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Dear Friends & Colleagues,


Nature has turned on her heat at max, silks have been packed away for lighter and cooler cottons, the shops are filled with melons and mangoes, schools opened briefly and now holidays are being planned. The pandemic appears to be on the wane but it is too soon to drop our guard and we need to ensure the increase in cases do not become another wave.

Amidst all this we have all been deeply saddened and rudely shaken up by the events that lead to the suicide of a dedicated and young OBGYN. Violence, unreal expectation and sociopolitical forces are not things we have been trained to deal with. However these are a reality and we need to ensure we have process in place to deal with these situations, and lifelines to reach out to when we are in trouble. Hopefully we will not let the reactions pass over time and actually build these systems to support one another.

The world of in person meetings has opened up. Within ourselves we are, lets be honest, a little conflicted. Its great to meet folks, hug or shake hands and share a laugh and conversation and listen to a speaker face to face. Yet somehow it was easier , with the click of a button, to log into programs and listen to what we wanted. In this news letter, we share information on the RCOG congress, which is hybrid for the first time allowing both options.

The zonal activities have continued with two good webinars one on the ART bill and the other on Transgender care. The perinatal mental health course has been revamped and is back on the 27/ 28 May. I encourage those keen to join to register interest by email to chair@aicccogsz.com

With regards


Uma

LEAD ARTICLE MENOPAUSE AND COGNITION

Dr. A Jaishree Gajaraj

Dementia is one of the most prevalent diseases for ageing societies worldwide. According to the World Health Organisation, 47.5 million people worldwide have dementia and there are 7.7 million new cases annually. The projected figure for 2040 is 81.1 million men and women globally. In the USA the incidence of dementia in women is 5% > 60 years, 12% > 75 years and 28% > 85 years. Indian reports mostly quote the incidence of Alzheimer's Disease.

TERMINOLOGY

DEMENTIA - Dementia and Alzheimer's disease are often used interchangeably. Dementia is a spectrum of conditions with cognitive decline based on several etiologies. Alzheimer's is one form of dementia and accounts for two thirds of dementia.

COGNITION - Cognition is a process of acquiring and exploiting knowledge based on an individual's capacity to gain knowledge and comprehend. Thinking, knowing, remembering, judging, problem solving, learning, memory, attention and motivation are some of the components. Different parts of the brain are responsible for various functions - Hippocampus for encoding new information, frontal circuit for decision making and frontal lobe for retrieval of information.

COGNITION & MENOPAUSE

Historically old age has been regarded as the greatest risk factor for dementia. The risk for dementia differs between men and women throughout the ageing process, with women showing an increased risk for dementia shortly after menopause. Recent evidence suggests that pathophysiological changes leading to dementia can occur up to 20 years before the presentation of clinical symptoms.

Women commonly report a 'brain fog' descending at the peri-menopause. Cognitive changes during menopause is a common observation with individuals noticing attention impairments, processing speed and memory. This can manifest as lack of focus, sluggishness and forgetfulness. Study of Women's Health Across the Nation (SWAN)(n=16,065) aged between 40-55 years showed that 31% of premenopausal women

Sequence of events in Cognitive Decline:

- AAMI – Age Associated Memory Impairment
- MCI – Mild Cognitive Impairment
- Prodromal Cognitive Decline – precedes Dementia

Hormones, in particular oestrogen effect on cognition has been implied. Changes in the levels of oestrogen as well as expression of oestrogen receptor genes (e.g. ESR1, ESR2) have been shown to affect cognition during menopausal transition and ageing. Estrogen is known to have effects on brain function and integrity and play a key role in regulating glucose metabolism in the brain which is linked to improved cognition.

Estrogen also plays an important role in the metabolism of acetylcholine, one of the main neurotransmitters critical for attention and memory processes. Estrogen receptors have been identified throughout the brain, particularly in the basal forebrain which is the major source of cholinergic innervation to the hippocampus. The cholinergic system is a neurotransmitter system important for regulation of memory and learning and the Hippocampus is the primary region mediating cognitive function. This has been substantiated in animal models. .

DEMENTIA & MENOPAUSE

Studies and public health data indicate that dementia is higher in women than in men probably because women live longer than men. Even after controlling for survival rates in men and women, the increased risk for women persists. Meta-analysis of data from over 50,000 women across multiple studies reported that women have a high risk of developing dementia directly in the years following the menopause compared to men (< 70 years) This sex difference dissipates after 70 years of age with potential treatment implications

Hormonal changes during the menopause may potentially trigger a pathophysiological cascade for Alzheimer's disease. Estrogen is known to improve cerebral blood flow and glucose metabolism counteracting the formation of the micro vascular lesions in the brain which can precipitate dementia.

