

# NEWSLETTER



## INDIAN SOCIETY OF PERINATOLOGY & REPRODUCTIVE BIOLOGY

Oct. 2021 – March 2022

Greetings to all,

It gives us immense pleasure to present the second edition of News Bulletin of ISOPARB 2021-2022. Hope you all liked the 1st edition. It was great meeting you all during Annual Conference 2021 at Gorakhpur. Then 3rd wave of Covid-19 Omicron made us to organize virtual CMEs, which we are still enjoying with a hope to start physical meetings after Holi.

This bulletin will give you absorbing scientific presentations, thrilling moments in solving the quiz, some hilarious moments by jokes and glimpses of events held between Nov. 2021 to Feb 2022.

We are eagerly waiting to see your enthusiasm in ISOPARB 2022 at Varanasi between 6th to 8th of May 2022.

Thanks and regards



Dr Anjana Sinha  
Editor



Dr. Nibha Mohan  
Co-editor

*"Let's Say NO to Birth Defects"*



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**President : Dr. Usha Sharma**

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Rita Sinha, Patna , Dr Rooma Sinha,  
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Supriya Jaiswal, Patna, Dr. Y. Swapna,  
Hyderabad**



**Dr. Usha Sharma**  
**National President**  
**ISOPARB**



# Message

Dear ISOPARBIANS,

Congratulations to all ISOPARB members for unprecedented progress in spite of covid-19 pandemic.

I took charge to lead ISOPARB in covid-19, very unsure of myself what I could contribute towards the progress of the organisation. It has all been possible because of all ISOPARB members in joining hands with full enthusiasm in form of CMEs and webinars which was only way to connect in this pandemic.

It helped in updating our knowledge which has yielded very rich dividends.

My special thanks to the secretary General Dr Meena Samant along with all office bearers of head office and city chapters who stood by me in all my endeavours for ISOPARB.

The four zonal webinars on *Say No To Birth Defects* has really given insight to the problem on how we can build a healthy India in future.

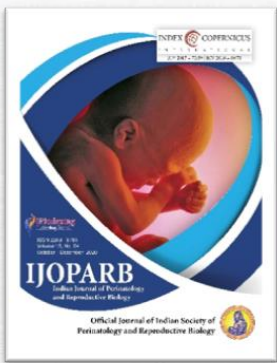
Hope this dedicated momentum for progress of ISOPARB will continue with full vigour always.

I thank all the members for their whole hearted support during my tenure in spite of adverse situation due to COVID pandemic.

My best wishes to the incoming national president Dr Gangadhar Shahu, secretary-general Dr Pragya Mishra Chaudhary with their team. Hope they will take the organisation to greater heights.

Long Live ISOPARB

Dr Usha Sharma



## Journal of ISOPARB (IJOPARB)

### Prof (Dr) Hiralal Konar, Editor-in-Chief



It is a great pleasure to know that ISOPARB is releasing its news bulletin in this month. News bulletin always reflects the society activities in respect of the social and academic aspect. ISOPARB under the dynamic leadership of Dr. Meena Samant and Dr. Usha Sharma has lot many activities to tell us. Presuming that the pandemic is declining, we are feeling a sigh of relief. We are ready to resume our daily activities as before. The ISOPARB society members are busy with annual conference to be held in May 2022, in the holy city of Varanasi. We are looking forward to the socio-cultural meet in the month of May after a long period of waiting.

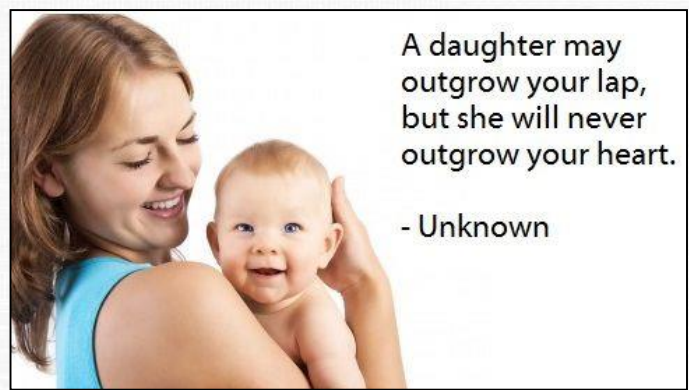
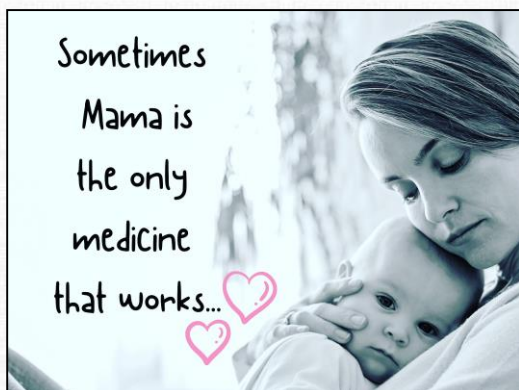
Journal of the Indian Society of Perinatology and Reproductive Biology (IJOPARB) is going to be released soon. Members would be happy to see the journal online first. The issue covers some important areas of concern in our clinical practice. At the same time it highlights some matters that appears to be as the need of the day. The journal committee has requested the society for a special permission of making a print version of this particular issue, so as to reach the members as a copy to add in the library or for their clinic. Members are reminded that the society has decided not to go for print

version of the journal, though it was so popular. It was mainly due to the lack of initiative from many of us to update our contact details with the office of ISOPARB.

We reached this decision following discussions many a times at our managing committee. The difficulties that surfaced, nearly 506 members could not be contacted with their existing mailing addresses.

