



AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY

AOGS E-TIMES

NOVEMBER 2020

Theme : Catch them Young & Teach Them Right

Motto : Beti Bachhao, Beti Padhao Aur Bete ko bhi Samjhaao

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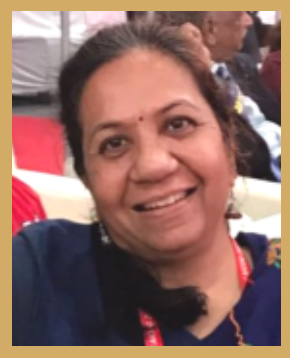


‘જિંદગી કાચી માટી નો ઘડુલો રે’

Painting by Dr. Arti Patel

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Dr. Rajal Thaker
President

PRESIDENT'S MESSAGE

Dear AOGS Member,

Once again Greetings from Team AOGS 2020-21 and we are happy to present the AOGS E-Times of November 2020 that has a painting by Dr. Arti Patel on its cover page.

In November, we had several interesting and innovative programs.

To begin with, the interview of Dr Vilasben Mehta and interaction with her students in Sambharna series Episode 3 was well appreciated. Webinars on TOT on HIV/AIDS and AOGS Golden Jubilee oration were also attended with enthusiasm. Those who have missed these, can view by clicking the following link of AOGS's YouTube Channel.

<https://www.youtube.com/channel/UCbT8DTclHPDIZyLncWlyEQ/>

There were few interesting webinars of FOGSI including the public awareness e-conclave on VAWG – prevention of Violence Against Women and Girls and on anaemia prevention.

World AIDS Day takes place on **1 December** each year. It's an opportunity for people worldwide to unite in the fight against HIV, to show support for people living with HIV, and to commemorate those who have died from an AIDS related



illness. Founded in 1988, World AIDS Day was the first ever-global health day. The theme for World AIDS Day 2020 is "Global solidarity, shared responsibility" - **"वैश्विक एकजुटता, साझा जिम्मेदारी"**

कोविड-१९ महामारीकी वजहसे, दुनिया का ध्यान सभी लोगोंके स्वास्थ्य पर केंद्रित है। कोविड-१९ एक बार फिरसे हमें दिखा रहा है कि, मानवाधिकार, लैंगिक समानता, सामाजिक सुरक्षा और आर्थिक विकास जैसे अन्य महत्वपूर्ण मुद्दों के साथ स्वास्थ्य का सीधा ही संबंध है। कोविड-१९ ने यह प्रदर्शित किया है कि, महामारी के दौरान, कोई भी तब तक सुरक्षित नहीं है जब तक कि सभी सुरक्षित न हों। अगर हमें सफल होना है तो किसी को भी (लॉकडाउन, आपातकाल की स्थिति) पीछे छोड़ देना कोई विकल्प नहीं है। कोविड-१९ संकट के दौरान एचआईवीसंक्रमित लोगोंने चुनौतियों (जैसे कि, जीवन रक्षक स्वास्थ्य देखभाल, स्वास्थ्य सेवाओं से वंचित रहना) का सामना किया है।

हालाँकि, यह संकट एक 'वेक-अप' कॉल भी है। कई मामलों में, एक सार्वजनिक स्वास्थ्य खतरे के रूप में एड्स की हार इस बात पर निर्भर करती है कि दुनिया कोविड-१९ सामना कैसे करती है। हमें साथ मिलकर यह संकटका सामना करना है। वैश्विक एकजुटता और साझा जिम्मेदारीके तहत हमें एड्स की प्रतिक्रिया सहित वैश्विक स्वास्थ्य प्रतिक्रियाओं को एक नए तरीके से देखने की आवश्यकता है। यह सुनिश्चित करने के लिए दुनिया को एक साथ आने की आवश्यकता है। जीवन रक्षक दवाएं, टीके और डायग्नोस्टिक्स को सार्वजनिक वस्तुओं के रूप में माना जाना चाहिए। यह सुनिश्चित करने के लिए वैश्विक एकजुटता और साझा जिम्मेदारी होनी चाहिए कि कोई भी व्यक्ति, समुदाय या देश जीवन-रक्षक स्वास्थ्य वस्तुओं तक पहुँचने में पीछे न रहे। साथ-साथ स्वास्थ्य प्रणालियोंको अधिक मजबूत करने और स्वास्थ्य देखभाल करने वाले स्वास्थ्य कर्मियोंकी सेहतका भी खयाल रखना जरूरी है।

'सभी के लिए स्वास्थ्य का अधिकार' के तहत, यह विश्व एड्स दिवस पर हमें वैश्विक एकजुटता और साझा जिम्मेदारीके इस प्रयास में, एक फोगसीयन के रूप में, एक बेहतर दुनिया के लिए शामिल होना है और मुझे आशा है कि, हम जरूर कामयाब होंगे।



वैश्विक एकजुटता, साझा जिम्मेदारी

एच.आइ.वी. - एड्स पर पड़ेगी भारी

Enjoy reading articles that we have in this AOGS E-Times.

We are in process of preparing I-cards for life members of AOGS and we have also initiated the process for the online elections of AOGS.

Covid-19 is still around.

So take care of your health and take care of people around you.

नमस्ते

Dr Rajal Thaker
President



Dr. Sunil Shah
Hon. Secretary

HON. SECRETARY'S MESSAGE

Dear AOGS friends,

Season's greetings! Happy and healthy winter!

Wishing all of you happy New year and Happy Dev Diwali!

In last month E-Times I have suspected unprecedented risk of increasing cases in Ahmedabad due to festival season and it has happened. Still the risk is not over and we need to take extra precautions. I reiterate that SMS to be followed. S- Social distancing M- Mask And S- Sanization.

FOGSI and AOGS is committed to work for members academics and well being as well as social welfare. AOGS itself and in association with FOGSI doing lots of community connect programs on various aspects like, VAWG (violence against women and girls and also doctors), Anemia eradication program (more than 12), world AIDS day program and many more academic programs are done. We at AOGS has also done many activities like sambharna series and its very much appreciated by members.

We (Team AOGS) are working hard under able leadership and guidance of Dr. Rajalben to digitalized our election process and work is going on with full force. We are also inching towards completion of updation of fresh data and I cards preparation for members.

Dr. Sunil Shah
Hon. Secretary



DOMESTIC VIOLENCE – AN UPDATE

Dr. Mandakini Megh

MD, DGO, FICOG, FICMCH, FICMU
Chairperson ICOG
International Vicepresident MWIA

“If we are to fight discrimination and injustice against women, we must start from the home for if a woman cannot be safe in her own house then she cannot be expected to feel safe anywhere.”

Violence against women is a serious problem in India. Overall, 30 % of women age 15–49 have experienced physical violence and about 6 % have experienced sexual violence. In total, 36 % have experienced physical or sexual violence.

Domestic violence has no boundaries. It is prevalent in different countries, cultures and socio-economic stratas . Women have been oppressed all over the world for several generations.

Patterns of Violence

Married women are more likely to experience physical or sexual violence by husbands than by anyone else. Nearly two in five (36 %) married women have experienced some form of physical or sexual violence by their husband. For never married women, the most common perpetrators include mothers or step mothers, fathers or step fathers, sisters or brothers and teachers.

