

# AOGS BULLETIN

AHMEDABAD OBSTETRICS  
AND GYNAECOLOGICAL SOCIETY  
NEWS LETTER | SEPTEMBER 2019

President  
Dr. Anil Mehta  
+91 98253 16970  
dranilmehta@hotmail.com



Hon. Secretary  
Dr. Mukesh Savaliya  
+91 98245 41292  
mvsavaliya@yahoo.co.in

OUR MOTTO

PRACTICE WITH PROTOCOL

President - Elect  
Dr. Rajal Thaker  
+91 98250 82646  
drajalthaker@gmail.com

Vice President  
Dr. Sunil Shah  
+91 90999 77077  
sunilshah0501@gmail.com

Hon. Treasurer  
Dr. Mahesh Jariwala  
+91 94086 00145  
maheshperis@gmail.com

Hon. Jt. Secretary  
Dr. Lata Trivedi  
+91 79903 08240  
lataktrivedi12@gmail.com

Clinical Secretary  
Dr. Nita Thakre  
+91 98250 42238  
drthakre@gmail.com

#### Managing Committee Members

Dr. Akshay Shah  
Dr. Anjana Chauhan  
Dr. Kamlesh Jagwani  
Dr. Mehal Sukhadiya  
Dr. Munjal Pandya  
Dr. Nilesh Chauhan  
Dr. Pawan Dhir  
Dr. Praful Ponagar  
Dr. Vishal Sharma

#### Ex-Officio

Dr. Rajal Thaker  
Dr. Kamini Patel

#### Co-Opt. Members

Dr. Mahesh Gupta  
Dr. Jignesh Shah

#### Special Invitee

Dr. Atul Munshi  
Dr. Kiran Desai  
Dr. Nita Mishra  
Dr. Mukesh Patel  
Dr. Kalpesh Trivedi  
Dr. Jitendra Prajapati  
Dr. Shashwat Jami

#### FOGSI

Dr. Alpesh Gandhi - President Elect  
Dr. Haresh Doshi - Vice President

#### Editors

Dr. Munjal Pandya  
Dr. Nilesh Chauhan



AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY

2nd Floor, Ahmedabad Medical Association Building,  
Ashram Road, Ahmedabad 380009. Phone : 26586426  
E-mail : Ahmedabadobgynsoc@gmail.com  
Website : Ahmedabadobgyn.org



## MOST RELIABLE INFERTILITY SOLUTION

- Female Infertility Clinic
- Male Infertility Clinic
- High-End Sonography, Colour Doppler & 4-D Sonography Centre
- Advanced Gynaec Endoscopy Centre
- IUI-IVF-ICSI-Donor Sperm-Donor Egg-Donor Embryo
- PGS/PGD-Laser Assisted Hatching
- PESA/TESE/Micro TESE for Azoospermia
- NABL Certified Endopath Laboratory



**High result  
with less expense**

**25 years of  
experience**

**Highly skilled  
clinical team**

**10000+ Successful  
IVF birth's**



**Sunflower Women's Hospital**

Near Manav Mandir, Memnagar, Ahmedabad - 380052.

Mobile: 079-2741 0080 / 90 +91-96876 07355

Email: [drgrpattel@sunflowerhospital.in](mailto:drgrpattel@sunflowerhospital.in) Website: [www.sunflowerhospital.in](http://www.sunflowerhospital.in)

# TEAM AOGS MESSAGE



Dr. Anil Mehta  
President



HAPPY  
**Diwali**  
FESTIVAL OF LIGHTS



Dr. Mukesh Savaliya  
Hon. Secretary

Season's greetings

Wishing AOGS family a very happy Diwali & Prosperous new year.

**“ Believe you can and you're halfway there ”** Theodore Roosevelt.

It gives us an immense pleasure, for successful completion of half of our tenure.

We have constantly made an attempt to keep you busy as well as happy.

We had scheduled our Garba program on 5 October. We had to postpone it because of bad weather, but decided to continue on the same date ( 5 October) because of improved weather. We had just 2 days for distribution of passes. Even then We got an overwhelming response, for which We are thankful to all members.

YUVA FOGSI Conference is going to be organized by Gandhinagar Society, at Narayani Resort, on 3,4,5 January, 2020. AOGS is supporting this Conference. I request everyone to participate & enjoy one more academic feast.

