Apr 2024 (Issue 2, Council 2023/2024)

EMBRACING, ENGAGING & INFORMING

CONNECT

Obstetrical and Gynaecological Society of Malaysia

INSIDE
INBOX

ICOE China
8-10 Sept 2023, Shenzhen

OGSM Fertility Forum
June 2023

I LOVE ME CONFERENCE 2024: BREAKING BARRIERS TO HEALTH TODAY

A publication by the Obstetrical and Gynaecological Society of Malaysia

Editorial Team

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4-7 July 2024
Sabah International Convention Centre (SICC)
Kota Kinabalu, Sabah, Malaysia

From the President's Desk

Prof Nazimah Idris
President, Obstetrical and Gynaecological Society of Malaysia

Dear friends,

I trust everyone is keeping well.

It has now been just over six months since the 2023-2024 council took office. In this edition, I would like to share with you some of our society's activities and achievements.

I'd like to focus on the achievements.

Achievements:

We are proud that Dato' Dr Wan Hazim Wan Ghazali, the National Head of O&G services, has been elected in the Malaysian Medical Council to represent the Registered Medical Practitioners in Peninsular Malaysia. We hope Dato' Hazim will be our strong voice in championing issues related to healthcare practices, especially women's health services in the country.

We are equally proud that Dr Suresh Kumarasamy is now the Vice President of the Asian Society of Gynaecologic Oncology (ASGO) and a Board Member of the Asian Gynaecologic Oncology Group. We are happy that Malaysia is strongly represented at the international level via Dr Suresh's appointments.

31st Congress of Obstetrical and Gynaecological Society of Malaysia, 4-7 July 2024

I am sure all of us already have the 31st annual congress on our calendars and some might have already made travel arrangements. It is just as well that the 8th of July is a national

public holiday (Awal Muharram) so you may want to spend a little longer in Sabah – climb Mount Kinabalu, enjoy the beaches and seafood as well as experience everything that the beautiful state has to offer.

Collaborations

OGSM has been approached by several organisations and discussed ways to collaborate on promoting and improving women's health services in Malaysia. Among the focused areas are:

1. Femtech, which refers to technologies and products that address women's health issues, including menstrual health, reproductive health, sexual health, maternal health and menopause,

2. training healthcare professionals on Essential Gynaecological Skills (EGS) to help them deliver better care to women and girls in their communities,

3. training general practitioners in contraceptive services.

The council has considered and is happy to support the above initiatives. I should be able to provide more updates in the next newsletter.

CPG

Prof Jamiyah and the team are working on Clinical Practice Guidelines on Maternal Immunisation. We hope to launch this at the Congress in July. We are very much looking forward to the CPG to guide our practices.

MINISTRY OF HEALTH

Unlicensed Sonographers

In the previous newsletter edition, I have written about unlicensed sonographers performing obstetric scans in primary care practices. To recap, based on Act 774 Allied Health Professions Act 2016, sonographers are not recognised as allied health professionals in the Second Schedule List of Allied Health Professions. Sonographers are not registered with the Allied Health Division of KKM, hence they have no APC to permit practice.

A meeting to discuss this matter was held on the 15th of September 2023, chaired by Pengarah, Bahagian Amalan Perubatan KKM and attended by the President of OGSM, the National Head of Service for O&G, National Head of Service for Radiology, the Deputy Director of CKAPS and several other officers from KKM.

It was agreed in the meeting, among other things, that the practice of medical ultrasound in private practice (particularly the GP practice) should only be performed by trained medical practitioners. The meeting suggested that OGSM should play a role in training GPs in basic obstetric ultrasounds. In response to this, our Chair of MFM Subcommittee and his team have started working on suitable training courses for GPs. The outcome of the meeting was forwarded to the DG's office for further action.

It has now been more than four months since the meeting was held and OGSM has not received any further communication on this matter. We have written again to the DG's office to ask if any actions have been taken regarding the unlicensed sonographers. At the time of writing, we have not received any communications from KKM. I hope we will be able to re-establish communication and have something substantial to report in the next edition of this newsletter.

The Parallel Pathway

The parallel pathway has been on the news when reports regarding its possible discontinuation made headlines. The information we received from Bahagian Latihan is that the number of sponsorships (Hadiah Latihan Persekutuan) for parallel pathway has indeed reduced, but so far, there have been no plans to discontinue or de-recognise it as a pathway for specialist training. We all agree that more can be done to support the trainees in parallel pathway, starting with a more structured program and better supervision. OGSM is happy to work with KKM and other agencies concerning this matter.

I would like to call on all members to continue your support and contribute ideas to our society, making it better and more relevant to both members and other colleagues in the fraternity.

Best regards,

Prof Nazimah Idris
President 2023/2024
Obstetrical and Gynaecological Society of Malaysia

Dr Loh Huey Wen
OGSM Hon. Secretary 2023-2024

From the Secretary's Desk

Greetings from OGSM.
To date, a total of 24 activities have been organised by OGSM, keeping our secretariat busy. We kick-started the new council year with the Urogynaecology Fellowship Evening with Dr Abdul H. Sultan, one of the leading names in urogynaecology, from the United Kingdom. This was a truly enjoyable and enriching evening. This fellowship night was made more memorable by the attendance of Dr Ranee Thaker, the President of the Royal College of Obstetricians and Gynaecologists (RCOG). This was followed by the KL/Selangor Fellowship evening with Prof Tak Yeung Leung from Hong Kong. He delivered valuable insights to the limitations of teaching through simulations focusing on shoulder dystocia. His thoughts and conclusions were inspiring. Both events were hosted at the OGSM office.

As a result of our recent AGM, the Special Interests (SI) Subcommittee has been formed to deal with matters that arise that may concern certain segments of our fraternity. With regards to the matter of the Fee Schedule, this subcommittee will be working with our existing Fee Committee which was reformed in 2021. The Fee Schedule committee has been in existence for many years and our representatives have attended many meetings with KKM to try and update the Fee Schedule for Obstetrics and Gynaecology. A final meeting was held in 2022 to discuss the amendments of the 13th Fee Schedule. Despite a good fight from our representatives, it was discovered that KKM was not interested in the amendments proposed. There was resistance from KKM to unbundle the current procedural charges and they were not keen to add on multiple charges for different sites of surgeries. The committee was unfortunately forced to accept the 13th Fee Schedule to ensure that the newer fees were gazetted. The subcommittee are now hard at work, involving representatives from all the subspecialties, towards a more comprehensive fee schedule for our fraternity before the next fee schedule meeting with KKM.

A resolution was passed at the 59th AGM to increase the OGSM membership subscription fees. Membership subscription fees for the society have remained unchanged for 30 years. The council have been hard at work to streamline this process, assisted by our electronic accounting system. Members now have the option to make their payments online and regular reminders are being sent electronically.

This year, the council aimed to increase community engagement. For the first time, there will be 2 "I Love Me" events held; one in Kuala Terengganu and one in Kuching, Sarawak. Taking the "I LOVE ME" conference outside of Kuala Lumpur allows OGSM to impart health education to communities in other states. The event held in Kuala Terengganu was themed "Breaking Barriers to Health Today". It was held in January 2024, and was a successful event with 400 participants. On the 10th of March 2024, our second "I LOVE ME" event with the theme "What I Imagine, I Become" will be held in conjunction with Women's Day.

