

वो इह वो त्कर



Newsletter

April 2018 | Issue 4



Labour and Delivery, Safe Abortion



President's Message

Dear FOGSIans

Wishing you all happiness, peace and blessings along with passionate stress-free service toward humanity and especially for our mothers. Our profession is incredible and unique, specially we, obstetricians who take care of two lives and get immense satisfaction from our work.

It is no doubt very taxing too and with 26 million births in our country and only 35,000 of obstetricians and a few more dedicated souls from public sector, it is a marathon task and needs humongous efforts on our parts to do justice to our patients. This month is dedicated to **Labour and Delivery and making abortions safer**. Many questions arise in our minds like 26 million births and few dedicated obstetricians' with infrastructure, paramedical help, awareness, and access, all are lacking; also lacking is protocol-based practices, which is creating lots of fear and stress amongst both healthcare providers and our pregnant population, and a desired impact on reducing maternal and neonatal mortality looks like a distant dream.

But we are eternal optimists; we are hardworking role models for our patients and colleagues; we are persistent fighters; we have held the fort in spite of all the challenges; and we will keep on doing our good work. In our efforts to achieve our goals, we forget that we are not alone in the battle and neither can we fight this challenge alone. I would request all of you to build up your support teams in your cities for looking after each other's work, standing by you in emergencies and supporting and protecting you in difficult times.

FOGSI has made some algorithms GCPR's and protocols which will be conveyed to you and will encourage you to inculcate protocol-based practice, which will be easier to follow for the whole team working with you and will also prevent unnecessary litigation.

This month two major events are there. One is our first YUVA conference on surgical skills at Dehradun, and it is a unique conference from Basics to Advance from 27th to 29th April, and I would urge all of you to encourage all members to attend this very focused conference.

Second is our managing committee Meeting on 28th–29th April at Dehradun where I expect all Presidents and Secretaries will attend, because if you do not attend then you are not in synchronous with the working of the organization and also it is an opportunity to convey your problems.

On 17th and 18th of March, we have held the first TOT of our unique project Adbhut Matrutva, and 450+ colleagues attended this, and it is all about caring of our patients and bring in a future healthy generation and I am very happy to inform that this initiative is being accepted by the GOI and linked with PMSMA. A big milestone. I hope you all liked this project and will carry forward to a stress-free future.

“Lets not outshine each other but join hands and shine brighter together.”

Warm regards
Lots of Love
Om Shanti

Jaideep Malhotra

“SAATH-SAATH”

IAP and FOGSI join hands to take the mission of our mothers and babies forward and will collaborate on many initiatives together as 26 million births cannot be looked after a few dedicated providers, we need to join hands with all like-minded fraternity to be able to reach out to the millions who need us. Thanks to Dr Santosh Soans (President IAP), Dr Digant Shastri (President Elect IAP) Dr Ranjan Pejaver (Coordinator), and team FOGSI.





And the Rider Flies off...

Dr Mitra Saxena



Remember the days of Chemistry and Physics experiments, we were supposed to weigh ingredients for titration extremely carefully adding every single grain carefully and when the balance was fine-tuned, the rider would fly off.

My personal experience of Adbhut Matrutva was like this..

Two days Echoesreverberation of my personal Thoughts beliefsInterspersed with personal feelings of ups and downs in trying times of Obstetrics Practice..

What a divine intervention..

Dr Jaideep and Dr Narendra, a couple I have known since 1997, indefatigable and charged up always with the intention to improve their own selves and keep their tribe, their friends, their circle ignited inspired to be better versions.

Jaideep is lucky or FOGSI is lucky or we all are lucky..

I guess we all are blessed and fortunate to have each other...

Motherhood is a way of Nature to let a woman understand how important and empowered she is to carry human race further.

In today's scientific world... it's The OBSTETRICIAN who holds the Master key to help change the epigenetics of human race.

To all those who have conceived this idea, formulated a module, propagated it ...I salute you all.

To Jaideep and Narendra, I congratulate you both for upholding your vision with determination careful planning and perfect execution.

The success of this incredible conference was not just in numbers attending but how beautifully each one of us has taken back the message of bringing Peace, Love, Happiness and Humility in our role as Obstetrician.