Protection of Women Against Domestic Violence Act, 2005

This act allows women to file a case against not just their husband, but any person, male or female, who is abusing them. It has a wide definition of domestic violence, and the court has permission to restrain or remove contact with the aggressor, and to impose monetary relief and monthly payments of maintenance.

Our Role as Medical professionals

- The first and foremost responsibility: they cannot refuse treatment. Domestic violence is to be recognised as a medical emergency.
- Treatment and documentation should be done with gendered understanding in view.
- Referrals to other related services such as counselling and legal aid is a part of the duty of the medical professionals.
- Hospitals may have to function as temporary shelter homes.

Effect of Domestic Violence on Children

UNICEF along with a corporate organization The Body Shop conducted a survey called “Behind Closed Doors” to study the impact of domestic violence on children.⁴ There is an increased risk that the children may become victims of abuse themselves. There is a significant risk of harm to the child’s physical, emotional and social development. There is a strong social likelihood that this will become a continuing cycle of violence for the next generation.

Other Measures Taken By The Government For Women’s Safety

The Government has shown a persistent commitment towards improving the law and order and safety for women.

- India’s all-in-one emergency helpline number- launched in February 2019. The ‘112’ emergency helpline number would provide immediate assistance to services like police (100), fire (101), health(108), women’s safety (1090) and child protection.⁶
- Investigation Tracking System for Sexual Offences (ITSSO)
- Safe city implementation monitoring portal to improve women’s safety.
- The National Commission For Women

Established in 1992, The objective is to represent the rights of women in India and to provide a voice for their issues and concerns like dowry, politics, equal representation of women in jobs and domestic violence.

The National Family Health Survey India results

33 % of ever married women have experienced physical violence, sexual or emotional violence. Physical violence is 30 %, emotional violence is 14 % and 7 % have experienced sexual violence.

There has been a decline in spousal sexual and physical violence from 37 % in NFHS-3 to 31 % in NFHS-4 conducted in 2015-16 over 10 years.

Domestic violence in India is endemic.

Average 87 Rape Cases Daily, Over 7% Rise in Crimes Against Women in 2019: NCRB Data. ... The country recorded 3,78,236 cases of crimes against women in 2018, the data compiled by the National Crime Records Bureau (NCRB) showed.

In 2020, between March 25 and May 31, 1,477 complaints of domestic violence were made by women. This 68-day period recorded more complaints than those received between March and May in the previous 10 years.

Conclusion

The enactment of Domestic Violence Act, 2005 is an answer to violation of women’s human rights which may be criminally prosecuted. Though this legislation has been thoroughly prepared, lacunas will always be there leading to accused circumventing the law.

Whether or not the Act will be misused or not only time will tell.

There cannot be any perceptible change in women’s status overnight. It will take at least a decade before things change. This Act provides them a safeguard and a sort of sword in their hand so that they will not be seen as an animal or a doormat. One precondition of improving the implementation of the DV Act is to increase women’s awareness of it.

In social-cultural level, to bring the idea of gender equality to public is one tough mission for the government.

In conclusion, I would like to quote the Israeli historian and scholar of the Holocaust; “Thou shalt not be a victim, thou shalt not be a perpetrator, but above all thou shalt not be a bystander.”



Emergency Contraception

Dr. Laxmi Shrikhande

- Senior Vice President FOGSI 2012
- Vice Chairperson Indian College of Obstetricians & Gynecologists ICOG
- National Corresponding Editor-
The Journal of Obstetrics & Gynecology of India JOGI

In India, ECP was introduced in 2002 by the Ministry of Health and Family Welfare (MoHFW) and was made an over the counter (OTC) drug in 2005. However, they are still largely underutilized, which if taken correctly can reduce the risk of an unintended pregnancies which in turn will reduce maternal mortality by 8%.

What is Emergency Contraception?

It is a method of contraception used to prevent pregnancy following Unprotected Sexual Intercourse (UPSI) or expected failure of contraception.

Various Methods-

Yuzpe Method

Oldest form of post-coital emergency contraception. It involves taking two pills each containing 50 µg of ethinylestradiol and 0.50 mg of dl-norgestrel or 1.5 mg levonorgestrel within the first 72 hours. This treatment is repeated 12 hours later.

Levonorgestrel (LNG)

Single dose oral tablet of LNG (1.5 mg) or two doses (0.75 mg each – 12 hours apart) to be taken within 72 hours of unprotected intercourse. A further advantage of the levonorgestrel-only is the absence of ethinylestradiol, therefore it avoids the risk of arterial or venous thrombosis.

Mifepristone

Mifepristone, an anti-progestin synthetic steroid is studied mostly in China, as an emergency contraceptive option within 120 hours of UPSI at much lower doses (10 to 50 mg). Mifepristone is currently used only in Armenia, China, Russia, and Vietnam for this indication.

Copper IUD

The most effective form of emergency contraception, which is inserted within 5 days of UPSI. Has advantage of providing ongoing contraception for up to 10 years. The necessity of IUD placement by a trained health care provider, high up-front costs, lack of provider and patient knowledge regarding the IUD's effectiveness and use as a form of EC, all contribute to the relatively low use of the copper IUD as a form of EC.

Ulipristal Acetate (UPA) 30 mg

It is a selective progesterone-receptor modulator (SPRM) to be taken within 120 hours (5 days) of unprotected sexual intercourse or contraceptive failure. In India it is approved by DCGI in 2020. UPA has an inhibitory effect on ovulation when administered during the follicular phase. If vomiting occurs within 3 hours of the tablet intake, another tablet should be taken. It is an effective EHC option regardless of a woman's weight or BMI.

Can EC be used as regular contraceptive ?

As the efficacy of repeated use of EC is generally lower than most regular contraceptives it is not advised. However, EC is an important back-up contraceptive option at any time. Patient preference, provider capability, and local availability will influence the use of Emergency contraceptive option.

Summary

The available methods for emergency contraception are: Yuzpe regimen, high dose levonorgestrel, copper IUD and recently UPA 30 mg tablet. The earlier it is started the more effective it is. Mifepristone in low dose (unavailable in India) and copper-releasing IUD are highly effective but it need to be administered and followed-up by highly qualified health care providers. UPA is 2.5 times more effective than LNG & is effective regardless of a woman's BMI.

Management of Fetal Growth Restriction



Dr. Prashant Acharya
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- ISUOG Fellow 2019
- ISUOG Board Member
- FOGSI Vice President 2012
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Introduction

Fetal growth restriction (FGR) is diagnosed when the fetus with Abdominal circumference (AC) and / or estimated weight at or below the 10th percentile with /or without doppler changes for the specific gestational age. It is an important clinical problem:

1. Prevalence is about 8% in the general population.
2. 52% of stillbirths are associated with FGR
3. 10% of perinatal mortality is a consequence of FGR
4. Up to 72% of unexplained fetal deaths are associated with small for gestational age (SGA) below the 10th percentile.

This term is often erroneously used as synonym of SGA. The IUGR/FGR fetus is a fetus that does not reach his potential of growth, whereas the SGA fetus is a fetus who reaches his potential of growth.

Abdominal circumference and EFW are the most accurate diagnostic measurements to predict SGA. In high risk women, AC at less than the tenth centile has sensitivities of 72.9– 94.5% and specificities of 50.6–83.8% in the prediction of fetuses with birth weight at less than the tenth centile. The respective figures (Fig. 19.1) for EFW of less than 10th percentile has sensitivities of 33.3-89.2% and specificities of 53.7–90.9%.

