APRIL 2019
ISSUE 1

AICC RCOG SOUTH ZONE

News Letter

From the Chairperson's Desk

Dr Uma Ram

Dear Friends,

The first 3 months of 2019 have passed by already and we have stepped into April and the beginning of warmer weather.

April is a special month for all of us as we celebrate the traditional new year. This is the first day of the first day of the month of Chithirai / Chaitra/ Medam as per the Solar or Lunisolar calendar. It usually falls on or around the 14th April of the Gregorian calendar, following the spring equinox.

Puthandu, Ugadi, Yugadi or Vishu, the day is one of festivities, preceded by cleaning of the homes and celebrated with new clothes, intricate kolams, arrangements of flowers and a traditional meal. The day begins with viewing a tray with a mirror and auspicious things in some parts and with the reading of the almanac in others. While the exact dish may vary a bit, almost all of us have a “pacchadi” that is a trademark of sorts. A mix of mango, jaggery, neem flower, salt and mustard. This dish reminds us that the year ahead is going to be a mix of experiences. That the individual events may be sweet, tangy or bitter but hoping that the whole experience in the year ahead would be a perfect mix of all bound together.

The traditional new year is celebrated many other parts of India in different names but interestingly also in Srilanka, Combodia and Myanmar, possibly a reflection and influence of a shared culture.

I am pleased to share the first newsletter of the AICC RCOG SZ with all of you coinciding with this month of Celebration. This news letter will bring a focus on one or two important clinical aspect of OBGYN along with zonal activities, some fun facts, interesting information and a quiz.

We at the SZ committee are hoping to have many of us involved in the planned activities and would love to hear back from you. Currently we are working on rolling out a perineal protection and repair module and initiating a voluntary near miss audit. Some of you have already mailed us expressing your interest in being a part of these and we will get back to you as these projects take shape.

Please mark the dates of 16/17 November 2019 for the annual AICCRCOG SZ meeting in Banglore being planned on a very interesting and novel theme.

Wishing you the very best in the year ahead,

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ఉగాది పండుగ" పలుకరింపులు വിഷു ആശംസകൾ

Maternal Near Miss Audits – The Need of the hour

Maternal mortality is a critical indicator of the quality of health care system. Due to improved health care, there has been decline in MMR globally and in India as well. There is a need to further accelerate this decline for achieving our national and international targets and goals as envisaged in the Sustainable Development Goals (SDG). Though the Maternal Mortality Ratio (number of maternal deaths per 100,000 live births), has shown a downward trend, there is an urgent need to improve our health care services. For each maternal death that occurs, there are several women who go through serious life-threatening situations and yet fortunately survive. These women, who narrowly escape death, are considered a "Maternal Near Miss".

Who / What is a Maternal Near Miss (MNM)?

A Woman Who Survives Life Threatening Conditions during Pregnancy, Abortion, and Childbirth or within 42 Days of Pregnancy Termination, irrespective of Receiving Emergency Medical/Surgical Interventions, is called Maternal Near Miss.

Many pathological and circumstantial factors are common for women who develop severe acute complications during pregnancy. While some unfortunate women lose their lives during pregnancy and birth, many narrowly escape and survive.

Why should we evaluate Near miss cases ?

1. Most of the common reasons for Near miss are also the important causes of Maternal death. Reviewing them therefore, may give us valuable information and help us in preventing maternal deaths
2. As the number of MNM cases are more, it will help in more reliable analysis
3. Since the women survived, the healthcare providers may be more forthcoming with their reporting and share their information regarding the circumstances that led to the event
4. The women themselves can be interviewed
5. Contributory factors that may have lead to the survival of the woman can be identified
6. Help us to implement strategies and develop protocols which will prevent complications

In December 2014, Government of India, published the "Operational Guidelines for Maternal Near Miss Review"

Categories of Maternal Near Miss

MNM cases can be classified into three broad categories

1) Pregnancy specific obstetric and medical disorders
2) Pre-existing disorders aggravated during pregnancy
3) Accidental / Incidental disorders in pregnancy

PREGNANCY SPECIFIC OBSTETRIC AND MEDICAL DISORDERS	PREEXISTING DISORDERS AGGRAVATED DURING PREGNANCY	INCIDENTAL AND ACCIDENTAL CAUSES IN PREGNANCY
Haemorrhage	Anaemia	Accident / assault / surgical problems
Sepsis	Respiratory Dysfunction	Anaphylaxis
Hypertension	Cardiac Dysfunction	Infection
Postpartum Collapse	Hepatic Dysfunction	Embolism and Infarction
Liver dysfunction	Endocrinal Disorders: Diabetic ketoacidosis, Thyroid crisis	
Cardiac dysfunction	Neurological Dysfunction	
	Renal Dysfunction / Failure	

Source : Maternal Near Miss Review Operational Guidelines - December – 2014, Maternal Health Division, Ministry of Health and Family welfare, Government of India

It can be noted that some conditions like cardiac dysfunction comes under both Pregnancy specific (Category 1) and pregnancy aggravated category (Category 2). This is because Cardiomyopathies which are pregnancy specific comes under Category 1, whereas preexisting heart diseases under Category 2 .

