



From KFOG



Secretary's Message

Dear friends,
Our editor is bringing the second edition of this years KFOG journal. I take this opportunity to thank all the KFOG members for the immense support given to the activities of our organisation. I congratulate all the office bearers and chairpersons of the respective committees for their active involvement and commitment to the society. I once again request the members to actively contribute to the journal by providing good scientific articles so that the readers get benefited. Hope to meet you all at AKCOG 2020 at Kottayam and wish the Kottayam team for a grand and successful AKCOG 2020. Good luck.

Dr.Venugopal.

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From Editor's Desk



Dear friends seniors colleagues ,
Thank god for being with us.
As we comes to an end of this years KFOG Tenure under the able leadership of Dr.Gopinaathan, here comes the second edition of KFOG journal.As we know"WE RISE BY LIFTING OTHERS"and this is a small approach from our side to spread the message of knowledge sharing.I have included articles which are relevent in the current OBGYN practice. In spite of repeated requests to send or share the activities of societies and club only few has responded and I am sharing them. In this era of demonitisation and falling economy it's a herculean task to find a sponsor which is a major headache to the editor and the major reason for not releasing the journal as a quarterly.Lack of articles in spite of repeated requests is also a contributing factor. My sincere gratitude from the bottom of my heart to the sponsors,my friend Dr.Harikumar G,NS Hospital, Kollam and Dr.Kunjumoideen of ARMC group of hospitals. I would like to extend my thanks to the office bearers, contributing authors,Davidchettan and all those who helped me in this effort.I wish you all HAPPY READING and A Great AKCOG 2020 @ KOTTAYAM.God bless you all for a HAPPY PEACEFUL PROSPEROUS 2020.

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Smart Phones for 'smart' GYNAECOLOGISTS

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All of us have a smart phone in our pockets / bags. Have you ever thought about what you use it for? Most of use it to make calls, access websites, send messages, share pictures and videos and use it as a camera. However, this probably accounts for a very small part of what your 'smart' phone can do. A phone can now be a very useful tool to improve productivity and efficiency. It might improve your clinical practise and your skills as a gynaecologist. This articles briefly outlines how.

Most current phones are actually compact devices which combine a fast computer, a high-quality camera, a storage device and many other things. Practically all phones use either the iOS (for Apple phones) or Android (or its derivatives) operating system. These operating systems allow mobile application softwares (apps) to be installed in your phone. Apps can be downloaded from the App store (iOS) or Google Play Store. It is best to avoid downloading apps from third party sites as they may contain viruses or malicious software.

Many apps work offline and are thus are easier to use than checking for information online. Most but not all apps mentioned below are available for both iOS and android phones.

Apps for gynaecologists

The apps mentioned below are representative of the many aids available and is not an exhaustive list.

POG Calc – This very simple app replaces the 'wheel' in your OPD and calculates the period of gestation using either LMP or EDD.

LactMed – This app by the US National Library of Medicine gives information about the safety of drugs and dietary supplements in breast feeding mothers.

1 mg – Though this is an app to buy medicines online, it is very useful for doctors to check alternative brand names and compare prices of different brands.

AIIMS Antibiotic Policy – This useful app helps to decide on the use empirical antibiotics based on the clinical conditions in the Indian scenario.

MDCalc –This app is useful for obstetricians and gynaecologists, with easy and handy calculations frequently used in daily practice. Relevant calculations

provided include those for the following: Bishop score, BPP score, FIGO staging, Geneva score, RhIG dose, RMI, VBAC score, YEARS score and urinary incontinence score.

Safe Delivery – This app is meant to give birth attendants in developing countries in poor resource setting easy access to practical and evidence based obstetric information through their smartphone. The app uses clear and concise videos, along with flash cards and emergency protocols, to instruct health professionals on how to deal with obstetric issues.

GLOWM Safe Motherhood – This app offers a wide range of expert resources about practical guidance in caring for women in pregnancy and childbirth, particularly those concerned with the management of obstetric emergencies. There are useful short 'Skills videos', animations with voice commentary and access to textbooks.

iContraception – This app helps healthcare professionals provide safe use of contraception methods with various characteristics and medical conditions. The app has a facility where the user can select medical conditions according to the patient and the app can automatically assign a category for each method. The categories from 1 to 4 are based on the WHO Medical eligibility criteria for contraceptive use, Fifth edition 2015.

