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Obstetrical and Gynaecological Society of Malaysia

July 2025 (Issue 3, Council 2024/2025)

EMBRACING, ENGAGING & INFORMING

INSIDE INBOX

Every Drop Counts: The Breastfeeding Advocacy Column

A publication by the Obstetrical and Gynaecological Society of Malaysia

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Welcome Speech by the Organising Chairman & President Elect of OGSM

Annual Congress of the Obstetrical and Gynaecological Society of Malaysia

RM Udayar Pandian Ramachandhiran
President Elect & Organising Chairman 32nd International Congress of the Obstetrical & Gynaecological Society of Malaysia.

It is both an honour and a privilege to welcome each and every one of you to the 32nd International Congress of the Obstetrical & Gynaecological Society of Malaysia (OGSM) in Penang.

On behalf of OGSM, I extend our warmest greetings to our esteemed speakers, delegates, partners, and industry representatives—whether you are joining us from across the country or from around the globe. Your presence here reflects our shared commitment to advancing women's health and upholding the highest standards in obstetrics and gynaecology.

This congress represents more than just an annual gathering. It is a celebration of our collective dedication to education, innovation, and collaboration. Over the next few days, we will explore groundbreaking research, engage in challenging discussions, and share insights that will no doubt shape the future of our profession. The theme for this year's congress, "Embracing Diversity & Inspiring Change", reflects our vision of integrating cutting-edge science with the heart of patient-centred care. It is a timely reminder that while technology and progress are vital, empathy and humanity must remain at the core of everything we do.

I would like to take a moment to sincerely thank the Scientific Committee and the Organising Team for their tireless efforts and unwavering passion in curating an outstanding programme. I am equally grateful to our sponsors and partners whose generous support has made this congress possible.

To our delegates this is your platform. I encourage you to actively participate, ask questions, challenge ideas, and forge meaningful connections. Let us use this opportunity not only to learn, but to inspire and be inspired. As we embark on this congress together, let us reaffirm our mission: to elevate women's health, empower practitioners, and continue making a difference in the lives we touch.

This year, we are especially delighted to host you in Penang, a place where heritage, innovation, and vibrant culture intersect. Known as the "Pearl of the Orient," Penang offers not only rich historical charm but also a spirit of progress that mirrors our own aspirations in the field of women's health. From its UNESCO World Heritage status in George Town to its world-renowned street food, Penang provides the perfect backdrop for us to connect, learn, and grow—professionally and personally. I hope you'll take a moment during your stay to explore its bustling art-filled streets, sample its culinary treasures, and experience the warmth of Penang hospitality.

Once again, welcome to the OGSM Annual Congress and I sincerely thank you for making it a successful event. I wish you all a fruitful and enriching experience.

'Welcome to Lovely Penang'

Obstetrical and Gynaecological Society of Malaysia

Welcome to the 32nd International Congress of the Obstetrical & Gynaecological Society of Malaysia

32nd International Congress of the Obstetrical and Gynaecological Society of Malaysia

10-13 July 2025

Setia SPICE Convention Centre, Penang, Malaysia

Embracing Diversity & Inspiring Change

My Reflections For The Fraternity As A President

Dr Muniswaran Ganeshan
President, 2024-2025

Dear esteemed friends,

A year has elapsed swiftly. It only felt like recently that I was inaugurated as the 62nd President of the Obstetrical and Gynaecological Society of Malaysia but I am now getting ready to pass the reins to my successor. It has been a busy term at office, filled with challenges, obstacles and endeavors but I am proud to say, that it was a progressive twelve months. I often wished the term would have been longer, although we all know that time is always finite.

Achievements and perceptions are intertwined and often remains subjective. But we at council ensured that it was a meaningful term for OGSM, our hardworking administrative staffs who are the pillars of the society, esteemed members and trainees. We modernized our office as part of our progression and enriched our administrative staffs while improving cost and optimizing efficiency. We diversified scientific engagements in an inclusive manner while we safeguarded the values of our society, rich in its glorious history ensuring that the standards were preserved. We networked with international societies and expanded our presence and reach in the region. We worked sincerely, passionately and we were clear in our goals.

However, the future and the journey ahead is something that I have been reflecting upon as president of the largest society representing Obstetricians and Gynecologists in Malaysia. We are privileged to be in the profession of medicine in an interesting era where science and medicine continues to evolve rapidly, precision medicine being the desired approach, revolutionized by artificial intelligence.

However, as a matured society representing a key fraternity, there are essentials that we must reflect and prioritize. Although maternal mortality is often the defined standards, we should prioritize maternal health and safe childbirth as the holy grail of the fraternity. Although the global maternal mortality has reduced by 40%, mortality from non-

obstetric causes, medical disorders and mental health are on the rise among developed nations, especially in the fourth trimester and this I believe should also be the focus and agenda in Malaysia if we, as a fraternity are to make an impact for our mothers and to learn from other nations. A mothers' health is a nation's wealth and that should always remain at the centre of what we do as a society.

We are often quick to embrace technology which is often perceived as an advancement in medicine. Novel surgical strategies, robotics and medical devices and the influx of modern medical therapies may sound progressive, but we must avoid temptations and craft our practice around evidence-based medicine. While industries may play a crucial role in fostering innovation, we should have the wisdom to evaluate biasness. Medicine is often perceived as an art, should remain altruistic to its science as the practice should be backed by scientific data and evidence which forms the blueprint of modern medicine. Societies such as OGSM should lead, not to regulate but instead to empower and disseminate evidence-based practices. We should have the wisdom to reflect, analyze and be matured to appreciate technological advancements but, essentially that must be meaningful and impactful for women.

