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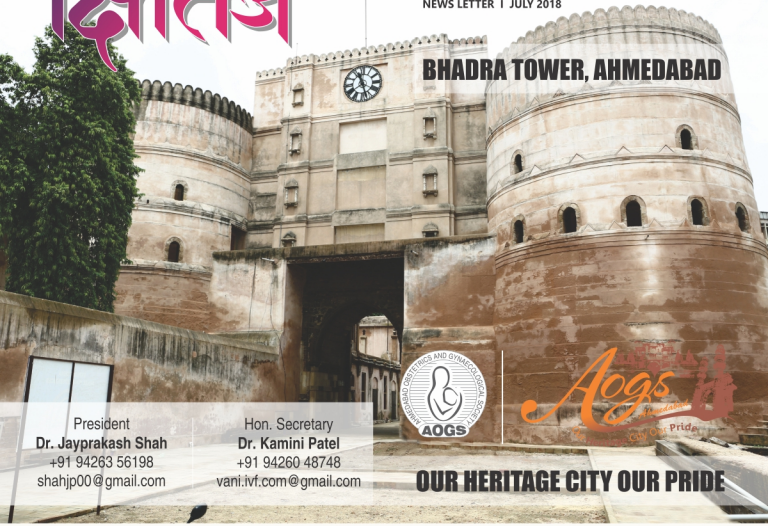
AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY

NEWS LETTER I JULY 2018



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TEAM AOGS MESSAGE

Dr. Jayprakash Shah
President

Dr. Kamini Patel
Hon. Secretary

UBUNTU

UBUNTU is a very nice story from Africa,
The motivation behind the Ubuntu Culture in Africa.
An anthropologist proposed a game to the African tribal Children.

He placed a basket of sweets near a tree
And made the children stand 100 meters away.
Then announced that whoever reaches first would get all the sweets in the basket.
When he said 'ready steady go!'

Do you know what these children did?
They all held each other's hands, ran together towards the tree, divided the sweets equally among themselves, ate the sweets and enjoyed it.
When the anthropologist asked them why they did so,
They answered... **'Ubuntu"**
Which meant –
"How can one be happy when others are sad?"

Ubuntu in their language means –

"I am Because we are"
A strong message for all generations.

Let all of us always have this attitude and spread happiness wherever we go.
Let's have a **"Ubuntu"** Life....

"I AM BECAUSE WE ARE"

GC Secondary and Higher Secondary School Dt. 20.07.2018

Jamalpur Shala No. 4 Dt. 19.07.2018

Lokniketan Ratanpur (Dist. Banaskantha) Dt. 15.07.2018

Date : 17th July 2018 Time: 3:00 PM Place: Divan Ballu Bhai School Topic: endometriosis in teens Under the guidance of Endometrium committee, FOGSI

CME : 5 - Perinatology - Date : 08.07.2018

Workshop 1 : FOGSI - Infertility Update 2018 - Date : 15.07.2018












BHADRA FORT – AHMEDABAD

BHADRA FORT – AHMEDABAD

Bhadra Fort is situated in the walled city area of Ahmedabad, India. It was built by Ahmad Shah I in 1411. With its well carved royal palaces, mosques, gates and open spaces, it was renovated in 2014 by Ahmedabad Municipal Corporation (AMC) and Archaeological Survey of India (ASI) as a cultural centre for the city. Bhadra Fort housed royal palaces and the beautiful Nagina Baugh and the royal Ahmed Shah`s Mosque on the west side and an open area known as Maidan-Shah on the east side. It had a fortified city wall with 14 towers, eight gates and two large openings covering an area of 43 acres. The eastern wall on the river bank can still be seen. The fort complex was used as a royal court during his reign. On the eastern side of a fort, there is a triple gateway known as Teen Darwaza which was formerly an entrance to the royal square, Maidan-Shah. The road beyond Teen Darwaza leads Manek Chowk, a mercantile square. On the south side along the road, there is a congregational mosque known as Jami Masjid. The citadel`s architecture is Indo-sarcenic with intricately carved arches and balconies. Fine lattice work adorns windows and murals. There are some Islamic inscriptions on the arches of the fort. The palace contains royal suites, the imperial court, halls and a prison.

