



AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY

# AOGS TIMES

॥ ज्ञानम् ॥

**Motto : Knowledge is Power - Unity is Strength**  
**Theme : Health & Happiness for Her**

MAY 2024 | VOLUME 02

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# TEAM AOGS MESSAGE



**Dr. Sunil Shah**  
President



**Dr. Akshay C. Shah**  
Hon. Secretary

Dear Friends,

Happy vacations and holidays.

Many of our colleagues are enjoying vacations in the country and abroad.

We had a wonderful last month. We started with very interesting, knowledge sharing and successful CMEs. We did CME on obstetrics, fetal medicine, screening & NIPT , new born screening, Prematurity, HPV vaccination and many topics. We had faculties across the country and who are experts in the field. All delegates have appreciated. We could successfully manage all the programs in our new premises without difficulty with the teamwork.

Coming month we have many programs in queue.

First bulletin of this year was published and it's appreciated by many personally. All the suggestions are welcome and there is an invitation to all of you to take part actively. Please continue encouraging us for better work.

Soon we are coming with Kashmir tour. It's planned meticulously and economically. Please participate enthusiastically and get benefitted.

The work of translation of infertility consent and FOGSI consents into ગુજરાતી is almost done and hopefully we will circulate it to you in coming month.

# MENOPAUSAL HORMONE THERAPY



**Dr. Janaki Desai**  
 MD, DGO, PGDHA, CIMP  
 Consultant Gynaecologist  
 Specialist in Menopause

## MENOPAUSAL HORMONE THERAPY (MHT)

Since the first prescription in the form of sheep’s ovaries given in a sandwich, MHT therapy has evolved and cleared some of the grey areas and reinforced the beneficial effects of MHT which were earlier shown in observational trials in the past four decades. The concept of “window of opportunity”, individualisation of therapy and the differential effects of the varied estrogen and progesterone formulation is better understood.

## PARADIGM SHIFT IN USE OF MHT

There is a paradigm shift in the indication of use of MHT from 1994 to 2014, based on studies. Prevention is out (presently), Symptom relief is in (if necessary), Generalisation is out and Individualization is the key word.

Earlier	Current thought
MHT should be considered for all postmenopausal women.	Selective use for symptom relief within 10 years of menopause. MHT solely for prevention of chronic disorders is a debatable issue.
Long-term use	Individualised use
MHT may offer CVD protection at all ages.	10 years post WHI- MHT does not increase the risk of CVD events and may even benefit when used within 10 years of menopause in healthy postmenopausal women. Risks are more and not to be used solely for primary or secondary prevention of CVD.
Standard combination, fixed dose and continuous combined regimes were used.	Natural and progesterone formulations, tailoring the dose to the need of the woman, low-dose, and minimum effective therapy are being evaluated.
Oral route was preferentially used.	Expanded role, risks and benefits of transdermal route are under consideration.
All types of and progesterone can cause increased incidence of breast cancer.	With estrogen alone there is no increase in breast cancer. Use of Micronised Progesterone and Dydrogesterone may not increase the risk of breast cancer.

## POTENTIAL BENEFITS OF MHT

- Vasomotor Symptoms
- Genitourinary Syndrome of Menopause
- Reduced risk of osteoporosis
- May improve cardiovascular health
- Sexual function
- Life expectancy
- Quality of life

## CONTRAINDICATIONS

Absolute Contraindications	Non oral oestrogen can be used	Potential Contraindications
Active endometrial and gynecological hormone-dependent cancers	Smoking	Chronic cardiovascular disease
Active breast cancer, high risk for breast cancer	Diabetes	Dementia
Severe active liver disease with impaired/ abnormal liver function	Hypertension	Migraine
Venous thrombosis	Hypertriglyceridemia	
Established CVD and at severe increased risk of CVD	Migraine without aura	
Known or suspected pregnancy		
Undiagnosed and abnormal vaginal bleeding		

## MHT FOR WOMEN IN MENOPAUSAL TRANSITION

- It is advised not to conduct a hormone test to diagnose menopause during menopausal transition.
- Hormone therapy during menopausal transition should primarily be conducted based on the frequency and severity of symptoms, and lifestyle adjustments and use of adjuvant therapy could be partially effective.
- EPT, low-dose COCs, and combination therapy of LNG-IUS with oral or percutaneous estrogen could be employed as individualized treatments depending on individual risk factors for the purpose of improving symptoms.

