



# CONNECT

The Newsletter ♦ Issue 2, May 2021

**IMAGINE  
BELIEVE  
ACHIEVE!**

**NEWER THOUGHTS IN MANAGING  
RECURRENT IMPLANTATION FAILURE**



## She... The STAR

Sassy ♦ Talented ♦ Ageless ♦ Resilient



**Dr Vaishali Korde-Nayak**  
General Secretary, POGS



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# SHE - THE STAR

♦ Sassy ♦ Talented ♦ Ageless ♦ Resilient

## EDITORIAL TEAM



Dr Leena Patankar



Dr Manjiri Valsangkar



Dr Geeta Wadadekar



It's hard to beat a person who never gives up.

Babe Ruth ”





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## PRESIDENT'S MESSAGE



“Team-work makes  
dreams work”



**LEADERSHIP**  
is about **VISION**  
& **RESPONSIBILITY**  
not **POWER**

**Dear POGSians,**

After having recently taken charge as the President of this dynamic Pune Obstetrics and Gynecology Society, one of the many panorama of activities I am cherishing the most is this monthly educational news bulletin – The POGS STAR Connect.

As you are aware, each POGS Connect Bulletin is dedicated to a particular topic, and includes interesting reads on research and evidence, interviews with inspiring icons, social activity related to the topic, and more.

Spreading updates, and positivity is our shared responsibility in these testing times. This time, the topic is recurrent implantation failure. The pain that a lady with RIF faces, cannot be compared to the joy that is coming. And we, as gynecologist are path-makers for these helpless women. From causes to treatment and new modalities, this POGS Connect has it all.

**‘Keep your head up. God gives the hardest battles to his strongest soldiers’**

**We, the POGS Soldiers, will fight this phase with our positivity.**

Happy reading.

**DR SUNITA TANDULWADKAR**  
**President, POGS 2021-22**



## GENERAL SECRETARY'S MESSAGE

Dear Friends,

### Greetings from Pune !

Hope you all are taking good care of yourself & your family. Presently the pandemic situation has become awfully critical & we all are witnessing hard times. The lockdown has affected our lives again & we all are praying for the safety of our loved ones. We are so proud of our fraternity that even in this disastrous situation, we are fighting the war like warriors

Every day we hear the stories of shortage of hospital beds, oxygen & drugs needed for covid treatment. Many people are taking advantage of this situation & turning it into a money-making opportunity. Humanity is ashamed. These really are the times when our morals & positivity is challenged. In these trying times 'Manache shlok' will definitely guide us....

| Jai Shri Ram |

मना वासना दुष्ट कामा नये रे। Manaa vaasana dushta kaamaa naye re.  
मना सर्वथा पाप बुद्धी नको रे। Manaa sarvatha paap buddhi nako re.  
मना धर्मता नीती सोडू नको हो। Manaa dharmata niti sodu nako ho.  
मना अंतरी सार वीचार राहो।। ४।। Manaa antari saar vichaar raho.... 11411.

Oh my mind, stay away from bad excessive desires and evil thoughts about anything or anybody. That never helps. Always remain free from sinful thoughts and sinful intentions.

Oh my mind, never give up religious principles and always behave with good high morals.

Oh my mind, always be with good positive thoughts and act with judgement and a fore thought.

मना पाप संकल्प सोडूनि द्यावा। Mana paap Sankalp soduni dyava |  
मना सत्य संकल्प जीवी धरावा। Mana saty Sankalp jivi dharava |  
मना कल्पना ते नको विषयांची। Mana Kalpana te nako vishayanchi |  
विकारे घडे हो जनी सर्व ची ची। ५।। Vikare ghade ho jani sarv chi chi || 5 ||

Oh my mind, give up all the thoughts, desires and intentions which ultimately lead to sinful acts.

Always adhere to the path of truthfulness. Follow the path of truth by heart and never deviate from it.

Oh my mind, never think of the things that captivate and subordinate. Never get lost into greed and bad desires. Because actions leading therefrom will make you the object of people's ridicule and hatred.

( English translation by Prof Kunte.)

Let's Pray this time shall pass soon.

Love

**DR VAISHALI KORDE-NAYAK**

**General Secretary, POGS 2021-22**



“Ask & you shall receive”  
is the rule !

But you must learn...  
How to ask & how to  
receive.”



## CONCEPTION TO COMPLETION



“We can only appreciate the miracle of a sunrise, if we have waited in the darkness.”

Dear Friends,

Star connect is not just a bulletin, but a connect from heart to heart.

***“The World’s favorite season is spring & all things seem possible in May.”***

Even though the world is witnessing tough times, even though recurrent implantation failure is tough for the patient & the doctor, it is not impossible to manage these as-

***“When the going gets tough, the tough gets going.”***

The concept of news bulletin came to my mind so as to reach out to all fellow practitioners with different and most relevant topics in Obstetrics & Gynecology for the current scenario.

We have been witnessing difficult times! But we should not live in the fear; rather live in faith! Faith to heal, faith to change adversities into opportunities, faith to conquer the unconquerable. After all

“It is the unconquerable soul of man and not the nature of weapon he uses that ensure victory.”

Recurrent implantation failure is one such enigmatic topic. There are multiple dimensions to it, multidisciplinary approach may be necessary. We have brought to you the pearls of wisdom from, the experts in infertility to answer some most important queries.

I sincerely feel that the eminent authors have done justice to the topics. The editorial team comprising of Dr. Leena Patankar, Dr. Manjiri Valsangkar and Dr. Geeta Wadadekar have given their heart out in this News Bulletin from its CONCEPTION TO COMPLETION.

Hoping that the adversities fall off soon and we have a new sunrise over the horizon. Hope POGS shines more bright!

Happy Reading!

**DR NILESH BALKAWADE**  
**Clinical Secretary, POGS 2021-22**



## EDITORIAL TEAM'S MESSAGE

**Hello friends.**

***Namaskaram!***

As we are all fighting the Covid Catastrophe, tooth, and nail, in spite of the pandemic we bring to you the second edition of "STAR CONNECT NEWSLETTER" an initiative of POGS to present to you a ready reckoner on Recurrent Implantation failure to every corner of our nation. Recurrent implantation Failure (RIF) poses a major therapeutic challenge in our clinical practice with dilemmas in management. Recurrent implantation failure forms 10 % of our IVF patients and causes an emotional turmoil to the mother and families.

Today we've tried to address all grey areas in diagnosis, investigations, and management as well as counselling in RIF patients all in one publication which will be an immensely sought-after systematic document in our OP practice. We are immensely thankful to our contributors from all over India for sharing their pearls of wisdom encompassing every minute aspect of RIF Right from anatomical, immunological, chromosomal, genetic, embryological, and environmental causes.

Here is looking forward to a flow charts-based concept to tackle RIF to offer better treatment opportunities to our patients of RIF and give them the joy of witnessing "two pink lines"

**Cheers !**



Dr Leena Patankar



Dr Manjiri Valsangkar



Dr Geet Wadadekar



# RENDEZVOUS WITH *Sunita*

## Zindagi-Ek Safar

(Real Life Teachings)





RENDEZVOUS WITH  
*Sunita*

## Zindagi-Ek Safar (Real Life Teachings) Dr Sadhana Desai



**Dr Sunita:** The whole fraternity knows Dr Sadhana Desai as the pioneer in infertility treatment. We wish to know more about the childhood of this legend...

**Dr Sadhana Desai:** I have very fond memories of my childhood. I belong to a family of legal luminaries. My father was highly reputed advocate of Bombay High Court who later became a Judge of Bombay High Court and then was elevated as chief Justice of Gujarat. My mother was a graduate from a prestigious Elphinston college of Bombay. This was about hundred years ago in an era where women hardly studied. Both my parents were very much under the influence of Mahatma Gandhi. Before marriage, my mother used to join rallies organised by Gandhiji (struggle for independence). Under influence of Gandhiji, we three sisters were taught simple living, value for money discipline in life, not to speak a lie, respect seniors and be kind to the subordinates. I had to walk 2 km. from home to school and 2 km. back again in worst of weather. However, my parents were very loving and affectionate. No spanking, no punishment, we were encouraged to study. I remember, when I was about six years old my mother told me she wanted me to become a doctor. She said, Sadhana there are many lawyers in the family and hardly any doctors. Your elder sister has decided to be follow father's footsteps and become a lawyer therefore I do not want you to become a lawyer. I want you to take up another profession and become a doc-



tor. Go abroad for higher studies and become a big doctor. I was very happy to become a “big doctor”. I knew very little then what it was to become a doctor.

In my childhood, I spent lot of time in extracurricular activities. I became a girl guide and went to the camps. I learnt classical music and even passed first exam in that. I played Tabla, learnt Manipuri dancing and little bit of Bharatanatyam, participated in dancing, dramas and Garbas. I learnt swimming, cycling, riding and played table tennis. Later, I represented my medical College in inter-medical table tennis tournament. I was also good in my studies and used to be a topper in my class. When I came to the ninth standard, I became very serious regarding what I should do next. Then, I decided that I must become a doctor. So I became a doctor and a gynaecologist.

**Dr Sunita: Way back in 1984, even before a few of our readers were born, you stepped into this Pandora's box of IVF. What inspired you madam?**

**Dr Sadhana Desai:** After taking training in infertility and passing MRCOG, I came back to Mumbai and started a private firm called as “Fertility Clinic” in partnership with my best friend and like-minded colleague Dr. Mehroo Hansotia in 1969. Fertility Clinic was then first of its kind in private sector exclusively treating Infertile patients. We would spend four hours in this clinic and in rest of the time, I would do my private practice in obstetrics and gynaecology and attend to OPD and do surgeries at Bombay hospital.

In 1970, I was also appointed as honorary assistant professor in obstetrics and gynaecology at St. George's Hospital and Grant Medical College where I used to teach undergraduate and post graduate students.

Following hard work and dedication to treat infertile patients, our fertility clinic soon became a renowned clinic and patients from out of Bombay also started coming for the treatment. When the news of world's first IVF baby was announced many of our patients insisted that we should start IVF treatment in Mumbai as it was difficult for them to go to UK for IVF treatment. Thus, the idea of starting IVF was born from our own patients who had lot of faith in us. Contrary to this, my friends and seniors discouraged us saying that IVF setup requires a sophisticated sterile culture laboratory and also requires animal house to do the experiments on mice. IVF treatment therefore was not possible in India.

But we were not discouraged and we decided to go to Melbourne Australia to learn IVF and to find out if we could set up IVF treatment in our private fertility clinic. In Melbourne, we very meticulously took down all the notes for the steps of IVF. We learnt to do mice experiments, learnt to prepare culture media and to identify egg and embryo and learnt laparoscopic ovum pick up. At the end of training, we felt it was not impossible to start IVF in India. We purchased all the equipments required to start IVF shipped them to Mumbai and came back to India to take up the challenge of starting IVF in private sector.

We formed a team with Dr. Ambrish Dalal, an upcoming Sonographer from USA and Dr. Sushil Shah an upcoming pathologist interested in setting up endocrinology lab. Sushil is now the proprietor of Metropolis laboratory. We had the beginners luck and our 19th patient became pregnant, our IVF baby was born in a private sector with our own resources in November 1986 within three months of birth of India's ICMR and KEM Hospital Professor, Dr Indira Hinduja's IVF baby.

**Dr Sunita: Tell us about Dr Sadhana Desai as a doctor, a daughter and a friend. Which role do you fit into the best and how do you maintain the work life balance?**





**Dr Sadhana Desai:** I believe in “work while you work and play when you play”. There are two compartments in my brain. While at work I only think of my patients and concentrate on how to solve their fertility problems and plan out, how best to manage high risk pregnant women etc. When I come home I forget my clinic hospital and patients and think only about my dear and near ones. I meet them, I take care of them. I take care of my home and enjoy my social life. I prepare lectures on infertility and IVF for teaching my junior colleagues and I try and fulfil my social obligations and commitments to various medical organisations. I must admit I am a workaholic, I enjoy working and have not yet decided to retire.

I have many friends who have stood by me wholeheartedly and helped me in my illness and advised me best when I had any problems and difficulties. However, there is one friend who I cannot help but mention and that is my one time business partner of my super speciality Fertility Clinic and IVF Centre, Dr. Mehroo Hansotia. We were like minded friends who worked together as registrars in Wadia Hospital studied together for Post graduate exam and went to UK almost at the same time for higher studies. After coming back, we decided to practise together infertility in an era when in fertility treatment was in its infancy about 50 years ago. We wanted to explore and do something new in this field which bonded us together. Together, we shared joy sorrow and frustrations of starting IVF treatment and together we rejoiced seeing the first egg retrieved after laparoscopic ovum pick up, the first embryo formed in our centre and of course the birth of our first IVF baby. Because of untimely illness, Mehroo had to stop her practice 20 years ago. Remembering those good old days it opens up floodgate of memories of Mehroo as if it was just yesterday. Her husband, Dara also was good friend of mine. He being an engineer helped us buy, install and maintain our IVF equipments.

**Dr Sunita: Your journey from your routine college days, to now the most awarded and celebrated personality of the fraternity - how has life treated you at various stages?**

**Dr Sadhana Desai:** During my journey from college days till today, I carry with me lifetime of experiences about people and patients as well as about what patients expect from their doctors. These experiences have also helped me to develop my personality and become what I am today. Fortunately, I did not did not struggle much to build up my carrier. I worked very hard with good intentions to fulfil my desire to help women specially infertile women. However, I did face couple of challenges to become an infertility and IVF specialist.

The first challenge was to take training in infertility treatment in UK. During my residency years, I used to see many infertile women attending gynec. OPD, week after week hoping to take treatment and become pregnant. Some of them would cry on my shoulder and talk about their plight of how badly they were being treated at home and begged me to help them become pregnant. I felt very helpless. Infertility treatment was in its infancy in India 50 years ago. But, at that time infertility was slowly being recognised as a super speciality in U. K. and there were few Fertility Clinics in teaching hospitals in London treating patients wanting to become pregnant. I therefore decided to go to London after my post graduation. The challenge was it was not possible to get admission in teaching hospital to take training in infertility unless one was MRCOG and had strong letter of recommendation from his or her teacher.

My local guardian in London suggested that I take vaginal cytology course in one of the teaching hospital. During my training in endocrine vaginal cytology for ovulation detection, I made friends. Head of the department of cytology clinic recommended my name to the infertility specialist and I was then taken up for training in infertility in that hospital. I visited various infertility clinics in London and took training in infertility for six months. After passing MRCOG exam and before coming back to India I purchased few tablets of clomiphene citrate and bromocriptine tablets which were then not marketed India. I also purchased few fertility thermometers and Harris haematoxylin and Giemsa stains. I also made arrangements to get further supply of fertility medicines to Mumbai from an Indian chemist in London. I came back and set up a small laboratory in the balcony of my consulting room to stain vaginal smears and to look for ferning of cervical mucus under microscope. Thus I started treating my infertility patients having anovulatory cycles or hyperprolactinaemia.

