



2026-27

AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY

JULY 2026

VOLUME 4

AOGS TIMES

तथास्तु



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Theme: Innovate. Integrate. Inspire.
Motto: Skilled Hands, Sensitive Hearts.

Discipline

The bridge between
intention and transformation.

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TEAM AOGS MESSAGE



President
Dr. Munjal Pandya



Hon. Secretary
Dr. Arati Gupte

Dear AOGS Family,

Every month offers us an opportunity to pause, reflect, and appreciate the incredible collective energy of our fraternity. The past few weeks have once again demonstrated what becomes possible when passionate professionals unite with a common purpose.

From impactful school health programmes and public awareness initiatives to academic discussions and knowledge sharing, every activity has carried forward our commitment to making a meaningful difference—not only within our profession but also in the community we serve. These accomplishments belong to every member who contributes time, ideas, and enthusiasm towards strengthening AOGS.

Our theme this year—“**Innovate. Integrate. Inspire.**”—continues to guide every initiative we undertake, while our motto—“**Skilled Hands, Sensitive Hearts**”—reminds us that true excellence lies in combining clinical expertise with compassion and humanity.

We are also delighted to invite you to the **AOGS Annual Conference 2026**, to be held on **19th & 20th September 2026** at **Hotel Hyatt, Vastrapur, Ahmedabad**. True to the spirit of innovation, the conference has been thoughtfully designed to offer a refreshing experience. Members can look

forward to engaging panel discussions and debates instead of conventional lectures, interactive audience voting, quizzes after every scientific session, dedicated sessions for postgraduate students, prestigious orations, and inspiring scientific deliberations. Beyond academics, the conference will feature an art workshop, a live drumming experience, laughter-filled entertainment, engaging networking opportunities, and several unique surprises that promise to make the event both intellectually enriching and memorable.

We warmly invite each one of you to be a part of this celebration of learning, friendship, and professional excellence. Your presence, participation, and ideas are what truly make AOGS special.

Thank you for your unwavering trust, encouragement, and support. The journey of AOGS is not driven by individuals—it is powered by every member of our fraternity.

Together, let us continue to learn, serve, innovate, integrate, and inspire.

With warm regards,

Dr. Munjal Pandya
President, AOGS

Dr. Arati Gupte
Hon. Secretary, AOGS

EDITORIAL

Editorial

By Dr. Dhrumi Prajapati & Dr. Arati Gupta



Discipline: The Silent Force Behind Excellence

Success is rarely built on moments of brilliance alone. More often, it is the result of **quiet, consistent discipline**—the small choices we make every day that gradually shape who we become.

As obstetricians and gynecologists, we understand this better than most. Every healthy mother, every safely delivered baby, every accurate diagnosis, and every compassionate conversation reflects years of disciplined learning, continuous improvement, and unwavering commitment. Discipline is not merely about following schedules or protocols; **it is about remaining true to our purpose even when no one is watching.**

The theme of this issue, **"Discipline – The bridge between intention and transformation,"** reminds us that dreams become reality only when supported by consistent action. Whether it is academic excellence, surgical precision, physical well-being, emotional resilience, or meaningful relationships, discipline quietly transforms aspirations into achievements.

At AOGS, we strive to cultivate this culture through academic activities, community outreach, public awareness initiatives, and opportunities that encourage both professional and personal growth. Every programme we conduct is another step towards strengthening ourselves and the society we serve.

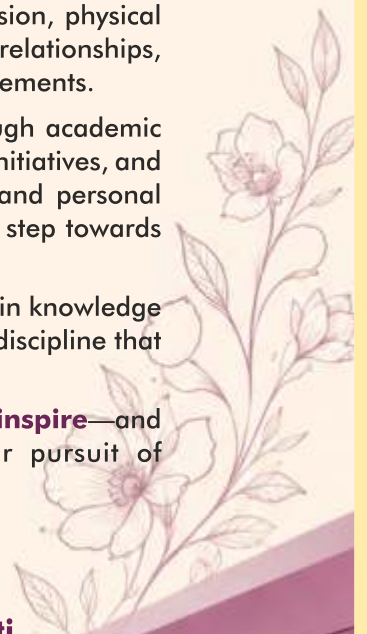
As you turn these pages, we hope you not only gain knowledge but also find renewed inspiration to embrace the discipline that elevates our profession and enriches our lives.

