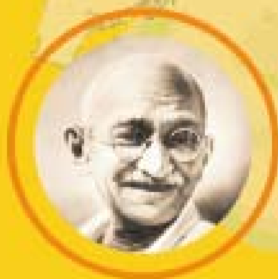
CHALLENGES

AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY NEWS LETTER VOL.1 APRIL 2010

SWARNIM GUJARAT



BACK TO BASICS

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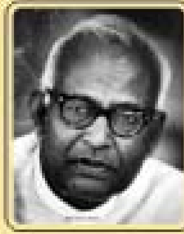
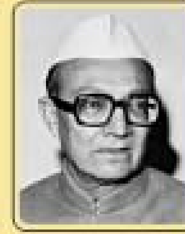
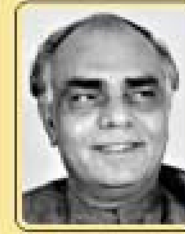
CARE with Compassion unto the last

Creatives: eShaanti_designs | 079-26407069

Dr. Jivraj Narayan Mehta
May 1960-Sep. 1963


Balwantrai Mehta
Sep. 1963-Sep 1965


Hitendra K. Desai
Sep. 1965-May 1971


Ghanshyambhai C. Oza
March 1972-July 1973

Chimanbhai Patel
July 1973-Feb. 1974
Mar. 1990-Feb. 1994

Babubhai J. Patel
June 1975-Mar. 1976
Apr. 1977-Feb 1980

Madhav Singh Solanki
Dec. 1976-Apr. 1977
June 1980-July 1985
Dec. 1989-Mar. 1990

Amarsinh Chaudhary
Jul. 1985-Dec. 1989

Chhabildas Mehta
Feb. 1994-Mar. 1995

Keshubhai Patel
Mar. 1995-Oct. 1995
Mar. 1998-Oct. 2001

Suresh Mehta
Oct. 1995-Sep. 1996

Shankersinh Vaghela
Oct 1996-Oct. Oct 1997

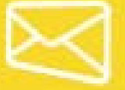
Dilipbhai R. Parikh
Oct. 1997-Mar. 1998

Narendrabhai Modi
From Oct. 2001

Presidential rule :12.5.71 to 17.3.72
: 9.2.74 to 18.6.75 :13.3.76 to 24.12.76 :17.2.80 to 6.6.80 :19.9.96 to 23.10.96

Message

પ્રમુખશ્રી ની હૃદય ઉર્મિઓ



વડીલો અને મિત્રો,

સાદર નમસ્કાર

દુધ નહીં તો પાણી દે, પણ ડોલ મને કાં કાંણી દે!
તગતગતી તલવારું દે, નહીં તો ગુજરાતી વાણી દે!

મહાગુજરાત ચળવળના પરિપાક રૂપે બૃહદ મુંબઈમાંથી (તા. ૧-૫-૧૯૬૦ ના રોજ) અલગ ગુજરાતની રચના થઈ. ગુજરાત રાજ્યનું સુવર્ણ જયંતિ વર્ષ ૨૦૧૦ સ્વર્ણિમ ગુજરાત તરીકે ઉજવાઈ રહ્યું છે ત્યારે એઓજીએસ પણ ૭૪ વર્ષ પુરા કરી ૭૫મા વર્ષમાં એટલે કે હિરક મહોત્સવ વર્ષ માં પ્રવેશે છે. તે સુભગ સંયોગ છે. બંનેની ચિંતા પણ એક સરખી છે.

ગુજરાત સરકાર પણ માતા મૃત્યુ દર અને નવજાત શિશુ મૃત્યુ દર ઘટાડવા ચિંતિત છે, પ્રતિબધ્ધ છે. અને આપણે પણ.

હિંદુસ્તાનનો માતા મૃત્યુદર અને નવજાત શિશુ મૃત્યુદર પડોશી દેશો કરતાં પણ વધારે છે. જે ચિંતા નો વિષય છે.

ફકત અજ્ઞાનતા, આર્થિક સંકળામણ, અંધશ્રધ્ધા, પ્રાપ્ય નિઃશુલ્ક સુવિધા ના જ્ઞાનનો અભાવ વગેરે કારણો જવાબદાર છે.

સ્વર્ણિમ ગુજરાત ઉજવણી વર્ષમાં ગુજરાત સરકારના આ અભિયાનમાં આપણે પણ સહભાગી થઇએ.

કુદરતનું શ્રેષ્ઠ સર્જન એટલે મા.