Summary of "Recurrent Implantation Failure and Miscarriages - Dr. Jayesh Patel

1. Investigations and 2. Current treatment modalities"

Repeated failure to achieve a live birth is very frustrating. RIF (Recurrent Implantation failure) is defined as failure of implantation in at least three consecutive IVF attempts, in which one to two morphologically high-grade embryos are transferred in each cycle. RPL (recurrent Pregnancy Loss) is defined as the loss of two or more pregnancies before the age of viability. Management of RIF and RPL is controversial. Causes of RIF and RPL includes:gamete/embryonic, endometrial/uterine, genetic, immunological/thrombophilia, unexplained. Age is the only quality marker for oocytes.Age related counselling andoptimum ovarian stimulation should be offered.In some cases, egg donation should be offered who have repeated failures with poor quality oocytes. DFI (DNA Fragmentation Index) is a test to measure fragmented and apoptotic sperms proportion. DFI > 25 indicates poor fertility potential and associated with repeated miscarriages.MACS (Magnetic activated cell sorting), IMSI (Intracytoplasmic Morphologically selected Sperm Injection) are the techniques to select better quality sperms. Substandard embryo culture condition is often associated with RIF. Embryo selection methods like Blastocyst transfers and Embryoscope are based on morphology while PGS (Preimplantation Genetic Screening) and PGS withMitoscore are based on the chromosomal /genetic factors. Septate uterusSubmucous fibroidsIntramural fibroids > 4 cm, Endometrial polyps andintrauterine adhesions should be removed. Refractory/thin endometrium of < 7 mm should be managed effectively by offering hysteroscopic adhesiolysis. Hysteroscopy should be offered for all RIF and RPL patients as subtle lesions/abnormalities responsible for RIF/RPL observed in approximately 25-50%. Hydrosalpinx is often associated with RIF and should be removed by salpingectomy or cornual coagulation. 2.5% chance of carrying a balanced chromosomal translocation andhigh frequency of chromosomal aberrations observed in the karyotyping – should be offered to all RIF/RPL cases.PGD (Preimplantation Genetic Diagnosis) andgenetic counselling should be offered to such patients. There areno consensus on whether or not immunological investigations (like HLA-KIR, ANA antibodies, NK cells) are useful and whether immunological treatment is of benefit.Hereditary thrombophilia testing is not recommended. APLA syndrome is often associated with RPL but its association with RIF is controversial. Homocysteine, vit D and anti-TPO antibodies should be offered in RPL.Treatmentshould be individualized with judicious use of newer technologies.

POOR OVARIAN RESERVE : Dr. Manish Banker

Reproductive ageing is a continuous process from before birth till menopause. Ovarian reserve refers to functional potential of the ovary and is defined by the number and quality of oocytes. About 9 – 24% of infertile women are diagnosed to have poor ovarian reserve (POR) and about 10% of the women undergoing IVF will show poor response to gonadotrophin stimulation. There is a vast heterogeneity in the exact definition of Poor ovarian reserve. Due to this lack of clarity, the BOLOGNA consensus was formulated in 2011 to define POR. Due to the inherent limitations of the Bologna criteria, the new definition was proposed by POSEIDON group in 2016 which classified women with POR into groups depending upon Age, AMH (Anti-Mullerian Hormone) level , AFC (Antral Follicular Count) and response to IVF stimulation. There are numerous static and dynamic tests to determine ovarian reserve but by far AMH and AFC remain the best quantitative predictors of ovarian reserve and age is the best predictor of oocyte quality. AMH doesnot have intercyle variation and AMH below 1 ng/ml is associated with poor response. AFC is assessed on baseline ovaries and in general an AFC > 10 is associated with optimal reserve.