We are planning for Talent Evening also in near future.

**Be a Member of AOGS SOCIAL SECURITY SCHEME**  
For more information, call AOGS office on 26586426

# AOGS - NAVRATRI

Date : 5th October, 2019





## CONGRATULATIONS



**AOGS Team  
2018-19  
for getting  
Best Society award  
at  
SOGOG**



**Dr. Kamini Patel**  
Awarded as  
“The Best IVF Doctor”  
by Honorable Chief Minister  
**Shri Vijay Rupani,**  
in Gujarat’s first conclave  
“Ame Gujarati 2019”



**Dr. Kanthi Bansal**  
Only Indian invited to the  
7th International GIERAF  
(Group of Inter-African for Study,  
Research and Application on  
Fertility) Congress,  
from 6 to 8 October 2019,  
at Cameroon, Central West Africa.  
She was awarded 3 deliberations  
30 minutes each.

## Optimizing Care In Delivery Room - Dr. Ashish Mehta

Care of preterm baby starts at a time when it comes to a situation where preterm delivery is imminent. Apart from planning for delivery, its most important to think about the place where such baby can be delivered. Best result can be offered if such babies are transferred in utero to a center where optimum care of such baby can be provided. This is more pertinent to babies less than 28 weeks and less than 800 gms.

### Antenatal Interventions:

Two Perinatal intervention which are low cost intervention, but helps preterm babies immensely are must. First, Antenatal steroids and Second Antenatal Magnesium sulphate.

Antenatal steroids are increasingly been used in last decade. Betamethasone is most researched molecule, that has shown good effect. It reduces incidence of respiratory distress (RR 0.66, 95% CI 0.59-0.73) along with dreaded complications like necrotizing enterocolitis (RR0.46, 95%CI 0.29-0.74) and Intraventricular hemorrhage (RR0.54, 95%CI 0.43-0.69) . We understand that research molecule of Betamethasone (combination of betamethasone sodium phosphate and betamethasone acetate) is not available in Indian market and for that matter another molecule of betamethasone is being used, that is not evidence based and that is also not been tested in human trials. Another researched steroid is Dexamethasone which has shown equal results. Current recommendation from Govt Of INDIA is to use Dexamethasone In the dose of 6 mg twice a day for 4 doses, cumulative dose would be 24 mg. Best results are seen if baby is delivered after 24 hrs. of the last dose.

Antenatal Magnesium Sulphate is an intervention that has shown good promises with long term neurodevelopmental outcomes. It is to be given to all mother likely to be delivered before 31 weeks of gestational age. It is ideally to be given for FOUR hrs prior to planned and anticipated preterm birth. Dose is 4 gm IV (20% solution) slow over 30 minutes, followed by 1gm/hr for 24 hrs. It may be administered before tocolytic drug have been cleared from maternal circulation.

### Delivery Room Interventions :

Well-equipped resuscitation corner along with well trained personnel in neonatal resuscitation are equally important as far as INTACT survival of these little ones are concerned. A delivery room check list helps to make sure that required essentials are in place.

Pulse oximeter helps to titrate oxygen, being given to preterm baby at resuscitation. Oxygen being delivered to the baby thro small/jumbo cylinders is 100% oxygen and that is harmful to preterm baby less than 35 weeks of gestation. Its preferable to deliver oxygen thro oxygen blander, where exact concentration of delivered oxygen can be titrated. Current guideline is to use 21 to 30% oxygen to begin with for the preterm babies less than 35 weeks. All babies more than 35 weeks should be resuscitated with 21% oxygen to begin with. This can be increased to 100% when required while resuscitating such babies.

In a study where preterm newborn were exposed to high v/s low oxygen, it was observed that high oxygen gp had more oxidative stress, high incidence of Bronchopulmonary dysplasia and more no of days on mechanical ventilator.

“Open the lung(alveoli) and Keep it open” is the principle of resuscitation, particularly for preterm babies. More preterm they are, more would be relevance of this as far INTACT outcome is concerned. Delivery room CPAP is another modality, that can support smooth transition from fetal to neonatal life.

In absence of delivery room CPAP, an effort to control pressure delivered to baby lung is worth practicing. Devices for the same are available and it should replace ambu bag particularly for preterm resuscitation.