Amongst the other activities organised by OGSM, preparations for the next OGSM Congress in July are now at full steam with an exciting scientific and social program lined up for our members. This is an exciting time as it has been many years since our congress has crossed the shores to East Malaysia. We do hope that our members are as excited as we are about the upcoming congress in Sabah and the council are looking forward to meeting everyone in Sabah in July.

OGSM Conjoined Fee Committee

As we are all aware, OGSM has for the longest time had a fee committee in place. This committee was ably led by Dr. Tang Boon Nee. In February 2022, I was asked take over by the (then) President, Dr. Hoo Mei Lin. I consented, but only if Council agreed for another senior member to also be appointed to jointly lead the committee. A few possible candidates were considered but eventually, it was decided that Dr. KB. Ng would be the ideal candidate.

Some months later, in our interactions with MOH, it became clear to the both of us that they (MOH) were unclear about whom best to refer to (within our fraternity) for an opinion, when trying to resolve disputes between doctors and insurance providers with regards to fee codes utilized. They did however, make it clear that they recognized OGSM as the umbrella organization representing our specialty, indicating that we always take the lead in dealing with issues relating to O&G.

Understanding that the ObGyn fraternity as a whole was expanding exponentially, and simultaneously, the various subspecialties were also growing, we felt that the most reasonable, just and sensible way forward for the fraternity was to expand the fee committee to include representatives from the various subspecialties. To further enhance impartiality, it was also thought important that these representatives should be nominated from their own subspecialties.

We discussed this idea with MOH and fortunately, they agreed.

We then went on to in-cooperate two representatives from each subspecialty, one nominated by our OGSM sub-specialty sub-committee while the other nominated by our sister sub-specialty organizations (for example Malaysian Gynae-oncology Society). Dr. Kuharaj was also in-cooperated into the fee committee as this was part of the mandate given during the last AGM (2023).

We do believe that the new expanded ‘OGSM Conjoined Fee Committee’ is optimally represented and ably qualified to deal with the many complexities that arise in this extremely important but often controversial area.

Dr Ng Kwee Boon
Fee Committee Chair

Dr Eeson Sinthamoney

Dr Kuharaj Balasubramaniam
Special Issues Chair

Dr Helena Lim Yun Hsuen
Reproductive Medicine

Dr Vijay Vela
Maternal Fetal Medicine

Dr Paul Ng Hock Oon
Gynaecological Oncology

Dr Thangeswaran Ayakannu
Gynaecological Endoscopy/
Robotic Gynae Surgery

Dr Anil G Krishna Dass
Uro-Gynaecology

Dr Jerilee Azhary
Paediatric & Adolescent
Gynaecology

Dr Vicknesh Visvalingam
Malaysian Gynaecological Cancer Society

Datuk Dr Maheswaran Sithampalam
Malaysian Society For Assisted Reproductive
Technology

**Assoc Prof Aizura Syafinaz
Ahmad Adlan**
Gynaecological Endoscopic Society of Malaysia

Dr T.P Baskaran
Maternal Fetal Medicine Society

Dr Tan Yiap Loong
Malaysian Urogynaecology Society

ICOE China
8-10 Sept 2023, Shenzhen

Dr Lee Chui Ling
ICOE Trainer since 2018

I consider myself extremely fortunate to have been part of a team in our second visit to China along with four others: Dr Tang Boon Nee (ICOE course director), Dr Hii Ling Yien, Dr Nina Lau Lee Jing and Mr Baskaren. Throughout the pandemic, ICOE organised several online courses in partnership with Laerdal China. The ICOE trainer handbook was translated into Mandarin to better resonate with local trainers. Additionally, the ICOE team created a series of educational videos, skilfully produced by Dr Yong Soon Leong and Dr Woon Shu Yuan.

After three years, China's 'zero COVID' policy has ended, allowing us to explore the country once again. However, traveling to China remains challenging due to intricate visa applications such as online forms, in-person document submission and fingerprint recording at the embassy.

Our team of four trainers journeyed from Kuala Lumpur to Shenzhen. Dr Hii, starting from Kota Kinabalu, faced flight delays due to heavy rainfall (the worst since 1884) which caused her flight to land 800km from the intended destination. Fortunately, the high-speed railway allowed her to join us the next morning for the noon session.

The next day, despite the heavy rain, our team arrived at the Shenzhen Maternity & Child Healthcare Hospital. There, we were warmly received by Dr Liu, an ICOE trainer and director of the Institute for Maternal and Paediatric Medical Training Centre. The second ever TOT for ICOE China began the same afternoon. Dr Tang emphasised medical education, adult learning techniques and highlighted the ICOE trainer's DNA—which is focused on giving, dedication and continuous learning. She hopes this approach spreads throughout China.

I was assigned with the task of translating Mr Baskaren's lecture on IT usage in ICOE teaching. This experience made me realise that direct translation was not an easy task.

On the third day, we visited the Shenzhen Health Capacity Building and Continuing Education Centre (SZCBCEC). Equipped with scenario-based simulation rooms and

mannequins, it now serves as an authorised ICOE centre, promoting and implementing projects in Shenzhen.

Subsequently, the 2-day ICOE course was conducted for 16 O&G doctors who were all senior Obstetrics Department Directors in charge of education in their respective hospitals. They represented various regions, including Guangdong, Guangxi, Huanan, Fujian, Sichuan, Beijing, Shanghai, Shanxi, Liaoning and Hebei. We were also delighted to have Professor Sim from Kaohsiung, Taiwan as well.

During the course, we partnered with Chinese trainers (Dr Jiang, Dr Yun and Dr Yaw) who are the new Master Trainers for China. Each had conducted breakout sessions. I must admit, it was a bit intimidating to conduct a session in front of these esteemed professionals. As the Chinese proverb says: it's like moving an axe in front of a kung fu master.

On the last day, we had a grand mega code session led by Dr Hii. This presented us with unique challenges since many participants tend to talk simultaneously. Sometimes, the trainer-student role is reversed whenever I had the privilege of learning from the local trainers about their extensive experiences and healthcare system; for instance, the practice of using Intraoperative cell salvage during postpartum haemorrhage for caesarean section.

During the feedback session, the participants expressed their appreciation for the interactive and well-planned nature of this ICOE course. The local trainers found that the ICOE curriculum effectively bridges the gap in teaching junior doctors and training residents, which enhances medical education and practice in useful ways.

Despite the tight schedule, we managed to visit the bustling streets of Shenzhen filled with a variety of restaurants. We savoured various intriguing dishes, including baby lotus, bamboo shoots, prunes, fresh dates, Cantonese cuisine, MALA hot pots, BBQ and Dim Sum. The culinary exploration added a delightful dimension to our experience.

This journey was truly memorable for me, thanks to the wonderful team and the comfortable training centre which had excellent support. Special thanks go to OGSM, the ICOE team and the China organisers.

Certainly, sharing these sentences from the murals of the training centre is a great way to convey my thoughts. They are:

"Create value with stimulation. Build the future through action."

"People who study medicine must extensively and exhaustively learn skills, be attentive and diligent, never slack off and should not say that they have mastered all medical science just because of some unfounded hearsay." - Sun Simiao (Tang)

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Tdap: Tetanus, diphtheria and pertussis.