Another challenge I faced was setting up an IVF Centre in Mumbai. Due to financial constraint, we had to our disposal a of small flat of 575 square ft. in which I had to create an operation theatre for laparoscopic Ovum pick up, a culture laboratory for identification of egg under lamina flow and an incubator. A room for mice experiments, a place for installing



## 'Improve healthcare in rural areas'

By Our Staff Reporter

**BANGALORE, JAN. 6.** The Governor, T.N. Chaturvedi, today asked the Government to improve healthcare facilities in rural areas, and said this could be done through a partnership between government and private agencies.

He was addressing delegates at the 46th All-India Congress of Obstetrics and Gynaecology, being organised at the Palace Grounds here by the Bangalore Society of Obstetrics and Gynaecology (BSOG) and the Federation of Obstetric and Gynaecological Societies of India (FOGSI).

Mr. Chaturvedi said villages lacked the healthcare facilities that were available in urban areas, and the Government should initiate measures to improve the facilities, especially for women. He said violence against women and female foeticide had caused concern, and there was need to create awareness about the issues.

Mr. Chaturvedi stressed the need for professionalism and ethics among medical professionals.

Sadhana Desai, newly installed President of FOGSI, said the federation would focus on population stabilisation through women empowerment programmes this year. Workshops and programmes would be conducted, and discussions on the topic of contraception held, she added.

A FOGSI international journals library was also in the offing. Ms. Desai said, and added that those who registered would have access to important international journals through the Internet.

Mr. Desai said the World Conference on



Sadhana Desai (right), new President of the FOGSI, wears a medal given by Usha Saraiya, outgoing President of the federation, at the 46th All-India Congress of Obstetrics and Gynaecology in Bangalore on Monday. The Governor, T.N. Chaturvedi (left), and the Minister for Health and Family Welfare, Kagodu Thimappa, are seen. — Photo: K. Bhagya Prakash

Population Stabilisation and Rural Women's Health would be held in Surat at the end of the month, and the International Conference on Infertility in Mumbai in November.

A souvenir brought out to mark the congress was released by the Minister for Health and Family Welfare, Kagodu Thimappa.

Shyam Desai, Secretary General, FOGSI, and Kamini Rao, Organising Chairperson of the congress, were present.

### 'Karnataka darshan'

Earlier, the Minister of State for Kannada and Culture, Rani Satish, inaugurated "Karnataka Darshan", a section devoted to promoting various products from Karnataka among the visiting delegates.

Stalls have been set up by the Karnataka Tourism Department, Sita Emporium, AWAKE, an organisation of women entrepreneurs in Karnataka, and others, for displaying their products.

### Installation ceremony as FOGSI President 2003

**Dr Sunita: Madam, you have headed the most prestigious organisations from FOGSI, to ISAR.. and many more. Which role as a president did you enjoy the most, and how did each organization contribute in building you up as a person?**

**Dr Sadhana Desai:** I became president of the prestigious Federation of Obstetrics and Gynaecological Societies of India in the year 2003. During my presidential year I was expected to announce the theme of the year related to women's health so that the members of all the obstetrics and gynaecological societies of India would work for that theme that year and carry out activities related to that theme. I being an infertility specialist everyone expected that I will take up a subject related to infertility as my theme. But I felt that when I am a president of such a large organisation I should forget my personal interest for one year and I should think of all women of India. And federation should help the government of India in solving problems that it was facing at that time, however small that help maybe like a drop in the ocean. The government at that time was facing two major problems one was population explosion and the second was high maternal mortality especially in rural areas. I, therefore, took up the theme of my year as population stabilisation and asked all the societies to bring awareness about contraception and the need for population stabilisation.

I did not know much about rural women's health. Dr DK Tank who was my friend guided me about how deliveries were taking place in rural India I found out that at that time 49% of the women in villages where delivering in FRUs (first referral unit) and In community health centres (CHC) I did not even know what words FRUs and CHC stands for. I organised an international conference on rural women's health with the help of Dr Prakash Bhatt of Surat. I invited a lot of NGOs to attend the conference. Our Prime Minister, Mr Narendra Modi, was then chief minister of Gujarat. He inaugurated this conference which was attended by a large number of delegates. The conference was a great success and during the conference, I met a lot of NGOs working in rural areas and I got an idea that FOGSI can best help the government in reducing maternal mortality in rural area by training the MBBS government doctors working in FRU's (who did not know much about obstetrics) in emergency obstetric care. A pilot project was formed with the help of Dr Dilip Mavalankar the Jhpiego MacArthur foundation and UNICEF. This pilot project on EMOC was a great success.

a water distillation unit and place for preparing culture medium and waiting room for the patients.

The main problem was we did not have an animal house. We made a makeshift arrangement by buying Swiss mice from Halfkin Institute and breeding mice in our garage. Because of petrol smell sometimes these mice would not breed. My embryologist who we had trained volunteered to breed these mice in his air-conditioned bedroom. All worked well till his mother who was allergic to mice found this out and then threatened to throw the mice and his son out of her house.

We used to do laparoscopic ovum pick up in the middle of the night or at odd hours of the day as GnRH had not been manufactured at that time. Today, all these challenges appear difficult to imagine and even appear hilarious but "Those were the days my friends I will never forget".





The result of the project were then put to the ministry of health and family welfare. Government of India asked FOGSI to train 2000 Govt MBBS doctor working in FRU's in emergency obstetric care. For the first time a public private partnership of FOGSI with government of India came into existence. The program was for five years. All the professors, associate professors, lecturers, the gynaecologists of district hospitals from all the states of India participated in this mammoth programme. At the end of five years UN indicators showed that maternal morbidity and mortality both were reduced in the FRUs where trained MBBS government doctors were working. The programme was extended for further period and in 2017 government decided to take up this programme as a part of its own policy to reduce MMR.

For success in life it is the hard work dedication and good intention to succeed as well as good planning that works best. I became president of Indian society of assisted reproduction in 2008. This responsibility I was very happy to carry out because I had become President of the organisation which was working for infertile women, a subject of my interest. At that time there were many IVF centres mushrooming all over India. All of them were doing good work and these young infertility specialists wanted a platform to showcase their work. In those years ISAR used to hold only one conference every year. Therefore it was not possible for these young doctors to present their work. I decided to decentralise the academic activities of ISAR and create chapters of ISAR in every state of India so that many more IVF specialists can get opportunity to hold office bearers posts. They can hold state conferences so that all the young IVF specialist can present their work.

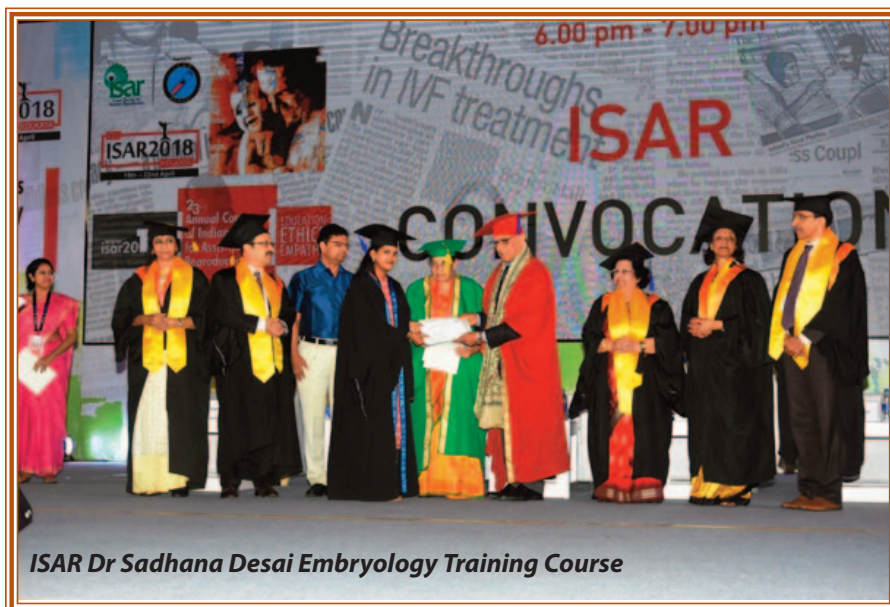
I also observed that by 2008 there were many IVF centres but there were not enough embryologists to take care of these IVF centres. There were only one embryologist taking care of 4 to 5 IVF centres. I felt that there was need to have training programme for embryologists so that number of embryologists in India can increase and IVF centres can work better and get better IVF pregnancy rate. ISAR had some funds generated from the international conference "Ovary unravelled" organised during my presidential year. I requested managing committee and general body to utilise this fund to start at 13 months embryology training course jointly which Department of embryology headed by Dr Satish Adiga of Manipal medical College. The programme is running well. Today there are many more embryology training courses taking place all over India

I was offered the post of professor and head of the Department of obstetrics and gynaecology Bombay hospital Institute of medical sciences, Mumbai in 1990 I took a premature retirement from St George's Hospital in Grant medical College I had the responsibility to start a teaching programme for the post graduate in Bombay Hospital what I observed was that in all the teaching hospitals of Mumbai the Post graduate where taught only routine obstetrics and gynaecology. These were post graduates Who were soon going to become next generation top obstetricians and gynaecologists of India. I therefore decided to expose the post graduates of my institution to recent advances in laparoscopic surgery, infertility and newer developments in ultrasonography. To start with I donated my own old laparoscopic instruments and equipment to start IUI treatment for infertile patients. I purchased ultrasonography machine for exclusive use for my department. Later the hospital purchased the latest laparoscopic surgery instruments. I held couple of international conferences in infertility in endoscopy and advances in ultrasonography and invited International experts in this field and experts from different parts of India. There were many delegates attending these conferences from all over India and my post graduates were very happy to learn all these new developments.

I consider myself very fortunate to occupy such good position in my life so that I could fulfil my desire for doing a social service.

**Dr Sunita: Another aspect of Dr Sadhana Desai is her social responsibility which is the famous ISAR Dr Sadhana Desai Endowment Fund. Tell us more about it madam.. it is so inspiring.**

**Dr Sadhana Desai:** There are many charitable trusts who give financial aid for medical treatment, cancer treatment, for buying medicines for heart surgery and financial aid for education and travel scholarship but there are not many charitable trust giving financial aid for IVF/ICSI treatment. Infertility is still a taboo in India. Many a time's infertile women are subjected to mental and physical torture in all the strata of the society. I have devoted my life in treating these women and because of them I have got name as well as fame. I therefore decided to give back to this woman something in return and I thought of creating an endowment fund to financially aid needy women undergoing IVF/ICSI treatment I



*ISAR Dr Sadhana Desai Embryology Training Course*

found organisation of ISAR as an ideal charitable trust to start the endowment fund. ISAR can continue help needy women financial help from my fund even when I am not alive. The fact that IVF/ ICSI treatment is very expensive and more funds are required I hope that starting of this endowment fund will motivate some like-minded philanthropists to donate money for the same cause.

**Dr Sunita: Madam, another angle to you personality is we all see you as a philanthropist. You donated a huge amount to ISAR.. tell us about this soul stirring welfare activity?**

**Dr Sadhana Desai:** There are many charitable trusts who give financial aid for medical treatment, cancer treatment, for buying medicines for heart surgery and financial aid for education and travel scholarship but there are not many charitable trust giving financial aid for IVF/ICSI treatment. Infertility is still a taboo in India. Many a time's infertile women are subjected to mental and physical torture in all the strata of the society. I have devoted my life in treating these women and because of them I have got name as well as fame. I therefore decided to give back to this women something in return and I thought of creating an endowment fund to financially aid needy women undergoing IVF/ICSI treatment I found organisation of ISAR as an ideal charitable trust to start the endowment fund. ISAR can continue help needy women financial help from my fund even when I am not alive. The fact that IVF/ ICSI treatment is very expensive and more funds are required I hope that starting of this endowment fund will motivate some like-minded philanthropists to donate money for the same cause.

**Dr Sunita: If Dr Sadhana Desai would write her own biography, what would she name it? And what would the index sound like 😊**

**Dr Sadhana Desai:** Not even in the wildest of my dream I can imagine myself writing a biography, I am a person who has very short memories of my past. I never dwell in the past. I remain active in present and think of the future. I have hardly any collections of news cuttings or photographs of memorable events of my past. When requested to send some such photographs, I ask my secretary or my colleagues if I could borrow photos from their collection. Public memory is very short, most of the biographies of great people gather dust over period of time. Only few biographies are read for a long period of time. I feel instead of writing biographies one should do more constructive activities.

**Dr Sunita: What is the roadmap 10 years from today, madam? Any incomplete wishes/goals you wish to accomplish in the coming future?**

**Dr Sadhana Desai:** IVF is a fast developing science. Ten years from today, I see lot of changes occurring in IVF treatment. Artificial intelligence will play a big role in identification of the best embryo for transfer and pregnancy rate will improve. More and more couples desiring a baby will resort to IVF.

There will be a central sophisticated IVF laboratory with all the new sophisticated and robotic instruments and the IVF specialist will be attached to this Central IVF laboratory. Because IVF equipments managed by artificial intelligence may be too expensive to be installed by IVF specialist in his/her own private sector.

At this stage of my life I can only hope that my young IVF specialist will not become slave to the “Robos” and will keep personal touch with the patient. After all, patients want a healing human hand and not a Robo staring at them. Next generation always of men/women fares better than the previous generation. This is the universal law, I am sure that’s the future for our young coming up IVF specialists of India is going to be very bright.

**Dr Sunita: If there was one moment you would want to relive from the past of your own life - which one would it be, and why?**

**Dr Sadhana Desai:** I want to relive the moment when I saw for the first time heart beating of my first IVF baby in sonography. I was thrilled and I jumped with joy. I felt that I have succeeded in doing what I desperately wanted to prove to myself and prove to everyone that IVF can be done in a private sector with one’s own limited resources. I was able to prove my seniors that they were wrong in telling me that IVF is not possible in India without any sophisticated culture laboratory and animal house. It was also very satisfying in seeing happiness in face of my patient. She had lost all the hopes of becoming pregnant and when she found herself pregnant, tears of happiness started rolling from her eyes. That moment I just cannot forget till today.