Most of the preterm babies are unable to maintain their body temperature. Hypothermia can lead to many other morbidities also. Best way to maintain preterm baby, particularly below 28 weeks is to receive and maintain them in cling rap while in delivery room and during resuscitation. Cling raps are commercial grade transparent polythene sheets.

Delayed clamping of umbilical cord is one intervention that is being advised in recent era. It has come through various human trials and shown to be more beneficial than milking of the umbilical cord. Delayed cord clamping is associated with fewer infants requiring transfusions for anemia. (RR 0.61, 95% CI 0.46-0.81), Less intraventricular hemorrhage (RR 0.59, 95%CI 0.41 -0.85) and lower risk for necrotizing enterocolitis (RR .62, 95% CI 0.43-0.90)

mmol/L, 95% CI 5.62 to 24.40). It's been recommended NOT to cut the cord before 60 seconds when resuscitation is not required. More trials are underway to see benefits of resuscitation with Intact placental circulation. (RIP).

### Best Delivery Room Practices

- Delivery in a tertiary care setting
- Room Air vs. Oxygen for Resuscitation
- Delivery room CPAP for Respiratory Distress
- Delay the cord clamping
- T-Piece Resuscitation
- Delivery room Surfactant
- Cling rap for preterm babies

| Oxygen Target in delivery room | SpO2    | Oxygen Target in delivery room | SpO2    |
|--------------------------------|---------|--------------------------------|---------|
| 1 minute                       | 60%-65% | 4 minute                       | 75%-80% |
| 2 minute                       | 65%-70% | 5 minute                       | 80%-85% |
| 3 minute                       | 70%-75% | 10 minute                      | 85%-95% |

### DR Resuscitation Checklist

#### Pre-Brief

Leader \_\_\_\_\_  
 MD(s) \_\_\_\_\_  
 RN(s) \_\_\_\_\_  
 RT(s) \_\_\_\_\_

- Introductions/Roles
- Discuss Plan, communication expectations
- Special considerations?

#### Additional personnel/equipment?

"If any team member sees any developing problem or concern, I want to have it brought to my attention as soon as possible."  
 Please call back all orders from Ledger (e.g. "PIP is now 40")

#### Pre - Resuscitation Checklist

##### Lead Resuscitator

- Need urgent assistance, call xxx
- Ensure briefing completed and introductions done
- Ensure RT checklist done
- Ensure RN checklist done
- Check status with resident receiving infant

##### Respiratory Therapy

- Brings RT bag (bring surfactant for < 28 weeks)

- Sets up Neopuff pressure at 20/5 and FIO2 21 (flow 8-10), appropriate masks
- Pedicap
- Sets up hand bag, checked( black bag if expecting difficult resus)
- Intubation equipment checked, appropriate sized tubes
- Suction set at 80-100 mmHg, catheters, meconium aspirator if needed
- Pulse ox on and probe out
- EtCO2 sensor
- Turn on Video recorder

##### Nursing

- If crash C/section (call 2nd RN/MD) ensure line is set up, Epi drawn up.
- Bamey bag
- Radiant warmer on MANUAL at 100%, probe and cover available, hat
- Stethoscope
- Plastic wrap for < 28 week, Chemical mattress for < 25 weeks
- ECG Leads

##### De - brief

Did we have all the information we need to admit this patient? Y/N  
 What did we do well? ( Resident , Nurse , RT , Fellow , Attending in that order )

What can we improve upon? \_\_\_\_\_

Do we need follow - up on any items \_\_\_\_\_

## ANTENATAL MAGNESIUM SULPHATE ADMINISTRATION FOR NEUROPROTECTION IN PRETERM BIRTH

**Indication:** Woman < 31<sup>st</sup> week gestation and imminent preterm birth.

A.) active labour with > 4 cm cervical dilation with failure or contraindication to tocolysis.

B.) > 4 cm dilation with documented progressive change in cervical dilation.

C.) PPRM with active labour.

D.) Planned delivery for maternal or fetal indications.

Can be used for single or multiple pregnancies, parous or nulliparous, anticipated vaginal or caesarean delivery and any reason for anticipated preterm birth.

#### Not Indicated:

A.) Magnesium sulphate already administered for preeclampsia or eclampsia.

B.) < 12 hours since discontinuation of previous MgSO<sub>4</sub>.