To Sister Shivani BK, Dr Shubda, Dr Nikita - You deserve all our reverence.

Dr Jaideep and Dr Narendra - You deserve heartfelt appreciation because you lead from the front and you lead by example.

A special mention for young Neharika - Keep up your positivity your zest for doing the best!

To each and every one who came at the Retreat - You all added up to the POSITIVITY that was palpable throughout.

Adbhut Matrutva experience is to be lived each day through our daily actions.

Getting in Sync...

Rider for all of us..flown off..

Harmoniously we all shall strive to practice Obstetrics with the divinity it deserves.



“Adbhut Matrutva”

Dr Shruti S Agrawal



“Adbhut Matrutva”- A very novel initiative by FOGSI, to deliver a divine baby from a divine mother, and thus to create a beautiful and harmonious world, by creating a virtuous generation.

With this beautiful thought in mind, our parent body, FOGSI, joined hands with the Brahma Kumaris, under the able leadership

of our dynamic president, Dr Jaideep Malhotra and BK Sister Shivani, aided most earnestly by Dr Narendra Malhotra. Unlike any other conference, with a show of pomp and glory, this life changing and thought provoking TOT (training of the trainers) was organized amidst the calm, peaceful and serene atmosphere at ORC" (Om Retreat center), at Manesar.

It was a two-day planned event, on the 17th and 18th of March, at ORC Manesar, at a small registration amount of Rs. 500.

In spite of being a pilot project, it was met with an overwhelming response, and all the registrations were filled up 15–20 days in advance. A total of about 500 obstetricians from different parts of the country witnessed this life-changing event.

The day started on 17th of March, with a heart warming welcome by our dear president, Dr Jaideep Malhotra and BK Sister Shivani and BK Asha didi. This was followed by a candle lightning ceremony where the in-house delegates also participated enthusiastically along with the dignitaries on the stage.

The candle lightning was immediately followed by a discourse by President FOGSI, where along with the introduction of this novel subject of "Adbhut Matrutva", she also forced us to introspect on our behavior toward our own fraternity and fostered in us a spirit of teamwork, through her speech. This was then followed by an insight into neuroscience psychology by Dr Nikita Sobti and the basics of diet and nutrition during pregnancy by Dr Narendra Malhotra. The house was fully packed from morning till evening 5.30 pm, during the presentations by eminent speakers. The last presentation of the evening was a unique presentation on the "Legal rights of the pregnant woman and the unborn fetus" by adv Radhika Thapar. All throughout the stage was most efficiently managed by Dr Neharika.

The lunchtime was sharp at 1.30 pm where all the delegates were served home cooked Saatvik food. We were definitely awestruck with the cool and calm composure of all the management and functioning if the Brahma Kumari personnels. The campus had loads of fresh and cool air, lots of greenery and the much-needed positive vibes all around.

In the evening, there was again a beautiful discourse by much learned, BK Sister Shivani, which started sharp at 6 pm,

with the house fully packed. Her discourse started with a short meditation, and then led us silently on to a beautiful journey, where medical science was amalgamated with the spirituality to deliver a divine baby, a divine generation and thus to bring about a virtuous change in the world. It was indeed a thought provoking discourse where, the obstetricians were given the basics of the necessary steps to be followed to lead the women on this miraculous journey. The saatvik dinner was again followed by a question/answer session by BK Shivani sister from 9 to 10 pm. Surprisingly, all the spiritually starved souls refused to just give up, and the house was fully packed, even at this hour of the night. Then everybody was asked to retire peacefully for the day, with a promise to meet again, sharp at 6.30 am, the next morning.

Even before the sunrise, some of the delegates joined in for the meditation session with other in-house mates of Brahma Kumaris. It seemed that they wanted to relinquish, every single moment of their stay in this peaceful and positive environment. And then sharp at 6.30 am, the fully packed house was again led on a spiritual journey by BK Sister Shivani. Dr Jaideep Malhotra had rightly pointed out that 85% of the doctors are themselves stressed out and this workshop offered them a definite solution within a short span of one and a half days. Immediately after this all the 500 delegates posed for a photograph in a single pic, everyone dressed up beautifully in white T-shirts with the "Adbhut Matrutva" logo and most surprisingly, without any hustle and bustle.

