



AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY

AOGS TIMES

Nirwana

JULY 2022 | VOLUME 4

Theme : Healthy Woman - Healthy Nation

Motto : Ethics Compassion Commitment

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AOGS RUSH TEAM VOLUME - 2

Guest Editor
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We are the reason behind





Dr. Kamini Patel
President

TEAM AOGS MESSAGE



Dr. Nita Thakre
Hon. Secretary

“If you want to see the brave, look at those who forgive”
- Bhagavad Gita

Forgiveness is a measure that maintains, manages and soothes the relation in a way that no one can break. We being the doctors take oath to help and treat patients from the very first day of our services. All these years of services in the field of health care, I have noticed that modesty, honesty, ethics and forgiveness bring you a long way.

AOGS is one such association which not only impart knowledge in the budding gynaecologist but also helps in team building and a unity in doctors. We aim to bring the community closer day by day to make this city a better place for the treatment in Gynaecology, Obstetrics and Infertility. This is our small step to make the world a better place.

AOGS team had taken up the initiative of **Thermal breast cancer screening**. It was a huge hit with many female doctors attending along with their mothers and relatives. This initiative has helped in incorporating the early breast cancer screening in multiple screening for the females above the age of 32 or 33. This has created a revolution and has brought us a step closer in detecting early-stage breast cancers. This was a positive event as this test does not include any harmful radiations.

“Nurses are the heart of the health care.” One more positive thing that was started with the AOGS team was the education or training imparted to the nursing staff. Last Bulletin and this edition have some beautiful articles that could be used to teach our nursing staff.

With days passing of our tenure, we promise to deliver the best of the articles, event and conferences.



PAST PROGRAMME

Silver Jubilee Oration : Prof. Dr Sabaratnam Arulkumaran - 18th July 2022



Breast Cancer Screening : 10th August 2022 | 55 Thermal Screened Done



AOGS - HAR GHAR TIRANGA





AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY



DIWALI MEDITERIAN CRUISE TOUR

DEPARTURE DATE: 22th October 2022

USD 1545

(Approx 1,23,000 Rupees)

05% GST & 05% TCS EXTRA

NOTE: WE ARE NOT HOLDING ANY HOTELS, TRAINS OR INTERNAL FLIGHTS YET .
RATES CAN BE CHANGE AT THE TIME OF BOOKING

INCLUDES:

- All airport & port transfers in Venice

MEALS:

- 2 breakfasts
- 2 Dinners
- Cruise meals as per their policy

Excluded :

Airfare actual as per availability at the time of booking

Note:

Visa date is availabel in Mumbai centre only around 30th Sep.

Hurry up

Last Date of Registration
25th August 2022

QUOTE FOR NORWEGIAN CRUISE LINE WITH HOTEL 09 NIGHTS / 10 DAYS

Sunday

Venice (Trieste), Italy

Wednesday

Santorini, Greece

Saturday

Dubrovnik, Croatia

Monday

Kotor, Montenegro

Thursday

Mykonos, Greece

Sunday

Venice (Trieste), Italy

Tuesday

Corfum, Greece

Friday

Argostoli, Kefalonia, Greece

For More Details on This Trip Can Contact

Dr. Nisarg Dharaiya on 7567200111 or

Dr. Kamini Patel on 9426048748

AOGS RUSH TEAM VOLUME -2

Practice Checklist, Follow Protocols for Safety.

“We are safe, when our patients are safe. Our patients are safe when we are safe”.

– Dr Alpesh Gandhi

(Immediate Past President, FOGSI)

Introduction :

In this issue, we include certain checklists that we feel are essential for clinicians in day to day practice. Checklists used in the medical setting can promote process improvement and increase patient safety. Implementing a formalized process reduces errors caused by lack of information and inconsistent procedures. Checklists have improved processes for hospital discharges and patient transfers as well as for patient care in operating rooms and ICU’s. Along with improving patient safety, checklists create a greater sense of confidence that the process is completed accurately and thoroughly. Checklists can have a significant positive impact on health outcomes, including reducing mortality, complications, injuries and other patient harm. Medicolegally too, they help to protect doctors from accusations of negligence or oversight.

We recommend that these checklists become a part of every clinician’s routine daily practice. This will make sure that emergency drugs and other materials are kept on hand at all times, that staff as well as doctors are updated with regards to emergency protocols, and will reduce panic in actual emergency situations. In case a physician requires the help of the RUSH team, all necessary materials as well as paperwork will be available promptly, and will make their intervention a lot more effective. Finally, if these checklists are rigorously followed, it may avoid the requirement of the RUSH team completely.

FOGSI CHECKLIST : VAGINAL DELIVERY

PATIENT PROFILE:

Patient name:	Blood group:	Age:
Date of admission:	Date of Birth:	
Husband’s name:	Registration number:	
Contact number	ID proof:	
Weight:	Height:	
Obstetrics Score: G P L A	Last menstrual period:	
Expected date of delivery:	Period of gestation:	
Corrected expected date of delivery:	Doctor’s name:	
Nurse’s name:	History of allergy:	
Booked/Unbooked:		

HISTORY AND CLINICAL FEATURES

Antenatal records reviewed	☐ Yes ☐ No
Any associated high risk factors documented	☐ Yes ☐ No
Tetanus immunization done	☐ Yes ☐ No
Pain abdomen (Labor pain) If present, increasing in frequency and duration/regular intervals	☐ Yes ☐ No
Decreased fetal movements	☐ Yes ☐ No
Leakage per vaginum (mention duration of leakage : ___ hrs ___ min) If leaking PV ,☐ Blood stained ☐ Meconium stained ☐ Other	☐ Yes ☐ No
Timing of last solid food taken noted	☐ Yes ☐ No
History of any multiple/ unclean examinations or drug intervention	☐ Yes ☐ No

EXAMINATION

Vitals:	Temperature <input type="checkbox"/>	Pulse <input type="checkbox"/>	BP <input type="checkbox"/>	RR <input type="checkbox"/>	Oxygen saturation <input type="checkbox"/>
General examination:					
Pallor	<input type="checkbox"/>	Cyanosis	<input type="checkbox"/>	Clubbing	<input type="checkbox"/>
				Icterus	<input type="checkbox"/>
				Pedal edema	<input type="checkbox"/>
Systemic examination:					
CVS:	<input type="checkbox"/>	Arrhythmia	<input type="checkbox"/>	Murmurs	<input type="checkbox"/>
				RS:	<input type="checkbox"/>
				Air entry	<input type="checkbox"/>
				Crepitations	<input type="checkbox"/>
CNS:	<input type="checkbox"/>	Reflexes	<input type="checkbox"/>		

LOCAL EXAMINATION

Abdominal examination done	<input type="checkbox"/> Yes <input type="checkbox"/> No
Presence of scar ,if any noted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bleeding PV present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leaking PV present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Per vaginal examination done	<input type="checkbox"/> Yes <input type="checkbox"/> No
If leaking PV, <input type="checkbox"/> Blood stained <input type="checkbox"/> Meconium stained <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cervical dilatation documented	<input type="checkbox"/> Yes <input type="checkbox"/> No
Effacement documented	<input type="checkbox"/> Yes <input type="checkbox"/> No
Station documented	<input type="checkbox"/> Yes <input type="checkbox"/> No
Membranes intact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pelvis seems adequate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Moulding present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Caput succedaneum formed	<input type="checkbox"/> Yes <input type="checkbox"/> No