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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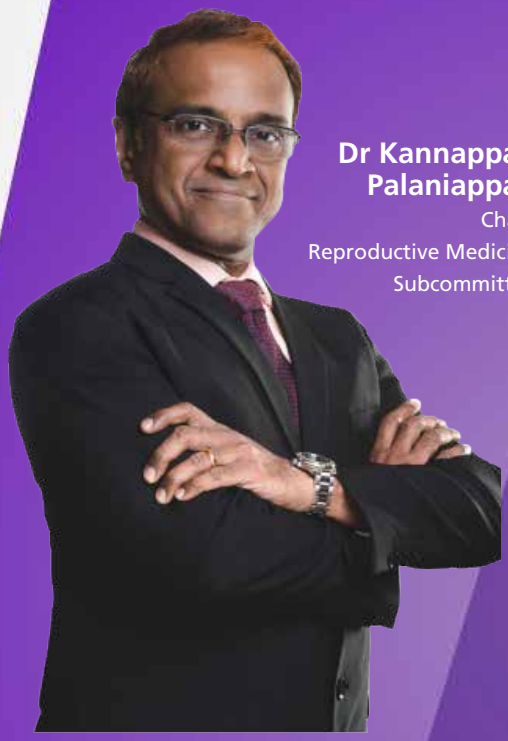
OGSM Fertility Forum June 2023



Dr Kannappan Palaniappan
Chair,
Reproductive Medicine
Subcommittee

This weekend's fertility forum was jointly organised by OGSM and Firstline Pharmaceuticals in an effort to create a dedicated retreat that specifically focuses on AI advances in infertility as well as certain aspects of general IVF clinical practice. The forum was held at Nilai Springs Resort on the 17th & 18th of June 2023.

The speakers were Dr Jaydeep Tank (Fertility Consultant, Secretary General of Federation of O&G Societies of India), Dr Balaji Prasath (Senior Chief Embryologist, Thomson Fertility Singapore) and Dr Selva (Melaka Mahkota Medical Centre). The event consisted of 2 main symposiums with a plenary lecture. The first symposium was on the challenges faced in daily fertility practices, while the second was on the role of AI. Both topics were sufficiently covered by the speakers which was very useful since they also shared their years of experience. Dr Jaydeep further enlightened the delegates with his plenary lecture on New Frontiers in Infertility Treatment, providing an overview of what to expect in future. After the second symposium, an open dialogue session was held with a discussion on a few difficult clinical cases by Dr Nasuha Yaacob and Dr Nathira Abdul Majeed.

This conclave meeting was attended by 50 delegates from all over Malaysia, consisting of fertility consultants and embryologist. It is important to note that there was full attendance on both days.

In conclusion, the delegates mentioned that they enjoyed the meeting and expressed hope that similar events that address certain areas in fertility will be organised by our society.

Dr Kannappan Palaniappan
Chair, Reproductive Medicine Subcommittee

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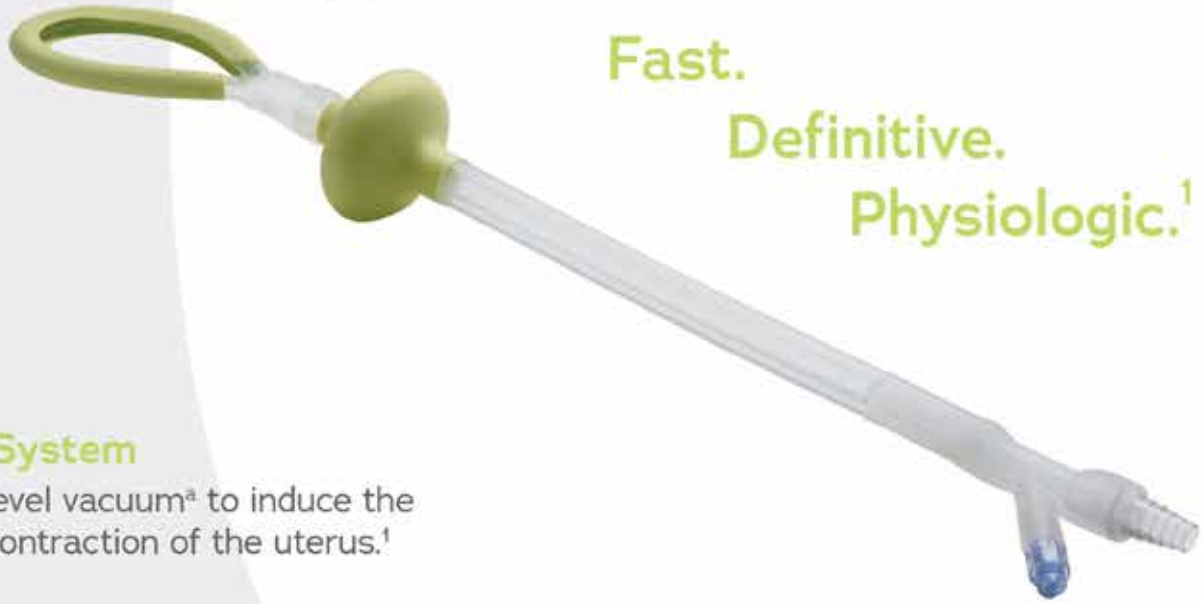
The Jada® System is intended to provide control and treatment of abnormal postpartum uterine bleeding or hemorrhage when conservative management is warranted.



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

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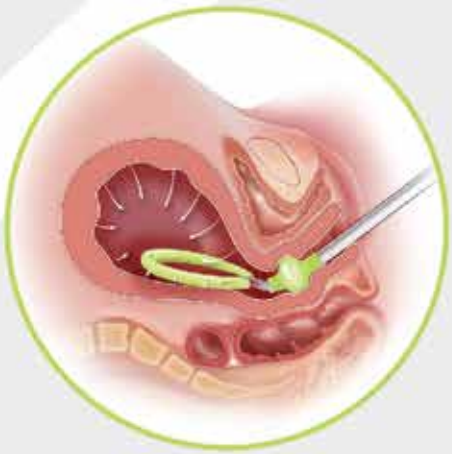

Low-level vacuum[a] induces collapse of the atonic postpartum uterus[1]

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

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I LOVE ME CONFERENCE 2024: BREAKING BARRIERS TO HEALTH TODAY

Dr Malini Mat Napes,
Terengganu State OGSM representative
Faculty of Medicine, Universiti Sultan Zainal Abidin (UniSZA)

Assalamualaikum & good day to all,

The **I LOVE ME CONFERENCE 2024**, held on the 14th of January 2024 at Dewan Perdana Unisza (Universiti Sultan Zainal Abidin), marked a significant milestone in our community's commitment to health and well-being. This groundbreaking event was not only a platform for fostering awareness but also a testament to our dedication to create a healthier and more empowered community.

The chosen theme, "Breaking Barriers to Health Today," reflects a profound commitment to addressing the multifaceted challenges that individuals often encounter on their journey towards achieving and maintaining optimal health. The theme encompasses a broad spectrum of obstacles, both physical and mental, that can hinder individuals from embracing a healthy lifestyle.

Notably, this conference was organised outside of Kuala Lumpur for the first time and Terengganu was selected as the host location. Bringing the event to Terengganu showcased our commitment to decentralise opportunities and reach communities beyond metropolitan areas. It allowed us to connect with a broader audience and emphasised our belief that everyone, regardless of location, deserves access to valuable knowledge on health and well-being.