This was followed by a curtain raiser of "Adbhut Matrutva" by Dr Jaideep Malhotra, in the form of a short video film. A dedicated app to the same effect was also launched there. All the delegates were happily surprised, when Dr Shubha Neel, one of the pioneers in this field, urged them to join in a "feel good yoga" session to the rhythm of our national song, "Vande Maatram". It definitely made everyone feel good. This was followed by an eloquent speech on mind power by Dr Mohit Gupta and stress anger management by Dr Avdeshanand Sharma.

The last of the show was the much-needed shower of blessings from the esteemed members of Brahma Kumaris.

All in all, it was indeed an eye opener, life changing event, one of its kind and definitely for the first time, where the medical science joined hands with spirituality, to create a virtuous and divine world. As such our country India has been a pioneer in the field of spirituality. And I am pretty sure that the day is not far off, when the world is going to embrace this age old concept of our garbh sanskaar in the form of "Adbhut Matrutva" in the same form, as it has been done for yoga internationally. And I am very sure that, that day all of we obstetricians would indeed be proud to be a FOGSian and to have contributed our little bit, in the creation of a divine generation and a divine world.

Om Shanti



Vastu Tips for a Prosperous Clinic

Swati Jaggi (PHD Vastu)



Doctors are very important in our lives, and we all generally need a clinic or a hospital near our home. It makes us feel safe. Sometimes, we see clinics full with patients; in fact, to manage the rush, you will see tokens system and queue up for hours; on the other hand, there are some doctors who just do not have any patients in their clinics.

Why does this happen when all are qualified? Where does this luck affects their career? Let us evaluate according to Vastu principles and guidelines for doctors and physicians to buy or rent premises for their clinics; as we know, Vastu is an age old science which lays down guidelines for both residential as well as workplace, so here are a few important tips to remember:

Clinics should be such, when patients coming there must get early recovery with the positivity.

Entrance: A clinic's main entrance should be in the north-east, east or north. This will allow patients to seek consultation without fear, stress or uncertainty. Avoid tall trees, electric poles, tall buildings, and tall structures in front of your main door.

Reception: It is ideal to construct in eastern or northern side; in short, the waiting area should be in the north-east or north to ensure patients will not feel restless or worried. Placing this area in the south-east, the fire zone, would cause sadness.

Doors and windows: Well, the doors and windows of the clinic should be in East, North or North-east direction. Door to your clinic is very important and must be clutter free.

Interior of your clinic must be soothing. Entrance can have plants for good energy and healing paintings or colorful flower paintings can be displayed in the lobby and seating area. All rooms must be clutter free and organized along with efficient staff to handle patients and files easily and happily.

The Prayer room should be in Northeast corner.

Doctor's cabin: Auspicious locations for the doctor are the south-west, south and west. Facing north-east when treating patients improves focus. Facing east is also fine.

The doctor's chair should not be black, gray or blue. These colors are regarded as disappointing and negative in Vastu and should also be avoided on the floor and in carpets.

The examination table should be placed in the north-west corner of the examination room, and the patient should be made to lie down with his or her head toward the east.

Toilets: Do not have a toilet in the center, north-east or south-west. A toilet in the north-east zone will cause

troubles and most of the time loss of reputation. A toilet in the center will cause enmity between doctor and patient, and a toilet in the south-west will badly affect wealth and fortune.

Operating theaters: They should be in the north-east.

Patients' room: If any, it should have opening toward the North-east which helps them to recover soon.

The ideal location for the **counter** at which medicine is dispensed is the south-east.

Parking area of clinic: It should be constructed in south-east or north-west direction.

Electrical equipment's, generator, and machines must be placed in the south-east direction.

The underground water tank should be in the north-east zone and the overhead tank should be in south-west, west or north-west zone.

Medical books or other books kept in the clinic must be placed in south or west direction.

Color: The right wall colors can help ensure those seeking treatment wait patiently. Recommended colors are light green, pink and blue as these have cooling and calming effects. Avoid dark yellow as they can cause tension.

Cheerful and scenic **photographs** or pictures should be hung on the walls.

To create a soothing environment, a water feature can be placed in the north-east. Clinics should avoid keeping fish in an aquarium as sometimes will hurt the growth of the clinic.

