



AICC RCOG SOUTH ZONE

News Letter

**Structured hands -on training in repair of obstetric anal sphincter injuries (OASIS)
A much needed training initiative is implemented by AICC RCOG South Zone**

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Structured Training in Repair and Prevention of Perineal injury

Perineal injury is common after birth and may be caused by tears or episiotomy or both. The clinical outcomes of Obstetric anal Sphincter Injuries (OASIS) can be debilitating to the women with a profound impact on quality of life.

While the assessment and management of perineal trauma should be a core component of routine maternity care however, this remains an area of practice with huge gaps between the care given and established professionally agreed standards.

Several studies and audits have shown, following a structured evidence-based training program in identifying and repairing OASIS, participants were able to perform better at identifying and repairing perineal trauma. Keeping this in mind the AICC RCOG South Zone, under Dr.Uma Ram's leadership, launched a formal training program in association with J&J India and Indian College of O&G (ICOG). The first phase of the program; Training of the Trainers (TOT); was initiated in June 2019. There was an initial brainstorming session at J&J centre Chennai where a structured module was formalized after much debate and discussion. This was followed by a training module being implemented in conjunction with ICOG in the city of Hyderabad at FOGSI TAI OG conference with a view to improve regional partnerships and enhance the reach of the program. In the second phase, the certified trainers are now being encouraged to conduct the structured programs in their own regions.

We are hoping that this program will enable us to capture better epidemiological data and improve clinical practice.

The AICC RCOG South Zone is very appreciative of the partnership J&J and ICOG in this much needed training initiative.

BEYOND POSTPARTUM DEPRESSION - PERINATAL MOOD AND ANXIETY DISORDERS

Most pregnant women confide in their obstetricians and trust them with their deepest fears and anxieties. While there has been a lot of discussion on postpartum depression, there are a range of other mental health conditions that women might present with.

A good antenatal history should include that of a previous history of anxiety, depression or any contact with a mental health professional. Many women may be secretive about an earlier history as they may not have revealed it to their partners. An astute obstetrician needs to find private time with the woman to always check. This is because of the fact that a past history of depression or bipolar disorder is the strongest predictor of a subsequent episode in pregnancy or the postpartum.

There is now increasing evidence that maternal mental health during pregnancy is important for pregnancy outcomes as well as fetal development. Developmental origins and fetal programming have long term implications for the mental and physical health of the child till it reaches adulthood

Pregnancy therefore is a great opportunity to start primary prevention. In addition to nutritional preventive efforts, mental health can have long term impacts. Hence the need to pay attention.

A simple four item screening tool is all that is required along with some key risk questions.

In the last 4 weeks, have you often (on some or on most days)

	Questions	Yes	No
	Felt unable to stop worrying, or thinking too much?		
	Felt down, depressed or hopeless?		
	Felt little interest or pleasure in doing things that you used to enjoy before?		
	Had thoughts and plans to harm yourself?		

Action recommendations include immediate management or referral for any endorsement of item 4 and Immediate management or referral for a total of 2 or more yes responses for the first three items.

Risk factors Include

- **A Past History of a mental health problem**
- **Poor support**
- **High levels of ongoing stress**
- **Partner Violence (even emotional violence)**

The following is a chart of common problems in pregnancy and the postpartum period

PREGNANCY SPECIFIC ANXIETY - Affects 10 % of women

Symptoms – Intense fear of labour (also called tokophobia), fears of fetus having a problem, excessive fear of one's own health, need for constant reassurance, inability to relax, panic attacks

Treatment – Cognitive Behaviour Therapy, May need medications if excessive

Important – Excessive stress and anxiety or depression during pregnancy may lead to low birth weight and pre term delivery. Therefore needs attention

POSTPARTUM ANXIETY – Affects 10 % of women after childbirth

Symptoms – Excessive and constant worrying about self and baby, inability to relax, intrusive and unwanted thoughts, sleep problems

Treatment – Cognitive Behaviour Therapy, Medications (many medicines are safe for breastfeeding), add one methods like Yoga

POSTPARTUM OBSESSIVE COMPULSIVE DISORDER – Affects 3.5 % of women after childbirth Fear of being alone with the baby, unwanted thoughts about self and infant, repeated checking behaviours, excessive preoccupation with routines, being hyper vigilant about the baby

Treatment – Medications, Cognitive Behaviour Therapy

POSTPARTUM POST TRAUMATIC STRESS DISORDER

Affects 9 % of mothers and is associated with negative childbirth or pregnancy experiences

