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AOFOG NEWS





From the President

Dear Friends,
 When the new Executive Board took over in June 2017, one of the issues that we wanted to address was improving the relationship of the central body with each and every National Society member. One of the ways in which we hope

to achieve this is by way of Newsletters which not only highlight the activities of AOFOG but also highlight the activities of the different National Societies. We are hoping to bring out quarterly Newsletters and this represents the second for 2017/2018. However, these Newsletters can only serve their intended purpose if they are received by individual members. I was therefore disappointed to learn recently that some of our members have absolutely no knowledge that the AOFOG Newsletter even exists! Currently, the AOFOG depends on each National Society to disseminate the Newsletter to its membership via email and I appeal to all National Societies to cooperate in this endeavour.

The other measure that we have embarked on is revamping the AOFOG website to make it more attractive and user-friendly. By the time you receive this Newsletter, our new website will be up and running and I invite you to explore our website and give us constructive feedback, if any. The website will be another portal for you to keep abreast of AOFOG activities and also to channel any issues directly to the Secretariat. Current and past Newsletters will also be uploaded to the website for your convenience.

Over the last 6 months or so, the Secretary General and I have also made a concerted effort to attend as many National Congresses as possible to foster and strengthen our mutual bonds. In the coming months, other members of the Executive Board will also begin to perform this important function when neither of us is able to attend.

For any of these measures to be effective, a strong central coordinating body is a *sine qua non* in the form of our Secretariat. In this regard, I am pleased to inform everyone that our Secretariat in Colombo is now fully functional. Please do not hesitate to contact us if you have any queries or require



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(Taiwan)

Fellowship selection Committee
Rohit Bhatt
(India)



any assistance.

I hope you enjoy reading this Newsletter and as always, we look forward to your continued support.

With my very best wishes

Ravi Chandran

From the Secretariat

AOFOG Secretariat now housed at the SLCOG House, in Colombo Sri Lanka is functioning smoothly. Ms Asoka Cassichetty who assumed duties as the new Executive Assistant is now gradually getting accustomed to the functions of the AOFOG and getting to know the members of the member countries. We also have Ms. Nimali Gunasinghe a Chartered Accountant as the Financial executive working on part time basis, keeping a check on the finances.

Bank Account. I am pleased to inform you that finally we managed to open an US \$ account in the Bank of Ceylon, Colombo in Sri Lanka. Now we are in the process of transferring the funds from Manila to Colombo. You will be able to make the payments for the AOFOG to this bank account. Educational Fund will continue to be in the Taiwan bank in Taiwan.

Conferences. President Dr. Ravi Chandran and I are very keen in developing closer relationships with the member societies. With this in focus AOFOG has participated in many National conferences and held AOFOG sessions. These sessions have been very successful and have given an opportunity for the AOFOG officials to meet the members and discuss future activities and strengthen the bond between the member Societies and AOFOG.

26th International conference of the Obstetric & Gynaecology Society of Bangladesh in Sylhet

AOFOG conducted a session on “Recent advances in Feto Maternal medicine” which was organized by the MFM committee on the 8th of Dec 2017. The speakers in the session were Prof Ounjai Kor- anantakul, Chair MFM committee, Prof Rohit Bhatt, & Dr. Narendra Malhotra. Dr. Rohana Haththotuwa & Prof T.A. Chowdhury Past Vice President of AOFOG chaired the session which was well attended. I also spoke as the key note speaker on ‘Endometriosis and Infertility “in the session on infertility. I wish to thank Prof Laila Arjmand Bhanu President OGSB and Prof Firosa Begum the Secretary for all the arrangements made.

All India Congress in O&G of FOGSI.

AICOG was held in Bhubaneswar from 17th-21st Jan 2018 and AOFOG conducted a session on Sexual & Reproductive health. It was organized by the Chairperson SRH Committee Prof Rowshana Ara Begum and Dr. John Tait, Dr. Jaydeep Tank and Prof Rowshana Ara Begum were the speakers. The session was chaired by Prof Rohit Bhatt, Dr. Rohana Haththotuwa & Dr. Hirlal Konar FOGSI representative to AOFOG. Session was attended



by many officials from FIGO, RCOG and SAFOG and it was greatly appreciated by the participants.

I wish to congratulate Dr.P.C.Mahapatra & Dr. Hara Pattanaik the organisers of the congress along with Dr. Rishma Pai & Prof Jaideep Malhotra FOGSI President for organizing such a mammoth conference with a participation of nearly 7,000



delegates. I also wish to congratulate our Deputy Secretary General of AOFOG Dr. Jaydeep Tank for being elected as the Secretary General of FOGSI.