Hadlock's formula: $\text{Log}_{10} \text{ EFW} = 1.3596 (\text{AC} \times \text{FL}) + 0.0064 (\text{HC}) + 0.00061 (\text{BPD} \times \text{AC}) + 0.0425 (\text{AC}) + 0.174 (\text{FL})$ - most commonly used to calculate EFW

Serial measurements of AC and EFW (growth velocities) are superior to single estimates of AC or EFW in the prediction of FGR. We have published Indian fetal biometry, which will give us more precise information about FGR.

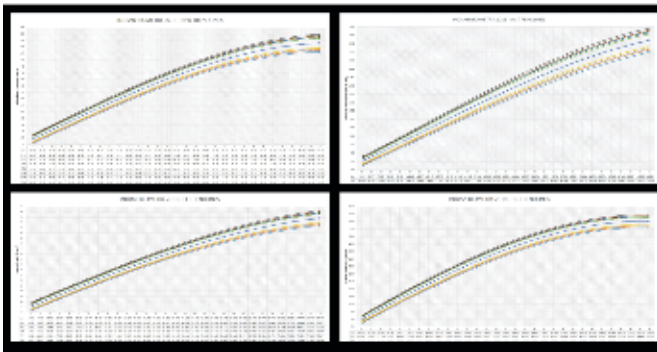
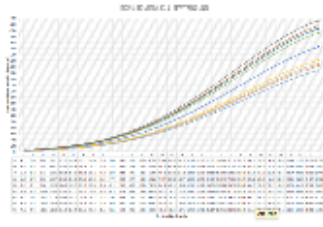


Figure1: Growth curves for Indian fetuses Prashant Acharya et al. (2018) Phase 2 Recently FGR fetuses are managed according to its onset and the doppler of uterine artery, Umbilical artery, middle cerebral artery (MCA), Aortic isthmus (Aoi) and ductus venosus.

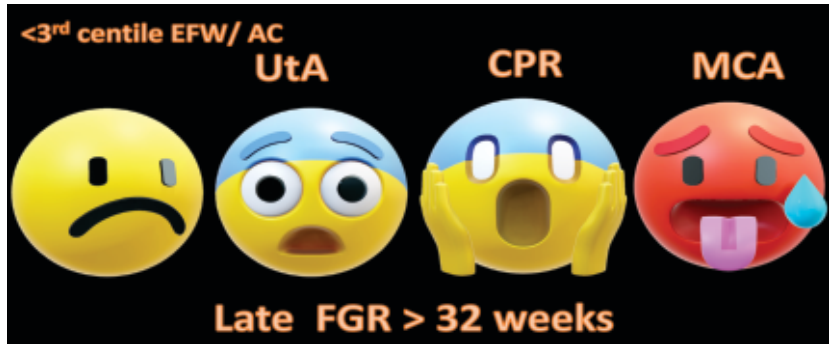
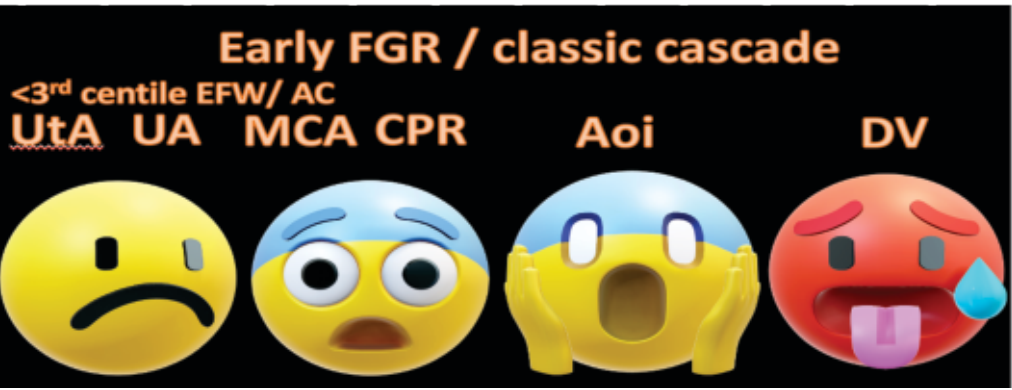
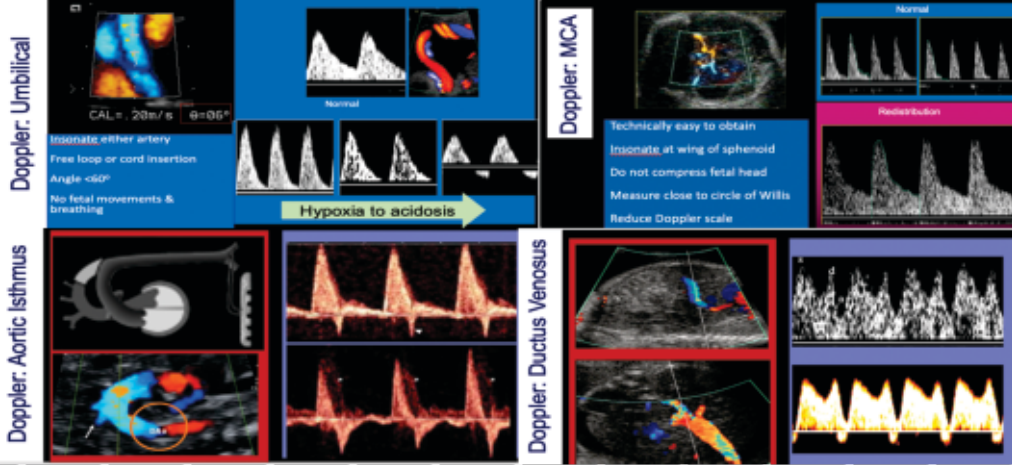
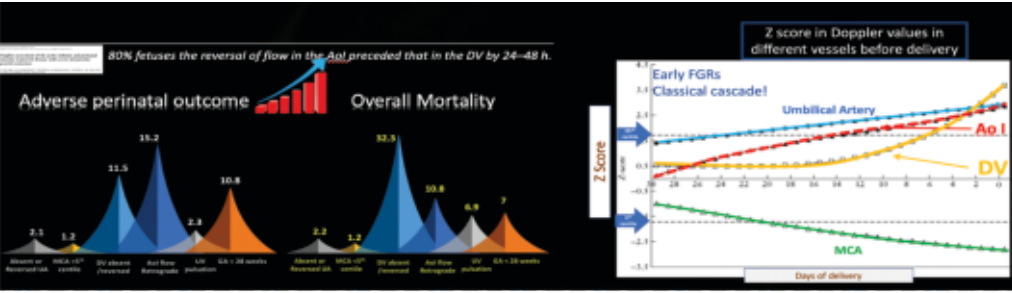
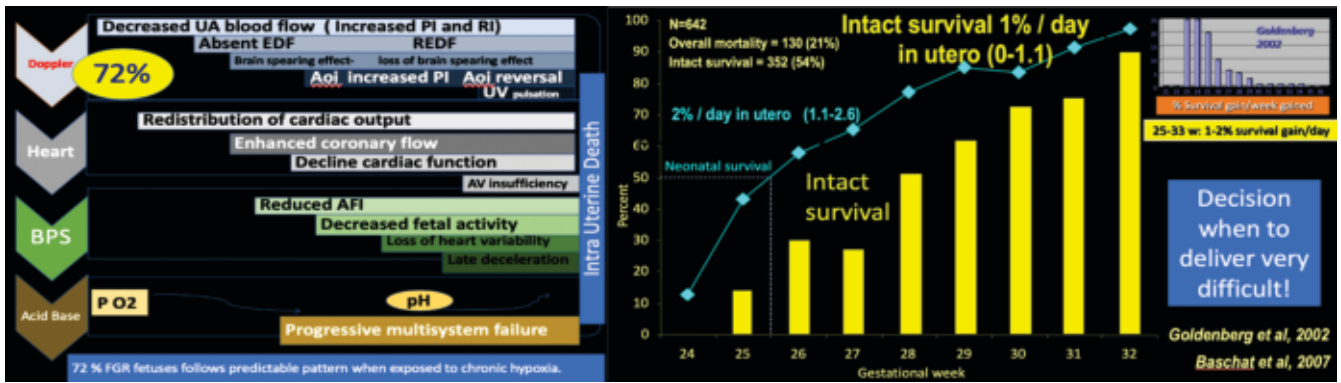