પરમાત્માના શ્રેષ્ઠ સર્જનની કાળજી માટે આપણને સ્ત્રી રોગ નિષ્ણાત ચિકિત્સકોને તક આપી છે. નવજાત શિશુને તથા કુદરતના શ્રેષ્ઠ સર્જનને અકાળે મૃત્યુના મુખમાં જતું રોકવા આવો આપણે પણ પ્રતિબધ્ધ બનીએ.

ગુજરાતના જવાબદાર નાગરિક તરીકે ગુજરાતના વિકાસ માટે યોગદાનની પ્રતિબદ્ધતા કેળવીએ અને ગૌરવથી કહીએ જય જય ગરવી ગુજરાત.

દરિદ્રતાની ચાડી ખાતા જર્જરિત વસ્ત્રોમાં સજ્જ એક નિરાધાર માતા પોતાની કાચી ઝુંપડીમાં પોતાના બાળકોને ઠંડીથી બચાવવા ઘાસ અને છાપાની જુની પસ્તીથી બાળકોના શરીર ઢાંકી, ઠંડી અને સંજોગો સામે સંગ્રામ કરતી હતી. ત્યારે એક બાળકે નિર્દોષભાવે પુછયું મા! જેમની પાસે આવું ઘાસ કે છાપાની પસ્તી નહીં હોય તેઓ બિચારા શું કરતા હશે? પ્રભુના પયગંબર જેવા બાળકના મસ્તિષ્કમાં ઉદ્દભવેલો પ્રશ્ન જો સમાજના સંપન્ન વર્ગના મસ્તિષ્કમાં પણ ઉદ્દભવે તો સમાજની મોટા ભાગની પીડા દુર થઇ જાય. અન્યની પીડાની અનુભુતિથી કરૂણાની સરવાણી ફુટે છે.

સમાજની કરૂણા ચિકિત્સા વિજ્ઞાન સાથે જોડાય તો આ વિજ્ઞાન સમાજના છેવાડાના માનવી સુધી પહોંચી શકે. એટલે આ વર્ષે આપણું ધ્યેય "Care with compassion unto the last" છે. સમાજના છેવાડા ના માનવીની કરૂણા સભર કાળજી રાખવાનો સંકલ્પ કર્યો છે.

અગત્યની મિટીંગમાં જઈ રહેલા અબ્રાહમ લિંકને રસ્તામાં ગટર માં પડેલ ડુક્કરની વ્યથા નહીં જોઈ શકવાથી તેને ગટરમાંથી બહાર ખેંચી કાઢ્યુ - સમયસર મિટીંગમાં પહોંચવાના આગ્રહી લિંકન કપડાં બદલવાનો સમય નહીં હોવાથી કાદવમાં ખરડાયેલ કપડે મિટીંગમાં પંહોચ્યા, વાતની જાણ થતાં સૌએ લિંકનની દયા અને કરૂણાના વખાણ કર્યા. ત્યારે લિંકને કહ્યું (આ ભુત દયા નથી આત્મ દયા છે.) એની વ્યથા જાઈને મને મનમાં દુઃખ થયું તેથી મારું દુઃખ દુર કરવા મેં ડુક્કર ને બહાર કાઢયું. આત્મયૌમ્ય વૃતિનું આ જવલંત ઉદાહરણ છે. દેહાત્મભાવથી વિસ્તરીને જે વિશ્વાત્મભાવ સુધી પહોંચે છે તેવા માનવને વિશ્વના કોઈ પણ પ્રાણીનું દુઃખ પોતાનું જ દુઃખ લાગે છે. કઠોર તપસ્યા પછી પ્રસન્ન થયેલા ભગવાન પાસે રાજા રંતી દેવે પણ આ જ માગણી કરી હતી.

न त्वहं कामये राज्यं, न स्वर्गं नापुनर्भवम् ।
कामये दुःख तप्तानां प्राणिनामार्तिनाशनम् ।।

અર્થાત્ "હું રાજ્ય, સ્વર્ગ કે મોક્ષની પણ ઇચ્છા રાખતો નથી. હું તો માત્ર દુઃખથી સંતપ્ત એવાં પ્રાણીઓની વ્યથાને દૂર કરવાની ઇચ્છા રાખું છું" આવા મહામાનવની આંખમાંથી પડેલા આંસુ પણ મોતી સમાન હોય છે.