The right place for placing **drinking water** and coolers is in the north-east portion.

Placement for the storeroom: The right location to build the storeroom is in the south, west or south-west direction only.

To conclude, in olden days, doctors were treated as visible God, that is why this proverb was said by many elders: "Vaidyo Narayano Hari". If there is any health issue, you have to go to a doctor. The fame and success of a clinic is decided by the dedication of Doctors and Vastu strength of its premises.



Operative Vaginal Delivery

Lila Vyas



As obstetricians, we often encounter the following situation:

Parturient with full dilatation with head at perineum but no maternal expulsive efforts.

Some of us are patient to monitor fetal heart rate (FHR) with the hope that mother will regain the lost uterine action within the norms of duration of second stage of labour; majority are restless and go for cesarean delivery; and very few, in the present era, decide for operative vaginal delivery by forceps or ventouse as per the circumstances. Instrumental vaginal delivery is indeed a dying art in current saga of obstetrics. It is more of an academic interest due to increasing trends toward cesarean section (CS), delivering in case of any adverse events during labour.

Let us think of one important aspect, parturients who are high risk for cesarean section. Many maternal conditions, such as cerebrovascular diseases, severe-preeclampsia/eclampsia, cardiac disease, and neuromuscular disease may limit maternal participation in labour and may culminate in maternal request for assisted vaginal delivery. Presumed fetal compromise as manifested by non-reassuring FHR pattern is a common indication for assisted vaginal delivery. Hence again, the indication is often relative and dependent upon the interpretation of FHR abnormality, presence or absence of meconium and the availability of fetal scalp blood sampling.

In these situations, fetus can often be delivered more rapidly by assisted vaginal delivery than by cesarean section. However, it is essential to be sure that assistance with either forceps or vacuum is straightforward as the combination of hypoxia and trauma is potentially damaging to the fetal brain.

Going back in history, invention of forceps dates back to 16th century in Chamberlen family, but the secret was unknown until 18th century. Forceps of Chamberlens contained only a cephalic curve until Levrat introduced the pelvic curve in 1747. The feature of axis traction was added by Tarnier.

Briefly going into types of forceps, we have outlet forceps, low forceps, mid cavity and high forceps, the latter two have become obsolete now. Piper's forceps are used for after coming head of breech.

Until 1953, no worthwhile alternative to obstetric forceps was available when Malmstrom described a device whereby traction could be applied to fetal head through a form of suction cup. Cups modified by Boid where suction and traction are attached separately are simpler to use. Cups could be soft (more common) and rigid available in various sizes. We should be well versed with the contraindications of vacuum/ventouse:

- Underlying fetal bleeding disorder
- Incomplete dilatation of cervix with intact membranes
- Unengaged vertex
- Malpresentation or cephalopelvic disproportion
- Gestation <34 weeks or fetal weight <2.5 kg.

A successful vacuum assisted delivery requires correct pressure (up to 0.8 kg/cm²), correct placement of cup, correct

direction of traction and constant vigilance by operator to re-evaluate the decision at each step with access to emergent cesarean delivery. It is a norm to achieve delivery within 3 pulls and maximum of 2-3 cup detachments (pop offs) and within 20-30 minutes.

The American College of Obstetricians and Gynecologists (ACOG) does not generally support multiple attempts at vaginal delivery using different instruments, nor does the routine use of antibiotics prophylactically. Routine episiotomy during vacuum delivery is not recommended.

Selection of appropriate instrument depends on both experience and comfort of operator as well as the clinical situation.

Data have reported greater maternal injuries with forceps while vacuum delivery poses greater risks of injury to the fetus.

Recently, Jorge Odon, a car mechanic from Argentina, surprised us with his revolutionary invention of Odon device. After seeing a video describing a method to extract a loose cork from inside an empty wine bottle by inserting a plastic bag into the bottle, inflating the bag once it has enveloped the cork and then pulling out the inflated bag together with the cork. The first model of the device was created by sewing a sleeve into a glass jar to simulate the use of the device in the delivery process. Dr Margeret Chan, Director General of World Health Organization (WHO), described the device as "a low cost simplified way to deliver babies and protect mothers that promises to transfer lifesaving capacity to rural health posts which almost never have the C-section facilities and staff to perform a C-section. The main advantage of Odon device is that it could even be applied by midwife; it also mitigates the risk of inoculability from parturient to fetus, e.g. HIV and can help reduce the huge number of cesareans performed in third world countries. In 2013, the rights to produce Odon device were transferred to Becton Dickson and company, but the mass production has not yet started and multi-country trials are being planned by WHO.