All journals returned back to the journal office as the members remained untraceable. The journal office and the society incurred huge loss for printing and postal charges. Journal committee tried to bring it to all of your notice by repeated announcements in the journals also. We, the journal committee once again request ISOPARB chapters and its members to update individual members' contact addresses- surface mailing, mobile number and e-mail ID and send it to the society office.

The next issue of the Journal is to be released soon. At the end, we the journal committee, requests you to look into the journal website by the 4th week of this month. The print version will also reach you in time. We hope you will enjoy reading.



# Respectful Maternity Care- I uphold

**Dr Meena Samant, Secretary General ISOPARB  
MD,DNB, MRCOG**



I am 50 plus. I was born on the first of January many years ago in a military hospital in a small cantonment in Maharashtra. I have heard this narrative from my mother many times. She went to the hospital around midnight with labour pains. The plump motherly nurse took care of her. She had her delivery by 8 in the morning. She blesses the team whenever she recounts the experience. This brings a smile on my face too. I wish all women's memories of their childbirth are happy ones that they share with others again and again, bringing about confidence. I am an obstetrician and very familiar with the scenes in labour room.

Disrespect and abuse have been documented in many different countries across the world. This discourages many women from obtaining professional maternity care. This may result in increased cases of birth injury and even maternal and new-born deaths. Many a time the health care professionals are not even aware they are crossing their boundaries. In 2007, Venezuela formally defined "obstetric violence" as the appropriation of women's body and reproductive processes by health personnel, which is expressed by a dehumanizing treatment, an abuse of medicalization and pathologization of natural processes, resulting in a loss of autonomy and ability to decide freely about their bodies and sexuality, negatively impacting their quality of life.

It is globally recognized as a universal human right for every childbearing woman admitted in any health facility. Seven rights of child bearing women in seeking and receiving maternity care before, during, and after childbirth have been described by Browser and Hill in 2010

## **Category of Disrespect and Abuse**

1. Physical abuse
2. Non-consented care
  
3. Non-confidential care
4. Non-dignified care (including verbal abuse)
5. Discrimination based on specific attributes
  
6. Abandonment or denial of care
  
7. Detention in facilities

## **Corresponding Right**

- Freedom from harm and ill treatment
- Right to information, informed consent and refusal, and respect for choices and preferences, companionship during maternity care
- Confidentiality, privacy
- Dignity, respect
- Equality, freedom from discrimination, equitable care
- Right to timely healthcare and to the highest attainable level of health
- Liberty, autonomy, self-determination, and freedom from coercion

Respectful maternity care concept advocates the meaningful experiences of childbirth by women as an essential element of quality health care, which involves recognizing their self-worth, feelings, choices, and preferences. It is often used similarly with the terms women-friendly care and women-centered care. Global efforts to recognize and do away with mistreatment of pregnant women admitted at maternal health facilities have increased. Eliminating practices of disrespect or abuse and changing it with respectful maternity care practices is undoubtedly one of the most important interventions that is worth fulfilling. Each one of us have a responsibility to bring about this positive change.

# Quality Maternal Health Care Services for Rural India – Complexities & Way Forward

**Dr. Sadhana Gupta**



**Health is not merely an issue of Doctors, social services and hospitals, it is an issue of social justice.**

Maternal mortality and maternal & neonatal health statistics is considered to be the greatest health in-equity of 21st century. Around quarter a million women die globally every year due to pregnancy related complications. Approximately 99% of maternal death occurs in LMIC representing greatest single health disparity between resource rich and resource poor countries.

India has recorded a 65% decrease in MMR from 1990 to 2013; however it still contributes to 17% of global maternal deaths. Estimated MMR of India in 2015 was 174 per hundred thousand live births. However national maternal mortality ratio estimate often mask variation between regions and subgroups of population. In India large population lives in region with MMR between 200-250 / 100,000 lives birth.

There is overall disparity in rural and urban living, infrastructure, development and economy. It sets the stage for wide gaps and lacunae in availing affordable, accessible, effective, available health care for people residing in rural area.

Here I wish to share few concern and issues observed through life time experience

## **Positivity of Rural Women and People**

While health care people or Government and program managers for maternity care might or do presume that rural women is uneducated, not empowered, my ground root experience is quite different. Rural women are always in mainstream of economy, they look after and work in fields and farms as well take part in other activities like cattle rearing, home craft or local trades. They are skilled and trained in many aspects and empowered in their own ways.

Beside rural people including women work hard physically. It is evident from data that in rural women rate of caesarean section is lower than urban population. The incidence of co morbidities in pregnant women is also less as compared to urban.

Too early marriage can be issue for obstetric complications but completing family and child bearing at around 30s as per rural cultural norm can be indirectly beneficial to them. They consume food which is fresh and natural biodiversity .Unfortunately in recent times the food esp. fruits, vegetables and milk is being drained to cities which is really having negative impact on their nutrition.

Rural ecosystem is quite different from urban or metro cities and it has its own positive values. Rural people have helping attitude and community support esp. in time of need and emergency.

## **Concern for rural people**

Education and formal job opportunities for rural women are markedly less in general and esp for scheduled and backward socioeconomic caste status. Yet with Panchayat seats reserved for women, rural women have shown their metal for leadership and community work. Sanitation facilities and civic amenities are much less in rural India as compared to urban cities. Beside rural economic has been under pressure due to change in commercial agriculture system as well less able to adapt to new economics. Pan India esp in Northern and Eastern region rural Indian women are not key deciding person for health, including reproductive health issues. Beside though GOI has framed an emphatic and impressive National Rural Health Mission, Private health sector is largely concentrated in urban India.

Emoc services are less available, affordable, and accessible for rural women.