This patient was a case of irreparably blocked fallopian tubes due to genital tuberculosis which I had diagnosed few years before I started doing IVF. I had told the patient to adopt a baby. When she found out I had started IVF, she came to enrol herself in my IVF programme. She fully knew that I had no success in IVF at that time. She informed me that she is from a conservative family who will not allow her to adopt a baby. She had full faith in me and hoped that I will be the one who will help her in making her pregnant. She was my 19th patient in IVF programme. After embryo transfer her pregnancy test turned out to be negative. I telephoned and told her to stop all the medicine. After couple of days patient came to me and informed me that she had not got her menstrual period. I was very worried thinking maybe I had activated her TB by stimulating her ovaries. She saw the anxious face of mine and not realising what I was thinking, she told me not to get disappointed and said she will try again for IVF till she become pregnant. I smiled and told her to go and get sonography done to find out why she was not getting her menstruation. After 10 to 15 minutes, I got a phone call from Dr. Ambrish Dalal, the sonologist, he said, “Sadhana, come quickly there is a surprise, we have succeeded”. I ran and went to the sonography department and there I saw the heart beating of our first IVF baby in sonography. This moment, I cannot forget and I want to relive it if it is possible to relive that moment again.







Dr Sonal Panchal

## Anatomical causes of Recurrent Implantation Failure

### DEFINITION:

- It is defined as absence of implantation after three or more transfers of high quality embryo.
- Absence of implantation after transfer of > 10 high quality embryos in multiple cycles. There is no

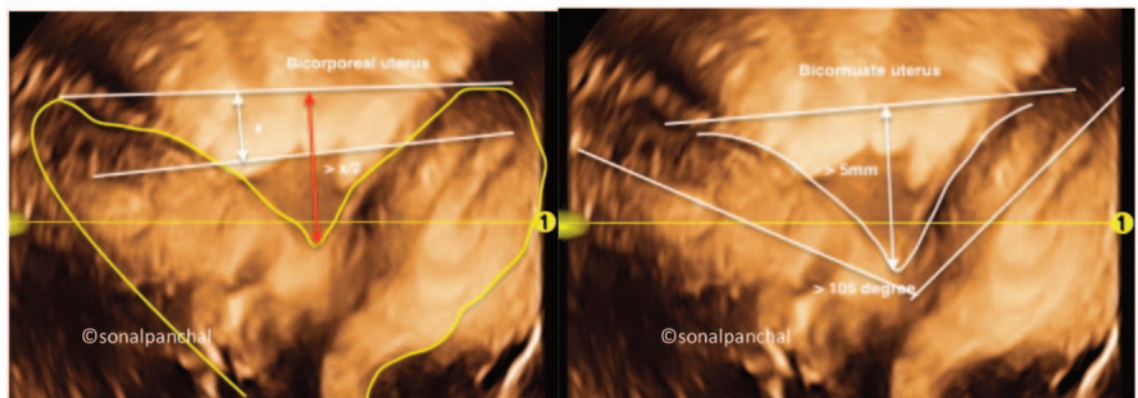
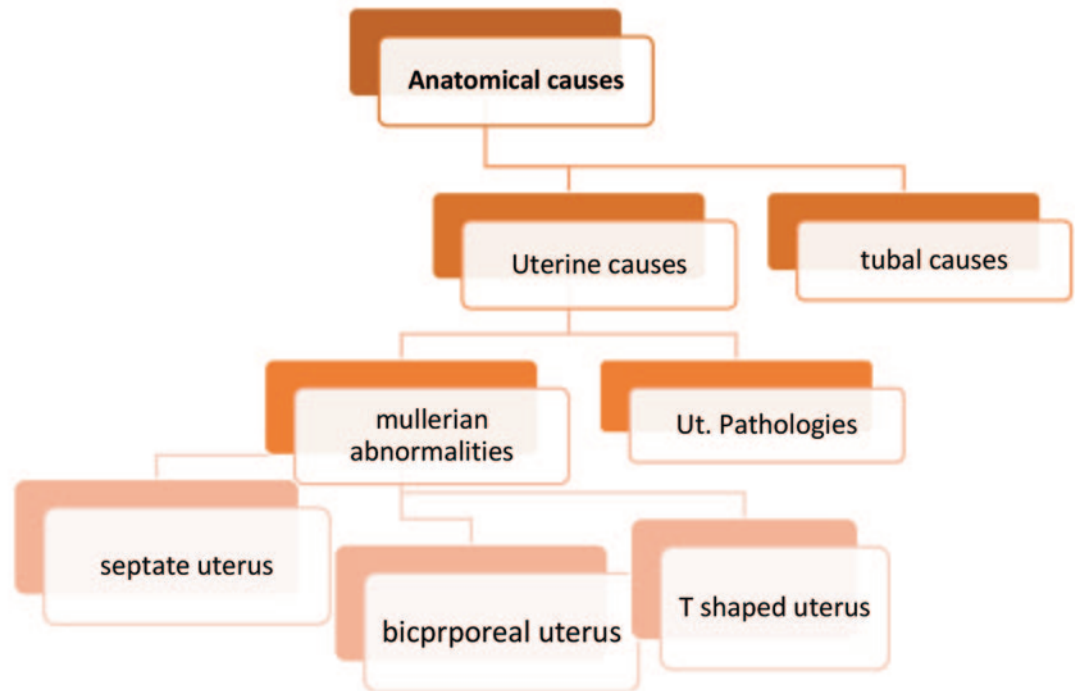
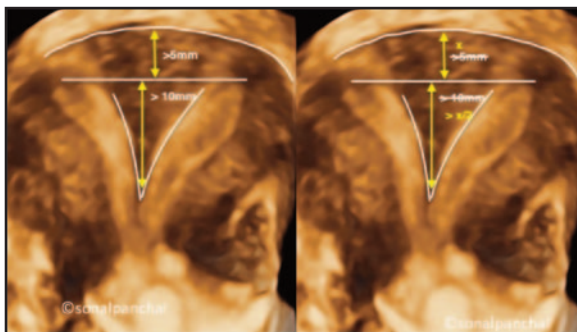


Figure 1a: Bicorporeal uterus(ESHRE-ESGE), b. Bicornuate uterus (AFS).

**Bicorporeal uterus** (ESHRE-ESGE) : notch on the external contour of uterus, deeper than half the myometrial wall thickness.

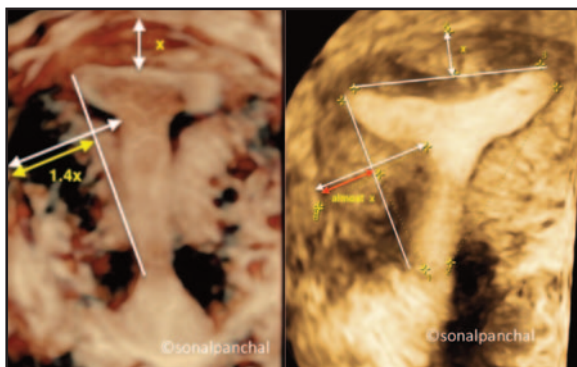
**Bicornuate uterus** (AFS): notch on external contour deeper than 5mm, obtuse angle between cavities. Bicornuate uterus is more likely to cause mid and late trimester abortions, rather than implantation failure. Surgical correction does not improve the implantation rate.

**Septate uterus**: Notch on endometrial surface of > 10mm, acute angle between endometrial cavities and myometrial thickness from intercornual line > 5mm (AFS), Endometrial notch > half the myometrial wall thickness, normal fundal contour. (ESHRE-ESGE). Implantation failure due to inadequate flow to endometrium, inadequate endometrial preparation, irregular peristalsis. Surgical correction is recommended with history of implantation failures or abortions.

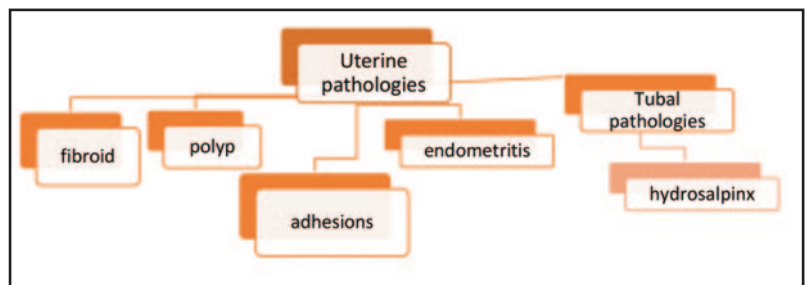


**Figure 2a: Septate uterus (AFS), b. Septate uterus (ESHRE-ESGE)**

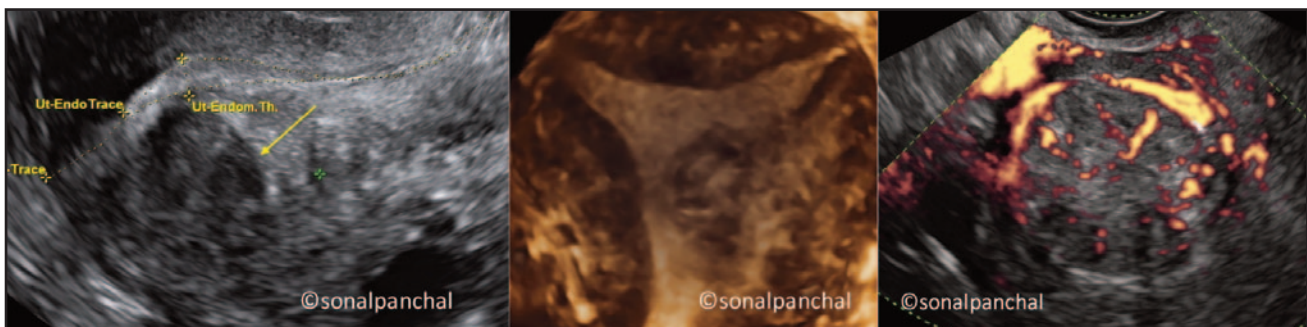
**T shaped uterus**: A narrow endometrial cavity due to lateral wall of the uterus 1.4 times thicker than myometrial wall with normal uterocervical ratio (ESHRE-ESGE). Any narrow cavity is not a T shaped uterus. This is commonly associated with implantation failure, due to low endometrial volume and inadequate endometrial vascularity. Lateral metroplasty may improve results.



**Figure 3a: T shaped uterus, b: narrow but not T shaped uterus.**

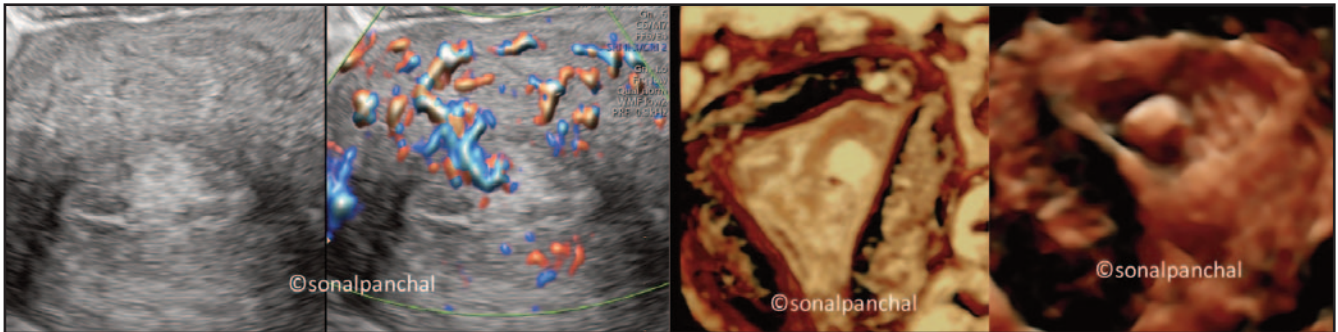


**Fibroid** : When touching, distorting or invading the endometrium, or is larger than 4 cms in diameter, its surgical correction is recommended and is known to improve implantation rates<sup>1</sup>. Fibroid affects implantation not only because of the distortion of the cavity, alteration of normal peristalsis of myometrium, due to altered gene expression and toxin release locally<sup>2</sup>.



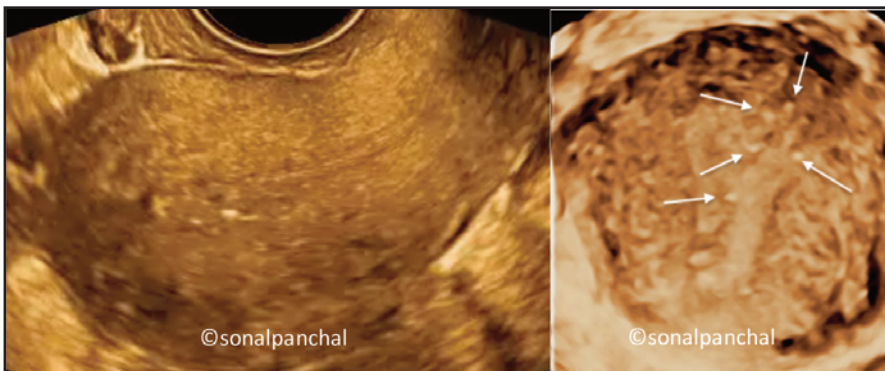
**Figure 4 a,b. subendometrial fibroid on 2D ultrasound and 3D ultrasound. c. Fibroid showing peripheral vascularity on power doppler.**





**Figure 5: Polyp seen on 2D(a), power doppler, single feeding vessel(b), 3D(c), sonohysterography showing polyp(d).**

**Polyps:** Polyp is a solid projectile lesion of the endometrium. Its negative impact on implantation is controversial, though when all other causes of implantation failure are excluded, surgical removal of polyp is recommended. Polyps larger than 1cm are thought to affect implantation potential of the endometrium<sup>3</sup>.



**Figure 6a. Chronic endometritis on 2D US, b. On 3D ultrasound**

**Chronic endometritis:** It is to be excluded in patients of RIF. Chronic endometritis incidence is as high as 30%. Live birth rate was 60.8% in patients in whom endometritis was treated as compared to 13.3% when it persisted after treatment<sup>4</sup>. In cases of thin endometrium, saline infusion sonohysterography is the diagnostic

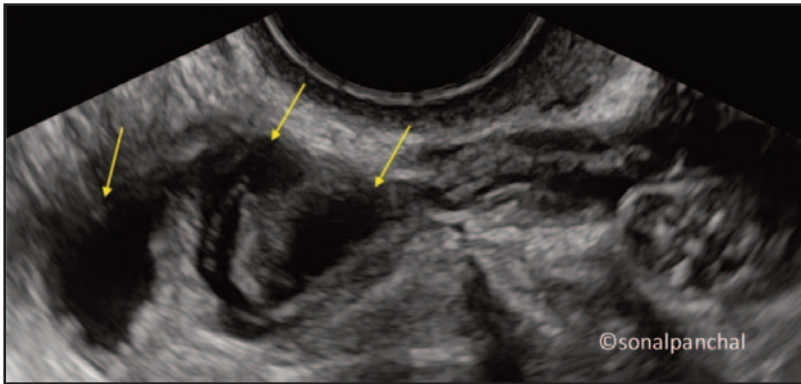
tool of choice. It demonstrates adhesions and synechia. 3D US added to this gives more precise information. Synechia are best corrected surgically.