Perhaps the biggest challenge which our fraternity faces is the division among us. Although subspeciality and focusing on specific skills and knowledge improves the quality of patient care, we must remain united if we are to champion our cause of elevating women's health. The emergence of subspeciality societies is encouraging but working in unity will create a greater impact and that I believe will be the OGSM's challenge in the new few years, which is to unite not just the members but the societies and organizations among us. Our passion and goals are often the same.

We should progress not in a parallel manner but instead a united modernized approach when it comes to training the future generation. Being competitive is good, but it is not to defeat the other. A smart partnership between the public and private healthcare facilities, complementing care instead of working in parallel will surely make a world of difference if we are to overcome challenges related to resources, workforce and cost and at the same time elevate the care received by women and girls in Malaysia. Together, we can always do greater.

I hope this council had not only defined the desired academic standards but that we have also engaged and connected with members and our future generations while safeguarding our history and tradition.

"If everyone is moving forward together, then success takes care of itself" was one of Henry Ford's famous quotes and my aspirations is that we should all set aside out unique differences which defines us and stand tall and united, rise about ourselves, focusing on evidence and science, adapting to the progressing world of medicine but remain altruistic to our art, which is to prevent, heal, cure and safe lives, beyond self as medicine is a service which exercises the heart, more than the brain.

For the upcoming council, all the very best. For our esteemed members, thank you for supporting and for working with me. I have met my purpose and passion.

Signing off,
Your President,
Dr Muniswaran Ganeshan

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References: 1. Gall SA, Myers J, Pichichero M. Maternal immunization with tetanus, diphtheria, pertussis vaccine: effect on maternal and neonatal serum antibody levels. *Am J Obstet Gynecol.* 2011;204(4):334.e331-5. **2.** Adacel full prescribing information. Date of revision: March 2020. **3.** Baxter R, Bartlett J, Fireman B, Lewis E, Klein NP. Effectiveness of vaccination during pregnancy to prevent infant pertussis. *Pediatrics* 2017;139(5):e20164091. **4.** Kharbanda EO, Vazquez-Benitez G, Lipkind HS, *et al.* Evaluation of the association of maternal pertussis vaccination with obstetric events and birth outcomes. *JAMA.* 2014;312:1897–904.

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Every Drop Counts: The Breastfeeding Advocacy Column

Promoting Evidence, Empowerment, and Equity for Mothers and Babies

Dr. Chua Wang Ching
IBCLC, O&G Specialist,
Hospital Sultan Idris Shah Serdang

This column is dedicated to raising awareness, dispelling myths, and translating the latest breastfeeding research and guidelines into compassionate clinical care and community support. Drawing from trusted sources such as the Academy of Breastfeeding Medicine (ABM), WHO, UNICEF, and the voices of mothers themselves—this space is aimed at advocating for every drop of human milk as a gift of life.

Why Breastfeeding Matters — More Than Just Nutrition

In the quiet moments after birth, a mother's first drops of colostrum—nature's "liquid gold"—offer more than sustenance. As a clinician, I've seen newborns instinctively root for their mother's breast, their tiny bodies primed to receive this potent elixir of immunity and love. One mother I supported, exhausted after a traumatic delivery, once whispered, "I didn't realise my milk could be medicine." Her words captured a powerful truth often overlooked: breastfeeding is a lifeline, not just a meal.

Beyond Nutrition: A Foundation for Life

Breastfeeding weaves a biological and emotional tapestry that shapes lifelong health. For infants, it's a shield against disease. Evidence shows that breastfeeding reduces the risk of infections by up to 50%, lowers hospitalisation rates for respiratory illnesses, and cuts the likelihood of childhood obesity and type 2 diabetes by 25–40% (AAP, 2022). Colostrum, rich in antibodies and stem cells, acts as a first vaccine, sealing the gut and guarding against pathogens.

Mothers, too, reap profound benefits. Lactation triggers metabolic changes that lower risks of breast cancer by 4–12% and ovarian cancer by 28% (WHO, 2023). It is also linked to a 32% reduction in type 2 diabetes and improved cardiovascular health. Yet these statistics only tell half the story.

The Invisible Thread: Bonding and Mental Health

Breastfeeding fosters a unique neurochemical bond. Oxytocin, the "love hormone," floods both mother and child during feeds, reducing stress and promoting attachment. Studies suggest that this bond may buffer against

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Portia L. Williams, RN, BSN, IBCLC, RLC, IBCLC Commission Chair

Sara Blair Lake, JD, CAE, Chief Executive Officer

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postpartum depression and enhance infant cognitive development. One mother shared, "When I nurse, the world softens. It's our safe place."

The Cost of Not Supporting Breastfeeding

Globally, inadequate breastfeeding costs economies $340 billion annually in lost productivity and healthcare expenses (UNICEF). Families who spend 10–30% of their income on formula face impossible choices—like diluting feeds to stretch resources— putting infants at risk of malnutrition. Meanwhile, health systems strain under preventable burdens: a 2023 Lancet study found that scaling up breastfeeding could prevent 823,000 child deaths yearly.

Why Do We Fall Short?

Despite the evidence, only 44% of infants are exclusively breastfed globally (WHO). Barriers are systemic:

- **Myths:** "Formula is equivalent." (Spoiler: It lacks live cells, antibodies, and hormonal cues.)
- **Workplaces:** Lack of paid leave, lactation spaces, and inflexible hours.
- **Clinical Gaps:** Providers untrained in lactation support, perpetuating misinformation.
- **Cultural Stigma:** Public nursing shamed; with mothers getting isolated.

This Column's Mission

Our mission is to empower healthcare professionals with evidence-based insights from trusted resources like the **Academy of Breastfeeding Medicine (ABM), WHO**, and UNICEF, while also elevating the voices of mothers, families, and communities.