How to diagnose Near miss cases

Criteria for identifying and notifying the MNM case are listed in Table 1:

To be considered a near miss, minimum three criteria (one from each category) must be met with:

1) Clinical findings (either symptoms or signs)
2) Investigations
3) Interventions

Or

If the patient has any symptom / Sign / Intervention which may be considered as a Single criteria (indicated by a heart symbol) she becomes a case of near miss

Maternal Near Miss Review Process

MNM review as envisaged by the Government of India guidelines involves a 3 level process .

Institution Level – the MNM case is identified, MNM review at the institution is done. Salient points –like cause of Near miss, delays if any and feedback if any to be given to the referring centre are noted and this report is sent monthly to the district level

District Level- The reports from the institutions are compiled and discussed at the District MNM committee meetings and the reports sent to the State MNM committee.

State Level-The reports from the districts are compiled and discussed in the State level meetings

Information gathered at these reviews with regard to frequency and nature of maternal near-missand enables to evaluate emergency obstetric services and helps in identifying gaps & take corrective steps

Kerala Experience

In 2017 a MNM review pilot project was initiated by Kerala Fedaration of Obstetrics and Gynaecology, with government approval involving the 5 Government medical Colleges of Kerala. Apart from the near miss process mentioned, 2 features were added to this review. First was anonymisation of the case records and the second feature was to have the anonymised case records to be assessed by independent assessors (who were senior obstetricians across the State) .This ensured avoidance of possible bias while reviewing and also gave us valuable inputs from the experienced obstetricians. The significant contributory factors to near miss noted during these review meetings included poor antenatal care, failure or delay in recognizing a potentially life-threatening condition, delay in referral and other social factors. In some cases there was a lack of adherence to standard protocols and limitation of resources. Poor documentation of events that occurred was observed. But it has to be remembered that these women were saved most often because of prompt and timely interventions .

Most common cause of the near miss state was Haemorrhage often as a result of Placenta accrete. This fact stresses the need to reduce primary caesarean rate .

As next step Government with active involvement of KFOG members has initiated the MDNMSR (Maternal Death and Near Miss Surveillance and Response) from January 2019. It has been implemented in all districts involving Hospitals in both Public and Private Sector .

Evaluation and review of near miss cases should help us to identify causes of near miss, lacunae in the response of the health system to emergencies, gaps in the health care organisation and corrective measures needed. This also will provide us with a regular feedback and essential measures needed to achieve our goals .

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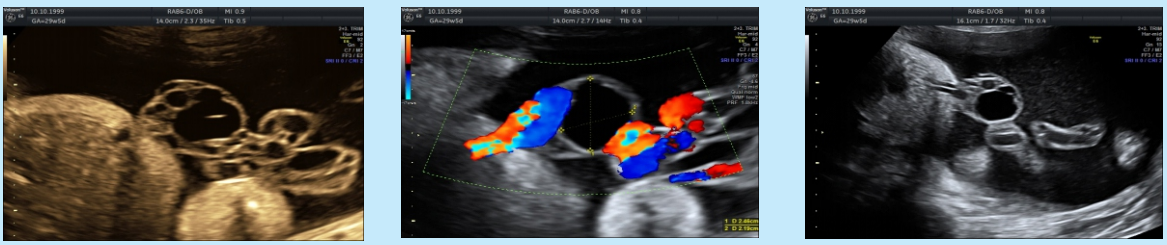
MD,DGO, MRCOG
Additional Professor OBG
Govt Medical College ,Thrissur

Prof .V P Paily FRCOG
HOD OBGYN Rajagiri Hospital, Kochi
Advisor, AICC RCOG SZ

Image Quiz - 1 What are we seeing ?



Contributed by: **Dr Chinmayee Ratha,** MS MRCOG, Fetal Medicine Specialist, Hyderabad.

Case Discussion

H1N1 complicating pregnancy : Unusual Presentations Importance of developing symptom based protocols

Case 1 : G2P1L1 with FGR at 35 weeks of gestation previous LSCS developed SOB, 5 hrs after LSCS with a history of dry cough without fever since 3 days.