ACOG has classified operative vaginal delivery into mid cavity-low and outlet depending upon leading point of skull.

The indication for operative vaginal delivery should be clearly established and documented, with informed consent, proper analgesia and above all, a skilled obstetrician is the sour requisite because the potential for maternal and fetal trauma is considerable when performed by inexperienced operations. This is an area of obstetrics fraught with risks of poor clinical outcomes and litigations.

The both go hand-in-hand, and it is not acceptable for inadequately trained staff to be unsupervised in the performance of these procedures.

Edmund Chapman had stated:

"I can, from my own experience, affirm it to be a most excellent instrument and so far from hurting or destroying, that it frequently saves the mother's life and that of the child. All I can say in praise of this noble instrument that it must necessarily fall short of what it justly demands."

Therefore, we as modern obstetricians should not ignore the value and importance of operative vaginal delivery. The need of the hour is provision of training skills which is indeed lacking.



Reduction in Cesarean Section Rates

Ruchika Garg



The incidence of cesarean section (CS) is rising day by day ranging from 30% to 50% in various centers and populations. The incidence of both primary as well as repeat cesarean has increased. Medicolegal issues, scheduling issues, economic pressures, patient's choice, increased labour induction rates and increased perception of cesarean as a safe mode of delivery are some of the contributory factors.

Among primary cesarean, nonreassuring fetal heart rate tracings, labour arrest disorders and suspected macrosomia are the main indications of CS.

Cesarean section rates higher than 10% are not associated with reductions in maternal and newborn mortality rates. Cesarean sections are effective in saving maternal and infant lives, but only when they are required for medically indicated reasons.

WHO proposes the Robson classification system as a global standard for assessing, monitoring and comparing cesarean section rates within healthcare facilities over time, and between facilities. The Robson's 10-group classification is based on simple obstetrical parameters (parity, previous CS, gestational age, onset of labour, fetal presentation and number of fetuses) and does not involve the indication for CS.

It is essential to monitor the rates of cesarean sections taking into account the specific characteristics of the populations.

Cesarean sections can cause significant and sometimes permanent complications, disability or death in settings that lack the facilities and/or capacity to properly conduct safe surgery and treat surgical complications.

The effects of cesarean section rates on other outcomes, such as maternal and perinatal morbidity, pediatric outcomes, and psychological or social well-being are still unclear.

How to reduce CS rates

Active management of labour by O'Driscoll 1973 which includes one-to-one support in labour (continual presence of a nurse during labour); routine amniotomy, the use of the intravenous drug oxytocin; strict criteria for the diagnosis and monitoring of progress in labour (by partogram); strict criteria for interpretation and management of fetal compromise and timely induction of labour, has been found to be associated with reduced primary emergency cesarean section rates.

Multifaceted strategies, based on audit and detailed feedback, are advised to improve clinical practice and effectively reduce cesarean section rates.

Research has also shown that increased consultant presence in labour wards results in a lower operative delivery rate. Senior consultant presence in maternity units will help reassure mothers and trainees that appropriate care is given at the right time.

Repeat cesarean section is the main reason for the increase in surgical births. Repeat cesarean section rate is around 90%, So, judicious decision for cesarean should be made in women who are nulliparous term singleton with vertex presentation.

The risk of uterine rupture in women who have prior cesarean sections prevents many clinicians from recommending vaginal birth after cesarean. VBAC rates have reduced so VBAC should be promoted to reduce CS rate.

Conclusion

Every effort should be made to provide cesarean sections to women in need, rather than striving to achieve a specific rate.

Labour Analgesia

Dr Ragini Agrawal



The delivery of the infant into the arms of a conscious and pain-free mother is one of the most exciting and rewarding moments in medicine. The labour pain, particularly in primiparous is said to be one of the most severe pains experienced by humans.

