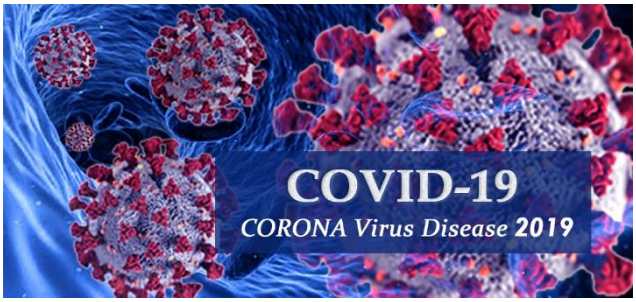
AOFOG NEWS

Established 1957 | 28 Countries | September 2020 | Vol. 3/2020

Covid-19 Pandemic

Safety in Ultra Sound Scanning (USS) during the pandemic



President's Message

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Secretary General's Message

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(Japan)

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(Sri Lanka)

Oncology
Sarikapan Wilailak
(Thailand)

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(Hong Kong)

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Krishnendu Gupta
(India)

Ultrasound
Nelinda Catherine Pangilinan
(Philippines)

Urogynaecology
Mou-Jong Sun
(Taiwan)

Fellowship selection
Rohit Bhatt
(India)

President's Message....

What is "New Normal" in AOFOG during COVID-19 pandemic?

Dear members of AOFOG,

Although your country or region has recovered from the tight medical situation, I believe that the response to COVID-19 is still ongoing. Unfortunately, the number of morbidity and death is increasing in many countries despite the effort of the government and medical staff.

As of 10 am JST September 15, 2020, 29,148,599 cases have been confirmed worldwide, of which 926,019 have died (https://coronavirus.jhu.edu/map.html). Therefore, the Case-Fatality Rate will be 3.18%. On the other hand, the number of confirmed cases and deaths in the AOFOG region is 6,920,329 and 123,599, respectively and the Case-Fatality Rate is 1.79%.

Naturally, it is estimated that the number of infected people and the number of deaths will increase in countries with a large population. So, what happens when we look at the number of deaths in comparison with the population?

According to UN statistics, the world's population in 2019 was 7,713,468 thousand, of which 2,935,581 thousand was in the countries and regions belonging to AOFOG, accounting for about 40 percent of the world's population.

Looking at the number of deaths per 1 million population, one can notice that it is as low as 42.1 in the AOFOG region, while it is 120.1 in the world. It is obvious not only case-fatality rate but also death per million population is low in AOFOG region. Is this because of difference in race or ethnicity? or genetic difference? or difference in immunity? or cultural difference? or are spread viruses different? May be combination of these factors. Unfortunately, no clear answer has been obtained yet.

Now we have passed through the acute phase and start preparing for the chronic phase. That will be like a long-term battle with chronic disease which repeated remission and exacerbation. Several factors have been found to be involved in the spread of COVID-19. One of which is environmental factor. Avoiding the three Cs, namely Crowded places with many people nearby, Closed-contact settings especially where people have closed range conversations, and Confined and enclosed spaces with poor ventilation, is a practical strategy to prevent infection to COVID-19. The risk is much higher in places where these factors overlap. (https://www.who.int/brunei/news/infographics---english)

However, this 3C is an extension of socialization, clustering and communicating and these are the very natural practices of human beings. Therefore, avoiding this 3C is not so easy because it is nothing but limiting a person's instinctive behavior.

What is "new normal" of AOFOG in COVID-19 era?

Many seminars and academic conferences are now on-line. AOFOG has not been an exception. We had to change the executive board meetings from face to face to on-line meeting. I felt sorry unable to see our colleague in person but I think

that will become our “new normal”. In the meantime, I have learned our standing committees have held webinars quite often and got many attendees from many countries even from outside of AOFOG region. Seminars are well received by the audience due to their academic and informative presentations. The webinars were also interactive, so questions were sent in a timely manner, and the moderator's excellent guidance facilitated smooth and active discussions in the Q & A session. Webinar is the perfect format for the COVID-19 epidemic, as foreign audiences can attend seminars without having to travel long distances abroad. The webinar will also be our “new normal”.

How about a big conference like our biennial congress? The AOFOG 2022 Congress organizing committee is discussing deeply on the platform of 2022 Congress in Bali, Indonesia. Will traditional face to face meeting be possible? Or should we switch to web-based congress? Or hybrid? We are seeking “new normal” congress. I think practical solution will be hybrid; Local participants will get together at the site and attendees from abroad will join on-line. But we have to watch carefully the COVID-19 situation, treatment modalities and availability of vaccination.

Having an AOFOG Biennial Congress is not only for scientific exchange but also for cultural exchange and chance to see old friends and to make new friends. Will true friendships grow among people who have only met on-line? I have doubts. We must avoid risks wisely and resume our academic activities. I hope that someday in near future we will meet in person and exchange our friendship as we did before.

Prof. Kazunori Ochiai
President, AOFOG.

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Secretary General’s Message.....

Hi Everyone,

Hope everyone is keeping fine. We have not been able overcome the COVID 19 situation. Though few of our member have been fortunate to bring the situation under control there are many others where the situation is yet to be controlled. So, we continue to be confined to our own countries unable to travel due the international travel restrictions. Hence all our conferences and meetings have to be postponed.

But our Committees have been very active and have been able to conduct several educational programmes through the web very successfully. I am thankful to all the National Society Presidents and Secretaries for disseminating the information regarding these programmes to their members, encouraging them to participate in the programmes. We have had very good participation and from the feedback we have received from the participants we are happy to note that almost everyone has benefited from the programmes.

Activities conducted by,

1. Sexual & Reproductive Health Committee
2. Reproductive Endocrinology & Infertility Committee
3. Urogynaecology Committee

AOFOG 2022.