**Hydrosalpinx:** Implantation rates were 25.6% in those who underwent salpingectomy compared with 12.3% in those that did not have the procedure ( $P=0.038$ ). Clinical Pregnancy rates were 45.7% in those with salpingectomy in comparison to 22.5% with those without it ( $P=0.029$ ). Live birth rates were 40% in those who had salpingectomy compared with 17.5% in control group ( $P=0.038$ )



**Figure 7a: sonohysterography on 2D ultrasound showing synechia, b. 3D of the same patient.**





**Figure 8: hydrosalpinx on 2D ultrasound.** Identified by extraovarian adnexal cystic lesion, that changes shape on rotation of the probe, may have incomplete septa, sausage or tubular shape in long section and may show cog wheel appearance on transverse section.

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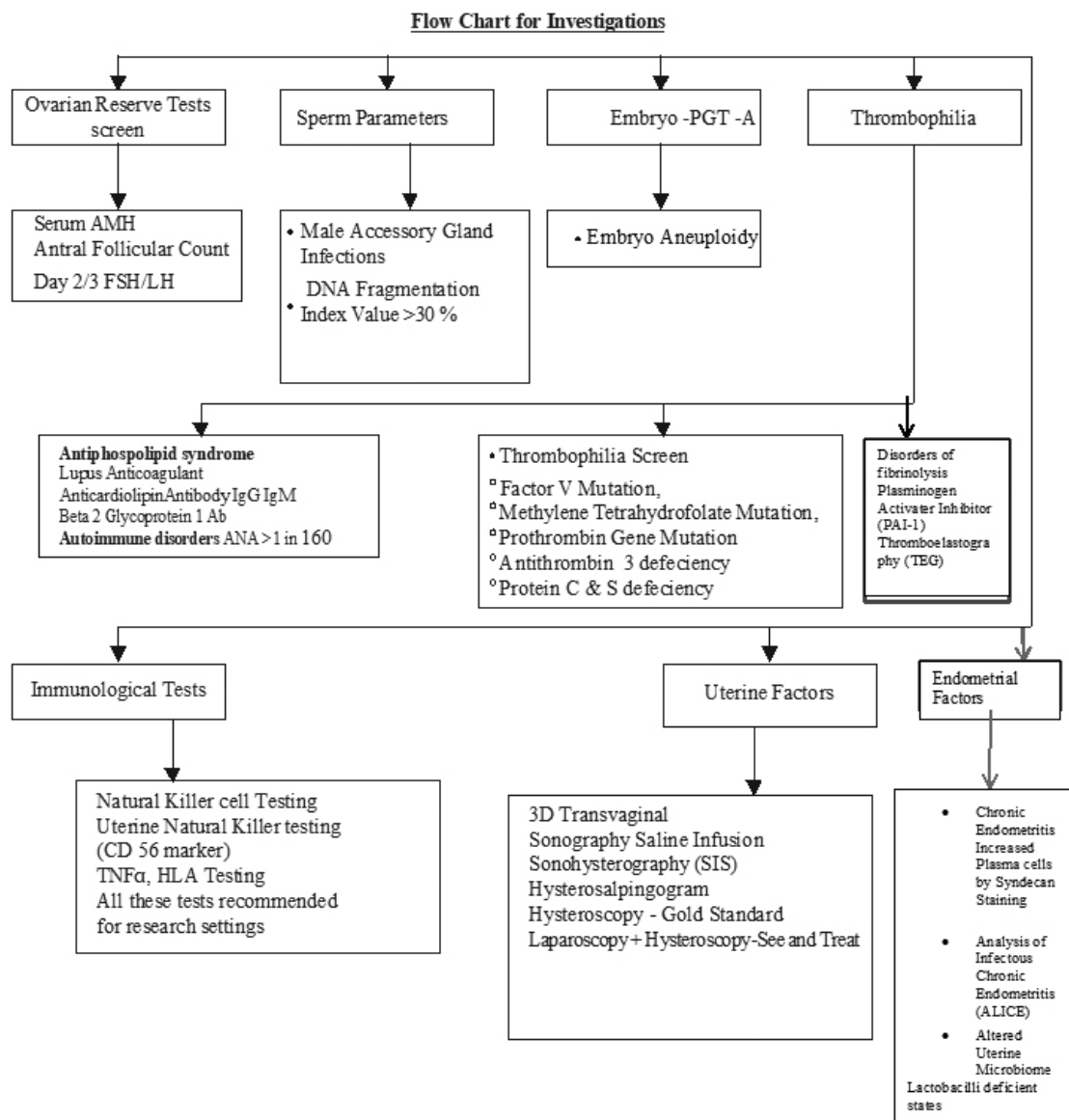


**Dr Mala Arora**

## Immunological Factors In RIF

The definition of Recurrent Implantation Failure has evolved over time. Orvieto and Zeyneloglu<sup>1</sup> described it as three failed IVF cycles with at least two good quality embryos replaced in each cycle. However with the advent of frozen thawed cycles the definition is revised by Coughlan<sup>2</sup> to "Failure to achieve a clinical pregnancy after 4 good quality embryo transfers with at least 3 fresh or frozen cycles in women under the age of 40 years. Biochemical pregnancies are classified as Implantation Failure, but there is no agreement to the HCG level considered significant. Some take the cut off value as > 5 and others >25 mIU/l<sup>3,4,5</sup>

Couples with RIF are frustrated and often change clinics after each failed IVF cycle. It is important to record a detailed history of each IVF cycle making note of the stimulation protocol and the quantity and quality of embryos. The investigations for the RIF are detailed and should be individualized after taking a detailed history and checking the previous records. Broad Outline of the investigations is depicted in this flow chart.



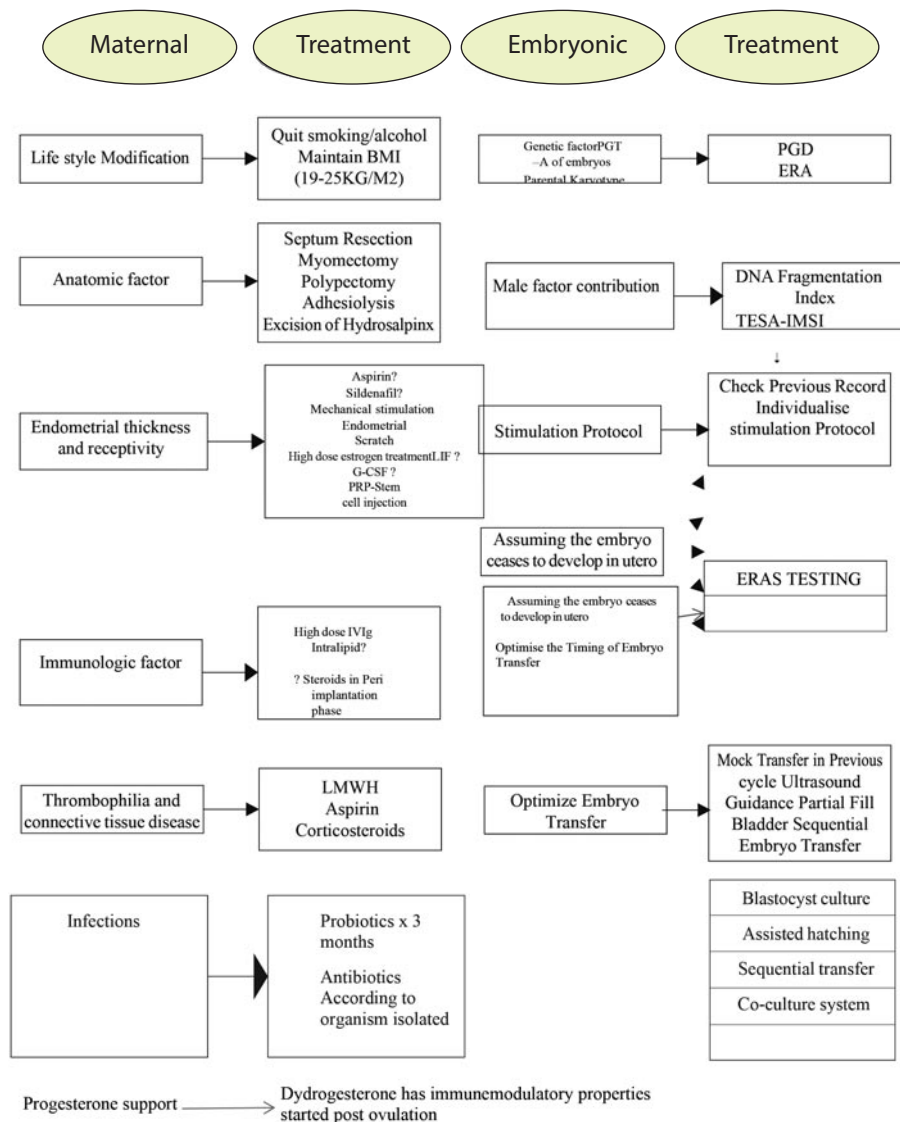


Not mentioned in the table are iatrogenic causes, which include poor laboratory culture conditions. Inconsistent temperature, CO<sub>2</sub> levels, humidity and other offending agents in the laboratory like volatile organic compounds (VOC), fungal or bacterial spores will diminish the implantation potential of the embryo. Quality Control of the IVF laboratory should be frequently checked.

A new marker for implantation is Hyperglycosylated HcG (hhCG) It is produced by the cytotrophoblast and can be the earliest marker of implantation. Strom et al measures hhCG levels 6 days post blastocyst transfer and reported that a Clinical pregnancy is likely when the level is >300 pg/ml, Biochemical pregnancy between 75-300 pg/ml and no pregnancy if the hhCG levels are < 75 pg/ml.<sup>6</sup>

Other molecules that may serve as implantation markers are Leukemia Inhibitory factor (LIF), cellular adhesion molecules (CAM) and Integrins like  $\alpha\beta_3$ , also prostaglandin levels in the endometrium.

Implantation is a poorly understood subject and our current knowledge about it is very patchy. Hence it is often frustrating to treat couples with RIF. However consultation with ART specialist that were involved in previous cycles and relying on a multidisciplinary team approach should be adopted. Appropriate counseling and addressing all the queries of the couple is as important as is individualized treatment protocol that should be drawn up, prior to proceeding with further treatment cycles. A summary of the management is highlighted in the table below.<sup>7</sup>







### SUMMARY:

The table below summarizes the treatment options and their success rates, both in terms of implantation, clinical pregnancy and live births.<sup>8</sup>

intervention	Implantation Rate (Treatment vs Control)	Pregnancy Rate (Treatment vs Control)	Live birth (Treatment vs Control)	Source
IVIG	34.4% vs. 13.7%	60.2 vs 39.3	49.8% vs 31.6%	Li et al <sup>9</sup>
Peripheral Blood Mononuclear cells (PBMC)	22% vs 4.88%	39.58% vs 14.29%	33.3 %vs 9.58%	Li et al <sup>10</sup>
G CSF	31.5% vs 13.9%	48.1% vs 25%	33.3% vs 17.3%	Li et al <sup>11</sup>
Antibiotics for CE	37% vs 17%	65.25vs 33%	60.8vs 13.3%	Cicinelli et al <sup>12</sup>
Salpingectomy	25.6% vs 12.3%	45.7% vs 22.5%	40% vs 17.5%	Strandell et al <sup>13</sup>
Endometrial Scratch	22.7% vs 14.2%	66.7% vs 30.3%	48.9% vs 22.5%	Barash et al <sup>14</sup>
IMSI	19.2% vs 7.8%	43.1% vs 10.5%	34.7% vs 0%	Shalom Paz et al <sup>15</sup>

RIF is multifactorial in origin and requires careful case study of each IVF cycle, detailed investigation and appropriate treatment options. Alleviating emotional distress will require frequent and lucid counseling sessions. The couple should be counseled positively and given time to kick in Life Style changes if required. Freezing genetically tested and good quality blastocysts and transferring them during repeated embryo transfers often does the trick. Only when all options have been exhausted should the couple be advised Surrogacy.

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# Genetics Of Recurrent Implantation Failures



Dr Chaitanya  
A. Datar



Recurrent implantation failure (RIF) refers to cases in which women have had three failed in vitro fertilization (IVF) attempts with good quality embryos.

Genetic and epigenetic factors are likely to play a pivotal role in the etiology of RIF. This is likely to unfold with further advancements in technology and availability of newer investigations. However, based on the current knowledge and understanding, the following genetic factors may be considered for investigations in couples having recurrent RIFs. These guidelines are compiled based on the available literature evidence, and the investigations may be customized in each case depending upon the history. The reader may refer to the literature references given/ latest scientific literature for a detailed reading.



## GENETIC FACTORS TO BE CONSIDERED FOR INVESTIGATION IN RIF

<b>Couple karyotype</b> <sup>1,4</sup> (Good quality metaphases - good resolution)	<b>ALL CASES</b> To rule out balanced translocations/ structural rearrangements <i>Must be</i> done in cases with poor embryo quality after IVF, nulliparous women with history of recurrent miscarriages, males with azoospermia/ oligospermia or poor sperm quality.
<b>Sperm DNA Fragmentation Index</b> <sup>1,4</sup> (Ideal DFI < 30%)	<b>ALL CASES</b> Conventional semen analysis parameters do not accurately reflect sperm quality. Genome and epigenome integrity is essential for fertilization, normal embryo development and successful implantation. Medical management with oral antioxidants, sperm selection for ICSI from ejaculated semen, retrieving sperms by testicular biopsy may be modalities of management
<b>Endometrial Receptivity Assay</b> <sup>1,4,5</sup>	<b>PREFERABLY IN ALL CASES, BUT DEFINITELY IN CASES WHERE GOOD QUALITY EMBRYOS FAIL TO IMPLANT</b> One of the possible mechanisms involved in RIF is the change in endometrial receptivity. One of changes in receptivity might involve the shift in timing of the window of implantation (WOI). Regulation and dysregulation of many different genes are implicated in the changes among the endometrium WOI. Some studies have used the endometrial receptivity array (ERA) test to identify window of implantation changes based on 238 genes
	among women with RIF with successful results in cases where embryos were transferred according to the customized WOI.
<b>Preimplantation Genetic Testing for aneuploidies (PGT-A)</b> <sup>1,3,4</sup>	<b>EVIDENCE BUILDING</b> PGT-A improved the live birth rate per embryo transfer procedure in RIF groups PGT-A was shown to reduce biochemical pregnancy loss per biochemical pregnancy Advantage of reducing the number of embryo transfers required to achieve a similar number live births compared with those not undergoing PGT-A.