### **Key Positive Changes in India**

GOI launched NRHM on 5th April 2005, which seeks to improve rural health care delivery system. It is operational Pan India with special focus in 8 Empowered Action Group States .Creating cadre of ASHA from rural community itself has brought up fresh and dynamic change in women empowerment. Janani Suraksha yojana, which is conditional cash transfer scheme for encouraging institutional delivery is one of the most impactful programs seen in the world. Creation of free, centrally monitored Ambulance services 102 & 108, Digital tracking of al pregnant mother and children are example of use of technology for transforming lives.

GOI is also working hard for sanitation and 24 x 7 facilities for obstetric care. Focus on nutritional supplementation to pregnant to adolescent women and girls as life cycle approach have reduced moderate to severe anaemia yet overall anaemia prevalence in pregnant women and WRA remains in range of 50-60 % . Focus on menstrual hygiene is another important issue in various platforms which may have an impact in future reduction of RTIs

### **How we can improvise quality obstetric care for rural India**

Today while we have achieved very effective technology in health care system, yet it is also criticised for being too complex, invasive, costly and out of reach for a substantial proportion of population not only in India but throughout the world, even highly developed economies like USA and European world has gross disparity in health care of rural population.

Quality Obstetric care is not issue of health, programs and schemes. It is basic human right issue. SDG has brought inequity and inequality in main thought process. In India with one of the largest populous countries as well still > 60 % of people residing in rural area we owe a lot as professional, leaders, programmer to our rural women.

Few suggestions I put which can be implementable at level of Professional organization like FOGSI, ISOPARB, IAP.

**1. Creating academic and skill updates by encouraging rural chapters** - We need to encourage making chapters and branch of professional organization in very small towns and rural area. The doctors who are giving services to rural areas need to be in mainstream of knowledge and skill enhancement program so they can deliver quality obstetric care to rural women. In our professional Body Constitution, we must have relaxation for number of members for rural /small town places.

It is also desirable that city chapters leaders keep communication with doctors practicing in rural areas and involve them in all organizational academic, social and skill enhancement program. Few programs should be focussed on case situations sharing esp for critical scenarios for learning and implementation of treatment plans in such scenarios.

**2. Adoption of village by local chapters and professional societies** In all branches of FOGSI and ISOPARB we need to be aware of maternal Child health statistics of our nearly rural towns and villages. For 3 years one or two village of high need can be adopted by city chapters and branches for providing **a.** Public awareness program **b.** Well planned health check-up programs with Hb, blood sugar estimation and BP machine for pickup of high-risk cases. In these healths check up we must link it to few back up private as well Govt facilities for follow up quality care. In today's world we can make whats app group of all volunteers at both ends at rural and cities. These are implantable, doable and beneficial for everyone.

Involvement and inclusion of local leaders and Panchayat bodies will add to acceptability and impact of these programs. Such well crafted program will also give us realistic data of our rural health which will be valuable for not only us but for whole of the world for health program implementation.

**3. Respectful Attitude to Rural and underprivileged people** – With drastic change in educational system in India in last 15 years I sadly observe disconnect between highly expert doctors and rural people. Even residing from same area young generation doctors are not well versed in speaking our local language, beside they are not well versed of problems of rural people like less money, travelling long distances to reach hospital, their exploitation in hospital by various cadres due to low literacy and confidence as well.

It is an issue of deep concern, for giving respectful care esp. obstetric care we need to connect them and give care with compassion and empathy.

We should plan real communication skill workshops and somehow encourage and appreciate people who are best in it and known for their dedicated services for rural women.

Trust building amidst marginalized sections like schedule tribes, very poor, lone women is need of the time.

**4. Finances for obstetric Care** – With JSY and Ayushman we are looking forward to sea change in health economic esp. for underprivileged section, yet for obstetric care private sector which is many times providing latest technology can consider giving esp. sanctions for charges like ultrasound, imaging Lab Charges and may be surgeries and hospital stays

Being generous, sensitive to everyone need must remain way of the medical profession. With wide gap in gender equity in our country as professional as well professional body we need to extend supporting hands – to our rural women. We must be aware of the fact that with one person in ill health brings low middle class into poor class. It should be an individual and group voluntary choice, yet making these choices by larger number of people and places will give message that we care for everyone. Finally, it will add to our image and perspective in people as well media.

**5. Include and involve Rural doctors and nurses** - In our all conferences and academic events there must be 1-3 hours session for rural obstetric care in which all government and private doctors giving obstetric and neonatal care in rural area are encouraged to participate actively.

Beside rural health research can be separate section which must have visible place and platforms.

Recently in virtual FOGSI Manyata initiative we have been able to reach doctors and all nursing staff for all clinical standards in obstetric care. It has been highly effective and impactful in ensuring quality obstetric care for all and everywhere.

**6. Settling of professionals at small towns and rural Area** - While young generation Obs Gynae find great difficulty in private practice and settlement in metros and big cities because of high financial investment and competition, there is lot of respect as well work for doctors in rural areas. There is less financial investment also. There need to be changed mindset that in small towns and villages any one can develop professional excellence with high professional satisfaction. As from top colleges medical student take all advantage of government subsidy for medical education and go to USA and western world, we need to have deep concern for this mind set.

***World can be changed only when we change our perspective.***

These are few plans and suggestions.

Hailing myself from rural India I am fortunate to being exposed as well part of all positivity and weakness of rural India.

Still, I find rural people remain calm, cooperative and settled in health and obstetric emergencies. As we are empowered with knowledge, skill and money as well it is our duties and responsibilities which we owe to our rural women and families.

Remember all urban economies are fully dependent on rural ecology. Rural field and farms feed us, nurture us. We all have to come together, plan from small steps to larger platforms as well advocacy for quality obstetric care. We owe a long standing debt to rural people and women; it's time to pay it in our life time.