हर आँख यहाँ यूं तो बहोत रोती है, हर बूंद मगर अश्क नहीं होती है,
देख कर रो दे जो जमाने का गम, हर आँख से आसुं जो गिरे, मोती है।

મહત્વના બનવું સારૂ છે પણ સારા બનવું વધુ મહત્વનું છે.

મને ગમે તે મારૂ અને તને ગમે તે તારૂ,
મારૂ તારૂ ગમતુ આવો કરીએ સહિયારુ

વર્ષ ૨૦૦૯-૨૦૧૦ દરમ્યાન સુંદર કાર્યક્રમો બદલ ડૉ. પ્રજ્ઞેશ શાહ તથા સૌ મિત્રોને ખુબ ખુબ અભિનંદન.

વર્ષ ૨૦૧૦ - ૨૦૧૧ માટે પ્રમુખ પદે મારી પસંદગી બદલ સૌને ધન્યવાદ.

પ્રમુખ તરીકે મારામાં મુકેલ વિશ્વાસને અનુરૂપ ફરજ બજાવવાની શ્રદ્ધા અને ખાત્રી સાથે "Back to Basics" ને કેન્દ્ર સ્થાને રાખી આયોજિત થનારા કાર્યક્રમોમાં આપ સૌના સહકારની અપેક્ષા સહ સ્વાગત છે.

આપનો જો સાથ મળશે, તો નીત નવી પાંખ મળશે
ને પછી તો સંગ ઉડવાને, આ ગગન પણ નાનું પડશે.

ડૉ. એમ. સી. પટેલ

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Dr. Uday M. Patel
Dr. Tejas V. Dave
Dr. Mukesh V. Savaliya
Dr. Vinod B. Arora

Ex-Officio
Dr. Pragnesh Shah
Dr. Dilip Gadhavi

Secretary's Message

Dear Colleagues

I feel proud and privileged to write my first message as a secretary in our AOGS news letter. First of all I feel the need to acknowledge the office-bearers and managing committee members who have contributed so much in stirring the outstanding activities of AOGS in year 2009-2010.

In this message I would like to emphasize some of the programmes that will undertake in next few months.

A mega event in the field of ultra-sonography with eminent international faculty is almost in final stage. We have with us various FOGSI committee chairpersons from AOGS and we are planning some programmes to be jointly organized with FOGSI. But at the same time we would like to keep in mind some basic topics of our subject as well.

Some social and entertainment programmes are also being planned. An international academic cum holiday tour at Switzerland is almost on its way.

Our organization has entered into 75th year since its inception and has undergone lot of transformation for betterment of society. This is only possible with help of great positive efforts by AOGS members. So we as AOGS team need your help in further improvement.

Together as AOGS team we aim to deliver this news letter on a regular basis and hope you will let us know what content will be most meaningful to you as a member by sending your comment and ideas.

Long live AOGS

Sincerely yours

Kiran Desai

મને ગૌરવ છે, કારણ કે હું ગુજરાતી છું.

- ચક્ષુદાનમાં સૌથી વધારે ચક્ષુ મેળવનાર શહેર સુરત છે. જેને ભારતીય ચક્ષુબેંક એસોસીયેશન હૈદ્રાબાદ તરફથી સન્માનિત કરવામાં આવ્યું છે.
- હિંદુસ્તાનની Multi Drug Resistant TB Test માટેની પ્રથમ પ્રયોગશાળા અમદાવાદ માં છે.
- હિંદુસ્તાનની પ્રથમ આયુર્વેદિક યુનિવર્સિટી જામનગર માં આવેલી છે.
- ૧૯૬૧ માં માનવીનું સરેરાશ આયુષ્ય ૫૦ વર્ષ હતું જ્યારે અત્યારે પુરુષોનું સરેરાશ આયુષ્ય ૭૧ વર્ષ અને સ્ત્રીઓનું સરેરાશ આયુષ્ય ૭૫ વર્ષ છે.
- હિંદુસ્તાનમાં ૧૦૦ કરતાં વધારે વખત રક્તદાન કરનાર રક્તદાતાઓની સૌથી વધારે સંખ્યા અમદાવાદમાં છે. (અત્યારે - ૫૧)
- વસ્તીની દ્રષ્ટિએ રક્તદાન કરનારાઓનું પ્રમાણ અમદાવાદમાં ૩.૩૦% છે જે દુનિયાના ૧.૧૫% ની દ્રષ્ટિએ ઘણું વધારે છે.
- ડાયાબિટીસના દર્દીઓની દ્રષ્ટિએ ગુજરાત હિંદુસ્તાનનું બીજા નંબરનું રાજ્ય છે. (તામીલનાડુ પછી)
- હિંદુસ્તાનનું પાંચમું સુખી શહેર અમદાવાદ છે જે મુંબઇ, દિલ્હી કરતાં આગળ છે અને કલકત્તા કરતાં ઘણું આગળ છે.
- તબીબી શિક્ષણ માટે માનવ દેહદાનમાં ગુજરાત અગ્રક્રમે છે.