Together, let us continue to **innovate, integrate, inspire**—and most importantly, remain **disciplined** in our pursuit of excellence.

Warm Regards,

Dr. Arati Gupta
Editor

Dr. Dhrumi Prajapati
Editor



SCHOOL HEALTH PROGRAMME: DIWAN BALLUBHAI SCHOOL DATE : 15TH JULY, 2026



PUBLIC AWARENESS SEMINAR FOR PARENTS OF ADOLESCENT CHILDREN
AT IDP SCHOOL, AHMEDABAD ON 18TH JULY 2026
BY DR. KIRTAN VYAS IN WHICH MORE THAN 60 PARENTS WERE BENEFITED



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DR. HETAL PATOLIA AROUND 100 GIRLS FROM STANDARDS 6 TO 8 PARTICIPATED**



**HEALTH AWARENESS TALK "ADULTING 101: YOU AND YOUR FAMILY "
AT H L COLLEGE OF COMMERCE ON 22 JULY,
BY DR. VIRAL PATEL AND DR. HIMALI MANIAR PATEL**





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19 & 20

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SESSIONS TIME

DETAILS



Sep 19, 2026; Saturday | Day - 1



08:00 AM - 09:00 AM

Registration & Breakfast



09:00 AM - 12:00 PM

Scientific Sessions (Quiz after Each Session)



12:00 PM - 12:15 PM

Inauguration



12:15 PM - 01:00 PM

AOGS Silver Jubilee Oration

01:00 PM - 02:00 PM

Lunch



02:00 PM - 04:30 PM

Scientific Sessions (Quiz after Each Session)



04:30 PM - 05:00 PM

 Announcement of Quiz Winner
 (To Be Honoured with a Medal & Exciting Prizes)


05:00 PM Onwards

Hi-Tea



07:00 PM - 08:00 PM



Art and Craft

WORKSHOP



08:00 PM - 9:00 PM

Drum circle

FEEL THE RHYTHM. CONNECT. CELEBRATE.



09:00 PM Onwards

Stand up comedy and Gala Dinner



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Venue: HYATT VASTRAPUR, AHMEDABAD

SESSIONS TIME		DETAILS
 Sep 20, 2026; Sunday Day - 2		
	09:00 AM - 12:15 PM	Scientific Sessions (Quiz after Each Session)
	12:15 PM - 01:00 PM	AOGS Golden Jubilee Oration
	01:00 PM - 02:00 PM	Lunch
	02:00 PM - 04:00 PM	Scientific Sessions (Quiz after Each Session)
	04:00 PM - 04:30 PM	Valedictory, Prize distribution and Announcement of Quiz Winner
	04:30 PM Onwards	Hi-Tea

*Together in Knowledge.
Empowering Women's Health.*





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REGISTRATION

Registration	Before 15-08-2026	After 16-08-2026
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PG Student	₹4,000	₹5,000

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REGISTRATION**


LABELLING SGA FETUSES AS FGR – A COMMON MISTAKE IN ROUTINE OBSTETRIC PRACTICE



Dr. Dhruvil Patel

MBBS, MS Obgy, Fellowship in Advanced Fetal Ultrasound
(Mediscan, Chennai) Consultant Fetal Medicine

Abstract

Small for gestational age (SGA) and fetal growth restriction (FGR) are often used interchangeably in routine obstetric practice, leading to overdiagnosis, unnecessary interventions, parental anxiety, and avoidable preterm deliveries. While both conditions involve a fetus with estimated weight below the 10th percentile, their pathophysiology, prognosis, and management differ significantly. This article highlights the practical differences between SGA and FGR and provides a simplified approach to avoid misclassification in day-to-day obstetric care.