C.) Magnesium sulphate contraindicated.

D.) Fetus unlikely to be benefited.

#### Dose:

☐ Loading Dose - 4 gm IV, 20% solution, slow over 30 min, followed by 1g/hr for 24 hrs.

☐ What is the minimum necessary time of exposure for the fetus to receive benefit?

☐ MgSO<sub>4</sub> ideally be given FOR FOUR HOURS prior to planned or anticipated preterm birth

#### Maternal Monitoring:

☐ Consider NIBP monitoring, check PR, BP, RR and patellar reflexes and urine output.

☐ Stop infusion if RR is less than 12 breaths per min, absent patellar reflexes, if hypotension occurs or if urine output is less than 100 ml over 4 hours.

**Fetal Monitoring:** Intermittent CTEG every 4 hourly.

#### Toxicity:

☐ MgSO<sub>4</sub> toxicity is unlikely with this regime. No need to check magnesium levels routinely except in case of renal compromise.

☐ Calcium gluconate 1 gram 10 ml of 10% solution slowly IV route over 10 min can be given if there is clinical concern over respiratory depression.

#### Tips:

☐ MgSO<sub>4</sub> may be administered before tocolytic drugs have been cleared from maternal circulation.

☐ Delivery should not be delayed in order to administer MgSO<sub>4</sub> for fetal neuroprotection if there are maternal and fetal indications for urgent delivery.

☐ Monitoring of serum MgSO<sub>4</sub> is not required.

☐ Consider steroids, if not given.

#### Reference:

☐ Preterm birth and the role of neuroprotection. BMJ 2015, 350 : g6661 Dr. Eugene Chang.



**SOGOG/AOGS GROUP TOUR FOR SUMMER VACATION 2020**  
**BEIJING | XIAN | LHASA (TIBET) | YANGTZE RIVER CRUISE |**  
**SHANGHAI - 15 NIGHTS/16 DAYS**  
**BEIJING ARRIVAL DATES: 11<sup>TH</sup> MAY 2020**

**LAND PACKAGE COST ADULT ON TWIN SHARING**

|  |  |
|--|--|
| AS PER 40 - 60 PAX TRAVELLING TOGETHER                                     | USD 2715/ PER PERSON ON TWIN SHARING BASIS   |
| AS PER 80 + PAX TRAVELLING TOGETHER  | USD 2670/ PER PERSON ON TWIN SHARING BASIS   |
| APPROX AIRFARE EX DELHI - INR 40,000/- PER PERSON(SUBJECT TO AVAILABILITY) | 1 MU 564 V 11MAY 1 DELPEK DK1 0240 1510 11MAY<br>2 MU 563 V 25MAY 1 PVGDEL DK1 2115 0125 26MAY |

**HIGHLIGHTS OF THE TOUR**

**BEIJING**

- ✓ 03 Nights' Accommodation
- ✓ Great Wall of China (Badaling side with cable car)
- ✓ Olympic Stadium "Bird Nest" (Outside), Water Cube (Outside)
- ✓ Temple of Heaven
- ✓ 1 Hour Foot Massage
- ✓ Tiananmen Square, Forbidden City
- ✓ Golden Mask Show

**XIAN**

- ✓ 02 Nights' Accommodation
- ✓ Terra cotta warriors.
- ✓ Big Wild Goose pagoda
- ✓ Tang Dynasty Show

**YANGTZE RIVER CRUISE**

- ✓ 03 Night's Accommodation in Cruise (standard cabin)
- ✓ Chongqing Zoo

**MEALS:**

- ✓ 15 breakfast except arrival day
- ✓ 5 Indian lunch, 5 Local lunch
- ✓ 9 Indian dinners & 3 local dinner

**NOTE:**

- ✓ 5% Government Tax will be applicable in above cost
- ✓ Airfare will be additional on above cost

**SHANGHAI**

- ✓ 03 Nights' Accommodation
- ✓ Nanjing Road
- ✓ The Legendary Bund
- ✓ Jade Buddha temple
- ✓ Yu Garden
- ✓ Oriental Pearl tower with Museum
- ✓ Huangpu river cruise
- ✓ Urban Exhibition planning centre
- ✓ Maglev Train
- ✓ Acrobatic Show

**LHASA**

- ✓ 03 Night's Accommodation
- ✓ Spectacular Train Journey
- ✓ On World Highest Plateau Of Tibet
- ✓ Potala Palace,
- ✓ Jokhang Temple
- ✓ Barkhor Street
- ✓ Tibet Museum



For Further Information Please Contact : Dr. Hemant Bhatt | 9825010940

**Mayflower**  
 Women's Hospital

Looking after you...



