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NATIONAL CONFERENCE ON

OBSTETRIC UPDATE

28th November, 2021

Organized by FOGSI

Dr. S. Shantha Kumari
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Tresurer FIGO 2021-2023

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Vice President

Awarded 06 CME Credit Points by ICOG

Conference Highlights

- Keynote Address
- Eminent Speakers
- Expert Panel Discussions
- Virtual Exhibition

Delegates link, click here for registration

Professional Conference Organiser
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Scientific Program

Program Coordinator : Dr. Kiranmai Devineni			
TIME	**TOPIC**	**SPEAKER /PANELISTS**	**CHAIRPERSON/ MODERATORS**
09.30 – 10.15	**Moc : Dr. Hima Deepti** **Session 1: Medical Disorders in Pregnancy**		
	Predicting HDP	Dr. Pragya Mishra	Dr. P. Balamba
	Glycemic Control in GDM	Dr. Muralidhar Pai	Dr. Revathi Janaki Ram
	Micronutrients in pregnancy	Dr. Sampath Kumari	Dr. Maha Lakshmi
10.15 – 11.15	**Moc : Dr. Hima Deepti** **Session 2: High Risk Pregnancy**		
	Managing PPROM at 26 wks	Dr. Chitra T	Dr. Milind Shah
	Managing Dysfunctional Labor	Dr. Charmila Ayyavoo	Dr. Jamuna Devi G
	Heat-stable Carbetocin – a game changer?	Dr. Alok Sharma	Dr. Manjula Rao
	Bleeding at 32wks in a normally situated placenta	Dr. Komal Chavan	
	Convulsions at 36wks in the normotensive woman	Dr. Kiranmai Devineni	
11.15 – 12.00	**MoC :Dr Saumya Nanda** **Session 3 : Panel Discussion**		
	Challenges at Cesarean Section	Dr. Jaydeep Tank	
		Dr. Ruchika Garg	Dr. Girija Wagh
		Dr. Asha Jain	Dr. Rakhi Singh
		Dr. Ajay Mane	
		Dr. Suman Sinha	
		Dr. Rajendra Saraogi	
12.00 - 12.30	**MoC : Dr. Kiranmai Devineni** **Inauguration**		
	Prayer		
	Presidential Theme Video		
	Presidential Address by	Dr. S. Shantha Kumari	
	Address by Chief Guest	Dr. Nandita Palshetkar	
	Address by Chief Guest	Dr. Frank Lowen	
	Vote of thanks by	Dr. Madhuri Patel	
12.30 - 13.30	**Keynote Address** Do increased CS rates decrease maternal and perinatal morbidity and mortality?	Dr. Frank Lowen	Dr. S. Shantha Kumari Dr. Suvarna Khadilkar
	Keynote Address Managing RPL - The way forward	Dr. Mala Arora	
	Keynote Address Nine months a Window of opportunity	Dr. Nandita Palshetkar	
13.30 – 14.15	**Moc : Dr. Saumya Nanda** **Session 4: Medical Disorders in Pregnancy**		
	COVID in Pregnancy – salient features	Dr. Neerja Bhatla	Dr. Rajendra Singh Pardeshi
	Fever in Pregnancy – an approach	Dr. Ranjana Khanna	Dr. Dipak Bhagde
	Managing Jaundice in Pregnancy	Dr. M. Krishna Kumari	Dr. Mandakini Megh
14.15 – 15.15	**MoC : Dr Hari Chandana** **Session 5: Labour Ward**		
	Traumatic PPH	Dr. Aruna Suman B	Dr. Fessy Louis T
	Failed Instrumental Delivery	Dr. Hemanth Deshpande	Dr. Hepzibah Kirubamani
	Primi with Term Breech	Dr. Palaniappan	Dr. Haresh Doshi
	Meconium staining at 4cm	Dr. Priyankur Roy	
	Preventing Obstetric OASIs	Dr. Vijayalakshmi Seshadri	
15.15 – 16.00	**MoC : Dr Hari Chandana** **Session 6 : Panel Discussion**		
	Placental Disorders	Dr. Radha T	Dr. Madhuri Patel
		Dr. Alka Pandey	Dr. Parikshit Tank
		Dr. Ragini Singh	
		Dr. Seeta Ramamurthy Pal	
		Dr. Poonam Shiv Kumar	
		Dr. Pratibha Singh	
16:00 - 16:05	**Vote of Thanks by Dr. Aruna Suman / Dr. Kiranmai D**		