Each edition aims to:

- **Translate current guidelines** into clear clinical application
- **Promote breastfeeding equity and access** in all healthcare settings
- **Dispel myths** and address practical challenges faced by mothers and care providers
- **Celebrate human milk** as a vital, powerful resource—one drop at a time

Every Drop Counts

To policymakers, clinicians, and communities: Supporting breastfeeding isn't a "niche" issue—it's a public health imperative. To mothers: Your body's wisdom is extraordinary. Whether you nurse for days or years, each drop is a triumph.

As we begin this journey, let's reimagine a world where every mother is empowered, every baby nourished, and every drop of human milk celebrated as the life-giving force it is.

Stay tuned for our next issue: "Navigating the First Hour—The Golden Window for Breastfeeding."

Suggested Reading & References

1. ABM Clinical Protocol #1: Guidelines for Supporting Breastfeeding
2. WHO (2023). Breastfeeding and the Sustainable Development Goals
3. AAP (2022). Policy Statement: Breastfeeding and the Use of Human Milk
4. UNICEF. The Science of Breastmilk

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References: 1. Bruni L, Albero G, Serrano B, et al. ICO/IARC Information Centre on HPV and Cancer (HPV Information Centre). Human Papillomavirus and Related Diseases in Malaysia. Summary Report. Available From: https://hpvcentre.net/statistics/ reports/MYS.pdf. Last Accessed: 23rd November 2023. **2.** GARDASIL®9 Product Insert Malaysia. Available at: - Product Search, National Pharmaceutical Regulatory Agency. https://quest3plus.bpfk.gov.my/pmo2/index.php. Last Accessed: 23rd November 2023.

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ICOE in KAOHSIUNG

20th - 24th March 2025

Dr Samantha Tee Mei Li
O&G Specialist
Hospital Sungai Buloh

This trip to Kaohsiung is particularly special, as it marked my first international trip as an Intensive Course in Obstetric Emergencies (ICOE) trainer. The course was originally scheduled for October 2024. Unfortunately, Typhoon Krathon made landfall in Kaohsiung on the day of our departure. The storm brought heavy rainfall and strong winds, leading to multiple flight cancellations and the eventual the shutdown of the city. It was a logistical nightmare, but the organising team—Kaohsiung Medical University, led by Dr Ching- Ju Shen, and Laerdal Medical —were incredibly supportive.

Despite the initial setback, a new date was scheduled and planning recommenced. This time, it was timed to take place a day before the 64th Annual Congress of Taiwan Association of Obstetrics and Gynaecology. This arrangement made it easier for participants to attend both events. The ICOE team was also graciously invited to attend the congress.

On the day of departure, the team, consisting of Dr Tang Boon Nee, Dr Michael Hoong, Dr Hii Ling Yien, Dr Yong Soon Leng and myself arrived at the airport at 5am. We had a total of 100 kilogrammes in checked-in luggage , the majority of which consisted of mannequins, medical equipment and 35 copies of the freshly-minted second edition ICOE handbook making its debut on an international platform for the first time. Thanks to Mr. Baskaran, everything was meticulously packed and ready for the journey ahead.

Our luggage was far lighter than usual, as Laerdal Medical provided the majority of the medical mannequins on-site. The flight was smooth, and upon arrival in Kaohsiung, we were warmly welcomed by Miss Cao, a representative from Kaohsiung Medical University. Two large vans were arranged to transport us to our hotel. After dropping off our personal luggage, we headed directly to the university to begin setting up for the course the next day.

The ICOE course took place at the university's state-of-the-art medical simulation centre, which featured four rooms in total. After a brief discussion, the team decided that three of the rooms would be used for breakout stations, while the largest room would serve as the venue for the pre- and post-course skills assessment.

Given the higher number of participants and time constraint, we had to limit the course to three skill stations and run two groups simultaneously. Dr Hii proposed

an innovative triangular setup that ensured participants transitioned smoothly between stations while maximising the available space. The entire setup process was incredibly efficient, thanks to the support of the local team, who went above and beyond to meet all our needs.

We were also treated to Taiwanese milk tea and wheel cakes, which were a delicious treat! The day ended with dinner at Yonshin Fudopia, a restaurant known for its modern take on traditional Taiwanese dishes and its breathtaking riverside view. The meal, generously hosted by Laurance from Laerdal Medical, provided the perfect opportunity to unwind after a busy day.

The much-anticipated day had finally arrived. Our team gathered an hour before the official start time for final preparations. We finally met Dr Ching-Ju Shen in person for the first time. She greeted us with warmth, enthusiasm and a genuine excitement for the ICOE programme, where she would also serve as a trainer.

Although the opening ceremony was scheduled to begin at 8.45am, a few participants were still enroute. Rather than allowing the delay to affect the day's itinerary, a quick decision was made to begin the pre-skills assessment, allowing latecomers to join in as they arrived. This flexible approach ensured that everything ran smoothly and on schedule.

The ICOE course in Kaohsiung was a condensed one-day event, differings from the usual two-day format. Due to the time constraints, careful consideration went into selecting the twelve breakout stations, ensuring that each one would provide the maximum benefit to the participants. These stations covered a range of critical obstetric skills, including instrumental delivery, vaginal breech delivery, vaginal twin delivery, shoulder dystocia and more - skills that are less commonly practiced in Taiwan due to the country's lower birth rate and preference for caesarean sections.