Lap Suturing – This is a paid app meant for trainees in laparoscopy and provides tips to overcome common challenges in laparoscopic surgery and enhance progression of their learning curve.

Read by QxMD - This app helps healthcare professionals stay current by finding research that matters to the user. The user can also add their specialty, specific keywords, collections and journals to their personalised account to access content. Optional notifications can be received when new papers are available. A search function via PubMed is available, as well as the ability to download PDF files.

UpToDate – This is a paid app and is a ready reckoner to read up on all topics in clinical medicine. Topics are easy to search and the information is exhaustive and mostly up to date!

Medscape – This is one of the most popular free apps with information on clinical topics, drugs and has some useful medical calculators.

Books – Medical textbooks in the form of apps have a pleasant interface and are lighter to carry! Most of them are though not free - e.g. Current diagnosis and treatment, The Washington Manual.

Journals – If you have access to a journal and are a frequent reader, it is best to use the app on the go. Most major journals have an app – e.g. AJOG, BJOG, Fertility and Sterility

ICD 10 – This app is useful to locate the WHO's International Classification of Diseases (ICD) codes.

FIGO Gyn Cancer Management – This provides the latest FIGO staging for gynaecological malignancies, its investigation and management.

General apps

Magnifier – After a certain age, it is not uncommon to be in situations where it is difficult to read small print – especially those on the medications and ampoules. This useful app works with your phone camera to magnify the text and make it easily readable.

Health apps – Most smartphones have an in-built health app – once switched on, it keeps a track of your physical activity – it a great motivator to keep you more active and healthy.

Speech to text – All high-end phones have an option to convert dictated speech to written text. If not, you can add one of the many apps available – Speechnotes and Speecheater are good ones.

Apps for patients – Oviapregnancy tracker – for pregnant women, Kicks count – for monitoring fetal movements, GDM-Health – for women with gestational diabetes, uGrow baby development tracker, Baby Buddy – aimed at young mothers and gives information as pregnancy progresses, Squeezy – the NHS physiotherapy app for teaching pelvic floor exercises, Get Bladder Fit – for bladder training and pelvic floor exercises for incontinence, Ovia fertility tracker – for women with infertility

If you find it difficult to understand how a certain app works, checking it on Youtube might help. Youtube

has useful tutorial videos on the most mundane of things.

Twitter

Most major journals and professional bodies are on Twitter. If you follow one of them, your phone will receive regular tweets on important developments and new scientific publications. This can be a quick way to get updates which are short and in 'easy to digest bites'. For example, following <https://twitter.com/ESHRE> will be useful for someone interested in getting the latest updates in the world of reproductive medicine.


Podcasts

A podcast is an episodic series of audio files which you can either live stream or download to listen. For a lot of us, it is sometimes easier to listen than read about something. We all spend a lot of time driving to and from work. This time can be put to use by listening to a podcast on a topic of interest. You could use an app like Google Podcasts to search for them. Alternatively, you could access it from various websites (which is usually a bit more difficult). For example, you could visit <https://obgyn.onlinelibrary.wiley.com/hub/podcasts-and-videos> to check on podcasts from the British Journal of Obstetrics and Gynaecology and its sister journals.

obgyn.onlinelibrary.wiley.com/hub/podcasts-and-videos to check on podcasts from the British Journal of Obstetrics and Gynaecology and its sister journals.

Audio books

An audio book is a recording of a book or other work being read aloud. They are different from podcasts as there is a print equivalent for all audio books. Most audio books are from the world of fiction, but a few medical books and commentaries are available in this format. Audio books need to be downloaded to your phone or USB drive before you listen to them. There are many free books available, but most of the good ones need to be bought. Audible, Books on Tape and Brilliance Audio are the big 'publishers'. You can connect your phone by Bluetooth or use a USB drive on your car audio system to listen to these while on the road. It is however not advisable to listen to complex information while driving a car as this may cause distraction and make driving unsafe. And finally, it is important to not let the device control you. You can control the device and make it useful – keep notifications off, prioritise what you use your smart phone for and the make the best out of it.