## OTHER INVESTIGATIONS- SPARSE/ BUILDING EVIDENCE

### THROMBOPHILIA PROFILE<sup>1,4</sup>

Hereditary thrombophilias may be involved in a subgroup of women with unexplained recurrent implantation failure. Some studies have found that there were higher rates of inherited thrombophilias in women with RIF in comparison with controls.

Investigations for deficiency of Protein C, Protein S, antithrombin III and polymorphisms in methylene tetrahydrofolate reductase (MTHFR) deficiency, factor V leiden, and prothrombin may be considered.

Management is available, so may be worthwhile to consider it in select cases- but robust evidence is lacking.

### HLA TYPING<sup>2</sup>

Typing for specific *HLA DQ* alleles has been considered for recurrent pregnancy losses (RPL). Sharing of HLA alleles between partners also has been implicated in RPL.

It is the authors yet unpublished observation that there is an excess of sharing of *HLA DQ* alleles in couples with RIF. This investigation may help to discuss outcomes and further management especially in cases if good quality embryos fail to implant.

### MICROARRAYS

NOT A SUBSTITUTE FOR KARYOTYPING AS IT CANNOT DETECT BALANCED CHROMOSOMAL TRANSLOCATIONS THAT ARE RESPONSIBLE FOR RIF.

May be considered to rule out gross microdeletions which are rare causes of RIF. May be done for academic interest only.

### EXOME-BASED STUDIES/ SINGLE GENE STUDIES

Not enough evidence to consider it in routine cases. Low yield compared to the costs involved.

May be considered in select cases of poor quality of gametes, low ovarian reserve (due to suspected premature ovarian failure), severe unexplained hormonal imbalances, cases with close consanguinity or positive family history of infertility etc.



### **FUTURE RESEARCH AND DIRECTIONS** <sup>1,6</sup>

Based on the acknowledged roles of genetic factors in almost all steps of embryo development, it is not surprising that these factors will be contributing significantly in the pathogenesis of RIF.

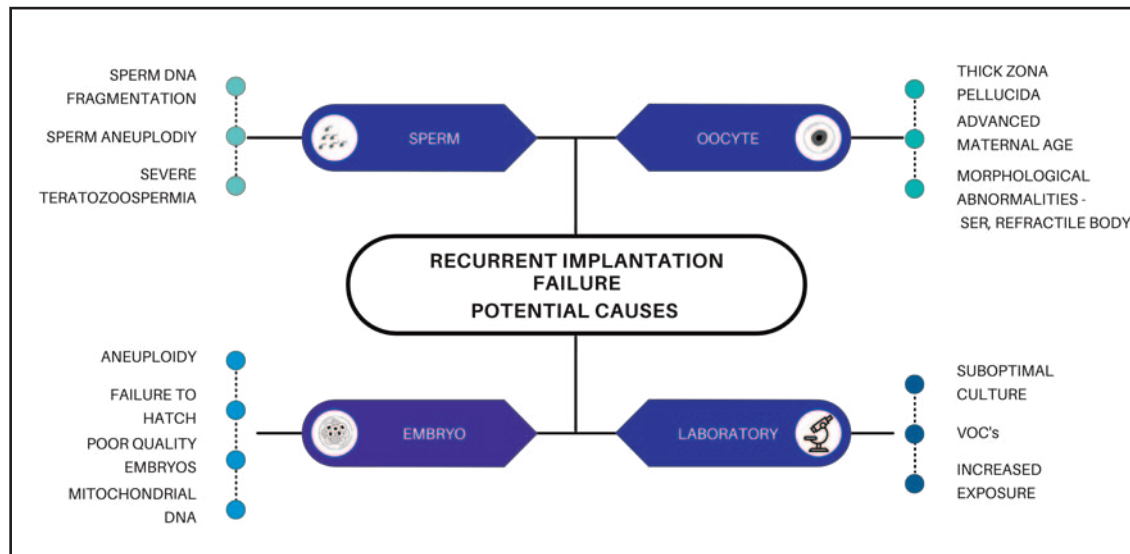
Number of recent studies have associated this condition with genetic mutations and the presence of some variants in the genome. Dysregulation of expression of angiogenesis-associated genes as well as pathways that modulate circadian rhythm, proteasome, complement and coagulation cascades, cell adhesion molecules, inflammatory responses, cell cycle, and renin–angiotensin system has been detected in RIF.

Studies of single nucleotide polymorphisms, protein expression, metabolomics, epigenetics will contribute to further understanding of etiology of RIF.

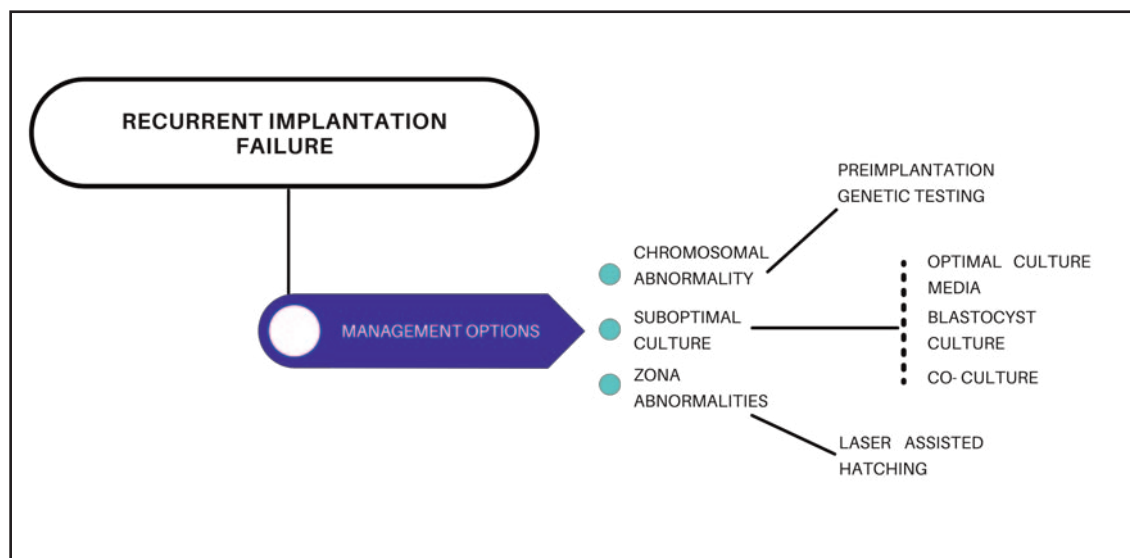
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# Embryological Factors In RIF

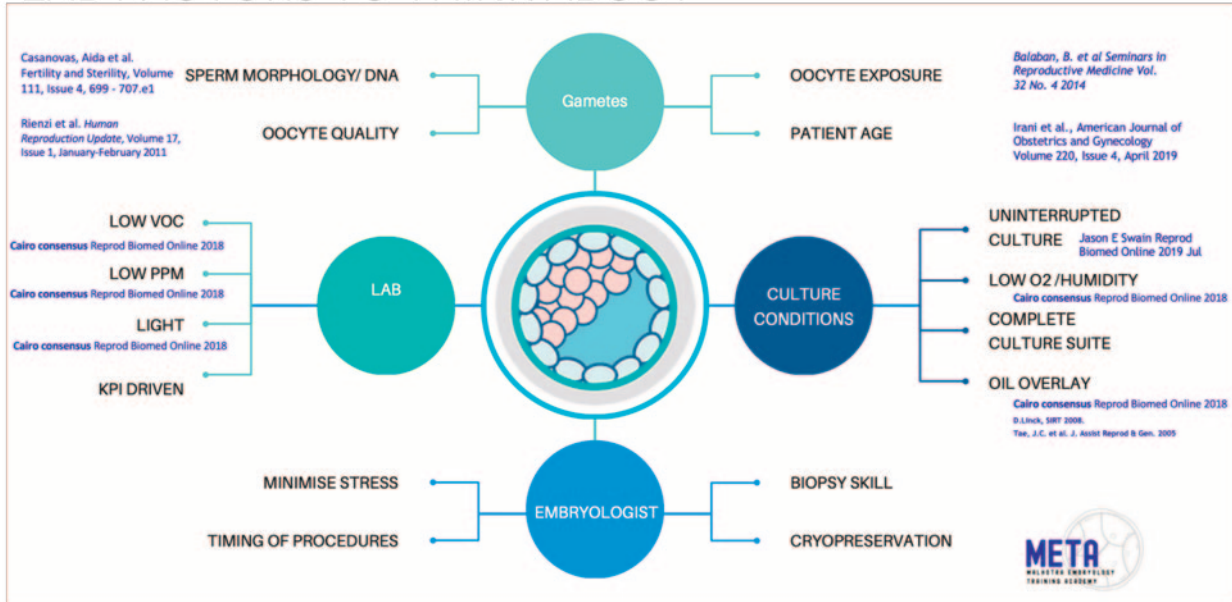


**Dr Kesav Malhotra**





## LAB FACTORS TO THINK ABOUT



## RECENT EMBRYOLOGICAL ADVANCES FOR RECURRENT IMPLANTATION FAILURE

### GM-CSF

very low to low Quality evidence to suggest whether GM- CSF is more effective than regular culture media

Armstrong S, MacKenzie J, Woodward B, Flacey A, Fargnoli C. GM-CSF (granulocyte macrophage colony-stimulating factor) supplementation in culture media for women undergoing assisted reproduction. *Cochrane Database of Systematic Reviews* 2020

### ANTIOXIDANTS IN CULTURE

The presence of antioxidants during IVF and embryo culture for patients 35-40 years resulted in a significant increase in good quality embryos, implantation and pregnancy rate

Gardner et al., *Reproductive BioMedicine Online* Volume 40, Issue 5, May 2020, Pages 637-644

### ADHERENCE COMPOUNDS

Published evidence suggest a beneficial effect, more RCTs needed on Single Embryo transfer and Multiple pregnancies.

Harper, Joyce B Jackson, Emily B Benson, Karen B Adkins, Robert B Harbottle, Stephen B Mccorm, Edgar B Henderson, Thoni B Mathur, Raj B Vedula, Stephanie B Lal, Andy B Lunden, Nanni. (2017). Adjuncts in the IVF laboratory: where is the evidence for 'add on' interventions? *Human reproduction* (Oxford, England). 32, 10.1093/humrep/daw004.

# Endometrial Receptivity Array

Assisted reproductive technology (ART) has allowed many couples who were previously unable to conceive to attain a viable pregnancy<sup>(1)</sup>. Despite various breakthrough achievements in history of reproductive medicine endometrium has long been neglected and considered as a passive part of the process of implantation with the primary focus being the embryo. Beginning from morphologic assessment to time-lapse, plenty of research remained focussed on finding a good quality embryo.

After so much refinement of embryo quality and embryo transfer techniques since the inception of ART attainment of live birth rates of only 25-30% per started cycle suggests that something is still missing in the evaluation and workup of infertile couples<sup>(2)</sup>. Particularly couples with recurrent implantation failure who have been transferred good quality euploid embryos are quite puzzled about their cycle failure. Multiple failed cycles can leave couples devastated and often furious for the reasons of cycle failure.

The process of implantation in humans occurs over a short time frame involving a complex interaction between a blastocyst and endometrium. During a natural cycle in a women, the embryo enters the uterine cavity around 4 days after ovulation<sup>(3)</sup>. The endometrium becomes receptive to implantation of blastocyst 6–8 days after ovulation and remains so for the next 4 days (cycle days 20–24)<sup>(4)</sup>. In ART cycles, this process is artificially mimicked through administration of sequential estrogen and progesterone.

Implantation failure may be because of embryo or endometrial factors. Failure of the endometrium to attain receptivity is one of the causes of infertility and recurrent implantation failure, and this is not being currently assessed during workup of infertility due to lack of credential markers for receptivity. In about 1/3 of embryo transfers, even euploid morphologically normal blastocysts fail to implant which suggest that a non-embryonic cause probably a change in endometrial receptivity, may be held responsible for implantation failure<sup>(3,5)</sup>.

One of the changes in receptivity might involve the shift in timing of the window of implantation (WOI), previously thought to be the same among all women. The WOI lasts 30–36 hours and, depending on the patient, occurs between LH+6 to LH+9 in natural cycles or from P+4 to P+7 in hormonal replacement therapy (HRT) cycles<sup>(6)</sup>.

Traditionally the means of monitoring of the WOI(window of implantation) is by transvaginal ultrasonography and blood hormone levels, but these parameters lack accuracy and objectivity and neither is able to predict the pregnancy outcomes<sup>(7)</sup>.

Owing to the short window of opportunity for blastocysts to implant in the human endometrium, the embryo transfer day is carefully selected such that the endometrium is in temporal synchrony with the developmental stage of the embryo. To achieve this target a objective method to identify WOI is essential especially in subgroup of women suffering from repeated IVF failure otherwise the decision to continue with further IVF treatment can be frustrating and difficult<sup>(8)</sup>.