**TRANSDERMAL MHT**

- Does not modify markers of coagulation
- More favourable effect on Serum Triglycerides
- Does not increase incidence of stroke
- Eliminates hepatic first-pass metabolism
- Much lower doses of HT will successfully alleviate symptoms
- No increase in SHBG and thus do not reduce bioavailability of testosterone; useful in women with diminished libido

**MHT AND CANCERS**

- Ovarian cancer- Estrogen–progestogen combination therapy does not increase the risk of ovarian cancer.
- Endometrial cancer- For women with the uterus, estrogen–progestogen combination therapy should be administered to protect the endometrium.
- A sufficient dose of progestogen administered for a sufficient period of 12–14 days per month leads to little increase in risk of endometrial cancer, and continuous administration of combination therapy leads to a reduction in risk of endometrial cancer.
- MHT may be considered if non-hormonal therapy is not effective in early endometrial cancer patients with an excised uterus and bilateral appendages when they show menopausal symptoms.
- In case of patients with stages III and IV endometrial cancer or high-risk endometrial cancer, non-hormonal therapy should be used to control menopause symptoms.

**PATIENT FOLLOW UP & MANAGEMENT**

- 6 Month-yearly
  - o lipid profile ,hormonal profile, clotting profile
  - o P/V Exam /TVS/EB
  - o Breast examination ,mammography
  - o BMD if indicated.
- 2-3 Yearly
  - o Pelvic examination/Biopsies
  - o Pap smear
  - o Mammography if family history of cancerbreast.

**References**

- Clinical Practice Guidelines On Menopause, Indian menopause society
- Journal of Mid-life Health | Volume 11 | Issue 2 | April-June 2020
- ACOG Practice Bulletin No. 141: management of menopausal symptoms. Obstet Gynecol. 2014;123(1):202-216.
- MICHELLE P. WARREN, MD Historical Perspectives in Postmenopausal Hormone Therapy: Defining the Right Dose and Duration, Review. Mayo Clin Proc. 2007;82(2):219-226
- Minelli C, Abrams KR, Sutton AJ, et al. Benefits and harms associated with hormone therapy: clinical decision analysis. BMJ. 2004;328.
- Bakour SH, Williamson J. Latest evidence on using hormone therapy in the menopause. Obstet Gynecol. 2014.

**Tentative Next Academic Programs**

12.06.2024 - Endometriosis

16.06.2024 - Urogynec

Please keep watching the official AOGS group for details

**SEEKING YOUR BLESSINGS AND SUPPORT FOR THE POST OF PRESIDENT - FOGSI (ELECTION YEAR 2024)**



**DR. M. C. PATEL**

## TIPS FOR LICENCES AND CERTIFICATES FOR PRIVATE PRACTICE\*:



### Dr. Suresh Kothari

MBBS DGO

Private Practice Sardarnagar, Ahmedabad

IF ANY ONE WANTS TO PRACTICE EITHER AS PRIVATE PRACTITIONER OR TO DO JOB AS MEDICAL PRACTITIONER IN GUJARAT STATE HE / SHE HAS TO HAVE FIRST OF ALL DEGREE & REGISTRATION TO WORK AS MEDICAL PROFESSIONAL IN THE STATE & IF HE / SHE WANTS TO START HIS / HER OWN PRIVATE SMALL NURSING HOME THEN HE / SHE SHOULD HAVE OTHER THINGS ALSO

