Rainbow IVF  
• Chairperson – FOGSI  
YOUNG TALENT PROMO-  
TION COMMITTEE (2020-  
2022)  
• JOINT SECRETARY FOGSI-  
2018  
• Assistant Editor Journal of  
IJHRRD



This SAFOG book on Managing Subfertility in SAFOG Region is written by the 3 stalwarts: Dr Yousaf Latif of Lahore (Pakistan), Dr Narendra Malhotra of Agra (India) and Dr Rohana Haththotuwa of Colombo (Srilanka).

Even though SAFOG region contributes to the maximum of world population, we also have a lot of infertility.

This manual discusses the problem of infertility in the most basic way and discusses stepwise protocols.

A must read manual for students, general practitioners and also teachers. This is available at Jaypee Books Website & at Amazon.

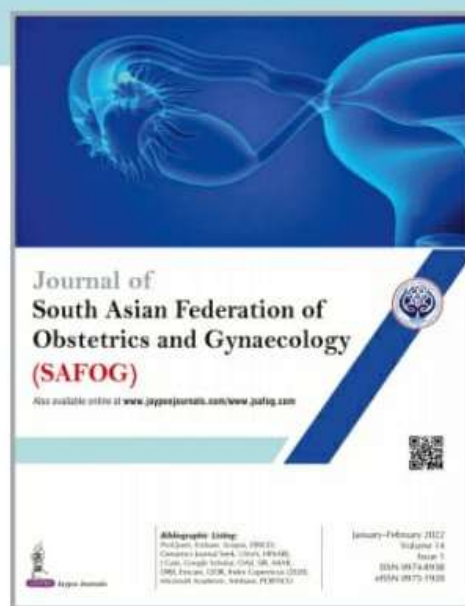
# Journal Report 2021



**Jaideep Malhotra**  
Editor-in-Chief



**Ruchika Garg**  
Joint Editor



- 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.
- Dr. Jaideep Malhotra is the editor-in-chief since 2015
- The scope of this journal is to cover the broad subjects of obstetrics and gynaecology and publish articles, information, and practice guidelines.
- The Journal is indexed in SCOPUS, ProQuest, Embase, EBSCO, Genamics Journal Seek, Google Scholar, HINARI, EMcare, J Gate, Ulrich, Cite Factor, SIS, SJIF, OAJI, COSMOS, SIF, ESJI, SJR, IJIF, MIAR, DRJI
- “Dr RM Malhotra Award” is presented for the best articles at Annual SAFOG Conference.



## JSAFOG (2021 Statistics)

**Article Submitted: 348**

**Article Accepted: 134**

**Article Rejected: 109**

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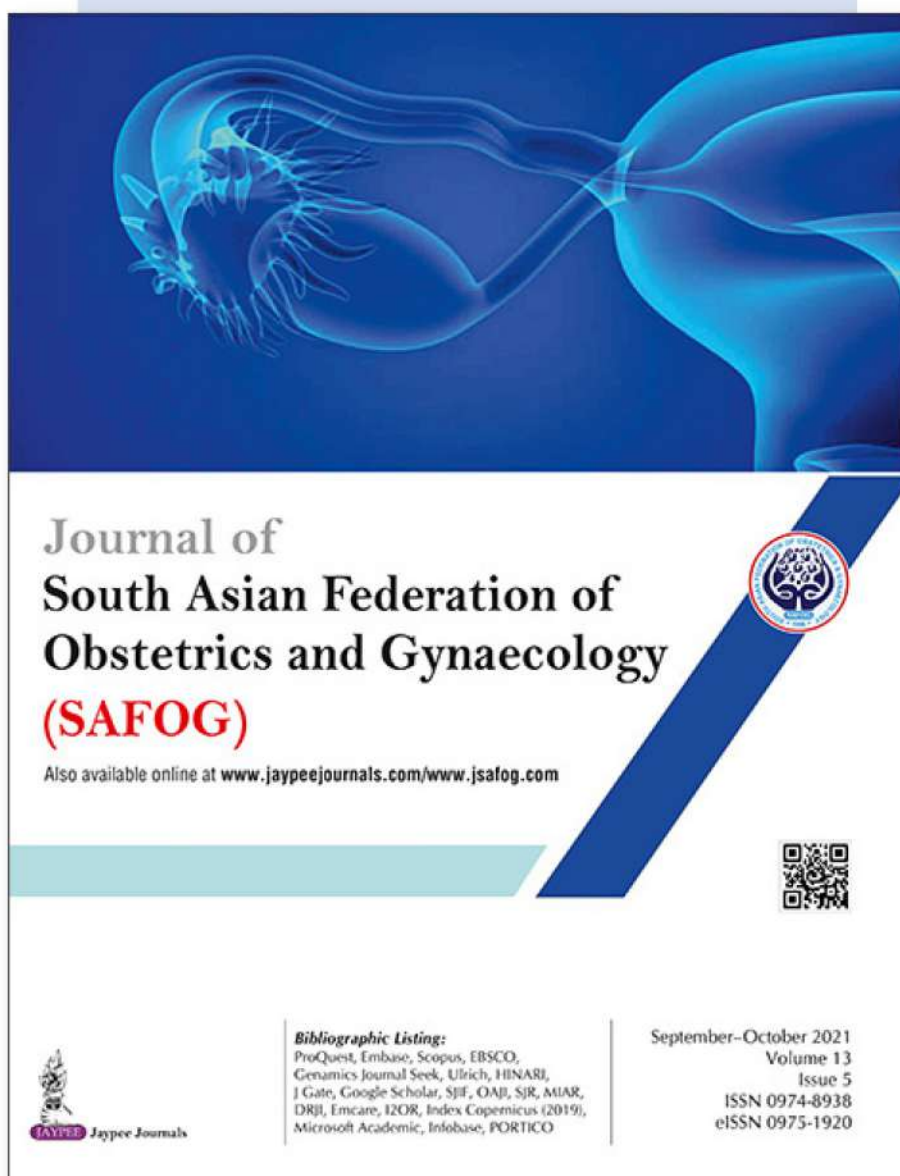
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## JOURNAL OF SOUTH ASIAN FEDERATION OF OBSTETRICS AND GYNAECOLOGY (JSAFOG)



**Journal of South Asian Federation of Obstetrics and Gynaecology (JSAFOG)** is a scientific and peer-reviewed platform for exchange of professional activities, clinical practice guidelines, operative skill updates, and nursing midwifery practices among member countries. The journal aims to provide platform for members to have access to latest and the best scientific, peer-reviewed and clinically-oriented knowledge suitable to the specific needs of the region. The journal is indexed with, or included in, the following: ProQuest, Embase, SCOPUS, EBSCO, Genamics Journal Seek, Ulrich, HINARI, J Gate, Google Scholar, OAJI, SJR, MIAR, DRJI, EMcare, I2OR, Index Copernicus, Microsoft Academic, Infobase, PORTICO

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