MANAGEMENT

INVESTIGATIONS DONE	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete hemogram (Recent)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Urine routine and microscopy (less than 1 week old)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood grouping and cross matching	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood arranged if indicated	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/ HbS Ag/VDRL (if not done before)	<input type="checkbox"/> Yes <input type="checkbox"/> No

FIRST STAGE OF LABOR

Referral needed (Follow referral checklist)	<input type="checkbox"/> Yes <input type="checkbox"/> No
In case of eclampsia , 1 st dose of MgSO4 given before referring	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not required admission documented	<input type="checkbox"/> Yes <input type="checkbox"/> No
Informed counselling done	<input type="checkbox"/> Yes <input type="checkbox"/> No
Partograph maintained	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any indication for antibiotics checked	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special therapy if needed (MgSo4, antihypertensives, rescue steroid)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tocolytics given (If yes, Reason)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery kit available	<input type="checkbox"/> Yes <input type="checkbox"/> No
PPH kit available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ambulation ensured	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hydration ensured	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relatives kept available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ensured the supplies for fetal resuscitation available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood arranged if indicated	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECOND STAGE OF LABOR

Encouraged to bear down	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perineal support given	<input type="checkbox"/> Yes <input type="checkbox"/> No
Episiotomy documented if given	<input type="checkbox"/> Yes <input type="checkbox"/> No
Instrumental delivery documented if done	<input type="checkbox"/> Yes <input type="checkbox"/> No
Informed Consent for instrumental delivery taken	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date and time of delivery noted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baby details (weight, APGAR, Sex) noted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Second stage problems (Shoulder dystocia- Erb's palsy) documented	<input type="checkbox"/> Yes <input type="checkbox"/> No
Obvious Conngenital malformations if any documented	<input type="checkbox"/> Yes <input type="checkbox"/> No

THIRD STAGE OF LABOR

Placenta separated spontaneously	<input type="checkbox"/> Yes <input type="checkbox"/> No
Active management of third stage of labor done (controlled cord traction, oxytocin, delayed cord clamping)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Placental completeness checked	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maternal vitals monitored	<input type="checkbox"/> Yes <input type="checkbox"/> No
Post partum hemorrhage if occurred documented	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, management documented	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin to skin contact initiated at the earliest	<input type="checkbox"/> Yes <input type="checkbox"/> No
Breast feeding initiated	<input type="checkbox"/> Yes <input type="checkbox"/> No

FOURTH STAGE OF LABOR

Fourth stage protocol including vitals ,Uterus details and vaginal bleeding checked every 15 minutes for 1 hour	<input type="checkbox"/> Yes <input type="checkbox"/> No
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POST DELIVERY

Disinfection of all instruments in Hypochlorite done	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patients condition at time of transfer to ward noted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contraception discussed	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date:

Signature

Name:

FOGSI CHECKLIST: CESAREAN SECTION

PATIENT PROFILE:

Patient name: _____ Age: _____ Date of Birth: _____
 Husband's name: _____ Contact numbers: _____
 Registration number: _____ Date and time of admission: _____
 ID proof: _____
 Blood group: _____ Hemoglobin level: _____
 Obstetric score: _____ GPLA _____
 Last menstrual period: _____ Expected date of delivery: _____
 Period of gestation: _____ Weight: _____
 Doctor's name: _____ Nurse's name: _____
 Anesthetist's name: _____ Surgical Assistant's name: _____
 Date and time of CS: _____
 Allergies, if any: _____
 Diagnosis: _____

DETERMINE:

Preterm	<input type="checkbox"/> Yes <input type="checkbox"/> No
High risk	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, high risk factors documented	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indication for CS documented	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of CS documented	<input type="checkbox"/> Elective <input type="checkbox"/> Emergency
Modified Robson's scoring(*Appendix 1) done	<input type="checkbox"/> Yes <input type="checkbox"/> No

PRE-OP PREPARATION:

Review of antenatal record and investigations done (Including previous intraoperative notes, if available)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Review of medications being taken by patient done	<input type="checkbox"/> Yes <input type="checkbox"/> No
Counselling done (Indication of surgery, risks and complications, high risk factors, blood transfusion, contraception, neonatal problems, others as per case)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consents for CS taken	<input type="checkbox"/> Yes <input type="checkbox"/> No
High risk consent, if any	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intraoperative contraceptive planning, if any	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood grouping and cross matching sent	<input type="checkbox"/> Yes <input type="checkbox"/> No

Arranged blood and blood products	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional investigations done if any as per case	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pediatrician informed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anesthesia assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Informed OT team	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Informed consultant/assistant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Part preparation as per local protocol done	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Steroid cover (If preterm) done	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MgSo4 (If <32 weeks for neuroprotection) given	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FHR monitoring done	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NPO for 8 hours, if no (in case of emergency) documented and necessary precautions taken	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IV cannula secured (16/18G)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Antibiotic prophylaxis given(As per local protocol)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tetanus immunization done	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Antacid and antiemetic treatment given	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Checked FHS prior to shifting to OT	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New born corner in OT made ready	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of anesthesia (SA/EA/CSE/GA) planned, documented	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Boyle's apparatus / gases checked	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blood collection vials availability checked	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Relatives kept available	<input type="checkbox"/> Yes	<input type="checkbox"/> No

INTRA-OP PREPARATION:

FHR checked on OT table	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vitals of patient checked on table	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foley's catheterization done	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sterile linen, mops and instrument check done	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skin Incision type documented	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uterine incision type documented	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adhesions documented	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liquor (Quantity and color documented)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Baby extraction details documented	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Time of baby delivery documented	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Immediate newborn care provided and documented	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Placenta (delivery times, location, size, calcifications) documented	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inj. Oxytocin 10IU slow iv/im given after delivery of baby	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other findings, if yes documented	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Types of sutures used at all steps documented	<input type="checkbox"/> Yes <input type="checkbox"/> No
Method of uterine suturing documented	<input type="checkbox"/> Single <input type="checkbox"/> Double
Status of uterine surface and cavity, tubes and ovaries documented	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other finding such as fibroids, ovarian cyst documented	<input type="checkbox"/> Yes <input type="checkbox"/> No
UV fold if sutured, documented	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parietal peritoneum if sutured, documented	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mop and instrument counts documented (*Appendix2)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baby details (weight, sex, APGAR) documented	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drains (abdominal/subcutaneous) inserted	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, documented	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood loss documented	<input type="checkbox"/> Yes <input type="checkbox"/> No
Input/ output documented	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vitals at time of shifting out of OT documented	<input type="checkbox"/> Yes <input type="checkbox"/> No

POST- OPERATIVE CHECKLIST:

NPO minimum of 6 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No
BP / TPR checked every 15 minutes for 1 hour then every ½ hourly for 2 hour and then every 2 hourly for 24 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No
O2 given, if indicated	<input type="checkbox"/> Yes <input type="checkbox"/> No
In high risk patients, continuous monitoring done	<input type="checkbox"/> Yes <input type="checkbox"/> No
Post Spinal – No pillow / GA – Propped up given	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ensured IV-line patent	<input type="checkbox"/> Yes <input type="checkbox"/> No
IV fluid with 10 units Oxytocin in first pint running at 100ml/hour followed by plain drip (Duration as per case) given	<input type="checkbox"/> Yes <input type="checkbox"/> No
IV antibiotics given (As per local protocol)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Analgesics given	<input type="checkbox"/> Yes <input type="checkbox"/> No
Input output chart maintained	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sterile vulval Pad provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Watched for Amount of bleeding PV	<input type="checkbox"/> Yes <input type="checkbox"/> No
Catheter care done	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lactation & Breast feeding established	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specific care, if any documented	<input type="checkbox"/> Yes <input type="checkbox"/> No
Early ambulation done	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date:

Signature
Name:

APPENDIX 1:

Table-1: The modified Robson criteria.