Introduction

Detection of a fetus with estimated fetal weight (EFW) below the 10th percentile frequently triggers concern in obstetric practice. However, not every small fetus is growth-restricted. A substantial proportion of these fetuses are constitutionally small but healthy.

A clear understanding of the distinction is therefore essential.

Understanding the Definitions

Small for Gestational Age (SGA)

- EFW <10th percentile
- No evidence of placental insufficiency
- Normal Doppler studies
- Normal amniotic fluid
- Appropriate growth velocity

These fetuses are small but physiologically normal.

Fetal Growth Restriction (FGR)

- EFW <10th percentile (often <3rd percentile in severe cases)
- Evidence of placental dysfunction
- Abnormal Doppler findings
- Reduced growth velocity
- Possible oligohydramnios

FGR represents a pathological process, usually secondary to placental insufficiency.

Why Does This Confusion Occur?

1. Less importance in accurate dating of pregnancy
2. Failure to include Doppler studies
3. Lack of serial growth assessment
4. Fear of missing adverse outcomes
5. Medico-legal concerns

In busy practice, once the EFW falls below the 10th percentile, the fetus is often labelled as FGR without further evaluation.

The Clinical Consequences of Mislabeling

1. Unnecessary Interventions

Many constitutionally small fetuses are delivered early due to fear of stillbirth. This may lead to avoidable late preterm or early term deliveries.

2. Increased Cesarean Section Rates

The diagnosis of “FGR” often lowers the threshold for cesarean delivery.

3. Maternal Anxiety

Parents equate “growth restriction” with fetal compromise, increasing stress and repeated consultations.

4. Resource Burden

Frequent Dopplers, CTGs, and admissions increase healthcare costs.

Practical Differentiation in Daily Practice

A fetus <10th percentile should trigger evaluation — not immediate labeling.

Step 1: Confirm Gestational Age

Incorrect dating is a common reason for apparent small size.

Step 2: Perform Doppler Assessment

Essential Doppler studies include:

- Umbilical artery
- Middle cerebral artery (MCA)
- Cerebroplacental ratio (CPR)

Normal Doppler strongly favours SGA.

Step 3: Assess Growth Velocity

Repeat growth scan after 2–3 weeks.

- Stable percentile → Likely SGA
- Crossing centiles downward → Suggests FGR

Step 4: Evaluate Amniotic Fluid

Oligohydramnios supports placental insufficiency.

Red Flags Suggesting True FGR

- EFW <3rd percentile
- Abnormal umbilical artery Doppler
- CPR <5th percentile
- Declining growth trajectory
- Associated maternal hypertensive disorder

These cases require closer surveillance and planned delivery.

Management Differences

Feature	SGA	FGR
Doppler Monitoring	Normal 2–3 weekly growth	Abnormal Weekly or more frequent
Delivery timing	38–39 weeks	36–37 weeks or earlier
Risk of stillbirth	Low	Increased

Recognizing this distinction prevents unnecessary early delivery in SGA fetuses.

How to Avoid This Mistake in Practice

1. Accurate dating of pregnancy in first trimester
2. Follow guideline based standard acquisition planes for biometry and using same reference growth chart for serial growth assessment
3. Do not rely on EFW alone.
4. Always perform Doppler before labelling FGR.
5. Repeat growth scan before making major decisions.
6. Counsel parents regarding difference between small and compromised fetus.
7. Individualize delivery timing to reduce morbidity/mortality associated with iatrogenic prematurity

A structured protocol in ultrasound reporting can reduce overdiagnosis.