The participants were highly engaged and enthusiastic, eager to dive into the hands-on sessions and sharpen their skills. The effectiveness of the course was evident during the post-course skills assessment, where there was a noticeable improvement in participants' confidence and ability. Survey responses from participants highlighted participants' appreciation for several stations, including insertion of Bakri balloon, aortic compression, manual removal of placenta, uterine inversion, and forceps delivery. The day concluded with a celebratory dinner at Fu Ke Lai Chinese Restaurant, where the entire team bonded over good food and shared stories.

On day three, we had the privilege of attending the 64th Annual Congress of Taiwan Association of Obstetrics and Gynaecology at the Kaohsiung Marriott Hotel. During the congress, Dr Tang presented the

ICOE team with Laerdal Medical, Laurance(R) and Vincent(L).

Dr Yong demonstrating the correct way to insert forceps.

Breakout station- estimating blood loss.

Amazing acting by Nurse Hsin, simulating PPH.

Group photo

Dr Tang presenting the 2nd edition ICOE Handbook to Prof. Pisake & Dr Rohana.

Participants in a cord prolapse drill

Dr Tang receiving a token of appreciation after her engaging talk.

ICOE team at TAOG 2025

Dr Hii speaking on hypertensive disorders in pregnancy.

second edition of the ICOE handbook to Prof. Pisake Lumbiganon, the immediate past president of AOFOG, Thailand. We also had the honour of meeting Dr Rohana Haththotuwa, Secretary General of AOFOG, Sri Lanka, and Dr Ravi Chandran, Honorary Secretary of FIG Malaysia.

Later in the day, Laurance kindly hosted the team on a half-day tour of Kaohsiung. We began by visiting the Kaohsiung Martyr's Shrine, then enjoyed a scenic ferry ride to Cijin Island. Upon reaching the island, we hiked up Kaohsiung Lighthouse, where we were rewarded with stunning panoramic views of the Kaohsiung harbour, the city skyline, and the Taiwan Strait. Along the way, we also had the pleasure of sampling a variety of renowned local Taiwanese delicacies.

The final day in Kaohsiung was particularly exciting, as Dr Tang and Dr Hii were invited to speak at the congress. Dr Tang presented on "Simulation Training in Obstetric Emergency: Methods, Outcomes, & Challenges," while Dr Hii discussed 'Hypertensive Disorders in Pregnancy,' both of which showcased their expertise in these areas. Following their presentations, we made our way to the airport, bringing the trip to a successful close. We arrived safely back in Malaysia, concluding the journey on a high note.

This trip to Kaohsiung has been an incredibly rewarding and memorable journey, from the challenges faced in rescheduling the ICOE course to the fulfilling experience of delivering hands-on training to enthusiastic participants. The support from the local team, the opportunity to meet renowned experts, and the chance to engage with colleagues in both academic and cultural settings made this an unforgettable experience. Dr Tang and Dr Hii's impactful presentations at the congress further highlighted the significance of the work we are doing in obstetric education.

As an ICOE trainer, this trip marked a milestone in my journey, and I'm grateful for the chance to contribute to the growth and development of obstetric emergency care on an international platform. This experience not only enhanced my professional skills but also deepened my appreciation for the global community of medical professionals dedicated to improving maternal care. We return to Malaysia with new knowledge, stronger connections, and a renewed commitment to advancing the ICOE mission.

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ICOE-OGSM-AOFOG in Butwal Nepal

1st - 2nd April 2025

Upon completion of the masterclass in complicated caesarean section in Kathmandu, Nepal - the ICOE team made final preparation in packing mannequins and required items for two days ICOE workshop in Butwal. This is the first time ICOE Course is conducted out of Kathmandu with the support of AOFOG & NESOG.

Butwal is a sub-metropolitan city and economic hub in Lumbini Province, West Nepal. It has a city population of 195,054 as per the 2021 Nepal census.

The Nepal maternal mortality rate (MMR) has decreased 151 per 100,000 live births in 2021 but in Butwal, the MMR is at 207 maternal deaths per 100,00 live births.

On 31st March 2025, the team started our journey to Lumbhini for the 2 days ICOE workshop. Dr Rohana (AOFOG Sec Gen) and Dr Saroja (Past President of NESOG) accompanied the team.

The flight was rescheduled to two hours later due to adverse weather. We packed all mannequins in suitcases and proceeded with a relatively smooth flight to our destination.

We were welcomed by the pickup team from Butwal in Lumbhini Airport; after collecting the luggage with the training equipment, we headed for a quick visit to Gautama Buddha's birth place and had lunch at the local restaurant.

With our training equipment securely placed atop the transportation van, we proceeded to Amrapali Cottage, which functioned as both our course venue and accommodation.

There was a local NESOG organised CME and dinner night arranged by Quest Pharmaceuticals, with lectures delivered by Dr Bishnu Gautam titled “Antenatal Doppler Assessment” and Dr Rohana on Current WHO guidelines on Labour Care.

ICOE workshop

This workshop organised, with NESOG and AOFOG is special as the Nepal ICOE trainers travelled with the Malaysian trainers to Lumbini as a combined team.

List of Trainers

OGSM: Dr Thaneemalai, Dr Khoo Kong Beng, Dr Nantharuban, Mr Baskeran (ICOE executive)

NESOG: Dr. Snigdha Rai, Dr. Astha Shrestha, Dr. Anjana Adhikari, Dr. Sabita Singh, Dr. Deepak Shrestha, Dr. Madhu Shakya

There were 21 participants, all being O&G doctors working in the region. Some travelled a long distance to attend the workshop. They were divided into 3 groups.

The ICOE simulation course consists of 18 stations of various obstetric emergencies, all taught with mannequins of varying fidelity.

The topics included Post partum Haemorrhage: medical, non-surgical and surgical management, Maternal resuscitation including advanced rhythm, resuscitative hysterotomy, Medical emergencies: eclampsia and sepsis, Obstetric skills: MRP, breech, shoulder dystocia, instrumental delivery, OASIS and difficult D&C. Non-technical skills including patient counselling and risk management were discussed.