Women with POR should be encouraged to plan pregnancy soon and IVF protocols may be modified with incorporation of various analogues like DHEAS, androgen gels, Growth Hormone, LH and luteal phase estradiol. Of the various analogues, only use of Growth Hormone has been found to have improved pregnancy and live birth rates in poor responders (Cochrane database, 2010). Use of DHEAS and other androgens have inconclusive evidence to justify their usage. Novel therapy like ovarian rejuvenation is still in nascent research.

NICE guidelines:

Prophylactic vaginal progesterone and prophylactic cervical cerclage

- Offer ***a choice of either prophylactic vaginal progesteron e or prophylactic cervical cerclage*** to women:
o with a history of spontaneous preterm birth or mid-trimester loss between 16 + 0 and 34 + 0 weeks of pregnancy and
o in whom a transvaginal ultrasound scan has been carried out between 16 + 0 and 24 + 0 weeks of pregnancy that reveals a cervical length of less than 25 mm
Discuss the benefits and risks of prophylactic progesterone and cervical cerclage with the woman and take her preferences into account
- Offer ***prophylactic vaginal progesterone*** to women with no history of spontaneous preterm birth or mid-trimester loss in whom a transvaginal ultrasound scan has been carried out between 16 + 0 and 24 + 0 weeks of pregnancy that reveals a cervical length of less than 25 mm
- Consider ***prophylactic cervical cerclage*** for women in whom a transvaginal ultrasound scan has been carried out between 16 + 0 and 24 + 0 weeks of pregnancy that reveals a cervical length of less than 25 mm and who have either:
had preterm prelabour rupture of membranes (P-PROM) in a previous pregnancy or a history of cervical trauma.

SR. NO.	AS PER WILLIAM'S 24th EDITION	OPTIMUM STUDY	PROGRESS STUDY	COCHRANE STUDY
1	Weekly injections – 17OHPC. Start the treatment between 6-7 weeks of gestation. Continue till 6/7 weeks	Vaginal progesterone was not associated with reduced risk of pre-term birth. No long-term benefits or harm on outcome in children till 2 years of age.	Progesterone does not prevent pre-term birth. The role of progesterone may be more limited than previously thought.	For women with short cervix, progesterone has proved to reduce the risk of pre-term birth before 34 weeks. No significant effect on perinatal mortality, low birth weight or neo-natal death.

Tocolysis:

• Consider nifedipine for tocolysis for women between 24 + 0 and 25 + 6 weeks of pregnancy who have intact membranes and are in suspected preterm labour
• Offer nifedipine for tocolysis to women between 26 + 0 and 33 + 6 weeks of pregnancy who have intact membranes and are in suspected or diagnosed preterm labour
• If nifedipine is contraindicated, offer oxytocin receptor antagonists for tocolysis
• Do not offer betamimetics for tocolysis

Maternal Corticosteroids :

- Consider maternal corticosteroids for women between 24 + 0 and 25 + 6 weeks of pregnancy who are in suspected or established preterm labour, are having a planned preterm birth or have P-PROM.
- Offer maternal corticosteroids to women between 26 + 0 and 33 + 6 weeks of pregnancy who are in suspected, diagnosed or established preterm labour, are having a planned preterm birth or have P-PROM.
- Consider maternal corticosteroids for women between 34 + 0 and 35 + 6 weeks of pregnancy who are in suspected, diagnosed or established preterm labour, are having a planned preterm birth or have P-PROM
- Do not routinely offer repeat courses of maternal corticosteroids

Magnesium sulfate for neuroprotection :

- Offer I/V magnesium sulfate for neuroprotection of the baby to women between 24 + 0 and 29 + 6 weeks of pregnancy who are:in established preterm labour orhaving a planned preterm birth within 24 hours
- Consider I/V magnesium sulfate for neuroprotection of the baby for women between 30 + 0 and 33 + 6 weeks of pregnancy who are:in established preterm labour orhaving a planned preterm birth within 24 hours.
- Give a 4 g I/V bolus of magnesium sulfate over 15 minutes, followed by an intravenous infusion of 1 g per hour until the birth or for 24 hours (whichever is sooner).
- For women on magnesium sulfate, monitor for clinical signs of magnesium toxicity at least every 4 hours by recording pulse, BP, RR and DTR.
- If a woman has or develops oliguria or other signs of renal failure:monitor more frequently for magnesium toxicity think about reducing the dose of magnesium sulfate

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एक कार्यक्रम जो इसकी राह बताये!!!

