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Newsletter

September 2018 | Issue 9



“Contraception & Adolescence”



President's Message

Dear FOGSIans
Greetings!

Greetings and Happy Krishna Janmashtami

It is said, *“It's not the arrival or the end which matters but the journey!!”*

Past nine months have been a beautiful journey filled with all colours and happiness of FOGSI and Fogsians. When I set about this year, the only aim was to be able to contribute meaningful incites to each members life as far as easing out work and destressing is concerned and a lot of programmes, summits CMEs were planned accordingly. It is impossible to reach out to every member, but believe me we are trying and no one can do it alone. It needs cumulative effort at each end. To be able to achieve something, one has to set out to achieve, and it gives satisfaction, but my biggest satisfaction will be when we all will be on the same page in our thought process towards and in our efforts towards improving the health of the women of our country.

This newsletter is a way to share my heart with my fellow FOGSIANS. Each month since January we have been focusing on a theme and trying to create impact on women's lives.

This month, we focus on Contraception and Adolescence and women Empowerment.

Both topics are focused on the fact –“She Decides”. Yes, It's the woman who has to step up and control her world and we, as doctors are there to support and encourage.

September will also witness our Yuva FOGSI on “Beyond 30” and I hope to see you all in Vijayawada.

In Mid September will be our Managing Committee Meeting (MCM), where I request all society representatives to be there and put your suggestions

forward on how to make FOGSI more Vibrant and meaningful for a general member.

Looking forward to seeing and hearing from you all.

Warm regards
Lots of Love
Om Shanti

Jaideep Malhotra

FOGSI is Praying for Kerala!!





BREASTCON 2018

4-5 Aug 2018

National Conference on Breast by FOGSI and IOGS, Indore

Breastcon is designed to provide state of the art information on the newer developments, in techniques, broadened perspective and increased demand, it is imperative to know the basics and advancements of breast diseases and their treatment options.

We as gynecologists are involved in care of women and are the first point of contact. We deal with almost all the problems related to breast, so with this in mind, was the inception of a conference on a unique theme "Breast" for the first time.

The national conference on breast issues, "Breastcon" 2018 was indeed unique in many aspects. It not only delivered the 'Best of Breast' as promised, but also the Best of Indore obgyn family. This unique conference on theme "the Breast" was the vision of our FOGSI President Dr Jaideep Malhotra and organized under the leadership of our Breast Committee Chairperson Dr Kawita Bapat. The organizing team consisted of Dr Rachna Dubey, Dr Mukta Jain, Dr Brajbala Tiwari, Dr Anupama Dave, Dr Jyoti Karande and Dr Jyoti Bunglowala.

Our FOGSI President Dr Jaideep Malhotra and Dr Kawita Bapat, chairperson conceived the idea of Art wall, to give platform to hidden talents, who were gifted with a unique combination of Art and Science. The paintings, murals, sculptures, handicrafts and rangoli's displayed by our members were, as if made by professional artists and highly appreciated. It not only boosted the zest of artists, but also motivated others to think 'beyond medicine' to make life beautiful. The Art wall gave Breastcon, a colorful and aesthetic ambience.

More than 400 delegates attended the conference from all over the country, in which no of registered delegates is 284 and Complimentary registrations were given to 157 Faculties.

The Chief Guest for the inauguration of this conference was Hon. Minister Smt. Archana Chitnis and Guest of Honor Padma Shree Smt Janak Palta.

Unveiling of books and magazine on inauguration FOGSI focus on breast diseases, IOGS and Arpan Sampran magazine and Ma ka Dudh book.

The highlights of the conference

- The awareness program for 1500 Anganwadi workers and underprivileged women of nearby villages on breast issues and various problems followed by lunch
- "A Fashion walk for Happiness" one of its kind Ramp show for charity was organized, in which our celebrity faculties walked on the ramp with gynecologist cancer survivors
- Performances by members of Sangini breast cancer care society were add-ons to the cultural night followed by dinner and it was sponsored by BREASTCON as a charity.

The conference comprised of very interactive sessions with various panel discussions, keynote addresses, debates, lectures and oration.

These panel discussions had panelists from various concerned fields like senior Radiologists, Senior Surgeons,

Pathologists, and Chemo and Radiotherapists.

The Panel discussions included some important topics like

- Minimum test maximum information
- Breast Issues
- Contraceptive – Best for Breast
- Is Prolactin problematic always?
- Use and abuse of drugs in breastfeeding
- Breast feeding –Facts Known and unknown
- Minimizing fear factor related to breast conditions.
- Breast augmentation
- Breast Imaging Modalities.

The keynotes were addressed by senior national faculties on topics such as

- Breast health and infertility
 - Genomics of Breast
 - Breast- Pediatric to Geriatric
 - Breast abscess
 - Reaching out of masses on breast screening.
- There were debates and discussions on
- Role of MRI on breast screening
 - Immediate or delayed reconstruction of breast after mastectomy
 - Conflicting evidence much controversy mammography
 - Unseen consequence of pumping breast milk
 - Support of Breast after 40
 - Hormone therapy in postmenopausal women
 - Bilateral Mastectomy
 - BRCA Testing
 - Advances in BRCA 1 and BRCA 2.

The lectures were addressed by national faculties on topics such as

- Breast Feeding
- Menopause and Breast
- Breast Scanning.