The choice of Dewan Perdana UniSZA as the venue added a touch of academic excellence to the conference, providing an inspiring backdrop for the exchange of knowledge and ideas. The well-equipped conference venue facilitated seamless interactions among participants, encouraging the exchange of innovative ideas and the dissemination of cutting-edge research. The university's vision to be a centre of excellence in education, research and community engagement was clearly evident in the choice of this venue for the conference.

The success of this conference not only reflected on the dedication of the organising team but also the enthusiasm of participants who actively engaged in discussions and activities aimed at promoting a holistic approach to self-care and wellness.

As we look back at this momentous occasion, we are filled with gratitude for the support of the Terengganu community and the collective effort that made the I LOVE ME CONFERENCE 2024 a stepping stone towards a healthier and more connected future for us all.

The event was officiated by Prof Dr Nazimah Idris, the esteemed President of OGSM. Her presence at the inauguration showed the society's commitment to promoting health and well-being within the community. In her talk, she emphasised the importance of breaking down barriers to health and fostering a community dedicated to self-love and well-being.

January: Cervical Health Awareness Month

We had an engaging panel discussions involving a cervical cancer survivor who generously shared her inspiring journey, valuable insights and practical advice. Her story served as a beacon of hope, emphasising the importance of early detection, resilience and the supportive role that communities can play in the face of health challenges. This discussion was particularly poignant as it coincided with January, globally recognised as Cervical Health Awareness Month.

By addressing cervical health during this dedicated month, we aimed to intensify our efforts in spreading awareness about the importance of regular screenings, preventive measures and the overall well-being of women. The survivor's narrative, shared in the context of Cervical Health Awareness Month, became a powerful catalyst for encouraging individuals to prioritise their health and seek timely medical attention.

The conference not only provided crucial information but also actively contributed to the larger initiative of promoting cervical health awareness. Attendees left with a deeper understanding of the significance of preventive care, empowered by the survivor's resilience, and were motivated to share their newfound knowledge within their communities.

The convergence of personal stories, expert insights and the context of Cervical Health Awareness Month created a holistic and impactful experience, underscoring our commitment to fostering health consciousness and community support. It reinforced the idea that collective awareness and action are vital in creating a society that values and prioritises the well-being of its members.

On-site Services

Empowering the community with knowledge and preventive care, the recent event featured informative sessions on women's health. On-site medical professionals offered a range of essential services, including vital signs measurements, assessment of body mass index (BMI), blood sugar check-ups, HPV DNA self-testing and facilitated appointments for mammograms, ensuring comprehensive healthcare for all attendees.

Positive Feedback

Preliminary feedback from attendees was overwhelmingly positive, with many expressing appreciation for the well-organised event and the valuable information shared by the speakers. The conference also facilitated networking opportunities, allowing participants to connect with like-minded individuals and organisations dedicated to promoting health and wellness within the community.

Appreciation to the OGSM and ILM 2024 Team

I extend my heartfelt gratitude to the president for placing her trust in me to orchestrate and manage such a significant event. It is truly an honour to have been entrusted with this responsibility, and I appreciate the confidence she has shown in my abilities. I am sincerely thankful for the opportunity to contribute to the success of this event under her guidance and leadership.

I would also like to express my heartfelt appreciation to the incredible members of our team for their outstanding contributions to the success of this community event. From meticulous planning to seamless execution, each team member played a crucial role in ensuring the event's success.

Thank you for your hard work, dedication and commitment to creating a positive change in our community. Your efforts have not gone unnoticed, and I am proud to be a part of such an exceptional team.

Conclusion:

The I LOVE ME CONFERENCE 2024, with its theme of Breaking Barriers to Health Today, proved to be a resounding success. Through informative sessions, engaging discussions and community-building activities, the event contributed to empowering individuals to overcome health obstacles and embrace a holistic approach to well-being.


A TO Z MASALAH
HAID


ESTROGEN HORMONE LEVEL
Estrogen Level
Age 20
Age 30
Age 35
Age 40
Age 50
Age 60
Age 70
Age 80
Menopause

SIMPLIFYING YOUR **BIRTH CONTROL REGIMEN**

- The implant is over 99% effective[1]*
- It is just as effective as the pill, without the daily hassle.[1]

What 3 years of pregnancy prevention looks like:

OR

(Products shown are not actual size or numbers)

1,095 Pills

Up to 1,095 pills#
3 years protection,
Each of which should be taken at the same time daily

1 IMPLANT

1 contraceptive
up to 3 years protection
One time administration by a trained healthcare professional[1]

If pregnancy is not desired after the implant is removed, unless a new implant is inserted, another birth control method should be used right away.

*Less than 1 pregnancy per 100 women who used the implant for 1 year
#for those recommended daily

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68 mg etonogestrel

Reference : 1. Prescribing Information, Implanon NXT®

Selected Safety Information for Implanon NXT® (etonogestrel)

COMPOSITION: Each radiopaque implant contains 68 mg of etonogestrel. **THERAPEUTIC INDICATIONS:** Contraception. **DOSAGE AND ADMINISTRATION:** Pregnancy should be excluded before insertion of Implanon NXT®. Healthcare professionals (HCPs) are strongly recommended to participate in a training session to become familiar with the use of the Implanon NXT® applicator and the techniques for insertion and removal of the Implanon NXT® implant and where appropriate, request supervision prior to inserting or removing the implant Subdermal insertion. No preceding hormonal contraceptive use in the past mth: Insert on day 1 & 5 of the menstrual cycle. Changing from combined oral contraceptive (COG), vaginal ring or transdermal patch: Insert preferably on the day after last active COC tab, but at the latest on the day following the usual tab-free interval or last placebo COG tab. Changing from progestagen-only method [pill, injectable, implant or intrauterine system (IUS)] Injectable contraceptives: Insert when the next injection would be due. Pill: Insert within 24 hr any day after last pill. Implant or IUS: Insert on the same day of removal. Post 1st-trimester abortion Insert within 5 days following 1st trimester abortion or miscarriage. Post 2nd-trimester abortion Insert between day 21-28 following 2nd trimester abortion or miscarriage. Postpartum with breastfeeding: Insert after 4th postpartum week. Postpartum without breastfeeding: Insert between 21-28 days postpartum. **CONTRAINDICATIONS:** Progestagen-only contraceptives should not be used in the presence of any of the conditions listed below. Should any of the conditions appear for the first time during the use of Implanon NXT®, the product should be stopped immediately. • Known or suspected pregnancy. • Active venous thromboembolic disorder. • Known or suspected sex steroid sensitive malignancies • Presence or history of liver tumours (benign or malignant). • Presence or history of severe hepatic disease as long as liver function values have not returned to normal. • Undiagnosed vaginal bleeding. • Hypersensitivity to the active substance or to any of the excipients of Implanon NXT® **SPECIAL WARNINGS & PRECAUTIONS:** If any of the conditions/risk factors mentioned below is present, the benefits of progestagen use should be weighed against the possible risks for each individual woman and discussed with the woman before she decides to start with Implanon NXT®. • Carcinoma of the Breast • Liver Disease • Thrombotic and Other Vascular Events • Elevated Blood Pressure • Carbohydrate and Lipid Metabolic Effects • Chloasma • Body Weight • Complications of Insertion • Ovarian Cysts • Ectopic Pregnancies • Other Conditions The following conditions have been reported both during pregnancy and during sex steroid use, but an association with the use of progestagens has not been established: jaundice and/or pruritus related to cholestasis; gallstone formation; porphyria; systemic lupus erythematosus; hemolytic uraemic syndrome; Sydenham's chorea; herpes gestationis; otosclerosis-related hearing loss and (hereditary) angioedema. **ADVERSE REACTIONS:** During the use of Implanon NXT, women are likely to have changes in their menstrual bleeding pattern. These may include changes in bleeding frequency (absent, less, more frequent or continuous), intensity (reduced or increased) or duration. Possibly related undesirable effects reported in clinical trials: Vaginal infection; headache; acne; breast pain & tenderness, irregular menstruation; increased weight. Increased appetite; affect lability, depression, nervousness, decreased libido; dizziness; hot flush; abdominal pain, nausea, flatulence; alopecia; dysmenorrhea, ovarian cyst; implant site pain & reaction, fatigue, flu-like illness, pain; decreased weight. **Before initiating therapy, please consult the full Prescribing Information.**

