



AICC RCOG SOUTH ZONE

News Letter

Annual conference of AICC RCOG South Zone – Basics
and Beyond- Perinatal health - nature and nurture organised by Bangalore RCOG Trust

Dr Uma Ram
Chairperson

Dr Lakshmi S
Fellow representative
& Treasurer

Dr S Mayadevi S Kurup
Fellow representative

Dr Pranathi Reddy
Fellow representative

Dr Aruna Muralidhar
Co-opted Fellow Representative

Dr Sumana Manohar
Co-opted Fellow Representative

Dr Chinmayee Ratha
Member Representative
& Secretary

Dr Georgy Joy Eralil
Member Representative

Dr Prasanth P
Member Representative

Dr Shameema KV
Member Representative



Bangalore hosted the Annual conference of AICC RCOG South Zone organised by BRCOG (Bangalore RCOG Trust) titled Basics and Beyond- Perinatal health- nature and nurture on 16th and 17th November at Bangalore Medical College Auditorium. Dr. Uma Ram and Dr. Latha Venkataram were the organising chairpersons. Drs. Aruna Muralidhar and Madhushree Vijayakumar were the organising secretaries. The scientific committee was led by Drs. Uma Devi and Srimathy Raman. The total number of delegates who attended the conference was over 600. The government sector was amply represented by about 150 nurses and over 60 doctors.

Researchers in the field were carefully chosen as faculty to deliberate on the topics and included Prof. Mark Hanson, Prof. Jon Hyett, Prof. Vasantha Padmanabhan, Prof. Ponnusamy Saravanan and Prof. Chittaranjan Yajnik.

Four important masterclasses were held on the first day on Midwifery, Perinatal mental health, Perinatal trauma and Clinical Governance and Research Methodology. The Midwifery masterclass moderated by Dr. Radha Rao and Dr. Shreelakshmi and mentored by Dr. Evita Fernandez, was very well attended by over 300 delegates consisting of labour ward nurses, birth attendants as well as obstetricians. The topics included partograph, positions in labour, evidence-based interventions in labour, labour in previous CS, breastfeeding tips, postnatal exercises, pain relief in labour, CTG interpretation etc. Scenario demonstrations in the afternoon session on preeclampsia, instrumental delivery, shoulder dystocia, PPH, maternal collapse and neonatal resuscitation emphasised on multidisciplinary and step wise approach towards these obstetric emergencies.

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The masterclass on Perinatal Mental health was moderated by Dr. Prabha Chandra, HOD of the Dept. of Psychiatry, NIMHANS. It was amply attended by psychiatrists, obstetricians, counsellors and midwives. The topics included screening for anxiety, depression, and risk identification, assessment and interventions for perinatal grief, pre-conceptional counselling and pharmacological and psychological interventions.

Perinatal trauma masterclass moderated by Dr. Madhu Naidu and mentored by Dr. Paily included topics on anatomy and physiology of pelvic floor, diagnosis of perineal injury, performing and suturing perineal injuries, prevention, complications and medicolegal implications, neonatal injuries at delivery and their management.

The masterclass on Clinical Governance and Research Methodology moderated by Drs. Aruna Muralidhar and Manisha Singh and mentored by Prof. Jon Hyett was well attended by obstetricians, quality personnel, nursing and medical superintendents etc. the masterclass included important topics of principles of clinical governance, principles of audit, Risk management, Human errors in clinical practice, near misses registry and concepts of continuous professional development and research methodology. Group interactions on performing an audit, designing a research project and root cause analysis gave the masterclass a practical approach.

The conference itself covered areas of periconceptional health and developmental origins of disease (DOHAD). The international experts who have actively researched in these areas deliberated on a variety

of topics, from intrauterine modulators, fetal programming, antenatal modifiers, nutrition, environment and their impact of future health. Common medical problems in pregnancy such as preeclampsia and GDM were discussed to understand the influence in intergenerational programming and the impact on future health of the mother. The afternoon session of the conference focussed on delivery and the impacts on neonatal and maternal long-term outcomes. The topics included influence of gestational age, vaginal vs caesarean delivery, lactation and its important positive impact on DOHAD. Emphasis was laid on using the windows of opportunity in the adolescent and periconceptional period. Environmental factors such as chemicals, micronutrients, infections and stress on later developmental problems were also covered. The AICC RCOG-SZ Oration on Parents of the world: the transmission of NCDs across generations was delivered by Prof. Mark Hanson from Southampton UK.

The inauguration programme of the conference held on the 16th evening included the launch of FIGO -PONI (Pregnancy Obesity and Nutrition Initiative). The PONI declaration was read out by the co- chairs of the Pregnancy and NCDs committee of FIGO, Prof. Mark Hanson and Dr. Hema Divakar. Several dignitaries including the KSOGA president Dr. Shobhana Patted and BSOG president Dr. Nagarathamma and advisors Drs. V. P. Paily and Dr. Evita Fernandez signed the declaration. This was followed by the faculty dinner at the Hotel Chancery Pavilion.