The oration was given by Dr Jaideep Malhotra, FOGSI President on disease Management beyond treatment.

There were around 35-40 papers and posters presented during the conference. There was also a session "The Champions" in which the breast cancer survivors from our fraternity also narrated their unique stories of fighting back with the disease, which moved the audiences.

Last but not the least the breast a very gynaecological organ has been brought into the folds of our society which was long overdue.

It was overall a very informative and insightful congregation.

LONG LIVE FOGSI

Thanks & Regards
Breastcon Team





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FOGSI FIGHTS... for FOGSIANS & Mothers



A PIL was filed in the Supreme Court, dairy number 24528-2018, claiming that doctors were doing/ preferring excessive caesareans for non medical reasons/commercial reasons and asking for directions/ guidelines from the Supreme Court for the same. FOGSI's advocate Adv Kapil Joshi, was present at the hearing on a pro bono basis at our request. The Judges questioned the wisdom of the PIL and opined that the judgement of Doctors who perform


caesareans cannot be dictated by a court of law. The matter was dismissed with costs.

The order reads: "Having perused the writ petition filled under article 32 of the constitution, we are of the view that the same is an attempt to abuse the process of the court. We dismiss the writ petition and impose a token cost of RS. 25,000/- (Rupees twenty five thousands only) to be deposited in the Supreme Court Bar Association and file proof of deposit within four weeks".



FOGSI continues to advocate for several legal issues which affect our members. The Writ Petition on the PC PNDT Act continuous to make its way in the Supreme Court and we have now reached a point where final arguments should commence shortly. Advocates Mr Soli Sorabjee and Mr Shyam Diwan represent us in the matter as senior counsel for updates please go to <https://www.sci.gov.in/case-status> and look up writ petition number 129 / 2017. Our interventions in the IRIA can also be tracked on the same website using the details as a Special Leave Petition (Civil) Number 11046 of 2016. Senior counsel Meenakshi Arora is representing FOGSI in this manner in this matter. We also taken up the issue of the ART Bill and Surrogacy bill, Cesarean rates issue and the MTP Act at the highest level of the Government.



We would like to submit here that oxytocin is a life saving drug for our mothers, and any impediment in its free and easy availability for HUMAN use is likely to result in a significant rise in the loss of women's lives due to postpartum hemorrhage (PPH) and failure to augment labor when needed.

We request that this issue be taken into consideration before issuing an order which may be detrimental to reproductive health in this country.

With regards and on behalf of Team FOGSI,
 Jaideep Malhotra President FOGSI
 Jaydeep Tank Secretary General FOGSI
 Madhuri Patel Deputy Secretary FOGSI



Freedom from Unsafe Abortion and Unintended Pregnancy

Dr Archana Verma, Dr (Ms.) Sharad Singh



Freedom is never voluntarily given by the oppressor; it must be demanded by the oppressed.

—Martin Luther King Jr

We have celebrated 72nd Independence day on 15th August 2018. However, women in India yet to get freedom from unsafe abortion and unintended pregnancy. Both unintended

pregnancy and unsafe abortions are preventable. By preventing these, majority of maternal morbidity and mortality could be prevented. We have to think about the reason behind unintended pregnancy and unsafe abortion and also the solution for the same. The root cause of women seeking an abortion is the persistence of unintended pregnancies, which in turn reflects the failure of opting family planning method by couple. Universal access and desired choice of family planning methods available at the right time and with quality are the key to prevent unintended pregnancy. It is very important to understand that how we can prevent unintended pregnancy and how to get safe abortion services in case of need.

India was the first country in the world to establish a government family planning program way back in 1952. The free or low-cost services offered through the Family Planning Program help reduce unintended pregnancies, allow people to determine the number and spacing of their children, and improve birth outcomes and overall health. Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through use of contraceptive methods and the treatment of infertility.

Raising a family is a responsibility greater than any other. It is of utmost importance for every couple to be aware of their reproductive health rights and have access to quality family planning services and methods. The freedom to decide how many children to have and when to have them should lie solely with the concerned couple and needs to be made collectively by them. The Government of India's National Family Planning Programme, through www.humdo.nhp aims to provide eligible couples with information and guidance on family planning methods and services available, to ensure individuals and couples lead a healthy, happy and prosperous life.

Here you get all the right information, which have been crafted under the guidance of experts and professionals to give you a clear picture of reproductive health and family planning.

The Need for Family Planning:

- Family planning helps couples make informed choices about their sexual and reproductive health and promotes responsible parenthood
- Family planning information and services helps couples plan for their families and ensure healthy spacing between children
- By exposing a woman to fewer pregnancies in her lifetime, family planning reduces her lifetime risk of illness and death associated with pregnancy and childbirth
- Moreover, family planning prevents unwanted, mistimed or high-risk pregnancies, many of which pose a threat to the woman's life and health, thus ensuring a healthy mother and child.

India has strengthened its family planning programme and enhanced the basket of contraceptive choices in the public health system, to meet the changing needs of people. With the theme "Jodi Jimmedar Jo Plan Kare Pariwar" Government of India has added two new methods Injectable contraceptive/DMPA and a non-hormonal weekly Centchroman pill, Chhaya. Now couple can choose a method as per their need from the following-



1. **Injectable contraceptive (DMPA)** - hormonal contraceptive method for women that prevents pregnancy for three months.
2. **Chhaya** - non-hormonal, non-steroidal, once a week contraceptive pill.