# QUIZ TIME!

Dr Sheela Mane  
Chairperson Quiz Committee

Dr Rita Kumari Jha  
Co-chairperson Quiz Committee

- 1 What is the screening strategy as per National guidelines?
- 2 When OGTT is recommended in cases of Renal Glycosuria?
- 3 Microalbuminuria in early pregnancy is a sensitive predictor of PIH later. True/ False
- 4 By which gestational age, foetus starts secreting insulin?
- 5 What is the most characteristic congenital embryoopathy in GDM?
- 6 What should be the ideal blood glucose level between 2AM to 6AM?
- 7 What is Somogyi effect?
- 8 Name 3 microvascular angiopathies.
- 9 In which type and at which gestational age, there is risk of small left colon syndrome?
- 10 Which long acting insulin is the 1st choice as per Nice guidelines?



## Message For Office Bearers 22 -- 23 and all ISOPARBIANS.

Namaskar,

Making a new hobby or habit may be difficult but not impossible. A small request / prayer to my Esteemed Office Bearers and members of ISOPARB to think for 5 minutes and work for 10 minutes per day for ISOPARB. I don't feel, it's that difficult. If you make it a hobby and practice, you will be astonished to see that you have built a wonderful monument after one year.

Believe in the concept of a family. Our ISOPARB is our family and we all are her responsible members. It is our duty as well as responsibility to build a distinguished, disciplined and durable family .

I congratulate all to be a member of this prestigious ISOPARB family. Hope all of us Believe in " UNITED WE STAND " & " UNITY IN DIVERSITY ".

Let us work together to move ISOPARB at least a step forward.

Wish you all a fabulous new year 2022 .

Friends! Stay healthy, happy and blessed.

Never let your guard down.

Follow all COVID appropriate behaviors.

LONG LIVE ISOPARB

JAI JAGANNATH.

Dr.Gangadhar Sahoo the president elect ISOPARB 22-23 & a grassroot ISOPARBIAN .

# Activity Glimpses

## Midterm ISOPARB conference 2021 at Gorakhpur

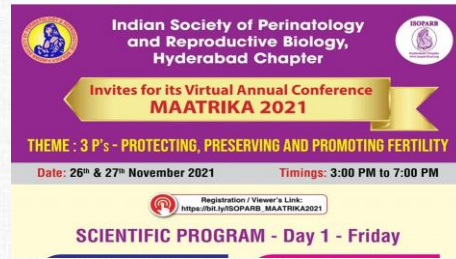
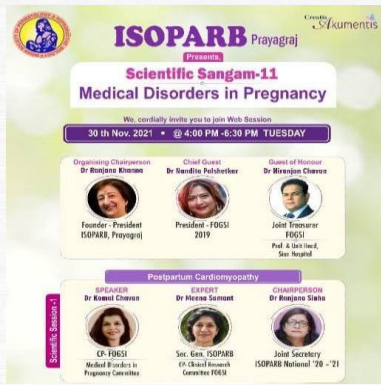


**Isoparb with Patna chapter--**  
23rd Oct.  
PPH- carbetocin.  
Panel discussion on blood  
and blood product



# Activity Glimpses 2

**ISOPARB Prayagraj Webinar on 30th of November.**



**ISOPARB, Hyderabad Chapter -- prestigious event MAATRIKA 2021, Annual Conference on the theme 3P's: Protecting, Preserving & Promoting Fertility on 26th & 27th November 2021.**

**31st Oct, Patna chapter ISOPARB. Rh allo immunization**



**\*IMPROVING PREGNANCY OUTCOME\* a Webinar organized by ISOPARB on 21st of November 2021.**

**Training of nurses and PGs on PPH in kurji holy family hospital on 3rd November 2021 by ISOPARB And Patna chapter over 60 people benefitted.**



**Wonderful CME Organized by ISOPARB at Patna on 27th of November 2021.**



# Activity Glimpses 3

**Zuviston**  
**WEST UP CHAPTER OF ISOPARB**  
 presents  
**a WEBINAR on**  
**MATERNAL INFECTIONS AND POST PARTUM HEALTH**  
**THURSDAY, 9<sup>th</sup> DECEMBER 2021 | 05:00 pm to 08:00 pm**

**OFFICE BEARERS ISOPARB**  
 Dr. USHA SHARMA (President - ISOPARB), Dr. BEENA SAMANT (Secretary - ISOPARB)

**PATRONS WEST UP ISOPARB**  
 Prof. USHA SHARMA, Dr. NARENDRA MALHOTRA

**OFFICE BEARERS WEST UP ISOPARB**  
 Dr. ARCHANA VERMA (President), Dr. SEENA VARSHNEY (Secretary)

**CHIEF GUEST**  
 Prof. CHANDRABENI

**GUESTS OF HONOUR**  
 Dr. JAYDEEP TANK, Dr. ARCHANA VERMA

Webinar organized by **West UP Chapter** on 9th of December 2021.

