

2017-18 AOGS સુદ

Strong girls - Strong India
BULLETIN

**AHMEDABAD
OBSTETRICS AND
GYNAECOLOGICAL SOCIETY**

NEWS LETTER | AUGUST 2017



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TEAM AOGS MESSAGE



Dr. Hemant Bhatt
President

Respected Seniors & Dear Colleagues,

The crescendo of our festive season is nearing with vibrant navratrī season in late September.

“हवे मंदिरना जासया, छिदास मोरी मात,
गजल डेरे घाट आवी, नोरतानी रात”

Legendary Avinash Vyas made this famous devotional song, while sitting in the sacred ‘Chachar Chawk’ at midnight in Ambaji. The longest dance festival of the world, Navaratri is very much nearer to our hearts & minds, spiritually & otherwise. Catering the desires & demands of many of our AOGS members, we have planned ‘Mega Navaratri Celebration’ on 23rd September at Navdeep Hall, Darpan Char-rasta, Behind Navrang School. The orchestra is fantastic & we have arranged for mega bumper prizes during garba, so, don’t miss this cultural extravaganza.



Dr. Jignesh Deliwala
Hon. Secretary

This month there are lots of academic activities related with infertility, preterm LPS, First-trimester Ultrasound, (11 - 14 Weeks Scan) & Endometriosis on 6th, 10th, 17th & 23rd September respectively.

Beginning of October is for our International Conference on Critical Care. Don't miss the registration for this conference + workshop on 6th, 7th & 8th October. Our day-to-day clinical dilemmas are thoroughly planned to be discussed by experienced & well known academicians during this conference. This is the conference, which is much more awaited all the time by nearly every practicing Obstetrician & Gynaecologist of FOGSI. At modest registration fees, this is “बेर लेका जंगल” - a golden opportunity for us. So, again our fervent appeal to get yourself registered for this conference which is to be organised at Gujarat University Convention Centre, GMDC. The workshop will be at V.S. Hospital.

We may plan one mega movie for our movie club members & visit to a famous place in Ahmedabad, in between depending upon availability of time, for our members.

At last, नव कल्पना, नव ज्योत्सना, नव शक्ति, नव आराधना
नवरात्रि के पावन पर्व पर, पूरी हो आपकी मनोकामना, देवी नवरात्रि...

Dada J.P Vaswani's philosophy and teaching :

The following is a reproduction of a section of Dada's article in “What life has taught me.”

1. In the endless adventure of existence, God and man are comrades. God is our one unfailing companion. He will never leave us. We may try to run away from him. But he will continue to follow us as our own shadow. In the words of Thompson, he is the “Heavenly Hound.”
2. There is a meaning of mercy in everything that happens to us. For God is All-love. He is All-wisdom. He is too loving to punish, too wise to make a mistake. Whatever happens in the Divine Providence happens for our own good. Nothing happens a moment too early or too late.....therefore wherever God takes us, let us go, wherever he keeps us, let us remain. Let us never forget that all is well, all was well, all will be well both tomorrow and a hundred years hence.
3. When man surrenders himself to God, He takes upon Himself his entire responsibility. All we need to do is to hand ourselves over, in childlike trust to the Lord. And the angels of God will go ahead of us to clear the way.
4. Thought is a tremendous force in the life of any individual. Thoughts shape our attitudes. Attitudes mould our character. Character influences our life. By changing our thought pattern, we can change our life.
5. Problems and challenges are not a dead end; they are only a bend in the road. Problems are not stumbling blocks; they are stepping stones to a better, richer, more radiant life. Not unoften, problems become the door through which God enters our life. We have surrounded ourselves with hard shells which keep God away from us. Problems crack the shell and God easily enters our lives.
6. Neither rites nor rituals, neither creeds nor ceremonies are needed to improve the condition of the world. All that is needed is to love one another.
7. Are you anxious to love God? Then you must be prepared to lose yourself.
8. Do you want God to be yours? Then you must first become his!
9. How may we know that we are drawing closer to God? The closer we draw to God, the more tender and compassionate become our hearts to the needs of those around us.
10. What is the best exercise for the heart? Reach down and lift up as many as you can.
11. Misfortunes are blessings if we handle them well. They are like knives which hurt or help as we hold them by the blade or handle.
12. Life is too short to be spent in fault-finding, holding grudges, or keeping memory of wrongs done to us. Forgive even before forgiveness is asked. Forgive and forget.
13. The worst thing that can happen to a man is that he has a hot head and a cold heart.
14. If a person has moved in the wrong direction, he can always take a U-turn. The angels of God will be with him. The past does not – cannot – bind us! 15. You who are looking for miracles, open your eyes and see! All around us are the miracles of God.