As was mentioned in the previous Newsletter due to the prevailing COVID 19 situation and the existing travel restrictions AOFOG in consultation with the Local Organising Committee in Indonesia decided to postpone the AOFOG congress to 23-26 May 2022. Preliminary preparations are underway and depending on the COVID 19 situation the congress may be conducted as a Hybrid conference. Read more…

iCOE

Due to the effects of COVID 19 the iCOE training programmes on emergency Obstetrics conducted by OGSM in association with AOFOG had to be postponed. These programmes were very popular and proved to be very beneficial to the countries and to the Doctors in which these programmes were held. I attach letter of appreciation sent by a Doctor in Malaysia who joined the programme as a trainee but over the years ascended to be a trainer. Read more…

AOFOG -POGS Manila Declaration

As a part of the Manila declaration Philippine O & G Society (POGS) in collaboration with AOFOG & CECAP organised a series of webinars on Cervical Cancer Elimination. All together 4 programmes have been planned.

The 1st one was held on the 26th August 2020 under the caption, “Leveraging on the Philippines Commitment for Cervical Cancer elimination.”

The second session of virtual HPV Summit Series "Empowered by science: Innovative Ways Towards an HPV-Free Asia Oceania” was held In Sept 2020. This summit was given much publicity by the media. Read more…

MPDSR Training Webinars

The World Health Organization (WHO), the Pan American Health Organization (PAHO), FIGO, AOFOG and ICM and partners are working together to strengthen implementation of maternal and perinatal death surveillance and response (MPDSR) through capacity building in a common effort to reach the healthcare professional at the frontlines. MPDSR working group in association with the AOFOG is hoping to conduct Training of the trainers’ webinars on implementing MPDSR activities in Countries in the Asia Oceania region. Read more…

We hope and pray that there will be light at the end of the tunnel and that we would be able to return to our usual routine patter in the near future. Till then kindly stay safe and well,

Dr. Rohana Haththotuwa
Secretary General AOFOG

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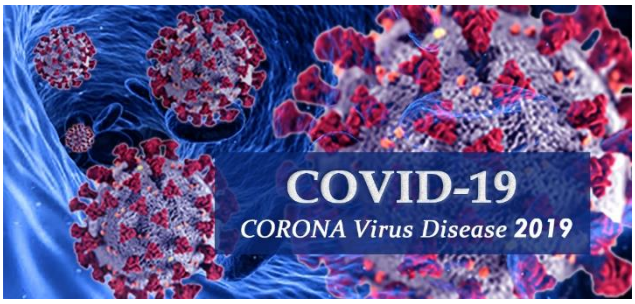
Safety in US Scanning during the COVID 19 Pandemic



The coronavirus (SARS-CoV-2) pandemic has given a great challenge in the medical field and the challenge to protect both patients and ultrasound providers (physician-sonologist, sonographers and allied professionals). The ultrasound committee has compiled the following guidelines from the different ultrasound society for the rationalization of ultrasound investigation for obstetrical and gynecological indications.

The International Society of Ultrasound in Obstetrics and Gynecology has set the basic ultrasound principles in a situation of pandemic are:

1. Medical resources should be spared and prioritized.
2. Maximum care should be taken to avoid unnecessary exposure of medical personnel to (potentially) infected patients and vice versa. The risk of infection is particularly high during ultrasound investigation due to the impossibility to keep a protective distance (2 meters or 6 feet) between the woman and her caregiver.
3. Visits to ultrasound center or unit should be limited to those strictly necessary to avoid the spread of virus and women should be advised to attend with no accompanying person.

The AOFOG ultrasound committee safety statements and recommendation on the different ultrasound procedures of OBS-GYN patients during this COVID-19 pandemic should be performed.

I - Ultrasound appointments for obstetrical and gynecological indications should be triaged on the medical need of the patient for ultrasound scan. The category will be based on the following:

1. Performing ultrasound without delay
2. Ultrasound evaluation that can be scheduled sometime

A. Prioritizing gynecologic scans without delay based on clinical scenarios

1. Patient in acute pelvic pain
   Non-resolving acute pelvic pain is a gynecologic emergency. Once pregnancy is ruled out based on a negative pregnancy test, the clinical considerations are the following:
   A. Ovarian torsion
   B. Ruptured or hemorrhagic ovarian cyst
   C. Pelvic inflammatory disease (Tubo-ovarian abscess pyosalpinx/hydrosalpinx)
2. Patient with abnormal uterine bleeding who are hemodynamically unstable, post-coital bleeding and post-menopausal bleeding should be scanned without delay.
3. Abdominopelvic mass with associated symptoms should be scanned without delay

B. Ultrasound evaluation that can be scheduled sometime

1. Patient with other causes of abnormal uterine bleeding such as breakthrough bleeding, heavy menstrual bleeding without anemia, irregular and infrequent bleeding, intermenstrual bleeding, perimenopausal bleeding
2. Abdominopelvic mass with associated symptoms should be scanned without delay
3. Infertility scans for elective assisted reproductive technology were suspended in most centers
4. Urogynecologic complaints are not life-threatening conditions such as prolapse and incontinence hence ultrasound procedure can be scheduled.
5. For cases of follow-up ultrasound scans among gynecological malignancy patients should be advised and given recommendation about the expected symptoms of recurrent disease.