Group	Description
1	Nullipara, singleton cephalic, ≥ 37 weeks, spontaneous labour
2	Nullipara, singleton cephalic, ≥ 37 weeks A: Induced B: Caesarean section before labour
3	Multipara, singleton cephalic, ≥ 37 weeks, spontaneous labour
4	Multipara, singleton cephalic, ≥ 37 weeks A: Induced B: Caesarean section before labour
5	Previous Caesarean section, singleton cephalic, ≥ 37 weeks A. Spontaneous labour B. Induced labour C. Caesarean section before labour
6	All nulliparous breeches A. Spontaneous labour B. Induced labour C. Caesarean section before labour
7	All multiparous breeches (including previous Caesarean section) A. Spontaneous labour B. Induced labour C. Caesarean section before labour
8	All multiple pregnancies A. Spontaneous labour B. Induced labour C. Caesarean section before labour
9	All abnormal lies (including previous Caesarean section but excluding breech) A. Spontaneous labour B. Induced labour C. Caesarean section before labour
10	All singleton cephalic, ≤ 36 weeks (including previous Caesarean section) A. Spontaneous labour B. Induced labour C. Caesarean section before labour

APPENDIX 2: Operative Instruments & Swab Check Sheet

No.	Instrument	Pre-surgical	Post-surgical
1	Gauze pieces	5	5
2	Sponge (Preferably radio opaque)	5	5
3	B.P Handles with surgical blade no. 21	1	1
4	Suction catheter No-10	1	1
5	Suction set	1	1
6	Ellis forceps: 6 inches	6	6
7	Ellis forceps: 8 inches	6	6
8	Artery: Curved: 6 inches	6	6
9	Sponge holding forceps	2	2
10	Dissecting toothed forceps: 6 inches	1	1
11	Dissecting non-toothed forceps: 6 inches	1	1
12	Sutures (Vicryl no.1 and 1.0 and chromic catgut no.1 and 1.0) (Vicryl Preferably 180 cms with two needles of 40 & 50 mm.)	4	
13	Needle holder: 6 inches	1	1
14	Needle holder: 8 inches	1	1
15	Scissors: Straight	1	1
16	Scissors: Tissue cutting –fine	1	1
17	Retractor (Doyens)	1	1
18	Outlet forceps	1	1
19	Vacuum cup	1	1
20	Cord clamp (long curved artery)	2	2
21	Lange back Tissue retractor	1	1
22	Cautery (Monopolar) set (Cautery tip and wire) (Optional)	1	1
23	Green armytage (If available)	2	2
24	Babcock 6 inches	2	2
25	Long straight needle	1	1
26	Cord blood collection kit (Plain, EDTA)	1	

FOGSI CHECKLIST: PPH KIT

VENOUS ACCESS EQUIPMENTS

EQUIPMENT	AVAILABILITY	EQUIPMENT	AVAILABILITY
20 G Cannula (pink) (2)	<input type="checkbox"/>	3-way cannula (1)	<input type="checkbox"/>
18 G Cannula (green) (2)	<input type="checkbox"/>	Tourniquet (1)	<input type="checkbox"/>
16 G Cannula (grey) (2)	<input type="checkbox"/>	Fixation tape(1)	<input type="checkbox"/>

OXYGEN CYLINDER

Checked cylinder availability	<input type="checkbox"/>
Checked cylinder fullness	<input type="checkbox"/>
Expiry date checked	<input type="checkbox"/>

INTRAVENOUS FLUIDS

ITEMS	AVAILABILITY
Ringer lactate (1 unit)	<input type="checkbox"/>
Normal Saline (100 ml) (1)	<input type="checkbox"/>
Distilled water (10 ml) (5)	<input type="checkbox"/>
Colloid Solution (1 unit)	<input type="checkbox"/>
IV set (2)	<input type="checkbox"/>
DISPOSABLE SYRINGES	NEEDLES
10 CC (4) <input type="checkbox"/>	20G (2) <input type="checkbox"/>
5 CC (5) <input type="checkbox"/>	22G (2) <input type="checkbox"/>
2 CC (4) <input type="checkbox"/>	24G (2) <input type="checkbox"/>

DRUGS

Inj.Oxytocin(10 amps)	<input type="checkbox"/>	Inj. Atropine, Adrenaline, furosemide (2 each)	<input type="checkbox"/>
Inj.Methylergometrine(2 amps)	<input type="checkbox"/>	Inj. Phenergan (1 ampule)	<input type="checkbox"/>
Inj. Prostadin (15Methyl PGF ₂ α)(2 amps)	<input type="checkbox"/>	Inj. Hydrocortisone(1 vial)	<input type="checkbox"/>
Inj. Carbetocin (2 amp)	<input type="checkbox"/>	Inj. Tranexamic acid	<input type="checkbox"/>
Misoprostol 600µg (1 Tab)	<input type="checkbox"/>	(2Amps)	

OTHER EQUIPMENT

Cotton swabs	<input type="checkbox"/>	Foley's Catheter (No 16)	<input type="checkbox"/>
Spirit swab bottle (1)	<input type="checkbox"/>	Urine bag	<input type="checkbox"/>
Antiseptic solution (1)	<input type="checkbox"/>	Surgical gloves (suitable size) (5)	<input type="checkbox"/>
Blood sample collection vials (Plain/EDTA/Fluoride) (5 each)	<input type="checkbox"/>	Blood transfusion set	<input type="checkbox"/>
Suture material Vicryl no 1	<input type="checkbox"/>	Suction catheter (1)	<input type="checkbox"/>
Vicryl no 1, 0	<input type="checkbox"/>		
Vicryl no 2,0	<input type="checkbox"/>		
Chromic Catgut no. 1	<input type="checkbox"/>		
Stethoscope	<input type="checkbox"/>	Checklist and patient monitoring chart (1)	<input type="checkbox"/>
Long straight needle	<input type="checkbox"/>		
Blood pressure apparatus (1)	<input type="checkbox"/>	PPE kit/N95 mask(2)	<input type="checkbox"/>
Pair of scissors	<input type="checkbox"/>	Long elbow length Sterile gloves (1 pair)	

OTHER INSTRUMENTS & SUPPLIES

Large Speculums (3)	<input type="checkbox"/>	Condom Tamponade	<input type="checkbox"/>
Sponge holding forceps (4)	<input type="checkbox"/>	Uterine Pack (6cm wide & 3 meter)2 in Number	<input type="checkbox"/>
Bakri Balloon (Desirable)	<input type="checkbox"/>	Non-Pneumatic Anti Shock Garment (Desirable)	<input type="checkbox"/>

FOR CONDOM TAMPONADE

SS tray with Lid	<input type="checkbox"/>	Foley's Catheter no 16	<input type="checkbox"/>
Sims Speculum	<input type="checkbox"/>	Condom	<input type="checkbox"/>
Bowl with Swabs	<input type="checkbox"/>	IV set	<input type="checkbox"/>
Sponge Holder	<input type="checkbox"/>	500ml NS	<input type="checkbox"/>
Suture material	<input type="checkbox"/>	Scissors	<input type="checkbox"/>