The team made arrangement for the ICOE workshop by setting up the rooms for the pre-skill tests and breakout sessions. Each breakout station was led by one ICOE Malaysia team trainer and two NESOG trainer.

On 1st April 2025, the workshop started as per schedule.

The opening remarks were delivered by Dr Rohana, Dr Saroja and Dr Thanee. This event also marked the official launch of the second edition of the physical copy of ICOE Handbook. After the opening remarks and a quick introduction, the course began.

Participants were actively involved in the discussion, elucidating regional practices and acquiring new skills. By the end of the session, 6 participants were chosen to create and practice a drill scenario on cord prolapse for next day course.

The first day of the workshop concluded successfully, receiving favourable evaluations.

Second day workshops on 2nd April 2025 began with interactive sessions on adverse outcome by NESOG team, followed by Cord Prolapse drill by the participants and Risk Management by Dr Thanee.

This was followed by the final breakout session for the day which ended smoothly.

The post skill test was conducted, following which Dr Thanee concluded the course after the feedback session.

Each participant demonstrated much committed to the programme, contributing to collaborative learning and skill development in the management of obstetric emergencies. Their participation in enhancing clinical competence reflects a collective aim of improving maternal outcomes.

The results of the pre and immediate post course tests scores showed significant improvement on all tested skills.

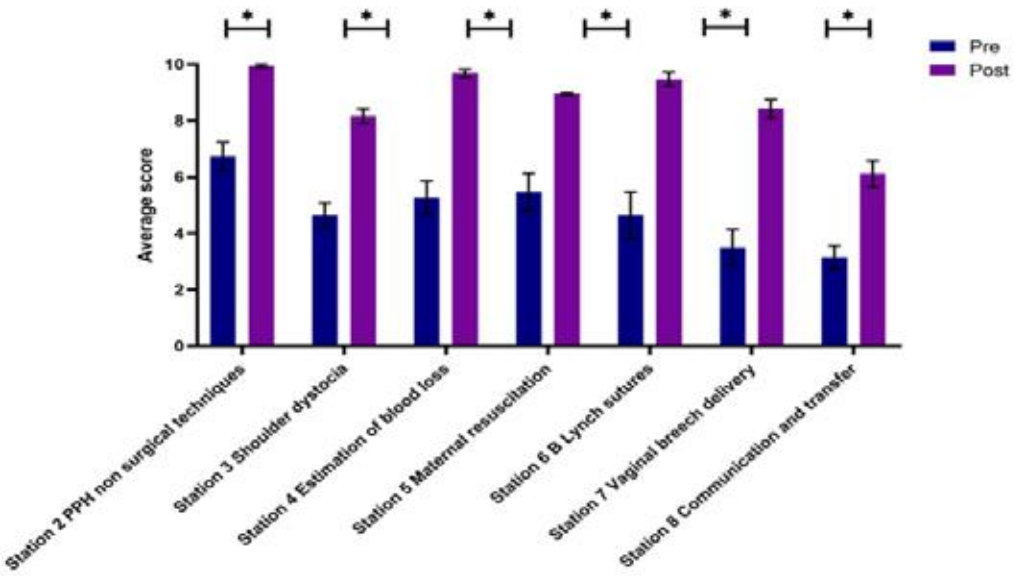
***Significant improvement**

Finally, it was time for the ICOE team to bid farewell to Butwal and return to Kathmandu after a visit to the India–Nepal border. Customs clearance went smoothly; however, our flight was delayed. We arrived in Kathmandu close to midnight and checked into Hotel Tradition in the Thamel district.

The following day, the team departed from Tribhuvan International Airport to return to Malaysia.

We would like to express our sincere appreciation to AOFOG and NESOG for their unwavering support in Obstetric Emergency training, without which the ICOE course in Nepal would not have been possible.

ICOE Motto: 'Safe motherhood, everytime, everywhere'



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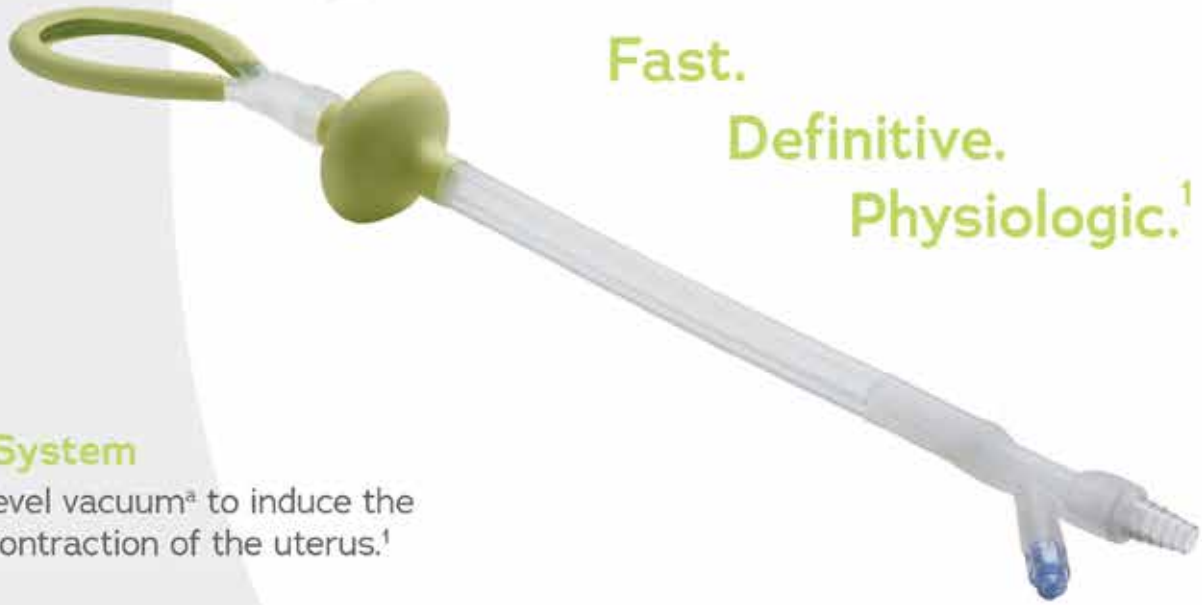