Panic attacks, anxiety and reliving the traumatic incidents, inability to sleep, avoiding discussions about labour and pregnancy

Treatment - Medications, Trauma Focused therapies

POSTPARTUM DEPRESSION

Affects 15 % of mothers. Low mood, crying spells, lack of interest, excessive fatigue and aches and pains that cannot be explained, ideas of poor self worth as a mother, thoughts of harming self, not able to enjoy anything, not able to bond with the baby, sleep disturbance, poor appetite

Treatment - Medications, Cognitive Behaviour Therapy, Interpersonal Therapy, Marital Therapy

If severe and ideas of self harm present, then needs hospitalisation Depression may also start during pregnancy and needs attention as it can affect the fetal growth and pregnancy outcome

POSTPARTUM BIPOLAR DISORDER

Affects 2 % of mothers after childbirth Mood swings, excessive cheerfulness, irritability, high energy levels, excessive and rapid speech, excitement, racing thoughts, grandiose ideas about self or baby, decreased need for sleep, aggressive on provocation, infant neglect

Treatment - Medication may need hospitalisation

POSTPARTUM PSYCHOSIS – This is a medical emergency and needs immediate care

Affects 1 of 1000 mothers. Irritability, suspiciousness, false beliefs related to self or infant, not caring for self or the baby, may have ideas of infant harm or self harm, poor sleep and appetite, difficulty communicating ideas, aggression (occasionally towards the baby)

Treatment - Medication, Hospitalisation

This is a medical emergency and may almost always need admission into a hospital

MOTHER INFANT BONDING DISORDERS

Affects less than 1 % of mothers. Poor bonding with infant which is not because of depression or anxiety, Does not feel affection for the baby, feels it is best that someone else cares for the baby, poor motivation to breast feed, gets angry with the baby or is indifferent.

Treatment - Individual therapy with mothers, mother infant psychotherapy, video feedback interventions

POSTPARTUM BLUES

Affects 20 % of mothers. Mood swings, anxiety, irritability, crying for no reason, poor concentration

Important – this is a mild condition that usually last for a few days only. If it persists for two weeks or more, seek help because it maybe one of the above conditions

Treatment - Reassurance, Education about the condition. Needs advice from mental health professionals if it persists beyond two weeks

Important issues in Management

It is important that obstetricians do not stop ongoing medications without consulting a psychiatrist as it may lead to relapse and a psychiatric emergency, which then will require higher doses of medications in any case. Abrupt stoppage of several psychiatric medications may lead to withdrawal states which may be harmful to the mother and infant. Developing a Care Plan when a mother has a previous psychiatric problem with close liaison between the obstetrician, psychiatrist, paediatrician and the family is key to a successful

ul outcome. This should start within the first trimester and go on till the first year after childbirth.

About the Author

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Professor of Psychiatry and In Charge Perinatal Psychiatry Services, NIMHANS, Bangalore

Her areas of interest are Psychotropic medication use in pregnancy and postpartum, Interventions for mother infant bonding disorders and Psychiatry Ethics

IN SEARCH OF THE FIREFOX



Stunted broad leaved trees, bamboo thickets and a particular narrow beaten footpath that cut through them was the habitat chosen by our trackers to find the Firefox of the Himalaya. As we walked further down this path, towards a slightly steeper slope, the towering giant that was Mt.Kanchendzonga started peeking through the trees.

We had come to the Ilam district of Nepal to understand the world of the Habre or the Red Panda. We had chosen this place as the Red Panda Network, a research and conservation NGO, operated out of Ilam and had provided the locals with training to track Pandas and to run simple homestays.

It had already been three days and all we had to show for it were tracks. We were obviously not disappointed as the plethora of eastern Himalayan birds, the flowering rhododendrons, a pair of jumpy yellow-throated martens, blood pheasants, golden eagles and tragopans had all shown themselves to us. We even got a glimpse of the rare grey-headed flying squirrel on a night walk. But the Panda stayed a myth. Our trackers had found fresh scat on a jungle trail the previous day and were hopeful of finding the animal in the vicinity.

'Panda move slowly, feed in the morning, potty in forest floor, drink water and climb tree to sleep' was the logic the locals used. I was not too convinced but went along as I had no other information to counter their logic.