SUGAM SANGEET PROGRAMME DATE : 05.08.2017



CME : 8 - OVULATION INDUCTION DATE : 20.08.2017



CME : 9**“LATEST UPDATES IN ASSISTED REPRODUCTIVE TECHNOLOGY”**

Date : 6th September 2017 | Time : 8.45 pm onwards

Venue : Four Points by Sheraton Opp. Gujarat College, Ellisbridge, Ahmedabad

Chairpersons : Dr. Hemant Bhatt, Dr. Jignesh Deliwala, Dr. Kamini Patel

TIME	AGENDA	SPEAKER
08.45 pm - 09.25 pm	Dinner	
09.30 pm - 10.00 pm	Immunomodulation in Pregnancy	Dr. Manish Banker
10.05 pm - 10.35 pm	Improving outcomes in ART	Dr. Juan Antonio Garcia Velasco
10.40 pm - 11.00 pm	ART & Law	Dr. Geetendra Sharma

CME : 10**PRETERM LABOUR - BEST PRACTICES IN PREDICTION, PREVENTION & TREATMENT**

Date : 10th September 2017 | Time : 09.30 am onwards

Venue : Hotel Hyatt Regency, Ashram Road, Usmanpura, Ahmedabad

Chairpersons : Dr. Dipesh Dholakiya, Dr. Nilesh Trivedi, Dr. Dilip Modi

TIME	TOPIC	SPEAKER
09.30 am - 10.00 am	Breakfast	
10.00 am - 10.20 am	Risk Factors & Prediction - Current Guidelines	Dr. Akshay Shah
10.20 am - 10.45 am	Can we Prevent Preterm Birth? - Progesterone Vs. Circlage	Dr. Manish Pandya (S'Nagar)
10.45 am - 11.10 am	Managing PPROM - What is Evidence ?	Dr. Hareesh Doshi
11.10 am - 11.20 am	Discussion	
11.20 am - 11.50 am	Tocolytic Therapy for Acute Preterm Labour - Traditional Agents Vs Atosiban	Dr. Rahul Myekar (Mumbai)
11.50 am - 12.00 pm	Discussion	
12.00 pm - 12.25 pm	Neonatal & Long Term Sequels of Preterm Birth - Indian Scenario	Dr. Kamal Parikh
12.30 pm onwards	LUNCH	

Programme Supported by Zventus Healthcare | Programme Co-ordinators : Dr. Lata Trivedi, Dr. Has Mukh Agrawal

CME : 11**11 - 13+6 Weeks Scan**

Date : 17th September 2017 | Time : 09.30 am onwards

Venue : Hotel Starotel, Ashram Road, Ahmedabad.

Chairpersons : Dr. Munjal Pandya, Dr. Sunil Shah, Dr. Manoj Bharwada

TIME	TOPIC	SPEAKER
09.30 am - 10.00 am	Breakfast	
10.00 am - 10.15 am	Measuring CRL - Guidelines & Technique	Dr. Girish Patel
10.15 am - 10.30 am	NT Measurement & Assessment of NB - Technique	Dr. Mayank Chaudhary
10.30 am - 10.55 am	First Trimester Screening for Downs Syndrome	Dr. Sandeep Sewlikar
10.55 am - 11.15 am	Doppler in 1st Trimester - Technique	Dr. Janak Desai
11.15 am - 11.40 am	Fetal Structural Scan	Dr. Jayprakash Shah
11.40 am - 12.10 pm	Clinical Utility of Serum Biomarkers in Preeclampsia Diagnosis & Prediction	Dr. Revathi S. Ranjan
12.15 pm onwards	LUNCH	

Programme Supported by : Roche Diagnostics | Programme Co-ordinators : Dr. Kamlesh Jagwani, Dr. Kirtan Vyas



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નવરાત્રિ મહોત્સવ - ૨૦૧૭



તારીખ : ૨૩-૦૯-૨૦૧૭, શનિવાર
સમય: રાત્રે ૯.૦૦ થી શુભારંભ



સ્થળ: નવદીપ હોલ, નવરંગ હાઈસ્કૂલ પાસે, દર્પણ છ રસ્તા પાસે, નારણપુરા, અમદાવાદ

ઓરકેટ્ટા : અનૂપમ વ્યાસ તથા દીગ્ગજ કલાકારો સાથે

આકર્ષક ઈનામોનો રસથાળ

અભ્યાહારની વ્યવસ્થા તો ખરી જ

ડો.ઓર્ડિનેટર્સ : ડો. હીના મરકારીયા, ડો. પ્રદ્યુમ્ન વાજ

નવરાત્રિના પાસ એઓજીએસ ઓફિસ થી ૧૦ સપ્ટેમ્બર પછી મળી શકશે.