DIAGNOSIS & SCREENING

Diagnosis is generally clinical - loss of memory, capacity to solve day to day problems, loss of previously learned motor & social skills and control of emotions in a previously normal person. Consciousness & motor functions are retained. Evaluation of cognitive function involves taking a history from the patient and from someone who knows the patient well and doing a bedside mental examination and/or formal neuro-psychologic testing

Imaging - Imaging modalities like CT, MRI, SPECT (single photon emission CT) and PET (positron emission tomography) are not routinely used in clinical practice to diagnose dementia. They may however help in ruling out any specific pathology which can present with similar symptoms.

Biomarkers -Biomarkers of estrogen exposure in postmenopausal women was studied as a potential screening tool. Higher levels of free E2 and bioavailable estradiol have been found to be associated with less cognitive decline on the Mini-Mental Status Examination (MMSE).The inference was based upon a small number of women who had evidence of prior cognitive impairment. However, longer reproductive period,implying longer total exposure to endogenous estrogen, was not associated with a reduced risk of dementia in an observational study of 3602 women over 55 years of age.

MANAGEMENT

The management is primarily based on the age of the woman and associated clinical factors. It can be discussed in 3 different age groups.

- Younger Menopausal women 45 – 54 years
- Early Menopausal women < 6 years
- Late menopausal women > 10 years

Younger & Early Menopausal women

Some epidemiologic and clinical trial data suggest that use of MHT in the early postmenopausal years provides protection against later cognitive impairment. This was not endorsed by the Women's Health Initiative Memory Study of Younger Women (WHIMSY), Kronos Early Estrogen Prevention Study (KEEPS) or the Early versus Late Intervention Trial with Estradiol (ELITE) trial. WHI did not address the question of early hormone use and later dementia risk. Evidence hence states, Estrogen or combined estrogen-progestin MHT should not be used for the preservation of cognitive function or prevention of dementia in younger or early postmenopausal women.

Older Post Menopausal women

Limited epidemiologic evidence suggests that estrogen preserves overall cognitive function in non-demented women. WHI showed both unopposed estrogen and combined estrogen-progestin therapy had no global cognitive benefits in older, non-demented, postmenopausal women. It demonstrated that MHT could possibly increase the risk in women over age 65 years and accelerate cognitive decline.

MHT should not be used for either the preservation of cognitive function in non-demented older women or as treatment for Alzheimer disease.

North American Menopause Society (NAMS)–Recommendations for Cognition Clinical Care

Midlife women with cognitive symptoms:

- Explain that such symptoms are common and appear to improve after the menopausal transition
- Review medication use
- Evaluate and treat as appropriate - sleep disturbances, depressed mood, hot flashes, fatigue, physical symptoms, and situational stressors
- Additional evaluation for cognitive symptoms accompanied by functional impairment, family history of dementia beginning before age 60 years
- Women who have undergone Oophorectomy before age 48 years may be advised that taking ET until the typical age of menopause appears to lower the risk of dementia later in life

Perimenopausal and postmenopausal women:

- MHT should not be used to improve cognitive skills
- Older postmenopausal women - MHT should not be used to prevent dementia or treat Alzheimer disease

- Lifestyle changes and good control of co morbid medical conditions may reduce the risk of cognitive decline
- Increase awareness – individual & family should understand & encourage continue working
- Acquire new skills – hobby, games, new language or skill

CONCLUSION

Care of women with possibility of developing cognitive decline should be along with their family physician. Ensuring all medical causes are ruled out is important.

In the absence of more definitive findings, HT cannot be recommended at any age to prevent or treat a decline in cognitive function or dementia. Results have been inconsistent, some showed beneficial effects for cognitive performance, whilst others showed no or even deleterious effects.

On the basis of the WHI Memory Study, caution should be taken in initiating continuous-combined daily CEE - MPA in women aged older than 65 years, given the relatively small or infrequent increase in risk for dementia of an extra 23 cases per 10,000 person-years seen in the WHI

Currently the emphasis on Cognition management is on creating awareness, early recognition of decline and major supportive role by family and friends.