Counseling Message for Patients

Instead of saying, “Your baby is growth restricted,” it may be more appropriate to say:

“Your baby is on the smaller side. We need to do Doppler studies to see whether the placenta is functioning well.”

Language matters and influences anxiety levels significantly.

Conclusion

Equating SGA with FGR is a frequent and avoidable clinical mistake. While both conditions involve a fetus below the 10th percentile, only FGR represents pathological growth restriction with increased perinatal risk. A Doppler-based, growth-velocity-oriented approach is essential to prevent unnecessary interventions and iatrogenic prematurity.

Recognizing the difference between a small but healthy fetus and a truly compromised fetus is a crucial skill in modern obstetric practice.

READER'S CORNER

Things You See When You Slow Down

– Haemin Sunim

“ In a world that celebrates speed, *Things You See When You Slow Down* gently reminds us that peace is not found by doing more—it is found by becoming more present.

Written by Zen Buddhist monk Haemin Sunim, this book is less about productivity and more about awareness. Rather than offering a step-by-step formula for happiness, it invites readers to pause, breathe, and look inward. The writing is simple, poetic, and reflective, making it easy to pick up for a few minutes each day, yet profound enough to stay with you long after you've closed the book.

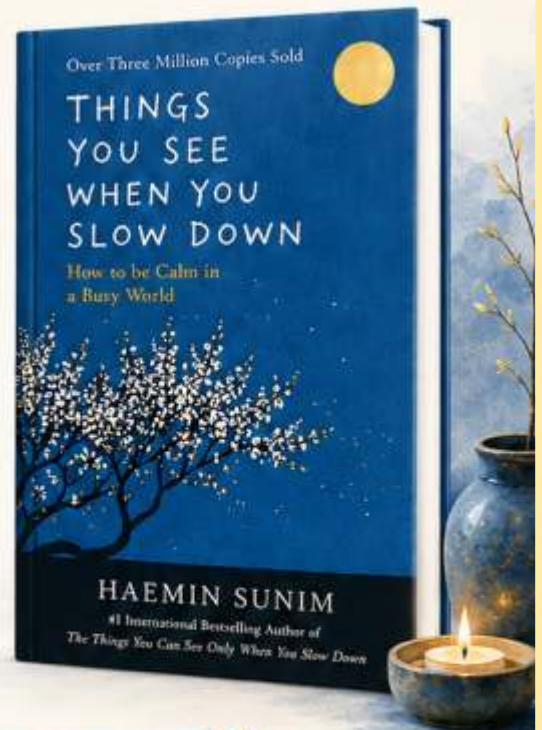
The book explores themes such as rest, relationships, self-compassion, courage, love, work, and spirituality. One of its central messages is that the world often mirrors the state of our own mind. When we slow our thoughts, we begin to notice beauty, gratitude, and clarity that were always present but hidden beneath the noise of everyday life.

What makes this book especially appealing is its accessibility. Every chapter is filled with short reflections, accompanied by beautiful illustrations that create a calming reading experience. There is no pressure to finish it quickly—it is a book meant to be savored, revisited, and reflected upon.

One of the most valuable lessons is that being kind to ourselves is not selfish; it is the foundation for being kind to others. The author repeatedly reminds us that we are worthy of love even when we are imperfect, tired, or struggling.

WHO SHOULD READ IT?

-  Professionals experiencing stress or burnout.
-  Students overwhelmed by expectations.
-  Leaders seeking emotional balance.
-  Anyone interested in mindfulness, spirituality, or personal growth.
-  Readers who enjoy books that can be read in small, meaningful portions.



KEY TAKEAWAYS

-  Slowing down is a mental choice, not merely a reduction in physical activity.
-  Inner peace begins with self-awareness and self-compassion.
-  Our perception of the world often reflects the condition of our own mind.
-  Rest is productive when it helps us reconnect with ourselves.
-  Genuine relationships flourish through presence rather than constant communication.
-  Happiness is often found in ordinary moments we usually overlook.