अद्भुत मातृत्व
HEALTHY MOTHER BABY

CME : 6 - Date : 5th August 2018, Sunday I Time : 03:00 PM Onwards I Venue : V.S. Auditorium, Ahmedabad

PROGRAMME

03.00 am : Registration
Welcome and Video Session on Adbhut Matrutva By **FOGSI President Dr. Jaldeep Malhotra (Recorded)**
Welcome Song by BK Dr. Damini Mehta, B PT.-Physiotherapist (V-Care Physiotherapy Clinic). Well-known Spiritual Singer, Voice of Gujarat-Award Winner. Aerobic Trainer, Dietician, Fitness Instructor, Inspirational Speaker.

04.00 am : Inauguration
Chief Guest: Dr. M.M. Prabhakar - Additional Director - Health
Guest of Honour:
a) Dr. Pranay K. Shah - Dean B.J. Medical College b) Dr. Pankaj Patel - Dean V.S. Hospital
c) BK Dr. Shubhada d) BK Prof. E.V. Girish e) BK Dr. Damini Mehta

04.30 am : Topic: Emotional and Mental Health, Stress and Anger
Management. By Bk Prof. E.V. Gireesh MBA (Marketing & Engineering) PG Diploma
Psycho-Neurobics (Life Coach & Motivational Trainer), Inspirational Speaker, Rajyoga Meditation Expert

05.30am : Topic: Adbhut Matrutva-Healthy Happy Mother Baby
by Bk Dr. Shubhada Neel MD, DNB, DGO, DFP (Fellowship Canter TATA Hospital)
06.30 am : Feel Good Yoga by BK Dr. Shubhada Neel

07.00 to 07.15 : Breast feeding: Obstetrician's perspective Dr. Heena Ojha, Dr.Rajal Thaker
07.15to 07.30 : Breastfeeding : Pediatrician's perspective Dr.Kamal Parikh
07.30 : Vote of Thanks by Dr.Kamini Patel

"You are requested to take your seat before time


Dr. Jaldeep Malhotra
FOGSI President


Dr. Archana Verma
PAC FOGSI


Dr. Jayprakash Shah
President - AOGS


Dr. Kamini Patel
Hon.Secretary - AOGS


Dr. M.M. Prabhakar
Additional Director - Medical Edu.


Dr. Pranay K. Shah
Dean B.J. Medical College


Dr. Pankaj Patel
Dean NHL Medical College


BK Dr. Shubhada


BK Prof.E.V. Girish


BK Dr.Damini Mehta

CME : 7 - USG in Infertility

CIMS

Date: 12th August, 2018 - Sunday | Venue : CIMS Auditorium, Ahmedabad

Course Directors : Dr. Devang Patel, Dr. Sneha Baxi | Moderators : Dr. Tushar Shah, Dr. Mehul Damani