MAINTAINENCE

Kit kept at easily approachable place	<input type="checkbox"/>
All medical and paramedical staff informed about place where the kit is kept	<input type="checkbox"/>
Kit maintenance checked weekly	<input type="checkbox"/>
Expiry date of the drugs checked weekly	<input type="checkbox"/>
Mock drill conducted at the center every 3 monthly	<input type="checkbox"/>

Date:

Signature
Name:



PPH

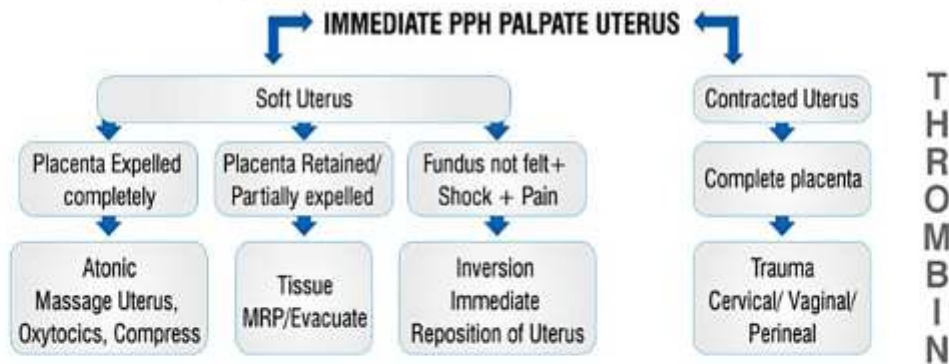
PREDICT PREPARE HANDLE



STEP 1 - GENERAL MANAGEMENT

- ▶ Shout for help
- ▶ Rapid evaluation of vitals
- ▶ Oxygen by mask 6-8 lit/min
- ▶ Uterine massage
- ▶ Check the placenta - Is it expelled? If it is expelled, re-examine & make sure it is complete
- ▶ Examine vagina, perineum and cervix for tear
- ▶ Oxytocin 10U 1M
- ▶ Site 2 large bore (16G-gray color) IV cannula
- ▶ Draw Blood for group and crossmatch
- ▶ Infuse IV fluid- NS/RL - run it fast
- ▶ Catheterize bladder

STEP 2 - DIRECTED THERAPY



UTEROTONICS AND OTHER DRUGS

Drugs	Dose & Route	Maintenance Dose	Max Dose	Frequency	Precaution/
Oxytocin	IV infusion 10U / 500 ml 60 drops/min	IV infuse 20U/500 ml 40 drops/min	Not more than 3 L		
Ergometrine/ Methylergonovine	IM/slow IV of 0.2 mg	0.2mg after 15 min.	5 doses (1mg)	4th hourly	PIH, HT, Heart disease
15 methyl PGF2 a	1M 250 ug	250 ug after 15 min	8 doses (2mg)	15 - 90 min	Asthma, Heart disease
Misoprostol	800ug oral / rectal	Onset: 3-5min Peak: 20-30min Lasts: up to 75 min	600-800ug	Single dose	Shivering, slight rise of temperature
Tranexamic acid ***	1 gm IV over 10 minutes Or 1 gm IV in 100 ml NS	Repeated within 30 to 60 minutes if necessary			Benefits outweigh the risks

*** WOMAN Trial

Dr. Sheela Mane

FOGSI CHECKLIST: ECLAMPSIA KIT

Confirm the following equipment in Eclampsia kit:

AIRWAY EQUIPMENTS:

ITEMS	AVAILABILITY	ITEMS	AVAILABILITY
Guedel Airways (Sizes 4, 3 and 2)	<input type="checkbox"/>	Mouth gag (1)	<input type="checkbox"/>
Disposable oxygen mask/ nasal prongs (1 each)	<input type="checkbox"/>	Central suction/ Dedicated electrical suction machine	<input type="checkbox"/>
Bag, mask and valve (1)	<input type="checkbox"/>	Basic life support equipment's (ET tube, laryngoscope with batteries)	<input type="checkbox"/>
Green oxygen tubing (2 meters)	<input type="checkbox"/>	Others, if any	<input type="checkbox"/>

OXYGEN CYLINDER:

Cylinder availability checked	<input type="checkbox"/>
Cylinder fullness checked	<input type="checkbox"/>
Expiry date checked	<input type="checkbox"/>

VENOUS ACCESS EQUIPMENTS:

EQUIPMENT	AVAILABILITY	EQUIPMENT	AVAILABILITY
20 G Cannula (pink) (2)	<input type="checkbox"/>	3-way cannula (1)	<input type="checkbox"/>
18 G Cannula (green) (2)	<input type="checkbox"/>	Tourniquet (1)	<input type="checkbox"/>
16 G Cannula (grey) (2)	<input type="checkbox"/>	Fixation tape/ surgical sticking (1)	<input type="checkbox"/>

INTRAVENOUS FLUIDS:

ITEMS	AVAILABILITY
Ringer lactate (1 Liter) (1)	<input type="checkbox"/>
DNS (1)	<input type="checkbox"/>
Normal Saline (100 ml) (1)	<input type="checkbox"/>
Distilled water (10 ml) (5)	<input type="checkbox"/>
IV set (2)	<input type="checkbox"/>
DISPOSABLE SYRINGES	NEEDLES
20 CC (2) <input type="checkbox"/>	18G (5) <input type="checkbox"/>
10 CC (5) <input type="checkbox"/>	20G (5) <input type="checkbox"/>
5 CC (5) <input type="checkbox"/>	22G (5) <input type="checkbox"/>
Infusion syringe (If available) (1) <input type="checkbox"/>	

DRUGS:

Inj. MgSO4 (50%) (20 ampules)	<input type="checkbox"/>	Tab. Labetalol 100mg (4)	<input type="checkbox"/>
Inj. Labetalol (20mg) (2 ampules)	<input type="checkbox"/>	Inj. Ondansetron (2)	<input type="checkbox"/>
Inj. Hydralazine (20mg) (2 ampules)	<input type="checkbox"/>	Inj. Atropine, Adrenaline, furosemide (2 each)	<input type="checkbox"/>
Inj. Calcium gluconate(10%)(2ampules)	<input type="checkbox"/>	Inj. Phenergan (2 ampule)	<input type="checkbox"/>
Inj. Lignocaine (1)	<input type="checkbox"/>	Inj. Hydrocortisone (2 ampule)	<input type="checkbox"/>
Tab. Nifedipine (4)	<input type="checkbox"/>	Calcium Gluconate	<input type="checkbox"/>
		Others, if any	<input type="checkbox"/>

OTHER EQUIPMENTS:

Bed with rails	<input type="checkbox"/>	Lignocaine jelly (1)	<input type="checkbox"/>
Blood sample collection vials (Plain/EDTA/Fluoride) (5 each)	<input type="checkbox"/>	Urine bag with uroflow meter (if available) (1)	<input type="checkbox"/>
Urine albumin strip (1 bottle)	<input type="checkbox"/>	Reflex hammer (1)	<input type="checkbox"/>
Spirit swab bottle (1)	<input type="checkbox"/>	Ampule cutter (1)	<input type="checkbox"/>
Antiseptic solution (1)	<input type="checkbox"/>	Surgical gloves (5)	<input type="checkbox"/>
Foley's Catheter (No.14+No.16) (1+1)	<input type="checkbox"/>	Others, if any	<input type="checkbox"/>
Blood pressure apparatus (1)	<input type="checkbox"/>	Suction catheter (1)	<input type="checkbox"/>
Stethoscope (1)	<input type="checkbox"/>	Checklist and patient monitoring chart(1)	<input type="checkbox"/>
Ryle's tube (1)	<input type="checkbox"/>	N95 mask for health personnel (1)	<input type="checkbox"/>