3. **Combined Oral Contraceptives (COCs)**-A pill is to be taken everyday
4. **Intra Uterine Copper Device (IUCD)** - small device made of plastic and copper that is inserted into the uterus (womb). IUCD is an effective method to prevent unwanted pregnancies. There are two types of IUCDs:
 - IUCD 375 which is an inverted U-shaped device which provides protection for 5 years
 - IUCD 380-A which is a T-shaped device which provides protection for 10 years.
 There are three options to start IUCD:
 - **Post-Partum IUCD (PPIUCD)** is the most convenient method and it can be inserted immediately i.e. within 48 hours after giving birth.
 - **Interval IUCD** which can be inserted in the uterus at any time of menstrual cycle (after ruling out pregnancy) or it can be also be inserted after 6 weeks of giving birth.
 - **Post Abortion IUCD (PAIUCD)** which can be inserted after an abortion.
5. **Hormonal IUS/IUD-** Hormonal Intrauterine System (HIUS) consists of a Plastic frame with a reservoir containing drug Levonorgestrel that is placed in the uterus to prevent pregnancy. IUS is a reversible contraceptive device which provides protection for 5 years & has high success rate and several non-contraceptive benefits too.
6. **Condoms** - simple and an extremely effective method of contraception for men of any age, if used correctly and consistently. It provides dual protection from unwanted pregnancy and Sexually Transmitted Infections (STI). No other method give protection from Sexually Transmissible Infections (STIs). The best way to lessen the risk of STIs is to use barrier methods such as condoms. Like condom for male there is condom for female as well which are available in market and empowers the women for dual protection.
7. **Female sterilization-** permanent procedure to prevent pregnancy. It works by blocking the fallopian tubes (tubes connecting ovaries to uterus). Sterilization is a viable option for women who decide not to have any more children. In case of need, fallopian tube can be unblocked as well through a very simple day care procedure.

There are two options for woman if she decides for sterilization:

- **Interval Sterilisation** which can be done any time after ruling out pregnancy and at any time after 6 weeks of giving birth.
 - **Post-partum sterilization** which can be done within 7 days after giving birth.
8. **Male Sterilisation-** permanent method of contraception for men.

There are two methods of male sterilization:

- **Conventional Vasectomy** which requires an incision.

- **Non-Scalpel Vasectomy (NSV)** which does not require an incision and is a simple, safe, sound, short, stitch less and scalpel less procedure. It takes only 5-15 mins to perform and the beneficiary can walk out within 10 minutes after the operation. It does not interfere with manual labour of any kind nor does it affect a person's sex drive.
9. **Emergency contraceptive pills**, also known as 'ECPs' or 'morning after pills', are birth control measures for women that may be used in the event of unprotected sexual intercourse to prevent pregnancy. These pills are available with healthcare providers and at public healthcare facilities. It can be taken within 72 hours of the unanticipated and/or unprotected sex. It does not cause an abortion if pregnancy has already taken place.
 10. Recently in India, **Implants** also registered for use in private facilities.

Above information show very clearly that in India couple has a variety of options to opt to space or limit their family and avoid any unintended pregnancy. For more information, couple can contact any public and private health facility or ASHA/ANM of their area. There is one helpline number 1800116555 managed by government where more information can be obtained.

There are chances when woman need to seek services for abortion. It is very important to understand that Abortion is legal in India. India was among the first 15 countries to legalize abortion through MTP Act. Woman land up in to unsafe abortions if she is not aware of the liberal abortion law in India. Abortion services are available at both public and private facilities. In India only qualified providers (MBBS with training in MTP and OBGYN) can provide the services, hence it is advisable to seek services from registered centres to avoid unsafe abortion. Abortion is legal till 20 weeks of pregnancy. It is always better to decide timely as first trimester abortions are more safe. Other than surgical abortion, medical abortion drugs also available which can be prescribed by qualified provider till 9 weeks of pregnancy. It is also important to understand that medical abortion drugs are not over the counter drug it is a prescription drug.

Safe abortion services are available from most of the Community Health Centres, all Civil/District hospitals, all medical colleges, registered private hospitals and registered nursing home. Public facility provides free of cost abortion services and offer both medical and surgical methods.

Freedom to take decision is right of couple, they have to choose appropriate method of contraception to avoid unintended pregnancy. Couple or family should always approach to right place for family planning services or for abortion services.

"We must be free not because we claim freedom, but because we practice it."

-William Faulkner

How to Write a Scientific Paper?

Dr Kanan Yelikar



Introduction

Writing a scientific paper needs a good scientific base, original work and a potential to make an impact in improvising the present clinical practice. A good quality article includes a draft which has relevance and a sound foundation of science integrated

with a good statistical analysis. Let us see the tips of writing a good clinical scientific article.

The topic should be of vital importance and should be presented with the highest possible standards. The title should be short, catchy and should tell readers what your work adds. This is important as the title attracts readers.

The *abstract* is the most widely read section of the paper. It gives the idea about the content of the study. The aims of the study, methods, results and conclusion are the main components of abstract. The keywords will help an easy and wide search of the topic and will enable better and quick visibility of your article on the net.