- 1] **Degree:** QUALIFICATION CERTIFICATE, THE BRANCH IN WHICH YOU HAVE PASSED. THIS YOU GET FROM UNIVERSITY, YOU PASSED FROM., Like MD., MS., DGO, DNB or any other NMC recognised.
- 2] **Gujarat State Registration:** After passing you are supposed to apply to **STATE MEDICAL COUNCIL FOR REGISTRATION**, which entitles you to practice in the state. If you have cleared your college from other state and you want to practice in Gujarat you need to register in Gujarat state medical council at BJ medical college, Shahibaug, Ahmedabad.
- 3] **Hospital Building or premises:** Once you think of starting private practice and having own land you need to put building plan pass FOR **HOSPITAL USE** & get approved by AMC & after completion you should get commercial or Hospital **B.U. PERMISSION**. In case of rental or lease you must have proper document which also states that premises is approved for hospital use. In case of PVT.LTD. COMPANY registration of company and each director required from ministry of corporate affairs GOVT. OF INDIA.
- 4] **Fire NOC:** your premises need FIRENOC to be applied at AMC AHMEDABAD FIRE AND EMERGENCY SERVICES DEPARTMENT, DANAPITH, AHMEDABAD. Fire NOC is issued for 3 years & need to be renewed every 3 years.
- 5] **PC PNDDT registration \*:** Most of the Gynec clinic is keeping SONOGRAPHY MACHINE for that PC & PNDDT CERTIFICATE is required from APPROPRIATE AUTHORITY IN FORM OF FORM -B. One should apply for Non-invasive and invasive as per your requirement. You should also apply for Genetic clinic with proper understanding the law. Each sonography machine you have in hospital is to be mentioned in application to be registered. This is given for 5 years and to be renewed every five years. For renewal it has to be applied one month before its expiry date without miss. Follow other requirement as per the law.
- 6] **MTP registration:** Being Obstetrician and going to do MTP during your practice you are supposed to apply for your place to be registered under MTP act in for -A and it is provided by additional district health officer. Dist panchayat Ahmedabad (city) After inspection of the place in for -B It is life time unless you change the premises.
- 7] **TL operation registration:** Similarly, for doing Tubectomy/TL? Family planning operation you should have registered yourself and place for doing TL operation. It is a life time unless you change the premises. For yourself it is not needed to renew as you are a qualified Gynaecologist.
- 8] **Spirit licence:** FOR USING DENATURED SPIRIT LICENCE FROM EXCISE DEPARTMENT. THIS IS GIVEN FOR 5 YEARS & TO BE RENEWED EVERY FIVE YEARS. YOU MAY INCREASE OR DECREASE QUANTITY AS PER YOUR HOSPITAL REQUIREMENT.
- 9] **BIOMEDICAL WASTE Licence:** DISPOSAL YOU ARE SUPPOSE TO APPLY FOR GPCB CERTIFICATE AT PARYAVARAN BHAVAN, SECTOR 10-A, GANDHINAGAR. THIS IS GIVEN FOR 5 YEARS & THEN YOU CHOOSE SERVICE PROVIDER & GET BIOMEDICAL WASTE SERVICE PROVIDER CERTIFICATE ALSO WHICH IS VALID FOR 1 YEAR & TO GET RENEWED EVERY YEAR.
- 10] **PRC:** THIS IS PROFESSIONAL TAX CERTIFICATE OF REGISTRATION: TAX OF EACH EMPLOYEE TO BE PAID EITHER MONTHLY OR QUARTERLY
- 11] **PEC:** THIS IS ALSO PROFESSIONAL TAX BUT FOR EMPLOYER & THIS HAS TO BE PAID EVERY YEAR 2000/- INR BEFORE 30TH SEPT.
- 12] **GUMASTA DHARA INTIMATION RECEIPT (FORM-E):** FROM SHOP & ESTABLISHMENT DEPARTMENT FROM RESPECTIVE ZONE. IT IS LIFE TIME.
- 13] **Licence for Pharmacy:** IF YOU HAVE INHOUSE PHARMACY SHOP SEPARATE LICENCE TO RUN PHARMACY SHOP NEED FROM DRUG CONTROLLER. IT IS VALID FOR 5 YEARS & TO BE RENEWED EVERY 5 YEARS. SIMILARLY, IF YOU ARE DISPENSING DRUG FROM HOSPITAL THEN ALSO YOU NEED TO HAVE LICENCE FOR BULK DRUG STORE FROM DRUG CONTROLLER.
- 14] **Lift licence:** IF YOUR OWN HOSPITAL HAS LIFT, YOU NEED TO HAVE LIFT LICENCE TO OPERATE IT & IT IS GENERALLY GIVEN FOR 5 YEARS & NEED TO GET RENEWAL EVERY 5 YEARS. YOU ALSO NEED TO HAVE SERVICE CONTRACT FROM SERVICE PROVIDER.
- 15] **NARCOTIC DRUGS & PSYCHOTROPIC SUBSTANCES** YOU SHOULD GET IT FROM OFFICE OF DRUG CONTROLLER SPECIFYING QUANTITY OF DRUG & RENEWED TIME TO TIME. For Morphine and Fentanyl
- 16] **Labour law, GST** if number of beds more than 50 or room rent is more than Rs. 5000/day, form C is officially removed by AMC.