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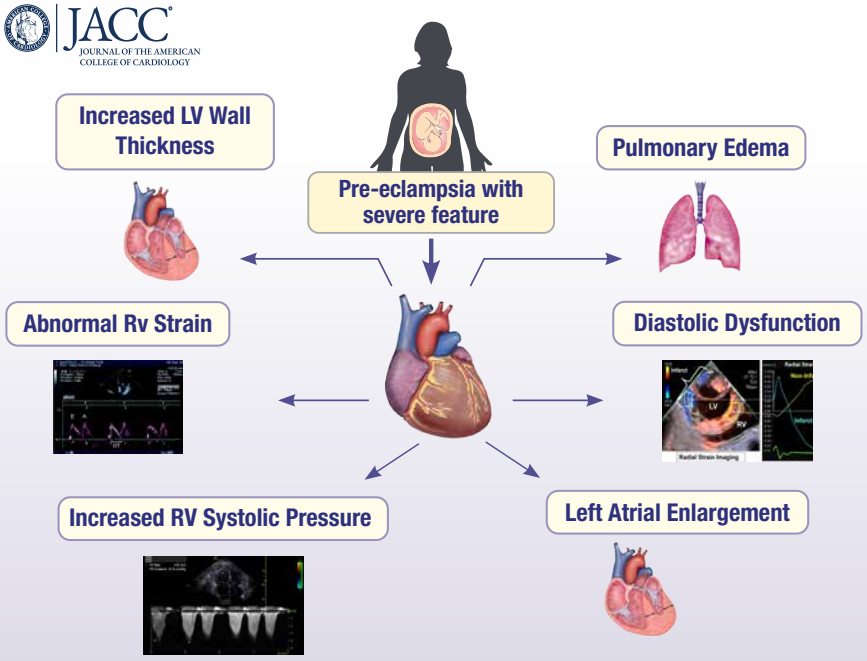
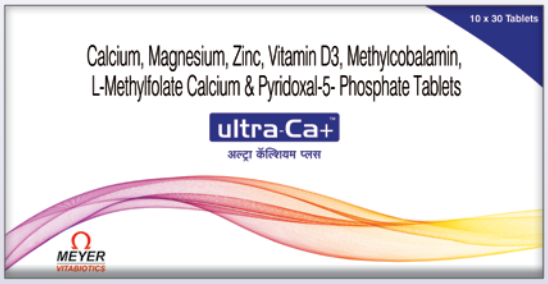


Vaught A.J. et al. J Am Coll Cardiol. 2018;72(1):1-11

American Heart Association.

"Women with a history of pre- eclampsia face an increased risk of stroke, heart disease & deep venous thrombosis in the 5 to 15 years after pregnancy"



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Pictures are for representation purpose only and not of actual patients.

LPS: Luteal phase support. **ART:** Assisted reproductive technology. † Schindler AE. Progestational effects of dydrogesterone *in vitro, in vivo* and on human endometrium. Maturitas. 2009;65 (1):S3-S11. ‡ Pubmed. Search results for Dydrogesterone on Pubmed.gov. Available from: https://www.ncbi.nlm.nih.gov/pubmed/?term=Dydrogesterone.Last accessed on 24.01.2020. *Prescribing information of Duphaston®. Version: 6.0, dated 27th June, 2018. ‖ 30 refers to dosage of Duphaston in LPS as a part of ART treatment: 30 mg per day starting at day of oocyte retrieval and continuing upto 10 weeks (as per Duphaston PI). # Data on file.