Adolescent Sexual & Reproductive Health Seminar

An International scientific seminar on Sexual & Reproductive Health organized by AOFOG in collaboration with OGSB was held in Dhaka, Bangladesh on 9th Feb 2018. This was a full day seminar with lectures and panel discussions on STD, female sexual dysfunction, contraception & family planning, gender based violence and education on sexual & reproductive health. Dr.Ravi Chandran, Dr. Rohana Haththotuwa, Dr. Lakshman Senanyake, Dr. S. Hemapriya & Prof.Krishnendu Gupta from India represented AOFOG as resource persons. Other Resource persons were from OGSB. The seminar was attended not only by Obstetricians & Gynaecologists and others in the medical profession but by members of the health ministry, government, judiciary, police, & other organisations concerned with adolescents, which made the seminar more successful & valuable. There were more than 300 participants and all the lectures and the panel discussions were well appreciated by the audience with much interaction between the participants and the panelists in each session. The whole programme was greatly appreciated by everyone and was very informative and useful to all the participants. We would like to congratulate SRH committee chair Prof Rowshan Ara Begum and the OGSB for organizing the seminar so well. The success of this seminar encouraged us to carry out similar programmes in other countries too in the future.

17th Biennial International Scientific Conference of the Society of Obstetricians & Gynecologists of Pakistan (SOGP)

AOFOG was invited to conduct a session in this conference, which was held from 23rd -25th Feb, 2018 in Karachi. SOGP wanted us to discuss the burning issue of rising caesarean section rates around the world including our region. The session was titled ‘Towards Reducing Caesarean Section Rates’ and the speakers were Dr. Ravi Chandran, Dr. Thaneemalai Jeganathan (President OGSM), Dr. U.D.P. Ratnasiri & Dr.Rohana Haththotuwa. The session was very informative and highlighted the main reasons contributing to the problem and the consequences of the issue and suggested methods to reduce the rising rates. The session was

very successful with much enthusiasm of the participants. I wish to thank the SOGP President Prof. Alfareed Zafar, Secretary General Prof. Nusrat Shah & the organizing Chair Prof Sadiah Ahsan Pal for all the arrangements made regarding the AOFOG session.

It was also possible for Dr. Ravi Chandran & myself to have a meeting during the congress with the SAFOG President Prof Rubina Sohail to discuss how AOFOG and SAFOG could work in collaboration.

Singapore Diabetes in Pregnancy Conference 2018 (SDIP) & Integrated IPRAMHO Asia Workshop

This was held in Singapore on 12th & 13th Jan 2018 & was organized jointly by many organisations including AOFOG & Obstetrics & Gynaecology Society of Singapore. Prof Ounjai Kor-anantakul, Maternal Fetal Medicine committee chair coordinated the meeting. We are thankful to Professor Tan Kok Hian, the organizing chairperson for inviting AOFOG to the conference. A detailed report about the event is included below.

Other events

AOFOG OGSM Gynaecological Oncology meeting will be held in Kuala Lumpur, Malaysia on the 26th of July 2018. We are thankful to Dr. Suresh Kumarasamy of Malaysia for coordinating the event. Details can be found as a separate news item.

Council Meeting 2018.

All arrangements have been made for the AOFOG council meeting 2018, which will be held at Hotel Radisson Katmandu, Nepal on the 7th of June. The meeting will be followed by the NESOG conference which will be on the 8th & 9th June 2018.

We are very thankful to NESOG President Dr. Kusum Thapa & her team for making all the arrangements for the meeting & look forward to seeing all the country representatives in Katmandu.

Finally I invite everyone to let the secretariat know of any activity which could be done jointly with the AOFOG & to join in the AOFOG activities more actively. We would also greatly appreciate your views and suggestions with regards to how AOFOG could be of help to your member society.

Dr. Rohana Haththotuwa
Secretary General AOFOG

From the Journal of Obstetrics and Gynecological Research (The AOFOG Journal)

Free access at [http://obgyn.onlinelibrary.wiley.com/hub/journal/10.1111/\(ISSN\)1447-0756/](http://obgyn.onlinelibrary.wiley.com/hub/journal/10.1111/(ISSN)1447-0756/).