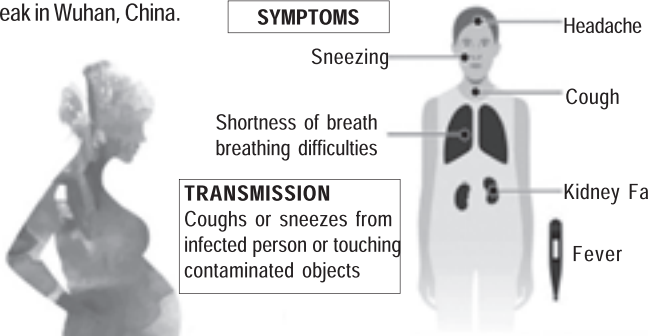
Kerala Federation of Obstetrics & Gynecology

CHINA CORONAVIRUS (2019-nCoV)

Protect yourself and others from getting sick

WHAT IS NOVEL CORONAVIRUS?
A new virus that causes respiratory illness in people and can spread from person-to-person. This virus was first identified during an investigation into an outbreak in Wuhan, China.

SYMPTOMS



Sneezing

Headache

Cough

Shortness of breath
breathing difficulties

Kidney Failure


Fever

TRANSMISSION
Coughs or sneezes from infected person or touching contaminated objects

PRECAUTIONS TO TAKE

- Wash hands frequently with soap
- Wear a mask if you have cough or runny nose
- Cover your mouth with a tissue paper when coughing or sneezing
- See a doctor if you are unwell
- Avoid contact with live animals, poultry and birds
- Avoid consumption of raw and undercooked meat
- Avoid crowded places and around people who are unwell

2019-nCoV



Coronavirus warning: Pregnant women are more exposed to viral attacks. Remain Vigilant and adopt good personal hygiene practices.

Source: WHO, CDC, mfa.sg

STERILIZATION AND DISINFECTION IN ENDOSCOPY



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P.V.S Hospital Calicut Kerala

Joint Secretary Calicut O&G Society

South Zone Coordinator –Fogsi Endoscopic Committee (2015-2017)

Laparoscopic surgeries are becoming more and more common since more than two decades. A major risk of all such procedures is the introduction of pathogens that can lead to infection. Failure to properly disinfect or sterilize equipment carries risk for person-to-person transmission (e.g., hepatitis B virus) and transmission of environmental pathogens (e.g., *Pseudomonas aeruginosa*.)

The laparoscopic instruments are more complex in design and yet delicate in construction. Thus the laparoscopic instruments are more vulnerable to lodging of bio burden (micro-organisms and debris) within their crevices. Laparoscopic instruments are difficult to clean, sterilize adequately and maintain as compared to their counterparts used in open surgery

Factors that affect the efficacy of both disinfection and sterilization

- Prior cleaning of the object | Organic and inorganic load present

- Type and level of microbial contamination
- Concentration of and exposure time to the germicide
- Physical nature of the object (e.g., crevices, hinges, and lumens)
- Temperature and pH of the disinfection process

Cleaning, Disinfecting, and Sterilizing of Endoscopic Instruments

The initial and most important step of reprocessing is thorough cleaning to remove gross soil, including microorganisms (bio burden), which allows the disinfectant or sterilizing agents to work effectively. Organic materials may inactivate these agents or present a barrier that prevents disinfectants from reaching all surfaces of an instrument. Manual cleaning is the safest method to use for rigid and single-lumen flexible endoscopes and accessories. Ultrasonic washers can damage and loosen small joints and remove adhesives and lubricants. Enzymatic

detergents are excellent choices for cleaning endoscopic instruments. The enzymes used in these detergents are specific to protein, sugar, or fat.

Sterilization

Steam is the most common and least expensive method of sterilization. However, many lensed endoscopic instruments cannot be steam sterilized. Even instruments and telescopes marketed as "autoclavable" will last longer if processed by alternative methods. Heat-sensitive objects can be treated with EtO, hydrogen peroxide gas plasma; or if other methods are unsuitable, by liquid **chemical sterilants**.