The multimodal approach to relieve pain during labour is available:

- Pharamaceutical

- Nonpharmaceutical.

Pharamaceutical method is mainly restricted to lumbar epidural and entonox inhalation.

Myths and prejudices

- Does epidural analgesia increase the rate of operative delivery (cesarean section)?
 - NO: The Cochrane Database Systemic trials have clearly emphasized that epidural analgesia had no statistically significant impact on the risk of cesarean section.

- Does epidural analgesia increase the risk of instrumental delivery?
 - NO: Large randomized trial involving 1,054 patients (COMET study) has shown that low dose of epidural infusion was associated with a 25% decrease in the instrumental vaginal delivery.
- Does epidural analgesia increase the incidence of abnormal positions?
 - NO: The use of low-dose analgesia has reduced the incidence of occipitoposterior and augmentation with oxytocin
- Does epidural analgesia prolong the labour
 - YES: On an average by 1 h.
- Does epidural analgesia affect respiration of fetus (baby) and mother?
 - NO: The effect of low dose epidurals on maternal and fetal respiration and well-being are negligible.
- Do mobile epidurals promote full mobility?
 - NO: Mobilize in the bed or to get into a chair only.





Health For All—Everyone Everywhere

“7th April—Celebrating World Health Day”

Dr Komal Chavan



Health is a basic human right. It is time to remind everyone that,

Take care of your body. It is the only place you have to live in!!

It is time to speak of health needs, highlight values of good health, link people who care about improving and promoting health.

WHO, the specialized agency of United Nations, established on 7th April 1948 has its headquarters in Geneva, Switzerland works globally for attainment of highest possible level of health by all people. It sets norms, standards, shapes research, provides technical support and monitor health situations and assess health trends.

7th April is celebrated as Global Health Awareness Day, the awareness day of WHO. The Day focuses on a specific health promotion topic and, on its 70th anniversary this year, it focuses on theme of Universal Health Coverage UHC (by2030). The Slogan is “Health for All: Everyone Everywhere” means ensuring that everyone everywhere can access essential quality health services without facing financial hardships.

Throughout 2018 WHO aims to inspire, motivate and guide to make commitments toward UHC by working at grassroot level, by interacting with people and communicating by face-to-face dialogue or by social media, audiovisuals, newsletters with policy makers, politicians, people representatives, various organizations at various levels to reach goals.

WHO already works to reduce morbidity and mortality and improve health during key stage of life, including pregnancy, childbirth, neonatal period, childhood, adolescence and improve sexual and reproductive health and promote active and healthy aging of all individuals.

Public awareness is explaining issues, giving knowledge to people so that they can make their own decisions. The professionals, doctors and health personnel should be made aware of public health issues, its importance and the role of each by educating them through the educational curriculum, various oral presentations, making booklets of guidelines, manuals, helping them in developing team building skills, learning making policies, implementation and changing strategies as per the local environmental situations.

Managing their own health is an integral part of professionalism for all doctors. As per the recent study

published in BMJ Postgraduate Journal 2018 which aims to study the relationship between resilience, burnout and coping strategies in doctors; mean resilience was 68.9, higher than population norms. 37% doctors had high burnout, 72% doctors had high secondary traumatic stress and 24% had low compassion satisfaction. Burnout was positively associated with low resilience, low compassion satisfaction, and high secondary traumatic stress.

The Royal Australian College of Physician (RACP) encourages physicians to recognize that both personal life and professional life will be affected by work-related stress. One should also learn about the physical and emotional characteristics of excessive stress and burnout – in oneself, and in colleagues.

RACP also advocates the 10 ways to be a healthier doctor:

- Have your own general practitioner
- Avoid taking work home
- Establish a buffer-zone (time out) between work and home
- Take control of your work hours. The following are few examples:
 - Schedule breaks
 - Take days off
 - Strike a balance between the hours of paid work and the demands of your job
 - Put holidays in your diary months ahead and tell your family
- Manage your time by making realistic schedules and not over-committing yourself (at work or at home)
- Manage your work environment. This may take time, new skills and lobbying for better work conditions
- Use your colleagues for support and maintain and work on relationships with your partner and friends
- Take time out for your own needs through such activities as relaxation, enjoying personal interests or pursuits and maybe spending time alone
- Do not feel guilty or “less of a doctor” for demanding a life balance
- Humor is therapeutic: surround yourself with fun and humor.