**ISOPARB Prayagraj**  
 presents  
**SCIENTIFIC SANGAM 13**  
 in association with  
**Azamgarh, Jhansi & Rewari Societies**  
**THE FUNIS OF LIFE-UMBILICAL CORD**  
**Friday, 21st January 2022 | 4:30 PM - 7:00 PM**

**CONVENOR & ORGANIZING SECRETARY**  
 Dr. Amrita Tripathi (Secretary ISOPARB Prayagraj)

**CHIEF GUEST**  
 Dr. Parul G. Khanna (Communicator ISOPARB Prayagraj)

**ORGANIZING CHAIRPERSON**  
 Dr. Rajjana Khanna (Foster Parent ISOPARB Prayagraj)

**CO-CONVENOR**  
 Dr. Neeru Sahu (Member ISOPARB Prayagraj Ex Treasurer AOGES)

**Vote of Thanks**  
 Dr. Neeru Sahu

**REGISTER NOW**  
**ZOOM ID: 891 0170 2262**  
 No password

ISOPARB PRAYAGRAJ\_ 21<sup>st</sup> January

**ISOPARB Gorakhpur Chapter**  
 In Association with  
**Gorakhpur Obs & Gyn Society**  
 Cordially invite you to  
**COR CONNECT- Live WEBINAR**

**JAN 25 2022**  
**TO JOIN**  
[www.corconnect.org/EEMA](http://www.corconnect.org/EEMA)  
**5:00 PM**

**Chief Guest**  
 Dr. Usha Sharma (President, ISOPARB)

**Guest of Honor**  
 Dr. Gangadhar Sahu (President Emer, ISOPARB)

**Special Guest**  
 Dr. Deepika Datta (Sr Consultant Fetal Medicine Consultant Hospital, Gurugram)

**President**  
 Dr. Sachana Gupta (President, Obs & Gyn)

**Secretary**  
 Dr. Amrita Jaiswar (Secretary, Obs & Gyn)

**Patrons**  
 Dr. Rashmi Jha, Dr. Reena Srivastava

Special Key Note Address  
 When and how to consult fetal medicine specialist

ISOPARB GORAKHPUR - 25th January

**SecureNow**  
 West UP chapter of Indian Society of Perinatology and Reproductive Biology (ISOPARB)  
 In collaboration with  
 SecureNow Insurance Broker private limited  
**CORDIALLY INVITES YOU FOR**  
**MEDICO-LEGAL WEBINAR**  
 Saturday 22<sup>nd</sup> Jan 2022, 5:00-6:30 pm

S.no.	Program	Time
1	Welcome & Introduction	25 min
2	Medico-legal cases management & Legal cost	15 min
3	Consumer Protection Act- 2019 (CPA-2019) and its Implication on medical fraternity	15 min
4	Vote of thanks	25 min

**Guests of Honor**  
 Dr. Shantha Kumari (President FOGSI 21-22), Dr. Narendra Malhotra (Past President FOGSI), Abhishek Bondia (MD & Co-Founder SecureNow)

**Insurance Expert**  
 Dr. Archana Verma (Vice President FOGSI 21-22), Dr. Aruna Suman (Joint Secretary FOGSI 21-22), Dr. Meena Samant (Secretary General ISOPARB)

ISOPARB West UP\_ 22<sup>nd</sup> January

**Indian Society of Perinatology and Reproductive Biology, Hyderabad Chapter**

**INVITES**  
 For a Virtual Meet - CME on  
 Update on Adenomyosis

**Date:** 27-01-2022 (Thursday), **CME Timings:** 3:30 PM to 5:00 PM

**SCIENTIFIC PROGRAM**

Time	Topic	Speaker
3:30 - 3:50 PM	Medical Management of Adenomyosis	Dr. Vandana Hegde (Consultant Fertility Specialist)
3:50 - 4:50 PM	Panel Discussion: Management of different case scenarios in Adenomyosis	<b>Moderator:</b> Dr. Sasikala Kola (Consultant Obstetrician & Gynaecologist) <b>Panelists:</b> Dr. Saswati Sanyal Ch (Consultant Obstetrician & Gynaecologist), Dr. Kiranmal Devene (Consultant Obstetrician & Gynaecologist), Dr. Vandana Hegde (Consultant Obstetrician & Gynaecologist), Dr. Srilatha Gorthi (Consultant Fertility Specialist)

ISOPARB HYDERABAD\_ 27<sup>th</sup> January

**INDIAN SOCIETY OF PERINATOLOGY AND REPRODUCTIVE BIOLOGY**

**ISOPARB INDORE CHAPTER INVITES YOU TO LIVE WEBINAR**

**DATE:** TUESDAY, 21 JAN 2022 **TIME:** 4:00 PM - 6:00 PM

TOPIC 1: MANAGEMENT OF UTERINE PAIN MANAGEMENT	TOPIC 2: UTERINE PAIN: APPROACH IN AIC	TOPIC 3: DIFFERENTIAL CAUSES OF PAIN
<b>SPEAKER</b> DR. LAXMI SHRIKHANDI (MD DGO FICOG)	<b>SPEAKER</b> DR. KANTHI BANSAL (MD DGO FICOG)	<b>SPEAKER</b> DR. ANJANA DAVE (MS MRCOG (UK) FACOG (USA))
<b>CHAIRPERSONS</b>		
DR. CHANDAN PHAPRIYA (MS FICS)	DR. ASHA BAXI (MS FICOG FICOG)	DR. JYOTI BUNGLOWALA (MBBS DGO FICOG)
DR. SHWETA KAUL JHA (MBBS MS)	<b>MOC &amp; CME COORDINATOR</b>	
DR. BRAJALA TIWARI (MS FICOG FICS)	DR. AKANKSHA THORA (MBBS MS)	

ISOPARB INDORE\_ 25th January

\*BREAST CONCERNS\*  
 a Wonderful Webinar organized by **ISOPARB** on Sunday the 6th of February. \*



On the eve of World Cancer Day, **ISOPARB Burla/Sambalpur chapter** And **Burla O G society** organised a webinar on **Ovarian Malignancy**

## Activity Glimpses 4

4th February world cancer day. Lucknow chapter does awareness program



Lucknow chapter webinar on 31st Jan 22



Isoparb Gorakhpur chapter webinar on 10th Feb. Cancer awareness- endometrial, ovarian, cervical and breast. Very informative

Awareness program on vaccination in women at kurji holy family hospital on 22nd March 2022