જોવા મળ્યું છે વન મહીં કાયમ વસંતમાં, પથરાઇ ગઇ છે ફૂલની જાજમ વસંતમાં

ECLAMPSIA

Safe Motherhood
FOGSI

- Call for help
- Place the woman in left lateral position
- Maintain airway
- Give oxygen 4-6 lts/min
- Insert IV cannula & draw blood sample
- Start slow IV infusion with RL till anticonvulsant drugs are started.

MgSO4 DOSAGE SCHEDULE	***MAINTENANCE***
LOADING DOSE - 4 gms of MgSO4 given Slow IV over 10 minutes. Add 8ml of 50% MgSO4 to 12ml saline. (4G in 20ml)Beware Rapid injection can cause respiratory failure & death OR 5 gms of MgSO4 given intramuscular in each buttock (total 10 gms)	IM - 5G of 50% MgSO4 =10ml of 50% MgSO4 every 4 hrs into alternate buttocks (1ml of 2% lignocaine) OR IV infusion – 1 gm/ hr 6gms (12ml) 50% MgSO4 in 500ml RL at 20 drops / min [80ml / hr]

RECURRENT CONVULSIONS

Loading dose

Wait for 15mts

if convulsions do not stop

Rpt 2 g of MgSO4 [4ml of 50% MgSO4 + 6ml of saline] Slow IV over 10 mt

If seizures recur while on maintenance dose use the same regimen.

SCHEME OF MANAGEMENT IN SEVERE PE & FULMINANT PE

Establish IV access

Draw blood – investigations

Commence IV fluid & shift to HDU (High dependency or close obs unit) 1- 1 care

BP – every 15 mins

Insert catheter – Hrly urine output

Fluid balance chart

Fetal assessment – FHR monitoring

Start MgSO4 & anti hypertensive

CLOSE MONITORING

MONITOR	STOP INFUSION
Urinary output	< 30ml/hr in the preceding 4 hrs.
Patellar reflex	Disappears
Respiratory rate	< 16beats/min

No need to monitor MgSO4 levels

Antidote : Calcium gluconate 1G IV over 10 mts. (10ml of 10 % solution)

Administer : Patellar reflexes disappear Res. Rate <16/min.

ANTIHYPERTENSIVES

Aim to maintain BP at 140 / 90 mmHg

C. Nifedipine 5mg SL (if patient unconscious)/ Oral

After 10 mts if BP> /110, repeat same dose. Tab Nifedipine Slow release 10-20 mg every 8 hrs.

Beware – additive effect with MgSO4 but not contraindicated

FOGSI Observes Safe Motherhood Day

Dare to Dream

निरोगी - निर्भय - निश्चिंत नारी

MMR - From 300 to 30 in 3 yrs

11th April 2010

"No woman should die giving life"

But, every minute:

380 women get pregnant

190 women face unwanted pregnancies

110 women face a pregnancy related problem

40 women undergo an unsafe abortion

30 are injured or disabled

1 woman dies from a pregnancy related cause

Nearly 6,00,000 women die from pregnancy related causes every year.

When a mother dies, children lose their primary care giver, a family is shattered, communities are denied her paid and unpaid labour, and countries forego her contributions to economic and social development. A woman's death is more than a personal tragedy. It represents an enormous cost to her nation, her community, and her family. Her family loses her love, her nurturing, and her productivity inside and outside the home.

In 1987, the WHO launched the global Safe Motherhood Initiative (SMI), to make pregnancy and childbirth safer. 23 years and counting, we are observing "Safe Motherhood Day" today to reiterate our commitment to save every mother.

Safe motherhood means ensuring that all women receive the care they need to be safe and healthy throughout pregnancy and childbirth.

Safe motherhood is fundamentally a matter of human rights; all women are entitled to good health and high-quality health services. Maternal deaths are linked to women's low status in society, and their lack of decision making ability and economic power. In order for women to be able to enjoy safe pregnancy outcomes, they need to be accorded the same opportunities to health, education, and employment as their male counterparts.