This means that doctors have a responsibility to monitor their own well-being and take appropriate actions to maintain their health and address any issues when they arise promptly and incorporate health maintenance as part of their professional life.

Maternal Positions during Labour and their Outcome

Dr Shraddha Agrawal



Types of positions in labour:

Gravity position (standing (upright) or moving, kneeling, squatting)

Gravity neutral position (supine, lithotomy, all four, side-lying, semi-sitting)

Different positions in labour advantages and disadvantages

Supine (lying down)

Advantages: we can monitor the patient easily for contraction and FHR and IV line and injections can be easily maintained.

Disadvantages: Compression of abdominal vessels by gravid uterus may decrease the flow to placenta and FHR variability is seen, and strength of contractions is poor.

Side lying

Advantages: Removes the pressure on abdominal vessels and helps get oxygen to the baby. Good resting position. Good for FHR monitoring.

Disadvantages: Strength of contractions is less. Descent of fetus is low.

Upright or moving position

Advantages: Gravity to encourage descent of the fetus shortens the first stage of labour. Less pain during labour. Improved alignment. Decreased pressure on abdominal vessels so decrease variability in FHR.

Squatting

Patient should keep feet wide and can also sit on a toilet seat for comfort during first stage of labour.

The position may help rotate the baby into an ideal delivery position. Squatting is very useful in second stage of labour as it reduces the oxytocin requirement.

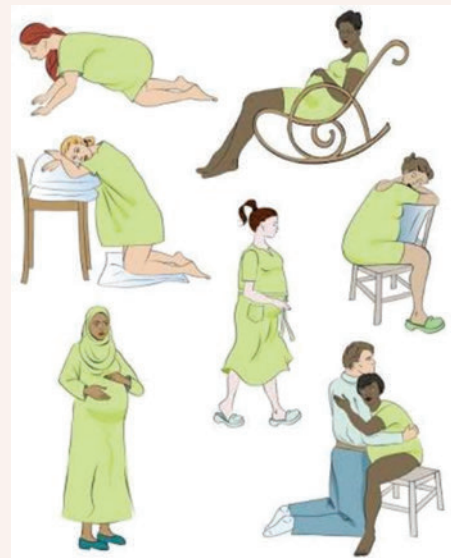
All four positions

These positions help remove the weight of fetus from women's lower back and sacrum. They may also help baby rotate to the anterior position and avoid painful labour.

Conclusion

According to Cochrane review, upright position and walking during first stage of labour reduce the length of first stage of labour and help in strong contractions which are responsible for cervical dilatation and fetal descent.

Therefore, women should be encouraged to take up whatever position they find most comfortable. After all labour is called **REBIRTH OF A WOMAN**.



Dear FOGSIans,
April is our month of Labour and Delivery, and we are really looking forward to all of you in working toward promoting vaginal deliveries. We are just back from Manesar where we attended "Adbhut Matrutva", which gave us an insight on how to keep our pregnant patients

happier to have healthier and happier future generations. It taught us to add the word "QUALITY" to our "CARE". We all should add a little bit of spirituality to our process

to change from "Doctors" to "Healers". Let's inculcate the positivity and let go of all negativity.

We will also witness our "First YUVA FOGSI" in April at Dehradun, and I take this opportunity to invite you all for this.

Let's pledge to add Quality, Ethics and Dignity in all that we do.

LONG LIVE FOGSI
OM SHANTI..!!

Neharika

Dr Neharika Malhotra Bora
Joint Secretary
FOGSI



Tarot for April 2018

Aries: Romantic phase in your life, culmination of souls, marriage attachments and emotionally satisfying month. In business, some new positive developments expected, and if wanting to expand this month, it is very favorable for Arians.

Taurus: Might not be the best time for you; you might feel dejected and overworked. Health might be a cause of concern. Elders in the family might not enjoy good health. Things are not as bad as they seem; they will improve shortly; you need to be positive.

Gemini: You need to be careful about your expenses. Balance between work and pleasure is very important; your bent of mind might be more in having fun and enjoyment; you need to focus on work as well. You will enjoy good health.