Dr A Jaishree Gajaraj
MD DGO FRCOG(UK) FRCS(Ed)



Kanchipuram Silk Sarees- Captivating designs

Origin of Silk

In about 3000 BC, a silk worm cocoon fell into the tea cup of the 14-year-old Chinese Empress Leizu, as she was walking in her mulberry garden. Wishing to extract the worm from the drink she began to unravel the thread of the cocoon which looked like long fibres that ran into metres. Intrigued, she collected the silk worms and began to study their life cycles, which in turn led to sericulture and silk production.

The earliest record of sarees in India is found during the Indus valley civilization. Indian silk varieties such as Muga, White Pat, Eri and Tussah are all named after the types of silk worms that birthed them and their geographical distribution.



Mrs. Gayathri
CEO Seethapathy Hospitals

Kanjeevaram saree- The Queen of Silks



In southern India, Kanchipuram, a coastal peninsular town, had easy access to silk yarn network and the fresh waters of river Palar, was conducive for dye painting. It thus became the abode of weavers for generations. The use of silver zari with the pure silk makes the Kanjeevaram sarees more lustrous to see and heavier to wear. The traditional Kanchipuram sari anatomically has 3 parts. The main Body - a ground fabric woven in one shuttle that's wrapped around the body and tucked in the waist.

A decorative side-border or weft - along the width on both sides of the body, woven by the interlocking (korvai) technique using independent shuttles and A patterned tail end panel or pallu- Often decoratively interwoven with silver and gold threads that's draped over the shoulders or upper torso. The ability to merge a different coloured warp for the end panel with the original warp of the body is a hallmark of the Kanjeevaram saree. The addition of motifs on the main weave as an extra warp further embellishes the design.

Nowadays, we find Fashion designers use Kanchipuram silk in their designs with great proclivity. Being stylish, classy and voguish the Kanchipuram saree lends itself beautifully in becoming every woman's idea board for creativity. The lustre and magic created by the triple threaded fabric goes beyond the boundaries in being used as a base to showcase regional art, painting and handicrafts. The ability to accommodate various creative designs from multiple regions of the world is a testament to the strength of the base fabric which is pure silk. The soft texture enhances the intricacy of the art so effortlessly making it an immortal habitude.

The weave that's painting a picture:

Recently in a wedding a beautiful Ravi Varma painting in motion arrested the attention. By the time I could catch a second glance it vanished! It was a weave on the pallu of a young woman's beautiful Kanchipuram saree that was causing this mesmerisation. Painting on fabrics is not new, but weaving a timeless painting on the toughest fabric is indeed fascinating. No needle marks or brush strokes in it but it is a miracle woven to perfection.



Applique work on sarees



Sri kalahasthi in Andhra Pradesh is a small town that is famous for the kalamkari art done using vegetable dyes. The artisans have improvised it so beautifully on the Kanchipuram sarees by painting motifs of leaves, fruits, Buddhist images and colourful scenes from the epics. 'Kalam' means the pen used in drawing and 'kari' means the artisan. The process of creating Kalamkari has 23 steps first of which is to dip the fabric in buffalo milk mixed with astringents and then drying it under the sun.

The colours are naturally extracted from various roots, leaves, seeds, plants, crushed flowers and mineral salts of iron, tin, copper. To draw the figures a bamboo stick pointed at one end with a bundle of fine hair attached to it is used like a pen. The kalamkari painting is then cut and attached like applique work on Kanchipuram sarees and finished with elegance. The saree always has the pleasant smell of milk and vegetable dyes on it that is so similar to the aroma of the mother's milk on the new born baby's cheeks. The indigenous natural materials used on fabrics creates an emotional bond between the saree and person wearing it.

Aari embroidery on Kanchipuram silk

An elegant Aari embroidery always embellishes the bright coloured and small bordered Kanchipuram sarees further enhancing the lustre and making it stunning. In Aari work the fabric is stretched on a frame and stitching is done with one hand holding a long needle ending with a hook as in a crewel, similar to a very fine crochet hook and the other hand feeding the thread from the underside, the hook brings it up, making a chainstitch, but it is much quicker than chainstitch done in the usual way. It looks uniform like machine-made and can also be decorated with sequins and beads.



Aari embroidery is practiced in various regions of Rajasthan, Lucknow and Kashmir. When such a saree with the motif on the pallu is worn it feels like an ornate brooch on the chest.

A surgeon's cut on Kanchipuram silk:

Cutwork also known as Puntotagliato in Italian, is a needlework technique in which portions of a textile, say silk is cut away and the resulting "hole" is reinforced and filled with embroidery or needle lace. The twine cutwork saree is made from a time consuming process where each cutting has to be made individually using a twine and by using a normal sewing machine. It is like a spider creating its web. The technique requires great precision like that of a surgeon as the fabric once cut cannot be undone but only be refurbished with thread embroidery.