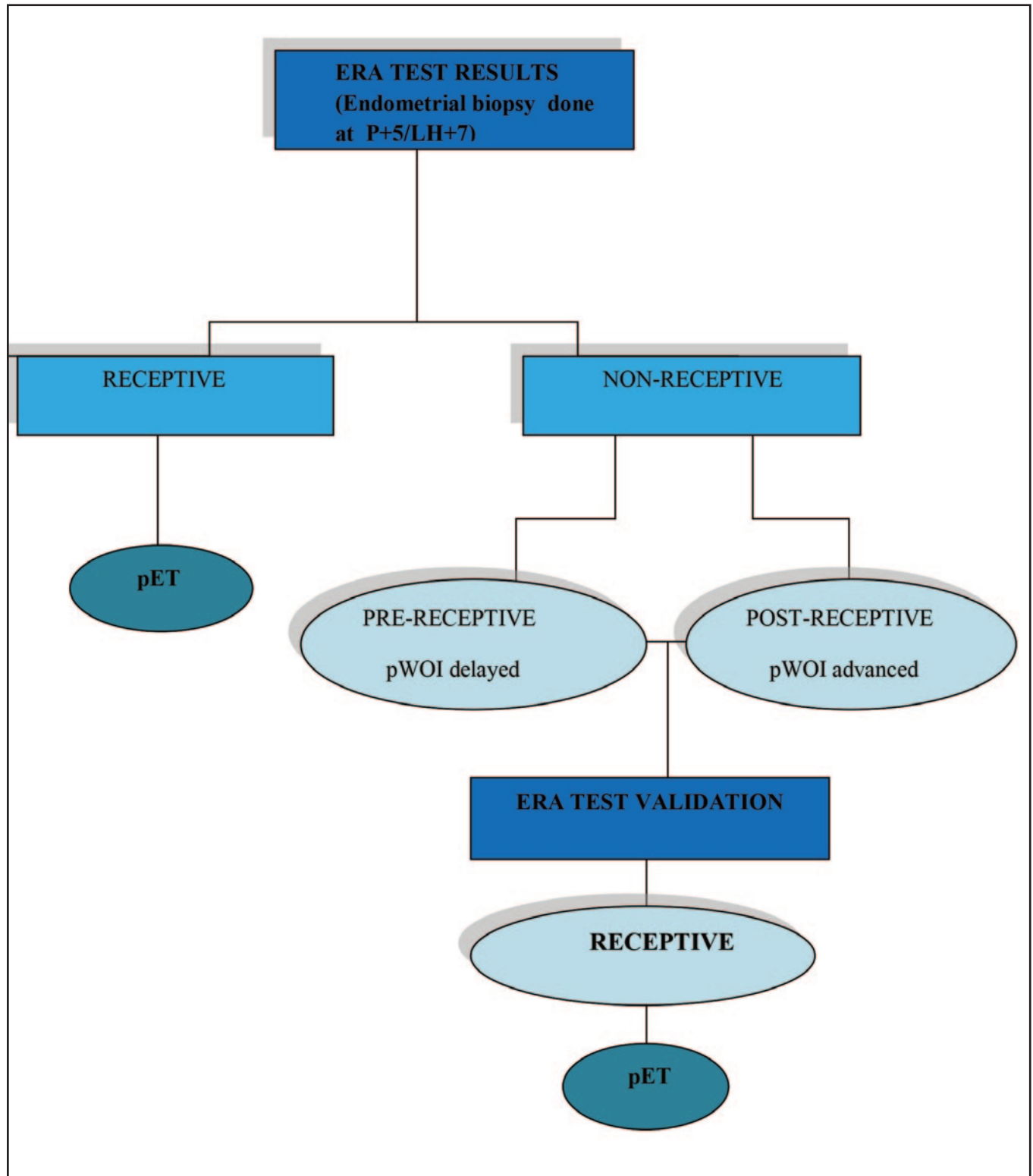
The ERA was the first diagnostic test developed to address the endometrial receptivity status of infertile patients. It consisted of a customised microarray containing 238 differentially expressed genes coupled to a computational predictor able to identify the transcriptomic profiles of proliferative (PRO), pre-receptive (PRE), receptive (R) or post-receptive (POST) endometrial samples. The authors in their pioneering study have shown that one in four patients with RIF have a



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displaced/asynchronous WOI and a personalised embryo transfer (pET) resulting in a 50.0% pregnancy rate (PR) and 38.5% implantation rate (IR), similar to that of controls <sup>(8)</sup>.





### Timing and procedure of endometrial biopsy

<b>Natural cycles</b>	<b>LH+7 or human chorionic gonadotropin (hCG)+7</b>
<b>HRT(hormone replacement treatment) cycles</b>	<b>P+5 (120 hours)</b>

Because of consistent and reproducible results, standard approach is to do biopsy in an HRT cycle. After ovarian quiescence is confirmed by vaginal ultrasound on day one or two of menstruation, endometrium preparation is done using oral estrogen in a dose of 6 mg per day (estradiol valerate, 2mg). When a 6-mm trilaminar endometrium is observed with an endogenous P serum level < 1 ng/mL, exogenous P is administered at a dosage and route used by physician for a period of 5 days (P+5 or 120 hours). Then, the endometrial biopsy for the ERA test should be obtained<sup>(6)</sup>. The protocol that is used for the cycle in which the WOI was diagnosed by the ERA test should be used for personalized embryo transfer.

The techniques employed for ERA testing has evolved over the years. In clinical practice NGS technology has replaced Microarray and PCR-based clinical tests<sup>(9)</sup>. Single-cell RNA sequencing (scRNA-seq) is the most recent one in this field and the signatures revealed that in humans window of implantation opens with an abrupt and discontinuous transcriptomic activation in the epithelia, along with a widespread decidualization in the stromal fibroblasts<sup>(10)</sup>. Various commercial transcriptomic tests available are<sup>(6)</sup>:

S.No.	Test name	Number of genes	Technique employed	Studies employing the tests
1.	WinTest from INSERM	11 genes	RT-qPCR	Haouzi et al., 2009 Haouzi, 2015 Bissonnette et al. 2016 Haouzi et al., 2021
2.	ERPeak from Cooper Surgical(USA)	40 genes	RT-qPCR	Enciso et al., 2018
3.	ERMap from IGLS (Spain)	40 genes	RT-qPCR	Enciso et al., 2018
4.	ERT from Yikon (China)	100 genes		-
5.	BeREADY from Competence Centre on Health Technologies Ltd (Estonia)	67 genes	TAC-seq DNA sequencing technology	Altma"e et al., 2017
6.	BioER from Bioarray (Spain)	72 genes	RNA high throughput sequencing	-



## SUMMARY

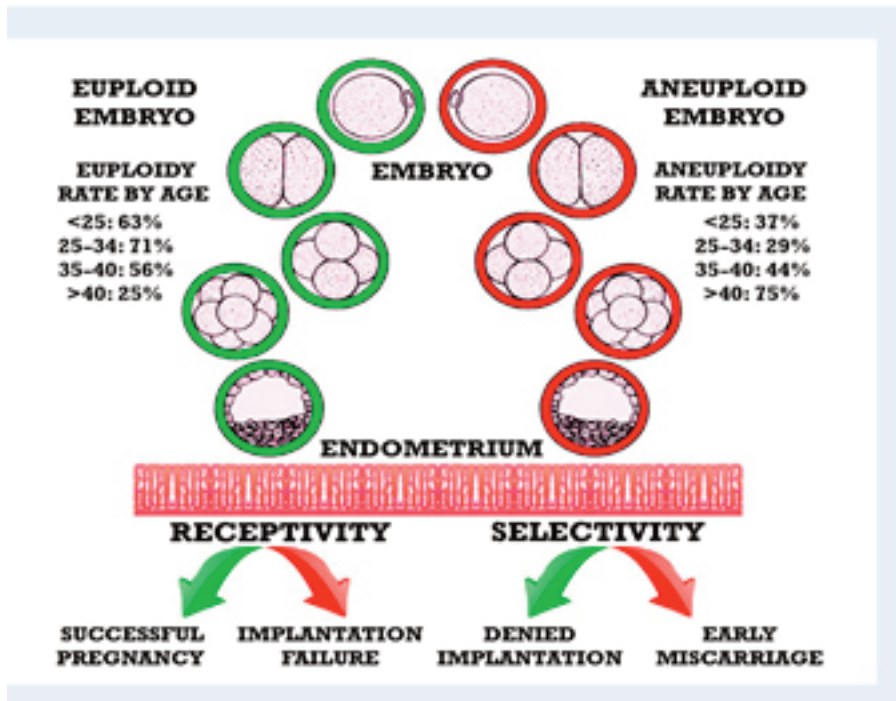
In the current era of personalized medicine it is not justified to treat all patients in the same way, without paying attention to their different needs. Especially in couples with unexplained/recurrent implantation failure the clinician should consider assessing the endometrium. Endometrial receptivity analysis provides an opportunity to do personalised embryo transfer (pET) by synchronising with each patient's WOI thereby increasing the success of treatment.

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## PG SPEAK

# Endometrium in IVF



Dr Geeta  
Wadadekar

### Concepts Endometrial selectivity & receptivity

- **Selectivity**- ability of endometrium to recognize & select embryos with developmental potential
- **Receptivity** - ability of endometrium to provide optimal conditions for implantation i.e. development of embryo & placenta

### What do we know, and what we don't. What does the current evidence say?

#### • How thick is thin?

Measured transvaginally in the sagittal plane at the thickest portion near the fundus, **<7 mm** may have a negative impact on pregnancy and live birth rates, both fresh & frozen cycles (moderate grade evidence, strong recommendation).

#### • Is it only endometrial thickness or taking additional measurements help?

- ✓ Endometrial volume- 2ml cut off with sensitivity 99% specificity 3%
  - ✓ Endometrial pattern –Trilaminar vs. nontrilaminar- No difference was found in clinical pregnancy rates
  - ✓ Uterine artery PI, RI
- Similar PI & RI in pregnant & nonpregnant women, measured on day of ET both in fresh & frozen cycles.



A uterine artery PI of <3 measured on the day of fresh embryo transfer was associated with higher clinical pregnancy rates

✓ Doppler signals -Endometrial & sub endometrial blood flow indices








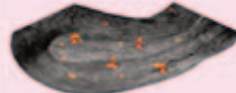








Higher endometrial VI & VFI measured on the day of the fresh embryo transfer was observed in women who achieved a clinical pregnancy.

Measured on the day of HCG injection, sub endometrial VI was lower & FI was found to be higher in women who achieved a clinical pregnancy compared to women who did not.

• **What additional assessments can we do?**

- ✓ Hysteroscopy
- ✓ Histopathology & Microbiological studies – staining, culture (tuberculosis, infections)
- ✓ ERA with personalized embryo transfer

**The prognostic accuracy of endometrial receptivity markers for clinical pregnancy.<sup>1</sup>**

Typical use of endometrial receptivity markers	Receptive endometrium	Less receptive endometrium
<b>Endometrial thickness</b> Result for receptive endometrium: > 7mm Accuracy: sensitivity 99%, specificity 3% Source of data: 11 studies (39,196 women)		
<b>Endometrial volume</b> Result for receptive endometrium: > 2mL Accuracy: sensitivity 93%, specificity 7% Source of data: 1 study (125 women)		
<b>Endometrial pattern</b> Result for receptive endometrium: triple line pattern Accuracy: sensitivity 87%, specificity 15% Source of data: 11 studies (15,653 women)		
<b>Endometrial blood flow</b> Result for receptive endometrium: flow present Accuracy: sensitivity 100%, specificity 8% Source of data: 1 study (181 women)		
<b>Endometrial contractions</b> Result for receptive endometrium: contractions absent Accuracy: sensitivity 7%, specificity 94% Source of data: 1 study (283 women)		
<b>Hysteroscopy inspection</b> Result for receptive endometrium: 'Good' Accuracy: sensitivity 75%, specificity 60% Source of data: 1 study (61 women)		
<b>Uterine natural killer (uNK) cells</b> Result for receptive endometrium: not defined Accuracy: insufficient data available Source of data: no studies		
<b>Endometrial receptivity array (ERA)</b> Result for receptive endometrium: 'Receptive' Accuracy: insufficient data available Source of data: no studies		



**Thin endometrium –what options do we have? <sup>2</sup>**

***All of them*** have ***low grade of evidence.***

- Aspirin
- Luteal phase estradiol
- Sildenafil
- Pentoxifyline

**No Controlled Studies, evidence based on Case Reports, Case Series Only**

- Intrauterine G CSF
- Sub endometrial injection /intrauterine infusion Platelet rich plasma
- Stem cells

**Individualization of treatment –Aim is to give pregnancy, and not just treat endometrium!**

**Embryo, endometrium & the dialogue between them – we know very little & don't have many answers yet.**

**Balance evidence with experience.**

**Counseling Is the Key.**

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## #Social Initiative

स्त्रियांमधील प्रजननक्षमतेवर परिणाम करणाऱ्या आजारांमध्ये केवळ शारीरिक, अनुवांशिक आणि रोगप्रतिकारक घटकांचाच समावेश नाही, तर लैंगिक संक्रमित संसर्ग, ओटीपोटाचा दाहक रोग (पीआयडी), प्रसूतीनंतरचा संसर्ग, जननेंद्रियाचा क्षयरोग, गर्भनिरोधक वापरातील गुंतागुंत यांचा समावेश आहे. .

मासिक पाळीविषयी जागरूकता आणि वैज्ञानिक माहितीचा अभाव ही आणखीन एक महत्त्वपूर्ण बाब आहे, परंतु हा बऱ्याचदा दुर्लक्षित पैलू आहे.

भारतात आजही सुमारे 60% स्त्रिया मासिक पाळीमध्ये आरोग्यदायी सॅनिटरी पॅड वापरत नाहीत; यामुळे मूत्रमार्गात, प्रजनन मार्गात संक्रमण होऊ शकते. ज्यामुळे वंध्यत्व, लवकर वयात हिस्ट्रॅक्टॉमी आणि गर्भाशयाच्या मुखाचा कर्करोग होऊ शकतो.

आम्ही आपल्याशी अशा एका जोडप्याचे सामाजीक कार्य घेऊन आलो आहोत ज्यानी या समस्येवर लक्ष देण्याचा निर्णय घेतला आहे.

आपण या मोहिमेचा एक भाग होऊ शकता आणि मासिक पाळी क्रांती मोहिम 2021 मध्ये सामील होऊ शकता!

आपल्या संघटनेतील डॉक्टर गीता वाडदेकर व डॉक्टर निलेश बलकवडे या कार्यासाठी स्वयंसेवक म्हणून रुजू झाले आहेत.

[https://docs.google.com/forms/d/e/1FAIpQLSfhTM1xl6ilZZUSQdeTIHW8\\_P2Zv8Fp1c1Sr2z4rZ5dF1g3eQ/viewform?usp=pp\\_url](https://docs.google.com/forms/d/e/1FAIpQLSfhTM1xl6ilZZUSQdeTIHW8_P2Zv8Fp1c1Sr2z4rZ5dF1g3eQ/viewform?usp=pp_url)



### समाजबंध

पुणे प्रकल्प- समाजबंध, सर्वे नं- 40/2, अटल 11, कात्रज आगम जैन मंदिराच्या पुढे, साई मंदिराजवळ, आंबेगाव खुर्द, पुणे 411046.

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- समाजबंध काय आहे :

समाजबंध ही मासिक पाळी व महिला आरोग्य या विषयावर २०१६ पासून काम करणारी युवकांची सामाजिक चळवळ असून संस्था महाराष्ट्रातील ग्रामीण व आदिवासी भागात काम करते.

- मासिक पाळीचे आरोग्य व्यवस्थापन आणि स्वच्छता
- महिला आरोग्य
- लैंगिक शिक्षण आणि
- लिंगभाव समानता

या विषयांवर समाजबंध काम करते.