Cancer: Not a very good month for Cancerians; lots of things happening; your hands will be full and in spite of putting in your best, results will be disappointing. Travel will be fruitless; try to avoid arguments. The comforting factor is that you will enjoy good health.

Leo: You will face lots of competition this month; your colleagues might not be cooperative, and friends may not be supportive. Health might also be a cause of concern.

Virgo: Very satisfying month emotionally and financially. Happiness at domestic front and things working out well all around. If wanting to start something new, this is the right time. Stars are very favorable this month.

Libra: This month will not be very smooth, some personal and professional problems might crop up and

might cause you some stress, patience is the word for you this month keep calm and think carefully before reacting, travel on the cards for you.

Scorpion: This month will keep you on your toes; lots of things will need your attention. Children might be a cause of concern; some professional setbacks might upset your frame of mind.

Sagittarius: If you are expecting some results of exams or interviews, you will be passing the exams with flying colors. This is a good month for you, and you will get overall success and happiness.

Capricorn: You need to move ahead conventionally; do not take any drastic steps; try not to implement any new ideas this month; it is advised also not to venture any new project. Postpone any land/property deal for the moment.

Aquarius: You might be let down by someone close, so you need to exercise caution. Be careful with your words and actions this month. Expect some wasteful expenses. Health might also be a cause of concern.

Pisces: You might be walking on a double-edged sword this month; you will be surrounded by too many issues; some unexpected events might disturb you. Work will be very demanding and personal relationships might be stressful.

Rest is in God's hands, have a blessed April.

—Deepa Kochhar (Noida)
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Few Important Links

- https://en.wikipedia.org/wiki/Childbirth#Labour_induction_and_elective_Caesarean_section
- <http://www.open.edu/openlearncreate/mod/oucontent/view.php?id=268>
- <http://obgyn.azurewebsites.net/wp-content/uploads/2014/02/gabbe-normal-labor.pdf>
- https://www.um.edu.mt/__data/assets/pdf_file/0003/129558/CPG_intrapartum.pdf
- <https://emedicine.medscape.com/article/260036-overview>
- <https://www.youtube.com/watch?v=jFdXx35VR-o>
- [http://www.ajog.org/article/S0002-9378\(08\)00775-8/fulltext](http://www.ajog.org/article/S0002-9378(08)00775-8/fulltext)
- <https://www.journals.elsevier.com/women-and-birth/recent-articles>
- <https://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=16>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2991649/>
- <https://allisonmckinley88.wordpress.com/new-developments-and-technology/>

- <http://www.safeabortionwomensright.org/safe-abortion-3/safe-abortion-methods>
- <http://americanpregnancy.org/unplanned-pregnancy/medical-abortions/>
- https://en.wikipedia.org/wiki/Abortion_in_India
- <http://www.iasparliament.com/current-affairs/medical-termination-of-pregnancy-act>
- <http://www.prsindia.org/uploads/media/draft/Draft%20Medical%20Termination%20of%20Pregnancy%20Amendment%20Bill%202014.pdf>
- <http://www.jmedsoc.org/article.asp?issn=0972-4958;year=2017;volume=31;issue=1;spage=1;epage=2;aulast=Phanjoubam>
- <https://www.childtrends.org/indicators/teen-pregnancy/>
- <https://www.medindia.net/healthnews/pregnancy-labor-news.asp>



Professor Dr S Sampathkumari

FOGSI and "SHE Decides" India Launch



FOGSI joined hands with “SHE decides”, an NGO, working towards empowering women in decision making for various issues in their lives and many like minded personalities came together at Delhi Saket city select mall for an official launch of the same. It was a wonderful programme attended by thousands of men and women and supported by the ambassadors of UK, Netherland, Belgium, France and members of many NGOs and young girls from various colleges, who came together to emphasise that a women is a strong personality and can take all crucial decisions themselves. Mr Shashi Tharoor also supported the event. Thanks to Robin Gorna ,Dr Kalpana Apte and team She decides, and also teams Pratigya this movement along with FOGSI will strengthen the women of our country.

Launch of FOGSI- JPHIEGO Samarth Initiative – First Launch in Agra on 17th April, 2018

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DOSHI KAUN??