ડો.દેવેન્દ્ર ભટ્ટ - પ્રમુખ

ડો. જુજેશ કેલીવાલા - સેક્રેટરી

CME : 12

Gujarat Chapter ISAR in association with
Ahmedabad Ob & Gy Society organizes

Travelling Seminar on Ovulation Induction & Luteal Support & National ISAR QUIZ

Date : 24th September 2017 | Time : 09.30 am onwards

Venue : Hotel Starotel, Ashram Road, Ahmedabad. | Co-Ordinator : Dr. Kanthi Bansal

TIME	TOPIC	SPEAKER
09.00 - 09.30 am	Registration	
Session 1 :	Chairpersons :	
09.30 - 09.50 am	Ovarian Reserve Tests and prediction of Ovarian Response	Dr. C. B. Nagori
09.50 - 10.00 am	Interaction	
	Case Presentations with step by step discussion on how to manage :	
10.00 - 10.20 am	Ovulation Induction in normal responders	Dr. R. G. Patel
10.20 - 10.40 am	Ovulation induction in hyperresponders	Dr. Manish Banker
10.40 - 11.00 am	Ovulation Induction in poor responders	Dr. Kanthi Bansal
11.00 - 11.30 am	Discussion	
11.30 - 12.00 noon	Coffee Break	
Session 2 :	Luteal Support : Chairpersons :	
12.00 - 12.20 pm	Impact of ovulation induction on the luteal phase dynamics	Dr. Sanjay Makwana
12.20 - 12.40 pm	Evidence based Luteal Support in Management of Infertility	Dr. Milind Shah
12.40 - 01.00 pm	Discussion	
01.00 - 02.00 pm	Lunch	
02.00 - 03.00 pm	State Chapter Quiz..... Quiz Master Dr.Kanthi Bansal	
03.00 pm onwards	Tea / Coffee	

Program Co-ordinators :

- Participants for Quiz program are invited
- Subject: ART
- Age below 40 years
- Exciting prizes

Please enroll, send your names to : kanthibansal@gmail.com

Ovulatory dysfunction is divided in three groups for easy understating by WHO

Group 1 - Hypothalamo pituitary failure

This group is easy to treat with HMG therapy. The success rate is very good.

Group 2 - Hypothalamo pituitary dysfunction

Most common group. Polycystic ovary is one of the most common.

Group 3 - Ovarian failure

Egg donation is only treatment for ovarian failure

AIMs of ovulation induction in clinical practice

A. Treat anovulation B. Augment the ovulation C. Controlled ovarian hyper stimulations - COH

AIM is to get 1 to 4 follicles in IUI cycles

Medicines and protocols

Most commonly used Clomiphene citrate, Aromatase inhibitors – Letrozole and Gonadotropins.

Clomiphene citrate or Letrozole as first line treatment is an individual choice. There is no proven superiority of one drug over another.

Clomiphene citrate

50 to 200 mg, 5 to 10 days as per the response and need of the cycle. Advantages Proven efficient, Millions of babies born , Very cost effective Disadvantages All patients do not become pregnant. Anti estrogenic effect If no proper response or no pregnancy with even good ovulation, we need to change the drug

Aromatase inhibitors

Officially approved for ovulation induction purpose. 2.5 to 5 mg/day of Letrozole for standard 5 days.

Milder stimulation, it actually lowers the estrogen but has no direct anti estrogenic effect

Gonadotropins

We have choice of gonadotropins like HMG, FSH, HP gonadotropins and recombinant FSH.