The conference was well appreciated for the uniqueness of the theme and the originality of the scientific content.

DR. ARUNA MURALIDHAR, MD, MRCOG (UK), FRCOG (UK), FICM

Senior Consultant Obstetrician and Gynaecologist,
Associate Director, Fortis La Femme
Joint Treasurer, BSOG, 2019-20
Fellow Representative AICC RCOG South Zone

DID YOU KNOW ?

Birthing Bricks

In Biblical times, women were assisted by other women to stand on two bricks that were placed underneath their feet. The stones were dubbed "birthing bricks" and helped the midwife or assistant to have a little extra room to catch the baby.



Birthing Stool



Eventually, when humans started to become less nomadic and lived more in dwellings instead of roaming around in tents outside, midwives used a birthing stool. The pregnant woman would lean back on the stool, usually supported by other women behind her, to give birth.

Royal Delivery in public view

Royal queens gave birth in full public view. Historically, royal births had to be attended, like a public spectacle, to ensure that no tricky baby-switching business went down.



Pregnancy was Synonymous to Death



Women made wills when they discovered that they were pregnant. This is a sad but true fact—for women throughout history, finding out you were pregnant came with a real risk of facing your own death. Many women, right up and through the Victorian ages, made out their wills as soon as they realized that they were expecting.

PAIN IN CHILDBIRTH WAS CONSIDERED A SIGN FROM GOD.

Did you know that when anesthetics for labor were first discovered in the early 1900's the reigning board of obstetrics at the time ruled against their use on the grounds that it was women's path in life to feel pain? Yup. The male doctors on all of the governing OB/GYN boards at the time really believed that because Eve took a bite of that apple, that all women should be made to suffer during childbirth.



Quiz - Part A

1. One unit of single donor platelets (SDP) improve platelets count by -----.
2. Which combined alpha and beta-blocker is used as an antihypertensive in pregnancy?
3. Which is the most common congenital cardiac lesion detected in adult life?
4. Which anti-thyroid drug has been characterized by causing aplasia cutis in the fetus?
5. What is the normal range of urinary protein creatinine ratio in pregnancy?



Why we sleep...

Shobha Srivastava

Clinical Psychologist

Applied Behaviour Analyst University of Washington.

As I lay in my bed, almost ready to fall asleep, the buzzing sound on my smart phone tempted me to check the notification one 'last time'. Before I could realize, my temptation stole 40 precious minutes of my daily sleep quota. Ironically, one of the few ads that popped up during browsing was about an app, that helped one sleep better.

I smiled to myself and wondered, why a natural process designed harmoniously by nature, to promote rest, had become a source of stress.

Yes! Lack of sleep is one of the major sources of disruption in the healthy functioning of an individual.

According to 'Nature and Science of Sleep' (2017), lack of sleep or disrupted sleep had both long- and short-term consequences, which range from, high stress, mood disorders, decreased cognitive functioning to weight gain, gastrointestinal and cardiovascular complications.

Why do we need sleep?

This is no rocket science; sleep is a down time for our mind and body to replenish energy. Sleep is a restorative phenomenon and is a vital indicator of a person's well being

Well the truth is that sleep does a lot more than just providing rest. The REM stage of sleep is known to stimulate brain regions used in learning and formation of memories. Healthy sleep patterns boost immunity and help in stabilizing the metabolism and increases fertility.

One of the banes of our highly digitalized society is that distractions are galore, and it is difficult to "shut down". It is easy to mindlessly look at one's phone while lying in bed or to watch 'just one more episode from the Netflix series, while bingeing on one's favorite ice cream or popcorn.

We wait till our body forcibly shuts itself down due to fatigue or we lay awake past the middle of the night confused and more stressed that sleep ditched us.

Poor quality of nighttime sleep often leads daytime grogginess or sleepiness. This slowly forms vicious circle because, people often resort to caffeine and nicotine to ward of daytime grogginess, which again leads to sleep eluding them at night.

The worst hit is the population of people who have work in the 'graveyard shift'. Not only it affects their biological clock, it also makes sleep management challenging.

Literature is abundant with advice on how to sleep better, why is it then we have more and more people facing sleep disturbances.

One of the cardinal reasons is that we still harbor a lot of myths about sleeping.

- Sleeping 'more' over the weekends will help make up for lost sleep during the weekdays
- The body knows when to fall asleep. It can self-regulate sleep cycles corresponding with changes in the person's daily routine.
- Insomnia is not a medical condition
- The older you get the fewer hours of sleep you need.

The reality is far removed from the above myths.