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MY-XPL-110072 Jun/2023

ICOE LAOS

Dr Wong Xin Sheng
ICOE Trainer
Specialist, Obstetrician & Gynaecologist
Hospital Bintulu, Sarawak

On the 20th – 21st of October 2023, I had the wonderful opportunity to work as an Intensive Course of Obstetric Emergency (ICOE) trainer in Laos with Dr Angela Chin Yeung Sing (team leader), Dr Woon Shu Yuan, Dr Wong Lee Leong and Mr Baskeran Balakrishnan, the admin liaison and equipment handling expert. During this period, I had the privilege of working with dedicated medical professionals who were committed to improving maternal and newborn health outcomes in their country. Over the course of my time there, I witnessed firsthand the tremendous impact that effective training and mentorship can have on healthcare providers and their ability to deliver quality care to their patients.
My journey with ICOE training in Laos began with a brief orientation session, during which I was introduced to my fellow trainers and given an overview of the context in which we would be working. I learned that Laos has high incidence of maternal mortalities and morbidities, with many preventable complications occurring during childbirth. To address this issue, the country's Ministry of Health has made the improvement of the quality of emergency obstetric care as a priority. ICOE training is seen as a key strategy for achieving this goal.

My first day of training was both exciting and daunting. I was assigned to work with a group of healthcare providers. Many of these individuals had limited experience with obstetric emergencies and were eager to learn new skills and techniques to help them better manage such situations. Throughout the course of training, I was struck by their enthusiasm and dedication to enhance their clinical practice.

The ICOE training curriculum was designed to be highly interactive and hands-on, with focus on simulation-based learning. This approach allows trainees to practice and refine their skills in a safe and supportive environment, without posing any risks to real patients. Over the course of training, we covered a wide range of topics, including recognising and managing postpartum haemorrhage, performing difficult caesarean sections and managing both pre-eclampsia and eclampsia. Through a series of immersive simulations, trainees were able to practice these skills and receive feedback on their performance from trainers and their peers.

One of the most rewarding aspects of the ICOE training was seeing the positive impact it had on the trainees' confidence and clinical practice. Many of the healthcare providers I worked with expressed gratitude for the opportunity to learn new skills and techniques. Several had reported that they already began incorporating what they had learned into their clinical practice. For example, one trainer told us that she used the skills she learned during training to successfully manage a case of postpartum haemorrhage in her own hospital, which she was convinced she would not have been able to do before the program.

In addition to providing direct training to healthcare providers, the ICOE program also emphasised the importance of mentorship and ongoing support. As a trainer, I closely worked with several local healthcare providers who had been identified as potential mentors for their peers. Through regular coaching and support, these mentors were able to build on the knowledge and skills they had acquired during the ICOE training to help their colleagues implement what they had learned.

Laos is a diverse country with many ethnic groups and spoken languages. Language and cultural barriers can affect the efficiency of ICOE programs. Conducting ICOE in such a diverse linguistic and cultural setting poses challenges in delivering effective training. Language barriers can impede understanding and communication between instructors and trainees,

Preparation and briefing for pre-course skills assessment

Pre-course skill test for shoulder dystocia

Shoulder dystocia skill station

B-Lynch compression suture

Opening ceremony for ICOE Laos

hindering the transfer of critical knowledge and skills. Cultural practices and beliefs may also influence the perception and acceptance of certain obstetric emergency interventions, necessitating culturally sensitive approaches during training. Gratitude goes to the previous Malaysian trainer who went to Laos and generously shared their knowledge and expertise. Their contributions have been instrumental in training local trainers in Laos.

Overall, my experience as an ICOE trainer in Laos was incredibly rewarding. I was inspired by the dedication and enthusiasm of the healthcare providers I worked with and I am proud to be part of an effort to improve maternal and newborn health outcomes in the country. While there is still much work to be done to address the systemic challenges in Laos, I feel privileged to have played a small role in supporting the country's healthcare providers in their efforts to provide quality care to their patients.

Dr Wong Xin Sheng
MRCOG, ICOE trainer

Talk on WHO recommendation: intrapartum care for a positive childbirth experience by Prof Pisake Lumbiganon

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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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Dr Tang Boon Nee
RCOG International Representative Committee Chair for Malaysia (2021-2024)

The International Representative Committee (IRC) of Malaysia was honoured to be given the opportunity by RCOG to host Professor Peter von Dadelszen, as the recipient of the fellowship for 2023.

Prof Peter is Professor of Global Women's Health, King's College London, UK; and a world recognised expert in Hypertension in Pregnancy. He is also the International Fellow of the RCOG for America/Australasia/Pacific Rim. Prof Peter had to travel far and wide for this professorship; sometimes speaking and teaching for a full day. We are most grateful for his time and effort in engaging the O&G doctors in the National University of Malaysia (UKM) in Kuala Lumpur, Hospital Sultanah Nur Zahirah in Kuala Terengganu and Hospital Umum Sarawak in Kuching.

Below are summaries of his time with us:

1. **Kuala Lumpur at the National University Malaysia (UKM)**
   Prof Peter arrived at Kuala Lumpur late at night but was committed in attending an early morning session the following morning in Hospital Canselor Tunku Muhriz (HCTM) where the first session of his visit was held.

   He was first greeted by Professor Zaleha Abdullah Mahdy and Dr Izyan Atiqah Zakaria in the Department of Obstetrics and Gynaecology, and then brought to tour around the O&G facilities in HCTM, meeting other senior lecturers and specialists along the way.

   The first session was attended by about 30 participants including lecturers, undergraduate and postgraduate students of O&G in HCTM as well as other nearby hospitals in Klang valley. The first lecture was on 'Evidence reviews for preeclampsia prevention', which was an excellent summary of the current preventive measures and their evidence. He was at the center of some of these research when they were conducted and it was interesting to hear the background stories as they relate to evidence in preeclampsia.

The second part of the seminar was case presentations by senior postgraduate students sitting for their Part II examination in a few months' time. Two cases were presented for Prof Peter's verdict and expert input. The students benefitted from these discussions especially in formulating management for complex cases. Another lecture by Prof Peter was about the 'Current research in hypertension in pregnancy: impact for clinicians', which inspired the participants on ways to do high-impact research even in low-resource settings.