ETO Sterilization

Ethylene oxide gas has been the standard for sterilizing heat-sensitive items, including endoscopes. Sterilization cycles are typically

one and one-half to two hours at 55°C. Items must then be aerated mechanically for eight to 12 hours. Ethylene oxide (EO) is being gradually replaced in some hospitals with other sterilization methods, such as steam, vapor-phase methods, and per acetic acid because of cost and safety concerns. The Steris System (Steris, Mentor, Ohio) uses per acetic acid in a proprietary liquid processor to sterilize items in less than 30 minutes at 50-55°C. This method is a just-in-time process and sterility cannot be maintained for long term storage. Plasma and/or vapor phase are another sterilization modality for endoscopic instruments

Sterrad (Advanced Sterilization Processes of Irvine, Calif.) is FDA-approved for use in the US.

Congratulations



Dr. Aswathkumar

for successful completion of
tenure as *Fogsi Vice President*
and for getting selected as
National Co-ordinator
FOGSI



Dr. Fessy Louis T
on being elected
Vice President, FOGSI 2021

From
KFOG family

ADOOR
SOCIETY ACTIVITIES 2019



TRIVANDRUM
SOCIETY 2019 ACTIVITIES



KOLLAM
SOCIETY 2019 ACTIVITIES



COCHIN SOCIETY 2019 ACTIVITIES



Disinfection

If sterilization is not possible, high-level disinfection is recommended for laparoscopes and hand instruments that come in contact with the peritoneum and the live tissue. High-level disinfectants are sporicidal, bactericidal, virucidal, and fungicidal agents that remove most bio burden, with the exception of some spores.

Germicides categorized as chemical sterilants:

- Glutaraldehyde (>2.4%)- based formulations
- Glutaraldehyde(0.9 5%) with phenol/phenate (1.64%)
- Stabilized hydrogen peroxide (7.5%)
- Hydrogen peroxide (7.35%)withperacetic acid (0.23%)
- Peracetic acid (0.2%)
- Peracetic acid (0.08%)with hydrogen peroxide (1.0%)

Commercial preparations of glutaraldehyde are available in both alkaline and acidic formulations. Although the slightly acidic preparations appear to be safe for endoscopic instrumentation, alkaline preparations are more common. The solutions are available in 2.4% or 3.5% concentrations. The 2.4 % concentrations without surfactants are the recommended solutions for endoscopic instruments.

After the instruments having been disinfected they require rinsing with sterile water. Rinsing endoscopes and flushing channels with sterile water, filtered water, or tap water will prevent adverse effects associated with disinfectant retained in the endoscope (e.g., disinfectant induced peritonitis). Glutaraldehyde manufacturers are now recommending three separate, sterile rinses of at least one minute each. The rinse water is not to be reused.

ISSUES CONTRIBUTING TO IMPROPER CLEANING

In any facility, the challenges include

- Keeping instruments free of gross soil during the surgical procedure
- Minimizing the length of time between instruments leaving the surgical field and the beginning of the cleaning process
- Having the right cleaning equipment and solutions in the right place
- **A Brief Summary Of The Proper Steps Would Include These Points:**
- Begin the cleaning process as soon as the procedure is done. Proteins in blood and other tissue can dry and cake on the internal as well as external surfaces of a device; when this happens, thorough cleaning is difficult, if not impossible.
- Covering the instruments with a wet cloth is not enough to keep them from drying out. The best approach is to place the instruments in a basin of solution that is waiting for them when they come off the surgical table
- Wipe down surfaces of instruments with an enzymatic solution. Flush lumens in laparoscopic instruments and accessories to remove gross debris.
- Separate general surgical instruments from specialized or more delicate instruments.
- Transport instruments to the specified cleaning area. Clean& sterilize according to manufacturers' written instructions.