The *introduction* should be brief and must state clearly the question you tried to answer in the study. It is necessary to review the recent literature briefly, to justify your proposed study try to explain what gaps in knowledge you will fill with your study

Aims and Objectives will describe the intentions of your study. Objectives will focus on the target of your research question. This is an important aspect of your study as you will need it at the time of the conclusion, reflecting whether your aims are accomplished or not.

Materials and Methods represent the experimental design and to provide enough detail that a competent worker can repeat the study without much hassels in undertaking the study. It should be detailed, well designed, equipped with a flow chart and precise analytical issues. Not to forget the ethical aspects, details of randomisation, inclusion and exclusion criteria. Adequate description of methods of assessment and follow up is needed. In case of questionnaires, data collection and transcriptions should be checked.

Results are the most difficult to comprehend. Results are usually in the form of tables and figures. This section answers “what was found?”. You should keep the results brief, uncluttered and relevant. The intention is to represent the forest looking at the tree. The results should be well

organised with the analytical relevance of the observation pertaining to your study. You need to start chronologically and continue logically. To summarise, the text will tell the story, the tables will show the evidence, the figures will show the highlights and the statistics will support your statements. Keep it straightforward with the readers in mind.

The *Discussion* is the most difficult to write. It involves complex cortical processes which corelates the findings of the study with the impact it has made on the present day knowledge. You can make use of previous studies which support you in this process. You can also take note of the previous literature which does not agree with your findings. You can explain why the results cannot be exactly replicated, why the discrepancies are there and what difficulties you faced. You can criticise the previous work, but it should be impartial, appropriate and see that you remain objective and scrupulously fair. Do not forget to mention the implications of this research. whether it is a major breakthrough or a small contribution. It is still important to state how your understanding has increased as a result of your work. A word about the limitation of the study, if any, or any further research should find a place in this section.

Conclusion should be a short paragraph which mentions the “take home” message of the study. It also tells about the scientific implication of the study and its impact on the present understanding of the subject.

You should *acknowledge* any funding body, any person who helped you in the study at the end of your publication. Loss of conflict of interest and mention of no commercial links to the study is also desirable in this paragraph.

References are the foundation stones on which the wall of your paper is built. They provide the scientific background on which your research is built and they help to justify it. A literature search and relevant references are the backbone of any study. managing references can be done by a reference manager software. Reference formats should be well followed. i.e., Vancouver and Harvard. The Vancouver is preferred for scientific papers. The reference list is at the end of each paper. It takes care and organisation to complete the reference list. Failure to present a relevant, recent and up selective references may give a sloppy appearance to your paper.

Conclusion

Cultivate the habit of integrating honesty, skill and hardwork in any research. It pays you well. ALL THE BEST!!



FOGSI Journal FOGSI Asset

Dr Suvarna Khadilkar, Dr Madhava Prasad



The journey of FOGSI and JOGI are closely intertwined. While FOGSI formally came into existence in January 1950, JOGI followed suit and the first edition was in September 1950.

Historically, JOGI was established by a generous grant by the Bombay Obstetrics and Gynaecological Society. It could be a matter of historical pride that JOGI was established even prior to the famous "Green Journal" - Obstetrics and Gynaecology- started in the year

1953. In an Indian context, it even slightly pre-dated the Journal of Association of Physicians of India. This is thanks to the visionary nature of our predecessors, who strongly believed that a medical professional organisation should have sound scientific credentials.

I salute the vision of Dr J Jhirad and Dr Gool N Vazifdar who were founder president and founder secretary and manager. Thereafter many stalwarts took the journal ahead in their own special ways to reach the current stature.

Publication of good quality scientific papers is the backbone of medical advancement. What appears in textbooks later first appears in a journal. What becomes a guideline later by large groups of medical commentators should first pass the test of a competent review team of a journal. JOGI has always been progressive. In sync with the changing times, JOGI has moved on to being available online.

Currently we circulate this journal to our over 35000 members of FOGSI but our approximate readership is more than two lacks.

We have our international edition, and online version, so our work is visible and being cited globally.

In sync with environmental concerns, it is hoped that more and more readers choose the electronic option rather than the print option.

While JOGI is already indexed with many indexing services, like Pubmed central Scimago medind etc, the holy grail of being indexed by MEDLINE is in close sight.

As medical science moves forward, JOGI has kept up with the times and a section of "systematic review/meta analyses" has now been introduced in the journal. A section of "invited debate" has also been introduced, mindful of the fact that there are many grey areas which can benefit by deliberations.

Just like FOGSI, JOGI is a family. A focussed editorial board member team who go through the tedious task of meticulous review of the articles, before a decision is taken. Sixteen national corresponding editors striving hard to ensure that articles are reviewed on time. International advisory committee members who provide valuable

inputs. Hundreds of peer reviewers continuously contributing their energies and devoting their time to help an article move through its journey swiftly. Thousands of authors working overtime for the cause of scientific upliftment.

Publications are not only for the "academics", or those who teach in medical school. It is reinforced here that every practitioner, be it individual or institutional, in the private sector or public sector, should take efforts to get published. Herein lies the belief that the experience of each individual practitioner is unique, important and impactful. Who knows? What you have come across, when published, may be the turning point for a new clinical breakthrough, which has the potential to improve the quality of health of scores of women world over!