AOGS

Time	Topic	Speakers
09.00 am to 09.20 am	USG Endometrium / Ovulation Study / Color Doppler in Proper Management of Infertility	Dr. Mehul Damani
09.20 am to 09.40 am	USG for Uterine Factors in Infertility	
09.40 am to 10.00 am	Sonographic Features of Adnexal Pathologies Related to Infertility (Chocolate Cyst, Dermoid Cyst, Simple Follicular Cyst, LUF etc.,)	Dr. Devang Patel
10.00 am to 10.20 am	Ideal Ovarian Stimulation Protocol and IUI	Dr. Tushar Shah
10.20 am to 10.40 am	Semen Analysis and Preparation Methods for IUI	Dr. Dharmesh Kapadia
10.40 am to 11.40 am	Live Demonstration of Ideal Gynaec Scan / Color Doppler in Infertility / Normal Feral Anatomy Scan	Dr. Mehul Damani Dr. Devang Patel
11.40 am to 12.20 pm	**Panel Discussion - Basic Infertility Management** **Moderators :** Dr. Mehul Damani **Panelists :** Dr. A.U. Mehta, Dr. Akshay Shah, Dr. Arun Pandit, Dr. Pinki Nayak, Dr. Ravi Prajapati, Dr. Pinkin Rohit, Dr. Amrita Patel	
12.20 pm to 01.00 pm	**Panel Discussion : Optimizing Results in ART** **Moderators :** Dr. Tushar Shah, Dr. Mehul Damani **Panelists :** Dr. Sheha Baxi, Dr. Devang Patel, Dr. Purna Patel, Dr. Dharmesh Kapadia, Dr. Nachiket Bhatt, Dr. Neha Goyal, Dr. Ajesh Desai	
01.00 pm to 01.30 pm	Quiz & Lucky Draw	
01.30 pm Onwards	**LUNCH**	

CME : 8

Date: 19th August, 2018 - Sunday

Venue : Hotel Radisson Blu, Panchvati, Ahmedabad

Chairpersons : Raman Patel, Dr. Parul Kotdawala,
Co-Ordinator : Dr. Kamini Patel

05 min	**Welcome and Introductions**
15 min	**The PCOS Paradoxo - Glbal Perspectives** Discussion Points : Newer updates on PCOS, it's pathophysiology and Management, as well as a small brief on AWARE group, it's objectives and key takeaways from discussions.
30 min	**CPA-EE: The Leading Edge in Hyperandrogenism** Evidence-based discussion on role of CPA/EE in hyperandrogenism, including mechanisms of action, dosage & duration of treatment, evidences for long-term efficacy, possible additional benefits (eg. cycle control) and safety.
40 min	**PCOS : The India Story** Discussion with a multi-specialty panel of experts (involving a Gynecologist, Dermatologist, Endocrinologist and **Moderated by Dr. Aguilar)** on challenges faced in managing PCOS and how to overcome them. **Topics covered include :** Recommendations for diagnosis, assessment criteria, treatment options. **Panelists :** Dr. Atul Munshi, Dr. R.G. Patel, Dr. Chirag Amin, Dr. Parag Shah (Endocrinologist), Dr. Geeta Patel (Dermatologist)
05 min	**Closing Remarks & Vote of Thanks**

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Punjiben R. Patel (from Bombay/Katch) age is no worry for miracle mom at 60 (Postmenopausal IVF success)

Shushila P. Pandya (From Katch) Holy mother of God at 58 years (Postmenopausal IVF success)

Shammipal (from Australia) with her husband and miracle baby girl at 62 years (Post menopausal IVF success)

Soniya Gopesh Shah (Baroda) with her miracle baby boy at 50 years age. (she is having Polio Myelitis)

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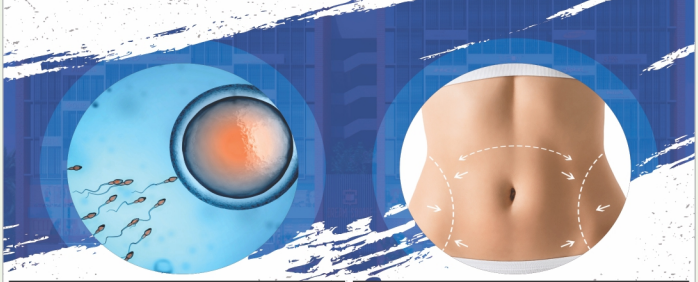

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Kolkata : Bavishi Pratiksha Fertility Institute, Moore Heights, 93, Manik Bandopadhyay Sarani, Nr. Malancha Cinema, Kolkata-40. Ph. 033-4065 1000, M. 090739 30307

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