OPERATION THEATRE – DISCIPLINE

- Only people absolutely needed for an assigned work should be present.
- People present in theatre should make minimal movements and curtail unnecessary movements in and out of theatres, which will greatly reduce bacterial count

- Air borne contamination is usually affected by type of surgery, quality of air which in fact depends on rate of air exchange.
- Prompt disposal of Theatre waste out of the theatre is of top priority. Any spillage of Body fluids including Blood on the floors is highly hazardous and prompts the rapid multiplication of Nosocomial pathogens in particular pseudomonasspp

STERILISATION AND DISINFECTION OF OPERATION THEATRES AND CRITICAL CARE AREAS

GENERAL INSTRUCTIONS

- Keep the floor dry when in use.
- Use only vacuum cleaners (booming to be forbidden as it will disperse the infected material all around and on the equipment
- Chemical disinfection of an operation room floor is probably unnecessary. The bacteria carrying particles already on the floor are unlikely to reach an open wound in sufficient numbers to cause an infection(Ayliffe et al 1967. Hombroeus et al 1978) Cleaning alone followed by drying will considerably reduce bacterial population
- Wall and Ceilings- Wall and ceiling are rarely contaminated. The numbers of bacteria do not appear to increase even if walls are not cleaned. Frequent cleaning is not necessary and has little influence on bacterial counts. Routine disinfection is therefore unnecessary, but only cleaned when dirty.

Laparoscopes

Although high-level disinfection appears to be the minimum standard for processing laparoscopes between patients, this practice continues to be debated. Proponents of high-level disinfection refer to membership surveys or institutional experiences involving more than 117,000 and 10,000 laparoscopic

procedures, respectively, that cite a low risk for infection when high level disinfection is used for gynecological laparoscopic instruments.

Disinfection of HBV-, HCV-, HIV- or TB Contaminated Devices

The CDC recommendation for high-level disinfection of HBV-, HCV-, HIV or TB-contaminated devices is appropriate because experiments have demonstrated the effectiveness of high-level disinfectants to inactivate these and other pathogens that might contaminate semi critical devices. Endoscopes and other semi critical devices should be managed the same way regardless of whether the patient is known to be infected with HBV, HCV, HIV or M. tuberculosis.

An evaluation of a manual disinfection procedure to eliminate H C V f r o m e x p e r i m e n t a l l y conta-minated endoscopes provided some evidence that cleaning and 2% glutaraldehyde for 20 minutes should prevent transmission. The inhibitory activity of a phenolic and a chlorine compound on HCV showed that the phenolic inhibited the binding and replication of HCV, but the chlorine was ineffective, probably because of its low concentration and its neutralization in the presence of organic matter.

CONCLUSION

The knowledge on Maintenance, Sterilization and control of Infections in Operation theatres is a rapidly evolving science. Reusable endoscopic instruments can be reprocessed safely and effectively, providing they are cleaned and sterilized or disinfected according to the manufacturers' recommendations. All cleaning, disinfecting and sterilizing processes must be standardized and monitored to ensure process quality and specific policies and procedures established to ensure proper handling and standardized practices



SUICIDES IN PREGNANCY:

Where are we going wrong?

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Suicides and suicidal attempts during pregnancy and the postpartum period, are alarmingly on the rise. Our own state, Kerala witnessed 15 pregnant women committing suicide, between the months of April 2019 to November 2019. Not surprisingly, World Health Organization has reclassified suicide as a direct cause of maternal death.

Who are at risk?

- Younger maternal age
- Unpartnered relationship status
- Women without a desire to get pregnant or those with an Unplanned pregnancy
- Pre-existing, and/or current psychiatric diagnosis
- Women who have deliveries with severe vaginal laceration
- Women experiencing intimate partner violence
- Women involved in family conflicts
- Above all, the most important cognitive risk factor for attempting a suicide or dying by suicide is the presence of Suicidal ideation

How to tackle this issue?

A preventive and careful assessment, screening, and identification for suicidal ideation should be included during the perinatal period. However, a

specific screening for suicide and suicidal ideation isn't happening now, mainly due to time constraints in prenatal care clinics, the lack of proper screening tools and the missing collaboration between Obstetricians and Mental Health professionals.