C. Prioritizing obstetrical cases for ultrasound procedures without delay will be based on clinical scenarios as follows:

1. First trimester of pregnancy presenting with vaginal bleeding and or hypogastric pain.
    A. Threatened miscarriage
    B. Ectopic pregnancy
    C. Molar pregnancy
2. Second and Third trimester with vaginal bleeding and or pain
    A. Placenta previa
    B. Abruptio placenta
    C. Preterm labor
3. Antenatal fetal surveillance for High Risk Pregnancies with medical co-morbidity that is necessary in the management of the case
    A. Biophysical profile
    B. Doppler Velocimetry

II - Guidelines on HOW should ultrasound procedure should be performed

1. Patients for ultrasound should be triaged and classified before the procedure or schedule of the scan.
2. All patients for ultrasound must wear protective face mask
3. The sonologist must wear a face mask, face shield, gloves and a protective gown while performing the ultrasound procedure
4. For patients who are COVID-19 probable and or confirmed cases, ultrasound scan should be performed in a bedside set up.

III – Care for the ultrasound machine

1. The keyboard must be cleaned every after each scan or maybe covered with cling wrap or plastic and must be replaced every after each scan.
2. The probes must be covered with gloves for transabdominal probes and double condoms for transvaginal probes and must be changed and cleaned every after each scan.
3. Clean probes and wirings with designated ultrasound disinfectant as recommended by the ultrasound provider.

IV – Care for the room

1. The bed must covered by disposable mats or paper towel and must be changed every after each scan.
2. The room must be cleaned and disinfection every after each scan.

These recommendations are not meant to replace established guidelines of the institutions. The references of the recommendations were taken from the different international interim guidelines for SARS-CoV2 pandemic.

1. ISUOG Consensus Statement on organization of routine and specialist obstetric ultrasound services in the context of COVID-19.
2. ISUOG Consensus Statement on rationalizing of gynaecological ultrasound services in context of SARS-CoV-2.
3. Centers for Disease Control and Prevention (CDC): Corona virus.
4. WHO: emergencies/diseases/novel coronavirus 2019.
5. Philippine Society of Ultrasound of Obstetrics and Gynecology Safety statement and Recommendations on WHO and HOW ultrasound of OB-GYN patients during the pandemic.

Dr. Nelinda Catherine Pangilinan
Chair, AOFOG US Committee.

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SRH Committee Report: March - September 2020

Just prior to declaration of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) causing the coronavirus disease 2019 (COVID-19) as a global pandemic by the World Health Organization (WHO) on 11 March 2020, and following the maiden participation of the newly constituted SRH Committee of AOFOG (2019 – 2022) under the Chairmanship of Prof. Krishnendu Gupta (India) at the Public Forum on "No to Violence Against Women (VAW)" during the FOGSI-FIGO-ICOG-OGSH Initiative, in collaboration with SRH Committee of AOFOG, in Hyderabad, India, on 07 March 2020, which was attended by over 300 participants and represented by Dr. S. Shantha Kumari (Member of the SRH Committee of AOFOG from India), the SRH Committee of AOFOG thereafter conducted two very successful on-line academic webinars on Sunday, 05 July 2020 and Sunday, 06 September 2020, in addition to engaging in other academic activities, the details of which are given below:

1st AOFOG SRH Webinar

Day and date : Sunday, 05 July 2020.

Time and duration : 12 noon – 2.30 pm (Indian Standard Time; +5.30 hours GMT); 2 hours 30 minutes.

Chair of the Webinar : Prof Kazunori Ochiai, President of AOFOG (Japan)

Faculty & Session Chairs: Immediate Past President Dr. Ravi Chandran (Malaysia), President Elect Prof Pisake Lumbiganon (Thailand), Vice President Dr. John Tait (New Zealand), Treasurer Prof Tsung-Hsien Su (Taiwan), Secretary General Dr. Rohana Haththotuwa (Sri Lanka), Deputy Secretary General Dr. Jaydeep Tank (India).

Special Guest : Prof. Sir Sabaratnam Arulkumaran, Past President of FIGO and RCOG, Honorary Fellow of AOFOG (United Kingdom).

Moderator : Prof. Krishnendu Gupta (India).

Topics and Speakers : Introduction to AOFOG: Dr. Rohana Haththotuwa (Sri Lanka); Violence against women – rise and solutions: Prof. Mario Festin (Philippines); Access to SRH services – slipping through the gaps: Prof. Kirsten Black (Australia), Empowering adolescents in times of crisis: Prof. Unnop Jaisamran (Thailand); Contraception – issues and solutions: Dr. S. Shantha Kumari (India); "Words of Wisdom": Prof. Sir Sabaratnam Arulkumaran (United Kingdom).

Number of participants : 1100.

Number of countries : 24.

Special highlights : Participation of four members (out of six) from the SRH Committee of AOFOG as "Session Speakers"; "Audience Poll" during the Q&A session providing a "Teaching–Learning" experience for the participants.

Feedback of the webinar: 70 participants (6.36%) responded; >95% found the webinar to be "Excellent to Good" on one or more of the four parameters: Scientific Content, Selection of Speakers, Punctuality, Ease of use of the Online Platform; >97% of participants acknowledged that they were more informed and aware about AOFOG after the webinar (Prior to the webinar: 92.54.

Academic Partner : M/s Lupin Pharmaceuticals Ltd., India.

Vendor : M/s Swarnimtouch, India.

2nd AOFOG SRH Webinar

Day and date : Sunday, 06 Sept. 2020.

Time and duration : 10.30 am – 1.00 pm (Indian Standard Time; +5.30 hours GMT); 2 hours 30 minutes.

Chair of the Webinar : Prof. Kazunori Ochiai, President of AOFOG (Japan)

Faculty & Session Chairs: Immediate Past President Dr. Ravi Chandran (Malaysia), President Elect Prof. Pisake Lumbiganon (Thailand), Vice President Dr. John Tait (New Zealand), Secretary General Dr. Rohana Haththotuwa (Sri Lanka), Deputy Secretary General Dr. Jaydeep Tank (India), Editor-in-Chief of JOGR Prof. Kiyoko Kato (Japan), Chair – Oncology Committee of AOFOG Prof. Sarikapan Wilailak (Thailand), President of The Bengal Obstetric & Gynaecological Society Dr. Dibyendu Banerjee (India), Chairman – Adolescent Health Committee of FOGSI Dr. Girish Mane (India).