Why sleep should be a ritual rather than an event

While it is true that our body signals the onset of fatigue, it is not advised that we wait for that threshold, before crashing in bed. We need to make sleep a priority and develop positive associations with it.

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Establishing a bedtime /sleep ritual is a cardinal factor in getting restful sleep.

Tips for a restful sleep

- Establish a routine that you can realistically manage and then stick to it , this may include consistent sleep and waking up times. – This may be a challenge for people who do not have consistent work timings. For this group of people, it is advised that they
 - Avoid a number of consecutive night shifts
 - Avoid rotating work shifts frequently.
 - Keep the workplace bright and well-lit to promote regulation of circadian rhythms.
 - Dim Lights / wear sunglasses as your shift draws to an end
 - Limit the use of phone and other electronic devices while going back home from work.
- **Practice a relaxing bedtime ritual:** This may include a hot water bath/ dimming the lights and listening to soft music. This helps the body to wind down and prepare itself for slumber.
- **Avoid heavy meal/ alcohol or caffeine:** A heavy meal right before bed may lead to gastrointestinal discomfort. Alcohol and caffeine are stimulants that disrupt sleep.
- **Avoid the use of electronics at least 40 min prior to sleep.** Blue light emanating from the electronics, suppresses the production of melatonin ; People working on electronics ,in the night shift , are advised to wear blue light blocking glasses.
- **Engage in any Physical Exercise of choice:** Physical Exercise in any form such as walking, running or cycling done early morning or in the afternoon is known to improve the quality of sleep. Research at the Johns Hopkins Centre for sleep indicate that, moderate aerobic exercise increases the amount of slow wave sleep you get. Slow wave sleep refers to deep sleep, where the brain and body have a chance to rejuvenate.

If a person , despite following a good sleep hygiene is still having difficulty in initiating or maintaining sleep, it is advised that she seeks medical help. Insomnia is an actual medical condition. It can also be a symptom of underlying physical or mental health issues such as sleep apnea , restless leg syndrome, GERD ,depression and anxiety.

It is important that sleep is made a priority before it becomes a concern.

Quiz - Part B

1. What is the IADPSG criteria for GDM diagnosis?
2. What is spurious thrombocytopenia ?
3. What is Homan's sign used to elicit?
4. What is the lab parameter which is used to predict the risk of IUFD in intra-hepatic cholestasis of pregnancy?
5. Why are we not supposed to do HbA1C in second and third trimester to assess the blood glucose control ?

WHO Myth Buster

At present, there is **no evidence that companion animals / pets such as dogs or cats can be infected with the new coronavirus.** However, it is always a good idea to **wash your hands with soap and water after contact with pets.** This protects you against various common bacteria such as E. coli and Salmonella that can pass between pets and humans.



#Coronavirus

Can pets at home spread the new coronavirus (2019-nCoV)?



Congratulations

Dr. Bhaskar Pal

Current East Zone Chairperson
who will be taking over as
All India AICC RCOG Chairperson later in the year



THE ROYAL CONNECTION



The RCOG has awarded an Honorary Fellowship to 10 members of the Royal Family over its history, including Her Majesty the Queen, then Princess Elizabeth (1949), Princess Margaret (1966), The Princess Royal (1979), Diana, Princess of Wales (1987) and Sophie, The Countess of Wessex (1996).

Events Roundup

The part 3 MRCOG exams were held at Chennai on the 4th and 5th of November 2019. There were 2 circuits per day and 50 candidates were examined. Janice Rymer, VP RCOG and Collins Duncan the head of exams, represented the college and oversaw the conduct of the exam. Uma Ram was the local coordinator. There was keen involvement from the examiners, clinical and Lay and the actors to ensure that all the stations went smoothly.

WHO Advise on Preventive Measures CORONA Virus

WHO's standard recommendations for the general public to reduce exposure to and transmission of a range of illnesses are as follows, which include hand and respiratory hygiene, and safe food practices:

Frequently clean hands by using alcohol-based hand rub or soap and water;

When coughing and sneezing cover mouth and nose with flexed elbow or tissue – throw tissue away immediately and wash hands;

Avoid close contact with anyone who has fever and cough;

If you have fever, cough and difficulty breathing seek medical care early and share previous travel history with your health care provider;

When visiting live markets in areas currently experiencing cases of novel coronavirus, avoid direct unprotected contact with live animals and surfaces in contact with animals;

The consumption of raw or undercooked animal products should be avoided. Raw meat, milk or animal organs should be handled with care, to avoid cross-contamination with uncooked foods, as per good food safety practices.