**Dr. Sanjay Patel MD**  
 Specialist in Fertility, Gynaecology, Laparoscopic Surgery, Infertility & IVF Specialist  
 No. +91 98240 0244



**Dr. Jaya Patel MD DGO**  
 MCh (Gynae) & FRCOG (UK)  
 No. +91 98240 0244



**Dr. Yogenra Jhala MD, FRCOG (UK)**  
 Consultant Gynaecologist & Endometriosis Surgeon  
 No. +91 98240 0244



**Dr. Meena Jhala MD DGO**  
 Gynaecologist & Surgeon  
 MCh (Gynae) & FRCOG (UK)  
 No. +91 98240 0244

Mayflower Women's Hospital

is now



**National Accreditation Board Certified Hospital**

We have added

**KARL STORZ 3-D Laparoscopy**



Latest **4-D Sonography**

**VOLUSON E-8 BT-13**



**Mayflower Women's Hospital**

Drive in road, Memnagar,  
 Ahmedabad, India - 380 052  
 Phone No: +91 (79)-2748 5001, Fax: +91 (79)-2749 5021  
 E-mail: contact@mayflowerhospital.com Web: www.mayflowerhospital.com





**Setu Newborn Care Centre**  
"nurturing new beginnings"

- ▶ **NNF Accredited NICU**
- ▶ **NNF Fellowship Programme**
- ▶ **IAP Neonatology Fellowship Programme**

## UNIQUE FEATURES OF SETU NEWBORN CARE CENTRE

- ✓ Monospeciality Centre caring only for Newborn infants only
- ✓ First and only Unit in Gujarat to provide Cerebral Function Monitoring along with Techtherm Cooling Mattress for Infants with Hypoxic Ischaemic Encephalopathy
- ✓ Conventional and High Frequency Ventilation with Nitric Oxide
- ✓ Ultrasound Machine for Neonatal Functional Echocardiography and Cranial Ultrasound
- ✓ Closed Incubators for Extremely Premature infants
- ✓ Spacious purpose built Neonatal Ambulance (NICU on the wheels)
  - Drager Transport Incubator and Babypods
  - Babypac Neonatal Transport Ventilator - MRI compatible ventilator
  - Central air and oxygen, multichannel monitors
- ✓ Highest level of satisfaction amongst parents and doctors



## DEVELOPEMENT CARE FOR INTACT SURVIVAL

- ▶ Kangaroo Mother Care
- ▶ Development Assessment
- ▶ Auditory Assessment
- ▶ Ophthalmic assessment
- ▶ Early intervention physiotherapy and support



## CONSULTANT NEONATOLOGISTS

**Dr. Ravi Parikh**

**Dr. Anuj Grover**

**Dr. Jatin Mistri**

Certified Completion of Specialist training in neonates (CCST), London

**Dr. Ankur Patel**

**Dr. Neha Tewari**

Fellowship IAP, Mumbai

### Naranpura :

A-308, 3rd Floor, Shivalik Yash Building,  
132 Ft Ring Road, Near Ankur  
Char Rasta, Ahmedabad-380013.  
Phone : +91-79-2745 45 75  
Mobile : +91 90990 55001

### Paldi :

2nd Floor, Dipshanti Building,  
Besides IOC petrol pump, Anjali Char  
Rasta,Paldi, Ahmedabad - 380007  
Phone : +91-79-2663 21 66  
Mobile : +91-90990 55002

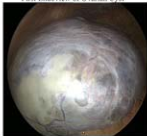
E-mail : [nicu.setu@gmail.com](mailto:nicu.setu@gmail.com) Web. : [www.setunewborncare.com](http://www.setunewborncare.com)



**DR. DIPAK LIMBACHIYA**  
M.D., D.G.O., Endoscopy Specialist  
Specialist in Advanced LAP Gynaec Surgeries &  
LAP Onco Gynaec Surgeries