6 MARCH 2022-Cme on improving Perinatal outcome-- Patna.



13 FEB\_ West UP webinar on preterm labour. Release of newsletter.

## Activity Glimpses 5

Gestosis India Association and **ISOPARB Hyderabad Chapter** webinar on 11th March, 2022



Wonderful CME organised by **West UP Chapter ISOPARB** on \*understanding Clinical Urogynaecological practices\* On 15th March 2022 ! Inaugurated by Dr Nandita and Dr MN Malhotra



**Lucknow Chapter of ISOPARB** organised Quiz on Medical Disorders of Pregnancy (Preliminary round ) to select candidates for the zonal round. Winners will represent Lucknow chapter in the North zone quiz on 27/03/22



**West UP Chapter with Jhansi OB Gyn Society**



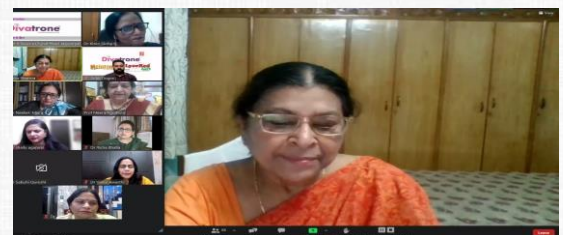
**Webinar by Lucknow chapter with Indore, Bareilly, Varanasi and Gestosis India on obesity pandemic and PCOS on 25th March 22**



**29th March webinar on cesarean birth by Prayagraj chapter**



**Diabetes in pregnancy webinar on 25th March 2021 Bangalore Chapter**



**Kanpur chapter with Lucknow and Allahbad for cme on GTN on 24th March evening**

# Project RIDA 100% (Rajgir Institutional Delivery Achievement 100%)

**Reddy SSS\*; Simba Sarita\*\***

**\* Health Specialist, UNICEF, Bihar Field Office**

**\*\*State Program Officer, Maternal Health & Quality Assurance, State Health Society, Bihar**



## Background

Institutional delivery provides an opportunity for timely management of intrapartum complications and reduces neonatal infections. It is estimated that around 40% of all stillbirths and neonatal deaths take place during labour and the day of birth (1&2). Intra-partum related complications/birth asphyxia contributes 20% of neonatal deaths (1). Quality care during labour, childbirth, and in the immediate postnatal period not only prevents the onset of complications, it also enables their early detection and prompt management. Bihar, being the third most populous state of the country, accounts for over 3.2 million newborns every year. Of these, at least 20% is home deliveries, contributing to maternal and neonatal morbidity and mortality. In this context, the pilot project titled "RIDA 100% (Rajgir Institutional Delivery Achievement 100%)" was implemented in Rajgir Block of Nalanda District, in southeast of Patna.

## About the Project

RIDA 100% was designed in January 2018 as a model to strengthen institutional delivery under RCH programme. Home delivery rate was found very high particularly in pockets having migrant population, in populations with low education status and awareness level and in homes which are far away from delivery centers. This pilot project unfolded many buried reasons like unofficial charging of money by the staff of facilities, less importance towards respectful maternity care, poor quality of care, poor accessibility, lack of referral transport facilities and social taboos as some of the factors refraining the pregnant women to avail quality institutional delivery services.

Evaluation report of the pilot project recommended a number of low cost strategies and package of interventions to overcome the barriers and to promote institutional delivery across the state.

## Objective of the Pilot

To identify the Bottlenecks in institutional delivery and reasons of Home Delivery

To develop Strategies and activities for achieving 100% institutional delivery in Rajgir

## Strategies adopted

### Specific Facility Based Interventions

**Improved Management and Governance of Health Services:** Instituted Rajgir Pilot Project Core Committee (RPPCC) and strengthened Quality Assurance Core Committee in SDH Rajgir. Local resource allocation was increased by utilizing RKS fund on priority basis. Updated village wise ELA of each sub-centre and streamlined HMIS for progress review by RPPCC and QACC.

**Improved Availability and Quality of MNH services:** Improved supply chain and availability of functional equipment and adequate stock of consumables. Ensured 24 hour availability of clinical staff at SDH Rajgir and positioned 2 SN/ANM at APHC Rajgir. Emphasized capacity building of labour room staff and improved clinical practices coupled with handholding support.

### B. Specific community Based Interventions

Line listing of all pregnant mother and **tagging** of migrant/underserved/unserved mothers with nearby ASHA, ASHA Facilitator and ANM

Deployed "**Tele-counselor**" at Block level for case-based tracking and follow up of pregnant women

- Facilitated JAGO campaign for awareness building and sensitization for institutional delivery.
- Facilitated mass awareness through crowd pulling events such as magic show, nukkadnatak, rallies and other IEC activities like hand bill distribution etc. by engaging an NGO "Paritosh".
- Strengthened mothers' groups /networks and sensitized on safe motherhood and MNH services.
- Improved referral-in mechanism through frontline health workers. Volunteers were identified in hard-to-reach areas (e.g. Bahera Village of Rajgir).

## Results

The evaluation findings showed an increasing trend of the Institutional delivery in successive quarters of 2018. Out of 21 home deliveries reported in 2018, 10 (47.6%) deliveries had been in the first quarter, 6 (28.5%) in the second quarter, 5 (23.8%) in the third quarter and no home deliveries reported in the last quarter. Highest number of Institutional deliveries was conducted in third (138) and fourth quarter (137).

As the purpose of the project was to test whether a package of both facility and community-based interventions could lead to attain 100% institutional delivery in Rajgir, the abovementioned result endorses the theory of change and fits with international evidence and overall achievement of RIDA 100%.