MAINTAINENCE:

Kit kept at easily approachable place	<input type="checkbox"/>
All medical and paramedical staff informed about place where the kit is kept	<input type="checkbox"/>
Kit maintenance checked weekly	<input type="checkbox"/>
Expiry date of the drugs checked weekly	<input type="checkbox"/>
Mock drill conducted at the center every 3 monthly	<input type="checkbox"/>
MgSO4 administration chart displayed at center in proper condition	<input type="checkbox"/>
Battery of the laryngoscope checked monthly	<input type="checkbox"/>

Date:

Signature
Name:

Spot Differential Diagnosis of Eclampsia

- Epilepsy - (past history-normal BP)
- Cerebral Malaria - (Fever with rigor, confirmed diagnosis by laboratory findings)
- Meningitis or Encophalitis - (stiff neck + fever)
- Tetanus - (Violent Spasms, Arched Back)

Pritchard's Regimen

- For Loading Dose -- Intravenous MgSo4 -- 4gms
- Take 4 ampoules (8 ml) of 50% w/v MgSO4 (4 gms)
- Add 12 ml of Normal Saline. (use a 20 ml Syringe)
- Thus - 20 ml - 20% solution is ready
- Give slowly over 5 mins.
- IV dose is followed PROMTLY by 10gms of 50% solution MgSo4 - 5mgs in each buttock, with 1 ml of 2% Lignocaine in the same syringe
- Take 10 ml syringe
- Take 5 ampoules (10 ml) of 50% w/v MgSO4
- Add 1 ml of 2% Lignocaine
- Give deep IM injection in each buttock.
- with large bore needle (16)

If convulsions recur after 15 minutes...

- **Give 2gms MgSo4 (50% solution) IV over 5 minutes**
- Take one 10 ml syringe
- Draw 2 ampoules of MgSO4 (4ml=2gms) into syringe
- Give IV Slowly over 5 minutes

Maintenance

- Give 5 g magnesium sulfate (50% solution) +1 mL lignocaine 2% IM **every 4 hours** into **alternate** buttocks.
 - Take one 10 mL sterile syringe.
 - Draw 5 ampoules of MgSO 50% (10 mL = 5 gm) into the syringe.
 - Add 1 mL of 2% Lignocaine in the syringe.
 - Verify in which buttock the last magnesium sulfate injection was given.
 - Give deep IM injection in the alternate buttock.

Monitoring

- The maintenance dose of Magnesium Sulphate is given only after assuring that:
- **Patellar reflex is present**
- **Respiration not depressed. (RR >16/min)**
- **Urine output during previous 4 h - exceeded 100 mL. (25ml/hr)**
- Serum monitoring of magnesium level has been advocated, but is expensive and has not been shown to be superior to clinical monitoring.

Respiratory depression

Stop magnesium therapy.

Give 1 gm calcium gluconate I/V (10% Ca Gluconate 10 ml over 10 min with cardiac monitoring

Give oxygen by mask

Maintain airway.

Nurse in recumbant position.

- **Eclampsia Trial Collaborative Group.** Which anticonvulsant for women with eclampsia? Evidence from the Collaborative Eclampsia Trial Lancet 1995;345:1455.1463.

Guidelines for management of potential complications:

Respiratory arrest

Stop magnesium therapy.

Give 1 gm calcium gluconate I/V (10% Ca Gluconate 10 ml over 10 min with cardiac monitoring)

To intubate and ventilate immediately.

- **Ventilation should be continued until the resumption of normal spontaneous respiration.**

FOGSI CHECKLIST: MATERNAL COLLAPSE

PATIENT PROFILE

Patient name:	Age:	Date of Birth:
Husband's name:		
Registration number:	Date of admission:	
ID proof:	Height:	
Blood group:	Weight:	
Obstetric score: G P L A	Contact number:	
Last menstrual period:	Expected date of delivery:	
Period of gestation:	Corrected Expected date of delivery:	
Doctor's name:	Nurse's name:	
History of allergy:	Booked/ unbooked:	

High risk informed consent taken	<input type="checkbox"/> Yes <input type="checkbox"/> No
----------------------------------	--

INITIAL MANAGEMENT

Call for help done	<input type="checkbox"/> Yes <input type="checkbox"/> No	Secretions if present drained	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consciousness assessed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Breathing assessed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oriented	<input type="checkbox"/> Yes <input type="checkbox"/> No	O2 started	<input type="checkbox"/> Yes <input type="checkbox"/> No
Glasgow Coma Scale(*Annexure 1) recorded	<input type="checkbox"/> Yes <input type="checkbox"/> No	LUD (Left uterine displacement) done	<input type="checkbox"/> Yes <input type="checkbox"/> No
Airway examined	<input type="checkbox"/> Yes <input type="checkbox"/> No	IV line secured IV fluids started	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Airway secured	<input type="checkbox"/> Yes <input type="checkbox"/> No	SPO2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Capillary refill time	<input type="checkbox"/> Yes <input type="checkbox"/> No	CPR required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pulse rate <input type="checkbox"/> Yes <input type="checkbox"/> No Tachycardia <input type="checkbox"/> Bradycardia <input type="checkbox"/>		If required, CPR given	<input type="checkbox"/> Yes <input type="checkbox"/> No
BP <input type="checkbox"/> Yes <input type="checkbox"/> No Hypotension <input type="checkbox"/> Hypertension <input type="checkbox"/>		Delivered	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory rate	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not delivered, FHS present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temperature recorded	<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient on MgSO4 drip If yes toxicity checked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed examination done including obstetric examination	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any drugs given If given, details recorded	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed history taken	<input type="checkbox"/> Yes <input type="checkbox"/> No	Urine output recorded	<input type="checkbox"/> Yes <input type="checkbox"/> No
Samples taken	<input type="checkbox"/> Yes <input type="checkbox"/> No	Defibrillation(If required)given	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bedside coagulation tests done	<input type="checkbox"/> Yes <input type="checkbox"/> No	RBS done	<input type="checkbox"/> Yes <input type="checkbox"/> No
Catheterization	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, Catheterization done	<input type="checkbox"/> Yes <input type="checkbox"/> No

HISTORY

Patient handled outside <input type="checkbox"/>	Diabetes mellitus <input type="checkbox"/>	Drug intake/Injections <input type="checkbox"/>
Home delivery <input type="checkbox"/>	Obesity <input type="checkbox"/>	LSCS <input type="checkbox"/>
Instrumental delivery <input type="checkbox"/>	Asthma <input type="checkbox"/>	Uterine surgery <input type="checkbox"/>
Prolonged labour <input type="checkbox"/>	Multipara <input type="checkbox"/>	Hypertension <input type="checkbox"/>
Blood transfusion <input type="checkbox"/>	AV thrombosis <input type="checkbox"/>	Preeclampsia <input type="checkbox"/>
Trauma <input type="checkbox"/>	Group-B streptococcal infection <input type="checkbox"/>	Seizure disorder <input type="checkbox"/>
Alcohol abuse <input type="checkbox"/>	Kidney disorder <input type="checkbox"/>	Diabetes mellitus <input type="checkbox"/>
Heart disorder <input type="checkbox"/>	Liver disorder <input type="checkbox"/>	Post partum hemorrhage <input type="checkbox"/>