2. **Terengganu at Hospital Sultanah Nur Zahirah**

Prof Peter touched down in Terengganu on October 17th. Shortly after checking in, he joined members of the RCOG for a dinner at Bytes Restaurant. The atmosphere was heightened by the panoramic view of Kuala Terengganu's iconic Draw Bridge, which illuminated the night sky.

The morning of October 18th commenced with introductions to the O&G faculty at HSNZ, followed by a tour of the hospital grounds. The main event, a seminar on pre-eclampsia, attracted over 120 professionals from various healthcare sectors.

Prof Peter's lecture, 'Prevention of Pre-eclampsia by Timed Birth at Term' was a highlight. The seminar also featured case presentations by trainees and a vibrant Q&A session, focusing exclusively on pre-eclampsia. The afternoon continued with hands-on obstetric drills, providing the HSNZ team valuable clinical training.

The day concluded with a dinner at Paya Bunga Hotel, attended by 30 O&G department members. He captivated the audience with poignant stories from his early career, explaining how specific cases had driven him to delve into research on pre-eclampsia. His reflections left a lasting impression, inspiring each of us to strive for excellence in our professional pursuits.

On October 19th, the day began at Hospital Universi Sultan Zainal Abidin (UniSZA). There, Prof Peter delivered another lecture as part of UniSZA's Continuing Medical Education series, followed by a lively Q&A session. The day concluded with a visit to the State Museum and a taste of Terengganu's famous keropok lekor at Losong. After lunch, we bid farewell to Prof Peter at the airport, closing an enriching and inspirational chapter.

Hosting Prof Peter von Dadelszen in Terengganu was an invaluable experience for all involved. His visit served as a springboard for continued educational efforts and a reminder of our collective responsibility to improve maternal healthcare in Terengganu.

3. **Kuching at Sarawak General Hospital**
As it was a weekend, the local organizing committee introduced Prof Peter to some favourite attractions around Kuching. The day started with a visit to the Semenggoh Wildllife Sanctuary where Orang Utans call home followed by the Crocodile Sanctuary in Siburan. After lunch in an indigenous Bidayuh Baruk they made their way to the Damai Cultural Village, where the diversity of Malaysia was on display. A visit to the Kubah Ria farmers' market is almost obligatory to sample the local jungle produce.

On 23rd October, Monday, the academic programme began with grand rounds in the High Dependency Unit of Sarawak General Hospital, Kuching. A tertiary referral centre for the state catering to approximately 11,000 deliveries a year, most high-risk patients throughout the state were referred here. A lively discussion was held with our Maternal-Fetal Medicine Fellows regarding several aspects on management of patients with peripartum cardiomyopathy and acute pulmonary oedema.

The grand rounds continued in the labour ward, where variations in practices on GBS screening, antibiotics in term PROM and gestational thresholds for magnesium sulphate were amongst issues raised by the trainees. The consultants exchanged views with Prof Peter on different facets of patient confidentiality and on refining local protocols.

A tour of the Maternal-Fetal medicine unit and the outpatient obstetrics and gynaecology clinics followed. A keynote lecture on "Prevention of preeclampsia mortality: Review of evidence" was delivered by Prof Peter. It was attended by more than 40 medical students, medical officers, specialists, consultants, and the head of department. In a wide ranging and comprehensive lecture, several pertinent issues were raised, practical aspects of implementing computerized CTG in the local setting and underestimation of the perinatal impact of term preeclampsia.

Thereafter a panel discussion was held for two recent preeclampsia cases presented by specialists.

The academic programme adjourned in the late afternoon and was followed by the Royal College of O&G-Obstetrical & Gynaecological Society of Malaysia's (OGSM) Fellowship night. The audience comprised of members of OGSM, including many consultants in private practice. This was an informal event, with a welcome speech by Dr Rafaie Amin, the state advisor for obstetric & gynaecology services. Prof Peter was tasked to deliver a talk on "Timing of delivery in pregnancy hypertension: Current evidence and future directions". The enthusiastic response from the crowd was evident by the number of questions posed and there were suggestions from some quarters to make this an annual event.

Malaysia bid farewell to Prof Peter on 25th October, and we are most grateful to be given this opportunity by RCOG to host this prestigious professorship.

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OGSM 2024: On the Horizon

Dr Muniswaran Ganeshan
President-Elect, OGSM
Organising & Scientific Chair OGSM 2024

Dear Ladies and Gentlemen,

As we are perfecting the final touches of our 31st Congress of the Obstetrical and Gynaecological Society of Malaysia this July, we remain ambitious that and this will be among the most successful O&G colloquium in recent times. Beyond the academic interactions, networking opportunities and nourishing the camaraderie within our fraternity, we desire to elevate your academic experience like never before. With the delegates as our focus, here are some of the major highlights that awaits you this July in Sabah.

1) **Preserving the OGSM tradition**
We have gone back to our origins and have renamed this the 31st Congress of OGSM. It is our blueprint, rich in history and this is the congress which belongs to our society. The name itself means we are of international standards.

2) **Building bridges internationally and within Malaysia**
With presidents and leads from the FIGO, RCOG, RANZCOG, Singapore, Hong Kong College of O&G and various regional O&G societies, we continue to champion women's health in Malaysia. But, this year, we have also engaged major Malaysian organizations such as the Malaysian Medical Association, Medicolegal Society of Malaysia, College of Anesthesiologists, College of O&G and Society of Critical and Emergency Sonography as we endeavor towards working as a single force, in unity towards a single objective where we will be stronger together.

3) **Being altruistic to the science and art of O&G**
With hundreds of webinars and conferences which are readily available at your doorsteps, be it physical or virtual, one is often spoilt for choice. We will be different this year, because we have revamped the scientific blueprint and have moved away from specialties; but instead merged the academic interactions which matters most for holistic patient care. Fresh topics will be discussed, controversies will be debated but standards will never be compromised at the OGSM Congress as we remain true to academic purity.

4) **Intelligent partnership**
With the tireless efforts of the organizing committee since day one, we have successfully engaged a record number of industry partners this year who have committed to work with OGSM and to deliver a high impact intelligent congress like no other. Be ready to be hosted by humans and AI at the congress and look out for the state-of-the-art congress app which will be one of its kind. We have also secured privileged rates for our congress delegates for the air travel apart from securing world class logistics for your comfort. You are the focus of this congress and that matters most to us.

5) **OGSM beyond Malaysia**
We have successful secured significant funds from essential NGOs to support deserving trainees from resource limited countries in the region to attend our congress in Sabah for the very first time. This is in line with our ambition to elevate OGSM and to spread our wings in the region as a society who is responsible for quality in O&G training in Malaysia and in the region.

6) **OGSM narration**
There will be many first at this year's congress. Apart from a prominent Malaysia VIP at the opening, we have reintroduced a themed OGSM Narration where a prominent speaker will be delivering a keynote lecture at our black-tie gala dinner where we intend to serve more than dinner, inspired with science.

7) **Grand rounds, Masterclasses, simulation villages and workshops**
Moving away from lectures, plenaries, and symposiums, we believe in academic interactions and in making an impact. The 31st Congress will be filled with numerous grand rounds, masterclasses, workshops, and simulation villages, where one can polish your skills and not just sit through a lecture.

8) **Publish in the Index Medicus**
Research and publications remain a hallmark in medicine. Share your expertise, experience and publish your work in the medical libraries of many parts of the world, especially be listed in the Index Medicus. Submit your abstracts and be stamp your mark.