Keynote Speaker : Dr. Jeanne Conry, President Elect of FIGO & Past President of ACOG (USA).

Invited Speaker : Dr. Alberta Di Pasquale, Director – Global Medical Lead Vaccine Science and Medical Education, GlaxoSmithKline Vaccines (Belgium).

Moderator : Prof. Krishnendu Gupta (India).

Topics and Speakers : Introduction to AOFOG: Dr. Rohana Haththotuwa (Sri Lanka); The impact of COVID-19 on healthcare and vaccinations: Dr. Jeanne Conry (USA); Vaccine development and current research: An overview: Dr. Alberta Di Pasquale (Belgium); Symposium on "Role of National Societies and NGOs to promote vaccination in women":- Role of FOGSI & ICOG in promoting vaccination in women: Dr. Parag Biniwale (India); Challenges in the Philippines to promote vaccination in women: Prof. Mario Festin (Philippines); Role of NGOs in adolescent vaccination advocacy and implementation: Rotarian Past DRFC Jayanta Chatterji (India).

Number of participants : 902.

Number of countries : 24.

Special highlights : The webinar was supported by the Indian College of Obstetricians & Gynaecologists (ICOG), Federation of Obstetric & Gynaecological Societies of India (FOGSI) and The Bengal Obstetric & Gynaecological Society (BOGS). The ICOG awarded "1 ICOG Credit Point" to all the participants who attended the webinar. Participation by an NGO for the first time in a scientific session of a webinar of the AOFOG SRH Committee ie. Rotary International, District 3291.

Feedback of the webinar: 24 participants (2.66%) responded; 100% of the participants found the webinar to be "Excellent to Good" (83.33–87.50% found the webinar to be "Excellent" on one or more of the four parameters: Scientific Content, Selection of Speakers, Punctuality, Ease of use of the Online Platform); 100% of participants acknowledged that they were more informed and aware about AOFOG after the webinar (Prior to the webinar: 70%).

Academic Partner : M/s GSK Pharmaceuticals Ltd., India.

Vendor : M/s Swarnimtouch, India.

Other completed academic activities

- In view of the COVID-19 pandemic, an academic statement was prepared by Prof. Krishnendu Gupta and members of the SRH Committee which was submitted for the approval of the Executive Board. On approval, the academic statement will be uploaded on to the AOFOG website, under the newly designed "COVID-19 Corner".

SRH Committee Member news

- Dr. S. Shantha Kumari has been elected as "President" to lead the Federation of Obstetric & Gynaecological Societies of India (FOGSI) in 2021.

Future planned activities

- To conduct more webinars covering SRH topics of interest and collaborate with National Societies and Federations of mutual interest.
- To act as an academic resource center/ facilitator for future scientific programmes related to SRH in future AOFOG conferences.
- To publish a "Good Clinical Practice Recommendations (GCPRs) on SRH" based on the regional perspectives of AOFOG.

Prof. Krishnendu Gupta
Chair - SRH Committee, AOFOG, 2019 - 2022.

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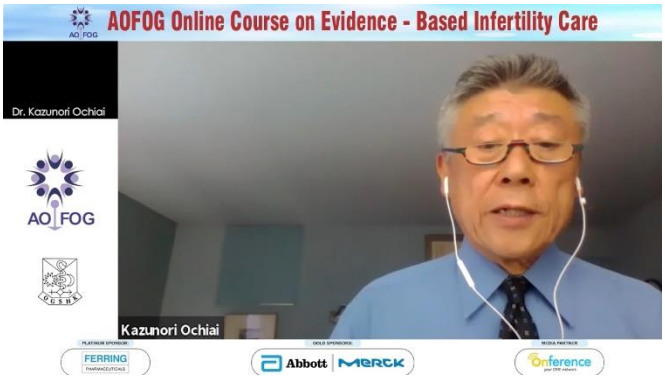
Report from Reproductive Endocrinology and Infertility Committee



We held the AOFOG Online Course on Evidence-Based Infertility Care (2020), co-organised with The Obstetrical and Gynaecological Society of Hong Kong, on 29th – 30th August 2020. This was the third time that this masterclass was held, after the success of the first two which took place in Hong Kong and Mumbai in 2018 and 2019 respectively. In view of the coronavirus pandemic and the resulting restrictions on travels and gatherings, the course was held online this time. The virtual format actually facilitated participation of delegates from many member countries of AOFOG, and we were very pleased to have an overwhelming number of delegates. There were over 2400 registrants, of whom 1435 participated in the live sessions. Recording of the lectures are available to the registrants who could not join the live sessions due to time zone differences. The faculty included Prof. Ying Cheong (United Kingdom), our guest speaker, as well as 22 speakers and chairpersons from various Asian-Oceanic countries. This two-day programme aimed at providing the audience an updated evidence-based view on various aspects of infertility assessment and work-up, discussing on the uses and misuses of various methods of infertility treatment, consolidating our awareness about the potential complications of various infertility treatment methods, and providing an update on new developments in reproductive technology such as pre-implantation genetic testing and fertility preservation.

Dr. Raymond Li
Chair, REI Committee.

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Activities of the Urogynaecology Committee

Due to the pandemic, this year activities could not proceed as planned, however I would like to share what we have done up to now.