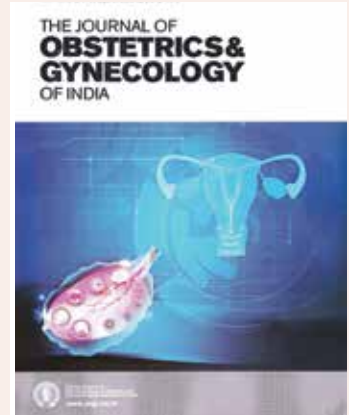
The overall quality of any journal is nothing but the sum effect of each and every article published in it. Over the years our citation index has improved significantly. While the entire editorial team is striving hard to improve the output of the journal, they are only mere facilitators in publication. True improvement can occur when the quality of submission itself increases manifold. This is an open call to each one of you to conduct the best quality research and submit the same to our journal.

The recent editorials in this year have focussed on how to prepare a scientific paper, and have general guidelines on how to improve quality in writing and submission of papers.

FOGSI is primarily a scientific and academic body, then a medical organisation and then an organisation representing Obstetricians/ Gynaecologists. Hence, one of the most important role of FOGSI is to inculcate a scientific temperament. The flagship PICSEP (Program for Inculcating Culture of Scientific Enquiry and Pursuit) is an endeavour in this matter. Over past 13 years more than 100 workshops have been organized across the length and breadth of the country and journal is certainly witnessing better quality of papers over the years.

And one of its mission is to encourage dissemination of knowledge and education as well as research in the field of Obstetrics and Gynecology in India. In this respect, JOGI has been the prime asset of FOGSI.

Long Live FOGSI, Long Live JOGI!



FOGSI Appreciates!!



Dr Parikshit Tank



Mr Sunil Gulati



Mr Ravi Agrawal



FOGSI Social Security Scheme True Fellowship and Fraternity in Distress

When tragedy strikes families can be lost and distressed particularly in a situation where the support or protection of organized social security is lacking as in our country. This is even more acute with professionals who have to look out for themselves.

The FOGSI SSS is a fellowship scheme that in the true sense engenders a spirit of fraternity and togetherness among our members by encouraging their participation in a common cause and creating a reliable financial and emotional safety net for their loved ones in case of tragedy.

The FOGSI SSS is the only national scheme for our specialty, specially formulated for the mutual benefit of the large family of FOGSI members. Financial support and solace in their time of need is available at a very short notice. It is your support to your colleague's family !!

FOGSI Indemnity Insurance Existing for your Protection by Safety in Numbers

There is no doubt that of all the medical specialties, our branch of obstetrics, gynecology, infertility management and gynecological endoscopy is considered to be at the highest medico-legal risk, with anything less than an optimal outcome being considered unacceptable by our patients and their families.

It was to address specific concerns brought on by the currently charged medico-legal climate we now have to cope with as medical specialist professionals, that FOGSI devised and launched this tailor made scheme, which was made possible by negotiating with insurance companies as a national professional organization to protect member interests.

This policy offers coverage to all participating FOGSI members as well as the medical establishments owned by members. It can also club the *standard policy* with an *errors and omission policy* for medical establishments. An important feature is the in built coverage of unqualified staff. Recently we have increased the cover till around Rs.3 Crores.

For further details

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“She Decides” – The power lies with YOU !

-Ritu Hinduja



Empowerment is important for every human being regardless of gender. We all deserve to live a life that we choose, and according to the terms that are right for us. Historically however, many women have grown up in environments where they are taught to be demure and compliant at the cost of their own happiness.

Unfortunately, these behaviours are counterproductive to empowerment and have ultimately led to 1) women behaving in a self-sacrificing un-empowered manner and 2) being consciously and unconsciously treated in an inferior manner by some of their male counterparts.

First, gender equality is a moral imperative it's simply the 'right thing to do'. Gender bias is still deeply embedded in cultures, economies, political and social institutions around the world. Women and girls face unacceptable levels of discrimination and abuse, which is not only wrong, but also prevents them from playing a full part in the society and decision-making.

In Hindu mythology “Shakti” is a dynamic energy capable of change, creation and destruction and this dynamic energy is symbolized as a female and rightly so because we women may not realize it, but we hold the power to bring about change. We as mothers and nurturers hold immense power to mold our next generation to be what we want it to be. The onus of a better society for our daughters lies on “US” as women.

The first time that you cradle your baby girls the first time you caress her the first time you meet her eyes make a promise to her and pledge to yourself that – “She Decides”, that come what may, come whatever cultural pressures or gender defining situations, you will give your daughter the power to decide for herself that it will be SHE who will decide. It will be SHE who decides who she wants to get married to and when, when she wants to get pregnant and plan a family. And she will not be burdened by the norms of the society if she decides to get separated from her partner. That she will not be shamed into being a stay at home mom and let go of her career dreams just because she has fulfilled her desire of being a mother.

We need our daughters, nieces to find a purpose and have a belief, so that they can play a significant role in the society! Because we need to remember that women around the world are not the edge of reason, they are the reason itself,” says

Francesca Thorne, CEO and Founder of Australian Women's Network.

The onus of a better society for the next gen women does not only lie with the mothers of daughters but greater so with mothers of sons. They need to take it upon themselves to bring up their sons to respect women and to see them as equals. Men raised by mothers who worked for at least a year around the time their sons were teenagers are more likely to marry women who work. “Men who were raised by employed moms are significantly more egalitarian in their gender attitudes,” said Kathleen McGinn, a professor at Harvard Business School.