9) **OGSM and our future, the trainees**
This will also be a meaningful congress for our trainees. The successful OGSM challenge will be featured once again to quiz the trainees in an engaging and academic way. Apart from that, a trainee tract has been designated where selected young minds will be given the rare privilege to speak at our distinguished platform as we hope to inspire and train the next generation of Obstetricians and Gynaecologist in Malaysia, a mark that OGSM continues to evolve and is relevant to trainees in Malaysia.

10) **Waterfront, sunrise, and sunset at the OGSM congress**
For the tired minds, the venue offers breathtaking views of beautiful Sabah and be mesmerized by sunrise and sunset at the congress venue. This is of course best viewed just before and after the congress.

The list goes on, but this is just what lies in the horizon. Our work continues, our passion fueled, the momentum escalated but we promise that this will be your congress, a congress for every OGSM member. The 31st OGSM Congress awaits you and let us all make this a memorable one.

Your President Elect,
Dr Muniswaran Ganeshan,
Scientific & Organising Chair OGSM 2024

Gardasil®9: *Empowered motherhood* starts with **HPV vaccination**

Image for representation purpose only. Not an actual patient.

GARDASIL® 9
[Human Papillomavirus 9-valent Vaccine, Recombinant]

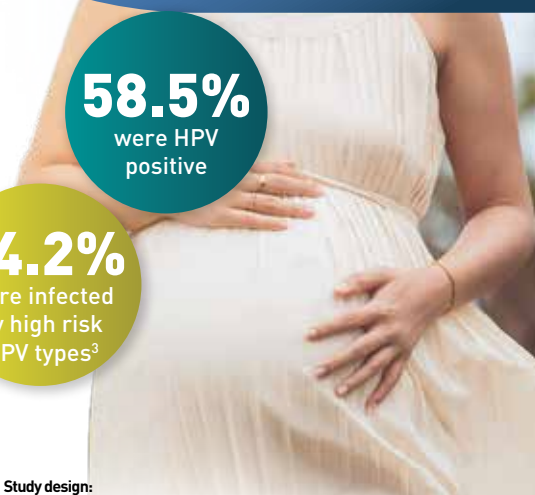
In a study conducted in **301 young women** after **1st delivery**[3]

3 reasons why should you start speaking to pregnant mothers now

Prenatal care is the time when appropriately aged women are in frequent contact with healthcare provider.[1]

A scheduled postpartum visit can increase the convenience and acceptance of postpartum women toward HPV vaccination.[2]

Mother want to grow old with their children.



58.5% were HPV positive

44.2% were infected by high risk HPV types[3]

GARDASIL®9 may be Administered according to a 3-dose Schedule[4]

Females aged 15-45 at time of first injection **GARDASIL®9** should be administered:

Study design:
A cross-sectional study of primiparous women aged between 15 and 24 years living in the metropolitan area of São Paulo for at least 6 months, and gave birth at Hospital Maternidade Leonor Mendes de Barros after more than 32 weeks of gestation. Subjects were enrolled at their postnatal visit, from June 2006 to February 2007 and subjected for routine pelvic examination for HPV DNA analysis (Rama C.H. et al, 2010).

Image for illustrative purposes only and may not reflect the actual size.

Gardasil®9 may be administered to lactating mothers[4]

- Effective against the following HPV types:

- Provides protection against cervical, vulvar, vaginal, anal cancer, premalignant genital and anal lesions and external genital warts
- FDA approved
- Established safety profile

Prioritise You; Prioritise Your Family: Get Vaccinated to Prevent HPV-Related Cancers

For Healthcare Professionals Only

SELECTED SAFETY INFORMATION ABOUT GARDASIL® 9 INDICATIONS GARDASIL®9 is a vaccine indicated in girls and women from 9 through 45 years of age for the prevention of cervical, vulvar, vaginal, anal cancer caused by HPV types 16, 18, 31, 33, 45, 52 and 58 as well as genital warts (cs or dysplastic lesions such as AIN 1/2/3 caused by HPV 6, 11, 16, 18, 31, 33, 45, 52, and 58 and external genital lesions including genital warts (condyloma acuminata) caused by HPV types 6 and 11. **DOSAGE AND METHOD OF USE** GARDASIL®9 should be administered intramuscularly as 3 separate 0.5-mL doses at month 0, 2 months after first dose, and 6 months after first dose. The second dose should be administered at least 1 month after the first dose, and the third dose should be administered at least 3 months after the second dose. All three doses should be given within a 1-year period. Alternatively, in individuals 9 through 14 years of age GARDASIL®9 can be administered according to a 2-dose schedule; the second dose should be administered between 5 and 13 months after the first dose. If the second vaccine dose is administered earlier than 5 months after the first dose, a third dose should always be administered. GARDASIL®9 should be administered intramuscularly in the deltoid region of the upper arm or in the higher anterolateral area of the thigh. GARDASIL®9 must not be injected intravascularly. Neither subcutaneous nor intradermal administration has been studied. These methods of administration are not recommended. **CONTRAINDICATIONS** GARDASIL®9 is contraindicated in patients with hypersensitivity to either GARDASIL®9 or GARDASIL® or any of the inactive ingredients in either vaccine. Individuals who develop symptoms indicative of hypersensitivity after receiving a dose of GARDASIL®9 or GARDASIL® should not receive further doses of GARDASIL®9. **WARNINGS AND PRECAUTIONS** As for any vaccine, vaccination with GARDASIL®9 may not result in protection in all vaccine recipients. This vaccine is not intended to be used for treatment of active external genital lesions; cervical, vulvar, vaginal, or anal cancers; CIN, VIN, VaIN, or AIN. This vaccine will not protect against diseases that are not caused by HPV. As with all injectable vaccines, appropriate medical treatment should always be readily available in case of rare anaphylactic reactions following the administration of the vaccine. Syncope (fainting) may follow any vaccination, especially in adolescents and young adults. Syncope, sometimes associated with falling, has occurred after HPV vaccination. Therefore, vaccinees should be carefully observed for approximately 15 minutes after administration of GARDASIL®9. Individuals with impaired immune responsiveness, whether due to the use of immunosuppressive therapy, a genetic defect, Human Immunodeficiency Virus (HIV) infection, or other causes, may have reduced antibody response to active immunization. This vaccine should be given with caution to individuals with thrombocytopenia or any coagulation disorder because bleeding may occur following an intramuscular administration in these individuals. **ADVERSE EVENTS** The most common (>10%) vaccine-related adverse experiences observed among recipients of GARDASIL®9 were injection-site pain, swelling, erythema, and headache. And common (>1%) vaccine-related adverse experiences observed reported were pruritus, bruising, pyrexia, nausea, dizziness and fatigue. Post-marketing reports: The following adverse experiences have been spontaneously reported during post-approval use of GARDASIL® and may also be seen in post-marketing experience with GARDASIL®9. Cellulitis, idiopathic thrombocytopenic purpura, lymphadenopathy, acute disseminated encephalomyelitis, dizziness, Guillain-Barré syndrome, headache, syncope sometimes accompanied by tonic-clonic movements; nausea, vomiting; arthralgia, myalgia; asthenia, chills, fatigue, malaise; hypersensitivity reactions including anaphylactic/anaphylactoid reactions, bronchospasm, and urticaria. These experiences were reported voluntarily from a population of uncertain size. It is not possible to reliably estimate their frequency or to establish a causal relationship to vaccine exposure. The safety profile was similar between GARDASIL®9 and GARDASIL® in women, men, girls and boys. **Before prescribing GARDASIL®9, please consult full prescribing information. Full prescribing information is available upon request.**