ABBREVIATED PRESCRIBING INFORMATION:
Dydrogesterone Tablets IP Duphaston®. LABEL CLAIM: Each film coated tablet contains: Dydrogesterone IP 10 mg. Excipients q.s. Colour: Titanium dioxide IP. **INDICATION:** Progesterone deficiencies: Treatment of dysmenorrhoea; Treatment of endometriosis; Treatment of secondary amenorrhoea; Treatment of irregular cycles; Treatment of dysfunctional uterine bleeding; Treatment of pre-menstrual syndrome; Treatment of threatened miscarriage; Treatment of habitual miscarriage; Treatment of infertility due to luteal insufficiency; Luteal support as part of an Assisted Reproductive Technology (ART) treatment and Hormone replacement therapy. **DOSAGE AND ADMINISTRATION:** Dysmenorrhoea: 10 or 20 mg dydrogesterone per day from day 5 to day 25 of the menstrual cycle. Endometriosis: 10 to 30 mg dydrogesterone per day from day 5 to day 25 of the cycle or continuously. Dysfunctional uterine bleeding: When treatment is started to arrest a bleeding episode, 20 or 30 mg dydrogesterone per day is to be given for up to 10 days. Secondary amenorrhoea: 10 or 20 mg dydrogesterone per day, to be given daily for 14 days during the second half of the theoretical menstrual cycle to produce an optimum secretory transformation of an endometrium that has been adequately primed with either endogenous or exogenous estrogen. Pre-menstrual syndrome: 10 mg dydrogesterone twice daily starting with the second half of the menstrual cycle until the first day of the next cycle. The starting day and the number of treatment days will depend on the individual cycle length. Irregular cycles: 10 or 20 mg dydrogesterone per day starting with the second half of the menstrual cycle until the first day of the next cycle. The starting day and the number of treatment days will depend on the individual cycle length. Threatened miscarriage: An initial dose of up to 40 mg dydrogesterone may be given followed by 20 or 30mg per day until symptoms remit. Habitual miscarriage: 10 mg dydrogesterone twice daily until the twentieth week of pregnancy. Infertility due to luteal insufficiency: 10 or 20 mg dydrogesterone daily starting with the second half of the menstrual cycle until the first day of the next cycle. Treatment should be maintained for at least three consecutive cycles. Luteal support as part of an Assisted Reproductive Technology (ART) treatment: 10 mg Dydrogesterone three times a day (30 mg daily) starting at the day of oocyte retrieval and continuing for 10 weeks if pregnancy is confirmed. Hormone replacement therapy: Continuous sequential therapy: An estrogen is dosed continuously and one tablet of 10mg dydrogesterone is added for the last 14 days of every 28-day cycle, in a sequential manner. Cyclic therapy: When an estrogen is dosed cyclically with a treatment-free interval, usually 21 days on and 7 days off. One tablet of 10 mg dydrogesterone is added for the last 12 -14 days of estrogen therapy. **CONTRAINDICATIONS:** Known hypersensitivity to the active substance or to any of the excipients. Known or suspected progestogen dependent neoplasms (e.g. meningioma). Undiagnosed vaginal bleeding. Treatment for luteal support as part of an Assisted Reproductive Technology (ART) treatment should be discontinued upon diagnosis of abortion /miscarriage. Contraindications for the use of estrogens when used in combination with dydrogesterone. **WARNINGS & PRECAUTIONS:** Before initiating dydrogesterone treatment for abnormal bleeding the etiology for the bleeding should be clarified. Breakthrough bleeding and spotting may occur during the first months of treatment. If breakthrough bleeding or spotting appears after some time on therapy, or continues after treatment has been discontinued, the reason should be investigated, which may include endometrial biopsy to exclude endometrial malignancy. If any of the following conditions are present, have occurred previously, and/or have been aggravated during pregnancy or previous hormone treatment, the patient should be closely supervised. It should be taken into account that these conditions may recur or be aggravated during treatment with dydrogesterone and ceasing the treatment should be considered: Porphyria, Depression and Abnormal liver function values caused by acute or chronic liver disease. **PREGNANCY & LACTATION:** It is estimated that more than 10 million pregnancies have been exposed to dydrogesterone. So far there were no indications of a harmful effect of dydrogesterone use during pregnancy. Dydrogesterone can be used during pregnancy if clearly indicated. Breastfeeding: No data exist on excretion of dydrogesterone in mother's milk. Experience with other progestogens indicate that progestogens and the metabolites pass to mother's milk in small quantities. Whether there is a risk to the child is not known. Therefore, dydrogesterone should not be used during the lactation period. Fertility: There is no evidence that dydrogesterone decreases fertility at therapeutic dose. **ADVERSE REACTIONS:** The most commonly reported adverse drug reactions of patients treated with dydrogesterone in clinical trials of indications without estrogen treatment are migraines/headache, nausea, menstrual disorders and breast pain/tenderness. Undesirable effects in adolescent population: Based on spontaneous reports and limited clinical trial data, the adverse reaction profile in adolescents is expected to be similar to that seen in adults. Undesirable effects that are associated with an estrogen-progestogen treatment (see also 'Warnings and Precautions' and the product information of the estrogen preparation): Breast cancer, endometrial hyperplasia, endometrial carcinoma, ovarian cancer; Venous thromboembolism; Myocardial infarction, coronary artery disease, ischemic stroke. Issued on: Date (20/11/2019). Source: Prepared based on full prescribing information (version 8) dated 20/Nov/2019. ® Registered Trademark of the Abbott Products Operations AG.

For full prescribing information, please contact: Abbott India Limited, Floor 16, Godrej BKC, Plot C-68, 'G' Block, Bandra-Kurla Complex, Near MCA Club, Bandra East, Mumbai-400 051. www.abbott.co.in

IND2170943 14 Dec 2020

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