1. Joint conference with APUGA, TAOG and TUGA on August 30th 2020 in Taipei, Taiwan.



2. WebCME on "Urogynecology in the fast changing world" organized by the AOFOG Urogynecology Committee in association with The Royal Thai College of Ob-Gyn (RTCOG) on September 2020.

Dr. Mou-Jong Sun
Chairman, Urogynecology Committee

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AOFOG 2022

Dear Colleagues,

On behalf of AOFOG members, I would like to extend a warm welcome to all colleagues joining 27th AOFOG Congress, our special biennial meeting. Due to the coronavirus outbreak, I would like to express my heartfelt condolences to those who have lost their lives. Reported cases have ranged from infected people with little to no signs of illness to people exhibiting severe symptoms, which is why it is pivotal to take necessary precautions to avoid exposure to the virus.

Since the activities of many people are disrupted and gathering of people is prohibited to limit the spread of the virus. So we decide to postpone the meeting and change the AOFOG schedule to 2022. This event will be conducted at the Bali Nusa Dua Convention Center (BNDCC), Bali- Indonesia on May 23rd - 26th 2022.

During Congress, we still bring up the theme “From Bench to Bedside: Between The Culture, Future, and Technology in Women’s Health”. We believe AOFOG 2022 will offer an excellent scientific program, experience, and networking opportunity to discuss the current topics in Obstetrics and Gynecology.

Several hot topic discussions, debates, controversies, and many more will increase your knowledge and experience in giving better service for our patients in the future. Bali is the Island of Paradise that is rich in culture, tradition, beautiful places and scenery is able to make your stay become very valuable and memorable. Bali has developed into a world of its own. It captures not only what is special about Indonesia, but embodies a unique spirit that can only be found on the island.

We hope to see you all there!

Andon Hestiantoro
Chair Person,
AOFOG 2022, Congress.

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PERKUMPULAN OBSTETRI DAN GINEKOLOGI INDONESIA
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BALI 27th AOFOG
The 27th Asia & Oceania Federation of Obstetrics & Gynaecology
23 - 26 MAY 2022
23rd - 26th May 2022
Bali Nusa Dua Convention Center
Nusa Dua, Bali - Indonesia
From Bench to Bedside ; Between The Culture, Tradition & Technology in Women's Health
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27th AOFOG Congress

23rd - 26th May 2022

Bali Nusa Dua Convention Center

Nusa Dua, Bali - Indonesia

Registration

Category	Early Bird	Regular	Late & On Site
	January 1, 2021 until October 31, 2021	Nov 1, 2021 until April 30, 2022	May 1, 2022 until On-Site
Physician International	USD 320	USD 400	USD 500
Physician Local	USD 280	USD 320	USD 360
Physician LRC *	USD 260	USD 260	N /A
Trainee / Nurse / Allied Healthcare **	USD 200	USD 260	USD 320
Fellows / Past Presidents ***	Complimentary		
Accompanying Person	USD 120	USD 160	USD 200
Banquet ****			

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From Kota Kinabalu to Vientiane: My ICOE Journey

As a trainee in one of the busiest tertiary hospitals in Malaysia, managing obstetric emergencies is an essential skill in our daily practice. Thrown out into the world of obstetrics, we learned and matured as we worked and emergencies such as eclampsia, PPH, caesarean sections became part of our daily life.

In was in 2019 when I first heard of the Intensive Course in Obstetric Emergencies (ICOE) by the Obstetrical and Gynaecological Society of Malaysia (OGSM). This course was highly recommended by my specialist and colleagues and I was encouraged to experience it for myself. Having joined many workshops in obstetric emergencies, I was sceptical but the curiosity and the hunger to gain knowledge was the motivation for me to fly down to Kuala Lumpur for my first ICOE encounter, which was truly an eye opener and I never looked back!

It was a two day course like never before. Interactive, hands on, up to date and an evidence based approach was the best two day experience a trainee can ever ask for. I was among the most junior participant in the group as the other participants were specialist and consultants but I guess I gained the most. It was all the emergencies simulated in two days, some of which I have never seen and only read in the textbooks and I felt very confident having had the privilege to have a personalised learning experience with constructive feedbacks. We had brief lectures but plenty of time for practice and to learn and refine our skills which was very unique, optimising mannequins of various fidelities. I felt inspired by the learning experience and privileged to have the opportunity to learn from an experienced group of dedicated doctors who taught from the heart. The advice from my colleagues was inaccurate, it was not a good course, it is the best obstetric emergency course in Malaysia.

Six months later, a rare opportunity came my way and I had the chance to be involved in the ICOE midwifery course, this time to teach and to share my skills and knowledge which I had gained. I thought this will be a wonderful opportunity for me to train and recap my knowledge and I never thought twice on the privilege that came knocking on my doors.

I travelled across the South China Sea once again to be part of this wonderful team, this time not as a participant but has a trainer, a title which I am truly proud of. I believe that teaching is the best way to learn and my ICOE experience was enriching, especially when I witnessed the dedication, passion and hard work from the ICOE trainers who were all busy obstetricians but scarified their own time for a worthy cause which they strongly believed in. I had insights into the administration and the organization which was all executed to perfection and I began to appreciate OGSM better. I learned that it was not an easy task but that planning and having an eye for detail is essential while the secret of ICOE's success is the dedication of the trainers. I felt proud to be part of this team.

Never in my wildest dream had I thought I would have a second chance to be part of the ICOE faculty but this time I was selected to travel to Vientiane. Yes, Laos, my first ever overseas stint to teach international participants. This was early this year and I was so very excited. It was ICOE's sixth trip to Laos, but my very first and I was the only trainee among the rest who were all specialist and consultants. This was once in a lifetime experience for me that I would have never missed for the world, especially for a trainee like me.