WHO Guidance on Dietary Interventions and Supplements in Pregnancy

	Recommendation	Type of recommendation
Dietary interventions	Counselling about healthy eating and keeping physically active during pregnancy is recommended for pregnant women to stay healthy and to prevent excessive weight gain during pregnancy.	Recommended
	In undernourished populations, nutrition education on increasing daily energy and protein intake is recommended for pregnant women to reduce the risk of low-birth-weight neonates.	Context-specific Recommendation
	In undernourished populations, balanced energy and protein dietary supplementation is recommended for pregnant women to reduce the risk of stillbirths and small-for-gestational-age neonates.	Context-specific Recommendation
	In undernourished populations, high-protein supplementation is not recommended for pregnant women to improve maternal and perinatal outcomes.	Not recommended
Iron and folic acid supplements	Daily oral iron and folic acid supplementation with 30 mg to 60 mg of elemental iron and 400g (0.4 mg) of folic acid is recommended for pregnant women to prevent maternal anaemia, puerperal sepsis, low birth weight, and preterm birth.	Recommended
	Intermittent oral iron and folic acid supplementation with 120mg of elemental iron and 2800g (2.8 mg) of folic acid once weekly is recommended for pregnant women to improve maternal and neonatal outcomes if daily iron is not acceptable due to side-effects, and in populations with an anaemia prevalence among pregnant women of less than 20%.	Context-specific Recommendation
Calcium supplements	In populations with low dietary calcium intake, daily calcium supplementation (1.5–2.0 g oral elemental calcium) is recommended for pregnant women to reduce the risk of pre-eclampsia.	Context-specific recommendation
Vitamin A Supplements	Vitamin A supplementation is only recommended for pregnant women in areas where vitamin A deficiency is a severe public health problem, to prevent night blindness.	Context-specific Recommendation
Zinc supplements	Zinc supplementation for pregnant women is only recommended in the context of rigorous research.	Context-specific recommendation (research)
Multiple micronutrient supplements	Multiple micronutrient supplementation is not recommended for pregnant women to improve maternal and perinatal outcomes	Not recommended
Vitamin B6 (pyridoxine) Supplements	Vitamin B6 (pyridoxine) supplementation is not recommended for pregnant women to improve maternal and perinatal outcomes.	Not recommended
Vitamin E and C Supplements	Vitamin E and C supplementation is not recommended for pregnant women to improve maternal and perinatal outcomes	Not recommended
Vitamin D Supplements	Vitamin D supplementation is not recommended for pregnant women to improve maternal and perinatal outcomes.	Not recommended
Restricting caffeine Intake	For pregnant women with high daily caffeine intake (more than 300 mg per day), lowering daily caffeine intake during pregnancy is recommended to reduce the risk of pregnancy loss and low-birth-weight neonates.	Context - specific recommendation



Date: 29th October - 1st November 2020
Venue: Grand Hyatt Kochi Bolgatty,
Mulavukad, Kochi, Kerala 682504

AICC RCOG 2020
Kochi

All India Co-ordinating Committee RCOG South Zone

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For registration please contact: info@aiccrcog2020.com
or visit www.aiccrcog2020.com

Abstract Submission
Opens-01.02.2020
&
Closes-01.07.2020

Early Bird Closing date
31.05.2020



The South Zone committee is very happy to welcome you to Kochi, for the 34th AICC RCOG annual conference, between the 29th October and 1st Nov 2020.

True to its theme "Empower through Education", the conference brings a scientific program that includes workshops, skill modules, lectures, debates and panels to deliver the content over all the important streams of Obstetrics and gynecology. Break out skill sessions, dialogues and inter-disciplinary conversations besides video sessions will bring new perspective to the program. The international and national faculty are chosen with care and sessions will have good interaction time. Break away sessions that will focus on personal fitness and time management etc are being planned.

These four days will also provide an opportunity to meet old friends and acquaintances, make new ones and enjoy the scenic beauty of Kochi. You would not want to miss this opportunity to visit this "queen of the Arabian sea" listed in the Lonely Planet's top 10 places to visit in 2020.

Come join us and be a part of the conference to recharge your skills and knowledge and soak in the different aspects of the city that has a rich cultural, historical and commercial heritage.

Organising Chairperson
Dr. Uma Ram

Organising Secretary
Dr. S Mayadevi Kurup

Jt. Organising Secretary
Dr. Shameema Anvarsadath

“ FOCUS FETAL GROWTH ”

ORGANISING TEAM : ANDHRA PRADESH RCOG TRUST

Venue:

Hotel Fortune Murali, Vijayawada

Date : 5th April, 2020

Time : 9:00am - 5:00pm

Quiz Answers

PART A :

1. 30,000 /micro L *
2. Labetalol
3. ASD – Atrial Septal Defect *
4. Methimazole
5. < 0.3 *

PART B

1. OGTT – 75gm (FBS <92, 1hr <180, 2hr < 153)
2. False low platelet count in view of clumping of platelets which occurs due to anticoagulant EDTA
3. DVT as dorsiflexion of the calf causing pain
4. Bile acids
5. Because of physiological anemia and turn over of RBC is more in second and third trimester