References: 1. Kilfoyle KA, Rahangdale L, Dusetzina SB. Low uptake of human papillomavirus vaccine among postpartum women, 2006–2012. Journal of Women's Health. 2016; 1;25(12):1256-61. **2.** Lee CY, et al. Postpartum HPV vaccination rate and differences in background characteristics between HPV vaccinatedand unvaccinated postpartum women: strict monitoring and follow-up of postpartum HPV vaccination program. Frontiers in Immunology. 2021; 12;12:626582. **3.** Rama C. H. et al. Opportunity for catch-up HPV vaccination in young women after first delivery. J Epidemiol Community Health. 2010; 64: 610-615. **4.** GARDASIL®9 Product Insert Malaysia. Available at: - Product Search, National Pharmaceutical Regulatory Agency. https://quest3plus.bpfk.gov.my/pmo2/index.php **5.** Di Lorenzo A, et al. Real-Life Safety Profile of the 9-Valent HPV Vaccine Based on Data from the Puglia Region of Southern Italy. Vaccines. 2022;10(3):419.

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Move Over 'Assembly-Line', 'Tailor-Made' Is The Way To Go!

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Personalisation of stimulation based on the patient's hormonal profiles, antral follicle counts, ovarian reserve and genotype profile produces better outcomes and reduces the risk of complications that may arise from heavy and prolonged stimulation protocols (Fragouli, Lalioti and Wells, 2014; *Alviggi et al.*, 2018). A milder approach to ovarian stimulation using a low dose of hormones is known as mild or low-dose stimulation. This approach in combination with a Gonadotrophin-releasing hormone (GnRH) antagonist to avoid premature ovulation is popular as it is cost-effective, patient-friendly and reduces the risk of ovarian hyperstimulation syndrome (OHSS) (Hohmann, Macklon and Fauser, 2003; Matsaseng, Kruger and Steyn, 2013; Nargund *et al.*, 2017).

Higher doses of hormones are usually given to stimulate more oocytes. This concept pivots on the underlying belief that IVF is essentially a 'numbers game', the more oocytes that can be obtained, the more embryos that can be generated and this clearly increases that likelihood of identifying a genetically normal embryo that will eventually result in a live-birth. However, it has been argued that this approach increases both costs of treatment and side effects. Furthermore, it has been further suggested that this yield-maximizing approach could potentially do more harm than good. The potential to produce oocytes of poorer quality is one of the most often cited side effects. Nargund et al mentioned in their paper that mild stimulation can be used for all patients regardless of the ovarian reserve and produce almost comparable if not better outcome compared to the conventional stimulation (Nargund and Fauser, 2020). Although the number of eggs produced is significantly lesser, mild stimulation is believed to produce better oocytes and embryos compared to high-dose stimulation.

A study by Hohman and colleagues showed that mild stimulation produced better embryo quality and pregnancy outcomes compared to the standard GnRH agonist protocol (Hohmann, Macklon and Fauser, 2003). Numerous reviews and meta-analyses have shown comparable outcomes from mild stimulation compared to other types of high-dose stimulations (Karimzadeh *et al.*, 2010; Datta *et al.*, 2021; Montoya-Botero *et al.*, 2021; Kuroda, Katagiri and Ishihara, 2022). A recent study on the optimal number of oocytes and embryos needed for a live-birth from a mild stimulation regimen was shown to be four embryos or nine oocytes (Datta *et al.*, 2021). However, to date there is still no consensus on the ideal number of oocytes needed per IVF cycle to result in successful live-birth due to the lack of good quality evidence (Nargund and Fauser, 2020).

A study investigating hormonal and molecular profiles of stimulated versus unstimulated cycles in oocyte donors showed changes in cumulus cells and follicular fluids following ovarian stimulation. It was postulated that these changes could have been due to the effect of the different stimulation protocols on signalling pathways (Andrade *et al.*, 2017; Liu *et al.*, 2022). This could then support the concerns that stimulation protocols used could influence outcomes. However, no association with oocyte competence was reported (De Los Santos *et al.*, 2012). Moreover, investigation on the effect of different types of ovarian stimulation on the number of oocyte collected, euploidy rate and live-birth rates also showed no significant difference (Irani *et al.*, 2020). The percentage of euploid embryos obtained per cycle and number of attempts of transfer taken before achieving a live-birth were left in question in this particular study. Nonetheless, the authors opinioned that high dose stimulation should be avoided as it was associated with harmful complications (Irani *et al.*, 2020).

Many reproductive medicine practitioners still believe in the linear relationship between number of oocytes and IVF outcomes. Contradictorily, there is an overwhelming number of papers showing that this is not true as the cumulative life-birth rate plateaus after 12 oocytes. Different gonadotrophin dosages influence the gene expression of the cumulus cells, oocyte and resulting embryos (Liu *et al.*, 2022; Russo *et al.*, 2022). A recent study on IVF on cattle showed a detrimental effect when threefold higher doses of FSH was utilized. These effects included follicular abnormalities, reduced ovarian function and overall reduced oocyte quality (Clark *et al.*, 2022). This mechanistic study further elucidated the reduced sensitivity of the follicles to FSH when high dose FSH was utilized, potentially due to reduced receptors for FSH with varying exposure of FSH to follicles (Clark *et al.*, 2022).

Other than that, increased cost of procedure and risk of OHSS is one of the most profound cons of high-dose stimulation (Nargund and Fauser, 2020; Liu *et al.*, 2022; Russo *et al.*, 2022). Extremely high dosages of gonadotrophins cause detrimental effects on follicular development such as follicle atresia and affects oocyte competence as well (Xie *et al.*, 2016; Dias *et al.*, 2018). Hence, a mild stimulation protocol that mimics physiological folliculogenesis and utilizes lower gonadotrophins, may reduce the risk associated with higher dose stimulation (Nargund and Fauser, 2020; Liu *et al.*, 2022; Russo *et al.*, 2022)

Our recent crossover study of mild-stimulation following poor outcome in high-dose stimulation was presented in ASPIRE, 2023 in Adelaide. The study that compared the outcome of high-dose stimulation followed by mild stimulation in 26 couples, showed significantly higher fertilization rate and blastocysts utilization rate in mild stimulation. The pregnancy and live-birth rates were higher in mild stimulation compared to high-dose stimulation. In addition, the aneuploidy rates were lower in mild stimulation compared to high-dose stimulation. Therefore, mild stimulation was shown to produce better clinical outcomes in this small study. However, expectedly, due to the low number of transfers performed, the data did not reach statistical significance.

Patients with poor outcome to conventional hyperstimulation cycles may benefit from mild stimulation protocols. Reproductive medicine practitioners should take a step-back and re-evaluate the best stimulation possible for the patient based on her individual profile. Not only can this approach potentially reduce the physical and emotional burden, utilising this more physiological approach in ovarian stimulation is affordable, hence more accessible and has been shown to be associated with better perinatal outcome (Nargund *et al.*, 2017).

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