**Dr. Munjal Pandya**

Associate Professor,  
NMMC, Ahmedabad

## FINANCIAL TIPS



### Bees...

This is a small article throwing light on passive investment in Niftybees, Juniorbees and Bankbees; which are Exchange Traded Funds (ETF).

Nifty 50 is an index reflective of top 50 stocks of Indian Stock Market, Niftybees are Exchange Traded (Mutual) Funds based on Nifty 50. Following is the table of absolute returns of Niftybees.

Period Invested for	Rs. 10000 Invested on	Latest Value	Absolute Returns
<b>YTD</b>	01-Jan-24	10375.00	3.75%
<b>1 Year</b>	12-Apr-23	12784.10	27.84%
<b>2 Year</b>	12-Apr-22	13136.90	31.37%
<b>3 Year</b>	12-Apr-21	16268.70	62.69%
<b>5 Year</b>	12-Apr-19	20405.20	104.05%

Nifty Next 50 covers top 51st to 100th stocks, and Juniorbees are exchange traded (Mutual) funds based on Nifty next 50. The beauty of Nifty 50 and Next 50 is: when the company stops performing well, it'll be taken out from the list and will be replaced by the next performing company; thus keeping the strength of Index! So we don't need to worry about individual stocks, when we stay invested in index! Following is the table of Absolute Return of Juniorbees:

Period Invested for	Rs. 10000 Invested on	Absolute Returns
<b>YTD</b>	01-Jan-24	18.19%
<b>1 Year</b>	12-Apr-23	64.28%
<b>2 Year</b>	12-Apr-22	46.76%
<b>3 Year</b>	12-Apr-21	90.40%

Following is the table of Absolute return of Bankbees, which is an exchange traded funds, just like Niftybees, based on top performing banks.

Period Invested for	Rs. 10000 Invested on	Absolute Returns
<b>1 Year</b>	12-Apr-23	17.66%
<b>2 Year</b>	12-Apr-22	30.31%
<b>3 Year</b>	12-Apr-21	59.96%
<b>5 Year</b>	12-Apr-19	62.43%

Happy Investing!

# EFFECT OF FERTILITY TREATMENT IN YOUNG BREAST CANCER PATIENTS



## Dr. Viral Patel

MBBS, DNB, M.Ch.

Consultant Gynecological Oncologist & Robotic Surgeon  
(European Society of Gynecological Oncology Certification)

### What is already known on this topic.

Controlled ovarian stimulation before starting the chemotherapy in breast cancer is standard of care in young breast cancer patients wishing to preserve the fertility. Evidence for safety of artificial reproductive technique after completion of cancer treatment is limited.

### What current evidence adds:

- Systemic review and metaanalysis was carried out using keyword “breast cancer” and “fertility preservation”. [Reference 1]
  - It concluded; undergoing Controlled Ovarian Stimulation (COS) before or Assisted Reproductive Technology (ART) after anticancer treatment does not appear to negatively impact the prognosis of young women with breast cancer. Specifically, it shows no adverse effect on breast cancer recurrence, mortality, or event-free survival (EFS).
  - Most included studies are retrospective cohort studies. Unable to find our adequate detail of time of recurrence whether it is within 5 years or after the 5 years.
- Currently at the ESMO Breast Cancer 2024 Conference in Berlin, an abstract titled 'Safety of Assisted Reproductive Techniques in Young BRCA Carriers with a Pregnancy after Breast Cancer: Results from an International Cohort Study' was presented." [Reference 2]
  - The BRCA BCY Collaboration (NCT03673306) is a global, multicenter, hospital-based retrospective cohort study examining the safety of conceiving following breast cancer in 4,732 BRCA carriers from 78 centers across 26 countries. Among 659 women who became pregnant after breast cancer, 436 conceived naturally, while 107 utilized assisted reproductive technologies (ART). These technologies included oocyte/embryo cryopreservation at diagnosis, controlled ovarian stimulation (COS) after anticancer treatments, and embryo transfer following oocyte donation.
  - Abstract result conclude that, at a median follow up of 9.1 years, no significant difference in disease-free survival (DFS) was observed between the two groups, with 13 and 118 DFS events in the ART and spontaneous pregnancy groups, respectively (HR 0.64, 95% CI 0.36-1.14; log-rank p=0.147; adjusted HR 0.72, 95% CI 0.38-1.33).
  - These data offer reassuring evidence that young women with BRCA mutations can safely pursue fertility preservation before and after breast cancer treatment. Moreover, using preserved eggs or embryos, or undergoing fertility preservation after surviving breast cancer, also appear to be safe from both a cancer standpoint and in terms of the baby's outcome.