2020 clinical protocol

Protocol may vary according to availability of gadgets, knowledge and many things!

1. Identify small fetus
2. SGA or FGR?
3. Early (32 weeks) or Late (>32 weeks)?
4. fetal evaluation – Doppler, CTG, BPS
5. Management

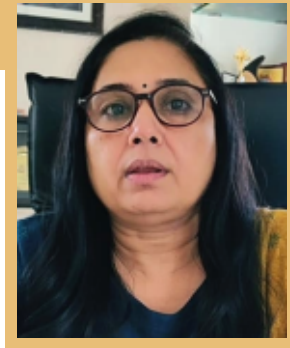
FGR diagnosed before 32 weeks (called early onset FGR) will follow the classic cascade as mentioned in fig 2 as below. So they have to be managed as per fig 3. When CPR is altered, watch for Aoi doppler and when there is reversal in diastolic flow, consider delivery. (use Steroids and MgSO4 as and when indicated). Uterine artery doppler and some biochemical markers like PLGF, PAPP-A are used to predict early severe PET and FGR.



FGR diagnosed AFTER 32 weeks (called late onset FGR) will NOT follow the classic cascade as mentioned in fig 2 as above . So they have to be managed as per fig 5. When umbilical artery doppler is altered , watch for CPR and even if MCA PI is below 5th centile-delivery should be considered. (use Steroids and MgSO4 as and when indicated). Uterine artery doppler and some biochemical markers like PLGF, PAPP-A have very limited role in predicting late severe PET and FGR.

Conclusion: diagnose the FGR early and classify in to early and late FGR and management by doppler is the key. Interpretation of doppler is important to understand to avoid intrauterine death and fetal hypoxia.

OVARIAN RESERVE



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Dr. Binjal Shah MB.DipGO

Ovarian reserve is a term that is used to determine the capacity of the ovary to provide egg cells that are capable of fertilization resulting in a healthy and successful pregnancy.

AGE:

With advanced maternal age the number of egg cell that can be successfully recruited for a possible pregnancy declines, constituting a major factor in the inverse correlation between age and female fertility. So as age advances biological clock slows and fertility potential of women goes down. Younger the age better is the fertility.

While there is no known method for assessing the ovarian reserve of individual women, indirect determination of ovarian reserve is important in the treatment of infertility.[2]

The human ovary contains a population of primordial follicles. At 18–22 weeks post-conception, the female ovary contains its peak number of follicles (about 300,000 in the average case, but individual peak populations range from 35,000 to 2.5 million).

Each menstrual cycle one egg cell is released by ovulation. In addition, the remaining follicles that were recruited towards maturation are lost by atresia. Few if any egg cells are replenished during the reproductive years. However, this loss by the menstrual cycle only accounts for approximately up to 10 egg cells per month, thus accounting for only a small fraction of the actual loss of egg cells throughout the lifetime.

Ovarian reserve assessment

- Follicle Stimulating Hormone (FSH) - early follicular phase
- Inhibin b level
- Anti Mullerian Hormone (AMH)
- Oestradiol level
- Progesterone level
- Ultrasound techniques
 - Antral Follicular Count (AFC)
 - Ovarian Volume
 - Ovarian blood flow
- Dynamic tests
 - Clomiphene citrate challenge test (CCCT)
 - Exogenous FSH Ovarian Response Test (EFORT)
 - Gonadotrophin agonist stimulation test (GAST)
- Anatomical test- ovarian biopsy

1.FSH: Usually measured Day 2 or 3 of cycle

Different laboratories different techniques/ levels

Women with > 10 IU/l do worse

Women > 15 mIU/l on one test do worse on IVF

Variation from month to month

- For young women even one low reading means reduced yield
- For > 40 high levels ominous

2. Serum Oestradiol

- E2 alone of little value
- Suggested E2 of > 80 pg/ml day 3 pre IVF cycle- higher cancellation rate
- Some attempts to combine E2 and FSH levels
- Of little value for ovarian reserve assessment

3. Serum progesterone

- Early LH surge and elevation of P4 suggested sign of poor ovarian reserve
- No independent role in assessment of ovarian reserve
- E2/ P4 ratio may have a role in differentiating conceptual cycles

4. Anti-Mullerian hormone (AMH):

- AMH is a glycoprotein
- Appears in females at puberty
- Produced by granulosa cells of pre-antral and small antral follicles
- Physiological function- prevent excessive follicle recruitment
- Not cycle dependant-can be measured any day
- Less cycle to cycle variation than FSH
- Nor effected by GnRH agonists- can measure during downregulation
- Clinical role not definitely established
- More promising than other test and done routinely
- BUT expensive

5. inhibin β

- Heterodimeric protein 32 kDa similar to AMH
- Selectively inhibits FSH (TGF-β family)
- Levels > 45 pg/ml – poor response to FSH
- BUT high false positive rate
- NOT CURRENTLY USEFUL

6. Antral Follicle Count (AFC)

- Follicles 2 to 5 mm on Day 1 or 2
- Inter-observer variation
- Some correlation with ovarian response but only at low threshold
- If AFC < 5- significantly worse outcome

7. Ovarian vascularity

- Trans-vaginal pulse Doppler can assess ovarian blood flow
- However much heterogeneity of techniques
 - Different equipment
 - Variation in technique
- Some suggestion that high vascularity in late follicular phase good prognostic sign
- No clinical value at present

8. Clomiphene citrate challenge test (CCCT)- not done routinely

9. Exogenous FSH ovarian reserve test (EFORT)-not done routinely

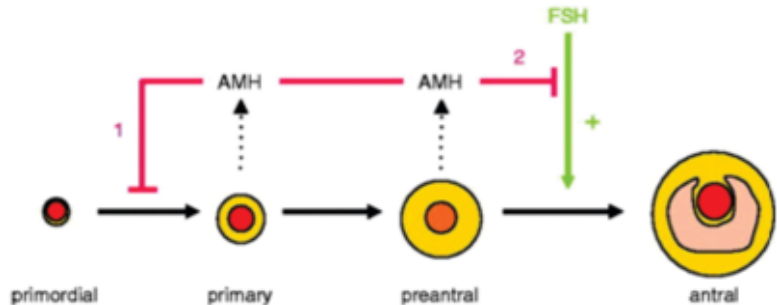
Fanchin et al 1994

10. GnRH-agonist stimulation test (GAST)- not done routinely

Garcia 1993

Role of AMH in human folliculogenesis

Progressing stages of folliculogenesis are depicted. AMH is produced by the small growing (primary and preantral) follicles in the postnatal ovary and has two sites of action. It **inhibits** initial follicle recruitment and **inhibits** FSH-dependent growth and selection of preantral and small antral follicles.