I flew alone from Kota Kinabalu to Kuala Lumpur and stayed at the airport hotel. We had to meet at the airport at 0400 hours and I never slept the night before as I was truly excited. Each of us had to bring along 20kgs of mannequin and the total weight of our luggage was 120kgs! It was nicely packed, weighed to perfection and I was told that the heavier high fidelity models were left behind on purpose and I could not imagine how the trainers would have managed those weights for their frequent overseas trips! We had to be on time and to avoid excessive luggage, we were each allowed 7kgs of hand luggage for the entire three days in Laos and I filled it with my reference books.

The trip to Laos took us almost half a day as we had a four hour transit in Bangkok Airport and I could see that the trainers never rested but continued to discuss, work and plan every single detail of the course. It was truly a learning experience. We reached Vientiane late in the evening and we had to transfers the luggages straight to the Mother and Newborn Hospital, Vientiane from the airport. We had no time to rest and we had to ensure that the lecture hall and

the breakout stations were all arranged for the course the following day. The floors were cleaned, mannequins unpacked and assembled, bloods prepared, sutures opened, chairs arranged, slides modified and loaded and the audio-visuals checked. Three hours of preparation and although I was tired, my enthusiasm for the next big day remained intact. We were finally ready for the big day.

The opening ceremony was a brief event launched by the President of AOFOG, Professor Kazunori Ochiai. He is the current AOFOG president, a respectable Gynae-Oncologist who travelled all to the way Laos to officiate the ICOE course for the very first time as he was truly impressed with our work in the region. Professor Alongkone represented the Laos O&G Society as the secretary together with the President of LAOG, Dr. Anan Sacdpraseuth as well as the director of the Mother and Newborn Hospital. The participants were obstetricians from various provinces of Laos and we had a total of 32 Lao obstetricians to train.

Although I was slightly intimidated in teaching specialist, especially those from another country, I was well briefed by the experienced ICOE trainers' team and that was an enriching experience as I gained more confidence with time. Interestingly, this course was conducted almost entirely in Lao Language and I picked up a few words myself. It was a once in a lifetime experience for me as I learned while teaching.

The success of this course was evident based on the improvement between the participants' pre and post-tests performance which showed a significant increase following the course. The participants felt they were engaged and that their objectives were met. They thought ICOE made a significant impact in Laos, especially in the provinces. This course was also special in the form of a fellowship dinner and a guest lecture by Prof. Ochiai to the members of LAOG which was very well received. Having the personal audience with the AOFOG president and being introduced as an ICOE trainer was a moment I will cherish forever.

Having a first-hand experience of travelling to a foreign country and teaching specialist in a foreign language was not an easy task for me. I witnessed leadership, dedication and excellent teamwork and I was always made to feel at home, welcomed and comfortable. I believed more in myself and my confidence improved as time went by. I learned how to teach effectively and communicate, how to overcome challenges, how to work as a team and more importantly I am now ever so grateful of our resources in Malaysia as I believe we are far more fortunate in Malaysia as compared to our neighboring countries. It has been humbling to get a chance to see their maternity hospital, including the wards and labour rooms, and the doctors' ability to work with the limited resources that they have.

As we embarked on our returning journey back to Kuala Lumpur, I knew the journey is going to be a long one as we had a long transit in Bangkok. But as I reflected back on the entire ICOE experience of what I had witnessed, I think the experience was priceless. I felt a sense of happiness and satisfaction knowing that I had made a difference to a mother in another country and I had shared the knowledge and skills that I was taught. Essentially, I am now part of the ICOE family, a team of dedicated doctors who have inspired me and showed me that I have greater potential. I now know that there is more than what I can achieve as a young trainee as long as I am committed and continue to strive and remained dedicated to teaching and learning with pure intentions. As I reached Kota Kinabalu that night, I was already looking forward for my next ICOE experience, an experience that I will truly recommend to all trainees in Malaysia as I believe that will one day shape me on being a holistic obstetrician. Thank you OGSM for the opportunity and for inspiring young trainees like me.

Dr. R. Thawaneswaaran
Trainee, Sabah Women and Children's Hospital

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MPDSR training webinars - Concept note

The World Health Organization (WHO), the Pan American Health Organization (PAHO), FIGO, AOFOG and ICM and partners are working together to strengthen implementation of maternal and perinatal death surveillance and response (MPDSR) through capacity building in a common effort to reach the healthcare professional at the frontlines.

A key intervention for improving maternal, perinatal, and neonatal survival is understanding the number and causes of deaths. Systematic analyses of overall mortality trends, as well as events and contributing factors leading to individual deaths can identify health systems barriers and inspire local solutions to prevent such deaths in the future. Globally, approximately 300,000 women die each year due to complications of pregnancy and childbirth, with 99% of deaths occurring in low and middle income countries (LMICs).[i] Approximately two million newborns die during their first week of life each year, and an additional 2.6 million are born dead due to complications during pregnancy (antepartum stillbirth) or delivery (intrapartum stillbirth).[ii,iii] Well-known evidence-based interventions exist to prevent the majority of these deaths; however, due to inadequate coverage of essential interventions, poor quality of care, and other factors, these interventions are not accessible or available.[iv]

Reducing maternal and neonatal mortality and stillbirths have been prioritized in the Sustainable Development Goals (SDGs) and the Global Strategy for Women's, Children's, and Adolescent's Health.

In 2013, WHO launched Maternal Death Surveillance and Response (MDSR), a systematic process to document and review all maternal deaths and use the findings to prevent future deaths.

In 2016, WHO launched a new tool for helping frontline health workers to conduct perinatal death reviews and the essential steps to set up a perinatal death audit committee: Making Every Baby Count: Audit and Review of Stillbirths and Neonatal Deaths. It builds on the past experiences and lessons learnt from conducting maternal death audits and provides a tool to reduce perinatal mortality. Many countries are integrated MDSR and perinatal audit – commonly referred to as maternal and perinatal death surveillance and response (MPDSR).