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utilizes low-level vacuum[a] to induce the physiologic contraction of the uterus.[1]

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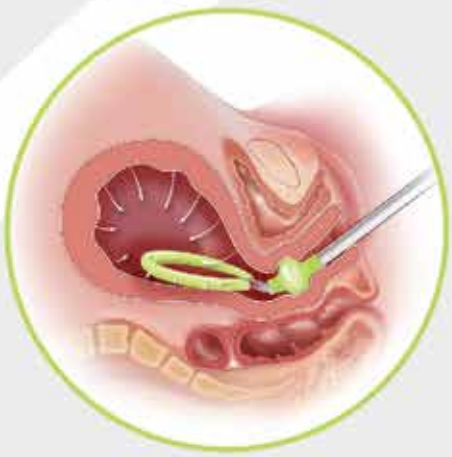
94% (n=100/106) of participants treated successfully in the PEARLE study with the Jada System (*P*<0.001).[1,b]



Low-level vacuum[a] induces collapse of the atonic postpartum uterus[1]

Contraction of the myometrium provides physiologic control of bleeding[1]

[a] 80 mm Hg. The maximum vacuum pressure is 90 mm Hg. Do not increase the vacuum pressure higher than 90 mm Hg or tissue trauma may occur.
[b] Primary effectiveness was the control of postpartum hemorrhage, defined as the avoidance of non-surgical, second-line, or surgical intervention to control uterine hemorrhage.[1]

Reference: 1. D'Alton ME, Rood KM, Smid MC, et al. Intrauterine vacuum-induced hemorrhage-control device for rapid treatment of postpartum hemorrhage. *Obstet Gynecol*. 2020;136(5):882-891. doi:10.1097/AOG.0000000000004138

Please refer to the Jada System Instructions for Use for the indications, contraindications, warnings, precautions, and other important information at:

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SC-NON-110228 Mar/2024

EMBRYO DEVELOPMENTAL ARREST

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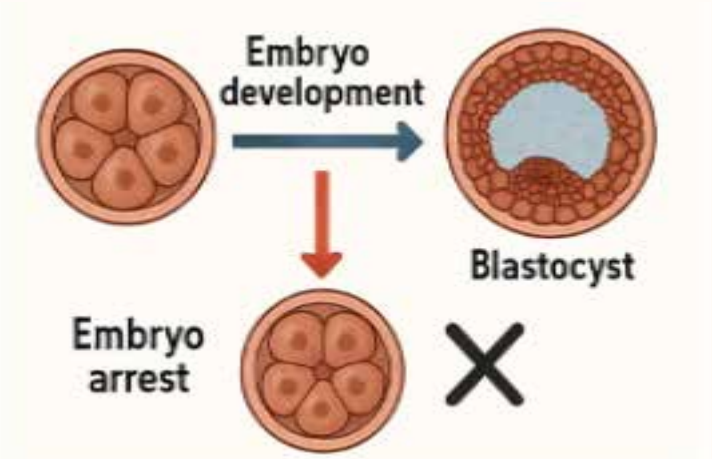

EMBRYO DEVELOPMENTAL ARREST

WHY DOES IT HAPPEN AFTER FERTILIZATION?

Embryo developmental arrest (EDA) is a major contributor to IVF failure. Despite advances in culture systems, many embryos cease development after fertilization. Several biological and environmental factors can contribute to this phenomenon.

There are many reasons why an embryo might stop developing. The embryo may exhibit reduced metabolic activity or slow development, leading to degeneration. Embryos can arrest at different stages such as early cleavage, morula, or blastocyst.

- Key Causes of Embryo Arrest
- Egg Quality and Mitochondrial Dysfunction

Poor quality oocyte is one of the major causes of embryo arrest. Mitochondria, the “powerhouses” of the cell, are critical in supporting the energy demands of early embryo development. Poor mitochondrial function results in diminished ATP production, affecting normal cellular division.

Research shows that poor-quality embryos have higher mitochondrial DNA (mtDNA) levels, suggesting a compensatory mechanism for energy deficiency (Gaudium IVF Centre, 2023).

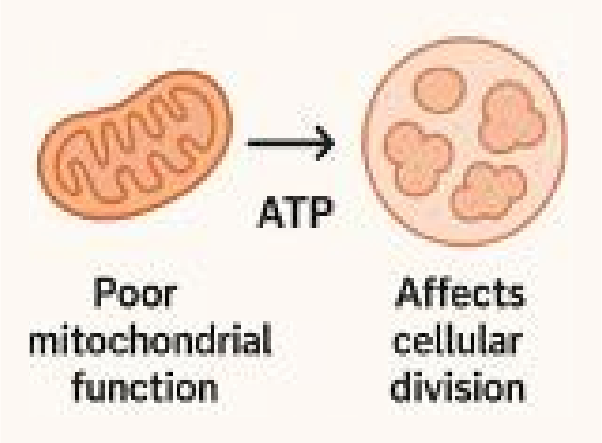

FIGURE 1: Poor mitochondrial function

- **Sperm Quality and DNA Fragmentation**
  The quality of sperm plays a vital role post-fertilization. High sperm DNA fragmentation is associated with embryo arrest between days 3 and 5 (Laura von Hagen, ND, 2023).