- Women who are depressed and/or are psychotics should be assessed for suicide as well.
- In presence of a suicidal ideation or suicidal thought, clinicians should promptly develop a safety plan and refer to a specific psychiatric assessment as well as follow up the patient.
- In some cases, hospitalization may be required as well.
- Urgency of referral depends on several factors including: whether suicidal ideation is accompanied by a plan, whether there has been a history of suicide attempts or whether symptoms of a psychotic disorder are present.
- A risk assessment is helpful for identifying mothers at low-risk (SI or thought present, with a plan), medium-risk (SI with a plan or history of suicide attempt, without an immediate intent), or at high-risk (SI with an immediate intent). (SI: Suicidal ideation)
- Warning signs of the risk of imminent suicide may include 'feeling trapped', 'worthless', 'hopelessness', 'talking about death', 'writing a will' or 'hoarding medication'

In short, screening during the perinatal period (particularly during pregnancy) represents an essential clinical tool for identifying women at higher risk of perinatal suicidality. Long-term identification and support of high risk women in the first year following birth, may help lower the incidence of late maternal deaths. Obstetricians and primary care physicians need to ask to all pregnant women about their personal mental health history and family history. Women with a previous history of mental disorder (particularly, bipolar and major depressive disorders as well as psychoses) should be offered a mental health assessment antenatally and managed by a psychiatrist. In addition, a regular interview on lifetime suicidal ideation should be performed. Furthermore, mothers should be regularly monitored and supported for at least 12 months following delivery.

SNIPPETS of 1st QUARTERLY CRMD MEETING ON MARCH 10th AT SAT HOSPITAL TRIVANDRUM

Compiled by **DR AMBUJAM**
Prof and HOD



Govt. Medical College, Thrissur

The first quarterly meeting of CRMD was conducted at SAT HOSPITAL TRIVANDRUM on March 10th 2019. It was attended by 71 delegates from all over the state. 29 deaths were analyzed in a **confidential** manner. The important points of discussion are as follows.

Haemorrhage	6
Hypertension	2
Sepsis	1
Heart Disease	4
Anaesthesia related	2
AFE	1
Hepatitis	1
Infectious fever	2
Neurological	2
Rare causes	3
Unknown	3
Accidental Burns	1
Suicide	1

In 5 cases deaths were unavoidable, which means, in 24 cases, death could be avoided.

6 deaths were due to obstetric haemorrhage. There were 2 cases of atonic PPH, 2 cases of placenta accreta, 1 case of abruptio placenta with DIC and PPH and 1 death with internal bleeding following Caesarean section.

Observations: Aggressiveness in the management of PPH was lacking.. Placenta accrete was not detected early and so referred late. Both presented with rupture uterus and intraperitoneal bleeding.

Recommendations: AMTSL needs to be carried out routinely and documented.

AMTSL: Oxytocin 5 units added to 5ml normal saline and given taking 5 seconds, at the delivery of anterior shoulder or within one minute of delivery of the fetus. It should be ensured that there is no additional fetus

inside. Immediately give 10units oxytocin IM. If there is excess bleeding or risk for it, give additional oxytocin- 20 units added to 500 ml saline and given at the rate of 4 ml per minute or methergin 0.2 mg IM (after excluding hypertension) or PG F2 alpha IM (after ruling out h/o asthma) and rectal Misoprostol 600 ugm

Early placental delivery without waiting for signs of placental separation, by pulling on the cord while applying counter pressure on the contracted uterus. If the uterus is not contracted, do not pull on the cord. When PPH occurs, aggressive measures to arrest bleeding, along with volume replacement with fluids, blood and components can save lives. Transcervical uterine artery clamp is a very useful first aid measure to arrest bleeding. Suction cannula is also found to be effective. Condom tamponade and NASG should be applied in all patients being referred.

Placenta accrete should be ruled out in all cases of anterior low lying placenta by Doppler US. Placenta accrete should be managed in a tertiary care centre with a well planned and systematic approach. Termination should be planned at 34 to 36 weeks depending on the invasion and vascularity.

Proper technique of Caesarean section by taking care of right angle of uterine wound separately should be practiced. Careful post operative monitoring can help to detect internal bleeding and timely intervention can save lives.

2 deaths were related to anaesthetic cause.