प्रामुख्याने किशोरवयीन मुली व महिला यांना मासिक पाळी व्यवस्थापन समुपदेशन, पाळी विषयक अंधश्रद्धा निर्मूलन, कापडी आशा पॅड निर्मिती, पॅड निर्मिती प्रशिक्षण हे काम चालते. समाजबंधचा 'कापडी आशा पॅड' निर्मिती प्रकल्प पुण्यात कात्रज येथे तसेच हेमडी (ता. पेण, रायगड) येथे दुसरा प्रकल्प नुकताच सुरू झाला आहे.

- संस्थापक आणि त्याचा हेतू -

संस्थापक - सचिन आशा सुभाष.

सचिन राज्यशास्त्र, पत्रकारिता आणि कायद्याचा पदवीधर आहे. या कामा मागील प्रेरणा त्याची आई आहे. तिचे वयाच्या १३ व्या वर्षी लग्न झाले आणि तिला पहिली पाळी लग्नानंतर २ वर्षांनी म्हणजे १५ व्या वर्षी आली. मासिक पाळीविषयी शास्त्रशुद्ध माहिती नसल्याने तसेच त्या काळात योग्य काळजी न घेतल्यामुळे सतत होणाऱ्या गर्भाशयाच्या जंतुसंसर्गातून सचिनच्या आईला खूप लवकर गर्भाशयाची पिशवी काढण्याची शस्त्रक्रिया करावी लागली. मासिक पाळी बाबत जागरूकता नसल्याने महिलेच्या आयुष्यात वेगवेगळ्या पातळीवर होणारे दुष्परिणाम सचिनने घरी पाहिले होते. इतर महिला व मुलींना या परिस्थितीत जाण्यापासून वाचवण्यासाठी सचिनने या विषयावर विचार करण्यास सुरुवात केली आणि समाजबंधचं काम उभं राहिलं. समाजबंधची समुपदेशक - सचिनची सहचारिणी शर्वरी सुरेखा अरुण यांचं शिक्षण MA English, D.Ed झालेलं असून त्याजिमन्यास्टिक्सच्या प्रशिक्षक ही आहेत.

सचिन शर्वरी हे दांपत्य जुलै २०२० पासून रायगड जिल्ह्यातील कातकरी-ठाकूर आदिवासी बहुल भागात राहून त्यांच्यासोबत आरोग्य व रोजगारासाठी काम करत आहेत.

- समस्या -

भारतात आजही 88% महिला मासिक पाळीमध्ये मेन्स्ट्रुअल पॅड वापरू शकत नाहीत. मासिक पाळीत योग्य काळजी न घेतल्यामुळे गर्भाशयाला जंतुसंसर्ग होण्यापासून ते गर्भाशयाच्या कॅन्सरपर्यंत कितीतरी आजार महिलांना होतात. परिणामी महिलांचे गर्भाशय काढावे लागते ज्यामुळे सांधेदुखी, भावनिक असंतुलन असे अनेक दुष्परिणाम महिलांच्या शारीरिक व मानसिक आरोग्यावर होतात.

पण मुख्य प्रश्न हा होता की महिला पाळीत योग्य काळजी का घेत नाहीत ? याचा अभ्यास करताना समाजबंध टीमला हे जाणवलं की एकतर ग्रामीण आदिवासी महिलांना मासिक पाळीविषयी शास्त्रशुद्ध माहिती नसते, पाळीत वापरण्यासाठी महागडे पॅड विकत घेणे त्यांना परवडत नाही आणि जरी ते गावात दुकानात उपलब्ध असले तरी सामाजिक लज्जेमुळे ते घ्यायला त्या दुकानात जात नाहीत. घरातील पुरुष ही ते आणून देत नाहीत.

६वी ते १०वी मधील ३५% म्हणजे २.३ कोटी मुली भारतात दरवर्षी शाळा सोडतात त्यामागील मुख्य कारणांपैकी एक कारण मासिक पाळी हे आहे. वरील तीन समस्या याचं मूळ आहेत.

- उपाय -

या मूलभूत प्रश्नाचा सामना करण्यासाठी, समाजबंधने 'प- पाळीचा: जागर स्त्री अस्तित्वाचा' हे मासिक पाळी आरोग्य





व्यवस्थापन जागरूकता सत्र आणि 'कापडी आशा पॅड' तयार केले आहे. 'आशा पॅड' हे कोणतीही सामान्य स्त्री केवळ जुन्या कपड्यांचा वापर करून घरच्या घरी देखील बनवू शकते. आम्ही आमच्या पुणे व रायगड येथील प्रकल्पात दुर्गम आदिवासी व ग्रामीण भागात मोफत वाटण्यासाठी असे पॅड तयार करतो. यातून काही स्थानिक गरजू महिलांना रोजगार ही मिळत आहे.

● कापडी आशा पॅड :

समाजबंधने या प्रश्नावर काम करायचं ठरवलं तेव्हा देशभरातील उपलब्ध पॅडचा अभ्यास करून, चाचण्या घेऊन अखेर कापडी 'आशा पॅड' चा आविष्कार झाला. घरातील जुन्या कपड्यांपासून साध्या शिलाई मशीनवर स्वतःच्या घरात बनवता येतील असे पर्यावरणपूरक, पुनर्वापर करण्यायोग्य, जमिनीत विघटित होऊ शकतील असे आणि सर्वात महत्वाचं कोणतेही केमिकल, जेल किंवा प्लास्टिक घटक विरहित कापडी पॅड म्हणजे समाजबंधचे आशा पॅड ! हे पॅड बाजारात मिळणाऱ्या बाकी प्लास्टिक पॅड पेक्षा जास्त रक्त शोषून घेतात आणि जास्त वेळ वापरले गेले तरी शरीरास कोणताही अपाय करत नाहीत याचं कारण म्हणजे यामध्ये असलेला केमिकल जेलचा अभाव. या पॅडला अंतर्वस्त्राला पकडून ठेवता येईल असे लॉक तर आहेच पण शिवाय हे पॅड बाहेरून जणू रुमालच आहे असेच दिसतात म्हणून हे न लाजता बिनधास्त बाहेर सूर्यप्रकाशात वाळत टाकता येतात. त्यामुळे त्यातील जंतू, बॅक्टेरिया मरून जातात आणि योनीला कोणताही संसर्ग होत नाही. हे पॅड घरीच बनवता येतात आणि 4 ते 6 मासिक पाळीत वापरले जाऊ शकतात.

● आशा पॅड निर्मिती प्रशिक्षण :

आम्ही ग्रामीण व दुर्गम आदिवासी भागातील महिलांना आशा पॅडचे विनामूल्य नमुने वापरायला देतो आणि ते स्वतःहून कसे तयार करावे याचं प्रशिक्षण ही देतो. महिलांना पॅड बनवण्यासाठी लागणाऱ्या कापडाची निवड, मोजमाप, design, शिलाईची पध्दत इत्यादी महत्त्वपूर्ण बाबी सांगून समोर पॅड बनवून दाखवून लगेच शिलाई मशीनवर तसेच हातशिलाई वर सर्व महिलांकडून तिथेच एक एक पॅड बनवून घेतले जाते. अशाप्रकारे केवळ पॅड न देता पॅड बनवण्याचे तंत्रच महिलांच्या हातात देऊन त्यांना पॅडच्या बाबतीत स्वयंसिद्ध बनवले जाते जेणेकरून त्या कायमस्वरूपी पॅड वापरायला लागतील. यातून शिलाई काम करणाऱ्या स्थानिक महिलांना रोजगाराच्या संधी ही उपलब्ध होत आहेत.

● 'प - पाळीचा; जागर स्त्री अस्तित्वाचा' - जनजागृती समुपदेशन सत्र :

पण केवळ पॅडने मासिक पाळीच्या सर्व समस्या सुटणार नाहीत; म्हणून समाजबंध हे पॅड निर्मिती बरोबरच मासिक पाळी विषयी महिला व किशोरवयीन मुलींचे समुपदेशन ही करते. मासिक पाळी विषयी संपूर्ण शास्त्रशुद्ध माहिती देऊन पाळीकडे पाहण्याचा शास्त्रीय दृष्टिकोन विकसित करण्यावर सत्राचा भर असतो. पाळीविषयक अंधश्रद्धा व गैरसमजुती खोडून मुलींना मासिक पाळी कशी व का येते इथपासून ते मासिक पाळीच्या काळात काय काळजी घ्यावी, कशी निगा राखावी, काय आहार घ्यावा, व्यायाम कोणता करावा, स्वच्छता कशी राखावी इत्यादी सर्व विषयांची इत्थंभूत माहिती दिली जाते. प्रामुख्याने

☞ स्त्रियांचे शारीरिक व मानसिक आरोग्य

☞ मासिक पाळीतील समस्या व उपाय

☞ पाळीविषयीचे गैरसमज व अंधश्रद्धा

☞ पाळीविषयक शास्त्रशुद्ध माहिती

☞ स्वच्छता, आहार आणि व्यायाम

☞ पॅडचा वापर, स्वच्छता व विल्हेवाट

☞ मासिक पाळीशी निगडित आजार आणि घ्यावयाची काळजी.

या विषयांवर मुक्त संवाद साधला जातो. संवाद साधताना गरजेनुसार व शक्य असेल तर apron/ चित्रं/ short film चा वापर केला जातो.





● समाजबंधच्या कामाचा प्रभाव -

आतापर्यंत पुणे, गडचिरोली, वर्धा, रत्नागिरी जिल्ह्यातील विविध गावांमधील साधारणपणे ४००० महिला व मुलींना समुपदेशन व प्रशिक्षण देण्यात आले आहे. त्यापैकी बऱ्याच महिला आता स्वतः घरी बनवलेले आशा पॅड वापरत आहेत. परंतु आम्ही त्यांच्यात या माध्यमातून एक सर्वात महत्त्वपूर्ण बदल आणू शकतो तो म्हणजे मासिक पाळीकडे बघण्याच्या दृष्टिकोनातील बदल. या बाबींना धार्मिकतेशी जोडणाऱ्या महिला आता पाळीला नैसर्गिक चक्र म्हणून पाहतात. ज्या महिलांनी आयुष्यभर शिवाशिव पाळली त्या आता आपल्या मुली-सुना यांना हे पाळायला सांगत नाहीत आणि स्वतःही पाळत नाहीत !

महिला व मुलींना निश्चितच या सत्रामधून योग्य ज्ञान मिळते जे प्रथेनुसार चालत आलेल्या अंधश्रद्धा, गैरसमज, विटाळ तोडण्यात त्यांना मदत करते. बऱ्याच महिला गलिच्छ आणि अस्वच्छ कपड्यांचा वापर करणे थांबवून आशा पॅड

वापरण्यास सुरवात करत आहेत.

● कामातील अडचणी -

सुरुवातीच्या टप्प्यात सत्रासाठी महिलांना एकत्र करणे फार कठीण जाते. त्यांना या विषयाबद्दल ऐकणे, बोलणे शरमेचे व चुकीचे वाटते. म्हणून महिलांना गोळा करण्यासाठी आम्ही स्थानिक आशा सेविका, अंगणवाडी कर्मचारी, महिला प्राथमिक शिक्षिकेचा आधार घेतो. स्त्रियांना या विषयाचे महत्त्व समजविणे फार कठीण आहे. आरोग्य भान नसणे व स्वतःचे आरोग्य प्राधान्यक्रम नसणे ही यामागील खरी शोकांतिका आहे. परंतु एकदा आपण चर्चा सुरू केली की महिला मोकळ्या होतात आणि खुलेपणाने त्यांच्या समस्या देखील सामायिक करतात. शाळेत मुलींसोबत कार्यक्रम घेण्यासाठी मुख्याध्यापकांकडून परवानगी मिळवणे ही देखील एक कसरतच असते.

समाजबंध ही स्वयंसेवकांवर आधारित संस्था आहे. मित्र आणि हितचिंतकांच्या दरमहा देणगीतून प्रकल्पाचा खर्च भागविला जातो. परंतु अद्याप कोणतेही अनुदान, मदत किंवा मोठा निधी नसल्याने काम वाढवण्यासाठी ठोस आर्थिक पाठबळ नाही. हितचिंतकांकडून दरमहा 'समाजबंध शाश्वत निधी'त मिळणारा सहयोग हेच काम चालू ठेवण्यास मोठे सहकार्य आहे !

● समाजबंधच्या कामात कसे सहभागी व्हाल :

विवेकी वर्तणूक -

- मासिक पाळी विषयी कोणतीही अंधश्रद्धा, अस्पृश्यता न पाळून.
- पाळीच्या दिवसात आपल्या जवळच्या महिलांना सकस आहार, पुरेसा आराम आणि स्वच्छता राखली जाईल याची काळजी घेऊन.

बहुमूल्य वेळेचे दान -

- आमच्या समुपदेशक गटात सामील होऊन, प्रशिक्षण घेऊन या विषयावर विविध ठिकाणी जनजागृती करून.
- गरज असलेल्या भागात समाजबंधचे समुपदेशन सत्र, पॅड निर्मिती प्रशिक्षण आयोजित करून.
- समाजबंध आयोजित विविध मोहिमा उपक्रमामध्ये सहभागी होऊन तसेच याची माहिती social media द्वारे सर्वांपर्यंत पोहोचवून.

आर्थिक सहकार्य -

- समाजबंध प्रकल्पासाठी लागणारे साहित्य, जुने कपडे देऊन.
- समाजबंध ही पूर्णतः लोकवर्गणीतून चालणारी चळवळ आहे, आपण आपणास शक्य ती रक्कम या कामासाठी एकदा/दरमहा देऊ शकता जेणेकरून हे काम असेच अविरत चालू राहील.