Persian touch with pastel threads on Kanchipuram silks:

The ParsiGara embroidery is an amalgamation of Persian, Chinese and European influence on Indian sarees as the Parsi women of India adopted wearing sarees as part of their attire in the 19th century. They surprised the English women in parties by sporting the Gara embroidery on Chinese silk competing with them in style and grace. Today the timeless Kanchipuramsaree in pastel shades that is embroidered in Gara style is an absolute head turner in elite circles.



The Kutch work embroidery is top notch on the silks:

Kutch work or otherwise known as Sindhi stitch practised by the Sindhi community is from the region of Kutch. While comparing with the other techniques of hand embroidery the kutch work is unique for more than one reason. It is woven intricately over a basic frame created initially and the Stitch is completed only after the thread passes through 4 rounds. It is not just tedious but takes lot of thread. Despite being intricate the reverse of the fabric does not look busy with threads.



It is beautiful, bold yet elegant and enhances the fabric. Seen above is an unusual kanchipuramsaree enhanced with double kutch border on the already existing tricolour color border of a black and white saree. Numerous types of embroidery such as Kasuti from Karnataka, mirror work Shisha, Kanta work from Bengal, Gota, Phulkari, Bandhini and Bhanjara are all the various experimentations on the beautiful queen of Silks the KanchipuramPattu. Every little innovation on the exuberant silk shines like how the jewels add beauty to the happy bride on the day of her wedding. The silk sarees today are made with the intention of meeting tradition and modernity midway. So when the woman adorns it she feels her divinity alongside creativity thereby infusing grace and tranquillity in the ambience of any occasion.

Images Courtesy:

Kalamkari from India Mart
The Chennai silks
Ms.SundariTrayee

Ms.Naju. A. Bilimoria -NAB
Ms.Sangeetha Raman

Domestic Violence (DV) Against Women in India: Double Trouble in Pandemic times

Dr. Reena J. Wani, Dr. Priya Manihar, Dr. Varun J. Wani

Background

The covid pandemic brought in a great burden on the existing health care system and patients requiring treatment for other ailments also suffer. This situation has been shown to make women more prone to violence in different forms. The reviewed literature estimates that 4 in 10 Indian women (when surveyed about multiple forms of abuse) report experiencing Domestic Violence (DV) in their lifetime and 3 in 10 report experiencing it in the past year. We, Gynaecologists as torchbearers of Women's Health have an important role to play in the identification, management and redressal of these survivors.

Why so common in India?¹

- Among many proposed causes for the high DV frequency in India are deep-rooted male patriarchal roles and long-standing cultural norms that propagate the view of women as subordinates throughout their lifespan
- Early marriage occurs in 45% of young women, increasing risk of DV
- In reproductive years, mothers pregnant with and/or those who give birth to only female children may be more susceptible to abuse and financial, nutritional, and social neglect
- Later in life, culturally bred views of dishonour associated with widowhood may also influence susceptibility to DV by other family members.

Effects of Domestic Violence on Women Health

- DV has also been linked to numerous deleterious health behaviours and poor mental and physical health - these include tobacco use, lack of contraceptive use, diminished utilization of healthcare, higher frequencies of depression, PTSD, and attempted suicide, sexually transmitted infections, asthma, anemia, and chronic fatigue
- Maternal intimate partner violence (IPV) experiences have been associated with more terminated, unintended pregnancies, less breastfeeding, perinatal care, and poor child outcomes
- DV takes a major toll on the lives of many Indian women through its impact on mental, physical, sexual, and reproductive health

COVID-19 and domestic violence against women²

- As per the statistics released by the National Commission for Women (NCW) India in April 2020 there has been 100 % increase in complaints related to violence against women after the nationwide lockdown was imposed in March 2020
- This twofold increase has pushed NCW to announce Mental Health Helplines for those witnessing any form of DV
- Past studies have shown association between exposure to natural disasters or other extreme events and increase in rates of DV