EXAMINATION

General physical examination			
Pallor present	<input type="checkbox"/> Yes <input type="checkbox"/> No	Jaundice present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pupils reactive	<input type="checkbox"/> Yes <input type="checkbox"/> No	JVP raised	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cyanosis present	<input type="checkbox"/> Yes <input type="checkbox"/> No	Acidotic breath present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clubbing present	<input type="checkbox"/> Yes <input type="checkbox"/> No	Calf tenderness present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Edema present	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Systemic examination			
CVS examination done (Arrhythmia, Murmur)	<input type="checkbox"/> Yes <input type="checkbox"/> No	RS examination done(Air entry, Crepitations)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Per abdomen examination

Antepartum documentation: Uterine height Uterine contour Uterine tone FHR Any other findings if present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Postpartum documentation: Uterine height Uterine tone Uterine contour Uterine inversion Surgical wound present Distension present Guarding present Rigidity present Any other findings if present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Intrapartum documentation: Uterine contour Uterine contractions Tenderness present Scar dehiscence(if previous CS) Fetal parts palpable superficially Any other findings if present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Local examination			
Antepartum documentation: Bleeding PV present Foul smelling discharge PV present Any other findings if present	<input type="checkbox"/> Yes <input type="checkbox"/> No	Postpartum documentation: Bleeding PV present Foul smelling discharge PV present Mass per vaginum present Perineal wound(if present) Any other findings if present	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Intrapartum documentation: Bleeding PV present Foul smelling discharge PV present Mass per vaginum present Any other findings if present	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

PROVISIONAL DIAGNOSIS POSSIBLE: Yes No
 MEOWS SCORE(*Annexure 2): Scoring done: Yes No

MANAGEMENT

INVESTIGATIONS(RELEVANT TO CASE) DONE

Blood grouping and cross matching	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lactate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Coagulation profile	<input type="checkbox"/> Yes <input type="checkbox"/> No
RBS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Serum electrolytes	<input type="checkbox"/> Yes <input type="checkbox"/> No	LFT	<input type="checkbox"/> Yes <input type="checkbox"/> No
CBC	<input type="checkbox"/> Yes <input type="checkbox"/> No	ECG	<input type="checkbox"/> Yes <input type="checkbox"/> No	RFT	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special investigations including COVID if required <input type="checkbox"/> Yes <input type="checkbox"/> No					

DESIRABLE INVESTIGATIONS IF AVAILABLE

D-dimer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Angiography	<input type="checkbox"/> Yes <input type="checkbox"/> No	2-D Echo	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chest X Ray	<input type="checkbox"/> Yes <input type="checkbox"/> No	CT Scan	<input type="checkbox"/> Yes <input type="checkbox"/> No	ABG	<input type="checkbox"/> Yes <input type="checkbox"/> No

TREATMENT

Time of start of resuscitation noted	<input type="checkbox"/> Yes <input type="checkbox"/> No	Neonatologist involvement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referred	<input type="checkbox"/> Yes <input type="checkbox"/> No	Debriefing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Followed referred protocol	<input type="checkbox"/> Yes <input type="checkbox"/> No	ICU shift	<input type="checkbox"/> Yes <input type="checkbox"/> No
Decision to shift to ICU/OT if required taken	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inotropic support given	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cardiology reference given	<input type="checkbox"/> Yes <input type="checkbox"/> No	Availability of crash cart checked	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anaesthetic involvement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Neonatologist involvement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Antithrombotics given	<input type="checkbox"/>	Inj. Calcium gluconate given for MgSO4 toxicity	<input type="checkbox"/>
Thromboprophylaxis given	<input type="checkbox"/>	Blood transfusion given	<input type="checkbox"/>
Antibiotics given	<input type="checkbox"/>	Surgery/Laparotomy/Uterine artery embolization done	<input type="checkbox"/>
MgSO4 therapy given	<input type="checkbox"/>	Treatment for drug anaphylaxis given	<input type="checkbox"/>
Antihypertensive given	<input type="checkbox"/>	Definitive Management (As per Cause)	<input type="checkbox"/>
Planned for Perimortem Cesarean Section		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
If yes, Done:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Within 4min:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Date:

Signature

Name:

**ANNEXURE 1
GLASGOW COMA SCALE**

Eye Opening		Verbal Response		Motor Response	
	Points		Points		Points
Spontaneous	4	Oriented	5	Obeys commands	6
To voice	3	Confused	4	Localizes pain	5
To pain	2	Inappropriate words	3	Withdraws	4
None	1	Incomprehensible sounds	2	Abnormal flexion	3*
		Silent	1	Abnormal extension	2**
				No movement	1

**ANNEXURE 2
MEOWS SCORE**

Physiological parameters	Normal values	Yellow alert	Red Alert
Respirator rate	10-20 breaths per minute	21-30 breaths per minute	< 10 or >30 breaths per minute
Oxygen saturation	96-100%		< 95 %
Temperature	36.0-37.4°C	35-36 or 37.5- 38°C	< 35 or > 38 °C
Systolic blood pressure	100-139 mmHg	150 – 180 or 90 – 100 mmHg	>180 or < 90 mmHg
Diastolic blood pressure	50-89 mmHg	90-100 mmHg	>100 mmHg
Heart rate	50-99 beats per minute	100- 120 or 40 -50 beats per minute	>120 or < 40 beats per minute
Neurological response	Alert	Voice	Unresponsive, pain

Maternal Collapse: Spot D/D

(after Immediate resuscitation)

Try to do spot Probable diagnosis –

Is it APH or PPH?

If not, then think for non-haemorrhagic causes.

H/O and probable diagnosis....

H/O Severe HT, convulsions – Eclampsia

H/O Grand multipara or previous uterine scar or Instrumental delivery- Rupture of the Uterus.

H/O Mismanaged 3rd stage of labour, short cord or MRP- Inversion of uterus.

H/O Previous infection (not necessarily), Fever, rigors, hypotension- Septic shock

H/O SA in higher position, difficult SA, C/O heaviness in the chest, gabhraman, breathlessness within few minutes of SA - high Spinal Anaesthesia.

H/O Vomiting under anaesthesia, respiratory distress, bronchospasm, cyanosis and problem starts within few hours- Mendleson’s Syndrome.

H/O fall in the B.P. within few minutes after SA – Supine Spinal Shock.

H/O Previous cardiac problems, c/o acute Lt sided chest pain, Gabhraman, hypo tension – Maternal Cardiac problems, mainly Myocardial Infarction.

H/O Vehicular accidents or domiciliary violence – Trauma

H/O Collapse after administration of drugs, S/S allergic reactions – Drug reaction or overdose.

H/O Painful stimuli, injections etc – Anaphylactic reaction

H/O Collapse immediately during or mainly within 30 minutes of delivery, mainly in multipara or in precipitate labour and no obvious cause, hypoxia, hypotension or in any case always think for – AFE

H/O Sudden onset of unexplained dyspnoea, tachypnoea, especially in western countries because of venous stasis and hypercoagulability of blood - Pulmonary Thromboembolism.