Studies suggests that, the presence of AMH acts as a brake on the activation of primordial follicles and the growth of preantral follicles. Both in vitro and in vivo studies have shown

that follicles are more sensitive to FSH in the absence of AMH.

Serum AMH levels correlate with the number of early antral follicles with greater specificity than Inhibin B, Oestradiol, Follicle Stimulating Hormone and Luteinizing Hormone on cycle day 3. Thus, serum AMH may reflect ovarian follicular status better than these hormone markers.

Summary:

Biological age- less than 35 preferably 30., OR decreases as age advances
 D2- S.FSH less than 10 preferably around 5.,
D2- Sonography AFC – 10 at least in one ovary., Less antral follicle count less Ovarian reserve
AMH more than 3
AMH IS MORE CONSISTENT AND MORE USEFUL

AMH levels of clinical significance

Optimal fertility	28.6-48.5 pmol/l	4-6 ng/ml
Satisfactory fertility	15.7-28.6 pmol/l	2-4 ng/ ml
Low fertility	2.2-15.7 pmol/l	0.3-2 ng/ml
Very low fertility/undetectable	0.0-2.2 pmol/l	<0.3 ng/ml
High level/high risk	>48.5 pmol/l	>6 ng/ml

12/10/2016

Dr. Suresh Shah Dr. Shajee Shah



संभारण॥ SERIES EPISODE - 3 - DR. VILASBEN MEHTA
Webinar Date : 08.11.2020



GUJARAT STATE WEBINAR - TOT ON : HIV & AIDS

Date : 11.11.2020 (4.00 PM to 6.00 PM)

FOGSI 2020

Dr. Alpesh Gandhi
President, FOGSI
Presidential Address

Dr. Ramani Devi
Vice President - In-charge

Dr. Jaydeep Tank,
Secretary General, FOGSI

Dr. Anoop Kumar Puri
Deputy Director General - BSD
National AIDS Control Organization

Dr. Rajesh Gopal
Additional Project Director, GSACS

Guest of Honor

Dr. Sanjay Gupte
Dr. Madhuri Patel

Scientific Agenda

- Introduction to EMTCT and National Scenario
- State and District Scenario
- EMTCT and Role of Obstetricians
- Screening and Diagnosis of HIV in pregnancy
- Management during antenatal, intrapartum and postpartum
- Post exposure prophylaxis
- Update in management of Syphilis
- Neonatal care and infant care
- Vote of Thanks

1 ICOG credit point

"Preventing The Preventable" - HIV & AIDS Committee (2020-22)

TOT

GUJARAT STATE WEBINAR
Program on : HIV & AIDS
A way forward for HIV free generation



Dr. Alpesh Gandhi
MBBS, DGO,
FRCOG,
FICOG, President,
FOGSI



Dr. Anju Soni
MBBS, MS, CINF,
FICMH, FICOG,
HIV & AIDS
Committee
Chairperson



Dr. Ramani Devi
MD, DGO, FICS,
FICOG
Vice President,
FOGSI



Dr. Jaydeep Tank
Secretary
General,
FOGSI



Dr. Madhuri Patel
Honorary, Wadia
Maternity
Hospital,
Treasurer-FOGSI.



Dr. Sanjay Gupte,
Past President
FOGSI,

Date: Wednesday, 11th November 2020 **Time: 04.00 pm - 06.00 pm**

Speakers

Dr. Anju Soni,
Chairperson
HIV
Committee,
FOGSI

**Dr. Rajendra
Nagarkatti**
MD,
FICOG,
FCPS,
DGO, DFP

**Dr. Sheela
V. Mane**
MBBS, MD,
FICOG,
FICHC

**Dr. Anup
Amin,**
Joint
Director,
BSD, GSACS
Ahmedabad

**Dr. Rishiki K
Shukla**
Director
Aarogyam
Speciality
Hos. & GKSF

**Dr. Rajal
Thakar,**
President
of AOGS.

**Dr. Vaibhav
Patel**
Former EB
member of
AOP,
A'bad.

**Ms. Daxa
Patel,**
Founder
Member
and
Secretary,
GSNP+

**Dr. Neelam
Jain,**
President
of Jaipur
Menopau
se
Society

**Dr. Hemant
Bhatt,**
Treasurer,
SOGOG

Moderators

**Dr. Meenakshi
Patel**
President,
SOGOG

**Dr. Dipesh
Dholakiya,**
Convener
of SOGOG

**Dr. M. C.
Patel,**
Joint
Convener
of SOGOG

**Dr. Anoop
Kumar
Puri**
DDG, BSD,
NACO

**Dr. Rajesh
Gopal**
Additional
Project
Director,
GSACS

**Dr. Pallavi
Satarkar-**
President of
OB/GYN Soc.,
Vadodara

**Dr. Jayesh
Patel,**
President of
OB/GYN Soc.,
Surat

**Dr. Percy B
Kharas,**
President
of OB/GYN
Soc. Valsad

**Dr. N. N.
Bhadarka**
President of
OB/GYN
Bhuj

**Dr. Manisha
Moteria,**
President of
OB/GYN
Sec. Rajkot.

**Dr. Usha
Gupta,**
Treasurer,
GOGS

Chairpersons

<https://us02web.zoom.us/join/91012020000>

<https://us02web.zoom.us/join/91012020000>

https://us02web.zoom.us/meeting/register/tZUrdeyvpQovETR4V64p_066hTGOv11tvccD



Welcome Address

Dr. Alpesh Gandhi

President of FOGSI 2020
Vice President- FOGSI-2013
Governing council member of ICOG, FOGSI (2011)
Chairperson, Practical Obstetrics committee, FOGSI
Secretary, Gonorrhea-India Chapter
Past President, Ahmedabad City, Gujarat section
Past Joint Convener, SOGOG
Past Treasurer, SOGOG (Societies of Ob-Gyn, Gujarat)
National coordinator, Emergency Obstetric Care
GCI and FOGSI
Member, PC-PNCT and implementation and support
Ahmedabad District (2005-08)
Preventing Dyspareunia since 25 years

Chairperson

Dr. Dipesh Dolakia

Secretary SOGOG 2019-21

- Ex-asso. Professor of obs & gyn. H. L. Muni. Med. Col. ahmedabad
- Past President ADGS
- Organising chairperson, 10th annual meeting of SOGOG, Ahmedabad special interest group, NDVH & High risk obstetrics

Dr. Madhuri Patel

Honorary, Wadia Maternity Hospital, Treasurer-FOGSI.