- Past studies have shown association between exposure to natural disasters or other extreme events and increase in rates of DV
- Loss of income, especially for males leads to lesser control over economic security and there by making them exert more control on their partners, this scenario is worse if female spouse is employed and male is unemployed
- Employment and income source for females acts as a buffer against violence since their income supports the family to be financially better, whereas unemployment of women makes them vulnerable to violence
- Unemployment for female also mean dependent on male spouse, loss of social ties and being locked up with perpetrator 24 by 7, which again makes them vulnerable to violence
- Absence of domestic help and people thrown into close quarters, increases workload and cabin fever ensues, adding fuel to the ongoing friction between the couple and results in increased chances of DV.
- The stress of economic instability itself has resulted in increased consumption of alcohol, thereby increasing DV independently
- During lockdown, the perpetrator might inflict violence on the spouse demanding to fulfil his alcohol consumption needs or might consume alcohol at home, in presence of his family members, as the liquor outlets are closed. In both above scenarios DV worsens.
- India noted a surge of porn usage and sale of condoms and sex toys, reflecting increase in sexual activity thereby indirectly indicating increase in chances of sexual rights violation

86% of women in India do not report Domestic Violence: WHY?²

It is well documented that only a small share of sexual violence suffered by women is formally reported to law enforcement authorities

- It is likely that national lockdown measures limited the access of women to those reporting channels, with police, first responders and health services being overburdened and operating at limited capacity
- Courts in many countries were either closed or operating at reduced hours, leading to delays in processing cases, and cases referring to domestic violence were not usually prioritized
- However, one of the changes during the pandemic is, an additional reporting channel was introduced after the lockdown, to enable women to report complaints through WhatsApp chats. This novel and highly accessible way of reporting violence may have increased the reporting of pre-existing cases

Our Experience

- To study the impact of Covid Pandemic on mental well being and Violence against women during pregnancy, we did a cross-sectional study from January 15th 2021 to April 15th 2021.
- A questionnaire was created and all antenatal women visiting our Antenatal clinic were approached. 67.5% women were stressed owing to pregnancy during covid pandemic. 16 women (10.6%) said that they were already experiencing violence in their relationship. 14% women were experiencing violence in their relationship which was not there prior. The most common type was economical (64.8%).

Strategic Recommendation to Combat Violence: What can We Do?

◆ Improve reporting of domestic violence

- Domestic violence cases are more likely to be reported by victims and often after the suspect has left the crime scene. This issue is particularly problematic during Covid-19 as victims may often not get a chance to report because the perpetrators remain with the victim due to lockdown restrictions.

- As the victims may not be able to report crimes, the roles of neighbours, community members, and other bystanders become more vital

- This training can be conducted through government agencies or even through advertising, encouraging community members to report cases of domestic violence in their neighbourhoods

◆ Improve speed at which reporting is addressed

- Policymakers must include responses to domestic violence with the pandemic response agenda, including providing the key resources (e.g., financial funding, human resources, and law-enforcing power related to domestic violence cases) to government organizations so that response speed can be increased

- It may be difficult to separate the two parties if legal actions are not carried out quickly

◆ Establish digital monitoring

- Specialist apps can be used to report victims and can be activated with an SOS system that may allow the complainants to report issues associated with domestic violence

- Governments should strive to keep hotlines open 24/7

◆ Build psychological capital

- Research of well-being suggests that creating positive psychological capital (including hope, resilience, optimism, and self-efficacy) is vital for creating a positive future

- Rather than a reactive approach (acting after violence has occurred), a proactive approach to combat domestic violence may help to reduce social and economic crisis.

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Up Coming Events

RCOG World Congress 2022 – Hybrid Event London & Online, 13-15 June 2022

The Royal College of Obstetricians and Gynaecologists (RCOG) is delighted to inform you that registration for RCOG World Congress 2022 is open.

We are currently running a special early bird promotion on virtual registrations. And, a limited number of 15% off in-person tickets to attend the event in London, UK.

RCOG 2022 is the premier global event covering the entire spectrum of women's healthcare and provides a unique, cutting-edge scientific programme with world-class international speakers.

We are pleased that this year will be our first ever hybrid Congress, with a 350 in-person event running alongside an interactive virtual platform, offering delegates the best of both worlds. All content on the virtual platform can be accessed by delegates no matter their location, and can be re-visited for six months post-event, making the event excellent value for money.

More information can be found here: <https://www.rcog.org.uk/congress2022>.

Purchase a virtual registration for RCOG World Congress 2022 before Monday 25 April 2022 and you will be entered into a prize draw to win 1 of 2 free virtual registrations for this year's event. All virtual registrants to date for RCOG World Congress 2022 will also be included in the prize draw. The winners will be notified by Friday 2 May 2022.



RCOG World Congress

June 13-15 2022

For the first time, RCOG World Congress will be an innovative and inclusive hybrid event, held simultaneously in London and online

SAVE THE DATE



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Present

AICC RCOG 2022

November 4th to 6th 2022 | Venue: Mumbai



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