  DNA fragmentation is more prevalent in males who are obese, smokers, or have high alcohol intake. Lifestyle changes and antioxidant supplementation have been shown to lower DNA fragmentation levels.

- **Chromosomal Abnormalities**
  Chromosomal issues such as aneuploidy, polyploidy, and mosaicism are key contributors to developmental arrest.

Normally, a fertilized egg should have 46 chromosomes, 23 from each parent. Errors during meiosis or fertilization can cause aneuploidy (extra or missing chromosomes), polyploidy (more than two full chromosome sets), or mosaicism (a mix of normal and abnormal cells).

Maternal age is a significant risk factor. After age 35, the risk of producing aneuploid embryos rises significantly. One study revealed that nearly 70% of arrested embryos were found to have chromosomal abnormalities (Indira IVF, 2023).

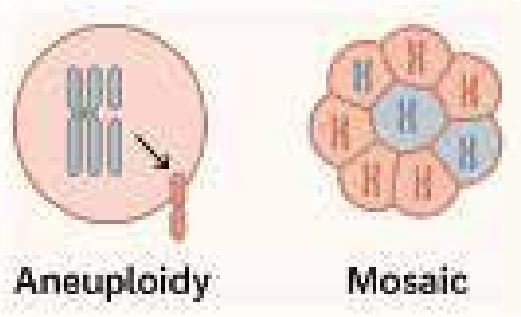

FIGURE 2: Chromosomal abnormalities that cause embryo arrest

- **Failure of Embryonic Genome Activation (EGA)**
  During early development, the embryo initially depends on maternal RNA and proteins. Around the 8-cell stage, embryonic genome activation must occur.

  If EGA fails, the embryo cannot produce proteins necessary for continued development, leading to arrest (K Sfakianoudis, 2021).

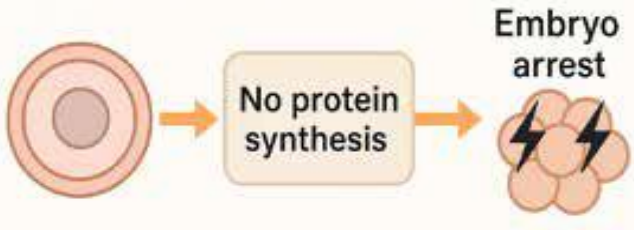

FIGURE 3: Embryonic genome activation failure

- **Suboptimal Laboratory Conditions**
  In IVF environments, poor laboratory conditions can lead to embryonic arrest. Variations in temperature, pH imbalances, and exposure to light or harmful substances can place stress on embryos (JE Swain, 2019). Maintaining ideal culture conditions is crucial to promote embryo viability.

Summary

Embryonic arrest is a multifactorial issue influenced by poor egg quality (mitochondrial dysfunction), poor sperm quality (DNA fragmentation), chromosomal abnormalities (aneuploidy, mosaicism), failures in genome activation, and suboptimal laboratory conditions.

While some factors like maternal age are unavoidable, improvements in gamete health, lifestyle changes, and optimized IVF laboratory protocols can significantly mitigate developmental arrest risks. Future research into genetic and metabolic profiling of embryos will continue to enhance understanding and success rates in Assisted Reproductive Technology.

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ObGyn Specialty Training in Malaysia - Where Are We Heading?

Dr. Denisha Ramasamy

Dr. Lim Chai Hong

Medical Officers and Specialty trainees
in Obstetrics and Gynaecology
Hospital Sultan Idris Shah,
Serdang, Selangor

Dr. Eeson Sinthamoney
Obstetrician, Gynaecologist
and Fertility Specialist
Sunfert International Fertility Centre
Nexus Bangsar South, Kuala Lumpur

In the recent years, Malaysian healthcare has frequently been in the limelight, mostly for the wrong reasons. Certainly, the most recent controversy surrounds the plight of general practitioners in Malaysia. The absolute lack of political will has disallowed them an increase in professional fees to keep in tandem with the raised cost of living clearly observed in the last three decades. Of equal importance, the training of young doctors in Malaysia has also seen its fair share of controversy.

Frequent headlines alluding to the 'contract doctor's' issue, the call for a doctor strike and the more recent lawsuit against the government by some post-graduate surgeons who were denied recognition are just some examples that leave many of us wondering how much more disastrous things could become. To provide a more realistic picture as to what the situation was in relation to our own fraternity, I caught up with two young doctors, both Obstetric and Gynaecology trainees, to get a first-hand account on what the scene was like on the ground, so that we could come to our own conclusions on what training of young doctors in our specialty was really like and what their challenges are.

Dr. Denisha Ramasamy is a specialty trainee attached to Hospital Sultan Idris Shah, Serdang, Selangor. She completed her two-year house-officer training in Seremban and was then posted to Serdang Hospital as a medical officer. She had passed her part one membership exams after completing her medical school, prior to her house-officer training. She did not face any difficulties getting absorbed as a permanent staff of the civil service upon completion of house-officer training.

As she was keen to pursue specialization under the parallel pathway, she applied to be a trainee under the government's Parallel Pathway Program (PPP), a program that was managed by the Medical Practice Division (Bahagian Perkembangan Perubatan) of MOH and enrolled in 2022. She is salaried as a conventional medical officer and does not receive any other formal financial assistance for her post-graduate training as such. She is given 4 years to complete all her examinations but believes that an extension of this is not usually difficult to request for. She had never applied for the local master's program.