### References:

1. Safety of fertility preservation techniques before and after anticancer treatments in young women with breast cancer: a systematic review and meta-analysis. Human reproduction. 2022. doi: 10.1093/humrep/deac035
2. Pregnancy after breast cancer: study provides reassurance to BRCA carriers undergoing assisted reproductive techniques. ESMO daily reporter. Abstract presentation at ESMO breast Cancer 2024. <https://dailyreporter.esmo.org/esmo-breast-cancer-2024/highlights/pregnancy-after-breast-cancer-study-provides-reassurance-to-brca-carriers-undergoing-assisted-reproductive-techniques>



# ART LAW in BRIEF : ART CLINIC LEVEL -1



## Dr. Pranay Shah

M.S. OBS. & GYNECOLOGY

Director and chief fertility consultant  
at Wellspring IVF & Women's hospital, Ahmedabad

### As per The Assisted Reproductive Technology (Regulation) Act 2021-

**Level 1 ART Clinic** means where only intrauterine insemination (IUI) procedure is carried out as part of treatment.

**Level 2 ART Clinic** means where the following procedures or the techniques are carried to obtain a pregnancy:

- surgical retrieval of gametes
- handling the oocyte outside the human body
- use sperms for fertilization of oocytes
- transfer of the embryo into the reproductive system of a woman
- carryout storage of gametes or embryos or perform any kind of procedure or technique involving gametes or embryos provided that such clinics may also undertake research

#### Process of application for Level 1 registration is as follows:

- An application for registration shall be made by the ART Level 1 clinic to the appropriate authority in Form 1.
- Every application shall be accompanied with a fee of Rupees 50000.
- Provided that if an application for registration of any ART clinic or ART bank has been rejected by the appropriate authority, no fee shall be required to be paid on re-submission of the application by the applicant for the same clinic and the application fees one paid shall not be refunded.
- Provided further that the no fee shall be required to be paid by the establishment run by the institute under control of Government.

#### Certificate of Registration Level 1:

- The appropriate authority shall, after making such enquiry and after satisfying itself that the applicant has complied with all the requirements, shall grant a certificate of registration in Form 3 to the applicant.
- One copy of the certificate of registration shall be displayed by the registered ART clinic at a conspicuous place at its place of business and such certificate shall contain the duration of validity of such registration.
- The registration granted under this section shall be valid for a period of five years from the date of registration granted by the appropriate authority.

#### Renewal of registration:

- The registration granted under section 16, may be renewed for a further period of five years by the appropriate authority, on an application made by the applicant, under such conditions, in such form and on payment of such fee as may be prescribed:
- Provided that no application for renewal of registration shall be rejected without giving an opportunity of being heard to the applicant.

#### Requirement of Level 1 centre:

##### Staff requirement:

- Minimum 01 Gynecologist
- Qualification: the Gynecologist shall be a medical post-graduate in Gynecology and Obstetrics

#### Minimum equipment required for IUI clinic

1. Microscope 2. Centrifuge 3. Refrigerator

Applicable forms: Form 1, Form 3, Form 7, Form 8

#### Search and seizure of records

- Every ART clinic shall allow inspection of their place, equipment and records by the National Board, National Registry, State Board or appropriate authority or any officer authorized in this behalf.
- Such inspection of an already registered clinic may take place without any notice.
- The authorities on inspection shall ensure that entry and search procedure does not place at risk the gametes or embryos stored in the facility.