Women deserve:

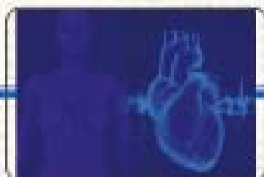
- ☆ equal access to health services.
- ☆ health facilities for safe childbirth.
- ☆ the right to decide on the number and spacing of her children.
- ☆ access to family planning.

Millennium Development Goal 5 calls for an improvement in maternal health and a reduction in maternal mortality by 75% by 2015 from 1990 levels.

We seek you support for the cause of Safe Motherhood. Show your solidarity by participating in the 'Safe Motherhood Day' programs, and by making a donation towards saving mothers.

The action messages:

1. **Safe Motherhood is a human rights issue**
2. **Empower women, ensure choices**
3. **Safe Motherhood is a vital economic and social Investment**
4. **Delay marriage and first birth**
5. **Every pregnancy faces risks**
6. **Ensure skilled attendance at delivery**
7. **Improve access to quality reproductive health services**
8. **Prevent unwanted pregnancy and address unsafe abortion**
9. **No woman should die to give life**
10. **Every minute one woman dies from a pregnancy related cause – Let's stop it!**



Pregnancy and Heart... Symposium

Sunday, **11** April 2010

:: Venue ::

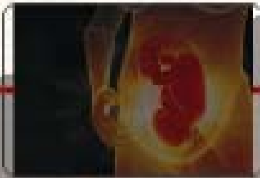
Hotel Le Meridien, Khanpur, Ahmedabad.

9.30 am to 10.00 am	**Registration**
Session - I	**Hypertension in pregnancy** **Chairpersons: Dr. Bharatiben Bhatt** **Dr. Gunvant Kadikar**
10.00 am to 10.10 am	...And How We Managed that Case **Dr. Ankush Bansal**
10.10 am to 10.30 am	Treatment of Acute Severe Hypertension – Review of contemporary evidence **Dr. Veerendra kumar** (C.M.Coordinator, Safe Motherhood Committee, Bellary)
10.30 am to 10.50 am	Evidence Based Medicine & Current Clinical Practice of Hypertension- A Paradox **Dr. Suyajna D. Joshi** (Chairperson,. Safe Motherhood Committee, Bellary)
10.50 am to 11.10 am	Labetalol... A Ray of Hope **Dr. Rakshita Patel**
11.10 am to 11.30 am	Eclampsia... Current Management **Dr. Nitin Raithatha**
11.30 am to 11.50 am	Severe Preeclampsia Remote from Term - Gaining or Loosing **Dr. Ragini Verma**
11.50 am to 12.05 pm	Audience Participation
Session - II	**Cardiac disease and Pregnancy** **Chairpersons: Dr. Manish Jadav** **Dr. Vijay Shah**
12.05 pm to 12.15 pm	...And Ultimately We could save the patient **Dr. Dipak Pandya**
12.15 pm to 12.35 pm	Changing Pattern In Heart Disease: . Rheumatic Heart Disease still the Leader **Dr. Tarun Dave** *(Cardiologist)*
12.35 pm to 12.55 pm	Congenital Heart Disease : More than Before **Dr. Bhupesh Shah***(Cardiologist)*
12.55 pm to 1.15 pm	Peripartum Cardiomyopathy **Dr.Chirayu Vyas** *(Cardiologist)*
1.15 pm to 1.30 pm	Audience Participation
1.00 pm	LUNCH

Programm co-ordinators : Dr. Jignesh Deliwala • Dr. Mukesh Savaliya

Registration : Compulsory and Free for Members
Rs. 500 for Non Members
(Register at AOGS Office between 2.00pm to 8.00pm on working days)

Programme is sponsored by **Sun Pharma : Spectra Division, Makers of *LABEBET***



Endofert 2010 : Workshop

Jointly Organised by Ahmedabad Ob-Gyn Society,
and Infertility Committee FOGSI

Sunday, **18** April 2010

Venue : **Hotel Inder Residency**
Opp. Gujarat College, Ellisbridge, Ahmedabad.