The other young and very talented doctor I spoke with was Dr. Lim Chai Hong who completed her house-officer training in Hospital Muar and was then posted to Hospital Serdang. She too did not face any difficulties getting posted to Serdang Hospital. Being the extremely motivated person that she is, she had attempted and passed her part 1 MRCOG during her house-officer training and had applied for the PPP soon after arriving in Serdang Hospital. She unfortunately did not succeed in her application due to the perceived lack of her seniority. Dr. Lim later applied for the local master's training program and was fortunately successful. She is currently pursuing her post-graduate ObGyn training in Universiti Malaya.

Training matters changed somewhat rather dramatically in December 2022, when the government introduced the HLP (Hadiah Latihan Persekutuan) program. The new regulation meant that all those intending to pursue the PPP would also be required to register via the HLP program. One is only eligible to apply for the HLP program after completing a year of being a medical officer.

Pursuing the PPP via the now compulsory HLP route implies that all candidates are on 'scholarship'. While this means that part 2 and part 3 examination fees (first attempt only) would be paid by the government, the trade-off is that all these candidates would be bonded for 5 years after completion of post-graduate training. If the bond is broken, the candidate would be expected to pay RM350000, similar the amount that a trainee in the master's program would have to pay.

It is believed that entry into the parallel pathway is not usually difficult. In the past (Pre-HLP era), some candidates on the PPP may have opted to avail themselves of the possibility of a year of unpaid leave, presumably to allow them to travel abroad for a year of working experience prior to the exams. This would have been likely possible as there was no compulsory scholarship, hence no bond applicable. One would suppose that with the new system in place, such an arrangement may be more difficult to arrange.

In the current (HLP) system, one would anticipate that the limitation in numbers may appear to pose a bottleneck within the trainee eco-system. This however may not be entirely true, as it is believed that between 60 to 70% of eligible applicants applying for the HLP would be successful. One net consequence of introducing the HLP program has been an increase in those applying for the local master's program.

Quite instinctively, one would want to compare the two programs in terms of its advantages and disadvantages to the trainees. Albeit, a subjective observation, the PPP candidates find themselves more 'on their own' and rather left out from the mainstream teaching programs offered to their master's counterparts. The usual reason for this, as expected, would be that the membership exams were of a 'different' syllabus. Furthermore, the Royal College guidelines which form the cornerstone of the membership exams were not always so applicable to our other local trainees who were expected to adhere to the more 'localized' protocols. Hence uniformity in teaching is not always practicable. That said, the PPP candidates too are assigned a 'supervisor' and they too are expected to undertake some form of a research project and produce a thesis before their eventual graduation.

We would recall one of the plights of the young doctors was the ‘contract doctor’ fiasco, whereby many young doctors were not absorbed into service as permanent staff (jawatan tetap) but were instead offered ‘contracts’. Many senior doctors found this ‘contract doctor’ predicament strange as the transition from house-officer training to a permanent ‘jawatan tetap’ was taken for granted in the past, unless in exceptional circumstances such as a medical officer who hadn’t obtained a credit for Bahasa Malaysia in their SPM exams. We are made to understand that the reason for this is the lack of permanent posts available within the civil service. Without doubt, the country’s poor finances are the primary reason for this predicament.

One of the unique difficulties faced by these contract doctors was that they were previously not allowed to apply for the master’s program, but this has now changed. In contrast, contract doctors have always been allowed into the PPP and this continues the same even with the new HLP system in place. However, for these contract doctors, further heartache awaits then at the end of the tunnel as they then graduate to become ‘contract specialists’, but on a lower pay-scale grade (compared to their equally qualified peers) and can expect slower promotion prospects within the public service sector.

We have long understood the need to train more specialists. Perhaps in the past, there was a perceived imbalance in the two ‘pathways’ of training, i.e the master’s program versus the ‘parallel’ version. The gazettement period for the membership exams was initially 2 years many years ago and this difference (the gazettement period for those finishing the master’s program was 6 months) was seen as levelling the field. But when the membership training period was increased to 4 years (worldwide) this gazettement period was reduced to 6 months. It was then thought that the field had been levelled. But not so it appears.

The new HLP requirement is yet another attempt to reign in the free-spirit of these young doctors who are tempted by the lure of the alternative route. Regardless their reasons, be it restlessness, urgency, the temptation to take a more scenic route or simply a desire for an internationally recognized qualification, these young trainees will eventually find their way in career life. Some will follow the flow, others fight the current. Most will eventually find what they were always seeking. Some may not. And yet others, with time, may realize what they were seeking isn’t as important anymore.

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* From randomization to week 56, weight decreased an additional mean 6.2% (s.d. 7.3) with liraglutide and 0.2% (s.d. 7.0) with placebo (estimated difference 6.1% (95% class intervals 7.5 to 4.6), P<0.0001).
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† Participants (n=422) lost a mean 6.0% of screening weight with 12 weeks of low-calorie diet followed by additional mean weight loss of 6.2% with Saxenda® and 0.2% with placebo (P<0.0001) after 56 weeks.
‡ Liraglutide induced greater weight loss than placebo at week 160 (−6·1 [SD 7·3] vs −1·9% [6·3]; estimated treatment difference −4·3%, 95% CI −4·9 to −3·7, p<0·0001).

References: 1. Elkind-Hirsch KE, Chappell N, Shaler D, Storment J, Bellanger D. Liraglutide 3 mg on weight, body composition, and hormonal and metabolic parameters in women with obesity and polycystic ovary syndrome: a randomized placebo-controlled-phase 3 study. Fertil Steril. 2022;118(2):371-381. **2.** Xavier PS., et al. N Engl J Med 2015;373:11-22. **3.** TA Waden., et al. International Journal of

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