1. Fetoscopic laser photocoagulation for twin–twin transfusion syndrome
2. Infertility treatment strategy involving combined freeze–all embryos and single vitrified–warmed embryo transfer during hormonal replacement cycle for in vitro fertilization of women with hypogonadotropic hypogonadism
3. Effect of chewing gum on gastrointestinal function after gynecological surgery: A systematic literature review and meta-analysis



Report on Singapore Diabetes in Pregnancy Conference & IPRAMHO Integrated Platform for Research in Advancing Metabolic Health. Outcomes of Women and Children) Asia Meeting. Ounjai Koranantakul - Chair MFM Subcommittee.

Date on 12-13 January 2018 . Venue: KK Women's and Children's Hospital, Singapore
Participants: AOFOG subcommittee 4 countries (Australia, Japan, Philippines and Thailand), and 6 from other countries (Myanmar, China, Malaysia, Indonesia, Singapore and Sri Lanka)

The AOFOG Maternal & Foetal Medicine Subcommittee was invited by Professor Tan Kok Hian, the organizing chairperson, Singapore Diabetes in Pregnancy Conference 2018 to join the conference and to collaborate in the Metabolic Health Research Network. The objectives of the Singapore Diabetes in Pregnancy Conference on 12 January 2018 were to share regional perspectives and challenges of diabetes in pregnancy, launch the Singapore National Gestational Diabetes Mellitus (GDM) Guidelines and initiate education session on GDM screening and management.

An AOFOG session was held on Regional Perspectives & Challenges of Diabetes in Pregnancy. The session was moderated by Prof Ounjai Kor-anantakul (Thailand) and Dr Tony Tan (Singapore). The speakers during the session were Prof Mamoru Tanaka, Japan (subcommittee of AOFOG), A/Prof Valerie T. Guinto, Philippines (subcommittee of AOFOG, A/Prof Swe Swe Myint, Myanmar (AOFOG), A/Prof Dittakarn Boriboonhirunsarn, Thailand (subcommittee of AOFOG), Dr Alexis Shub, Australia (subcommittee of AOFOG), Dr Krishna Kumar, Malaysia (AOFOG), A/Prof Tan Lay Kok, Singapore

The seven countries shared their works and experiences in their countries which showed different patterns in screening of diabetes in pregnancy. A consensus from AOFOG subcommittee was arrived at after considering the different points of view.

The objectives of the Asia Oceania GDM Consensus Workshop on 13 January 2018 (AM) were to discuss the challenges in Asia, develop a consensus in screening approaches and publish the consensus and advocate on appropriate GDM practices in screening and management.





A Sharing of Gestational Diabetes Mellitus (GDM) practice from different Asia-Oceania Region representatives was also held. This was led by Dr Tony Tan, Singapore (AFOG), Prof Ounjai Kor-anantakul, Thailand (AFOG). The participants were Dr G Muniswaran, Malaysia, Prof Yin Yin Soe, Myanmar, Dr Serene Thain, Singapore, Dr Claudia Chi, Singapore, Dr Shahul Hameed Mohamad Siraj, Sri Lanka, Dr Wang Dongyu, China. The AFOG MFM subcommittee developed a consensus of screening approach. The objectives of the IPRAMHO-ASIA Research Investigator Network on 13 January 2018 (PM) were to

establish a regional research network using IPRAMHO Asia as a start, discuss on conducting of a point prevalence study of GDM and obesity in a local pregnancy cohort according to local method in members own hospital/practice using a predefined dataset and survey, discuss on sharing & analysis of the result centrally and discuss on the presentation and publication of result. All countries had consensus on workshop survey questions (which had been sent previously) and polling with electronic clicker device.

IPRAMHO-ASIA Research Investigator Network on 13 January 2018 (PM) with schedule:

Introduction of Research Investigator Network
Moderator- Prof Tan Kok Hian, Singapore & Prof Ounjai Kor-ananatakul, Thailand

Ten countries (Australia, Myanmar, China, Japan, Indonesia, Philippine Malaysia, Singapore, Sri Lanka, and Thailand) had agreed to join the research. The heading of the research as a start is "Point prevalence of GDM and maternal obesity in Asia-Oceanic regions". There will be a more continuous systematic approach for the collaboration.

The topics presented were Summary of Preliminary Data by Dr Queenie Li, Singapore, Discussion of Investigator Data Collection Moderated by Dr Queenie Li, Singapore, Discussion on Analysis of Results and Publications Presented by Prof Satvinder Singh Dhaliwal, Singapore. The conference was a wonderful experience and fruitful achievement. The ongoing collaborating project will be progressed on a bi-weekly basis. The plan for the next meeting is in January 2019. Personally, I think this is the little first step for the collaboration in working.