9.00 am to 9.30 am	Registration & Breakfast
Session - I	**Chairpersons Dr. Tushar Shah**
	Dr. Uday Patel
9.30 am to 9.50 am	Hyperprolactinemia -Cause, Effect and Management - **Dr. Tiven Marvah** *(Endocrinologist)*
9.50 am to 10.10 am	Reproduction & the Thyroid – **Dr. Manish Pandya** *(Surendranagar)*
10.10 am to 10.30 am	Hormone Contraception (Incl Nuva ring) - **Dr. Ami Mehta** *(Rajkot)*
Session - II	**Chairpersons Dr. Rajesh Soneji**
	Dr. Akshay Shah
10.30 am to 10.50 am	Modern Management of DUB - Dr. Dhaval Shah
11.30 am to 11.50 am	Current Trends in the Management of Menopause -HRT Today **Dr. Indrani Ganguly** *(Delhi)*
11.50 am to 12.10 pm	Induction of Ovulation - **Dr. Sunita Tandulwadkar** *(Pune)*
Session III	**Chairpersons Dr. Sunil Shah**
	Dr. Hasmukh Agrawal
12.10 pm to 1.00 pm	Recurrent Pregnancy Loss – Panel discussion
	Moderator - **Dr. Deepak Bhagde** *(Jamnagar)*
	Panelists : **Dr. Sunita Tandulwadkar, Dr. Indrani Ganguly, Dr. R. G. Patel**
	Dr. Mehul Damani, Dr. Ajay Valia *(Vadodara)*
1.00 pm to 2.00 pm	**LUNCH**
Session - IV	**Chairpersons Dr. Kirti Vadalia**
	Dr. Kaushik Patel
2.00 pm to 2.20 pm	Managing the Cosmetic Problems of PCOS- **Dr. Devesh Mehta** *(Plastic Surgeon)*
2.20 pm to 2.40 pm	Medical Management of Oligospermia- **Dr. C. B. Nagori**
Session - V	**Chairpersons Dr. Nivedita Vaja**
	Dr. Paresh Shah
2.40 pm to 3.00 pm	IUI – Triumph in a low success Zone - **Dr. Himanshu Bavishi**
3.00 pm to 3.30 pm	ART – An overview- What every Gynaecologist should know. - **Dr. Manish Banker**
3.30 pm to 4pm pm	Management of Endometriosis - **Dr. Sanjay Patel**

Programme co-ordinators : Dr. Raj Iyengar • Dr. Vinod Arora

Concept & Nourishment : Dr. Rishma Pai *(First vice President FOGSI)*

Registration : Compulsory and Free for members.
Rs. 500 for non members.
(Register at AOGS Office between 2.00pm to 8.00pm on working days)

Programme is sponsored by **Sun Pharma Inca Division**
makers of **Letroz (Letrozole 2.5mg and Lupride Depot (Luprilide Acetate 3.75mg and 11.25mg)**

અજબ દૃશ્ય છે કે પાનખરમાં પાંગરે પીડા, કરુણતા કેવી છે, કે ભર વસંતે પણ ખરે પીડા

Annual Day

Installation Ceremony

CME : Evolution of an Oral Contraceptive Pill

Saturday, **15** May 2010

:: Venue ::

Hotel St Laurn Towers
Opp. Vadaj Bus Stop,
Ashram Road,
Ahmedabad-380013

Chairpersons:	**Dr. Dushyant Chokshi** **Dr. Mohan Kalyani**
8.30 pm to 9.10 pm	Dinner
9.10 pm to 9.30 pm	Evolution of an Oral Contraceptive Pill **Dr. Ashwini Bhalerao Gandhi (Mumbai)**
9.30 pm	General Body Meeting (Circular will be followed in due course)

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Evona - German Remedies
Makers of Yasmin

"Sudden Obstetric Collapse : Stepwise Resuscitation "

FLOW CHART : 1

Sudden Obstetrics Collapse : D/D
Try to do spot diagnosis (probable)
Is it PPH or Inversion of uterus?
If not, then think for non-haemorrhagic causes.

When H/O of following then think for possibilities of followings....

- 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 SA in higher position, difficult SA during surgery, C/o heaviness in the chest, gabhraman, breathlessness within few min of SA - **High Spinal Anaesthesia.**
- H/O Vomiting under anaesthesia 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, hypotension – 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 after delivery, mainly in multipara or in precipitate labour and no obvious cause **or when there is no other cause - AF Embolism**
- H/O Sudden onset of unexplained dyspnoea, tachypnoea, specially in western countries because of venous stasis and hypercoagulability of blood - **Pulmonary Thromboembolism**

FLOW CHART - 2 CPR

Advance Cardiac Life Support for Obstetric Patient

In a scene of an accident always look around and check if the scene is safe, you do not want to become one of the victims.