In 2021 WHO will launch the MPDSR Operational Guidance with new and improved materials. During 2019 and 2020, before the finalization, it has been pilot tested in different countries in Asia, Africa and South America.

MPDSR is based on confidential inquiry and maternal mortality audits where each death is notified, reviewed, analyzed, and recommendations formulated and implemented. This continuous action cycle is a self-review that collects information on when, where, and why women die and documents what can be done to prevent future similar deaths at all facility, local and national levels. Data from MPDSR can contribute to national and global estimates of

maternal mortality as well as to the improvement of quality of facility-based care. These processes are essential to promote accountability around burden and causes of maternal deaths.

A complex intervention including maternal death audit and review, as well as development of local leadership and training, led to a 35% reduction in inpatient maternal mortality in district hospitals of low-income countries, and probably slightly improved quality of care. More research is needed in community-based death reviews as a strong basis for collective action to reduce mortality and particularly about the effectiveness of perinatal death review in low-income settings, including perinatal mortality.[v]

In 2015, WHO and UNFPA launched the Time to Respond Report, which outlined the status of MPDSR implementation. Results indicated strong political commitment and changes in national policies, but significant barriers to implementation. Further, in a survey with 389 stakeholders working primarily in the health sector, respondents identified poor awareness of MDSR, lack of staff training at all levels of the health system, lack of human and financial resources, and culture of blame among providers as barriers to implementation.[vi]

MPDSR includes several elements. At the facility level, the first step is the identification and notification of maternal deaths, with the potential to link with and strengthen civil registration and vital statistic systems (CRVS). Next, maternal death review committees at the facility level review the information and details surrounding the death and issue recommendations to prevent future similar deaths. These committees often use a common framework to analyze modifiable factors, such as the Three Delays Model[vii], to document the bottlenecks and health system breakdowns that may have contributed to the deaths at the facility and the community levels. The recommendations can be short-term (e.g., infection prevention), medium term (e.g., access to commodities), or long term (e.g., increasing human resources), but must be feasible and actionable. In addition, the recommendations should include clear timelines and responsible persons for implementing and monitoring the implementation – by who and by when. Then, the recommended actions are compiled locally and aggregated at sub-national and national levels, where additional recommendations may be developed.

The MDSR Technical Working Group (TWG), led by WHO since 2013, was re-launched in November 2017 as the MPDSR TWG to provide global guidance, develop tools, and facilitate country level coordination of MPDSR, coordinating with other monitoring platforms and initiatives.

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MPDSR technical working group

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PHILIPPINE STAR

OOH LA LAI - Lai S. Reyes (The Philippine Star) - September 8, 2020 - 12:00am

Why the battle against cervical cancer must go on amid COVID-19

Dr. Christia Padolina and Health Secretary Francisco Duque sign the call to action against cervical cancer during the launch of the Manila Declaration, Asia Oceania's pledge to the WHO's flagship program on women's health to eliminate cervical cancer.

Every two minutes, a woman dies of cervical cancer worldwide. This disease remains a burden, especially in low-resource countries like the Philippines where facilities for prevention, screening, diagnosis and treatment are lacking.

"Half a million cases are diagnosed every year and 50 percent occur in Asia," said Dr. Christia Padolina, president of the Philippine Obstetrical and Gynecological Society.

More than half of those diagnosed every year will die in the same year because most of the time, they are diagnosed very late.

"If we do not do anything about this, there will be a four-fold increase in the mortality to a million cases per year within the next 30 years," warned the feisty lady doctor.

And with the significant global attention currently focused on how to deal with the COVID-19 pandemic, other health concerns like cancer screening, treatment and vaccination programs have taken a backseat, not only due to financial issues, but also fears of contracting the deadly virus.

This decision can present serious ramifications not only for the patient, but also for overall public health. Slowing down or stopping access to cancer treatments and vaccination increases the risk of outbreaks of other vaccine-preventable diseases.

Jo's Cervical Cancer Trust, the United Kingdom's leading cervical charity, which surveyed 851 women between May 29 and June 9, reported that 25 percent were worried about the risk of contracting COVID-19 if they went to a cervical cancer screening appointment.

In the Philippines, cervical cancer ranks second among the leading prevalent types of cancer among women.

"To defer essential screening and preemptive health actions in high-burden settings is not advisable," noted Dr. Padolina. "It may lead to an increase in the incidence of morbidity and mortality among women by an otherwise preventable and treatable disease."

According to Dr. Kazunori Ochiai, president of the Asia Oceania Federation of Obstetrics and Gynecology, diagnosis and treatment for cancer patients are delayed because of the pandemic.

"Screening and prevention are halted. As a result, the treatment outcome is seriously affected," noted Dr. Ochiai. "The number of people who have been screened in Japan for five types of cancer — lung cancer, gastric cancer, colon cancer, breast cancer and cervical cancer — started to decrease, from 64 percent in March to 16 percent in April and eight percent in May," he added.

Avoiding the three Cs - closed spaces, crowded places, close-contact settings — are important measures against COVID-19.

"In Japan, most patients switched to telemedicine in order to maintain social distance. It is also useful to introduce self-sampling method to reduce the chance of contact," explained Dr. Ochiai.

Furthermore, less invasive examination is required to reduce the chance of exposure to blood and molecules.