In IUI, NO significant difference between various gonadotropins

Gonadotropins advantages

Mechanism of action is just like native Gonadotropins, dose dependant response, fine tuning of dose and monitoring of response is good, no unwanted side effects like oral drugs. Disadvantages of Gonadotropins would be, Powerful stimulation hence OHSS, Multiple pregnancy, and higher cost

Protocol for using gonadotropins

Standard protocol, Step up protocol, Step down protocol IUI, most commonly practiced would be standard protocol. Daily or alternate day in the dose of 75 to 150 IU. The cycle monitoring is done TVS, dose continued till the follicle size is 16 to 18 mm & endometrium > 8 mm. The Trigger is administered either hCG or GnRH analogue, as per timing of procedure of IUI

Pre mature LH surge

When more follicles develop, more Estradiol develops and then too faster, which can cause a premature LH surge. To avoid premature LH surge we have two molecules – GnRh antagonist and GnRh agonist – analogues

GnRh Antagonist – Antagonist in IUI

The antagonist act on GnRh receptors on anterior pituitary and block their response to GnRh. The effect is immediate once we stop administrator the reversal of effect is also immediate.

They can be used in IUI cycle to avoid the risk of premature LH surge or to post pone the HCG by one or two days.

Postponement of trigger can be useful to both patients or doctors, If it is not convenient on a particular day. It may also help smaller follicles to grow and reach to a good size, it reduces tension in the minds of patient and consultant about premature rupture of follicles.

Antagonist should be started when follicle reaches 14 mm and continued till day of HCG.

Ovulation trigger

HCG : It is a very powerful and prolonged LH surge and is good for all the patients where risk of OHSS is not there

GnRH Analogue : Is a milder LH surge and is good for a patient where risk of OHSS is more

IUI

IUI should be done between 36 to 44 hours of trigger, better around 40 hours. TVS should be done to confirm ovulation before IUI. If in doubt the ovulation can be confirmed later and if needed, second IUI may be planned next day. Routine luteal phase support of 400mg of micronized progesterone vaginally is good enough. Alternatively HCG 5000 IU at the interval of 4 days may be given after IUI. Rest or antibiotic are not required after IUI. Couple can enjoy their natural sexual life after or before IUI.

Technique of insemination should be atraumatic and slow. All aseptic precautions must, from collection of semen, processing, transportation to insemination. Choice of cannula and amount of post wash sperm does not affect IUI outcome. Very low semen quality, IUI success rate is very poor. First 3 cycles of IUI give better results, next 3 cycles give reasonable results and IUI should not be tried beyond 4 to 6 cycles. Freezing semen before IUI cycle can be very useful for the patients who cannot remain present at the time of IUI.

SUCCESS OF IUI IS A COMBINATION OF PATIENT SELECTION, PRETREATMENT EVALUATION, OVULATION INDUCTION, GOOD SPERM PREPARATION & INSEMINATION AND LUTEAL PHASE SUPPORT.

General guidance for prevention¹ :

- Avoid contact with those with confirmed/probable/suspected influenza infection
- Avoid touching mouth & nose
- Adhering to respiratory etiquette (covering mouth & nose when coughing/ sneezing, if a tissue is used, it should be discarded in a bin with a lid and then hands should be washed)
- Wash hands thoroughly with soap & water or clean them with an alcohol- based hand sanitizer on a regular basis
- Avoid crowded public places
- Improve airflow in living spaces by opening windows
- Practice good health habits: adequate sleep, nutritious food, staying physically active
- Community awareness programs

Specific measures

- Antivirals for prophylaxis are generally not recommended
- Pregnant women should be immunized as a priority group (Inactivated vaccine)
- Vaccination is also recommended for all health care workers

Additional considerations:

Antenatal care

- When pandemic (H1N1) influenza transmission is occurring, consider reducing antenatal clinic visits to the minimum required and advise women with low-risk pregnancies to postpone clinic visits during early pregnancy for a few weeks
- Advise pregnant women to avoid crowded places
- Organize care for asymptomatic pregnant women in separate areas from those with symptoms

Childbirth and Postnatal Care

- Separate areas for labour and delivery for infected women
- Allow birth companions, but screen them for infection
- Reduce the length of stay in the postnatal ward to the minimum required by maternal and newborn conditions
- To begin breastfeeding within one hour of giving birth and to breastfeed frequently and exclusively
- Cleaning soiled surfaces to keep the environment free from virus contamination, especially since infants have a tendency to place their hands in their mouths