- Check Responsiveness **(Shake and Shout)**
- Open Airway **(Head Tilt – Chin Lift, Modified jaw thrust)** - If needed use an ETT 0.5 to 1 mm smaller in internal diameter than that used for a nonpregnant woman because the airway may be narrowed from oedema.
- Check Breathing **(Look, Listen and Feel)** If breathing- Recovery position, manage for help and shifting for team work, ambulance etc. **If No Breathing** – Give two effective breaths
- Assess for 10 seconds only. (for signs of Circulation – look for Carotid)
- If circulation present – Continue Rescue Breathing, Check Circulation every minute
- If no Circulation – Start Chest Compression

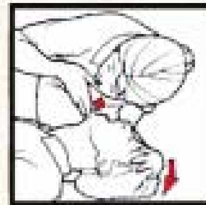
  at the rate 100per minute

  30 : 2 Ratio for Compression : Breath

  Do not bend your elbows when doing chest compressions, doing so will deliver a weak, ineffective chest compression Perform chest compressions higher, slightly above the center of the sternum as there is an elevation of the diaphragm & abdominal contents. Gravid uterus > 22 wks also limits the effectiveness of chest compressions. It may be shifted away from the IVC & aorta by pulling the uterus to the side - manually or by placement of a rolled blanket or other object under the right hip and lumbar area.
- Consider the need for an ER cesarean delivery if GA > 24 weeks - Requires to begin the delivery about 3-4 min after cardiac arrest.
- Best survival rate for infants > 28 wks occurs when delivery of infant occurs in < 5 min after the mother's heart stops beating.

Dr. Alpesh Gandhi
Convener, Critical Care in Obstetrics Workshop, FOGSI.
Chairman, Practical Obstetrics Committee, FOGSI

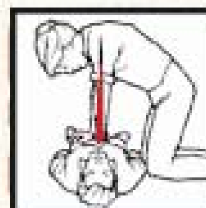
STEP 1
CALL 108



STEP 2
TILT HEAD,
LIFT CHIN,
CHECK BREATHING

STEP 3
GIVE TWO
BREATHS

STEP 4
POSITION
HANDS IN THE
CENTRE OF
THE CHEST



STEP 5
FIRMLY
PUSH DOWN
TWO INCHES
ON THE CHEST
30 TIMES

CONTINUE WITH TWO BREATHS AND 30 PUMPS UNTIL HELP ARRIVES

AOGS ORGANIZES

An Academic
cum Holiday tour

Switzerland

6th to 13th June 2010

Travel agency: SOTC

:: Tour charges (Incl. Visa fees) ::

Ex. Ahmedabad

Adult	88,750=00
Child with bed	83,750=00
Child without bed	73,750=00

Child's age up to 12 years

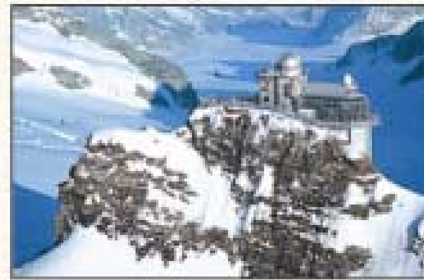
Charges may vary according to currency rate and number of passengers.

NO HIDDEN COST

Payment: In 3 installments & advance payment of Rs.30,000=00 per person to be made in favor of **"Kuoni Travels India (Pvt) Ltd"** before 10th April 5.00 pm at AOGS Office

As we are getting block booking of only 45 passengers preference will be given to AOGS Members & their relatives on first come first basis

Visa rules: In case of any query or if needed will have to appear personally at Swiss Consulate, Mumbai at personal cost.



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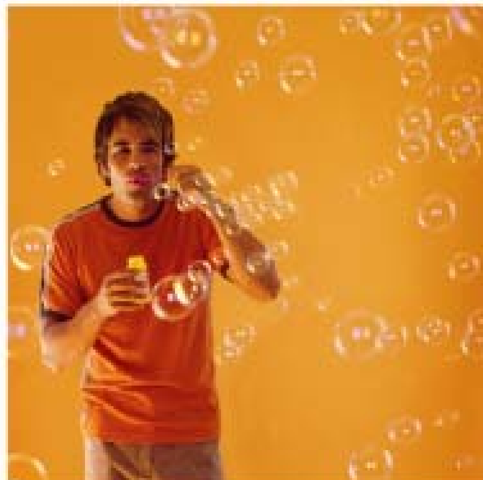

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relief of premenstrual symptoms[2,3]

beautiful skin[4,*]