#### The punishment for contravention of the regulations of the act are as follows:

- 1st time contravention: rupees 5 to 10 lac fine
- Subsequent contravention: Rs 10 to 20 lac fine with 3 to 8 years imprisonment
- The offence is considered cognizable and bailable
- The act hold true the concept of vicarious responsibility i.e. the executive head of the clinic will be held liable for punishment unless prove otherwise in court

# THE BHAGAVAD GITA & GYNAECOLOGIST



**Dr. Vipul Oza**

MD. Gynaec

## Hari Om.

As compared to other live forms human life is very complex & at times full of adversities, pain, suffering, disappointment, dissatisfaction, dejection, guilt & so on....

At the same time consciousness is highly evolved to assess & judge the things, person, situations & surroundings much better & therefore self too.

As a result I am small, insignificant, inadequate, lacking is a Gut feeling to almost everyone. And if one forgets, someone is always there to remind it. Otherwise also this low self-esteem pinches from within off & on.

This drives person to go after things, work hard & accomplish variety of things that gives relief from this smallness.

One who does with full passion & focus achieves so many things of materialistic life & becomes a winner. One who is lazy, fault finder & thinks hundred times & hardly acts becomes a loser. In between these is a wide spectrum that accommodates almost all. But none seems truly & fully satisfied for a sizable length of period...feeling low emotion continues.

But Bhagavad Gita held a 180 degree opposite view about the self. It tells self is full (not lacking) & free from blemish. This vision of Veda is unfolded in the form of a dialogue between Arjuna & Lord Krishna in the backdrop of the battle between two clans Kauravas (Adharma) & Pandvas (Dharma). It also teaches us how to live a life of dharma in order to Own this vision & so the self becomes acceptable & at the end tells to do whatever you feel ok (Yatha icchasi tat kuru). No commandment. And therefore, obviously Bhagavad Gita becomes very desirable to me.

Now let us have a actual dip somewhere in the Ocean of wisdom.

यतः प्रवृत्तिर्भूतानां येन सर्वमिदं ततम् ।  
स्वकर्मणा तमभ्यर्च्य सिद्धिं विन्दति मानवः ॥

Human gains Siddhi(success) by offering his/her own action (Sva-karma) to Bhagawan, from whom all beings (live forms) come to existence & by whom all beings are pervaded .

(I started my journey as a single cell- a fertilized embryo with two pronuclei. All my organs, all systems & all cells are borne of it & all cells are pervaded by same DNA.)

Here one needs to understand words Siddhi & Sva-karma well.

Siddhi is not mere material success but a state of mind that is at rest, well contented & no more craving or asking for more. Fullness is mindful & one enjoys composure.

Svakarma is my action – how I play role. In vedic study Karma & Dharma are two side of a coin. Dharma is not a religion or a particular way of worshiping. But it is the right way of doing & avoiding wrong. Every individual has to play different role every day from waking up to going to bed - as a father or mother or, son or daughter , as a student/teacher, neighbour or a fellow member, as a citizen, as a voter & so on...and every role demands properly done action. However, rarely, masterly inactivity is also an action.

Doing what is to be done in a given situation on my part conforming to Dharma, whether I like is Sva-karma (Arjuna attitude).

Dharma is the one of the finest & immediate manifestation of Bhagawan right in your Buddhi in form of understanding (common sense) & most of the time its very clear. Hardly requires 2nd opinion about what is right.

If what is to be done is as per my choice-no problem. But when right course of action is not as per my liking or opposite & causing pain without gain, I should exercise my free will & surrender to Dharma & not to my comfort. It is sane living, that is how I should Play. Thus done actions are offerings to Bhagawan like one offers flowers in Puja. This is how one becomes contributor to the society like each cell of the body. When all cells function well as per the job destined to do the Body remains Healthy & every cell draws benefit of all other cells without being asked for.

This duty oriented society is the beauty of our great Sanatan culture, where I become a contributor & not consumer. And by offering my sva-karma what I gain is a sigh of relief, satisfaction, immediate peace of mind & in a course of time a tranquil composed mind, a prepared mind-ready to receive & assimilate the the Grand Vision-I am the whole -Tatvamasi, that is absolute success.

Pursuing a course of action that is opposite to Dharma but convenient to me is Duryodhana attitude. Everyone knows the end. Therefor hardly any choice is left.

Om Tatsat.