At one junction, our trackers asked me to wait under a tree as they split up into the wilderness. After 15 minutes, a few loud whistles were exchanged between them, scattering the Yuhinas that had kept me company. One of them burst out into the open from behind me.. "PANDA!!". He grabbed my arm and took me through what looked like just thickets with no visibility till we reached a large oak tree. And there he was. Glowing bright red in the morning sun... Kanchendzonga behind me... My first Panda!! Staring down at me from a tree-fork. The most beautiful mammal I had ever seen!! The local trackers were right...they usually are...and boy was I glad!!!

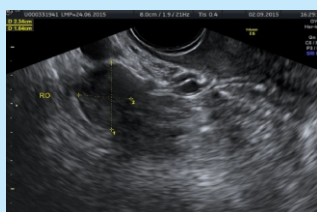
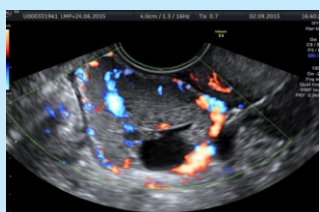
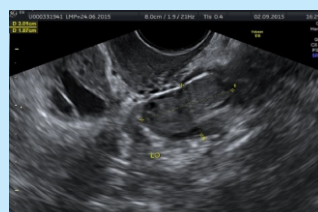
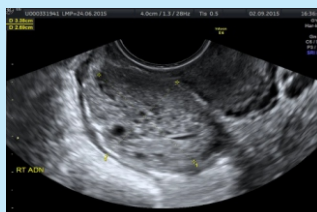
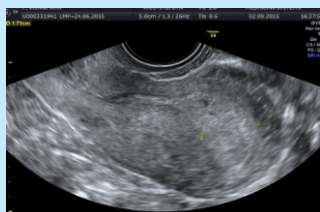
About the Author

Surya Ramachandran

Surya is an author and naturalist who has been exploring the various habitats of the country over the last decade. He believes that sustainable tourism practices in non protected wilderness patches with the involvement of the community is the future of conservation and tourism. He currently operates out of small community lodges setup in remote villages of Ladakh.



Image Quiz - 1



Irregular cycles, 21.2, months amenorrhea
UPT positive, spotting and pain

Potential diagnosis ?

What test will help narrow the diagnosis ?

MINDFULNESS FOR WELLBEING

Have you been with your kids while distracted and wishing to be elsewhere? Have you driven home reliving an argument with a co-worker, angry and resentful, unable to even recall your drive? Have you sat in front of your TV and gone through an enormous bag of chips with no real recollection of having eaten it? Do you wonder sometimes why you are not able to get things done? Why you overeat when you know you shouldn't or why you can't sleep with those thoughts spinning around in your head in an endless loop of melodrama?

These are all examples of mindlessness that are typical and not helpful. They rob us of the present moment and spin us into a realm that does not even currently exist.

Mindfulness is nothing but the non-judgmental conscious and purposeful awareness of the present moment. So what's so wonderful about that you may ask! If you think about it, there is nothing but the present moment. The past is over and the future is not yet here. Being aware of the present moment keeps us more engaged and involved with our lives as it plays out in real time.

The practice of mindfulness and the corresponding meditative practices have gained scientific attention after several studies, especially from the Center For Mindfulness at University of Massachusetts, have explored the benefits. S.N Goenka, a Burmese-Indian, the founder of Vipasana Meditation and more recently, John Kabat-Zinn from University of Massachusetts have been instrumental in popularizing Mindfulness.

- Lack of mindfulness can cause anxious worrying leading you to eat mindlessly, leading to obesity and all the subsequent repercussions.
- Lack of mindfulness can keep you disconnected from your body and the continuous signals your body sends you. So you may be unaware for instance that what you are really feeling is fatigue or thirst and not hunger and reach for food in a distracted and mindless manner.
- Lack of mindfulness can manifest as a lack of awareness of social cues, another person's body language or even an understanding what they are really saying leading to misunderstanding and grief.

Our thoughts matter and being aware of what they are therefore is critical to our wellbeing. Research from the University of Massachusetts Mindfulness Based Stress Reduction, or MBSR program have shown the benefits of mindfulness and mindfulness-based practices for a variety of medical conditions such as anxiety (Otner 2007), pain (Zeidan 2016) and even skin conditions like psoriasis (Kabat-Zinn 1998). The improvement in such conditions, using mindful meditation appears to be the result of the deepening awareness of our own thought processes related to the disease or pain we suffer.