Yasmin Prescribing Information Indication: hormonal oral contraception Composition: – Active ingredients: one light yellow filmcoated tablet contains 0.03 mg Ethinylestradiol and 3 mg Drospirenone – Pharmacologically inactive ingredients: lactose monohydrate, maize starch, Povidon K25, magnesium stearate, Hypromellose, Macrogol 600, talc, titanium dioxide, iron oxide hydrate. **Contraindications:** Yasmin is contraindicated, if one of the following conditions is present: preceding or existing venous thromboembolic events (VTE, deep venous thrombosis, lung embolism), preceding or existing arterial occlusions (myocardial or cerebral infarction) or their precursors (angina pectoris, transient ischemic attack), diabetes mellitus with vascular damage, severe hypertension, dyslipoproteinemia, inherited or acquired disposition for venous or arterial thrombosis, e.g. APC-resistance, antithrombin-III-deficiency, protein-S-deficiency, protein- C-deficiency, hyperhomocysteinemia, antiphospholipid-antibodies, preceding or existing severe liver disease, until liver-specific functional parameters have returned to normal, severe renal insufficiency or acute renal failure, preceding or existing benign or malignant liver tumors, suspected or established malignant diseases of the genital organs and of the breast, if hormone dependent, vaginal bleeding of unclear origin, migraine with focal neurological symptoms, increased sensitivity against the active or inactive ingredients of Yasmin. Should one of these conditions appear for the first time under medication with Yasmin, the intake of Yasmin had to be stopped and the prescribing physician has to be notified. **Side effects:** occasionally cycle disturbances, breakthrough bleeding, breast tenderness, headache, depressive mood, migraine, nausea, discharge, vaginal mycosis, rarely libido changes, hyper- or hypotension, vomiting, acne, eczema, pruritus, vaginitis, edema, weight changes, single cases of asthma, lactation, hypacusis and thromboembolism have been described. **Dosage and regimen:** one tablet is to be taken daily at about the same time for 21 consecutive days, following the order shown on the blister pack. Each subsequent pack is started after a 7 day tablet free interval during which usually a withdrawal bleed occurs. **Interactions with other medicinal products:** contraceptive failure and breakthrough bleeding have been described for the concomitant use of hydantoin, barbiturates, primidone, carbamazepine and rifampicin. Such interactions are also suspected for oxcarbazepin, topiramate, felbamate, ritonavir, griseofulvin and St. John's wort. Contraceptive failure has also been described for concomitant use of antibiotics, such as ampicillin and tetracyclin. **Warnings:** If any of the conditions/risk factors mentioned below is present, the benefits of combined oral contraceptive use has to be weighed against the possible risk for each individual woman. In the event of aggravation or first appearance of any of these conditions or risk factors, the woman should contact her physician. Vascular disorders with or without indication of arterial or venous thrombosis. The risk is increased for individuals with a respective family history, advanced age, smoking, overweight, lipid metabolism disorders, hypertension, diabetes, immobilization, valvular disorders, atrial fibrillation, systemic lupus erythematosus, hemolytic-uremic syndrome, chronic inflammatory bowel disease, migraine. Tumors: the risk of having breast cancer is slightly elevated for women taking combined oral contraceptives. Breast cancer is rare in woman under 40 years of age, and the excess risk potentially caused by hormone intake gradually disappears during the course of the 10 years after cessation of combined oral contraceptive use. Experiences from clinical studies do not provide evidence of a causal relation between the use of combined oral contraceptives and an increased incidence of breast cancer. An increased risk of cervical in long-term users of COCs has been reported in some epidemiological studies. Annual routine checks by a physician are recommended. **Special precautions:** Contraceptive safety is impaired if one or more tablets have been missed. In this case the physician has to be informed. Yasmin is not indicated during pregnancy. Should a woman become pregnant while taking Yasmin, the use has to be terminated immediately. In case of concomitant use of potassium sparing preparations the serum potassium level should be controlled. Should vomiting and/or severe diarrhea occur within 3–4 hours after the intake of Yasmin, a new pill has to be taken. If more than 12 hours have elapsed until the new pill is taken, medical advice has to be sought.

References: 1) Foidart J-M, Wuttke W, Bouw GM et al.: Eur J Contracept Reprod Health Care 2000; 5: 124–134. 2) Parsey KS, Pong A: Contraception 2000; 61: 105–111. 3) Freeman E, Kroll R, Rapkin A et al.: J Clin Psychiatr, submitted. 4) Data on file, * improvement in acne and other skin related problems

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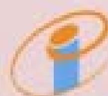

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