Case 2 - Primi underwent LSCS for non progress of labour with pre-eclampsia with history of dry cough since 3 days developed fever with SOB on 1st POD.

PROTOCOL FOR EVALUATING SOB IN POSTPARTUM PERIOD

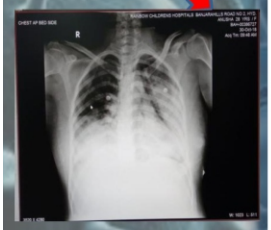
- Multidisciplinary care involving Obstetrician, anesthetist and physician
- Thorough clinical examination of cardiovascular system, lungs, abdomen and lower limbs
- Check vitals - Temperature, PR, BP, RR, SpO2
- Chest X ray (CXR)
- 2D Echo, ECG, Venous dopplers, Pulmonary Angiography, V/P scan (SOS)

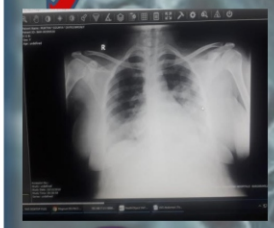
If patient is afebrile with SOB

- Rule out anemia, pulmonary embolism, pulmonary edema
- Rule out peripartum cardiomyopathy
- Rule out DVT

If patient is febrile with SOB

- Follow sepsis protocol (RCOG)
- Suspect H1N1 and start Oseltamivir
- Send throat swab for H1N1 and sputum culture
- Send CBP, CRP, NS1 Ag, appropriate blood, urine or wound cultures depending on symptoms.





CASE 1

- She presented with only SOB 5 hrs after surgery
- 2D echo was done as first investigation and ruled out peripartum cardiomyopathy
- CXR revealed obliteration of CP angles
- Improved on 1st POD with conservative management
- Developed fever with SOB on 2nd POD
- Suspecting H1N1 started on Oseltamivir and upgraded antibiotics
- Repeat CXR showed bilateral infiltrates with pleural effusion.

Treatment

- Started on oseltamivir on 2nd POD
- Developed ARDS on 3rd POD
- Required prolonged mechanical ventilation along with prone ventilation
- Had tracheostomy for continued ventilation
- Positive ET and blood cultures were treated accordingly
- No other organ involvement
- Recovered by 18th POD

Discussion : We are presenting two cases of H1N1 complicating pregnancies with divergent clinical symptoms. One presented with shortness of breath(SOB) on second day post-delivery mimicking cardiac pathology specifically peripartum cardiomyopathy. The second one presented with dry cough and later progressed to SOB with fever.

Most units have protocols which address specific diseases but we have in addition implemented protocols to evaluate symptoms thus enabling us to arrive at the right diagnosis.

Here we followed our protocol for shortness of breath in postpartum women. This enabled early diagnosis of H1N1 and its associated complications . Due to the availability of a uniform protocol for SOB, in the first case ARDS was well managed and by aggressive respiratory support multi-organ dysfunction and mortality was prevented . And in case 2 invasive Aspergillosis (which carries a maternal mortality of 60%) was diagnosed **solely** because we followed the protocol which once again helped us to initiate prompt treatment and save the patient.

CASE 2

- She presented with fever and SOB on 1st POD
- CXR- revealed bilateral pleural effusion
- Suspecting H1N1 started on oseltamivir and upgraded antibiotics on 1st POD
- Sputum culture came positive for Aspergillosis on 4th POD
- Repeat CXR revealed hilar opacities
- CT Chest – Scattered bilateral nodular densities ?fungal etiology .
- Serum GM test came positive for invasive aspergillosis

Treatment

- Started on oseltamivir on 2nd POD
- Diagnosed as Aspergillosis on sputum culture and CXR on 4th POD
- Confirmed invasive Aspergillosis with serum GM test and started on Injection Voriconazole for 14 days
- Required only CPAP
- Recovered by 11th POD

Conclusion: Availability of symptom based protocols (in addition to disease based protocols) enabled us to

- **Arrive at the right diagnosis (H1N1)**
- **Identify life threatening complications (invasive Aspergillosis)**
- **Provide timely and optimum supportive and therapeutic management**
- **Prevent maternal mortality (which can be as high as 60%)**

References :

1) FOGSI guideline for H1N!1 in pregnancy
2) WHO guideline for H1N1 in pregnancy
3) CDC guideline for H1N1 in pregnancy
4) RCOG – Greentop guideline No 64A.