Dr. Anju Soni

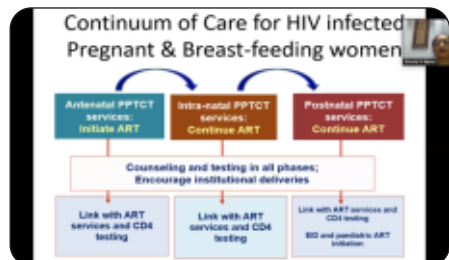
MBBS, MS, CINF, FICMH, FICOG, HIV & AIDS Committee Chairperson

Dr. Jaydeep Tank

Secretary General, FOGSI

Dr. Sanjay Gupte

Past President FOGSI



Dr. Rajal Thakar

President of AOGS.

Dr. Hemant Bhatt

Treasurer, SOGOG



AOGS GOLDEN JUBILEE ORATION

SPEAKER

Sir Sabaratnam Arulkumaran
(PhD DSc FRCS FRCOG)



TOPIC

**Adolescent Health :
Global Perspectives**



26TH NOVEMBER 2020
THURSDAY



08:30PM IST
(3PM UK TIME)

CHAIRPERSONS



Dr Alpesh Gandhi
President, FOGSI



Dr. Rajal Thaker
President, AOGS



Dr. Sunil Shah
Hon. Secretary, AOGS

Program Co-Ordinator
Dr. Munjal Pandya

VISIT BELOW LINK FOR AOGS GOLDEN JUBILEE ORATION

<http://enlacecode.com/live/index.php/webinar/join/aogs-oration>



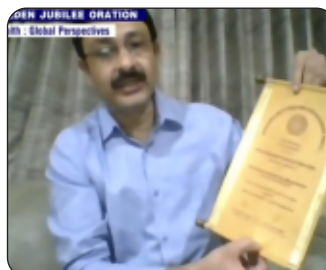
YouTube Live

<https://youtu.be/xD001GJlts8>



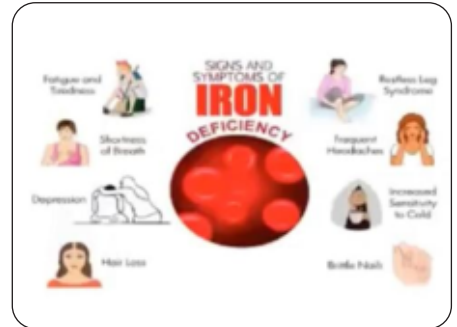
LIVE

<http://www.facebook.com/groups/aogsofficial>



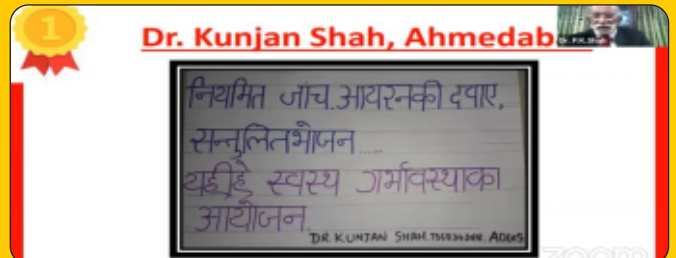
Public Awareness Webinar on Sustainable Menstrual Hygiene and Anaemia by Dr Rajal Thaker

Attended by 494 participants on 27/11/2020 2:30 pm to 3:45 pm



— Congratulations —

Dr Kunjan shah (first prize for slogan)
 Dr Rajal Thaker (first prize for iron rich recipe) and AOGS as one of the societies that were mentioned for the community work on Anaemia prevention- prizes declared at an e-conclave of Medical Disorder in Pregnancy committee of FOGSI - Date : 28.11.2020



Regular cleaning of AOGS property (bungalow) at Navrangpura



MORNING MANTRAS



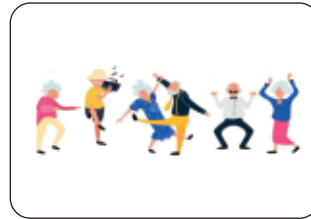
Compiled by
Dr. Gaurav Vadher
 Chairman Navjeevan Hospital Sarkhej



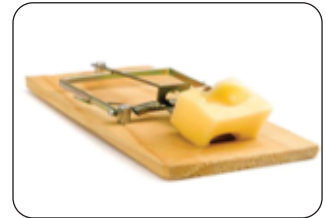
More the Knowledge; lesser the Ego.
 Lesser the Knowledge, more the Ego.



If you are Honest, People may cheat you, but be Honest anyway. What you spend years to build, someone could destroy overnight. Build anyway. The good you do today, People will often forget tomorrow. Do Good anyway. You see, in the final analysis it is between you and God; it never was between you and them anyway.



उम्र हार जाती है जहाँ शौक़ ज़िंदा होते है
 व्यस्त रहो-स्वस्थ रहो-मस्त रहो.



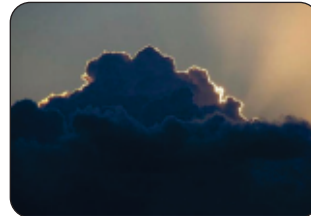
Free cheese is always available in mouse traps.



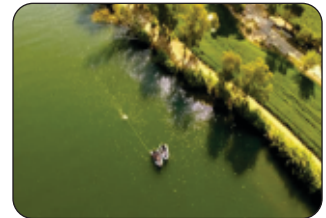
Practice makes you perfect so be careful what you practice!



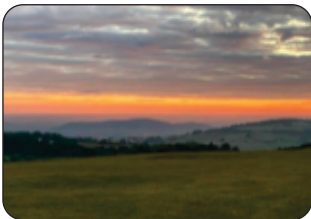
Solve the problem, or leave the problem. But don't live with the problem.



Hard moments never remain forever. Every dark cloud has a silver lining!!!!



Life is monotonous and dull without excitement and challenges. In fact, the fuel for mind and body is how well we stretch both of them with challenging tasks. The capacity of both are immense and the winners are those who does this effectively.



Being comes before doing.



Have the determination to plant seeds of change now, and the wisdom to wait for the fruits to emerge.



No time is wrong to do right things.



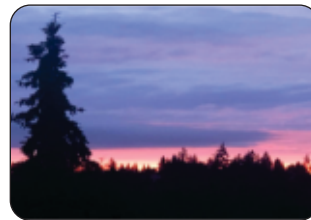
There are three ingredients for a long and healthy life: live with attention but without worry, use time in a worthwhile way, keep your thoughts pure, positive and filled with strength.



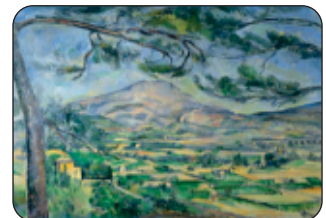
"Happiness is not an ideal of reason, but of imagination."



Words spoken from the head rarely touch the hearts of others.

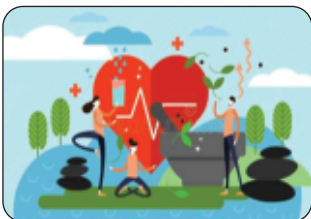


Maintain the balance of responding to situations with a cool head and to people with a warm heart.

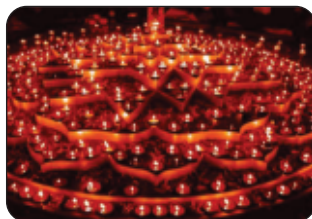


All things have their time. All things have their answers. All things have their right to be.