# CME : DATE -12<sup>TH</sup> MAY 2024



# CME : DATE -19<sup>TH</sup> MAY 2024



# CME : DATE -26<sup>TH</sup> MAY 2024



It's all about

**FOOD**

50% protein 25% carb -fat.  
Only three times a day.

It's all about

**EXERCISE**

as per the age 20 - 40 mins  
morning & evening exercise.

It's all about

**KNOWLEDGE & SKILL**

Knowledge & Skill is permanent  
money may be temporary.

It's all about

**SATISFACTION/HAPPINESS**

be happy with  
whatever you have.

It's all about

**HEALTH**

Don't compromise your  
health over wealth creation.

It's all about

**DISCIPLINE**

Be disciplined and  
All will fall in line automatically

It's all about

**DECISIONS**

Don't be indecisive.  
You may be wrong sometimes.  
Without decision you are wrong all the time.

It's all about

**ASKING**

to clarify things always ask.

It's all about

**FAMILY AND PARENTS**

Priority to family and  
respect to parents.

It's all about

**FRIENDS**

Good friends in  
life solve your problems.  
Avoid multiple groups.

**Avoid FOMO**

# ISPAT Samvaad CME on Perinatology:

Take home messages:

## Severe Preterm:

- Perinatal Preparation - Obyg & Neonatologist Team based approach.
- Antenatal Medication - Steroid & Mag Sulf.
- Adequate Oxygenation to new borne.
- Delayed Cord Clamping by 1-2 mins.
- Maintain Body temperature.
- Encourage Kangaroo Mother Care.

## Universal Newborn Screening:

- To be done Universally for all Newborns.
- Done by Heel Prick (Cord Blood should not be used).
- Sample to be collected on CLIS approved Filter paper.
- Auto lancet to be used to prevent heel prick injuries to baby.
- Sample to be collected >24 hours of birth.
- Basic screening could include CH, CAH, G6PD, Haemoglobinopathies & Hearing Screening.
- Expanded screening to be recommended only to Resource rich families and high risk cases.
- Do not screen for any disorder that does not have a treatment or does not fit within the W&J criteria.
- Most International NBS programs do not use Cord Blood or Urine as a screening sample.
- Molecular Genetics is not a replacement for screening tests.
- Approximate cost for the report 1500-3000/- INR.

PLEASE START REGISTERING YOUR NAME IF YOU WANT TO JOIN THE

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## AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY SOCIAL SECURITY SCHEME

આપણી સોસાયટીની સોશિયલ સિક્યોરીટી સ્કીમ આશરે છેલ્લા ૧૫ વર્ષથી ચાલે છે.

IMA અને AMA ની જેમ આ આપણી પોતાની ગાયનેક સોસાયટીની

Unique Security Scheme આપણાં મેમ્બર્સ માટે ઉપલબ્ધ છે.

આ સ્કીમ દ્વારા આપણાં પરિવારજનોને હાલની તારીખમાં

રૂા. ૩,૨૫,૦૦૦ જેવી માતબર રકમ મળી શકે છે. જેમ મેમ્બર્સની સંખ્યા વધતી જશે તેમ  
આ DFC Amount વધતું જશે.

વધારામાં આ સ્કીમમાં Spouse Membershipની સુવિધા પણ ઉપલબ્ધ છે.

જે AOGS મેમ્બર હવું સુધી આ સ્કીમનાં મેમ્બર ન થયા હોય તેમને સત્વરે મેમ્બર થવાં અનુરોધ.  
ફોર્મ અને વિગતો AOGS ઓફિસમાંથી ઉપલબ્ધ છે ઓનલાઇન મેમ્બરશીપનો વિકલ્પ પણ ઉપલબ્ધ છે

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For More Details, Please Contact : Dr. Lata Trivedi Mo. : 79903 08240

AOGS Office : Mo.: +91 78610 11818, Ph.: +91 79 2658 6426

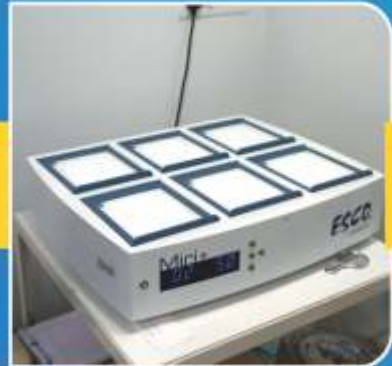




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