In the Era where we have women achievers in every walk of life from being a sports woman like PV Sindhu and Sakshi Malik to being a CEO of a multinational company like Indra Nooyi, we still need laws and policies to help enable and empower our daughters. Is it not a shame that we still feel the need for articles such as this and slogans such as “Beti Bachao, Beti Padhao”. Why do we still need to be coaxed about taking care of our women and why do we need constant reminders. Do we really think that ours Is the society where women are empowered? Even after all the education, there are decisions being taken every day in every household that affect the lives of many women. And it is a fact that there can be no equality for women until they gain control over their own lives and take decisions regarding their lives on their own.

United Nations (2001) defines women empowerment as the process by which women take control and ownership of their own lives by expansion of their choices.

When women are able to meaningfully participate in society their needs and rights will be heard and enforced. This means women's safety and well-being will improve and their ability to be in control of, and further, their lives will increase. This will have a “flow on effect” on their children – as their well-being is always intrinsically connected to the well-being of their mothers.

Giving women the opportunity and freedom for choice means they are empowered to sit in the driver's seat of their life and navigate it any way they wish. It means women can choose to fully participate in the workforce, be promoted as equals to their male counterparts, and have the opportunity to earn the same as men. When this happens; the economy flourishes, businesses grow, and most importantly, women have the opportunity to make their professional and financial dreams a reality.

So here is my task to you: find a platform to uplift and support a woman in your life or community. It could be as simple as passing on the you-can-do-anything message to your daughter or young woman in your life; finding an organization that supports women in your community in improving their lives and their children's lives; or writing a kind note to your next door neighbour who always lends a helping hand.

We are all in this together! Through supporting each other and our community, we can help all women find their financial voice.

As Marry Wollstonecraft has rightly quoted “I do not wish women to have power over men; but power over themselves”.



Young Un-married Girls with Unprotected Intercourse, Choice of Contraception

Dr Sandhya



This is an important opportunity for intervention to this risk taking behavior. The establishment of a doctor-patient relationship in which pt feels that her concerns will be treated with sympathy and in confidence.

A history should be taken including details regarding previous contraceptive history, previous pregnancies and the last menstrual period.

If there is a possibility of pregnancy conceived at an earlier date this must be excluded before Emergency contraception can be considered.

The options for emergency contraception include either a Hormonal method or the insertion of an IUCD.

Yuzpe Regime – orally 100 microgram of Ethanol estradiol + 0.5 milligram LNG twice, 12hrs apart. The mode of action is uncertain, but it may prevent ovulation and or prevent implantation.

Failure rate – up to 7%

Side effects–

1. Nausea – 50%
2. Vomiting – 20%
3. Breast tenderness, menorrhagia & headache.

Absolute Contraindications – H/O Thrombosis or Focal migraine.

Mifepristone (RU-486) -600mg within 72hours with good success rate and lower incidence of side effect.

IUCD– Which can be inserted up to 5days after intercourse and has a advantage of catering for future contraception needs.

This method is more effective than the hormonal one, with a failure rate of less then 1%, but it is unsuitable for nulliparous women.

Barrier Contraception– helps to protect against sexually transmitted infections but with higher failure rate.

Take home message

After prescribing an emergency contraception the girl should be warned to return if her periods is late or heavy or if she experiences abdominal pain.



**Humour
of the
Month**



Tarot for September 2018

Aries: Try not to be very adventurous this month. Be conventional, take guidance at every step work wise, and listen to your seniors. Look after your health.

Taurus: Try to relax a bit, some decision of the past might not turn out in your favour and might bother you a lot, remember life does not have a rewind button, move ahead positively.

Gemini: You will be overworked and over burdened this month, expect stiff competition at work. Domestic front might also be stressful.

Cancer: If in relationship it might culminate in to a deeper relationship, marriage on cards. If looking for a job change its likely to happen now.

Leo: Things not going as expected, try not to just plan but put them to action also, you have to think positive and work hard towards your goals.

Virgo: Changes expected in your life, change of attitude, your attention might shift totally, things you longed for might just not interest you anymore.

Libra: Travel on the cards, keep your suitcases packed because this month you are going to go places. You might feel overburdened and pressurised.

Scorpio: Too many things on your mind, try to sort out your thought first and prioritise things. Too much happening in all spheres of life. Take care of your health.

Sagittarius: Try not to trust people too much, be cautious some colleague might take the credit of your hard work. Be careful of what you say to people around you.

Capricorn: Hard work not yielding results, expected results not coming, work very demanding and things going wrong at the domestic front also. Take care of your health.

Aquarius: Some celebrations and happy times this month, promotion on the cards. Friends will be helpful and you will be the centre of attraction. Good health and increase in finances.

Pisces: Bosses or seniors might be tough on you, some work related issues might bother you, excessive expenses might be a cause of concern, take care of yourself and try to exercise patience.

Rest is in the hands of God, have a blessed September.