FOGSI CHECKLIST: NEONATAL RESUSCITATION

PATIENT PROFILE:

Patient name:	Age:	Date of Birth:
Husband's name:		
Registration number:	Date of admission:	
ID proof:	Height:	
Blood group:	Weight:	
Obstetric score: G P L A	Contact number:	
Last menstrual period:	Expected date of delivery:	
Period of gestation:	Corrected Expected date of delivery:	
Doctor's name:	Nurse's name:	
History of allergy:	Booked/ unbooked:	

Required equipments kept ready	<input type="checkbox"/> Yes <input type="checkbox"/> No	Laryngoscope	<input type="checkbox"/> Yes <input type="checkbox"/> No
Informed Pediatrician	<input type="checkbox"/> Yes <input type="checkbox"/> No	ET tubes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stethoscope	<input type="checkbox"/> Yes <input type="checkbox"/> No	Oxygen source	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sterile gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of oxygen cylinder noted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medications – IV fluids	<input type="checkbox"/> Yes <input type="checkbox"/> No	Positive pressure device(Ambu bag, T piece resuscitator)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Normal saline	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Epinephrine	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Suction apparatus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scissors Adhesive tapes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Umbilical catheter	<input type="checkbox"/> Yes <input type="checkbox"/> No	Splint for arm (to maintain IV line)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clock with seconds hand	<input type="checkbox"/> Yes <input type="checkbox"/> No	3 way stop cock	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shoulder roll	<input type="checkbox"/> Yes <input type="checkbox"/> No	8 Fr Feeding tubes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Warm linen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Syringes(1, 3, 5, 10, 20 ml)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cord clamp	<input type="checkbox"/> Yes <input type="checkbox"/> No	Neonatal resuscitation protocol chart displayed	<input type="checkbox"/> Yes <input type="checkbox"/> No
100 Watt overhead electric bulb/Solar light	<input type="checkbox"/> Yes <input type="checkbox"/> No		

DESIRABLE EQUIPMENTS

Infusion pump	<input type="checkbox"/> Yes <input type="checkbox"/> No	Humidified oxygen supply source	<input type="checkbox"/> Yes <input type="checkbox"/> No
Radiant warmer	<input type="checkbox"/> Yes <input type="checkbox"/> No		

DELIVERY DETAILS

Maternal high risk factors documented (if any)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Intrapartum/Intra operative findings documented	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mode of delivery documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated neonatal resuscitation If yes, adequate preparation done	<input type="checkbox"/> Yes <input type="checkbox"/> No

BABY DETAILS Documentation

Date of birth <input type="checkbox"/>	Birth weight <input type="checkbox"/>	Time of birth <input type="checkbox"/>	Baby sex <input type="checkbox"/>
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BABY CONDITION IMMEDIATELY AFTER BIRTH

Baby cry /respiratory efforts noted	<input type="checkbox"/> Yes <input type="checkbox"/> No	If above features normal, routine care (Dry, Warmth, Clear airway if required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baby tone noted	<input type="checkbox"/> Yes <input type="checkbox"/> No		

IF ABOVE FEATURES ABNORMAL

Dry, warmth, clear airway done	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stimulation of baby done	<input type="checkbox"/> Yes <input type="checkbox"/> No
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REASSESSMENT AFTER 30 SEC

Heart rate <100bpm noted	<input type="checkbox"/> Yes <input type="checkbox"/> No	If HR<100/Apnea/ gasping, PPV started	<input type="checkbox"/> Yes <input type="checkbox"/> No
Apnea noted	<input type="checkbox"/> Yes <input type="checkbox"/> No	PPV given by bag and mask	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baby is Gasping	<input type="checkbox"/> Yes <input type="checkbox"/> No	Correct positioning confirmed	<input type="checkbox"/> Yes <input type="checkbox"/> No
If all the above are absent, looked for cyanosis/ labored breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Effective positive-pressure ventilation (Rapid rise in heart rate, Improvement in oxygenation, Improving muscle tone, Audible breath sound, Chest movement) noted	<input type="checkbox"/> Yes <input type="checkbox"/> No
If cyanosis/ Labored breathing, CPAP started	<input type="checkbox"/> Yes <input type="checkbox"/> No	SpO2 monitored continuously	<input type="checkbox"/> Yes <input type="checkbox"/> No

REASSESSMENT AFTER 60 SEC

HR<100bpm <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ventilation corrective steps taken <input type="checkbox"/> Yes <input type="checkbox"/> No
If HR>100bpm, post resuscitation care given <input type="checkbox"/> Yes <input type="checkbox"/> No
HR<60bpm <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Intubation done <input type="checkbox"/> Yes <input type="checkbox"/> No Chest compression started <input type="checkbox"/> Yes <input type="checkbox"/> No Chest compression with positive-pressure ventilation at 3:1 <input type="checkbox"/> Yes <input type="checkbox"/> No
Condition improving after above manoeuvres <input type="checkbox"/> Yes <input type="checkbox"/> No
HR persistently less than 60bpm <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, IV Epinephrine given <input type="checkbox"/> Yes <input type="checkbox"/> No Colloids given <input type="checkbox"/> Yes <input type="checkbox"/> No
If baby stabilized, post resuscitation care given <input type="checkbox"/> Yes <input type="checkbox"/> No
Nearby Neonatal Resuscitation Centre kept available in case of need <input type="checkbox"/> Yes <input type="checkbox"/> No

Date:

Signature

Name:

**ANNEXURE 1
APGAR SCORE**

SCORE	0 points	1 point	2 points
Appearance - Skin colour	Cyanotic/ Pale all over	Peripheral cyanosis only	Pink
Pulse (Heart rate)	0	<100	100-140
Grimace - Reflex Irritability)	No response to stimulation	Grimace (facial movement)/ weak cry when stimulated	Cry when stimulated
Activity - Tone	Floppy	Some flexion	Well flexed and resisting extension
Respiration	Apnoeic	Slow, irregular breathing	Strong cry

DNA PRESERVATION



Dr. Janak Desai (M.D)
FMC at "Ansh Fetal Care Centre"



Dr. Ameer Shah (M.S)
FMC at "Ansh Fetal Care Centre"



Dr. Prakruti Raval Desai (M.B, D.G.O)
"Ami Nursing Home", Ahmedabad

Introduction

There are more than 6000 known genetic disorders.

They are classified as

- Chromosomal** – Where an entire or part of the chromosome is missing or changed for e.g. Down's syndrome.
- Single gene disorders** – Where mutation affects one gene
e.g. Sickle cell anemia, Thalassemia.
- Mitochondrial** – Group of disorders caused due to mitochondrial dysfunction
e.g. Optic neuropathy, Leigh syndrome.
- Multifactorial** - There are mutations in two or more genes affected with contribution of "Environment" and/ or "Lifestyle factors" which contribute.
e.g. Breast or Colon cancer.

They can be inherited in an Autosomal Recessive, Autosomal Dominant, X- linked Recessive or X -linked Dominant manner or it can be "DE novo" (New Mutation).

Most of these "Genetic Disorders" **cannot be treated**, once they are diagnosed , antenatally or postnatally. They can be prevented in pregnancy by early diagnosis through Chorion biopsy at 12/14 weeks or Amniocentesis after 16 weeks of gestation .

For the early diagnosis, proper genetic diagnosis of index case is must.

But unfortunately, in most of the cases we lose the index case without genetic evaluation, after IUD or termination. Many of the diseases have overlapping clinical symptoms, like failure to thrive, seizures, vomiting, delayed milestones. It becomes difficult to reach a definitive diagnosis antenatally or postnatally without genetic investigation.

Complete antenatal assessment of the phenotype (Clinical presentation of a genetic defect) is not **always** possible. For example if a fetus is carrying a homozygous mutation of Beta Thalassemia, which will manifest as Thalassemia major postnatally, the fetus can look perfectly normal on ultrasound.