Accepting this reality, all things come into harmony.



Good feelings for others are like ointments that heal wounds and re-establish friendships and relationships.



किसी की मुस्कराहट की बज़ह बने
 ऐसा हर दिन हो ज़िंदगी बस ऐसे कटे
 जैसे हर दिन सेलिब्रेसन हो.



All the lights of the world cannot be compared to a ray of the inner light of the self. Merge yourself in this light and enjoy the festival of lights.

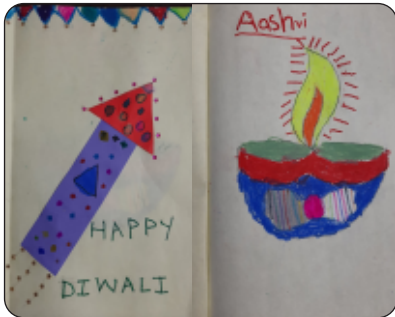


The ability to listen, understand and empathise creates a feeling of trust & friendship in others.

Winners of AOGS Greeting Card Competition

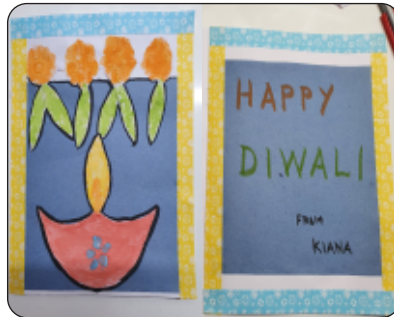
Congratulations to all the little angels for their creativity

Age upto 5 years:



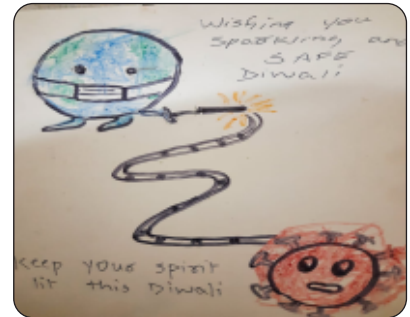
1st

Aashvi Pandya
Daughter of
Dr. Munjal Pandya and
Dr. Janki Pandya



2nd

Kiana Shah
Daughter of
Dr. Sarjan Shah and
Dr. Arati Shah



3rd

Nivaan Khilvani
Son of
Dr. Dipak Khilvani and
Dr. Kiran Khilvani

Age 6 to 10 years:



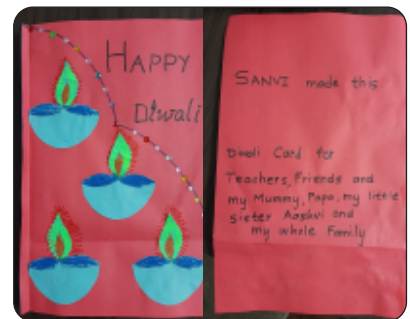
1st

Mihika Shah
Daughter of
Dr. Sarjan Shah and
Dr. Arati Shah



2nd

Reyansh Shah
Son of
Dr. Kunjan Shah and
Dr. Riddhi Shah



3rd

Sanvi Pandya
Daughter of
Dr. Munjal Pandya and
Dr. Janki Pandya

Age 11 to 15 years:



1st

Yuryd Ansari
Son of
Dr. Sarkaar Ansari and
Dr. Nahid Ansari



2nd

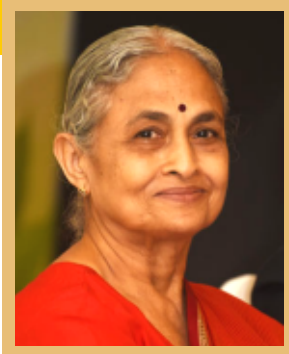
Anya Sharda
Daughter of
Dr. Pratish Sharda and
Dr. Parul Sharda



3rd

Prisha Patel
Daughter of
Dr. Kalpesh Patel and
Dr. Seema Patel

We thank our honorable judges Dr. Arti Patel and Dr. Kamlesh Jagwani for their time...Team AOGS



AOGS SILVER JUBILEE ORATION

Speaker : Dr. Rani Bang

MBBS, MD (ObGyn), MPH

Topic : Community Based Approach to Reproductive Health

Date : 08/01/2021, Friday, Time : 8:30 pm onwards

Co-Director, SEARCH (Gadchiroli, Maharashtra), 1985 onwards, epidemiologic and operational research in primary health care, providing health care to 50,000 rural and tribal population, training of health workers and mass education, Working as a consultant Gynaecologist 1986 onwards, Several National and International Publications and Lectures