—Deepa Kochhar (Noida)

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Few Important Links

- <https://en.wikipedia.org/wiki/Adolescence>
- http://www.who.int/maternal_child_adolescent/topics/adolescence/development/en/
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1927199/>
- <http://pediatrics.aappublications.org/content/64/3/374>
- <https://edufocus.blogspot.com/2012/03/needs-and-problems-of-adolescence.html>
- <https://www.uptodate.com/contents/treatment-of-polycystic-ovary-syndrome-in-adolescents>
- <https://www.acog.org/Patients/FAQs/Polycystic-Ovary-Syndrome-PCOS>
- <https://www.aafp.org/afp/2003/0401/p1619.html>
- <https://www.uptodate.com/contents/abnormal-uterine-bleeding-in-adolescents-management>
- [https://www.jogc.com/article/S1701-2163\(16\)34596-0/pdf](https://www.jogc.com/article/S1701-2163(16)34596-0/pdf)
- <http://www.ijrcog.org/index.php/ijrcog/article/viewFile/3077/2612>
- <http://www.nfid.org/publications/cta/adolescent-protecting-cta.pdf>

- <http://www.nhm.gov.in/nrhmcopponents/reproductive-child-health/adolescent-health/mhs/311-schemes.html>
- <https://www.uptodate.com/contents/contraception-issues-specific-to-adolescents>
- <http://apps.who.int/iris/bitstream/handle/10665/252536/WHO-RHR-16.72-eng.pdf;jsessionid=112A9C5AA442B9D38FD8A7A8A1E4A34E?sequence=1>
- <http://www.familyplanning.org.nz/advice/contraception/contraception-methods>
- <http://www.who.int/news-room/fact-sheets/detail/emergency-contraception>
- <https://www.bmj.com/content/346/bmj.f341>
- <https://www.ncbi.nlm.nih.gov/books/NBK279148/>
- <https://www.journals.elsevier.com/contraception/recent-articles>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC548185/>



Professor Dr S Sampathkumari



Dear FOGSIans,
Dear Readers,
Greeting from Agra...!!

We are starting a new month with a new theme on "Contraception" In this newsletter and we also look forward to our next Yuva FOGSI In this month.

We send our prayers to Kerala who have suffered great loss and

destruction In August floods.

Just a small quote for you all –

"We all die. The Goal isn't to live forever.

The Goal is to create something that will."

So take a deep breath and think what you do you want to be remembered for?

With love always

Dr Neharika Malhotra Bora

Joint Secretary

FOGSI

BACTERIAL VAGINOSIS: PREDISPOSING FACTOR FOR VULVOVAGINAL CANDIDIASIS

Dr.A.A.Faruqui, Clinical Pharmacologist, Mumbai-400050

INTRODUCTION

Vaginal infections are an extremely common reason for women to seek care from a clinician. The 3 most common etiologies for vaginitis are bacterial vaginosis (BV), vulvovaginal candidiasis (VVC), and trichomoniasis; objective diagnostic criteria exist for each of these.¹

BV is characterized by the presence of a complex polymicrobial bacterial community including high concentrations of anaerobic bacteria which may play a more important role in mediating the risk of Vaginal Candidiasis (VC) than does Lactobacillus.²

VVC usually is caused by *C. albicans* but can occasionally be caused by other *Candida* sp. or yeasts. Typical symptoms of VVC include pruritus, vaginal soreness, dyspareunia, external dysuria, and abnormal vaginal discharge. None of these symptoms is specific for VVC.³

VVC is considered the second most common cause of vaginitis after bacterial vaginosis.⁴

A high incidence of symptomatic and asymptomatic vulvovaginal yeast infection has been found in patients with bacterial vaginosis. Decrease in the number of lactobacilli count gives rise to secondary growth of yeasts in the vagina and thus bacterial vaginosis becomes a predisposing factor for developing fungal infections.

Lactobacillus bacteria pump out lactic acid, which keeps the vaginal

environment at a low, acidic pH that kills or discourages other bacteria, yeast, and viruses from thriving.

COMPLICATIONS OF BV with VVC

Apparently there is a considerable overlap of symptoms and physical findings in females with complain of mixed infection.

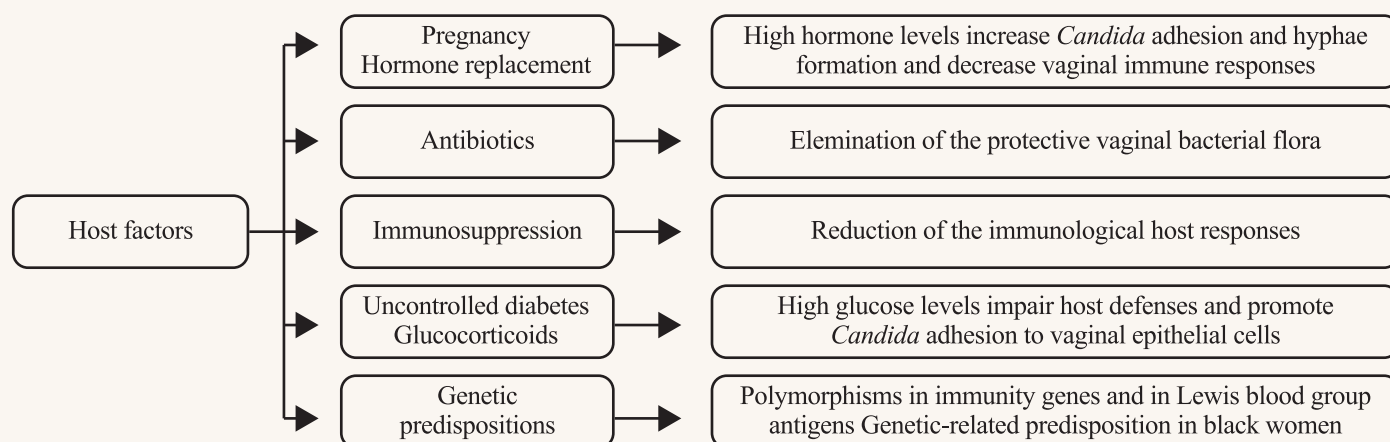
Because of lack of specificity of signs and symptoms of vaginitis, the implications of high rate of *candida* superinfection are that before therapy is given to a patient with history of BV or recurrent BV, each new episode should be evaluated and treated on its own merits.