Besides, there was a significant increase in reporting of four ANC visits (4ANC) from 43.8% to 77.8% during the span of the pilot. Similarly, there was remarkable increase in the institutional delivery rate, from 55% to 100%. Also, home delivery was declined from per month average of 11 to 0.

## What worked well?

The facility and community level intervention package contributed to improving the coverage and quality of MNH services in the block. Small flexible grants managed at block level to create an enabling environment at the health facility. Quality ANC camps were organized by using PMSMA platform. The facility obtained license for blood bank at the SDH. An additional delivery point made functional at APHC Amirganj. Social and community mobilization enhanced demand for facility-based care.

## Way forward

The pilot project recommended a number of low-cost and evidence-based core strategies to overcome the barriers and to promote the institutional delivery in 38 districts of the state in the next health sector programming of Bihar.

## References:

- <https://www.unicef.org/india/what-we-do/newborn-and-child-health#:~:text=Nearly%2046%20per%20cent%20of,first%2024%20hours%20after%20birth.>
- <https://www.unicef.org/press-releases/one-stillbirth-occurs-every-16-seconds-according-first-ever-joint-un-estimates>

## ANSWERS to QUIZ

1. Single step 75 gm oral glucose ingestion and measuring glucose levels after 2 hrs
2. OGTT is recommended when R G is present on one occasion before 20 and 2 occasions after 20 wks of gestation
3. True
4. About 12 wks
5. Sacral agenesis or Caudal regression
6. More than 60 mg%
7. Rebound hyperglycaemia in the morning due to inadequate night dose of insulin
8. Neuropathy, Retinopathy and Nephropathy
9. In 2nd half of gestation in type 1 diabetes
10. NPH insulin



# EFFECT OF MEDITATION ON FETAL WELL BEING

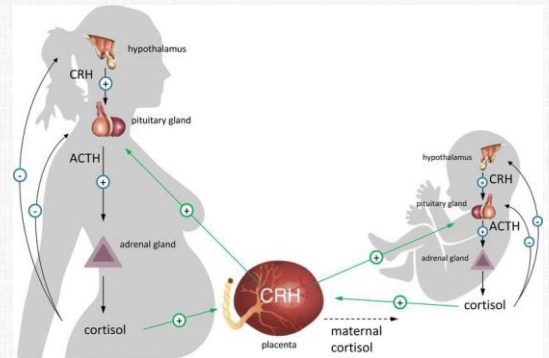


**Dr. Kirti Parashar**

*Studies have shown that a wide variety of prenatal stressors Anxiety and partner relationship problems, Natural disasters, covid 19 pandemic stress may effect pregnancy adversely*

**Role of the Maternal HPA Axis Stress causes an increase in prenatal maternal cortisol which in turn has a range of long-term effects.**

Prenatal stress can affect the activity of the placental barrier enzyme 11-betaHSD2, which metabolises cortisol



## STRESS DURING PREGNANCY

While some extent of stress during pregnancy is natural, prolonged or excessive stress can have harmful effects on the mother and her child during pregnancy as well as later on in life.

CAUSES	EFFECTS	MANAGEMENT
<p><b>Pregnancy -Specific</b></p> <ul style="list-style-type: none"> <li>Parenting stress</li> <li>Pregnancy discomforts</li> <li>Pregnancy development</li> </ul> <p><b>Psychosocial</b></p> <ul style="list-style-type: none"> <li>Relationships issues</li> <li>Living conditions</li> <li>Natural disasters</li> </ul>	<p><b>Mother</b></p> <ul style="list-style-type: none"> <li>Depression</li> <li>Anxiety</li> <li>Sleeping problems</li> <li>Addictions</li> <li>Poor postpartum care</li> </ul> <p><b>Baby</b></p> <ul style="list-style-type: none"> <li>Premature birth</li> <li>Low birth weight</li> <li>Cognitive impairment</li> <li>Behavioral issues</li> <li>Lowered immunity</li> </ul>	<ul style="list-style-type: none"> <li>Identify stressors</li> <li>Reduce stress naturally</li> <li>Maintain a stress-free outlook</li> </ul>



**Benefits of Meditation**



**Meditation Neutralizes Mom's Cortisol**

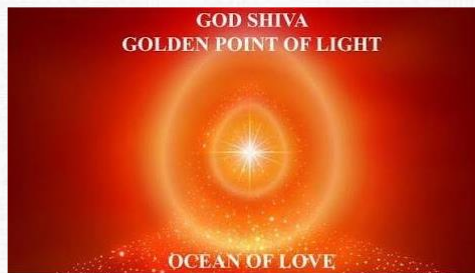
With a highly referenced University of California-Davis study (Saron et al, 2013) Meditation has been shown over and over again to drop cortisol levels by a staggering amounts, with 50%+ quite a common finding! Cutting stress hormones in half not only completely relaxes an expectant mom's mind and body, but fetus also enjoys this tranquility.

**How to meditate during pregnancy - Meditation** is the journey inwards, a journey of self-discovery or re-discovery.

**Raja Yoga meditation** is a form of meditation that is accessible to people of all backgrounds. It is a meditation without rituals or mantras and can be practised anywhere at any time. Raja Yoga meditation is practised with 'open eyes', which makes this method of meditation versatile, simple and easy to practice. Meditation is a state of being in that place just beyond every day consciousness, which is where spiritual empowerment begins. Spiritual awareness gives the power to choose good and positive thoughts over those which are negative and wasteful. Meditating is easy. **Raja Yoga Meditation is communion of inner light with supreme light**

I am a soul.....a point of light, reservoir of positive energy.