TAOG's report for the 57th Annual Congress of TAOG - 2018 - Tsong-Cheng Kuo, President of TAOG



The 57th Annual Congress & The 7th International Symposium of Taiwan Association of Obstetrics & Gynecology (TAOG), 2018 was held on March 17th-18th at 85 SKY TOWER HOTEL in Kaohsiung. There were 101 oral reports, 242 posters and 18 speeches from foreign speakers.

The AFOG Session was held on March 17th, TAOG invited Prof. W. W. Sumpaico, the immediate past Secretary-General of AFOG, Prof. Masaki Mandai, Committee Chair, MIGS committee, AFOG, and Prof.



Huann-Cheng Horng, Secretary-General of The Asia-Pacific Urogynecology Association (APUGA), and Prof. Joong-Shin Park from KSOG gave lectures for the AOFOG Session. In addition, Prof. Tsung-Cheng Kuo presented an award to honor and appreciate Prof. Sumpaico's kind support and great contributions throughout all these years.

With domestic and foreign participants, including Dr. Ravi Chandran, the President of AOFOG, Dr. Rohana

Haththotuwa, secretary General of AOFOG, Professor Tomoyuki Fujii, the Chairperson of JSOG, Professor Seung Cheol Kim, the Chairman of KSOG, and twenty other professors from JSOG and KSOG. The 57th Annual Congress of TAOG achieved a great success with over 2,000 TAOG members and foreign participants.

As the spirit that American Heart Association created "Go Red for Women", a passionate, emotional, social initiative designed to empower women to take charge of their heart health, TAOG host the "Go Red for Women" Road running activity to encourage and raise awareness of the issue of women and heart disease. With over 1,500 domestic and foreign participants joining, we were honored to have Dr.

Rohana Haththotuwa, Prof. Tomoyuki Fujii and Prof. Seung-Cheol Kim to fire the start gun for this road running activity.



Caesarean rates and the confusion that surrounds them - A Federation of Obstetrics and Gynecological Societies of India (FOGSI) Statement.

There is a surprising lack of clarity amongst various organisations on caesarean rates. It is altogether surprising that rhetoric has replaced - sometimes even dangerously - what is best for the woman, her baby and the family. We believe that a rational evidence based approach to this issue is vital rather than the lazy narrative of the commercialisation of medicine in general and birthing in particular.

The question which begs to be answered is therefore:

"Is there a recommended rate for Caesarean Section?"

The short answer is NO.

However confusion abounds in this aspect and it is worthwhile to take some time to understand the genesis of the canard of 10 to 15% Caesarean rates:

In 1985 the World Health Organization (WHO) stated: "There is no justification for any region to have CS rates higher than 10-15%" (*World Health Organization. Appropriate technology for birth. Lancet 1985; 2 (8452): 436-7*).

The studies on which the WHO based the 15% recommendation 30 years ago were "limited by either having incomplete data or relying on averaged caesarean delivery rates from multiple years without accounting for year-to-year variation in these estimates" (*Molina G, Weiser TG, Lipsitz SR, et al. Relationship between caesarean delivery rate and maternal and neonatal mortality. JAMA 2015; 314: 2263-2270*). Although the methodology of arriving at these rates was not robust - to say the least - and the methodology has come under scrutiny in several publications (*Betran AP, Torloni MR, et al for the WHO Working Group on Caesarean Section. WHO Statement on Caesarean Section Rates. BJOG 2016;123:667-670*), this document has provided fodder to several studies which based the utility of caesarean sections using these figures as a basic assumption.

What is almost always overlooked is that the WHO document looked upon reflected a correlation only with mortality. The rates were never meant to assess Caesarean rates at the level of an individual facility or individual physician or patient. These rates were an indicator of accessibility, availability and utilization of this facility, and is of use to policymakers as an indicator of maternal/perinatal health. (Betran AP, Meriardi M, Lauer JA, et al. *Rates of caesarean section: Analysis of global, regional and national estimates. Pediatric and Perinatal Epidemiology. 2007;21:98-113*)

Morbidity both fetal and maternal was not taken into account for these rates. This was and is an infirmity which has not been addressed even now, adequately, to arrive at a uniform caesarean rate. It is also true that what is not considered are the longer term effects of birth on women; in particular, pelvic organ prolapse, anal sphincter injury, sexual dysfunction, fistulae, urinary incontinence (UI) and others.

It is therefore not surprising to see data where the 10 to 15% caesarean rate has been found repeatedly wanting. None of the countries with a stillbirth rate of 2-4 /1000 have a Caesarean Sec on rate between the World Health Organisation recommended 10-15% threshold. (Leddy MA, Power ML, Schulkin J (2008) *The Impact of Maternal Obesity on Maternal and Fetal Health. Rev Obstet Gynecol 1: 170-178*).