RISK FACTORS FOR VVC

Predisposing Risk Factors⁵

- Pregnancy
- *Antibiotic use*
- Corticosteroid use
- Immunocompromised
- Diabetes
- HIV infection

A common side effect of treatment with either metronidazole or clindamycin is VVC.^{2,6,7}



Behavioral risk factors for vulvovaginal candidiasis and respective effects⁴

INCIDENCE OF CO-EXISTENCE OF BV WITH VVC

Although exact prevalence of these infections is unknown because none is a reportable infection, estimates can be derived from studies published in the literature. There is little known about the prevalence of mixed vaginal infections, particularly BV and VVC.

Study conducted by Rivers et al. in 338 individuals found that, 72.5% participants had BV. Among women diagnosed with BV, 33.1% (81 of 245) were colonized with yeast. The mean pH among women with BV and yeast colonization was 5.5 (IR, 2.6; 23.7%, 80 of 338), which was the same observed for women with BV and VVC.¹

Redondo-Lopez et al. proposed that concurrent infection of BV and VVC can confound diagnosis and treatment, and thus, should be addressed. In a small group of women with recurrent BV they had followed up, at least one vaginal culture taken as part of their diagnostic work-up was positive for yeast in 74% of patients.⁸

DISCUSSION

Mixed vaginitis is due to the simultaneous presence of at least two vaginal pathogens, both contributing to an abnormal vaginal milieu and, hence, symptoms and signs of vaginitis.⁶

In mixed vaginitis, both pathogens require specific therapy for complete eradication of concurrent manifestations. Approximately 20%–30% of women with bacterial vaginosis (BV) are co-infected with *Candida* species.⁹

Women with recurrent BV are at high risk of acquiring *candida* superinfection, both in the form of asymptomatic or symptomatic episodes.⁸

The complaint of pruritus in a patient with BV should alert practitioners to the high likelihood of coexistent vaginal *Candida* infection. Similarly, in women diagnosed with BV, a thick, curdy, or

ANTIMICROBIAL SPECTRUM OF PROBIOTICS ¹⁰

Strain	<i>Candida krusei</i> (48 h)		<i>Candida albicans</i> (48 h)		<i>Candida glabrata</i> (48 h)		<i>Escherichia coli</i> (48 h)		<i>Gardnerella vaginalis</i> (72 h)	
	Cd 25	Cd 26	Cd 30	Cd 31	Cd 33	Cd 34	Ec 5	Ec 6	Ga 1	Ga 3
<i>L. crispatus</i>	+	-	+ /+++	+	+	+	-	-/+	+++	+++
<i>L. rhamnosus</i>	+++	+++	+++	+++	++	+	-/+	-/+	+++	+++
<i>L. jensenii</i>	+ /+++	-/+	++	+ /+++	+	+	-	+	+++	+++
<i>L. gasseri</i>	+++	+++	+++	+ /+++	+	-	-	-/+	+++	+++

1+++ = pronounced inhibition of the pathogen (no colonies growing in-between the test lines); ++ = inhibition (only small single colonies visible in-between the test lines); + = weak inhibition (grown colonies are smaller compared to the growth control); - = no inhibition.

clumpy discharge, as well as the presence of vulvovestibular signs of inflammation and vaginal soreness, should suggest a mixed infection.¹⁰

Loss of lactobacilli, that is, BV, is a risk factor for yeast colonization.¹

Use of probiotics can help in keeping a healthy vaginal environment. *L. crispatus* has been emerging lactobacilli due to its excellent property of maintaining the vaginal pH by pumping out lactic acid and also keeps the vagina inhospitable to other bugs. It also fortifies a woman's vaginal mucus to trap and keep at bay other pathogens.

The fungistatic and fungicidal effect studied among 4 different strains of lactobacilli revealed that *L. crispatus* has the broadest spectrum of antifungal activity against *C. albicans*, *C. glabrata* etc.¹¹

Optimal therapeutic results usually require concomitant treatment of both vulvo-vaginitis and bacterial vaginosis. Specific treatment combination of probiotic along with anti-fungal can be helpful in restoring the vaginal microflora and reduce the risk of disease progression.

CONCLUSION

Mixed infections with BV and VVC are not uncommon and a significant number of women with BV also have yeast residing in the vaginal ecosystem, which can either lead to failure of symptom resolution from therapy targeted at one infection or development of VVC from exposure to antibiotics.

Failure to appreciate the frequency of *candida* superinfection leads to empirical and inappropriate therapy for bacterial vaginosis. Establishment of a healthy vaginal microbiota using probiotic Lactobacillus strains might be a supportive and preventive measure against vulvovaginal candidiasis.

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L. crispatus **L. rhamnosus** **L. gasseri** **L. jensenii**