- ❖ A SOUL is a point of Light & Might
- ❖ Invisible to physical eyes
- ❖ Situated at the center of the forehead between the two eye brows



**MEDITATION LOVELY REMEMBRANCES OF SUPREME SOUL.....OUR FATHER - INCREASES INNER STRENGTH ; INCREASES MIND STABILITY**

*And to enable the mother to enjoy.....every moment.....!*

*A mind which is relaxed, focussed can overcome biggest challenge!!*

*Thus pregnancy is a beautiful journey for the mother and Labour a miracle moment!!!*

**And the final result is .....HAPPY MOTHER and A HAPPY BABY**

# CONSEQUENCES OF ADOLESCENT PREGNANCY

Dr. Supriya Jaiswal



Pregnancy among adolescents is primarily unplanned, largely accidental and unwanted. The prevalence of such pregnancies are becoming higher and higher these days. As against young women, adolescent pregnancy is associated with higher rates of maternal illness and death. The risk of unsafe abortion, and low birth weight of the offspring are high. No doubt, it remains a major health and social issue in both developed and developing countries. The World Health Organization (WHO) estimated that in developing regions 23 million adolescents' girls have an unmet need for modern contraception and 50% of pregnancies among adolescents' girls are unintended

Stigma, rejection, or violence by partners, parents, may be social consequences for unmarried pregnant adolescents. Girls under the age of 18 frequently drop out of school as a result of adolescent pregnancy and childbirth.

In India, adolescent pregnancy is almost twice as common in rural areas (9.2% vs. 5% in urban areas). Here's the issue: these pregnancies not only render adolescent girls physically and mentally vulnerable,

but they also put them and their babies in danger. Pregnancies of this type are linked to an increased chance of miscarriage, abortion, and other negative consequences.

What's alarming is the increasing rate of maternal and infant deaths caused by anaemia. A recent study has found higher stunting and underweight in children born to adolescent mothers. The low education, poor nutritional status, high rates of anaemia further contribute to the vicious cycle.

The rising rate of maternal and child fatalities due to anaemia is concerning. Children born to adolescent moms have increased stunting and underweight, according to a new study. The vicious cycle is exacerbated by low education, poor nutrition, and high incidence of anaemia.

The national program on adolescent health "Rashtriya Kishor Swasthya Karyakram" (RKSK), was launched in 2014. RKSK provides an impetus to the adolescent health interventions by a renewed focus on community-based health promotion and prevention combined with clinical-based preventive and curative services.

**Every Mother is a doctor**



**Without MBBS degree**

**BEAUTICIAN SAID, "GET RID OF THOSE STRETCH MARKS ON YOUR STOMACH"**



**SHE SMILED AND REPLIED, "NEVER.. IT'S MY BABY'S FIRST DRAWING"**

**DEDICATED TO ALL MOTHERS**

# HUMOR TIMES

Why did the Dalmatian go to the eye doctor?  
He kept seeing spots.

Patient: "I always see spots before my eyes."  
Doctor: "Didn't the new glasses help?"  
Patient: "Sure, now I see the spots much clearer."

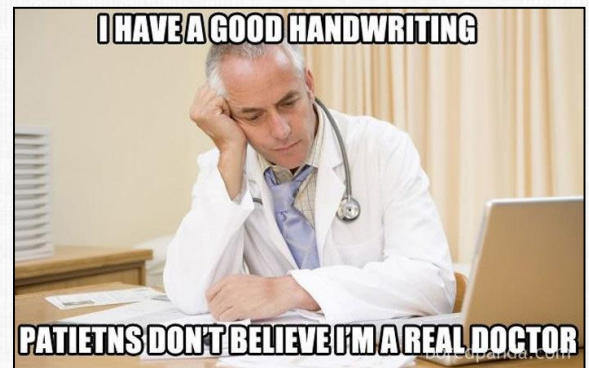
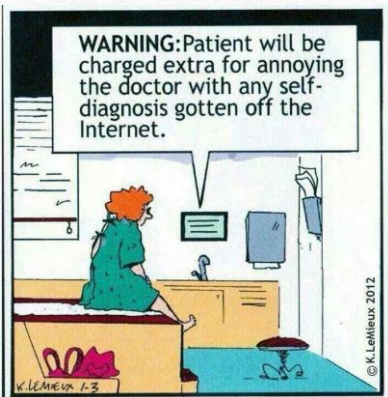
Husband: "The doctor said he would have me on my feet in two weeks."  
Wife: "And did he?"  
Husband: "Yes, I had to sell the car to pay the the bill"

Doctor: "I have some bad news and some very bad news."  
Patient: "Well, might as well give me the bad news first."  
Doctor: "The lab called with your test results. They said you have 24 hours to live."  
Patient: "24 HOURS! That's terrible!! What could be worse? What's the very bad news?"  
Doctor: "I've been trying to reach you since yesterday."

What did one tonsil say to the other tonsil?  
"Get dressed up — the doctor is taking us out!"

Patient: "Doctor, I think I swallowed a pillow."  
Doctor: "How do you feel?"  
Patient: "A little down in the mouth."

A man walks into a doctor's office. He has a cucumber up his nose, a carrot in his left ear, and a banana in his right ear. "What's the matter with me?" he asks the doctor. The doctor replies, "You're not eating properly."



## Medical Puns

1. "Statistically.... 9 out of 10 injections are in vein."
2. "Did you hear about the guy whose whole left side was cut off? He's all right now."
3. "I once heard a joke about amnesia, but I forgot how it goes."
4. "The saying, 'There's more pleasure in giving than in receiving,' applies chiefly to advice... and medicine."
5. For years I was against organ transplants. Then I had a change of heart .
6. The angry brain lost its nerve!
7. What did the vein say to the pessimistic blood clot? Be positive.
8. I had a gut feeling I had food poisoning.
9. Did you hear about the guy whose whole left side was cut off? He's all right now.
10. Two blood vessels fell in love but alas, it was all in vein.