1. JRD Tata award by Ratan Tata from Population Foundation of India, New Delhi (2020)
2. Achievement Award in Science Field from Vanita Samaj, Mumbai (2020)
3. Mahatma Gandhi ManavSeva Puraskar, M. G. College, Armori (2019)
4. Degree of Literature (D.Litt.) Honoris Causa from Maharashtra University of Health Sciences, Nashik at Mumbai by Hon. Chief Minister Maharashtra (2019)
5. Shahu, Phule, Ambedkar, Award (2019)
6. Lokmata Puraskar, Lokmata Sumatitai Smruti Pratishthan, Nagpur (24.12.2018)
7. Lifetime Achievement Award, OPPI, Mumbai (2018)
8. 'Healthcare Humanitarian Award', from Federation of Indian Chambers of Commerce & Industry (FICCI), New Delhi (30th Aug 2018)
9. Padma-Shri Award by the Ministry of Home Affairs, Govt. of India (2018)
10. Iconic Changemaker award from Finance and Corporate Affairs Minister, Arun Jaitley, at the BusinessLine Changemakers Awards in New Delhi (2018)
11. Jeevan Sarthak Puraskar, Durgeshwar Mitra Mandal and Anuska Stree Kala Manch, Pune (2018)
12. Women of Wonder Achievers Award of Best Social Worker, Wockhard Foundation, Mumbai (2018)
13. Kasturba Sanman, Mahatma Gandhi Antrarrashtriya Hindi Vishwavidyalaya, Wardha (2017)
14. Life Time Achievement Award Navabharat Health Care Summit, Mumbai by Hon'ble Chief Minister (2017).
15. Sahyadri Lifetime Achievement Award, Sahyadri Pratisthan Maharashtra, Pune (2017)
16. Jijabai Achievers' Awards, Women's Development Cell, Shivaji College Delhi (2017)
17. Yashaswinee Puraskar, Sanwad Sanstha Wai (2016)
18. Public Health Champion Award for outstanding contribution to public health in the country from WHO India (2016)
19. Vidarbha Bhushan Award ,Vidarbha Samaj Sangh, Mumbai (2016)
20. Dr. Gujar Award of the Maharashtra Arogya Mandal, Hadapsar, Pune (2016)
21. IMC Juran Quality Medal 2015, IMC Ramkrishna Bajaj National Quality Award Trust, Mumbai (2016)
22. Dr. Wankar Lifetime Achievement Award, IMA, Nagpur by Chief Minister, Mr. Devendra Phadnis. (2015)
23. Doctorate Honoris Causa from Sanjay Gandhi Postgraduate Institute of Medical Sciences (SGPIMS), Lucknow (2015)
24. The Degree of D.Litt. from Tilak Maharashtra Vidyapeeth, Pune (2015).
25. Vidarbha Ratna Award from Ramkrushna Paikuij Samarth Smarak Samiti, Nagpur (2015).
26. Kesharilalji Bordia Smruti Sanman from Jeevan Rakshak Charitable Trust, Udaipur (2014)
27. Sanjeevani Sanman, from Sahyadri Doodarshan, Mumbai (2014)
28. President of the 2nd National De-addiction literature conference at Nagpur on 2nd Oct 2013. Organized by the Govt. of Maharashtra
29. Dr. Narendra Dhabholkar Smruti Award, Satara (2013)
30. 'Late Leelatai Limaye Samaj Seva Puraskar' from Vaneeta Samaj, Mumbai (2013)
31. Excellence Award from State Bank of India (2013)
32. Dr. Mokshagundam vishweshwariya Puraskar from Sub Ordinate Engineers Association, Gadchiroli (2013)
33. 2012 Distinguished Alumnus Award Department of International Health, Johns Hopkins Bloomberg, School of Public Health, Baltimore, USA (2013)
34. Society of Scholars elected from The Johns Hopkins University, U S A (2013)
35. Babasaheb Ambedkar Daleet Mitra Puraskar (2013)
36. The Dr. B. N. Purandare Outstanding Services Award from the Dr. B. N. Purandare Memorial Mumbai (2013)
37. Karmayogini Bhavneek Ekatmata Puraskar, Navbharat Shikshan Mandal, Sangli (2013)
38. 'Prerana Pooj Sanman' from Vichar Veethee, Vidarbha Hindi Sahitya Sammelan, Nagpur (2012)
39. Conferment of Honorary Degree of Doctor of Letters (D.Litt.) from SMDT Women University, Mumbai (2012)
40. 'Pulotsava' Gratitude Award, Pune (2012)
41. 'Abhijeetdada Kadam Humanitarian' Award from Abhijeet Dada Katam Memorial Foundation, Pune (2012)
42. CNN-IBN Life time achievement Award from Reliance Foundation (2011)
43. Swastha Bharat Sanman, from Zee News and LIC, New Delhi (2011)
44. 'Jaitai Matru Gaurav' Puraskar, Shri Jaitai Temple Committee, Wani (2011)
45. 'Jeevan Sadhana' Award, from Nagpur University Nagpur (2011)
46. 'Savitribai Fule' Award from Nanded Zilla Parishad, Nanded (2011)
47. 'Vocational Excellence' Award of Rotary Club Dist. 3030 at Nagpur (2011)
48. Vocational Excellence Award of Rotary Club of Pune (2011)
49. 'Swami Rama Humanitarian' Award from Himalayan Institute Hospital Trust, Dehra Dun (2010)
50. 'Dory Storms' Child Survival Recognition Award from CORE Group Washington (2010).
51. 'Jewel of Maharashtra' Award from State DNL Summit 2010 in association with Zee 24 Tass & Govt. of Maharashtra, Mumbai (2010)
52. Freedom-fighter Dada Undalkar Social Award from Dada Undalkar Smarak Samitee, Undale Ta. Karad Dist Pune (2010)
53. 'Jeevan Gaurav' Puraskar from Haware Foundation, Mumbai (2010)
54. 'Samajik Gaurav Puraskar' from U R L Foundation, Mumbai (2010)
55. 'Chandrapur Bhushan' Award from Baba Saheb Deshmukh Smruti Pratisthan, Chandrapur (2009)
56. 'Baa' Award from Gandhi National Memorial Society, Pune (2009)
57. National Award for Women's Development through Application of Science and Technology for the year 2007. Presented by Smt. Pratibhatai Patil, Hon'ble President of Indias. (2008)
58. Stree Shakti Puraskar, 2005 from Ministry of Women & Child Development Govt. of India. (2008)
59. MacArthur Foundation International Award to SEARCH for creative and social work. (2006)
60. Jamanalal Bajaj Award from Jamanalal Bajaj Foundation, Mumbai (2006)
61. 'Maharashtra Bhushan', the highest honour from the Govt. of Maharashtra State (2003).
62. In 2005, selected as a Global Health Hero by the Time magazine, USA.
63. The Sheshadri Gold Medal of Indian Council of Medical Research to SEARCH for outstanding contribution to the field of community medicine in India. (1996).
64. Qimpro Award of Qimpro Platinum Standard national Statesman for Quality – Health Care from Qimpro Foundation, Mumbai (2008)
65. 'National Character Award' from Charitrya Pratisthan, Pune (2009)
66. 'Rajai Award' by Rajai Pratisthan Nanded (2009)
67. 'Maitri Puraskar' from Maitri Pariwar Sanstha, Nagpur (2007)
68. 'Navratna Puraskar' from Doordarshan Sahyadri Channel, Mumbai (2005)
69. Spirit of Mastek Award' for exemplary work that has helped reduce child deaths at Gadchiroli, from Mastek Limited, Mumbai, (Dec. 2005)
70. 'Pariwartanwadi' Award, Dr. Shivram Mali Public Act, Kolhapur (2007)
71. 'Jeevan Gourav' Puraskar from Parkar Medical Foundation, Ratnagiri (2004)
72. 'Tararani Bhadrakali' Puraskar, from Tararani Bhadrakali Vidhyapeeth, Kolhapur (2004)
73. Sat Paul Mittal Award on Population – by the Indian Association of Parliamentarians, New Delhi. (2002)
74. Dr. James Tong award on the Voluntary health Association of India to SEARCH for being the outstanding voluntary institution in India. (1999)
75. Diwaliben Mohanlal Mehta Award, Mumbai, (2004)
76. 'Maui Anandi Puraskar' from Sadguru Vishwanath Maharaj Rukaliker Trust, Kolhapur (2004)
77. Savitri Bai Phule Puraskar from the Govt. of Maharashtra. (2000), for the work among women.
78. Literary Award, of the Govt. of Maharashtra (2000) for the book 'Goen' .
79. Yashwantrao Chavan Pratisthan Award for the year 2000 for the outstanding contribution to rural development in Maharashtra.
80. Kasturba Gandhi Puraskar. (1999)
81. Sane Guruji Puraskar. (1999)
82. Late. Vinaykumar Parashar Smruti Purskar, Akola (2001)
83. Late Kamalatai Jamkar, Darpan Puraskar, 2001
84. Jankibai Apte, Balikhshram, Puraskar, Ahamednagar (2002)
85. Ramshastri Prabhune Puraskar for social justice – Satara, (2002)
86. 'Shram Seva Puraskar' from Yashwantrao Chavan Maharashtra Open University, Nashik (2003)
87. Samajwadi Mahila Sanghatan Puraskar. (1998)
88. 'Natu Foundation Purskar' for contribution to social work in Maharashtra, January '1996.
89. Late Shrimati Vimaltai Tidke Puraskar. (1999)
90. 'Shamrao Bapu Kappate Smruti Purskar' for outstanding female social worker in 1995.
91. Maniklal Gandhi Charitable trust award for outstanding Woman Social Worker of Vidarbha 1991.
92. Adi-Shakti Jeevan Gaurav Puraskar (2002) Mahalakshmi Trust, Pune.
93. Selected as 'The couple of the year 1996' for the annual issue of the national magazine 'The Week'.