Pregnant women who have suspected or confirmed H1N1

Infection prevention and control^{1,2}

- Services for pregnant women and new mothers and babies with acute respiratory infection (ARI) should be separated from services for other pregnant women and other hospitalized patients
- Separate area for childbirth.
- Mother should use facemask throughout labor, as tolerated.
- Immediately separate newborn to an open warmer by a distance of > 6ft.
- Rooms should be adequately ventilated
- Newborn babies should be roomed-in with mothers even if the mother has pandemic (H1N1) 2009 virus infection¹ provided She practices cough or sneeze etiquette, performs hand hygiene regularly and wears facemask
- Temporary separation of the infected mother from the newborn within her room or in a separate room until the risk of infection transmission is reduced, which is when ALL of the following criteria are met:
 - The mother has received Antiviral Medications for at least 48hrs.
 - The mother is without fever for 24hrs without antipyretics.
 - The mother can control cough and respiratory secretionsonce these criteria are met, the mother and the newborn can initiate close contact throughout the postpartum period with droplet precautions and mother can start breast feeds².
- Health-care workers should follow recommended infection prevention practice, including those for hand hygiene, cleaning surfaces, change linens, and handling waste disposal
- Health-care providers should wear face masks properly whenever they are in contact with infected individuals
- Personal protection equipment should be used during childbirth since splashes are common

Management during pregnancy: Multidisciplinary Approach

- **All pregnant patients fall in Category B(ii)**, where any patient with signs and symptoms mentioned under Category-A (mild fever plus cough / sore throat with or without bodyache, headache, diarrhoea and vomiting), shall be treated with Oseltamivir. No test for Influenza is required. Patients should confine themselves at home and avoid mixing with public and high-risk members in the family³. Broad Spectrum antibiotics as per the Guideline for Community acquired pneumonia (CAP) may be prescribed. Dosage of Oseltamivir in a patient having weight > 40 kg is 75 mg BD for five days. Oseltamivir is safe in pregnancy in all trimesters. Paracetamol is prescribed for fever, myalgia and headache.
- **Category C:** In addition to the above signs and symptoms of Category-A and B, if the patient has one or more of the following:
 - Breathlessness, chest pain, drowsiness, fall in blood pressure, sputum mixed with blood
 - Bluish discoloration of nails
 - Worsening of underlying chronic conditions
- All these patients require testing, immediate hospitalization and treatment in well established Hospital

Important Points:

- Pregnant women are 4-5 times more likely to develop influenza-associated complications, severe disease, and death, especially if they have co-morbidities. Risk is highest in the third trimester
- Increased risk of adverse pregnancy outcomes such as spontaneous abortion and preterm birth
- Balance the advantages of use of tocolysis with potential harm related to tachycardia, hypotension, or other side effects
- Corticosteroids for promotion of fetal lung maturation are safe
- Hyperthermia in early pregnancy has been associated with neural tube defects and other congenital anomalies and during labor and birth is a risk factor for neonatal seizures, new born encephalopathy, cerebral palsy and death
- Higher risk of fetal distress and increased risk of operative delivery
- Balance the risk of operative vaginal delivery with the risk of caesarean delivery and anaesthesia in a severely ill woman

References:

1. http://www.who.int/csr/resources/publications/swineflu/h1n1_guidance_pregnancy.pdf
2. www.fogsi.org/wpcontent/uploads/2015/11/h1n1_in_pregnancy.pdf
3. Ministry Of Health Family Welfare H1N1 Guidelines



Dear Colleagues,

Greetings!!!!!!

This is to inform you that AOGS in association with Gujarat State Chapter of Indian Society of Assisted Reproduction (ISAR) is organizing a workshop on **Ovulation Induction & Luteal Support**. You are cordially invited to attend the same



Dr. Kanthi Bansal
President GCISAR



Dr. R G Patel
Secretary GCISAR

Faculties

Dr. Milind Shah

Dr. Sanjay Makwana

Dr. Manish Banker

Dr. Kanthi Bansal

Dr. R.G. Patel

Program details

Session 1

- Ovarian Reserve Tests & Prediction of Ovarian Response
- Ovulation Induction in Normal Responders
- Ovulation Induction in Poor Responders
- Ovulation Induction in Hyper Responders

Session 2

- Impact of Ovulation Induction on Luteal Phase Dynamics
- Luteal Support in an ART cycle

Session 3

ISAR State Chapter Quiz

Dr. Kanthi Bansal
National Co-ordinator

Date - 24-09-2017

Time - 9.30 a.m. – 4.00 p.m.

**Venue - Hotel Starottel,
Ashram road, Vadaj**

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Venue

Gujarat University convention & Exhibition Center
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