The time to act is now


Dr. Cecilia Llave

In a bid to highlight the importance of continuously pursuing the global strategy to eliminate cervical cancer despite the pandemic, the Cervical Cancer Prevention Network (CECAP), in partnership with the Asia & Oceania Federation of Obstetrics and Gynecology (AOFOG), the Philippine Obstetrical and Gynecological Society (POGS) and the Department of Health, hosted the 9th HPV Summit to provide an overview of the current situation of HPV-related cancers and diseases and its control and prevention in Asia Oceania countries (Australia, Egypt, India, Malaysia, New Zealand, Philippines, Sri Lanka, Singapore, Bangladesh, Fiji, Indonesia, Mongolia, Pakistan, Papua New Guinea, Thailand, Cambodia, Hong Kong, Myanmar, Macau, Vietnam, Taiwan, China, Laos, Japan, Nepal, Korea and Saudi Arabia).

Dubbed as "HPV-Free LEAD," the summit is composed of virtual sessions that delve into the following themes: Leveraging on Asia Oceania commitment for cervical cancer elimination; Advancing healthcare policy for HPV-free Asia Oceania on Sept. 23; and Directing concerted actions towards an HPV-free and Cervical cancer-free Asia Oceania in November.

The annual HPV Summit also commits to help build an HPV-free future by leading the discussion on the burden of the disease, preventive strategies (vaccination, therapy options and healthcare policies), and programs on HPV-related cancers and diseases.

Joining Dr. Padolina in the first-ever virtual summit are Dr. Cecilia Llave, chair of the Cervical Cancer Prevention Network of the Philippines, Dr. Ingrid Magnata, country manager of Jhpiego, an affiliate of Johns Hopkins University; and Prof. Kazunori Ochiai, who shared the impact of COVID-19 on cancer screening in Japan.

HPV stands for human papillomavirus. Genital HPV is a common virus spread mainly by skin-to-skin contact during sexual activity, which may have no visible signs or symptoms.

The body clears the infection on its own in most people, but can sometimes cause serious illness. At least 14 types of HPV have been found to be cancer causing. These HPV-related cancers and diseases are cervical cancer, vaginal and vulvar cancers, penile cancer, anal cancer, oropharyngeal cancer and genital warts.

The incidence of cervical cancer in Asia Oceania countries varies from the lowest in Australia, with an age-standardized rate (ASR) of 4.9 percent per 100,000 women, to the higher ranges of 27 and 27.4 in India and Cambodia, respectively, to 28 in Mongolia, and 32 per 100,000 women in Nepal.

"Cervical cancer is reported as the most common gynecologic cancer among Filipino women aged 15 to 44," shared Dr. Padolina. "With 7,200 cases diagnosed every year, the mortality rate is as high as 67 percent, with 4,088 deaths per year."

According to the 2015 Philippine Cancer Facts and Estimates, there is an annual age standardized incidence of cervical cancer of 16 per 100,000 women with the highest incidence observed in the following cities in the NCR: Manila, Pasay, Pateros and Las Piñas.

"The estimated national standardized mortality rate is at 7.5 percent per 100,000 and the five-year survival rate of 45.4 percent," noted Dr. Padolina.

At the Philippine General Hospital, there were 509 new cases in 2018 with 92 percent admitted during the advanced stages already.

At Jose Reyes Memorial Medical Center, there were 426 new cases seen, with 89 percent being in the advanced stage.

“Unfortunately, based on PGH statistics, among the new cases seen, only 18 percent were able to complete their treatment,” Dr. Padolina said.

Cervical cancer is 90-percent preventable.

“We agree to the World Health Organization’s strategy emphasizing on integrated implementation of the three pillars; HPV vaccination, cervical cancer screening, and treatment for all women by 2030,” enthused Dr. Padolina. “We need to champion the cause, inspire our colleagues and commit to cervical cancer prevention and elimination.”

Cervical cancer-free by 2040


Dr. Kazunori Ochiai

To achieve the goal of less than four cases per 100,000 women by 2040, a holistic approach is vital and this includes HPV vaccination, screening and treatment of pre-invasive disease, treatment of invasive cervical cancer, and symptom management and palliative care.

Vaccination is considered one of the most optimal strategies in guarding against HPV. Regular screening is also recommended from age 30 and regularly afterwards to detect pre-cancerous lesions and cancer caused by types of HPV not covered by the present vaccination for women who may have no symptoms, and also to allow early detection for non-vaccinated women from areas where vaccination coverage is low. This includes a pap smear or visual inspection with acetic acid, and treatments for pre-cancerous lesions and cervical cancer in a single-visit approach.

In 2018, the World Health Organization (WHO) made a global call for action on cervical cancer elimination. A draft global strategy was created that outlined a list of targets by 2030 anchored on the three main pillars of prevent, screen, and treat.

The Philippines answered the call by outlining its own roadmap and strategies, which will be achieved through multi-sectoral partnerships and to be supported by healthcare legislations such as the Universal Health Care Act (RA No. 11223) and National Integrated Cancer Control Act (RA No. 11215).

Medical societies in the country joined multiple stakeholders across Asia Oceania in pledging their commitment to achieve worldwide health goals during the AOFOG Manila Declaration: A Call to Action Against Cervical Cancer event held last year.

“We are now moving forward beyond the Manila Declaration,” said Dr. Padolina. “As a country, we should be able to protect our women and girls from cervical cancer. We should be able to include the HPV vaccine in our routine national immunization.

“We want all women in the Philippines to know more about cervical cancer, be informed of its risk factors, signs and symptoms and where to go for help,” she added.

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

JOGR Volume 46, Issue 7 has been published and Editor's choice has been updated here;
https://obgyn.onlinelibrary.wiley.com/toc/14470756/current

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JOGR Volume 46, Issue 7 & 9 has been published and Editor's choice has been updated
We hope these articles will be useful as references and updates for our members.

Prof. Kiyoko Kato
Editor-in-Chief,
JOGR

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