Abbreviations :

FGR- Fetal Growth Restriction, SOB- Shortness Of Breath, POD – Post Operative Day, LSCS – Lower Segment Cesarean Section, PR – Pulse Rate, BP – Blood Pressure, RR – Respiratory Rate, SpO2 – Oxygen Saturation, ARDS – Acute Respiratory Distress Syndrome, CPAP- Continuous Positive Airway Pressure, DVT – Deep Vein Thrombosis, V/P – Ventilation/ Perfusion scan, ET – Endotracheal, Serum GM Test – Serum Galactomannan test.

Authors : Dr Shruthi Reddy MD, MRCOG | Dr Niraj Y, MD, FRCOG
Consultants, BirthRight By Rainbow, Hyderabad

Summer is here!!! You will love this breezy wardrobe advise

Adjusting our wardrobes as temperatures soar is a surprisingly effective way to beat the heat - or make it more bearable. While our clothes reflect our personalities, they also have the power to affect our mood. Stay cool this summer by incorporating these three easy summer trends.

Pay Attention To Fabric: Wear natural, breathable fabrics. Linen and handloom cotton are effective in ensuring that heat doesn't get trapped. Viscose and rayon are two other natural fibres that work well this season. Pay attention to the labels on your clothing - you'd be surprised at how synthetic fibres like polyester have pervaded nearly every item of clothing that we wear!

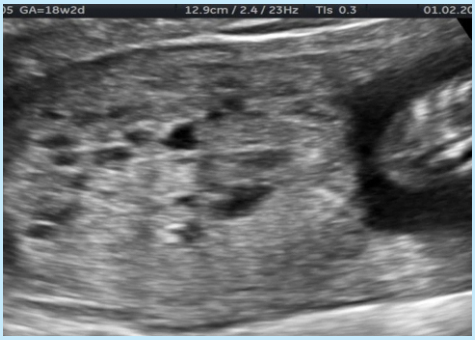
Pastel Colours: Another way to stay light is to wear pastel shades. White, and other colours mixed with white reflect more light (and therefore, heat) than they absorb, making them ideal shades for the summer. It also helps that they are inherently mood boosting cheerful shades. Pastel yellows, lavenders, pinks and blues look as good on men as they do on women, so men don't be afraid to introduce a bit of colour into your wardrobe!

Boxy Silhouettes: Summer is not the best of times for fitted clothes. Stay breezy with silhouettes that are loose and floaty. Boxy saree blouses, breezy kurtas and loose shirts are the order of the day! If you feel the need to create structure and shape, use belts, scarves and jewellery.

Author Lavanya Mohan works in a start-up in Chennai that specialises in artificial intelligence for fashion. She is a Chartered Accountant by qualification and has been published in several magazines& newspapers

Image Quiz - 2 What are we seeing ?

- **Primi at 18 weeks 2 days at target scan**
- **Give your differential diagnosis**
- **Any testing to be advised**



Contributed by: **Dr Suresh S,** FRCOG, Mediscan, Chennai.

DID YOU KNOW?

Old logo

Logo

The College's **current** logo was introduced in 2011.

The logo features the shield, or arms, whose blue and black fields represent night and day, signifying how care is provided 24 hours a day.

Current logo

Events Roundup

Eve Endoscopy
16th, 17th Feb - 2019,
Chennai

Visit to Trivandrum by AICC RCOG SZ team on 10th March 2019

Purpose of visit: To observe the maternal mortality and near miss analysis being done by KFOG Feasibility of this activity in other states of South Zone

Visiting Team: Dr. Uma Ram (Chairperson SZ AICC RCOG) Dr. Jaya Narendra (Karnataka) Dr. Jaisree Gajraj (Tamil Nadu), Dr. Pranathi Reddy (Telangana)

Observations and Outcome: While the brainchild of Dr. VP Paily; this process is a credit to the Kerala Society of O&G and Govt of Kerala. Dr. Uma Ram has proposed that we start with reporting and analyzing near misses on a voluntary basis. The pathway to facilitate this process is in development.

Nurses workshop
29th March 2019
IRM, MMM, Chennai

Save the date

1. AICCRCOG -SZ annual regional meeting, Bangalore 16/17 November 2019
   http://aiccrcogsz.com/
2. AICC RCOG Annual National Conference, Kolkata, 5th to 8th September 2019
   https://www.aiccrcog2019.com/
3. RCOG World Congress, London, UK 17th to 19th June 2019
   https://www.rcog.org.uk/

QUIZ Answers

Picture - 1 Umbilical cord cyst , Close D/D exomphalos minor Isolated UCC may have a benign course antenatal and good postnatal outcome

Picture - 2 DD : Partial mole & Placental mesenchymal dysplasia
Test : Suggest amniocentesis for fetal karyotype, watch for growth restriction and preeclampsia