**COMPLETE TREATMENT OF THE DISEASE AT  
SINGLE SITTING BY PROPER UNDERSTANDING  
AND TIMELY USE OF TECHNOLOGY**

First Endoview of Ovarian Cyst



- 75-year-old female with h/o Abdominal Hysterectomy done 30 years back came with c/o severe pain in left iliac region since 5-6 days.
- USG was S/O big septate ovarian cyst of approx 20 x 18 cm size in lower abdomen. LDH was raised, rests of the tumor markers were normal.
- **PLAN: Laproscopic management of suspicious big ovarian mass?malignancy**

Intact Specimen Removed



- Frozen section report of the ovarian mass sent during operation turned out to be Boderline Mucinous Neoplasm. At the same sitting Lap BSO+ Omentectomy+ Appendicectomy+ Bilateral pelvic lymphadenectomy+ Para-aortic lymphadenectomy was carried out.
- Pt was discharged at day 2 post-surgery. Final HPR was Boderline mucinous neoplasm with microscopic foci of invasive mucinous carcinoma.



**Download  
QR Scanner & Scan this  
QR Code for Entire  
Surgical Video**

**Eva Endoscopy Training Centre**  
Block - C, Neelkanth Park-II,  
Ghoda Camp Road, Shahibaug,  
Ahmedabad-380 004  
Contact No. 9724501150, 9408709454  
E : pareshpatel1906@gmail.com

**Eva Women's Hospital  
& Endoscopy Centre**  
E : drdipaklimbachya@gmail.com  
E : info@evawomenshospital.com  
W : www.evawomenshospital.com  
P : 079-2268 2217 / 22682075 M : 9825028771

FIRST TIME IN ASIA  
**MATCHER SYSTEM**  
CERTIFICATION OF OWN  
SPERM/EGGS PREGNANCY IN IVF  
TO KEEP YOU IN SAFE HANDS



**IVF**  
SPECIALTY  
HOSPITALS



WINGS brings to you **Matcher - An electronic witnessing system** which assists in preventing misidentification of patients and their sperm/eggs and embryos.

**ADVANCED TECHNOLOGY AT WINGS**

- Time Lapse Incubator
- IMSI
- Micro Tesa

For thorough guidance on ways to avoid IVF failure,  
please call on **78787 77222 / 98250 50565**



**WINGS HOSPITAL:**  
2, Sumangalam Society, Opp. Drive-in Cinema, Thaltej, Ahmedabad.  
E.: [enquiry@wingshospitals.com](mailto:enquiry@wingshospitals.com) | W.: [www.wingshospitals.com](http://www.wingshospitals.com)  
We don't conduct pre-natal sex determination test. It is a punishable offence.

Ahmedabad | Rajkot | Surat | Udaipur

*Thousands of happy families  
across the world*

*6 centres of excellence*

**Building  
Families**



**No.1  
IVF CLINIC  
CHAIN OF  
INDIA**



Now @  
**Vadodara**

THIS DASHERA  
Sanskari nagari  
**VADODARA**  
gets a new Landmark



Simple - Safe - Smart - Successful

The international standard State of the Art,  
Ultra Modern, Bavishi Fertility Institute - Vadodara  
will offer all basic to most Advanced  
fertility treatment under one roof.

After Ahmedabad, Mumbai, Delhi, Kolkata and Surat  
we request your support to BFI - Vadodara.

**4th Floor, Trisha Square - 2,  
Sampatrao Colony, Jetalpur Road,  
Aklapuri, Vadodara-390007.  
Ph. 0265-2312250, 7575049898**

Dr. Himanshu Bavishi | Dr. Falguni Bavishi  
Dr. Parth Bavishi | Dr. Janki Bavishi  
Dr. Mita Shah | Dr. Binal S. Shah

| Ahmedabad                    | Surat                        | Mumbai                        | Delhi                        | Kolkata                     |
|------------------------------|------------------------------|-------------------------------|------------------------------|-----------------------------|
| 079-40464546<br>098795 72298 | 0261-2424901<br>098795 72247 | 022-250 88888<br>091672 04020 | 011-45254525<br>093126 30134 | 033-40651000<br>09073930307 |

vadodara@ivfclinic.com, WhatsApp : 09687422288  
ivfclinic.com

Technology • Trust