An elegant report cites that previously recommended national target rates for caesarean deliveries may be too low. The same report goes on to say that the focus of discussion about CS rates should be on “supporting safe and appropriate provision of caesarean delivery . with the intent of reducing maternal and neonatal mortality without causing overuse of procedures”. (Molina G, Weiser TG, Lipsitz SR, et al. *Relationship between caesarean delivery rate and maternal and neonatal mortality. JAMA 2015; 314: 2263-2270*) However, it was also clear that there is a “complex interplay between overall maternal health resources, emergency obstetrical services, and other factors”.

Not surprisingly the WHO issued a new statement in 2015 with the headline “Every effort should be made to provide caesarean sections to women in need, rather than striving to achieve a specific rate” World Health Organization. WHO Statement on Caesarean Section Rates. Geneva: World Health Organization; 2015 (WHO/ RHR/15.02).

A very recent commentary from the authors involved in the WHO statements notes- “mortality is normally the only outcome considered in the analyses. Maternal and newborn morbidity (eg, obstetric fistula, birth asphyxia), or psychological and social well-being (eg, maternal– infant relationship, women’s psychological health or ability to successfully initiate breast feeding) as well as long-term paediatric outcomes should be considered when estimating a rate that would achieve optimal outcomes. However, since there are practically no morbidity data at the population level, it has not been possible to assess the ecological relationship between caesarean section and these other outcomes. The Statement also consolidates the shift in the focus of attention from the search for an optimal caesarean section rate that provides little basis for action, to a practical and feasible proposal: the use of the classification as a standard system to monitor and compare caesarean section rates at the facility or other levels. (Ana Pilar Betrán, Jun Zhang, Maria Regina Torloni, A Metin Gülmezoglu *Evid Based Med December 2016, volume 21, number 6, 237*)

Thus to conclude the current studies and recommendations have two fallacies, one of trying to extrapolate population level data to facility level and focussing on mortality with the exclusion of morbidity either neonatal or maternal.

Indian Data

As per the latest data (National Family Health Survey 2015-16 (NFHS-4), the caesarean rates at population level in India seem to be 17.2 %. The same document goes on to look at Caesarean rates in the private and public sector and whilst the discrepancy in the rates in these two sectors has been commented upon, there is no mention in the commentaries of the fact that the private sector delivers more babies than the public sector in the urban areas and absolutely no indication of morbidity rates either maternal or neonatal in either sector. There is also no acknowledgement of the fact that the lower rates in public sector could simply be a reflection of the paucity of capacity, both infrastructure and human resource.

To reiterate and quote from the WHO working group on caesarean section - "*The time has come to put the debate about the preferable rate of CS on hold. Let's start to collect data uniformly so that in the near future we will be able to move our focus from CS rates at population level to monitoring and discussing CS rates and outcomes in each group of the Robson classification. Only then will we have the data and evidence that will lead us more clearly to actions to improve care*". (Betran AP, Torloni MR, et al for the WHO Working Group on Caesarean Section. WHO Statement on Caesarean Section Rates. BJOG 2016;123:667-670)

FOGSI recommends the setting up of a cloud based registry linked to its website which will collect anonymous data at hospital level using the WHO recommended Robson's ten group classification system as the first step in determining the range of caesarean rates. We would like to emphasise that the hallmark of labor management in the 21st century should be individualized care for the laboring woman with the expectation of a successful and safe vaginal delivery, together with the ability to intervene with a caesarean delivery, if needed, to prevent morbidity and mortality. (Adapted from Caughey A B BIRTH 41:3 September 2014)

(Drafted by Jaydeep Tank and Team FOGSI 2017)

(This statement from FOGSI is included in the Newsletter solely for the information of members).

Future Events and Activities:

- 1 -3 June 2018 FOGSI Women's Health Summit. Contact: drjaydeeptank@me.com
- 7 June 2018 - Council Meeting AOFOG - Kathmandu, Nepal
- 8 - 9 June 2018 XV National Conference Nepal Society of Obstetricians and Gynecologists
- 26 -29 July 2018 Malaysian International Scientific Congress of O&G, Kuala Lumpur, Malaysia. Contact: secretariat@miscog2018.org
- 10 - 14 October 2018 - XXII FIGO World Congress of Gynaecology and Obstetrics - Rio De Janeiro, Brazil. <https://figo2018.org>

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