FINAL THOUGHTS

“ *Things You See When You Slow Down* is not a book to race through—it is a companion to return to whenever life feels overwhelming. It encourages us to replace constant urgency with quiet awareness and reminds us that slowing down does not mean falling behind; sometimes, it is the only way to truly move forward.

RATING:

★★★★★ (5/5)

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Research By



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Dr. Prerana Shah

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Invasive versus non-invasive PGT-A: A retrospective comparative study of embryo selection and IVF outcomes in women with recurrent IVF failure

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Abstract

Background: Recurrent IVF failure remains a significant clinical challenge, frequently attributed to embryonic aneuploidy. While invasive preimplantation genetic testing for aneuploidy (PGT-A) via trophectomy biopsy is well established, non-invasive PGT-A using cell-free DNA from spent blastocyst culture media has emerged as a promising alternative. However, real-world comparative outcome data remains limited.

Objective: To compare embryo aneuploidy and clinical pregnancy outcomes between invasive and non-invasive PGT-A in women with recurrent IVF failure.

Materials and Methods: This retrospective comparative study included 50 IVF cycles (30 invasive PGT-A, 20 non-invasive PGT-A) conducted from January 2023 to December 2024 at a single tertiary IVF center. Women aged >30 years with ≥2 failed IVF cycles, normal karyotypic findings, hormonal profile, and unexplained parameters were included. Biopsied embryos were selected for single embryo transfer. The primary outcome was clinical pregnancy rate.

Results: The invasive PGT-A group demonstrated a higher clinical pregnancy rate per cycle (66.7% vs 40.0%, $p=0.037$) and a higher embryo transfer rate (73.3% vs 45.0%, $p=0.074$) compared to the non-invasive group. However, post-transfer clinical pregnancy rates were comparable (60.0% vs 50.0%, $p=1.000$). Abortion and failed live delivery rates were identical between groups (20.0% and 10.0%, respectively).

Conclusion: Invasive PGT-A was associated with a higher per-cycle clinical pregnancy rate compared to non-invasive PGT-A, possibly driven by a greater proportion of cycles proceeding to embryo transfer. Once a euploid embryo was transferred, both methods yielded comparable outcomes. Further large-scale prospective studies are warranted.

Keywords: Invasive PGT-A, Non-invasive PGT-A, Recurrent IVF failure, Trophectomy biopsy, Spent culture media, IVF outcomes.

Introduction

Recurrent IVF failure, commonly defined as the failure to achieve clinical pregnancy after two or more consecutive IVF cycles with transfer of good-quality embryos, affects approximately 10-20% of couples undergoing assisted reproductive technology (ART) [1-3]. The aetiology is multifactorial, encompassing embryonic, endometrial, and immunological factors; however, embryonic aneuploidy remains the single most cited cause, accounting for 50-70% of implantation failures [1-5]. This recognition has driven the widespread adoption of preimplantation genetic testing for aneuploidy (PGT-A) as a strategy to improve embryo selection and clinical outcomes in IVF [1].

PGT-A has undergone significant evolution since its inception. First-generation approaches relied on fluorescence in situ hybridization (FISH) of single blastomeres biopsied at the cleavage stage, a method subsequently shown to lack clinical benefit owing to high mosaicism rates and technical limitations [6-8]. Contemporary PGT-A employs trophectomy (TE) biopsy at the blastocyst stage, coupled with comprehensive chromosomal screening (CCS) technologies such as next-generation sequencing (NGS), which offer markedly higher diagnostic accuracy [9-11]. Several multinational controlled trials and meta-analyses have demonstrated that TE biopsy-based PGT-A can improve implantation rates, reduce miscarriage rates, and shorten time-to-pregnancy in selected populations, particularly women of advanced maternal age and those with recurrent implantation failure [10,11].

A heartfelt thank you to our dedicated team whose expertise, collaboration, and passion made this success possible.



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