Case discussion

Patient Mrs. X was referred to us by a senior Obstetrician for **growth scan**.

Her previous two children delivered by LSCS .

Her FTS was done at our center and TIFFA scan was done by a radiologist.

On sonography , fetus was of 34 weeks of gestation. We needed to look for delayed appearing anomalies at growth scan.

On plotting serial growth charts and detailed usg, the fetus showed -

- Macrosomia
- Polyamnios
- Absent / small stomach bubble
- Unilateral cleft lip
- Bilateral hyperechoic kidneys with normal CMD
- Huge hepatomegaly .
- Increased resistance in umbilical artery.
- MCA doppler normal

Patient was counselled that it was --

- Non lethal anomaly with guarded/poor prognosis because of multiple system involvement.
- Possibility of syndromic baby due to multiple organ involvement.
- Final diagnosis will be determined postnatally with genetic investigations.

HUGE HEPATOMEGALY



UNILATERAL CLEFT LIP



BILATERAL HYPERECHOIC ENLARGED KIDNEYS



SERIAL GROWTH CHART SHOWING

- MACROSOMIA
- POLYAMNIOS
- INCREASED RESISTANCE IN UMBILICAL ARTERY

Impression
 Single gestation corresponding to a gestational age of 34 Weeks 5 Days
 Gestational age assigned as per LMP
 Placenta - Posterior no previa
 Presentation - Cephalic
 Liquor - Polyamnios
 Estimated fetal weight according to BPD,HC,AC,FL - 3001 +/- 300.1 gms
 Polyamnios AFI 26.5 cm.
Macrosomia.
 Absent / small stomach shadow (Possible TE fistula).
 Echogenic enlarged kidneys on both sides Preserved cortico - medullary differentiation.
 Hepatomegaly.
 Unilateral cleft lip.
 Increased umbilical artery resistance.
 MCA normal.
 Above findings suggest possibility of Syndromic child.

This only Growth scan.
 ADV.
 GCT.
 Non Lethal Anomaly with guarded / poor prognosis.
 DNA preservation and acoustician opinion after birth.

Dr. JANAK DEBBI M.D. (OB & GY) Dr. AMEE SHAH M.S (OB & GY)

The baby was delivered by LSCS and cried well. After 48 hours of birth the baby developed seizures and acidemia. Antenatal findings of hepatomegaly and enlarged kidneys was not confirmed postnatally because of poor quality usg after birth (portable machine & did not focus on those findings).

The relatives did not want to send any investigations. But on neonatologist and our insistence, neonatal blood was sent for

1. Enzyme study and
2. DNA preservation (for genetic Investigation needed in future).

The genetic laboratory agreed to do the test free of cost.

Before the enzyme study could come, the baby succumbed after 3 days of birth.

The enzyme study showed acidemia due to **Carnitine Palmitoyl transferase type 1 deficiency**

REPORT- SUMMARY

Observations:
 The free carnitine is increased, which can be seen in case of Carnitine Palmitoyl Transferase Type 1 Deficiency. (C16/C18+C18 : 128.0, Cut-off: 50) was checked and found to be increased.

Interpretation:
 The observed profile can be seen in case of Carnitine Palmitoyl Transferase Type 1 Deficiency / Carnitine supplementation / Liver immaturity.

Suggestion:
 Molecular genetic testing: CPT1A gene (clinical exome sequencing).

Recommendation:
 Please correlate the results with other clinical and diagnostic findings.

Clinical Information History
 Baby of Debi is closely suspected for clinical onset of metabolism. His TMS was suggestive of Carnitine Palmitoyl Transferase Type 1 Deficiency / Carnitine supplementation / Liver immaturity. (CPT1A gene). He has been evaluated for the gene mutations related to the reported phenotype.

RESULT SUMMARY
No pathogenic or likely pathogenic variants causative of the reported phenotype were identified.
 *Correlation with clinical profile and family history is required.

Gene & Transcript	Variant	Location	Zygosity	Discovery (DBS)	Inheritance	Classification
SLC6A4	c.222C>G	Exon 1	homozygous	Human Gene Mutation Database (HGMD)	Autosomal Recessive	Uncertain Significance
MA_115958.4						

We requested further testing for mutation study. But we had to request the laboratory to do it with minimal possible cost as the parents were unwilling to pay for it. We paid for our academic interest.

With the consultation of a geneticist, Clinical exome sequencing was done. The report came back after 4 weeks which suggested possible "Infantile hepatic failure syndrome"

REPORT

Biallelic Mutations in NBAS Cause Recurrent Acute Liver Failure with Onset in Infancy

Tobias B. Haack,^{1,2,19} Christian Stauffer,^{1,19} Marlies G. Köpke,^{1,2} Beate K. Straub,⁴ Stefan Köcker,⁵ Christian Thiel,⁵ Peter Freisinger,⁶ Ivo Baric,⁶ Patrick J. McKiernan,⁷ Nicola DiKow,⁸ Inga Harting,⁹ Flemming Beise,¹⁰ Peter Burgard,¹¹ Urania Kotzaeridou,¹² Joachim Kühr,¹³ Urban Hübner,¹⁴ Robert W. Taylor,¹⁵ Felix Dötterlmaier,¹⁴ Jerry Vockley,¹⁵ Lina Ghaloul-Gonzalez,¹⁶ Johannes Zschocke,¹⁶ Laura S. Kremmer,¹⁷ Elisabeth Graf,¹⁸ Thomas Schwarzmayr,¹⁸ Daniel M. Bader,¹⁷ Julien Gagneur,¹⁷ Thomas Wieland,² Caterina Tertilt,² Tim M. Strom,^{1,2} Thomas Metzinger,^{1,2} Georg F. Hoffmann,^{1,19} and Holger Prokisch^{1,2,19,*}

Discussion

This case highlights the need for DNA PRESERVATION. Whenever a diagnosis of a lethal or non-lethal anomaly with poor prognosis is made, patients usually terminate the pregnancy without any further genetic evaluation.

This happens because of multiple reasons.

1. Firstly the patient is not properly counselled and is not explained the importance of testing.
2. The obstetrician is not very keen and does not insist for the testing.
3. Cost considerations
4. Opinion of relatives who were not present during counselling also influence patient's decision.
5. Grief of losing the baby with accompanying emotional detachment also plays a role.

Whenever a fetus has been diagnosed with an anomaly, proper counseling to explain the anomaly with its prognosis, recurrence rate and available testing should be done. This helps the patient to make an informed decision which will help in the next pregnancy.

Preserved DNA can be used anytime just after termination or whenever parents are ready to go for genetic testing. Index case genetic diagnosis is a must for counselling of recurrence rate and early prenatal diagnosis in next pregnancy

Preservation of DNA costs only 1000 to 1500 Rs. for 3 years by all laboratories. They can also do it free of cost on our insistence.

DNA is Preserved for step wise approach of QF-PCR and Microarray followed by Clinical or whole exome sequencing if required should be advised when the findings on ultrasound do not point towards a particular genetic problem.

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- Awarded as "Gujarat NU GAURAV" for work in Healthcare sector by the **CHIEF MINISTER of Gujarat Shri. Vijay Rupani**. The felicitation was done considering extensive work of SNEH HOSPITAL in field of infertility & IVF Treatment across Gujarat we announce proudly that we are the part of "**JOURNEY OF GROWTH & PROSPERITY OF GUJARAT, INDIA**"
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Dr. Nisarg Dharaiya (Director & Chairman)

Dr. Ushma Patel | Dr. Shetal Deshmukh

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