- Mindfulness calms the brain by quieting the parts of the brain (the Amygdala) responsible for the fight-or-flight response (Lutz, Davidson et al 2008)
- It aids in stress reduction (Goldin et al 2010)
- It helps regulating emotions to improve emotional intelligence (Chiesa et al 2010)
- Improves attention and focus (Baijal et al 2011)
- Reduction in depression (Napoli et al 2005)

Steps to being more mindful –

- **Pay attention to simple things** – it could be something as simple as taking a shower. Be conscious of the water, the temperature, the sound and feel of the experience. Make it a habit
- **Breathe** – Sounds so simple. Rarely are we conscious of our breathing. Make it a habit to become aware of your breath at frequent intervals through the day. It could be every time you move from one project to another, or one client to another or when you walk down a corridor or get yourself a glass of water; stop and breathe.

- **Listen to your body** – Sometimes we are aware that there is some vague pain or discomfort in our bodies. We may not however really pay attention to how the body moves or how we sit, stand, eat or engage.
How do we position our hips, feet, back, arms? Is there tension in some part of the body? Is it aggravated by the way we move or sit? These are not always aspects of ourselves we pay attention to. Doing so will bring a deeper awareness of our own bodies.
- **Be aware of your thoughts** –Recognize your thoughts as they play out in your head. Don't judge or be upset by them. Just be aware of them.
- **Use all your senses** – Try to use all your senses from time to time. When you go for a walk outside for instance be conscious of the sights, smells and sounds. When you are cooking, be conscious of the color of the vegetables, the changing smells when you cook and so on.
- **Engage fully** – This is especially important when you interact with people. Engaging with them fully allows not only for better understanding and relationship but also makes them feel valued when you are present and completely involved
- **Practice** – Mindfulness based meditative practices may last for as short as ten minutes. You can source many of them online on YouTube. You could try the courses offered ones by Kabat-Zinn or Vipasana meditation by Goenka..
- **Do yoga** – Yoga practices linking movement and the breath are great to help us become more mindful.

About the Author

Dr. Sheela Nambiar obtained her MD ObGyn as a gold medalist from Kasturba Medical College, Manipal. Having experienced the benefits of Fitness herself, she believes including a comprehensive fitness program along with a balanced, nutritious diet, almost like a 'prescription' to one's day is the way to long term, holistic wellness for women.

New Building - Union Street



Saying Goodbye to 27 Sussex Place, Regent's Park

For those of us used to getting off the Tube at Baker Street and walking to 27 Sussex Place, this will soon become a pleasant nostalgia. The College will officially move to Union Street, London Bridge in December 2019. The good news is that the College will move into a well designed purpose built premises in one of the most historic areas of London. London Bridge is one of the oldest parts of London, first built by the Romans.

Image Quiz - 2

What is this ?



Events Roundup

Part 3 Examiner Training

- Chennai June 29th 2019



The most important feature of any exam is the rigorous application of the passing standard so that candidates with the required skills will pass the exam regardless of where and when they take the exam. Hence the need for mandatory training program for examiners which will ensure that the examiners both clinical and lay are homogenous, neutral and exercise expert judgment. To that end the RCOG are insistent on training, reducing unconscious bias, understanding marking domains, providing examiner feedback and peer review. With this in view a Part 3 examiner training was conducted in Chennai by Dr. Sue Ward, MRCOG Examinations and Assessment Committee. Coordinated by Dr. Uma Ram. 28 Clinical & 11 lay examiners were trained.

Save the date

1. AICCRCOG -SZ annual regional meeting, Bangalore 16/17 November 2019
<http://aicccogsz.com/>
2. AICC RCOG Annual National Conference, Kolkata, 5th to 8th September 2019
<https://www.aicccog2019.com/>
3. Diabetes and Pregnancy : Before, During and Beyond. Chennai, on 3rd and 4th August 2019 .
(This is a AICC RCOG SZ affiliated event) E-mail: diwwaaas@gmail.com

QUIZ Answers

Picture - 1 Contributor: Dr Uma Ram

Ans: Molar ectopic
HCG

Picture - 2 Contributor: Dr Chinmayee Ratha

Ans: **TRAP sequence** - Monochorionic diamniotic sacs, One normally formed fetus, One amorphous mass with a feeding vessel No "heart" in the mass - "a cardiac", The normal fetus pumps blood into both circulations, Hence "pump twin" is at risk of congestive heart failure.