A case of 2nd gravid 1st FTND 7 months had undergone abortion evacuation under GA. She developed cardiac arrest and expired of hypoxic

ischaemic encephalopathy and stress cardiomyopathy on 9th day.

Observations: Cardiac arrest may be due to light plane of anaesthesia. Delay in diagnosing cardiac arrest and resuscitation can lead to left ventricular dilatation.

Recommendation : Abortions can be made safer by medical methods and if incomplete, going for suction evacuation.

Another case of primi with short neck, multiple skeletal abnormalities, severe preeclampsia underwent Caesarean section at 36 weeks under GA. Intubation could be done only after delivering the baby. Extubation could not be done. Tracheostomy done with difficulty after 10 days. Patient expired on 20th day.

Observations : Antihypertensives started in low doses. Difficult anaesthesia not anticipated.

Recommendation: A board should have been formed to plan management. Regional anaesthesia could have been tried.

2 deaths were due to Hypertension leading to intracerebral bleeding.

Observations: BP was detected only when the patient reported with drowsiness. Soon developed convulsions. CS was done in a hurry without stabilizing the BP. Developed intraventricular hemorrhage.

Recommendations: BP should be checked properly in each antenatal visit. Alpha Dopa continues to be the first line drug and if not available, Nifedipine is the next choice. Labetalol if used early can lead to intrauterine growth restriction. In severe hypertension, I V Labetalol and MgSO₄ can prevent a convulsion. Once seizures develop, the condition becomes life threatening.

A case of AFE was discussed. Induction done at 38 weeks for fetal macrosomia with prostaglandins accelerated with Oxytocin. Collapsed soon after delivery. Resuscitated. Developed PPH and DIC Managed aggressively but could not be saved.

Observations: Induction not indicated at 38 weeks. Both PgE₁ and PgE₂ used for induction. ARM was done before cervix was ripe. Monitoring not seen in case records.

Recommendations: Elective Induction should be done at 39 completed weeks. Hyperstimulation should be avoided. AFE is unpredictable but prompt and vigorous resuscitation can save lives. Proper documentation of monitoring in labour should be practiced.

4 cases were due to cardiac problems. Mitral stenosis, Mitral regurgitation, uncorrected coarctation, and Eisenmenger,s syndrome were the causes of deaths.

Observations: It was not advisable to do ASD closure with severe MR. Tight MS was not detected. Coarctation could have been corrected early. Pregnancy was undesirable in Eisenmenger,s.

Recommendations: CVS examination should be done at the first visit. Cardiac cases should be referred to higher centre early for better care. Termination should be considered at 34 weeks in severe pulmonary hypertension for mother's sake. Digoxin is not a drug to be given primarily for cardiac failure. Use minimum of Morphine in pregnancy. Prolonged administration of Frusemide may affect the growth of the fetus.

There was 1 case each of Dengue fever, H1N1 pneumonia, Hepatitis E, extrahepatic portal vein obstruction, endocrine tumour of pancreas, acute pancreatitis and immune mediated vasculitis leading to massive intracranial haematoma. In Dengue fever, day 4-5 is the worst. Capillary leak can lead to severe haemoconcentration which is more dangerous than thrombocytopenia. So fluid resuscitation is very important. Termination is indicated only for obstetric indications.

There was a case of sepsis following IUD who presented with shock and DIC, a case of illegal pregnancy. In 3 cases cause could not be identified. There was a case of accidental burns and 1 case of suicide.

Careful documentation is very important to find out the exact cause and also to protect when litigation arises. The obstetrician should be the team leader in management of medically complicated pregnancies and co-ordinate the management seeking help from a multidisciplinary team.





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We keep on bringing more happy smiles !

With never-ending success stories.....
into the 10th year!

- Chain centres with most sophisticated facilities.
- Overseas centres in UAE, Qatar & Oman
- Seasoned experts in infertility treatment
- Most modern technology in treatment
- The highest success rate

IVF, IVF, ICSI, IMSI, FLEM, LASER ASSISTED HATCHING, 3D/4D SCANNING, FETAL MEDICINE



Adding Life to Couples