आर्थिक मदतीसाठी account details :





State Bank of India  
Branch: Kettur  
Acc Name: Sachin Asha Subhash  
Acc No: 35915354850  
IFSC: SBIN0018713  
GooglePay, PhonePe: 7709488286

- समाजबंधच्या कामाची दखल -
- ISRN आणि भारत सरकारच्या सांस्कृतिक मंत्रालयाने तयार केलेल्या 'अंत्योदयासाठीच्या सर्वोत्तम कामगिरी' या राष्ट्रीय अहवालात समावेश
- आदिवासी खेड्यामध्ये मासिक पाळीच्या स्वच्छतेविषयी जागृती केल्याबद्दल राज्य महिला आयोग आणि टिळक महाराष्ट्र विद्यापीठातर्फे सन्मान
- लॉजिकल इंडियन, ईटीव्ही भारत, एएनआय न्यूज, दूरदर्शन, एबीपी माझा, झी 24 तास, लोकसत्ता, सकाळ आणि अशा अनेक आघाडीच्या माध्यमांतून वेळोवेळी कामाची दखल



मुलींसाठी 'प-पाळीचा: जागर स्त्री अस्तित्वाचा सत्र



ग्रामीण भागातील महिलांना आशा पॅड निर्मिती प्रशिक्षण



रायगडमधील कातकरी-ठाकूर आदिवासी वाड्या



किशोरवयीन मुलींना आशा पॅडचे वाटप



आदिवासी महिलांसोबत प्रबोधन सत्र



जिथे काम सुरू आहे तेथील कातकरी लोकांची घरे

**धन्यवाद !**



POGS *in*



## GENERAL SECRETARY'S REPORT - APRIL 2021

### FOGSI SAFE DELIVERY DAY CELEBRATIONS - 11<sup>th</sup> April

In keeping with the current prevailing norms, team POGS took the decision of moving the programme for "FOGSI Safe Delivery Day" to the age old, trusted platform of radio!! We celebrated "FOGSI Safe Delivery Day" on 11th April 2021 with the help of All India Radio. President Dr Sunita Tandulwadkar & General Secretary Dr Vaishali Korde-Nayak with two managing committee members Dr Vijayanti Patwardhan, Dr Shubhalaxmi Kurtkoti, attended a live question answer session on Aakash Vani & answered the telephonic queries of the listeners. We are happy, we could give the information regarding safe motherhood to over & above 4 lakh listeners. Also, the care which needs to be taken by a pregnant woman during this pandemic, was discussed elaborately.



### POGS STAR-OG GLOBAL VIRTUAL CONFERENCE – 16, 17, & 18<sup>th</sup> April

After this wonderful beginning, we had a mega event, POGS STAR-OG GLOBAL conference on virtual platform from 16th to 18th April 2021. The STAR acronym here represented Safety. Technology. Advances. Research. in Obs-Gyn. Team POGS shone bright during this event under the guidance of our dynamic President Dr Sunita Tandulwadkar & the whole nation witnessed it. The main conference was preceded by 4 excellent workshops. **This POGS Workshop Carnival** was with 4 prestigious organizations, with 4 convenors across the country & with faculties from over 4 countries-

1. 'Jeena Isi ka Naam hai' was a star studded **POGS- YTP committee FOGSI Workshop**.
2. **POGS- AFOG, Safe Motherhood Committee** FOGSI Workshop was an academic feast on Operative Obstetrics & people enjoyed it fully.
3. **POGS- FIGO Workshop** was on Global updates for women
4. **POGS- RCOG Workshop** was on Enhancing success in Infertility
5. A workshop was also conducted for the paramedical staff & frontline healthcare workers to teach them the golden hour management & labour room readiness.

In these dark hours of covid pandemic, we all experienced a galaxy of star faculties, shining bright to make this global event successful. Almost 4000 delegates enjoyed this academic feast in 3 parallel halls with over 350 esteemed faculties – National & international both. Presence of international faculties like Dr Patrick O'Brien, Dr Sergio Haimovich & Prof Tim Draycott, left a great impact on the audience. Oration of Dr Patrick on 'Coronavirus in Pregnancy' was an excellent deliberation, relevant to the present times. With President, Dr Sunita Tandulwadkar at its helm, ably leading her wonderful team from the front, we could put up a grand show. Team POGS showed its mettle in the form of their unity & hard work to make this conference a grand success. Team Onference really brought the whole world together. Faculties from every corner of the country & world were brought in, with so much of ease & clarity. It was possible only with the help of Team Onference. Special mention of Zydus & Mr Sudip is needed, as we could achieve all this with their academic grant & support. The grand prizes for the Quiz winners, was another topic of attraction.

These days of superlative conference and workshops was an unforgettable event with, release of this year's logo & the first news bulletin – "STAR-CONNECT". This news bulletin promises to bring you varied topics in the field of OBGY every month! This academically loaded event has been uploaded on the POGS website – [www.pogs.in](http://www.pogs.in)

Enjoy the academic Feast!

**Dr Vaishali Korde-Nayak**  
General Secretary, POGS





# POGS STAR OG GLOBAL VIRTUAL CONFERENCE REPORT

**STAR – OG Global Virtual Conference**

In association with

FIGO  
International Federation of Gynecology and Obstetrics

AOGPOG  
Asia & Oceania Federation of Obstetrics & Gynaecology

Royal College of Obstetricians and Gynaecologists

**DATES: 16<sup>th</sup>, 17<sup>th</sup>, 18<sup>th</sup> APRIL 2021**

16<sup>th</sup> April 2021: Four Pre-congress Workshops  
17<sup>th</sup> -18<sup>th</sup> April 2021: Main Conference



**Dr Parag Biniwale**  
CME Incharge  
President Elect, POGS



**Dr Nilesh Balkawade**  
Clinical Secretary,  
POGS



## 36<sup>th</sup> POGS Installation

## STAR-OG Conference

### Safety Technology Advances Research in Obs-Gyn Looking over The New Horizon

**Saturday 17<sup>th</sup> April 2021**

	Obstetrics Hall	Gynecology Hall	STAR Hall
9am-10am	<b>Optimising Neonatal Outcomes</b> Chairpersons - Dr Aparna Shrotri, Dr Pushpa Junghare, Dr Anurita Singh	<b>Everything about Hysterectomy</b> Chairpersons - Dr Tushar Panchnadikar, Dr Parul Kotdawala, Dr Vaidehi Marathe	<b>Challenges in Obstetrics &amp; Gynecology</b> Chairpersons - Dr Pradeep Sambrey, Dr Sanjay Das, Dr Kiran Patole,
9-9.15 am	Neonatal resuscitation guidelines 2020 - Update yourself Dr. Umesh Vaidya	Handling large Uteri by Vaginal Route Dr. Kavita Bapat, Indore	Complications in Monochorionic Twin Pregnancy Col Dr. Sanjay Sing
9.15-9.30am	Electronic Fetal Monitoring (EFM) : Dr. Purnima Satoskar, Mumbai	Newer Energy sources in TLH - Dr. Kalyan Baramade	Thrombocytopenia in Pregnancy Col Dr. Atul Sheth
9.30-9.45am	Antenatal interventions to improve neonatal outcomes - Dr Poonam Verma	Complications @ Lap Hysterectomy - Visceral & Vascular Dr. Aswathkumar	What's new in Contraception? Dr Shobha Gudiora
9.45-9.55am	Q&A	Q&A	Q&A
9.55-10 am	Quiz	Quiz	Quiz
10-11am	<b>New Rx in Obstetric Emergencies</b> Dr Vidyasagar Achole, Dr Kavita Mandrelle Bhatti, Dr Vidya Gaikwad	<b>Endoscopy-Future for Fibroid management</b> Dr Hafeez Rehman, Dr Rajesh Darade, Dr Chaitanya Ganpule	<b>Endocrine Disorders</b> Dr Dilip Kamat, Dr Ritu Joshi, Dr Indu Agarwal
10-10.15am	Hypertensive emergency- What's the recent trend in treatment? Dr. Bharti Maheshwari	Different Approaches to Submucous myomas by Hysteroscopy - Dr Sergio Heimovich	<b>10-10.50am</b> Panel discussion on First Trimester Losses <b>Moderators:</b> Col Tony Jose, Dr Vaishali Chavan <b>Panelists:</b> Dr. Uma Wankhede
10.15-10.30	Newer management of Coagulopathy in Pregnancy Dr. Manju Puri	Simplifying difficult Myomectomies Dr. Prakash Trivedi	Dr. Siddesh Iyer, Dr. Indrani Roy
10.30-10.45am	Algorithms in management of Severe Preeclampsia Dr. Gorakh Mandrupkar	Retrieval of Myoma- Different Techniques- Dr Rekha Kurian	Dr. Monika Gupta Dr. Pankaj Mate Dr Amrita Tandon Dr Mandakini Pradhan
10.45-10.55am	Q&A	Q&A	Quiz
10.55-11am	Quiz	Quiz	Quiz
11-12 pm	<b>Plenary Session</b> -Chairpersons-Dr Atul Munshi, Dr Arun Phadnis, Dr Hephzibah		
11-11.20	Dr Sanjay Gupte	Genomics in Obstetrics-an overview	
11.30-11.50	<b>Dr Jaideep Malhotra</b>	Adbhut Matrutva	
12-1.00pm	<b>Plenary Session</b> - Chairpersons-Dr Rajendrasing Pardeshi, Dr Minaxi Patel, Dr Hemant Deshpande		
12-12.20pm	Dr Krishnendu Gupta	Galactorrhoea : An evidence based approach	
12.30-12.50pm	Dr. Meera Agnihotri	Role of Progesterone in PTB	
1.00-1.30 pm	<b>Conference Oration</b> - Chairpersons : Dr Usha Sharma, Dr Chandravati, Dr Bharati Dhorepatil, Dr Vaishali Korde Nayak Hysteroscopic Isthmocolic Repair Dr Mario Franchini		
1.30-2.00pm	<b>Star Oration</b> - Chairpersons- Dr Rajendra Saraogi, Dr Anand Bhalerao, Dr Sunil Shah, Dr Sunita Tandulwadkar The art of ART – The journey from history, evolution, to the future- Dr. Hrishikesh Pai		



2.00-3.00PM	<b>Rapid Fire Learning - What Newer Evidence says? MIXED BAG</b> <b>Chairpersons -</b> Dr Mukta Umarji, Dr Shekhar Amle, Dr Prashant Acharya	<b>Rapid Fire Learning What the News in PCOS?</b> <b>Chairpersons -</b> Dr Anand Shinde, Dr Vidhu Modgil, Dr Somshekhar Patil	<b>Rapid Fire Learning Newer Drugs in Obs-Gyn</b> <b>Chairpersons -</b> Dr Ashwini Bhalariao, Dr Ramesh Bhosale, Dr Sudesh Doshi
2-2.10pm	Partogram - What's new ! Dr. Latika Chawla	Metabolic Syndrome in PCOS - Diagnosis & Treatment Dr. Leena Patankar	Drug safety in pregnancy DR Sujata Sharma
2.10-2.20 pm	AMTSL Dr. Amey Chugh	Hormonal dysfunction in PCOS Dr. Pallavi Satarkar	Newer OHA in Treatment of Diabetes in Pregnancy Dr Vaishali Deshmukh
2.20-2.30 pm	Intrapartum CTG Dr. Aruna Menon	What's new in PCOS diagnosis? Dr. Venugopal	Covid 19 - Which drugs can we offer in Pregnancy? Dr. Komal Chavan
2.30-2.40pm	DEBATE Double Marker vs NIPT for First Trimester screening for > 35 years	Long Term Sequelae in PCOS Dr. Abha Singh	Selective Progesterone Receptor Modulators in Endometriosis Dr. Arun M Boruah
2.40-2.50pm	Dr. Pragya Mishra Dr. Pooja Vaziyani	PCOS & pregnancy implications Dr. Renu Makwana	Medical Management of Cholestasis in pregnancy - Dr.Meeta Gupta
2.50-3.00pm	Quiz		
3.00-5.00pm	<b>The Solution Room AMA(Ask Me Anything) Chairpersons -</b> Dr Mandakini Megh Dr Balamba, Dr Arun Nayak	<b>The Solution Room - AMA(Ask Me Anything) Chairpersons -</b> Dr Arvind Sangamnerkar, Dr Jayant Rath, Dr Jogesh Bachchav,	<b>The Solution Room - AMA(Ask Me Anything) Chairpersons-</b> Dr Sanjeev Khurd, Dr Vivekanand, Dr Niraj Jadav
3-3.30	Vaccination in Obstetrics - You must Know!! Dr Haresh Doshi <b>Moderator:</b> Dr. Basab Mukherjee	Principles of Evaluation & management in Urinary Incontinence- Dr Ajay Rane <b>Moderator:</b> Dr. Aparna Hegde	Managing Antepartum Hemorrhage at periphery Dr Mahesh Gupta <b>Moderator</b> : Dr Shantanu Abhyankar
3.30-4.00	Decision making in Rh negative Pregnancy - Dr Vatsala Dadhwai, AIIMS <b>Moderator:</b> Dr. Aparna Sharma	NO-Mesh is not messy! Dr. V P Paily <b>Moderator :</b> Dr Prashant Mangeshkar	Conservative Management of PPROM - Fact or Hype? Dr. Sheela Mane <b>Moderator :</b> Dr Dipak Bhagde
4-4.30	Difficulties in delivery of head at Cesarean section <b>Dr. Mrityunjay Bellad</b> <b>Moderator:</b> Dr. Parikshit Tank	Management of OAB Dr. Vineet Mishra <b>Mod-</b> Dr. Sarita Narang	Managing Adherent Placenta Dr. Alka Kriplani <b>Moderator:</b> Dr. Atul Ganatra
4.30-5.00pm	How to handle SAMM Medicolegally? Dr. Dilip Walke <b>Moderator:</b> Dr. Manish Machave	Diagnosing & managing Urinary Tract Injuries- <b>Dr Parul Kotdawala</b> <b>Moderator:</b> Dr Nita Thakare	Early vs Late FGR- Practical Evidence based Management Dr. Archana Baser <b>Moderator:</b> Dr. Chinmayee Rath
5-5.15pm	MEGA QUIZ	MEGA QUIZ	





**36<sup>th</sup> POGS Installation**

**STAR-OG Conference**

**Safety Technology Advances Research in Obs-Gyn  
Looking over The New Horizon**

**Sunday 18<sup>th</sup> April 2021**

Coronavirus in Pregnancy : Review and Expert Consensus

	Obstetrics Hall	Gynecology Hall	STAR Hall
9am-10am	<b>PPH</b> Chairpersons - Dr Dilip Walke, Dr Mala Srivasatva, Dr Sagar Kataria	<b>AUB</b> Chairpersons - Dr Suresh Kathpalia, Dr Kanchan Bhulbhar, Dr Bhagyaxmi Nayak	<b>Vaginal Surgeries Revisited</b> Chairpersons - Dr Sheela Mane, Dr Smita Jog, Dr Bharati Abhyankar
9-9.15 am	Blood loss estimation & MEOWS monitoring Dr. Jyothika Desai	Case based discussion in AUB- Adolescent AUB-Dr Girish Mane	Prevention of pelvic floor damage Dr Hemant Damle
9.15-9.30am	Golden hour management DrUma Wankhede	Reproductive age- Hormonal Management Dr. SampathKumari	Cosmetic Gynecology- Dr Vidya Pancholia
9.30-9.45am	Surgical Techniques of Managing PPH Dr Ashok Kumar, Delhi	Reproductive age - Non-Hormonal Management Dr. Rajendra Nagarkatti	OASI (Obstetric Anal Sphincter Injury) Dr. Kameshwari
9.45-10am	Prediction & Prevention of PPH Dr Archana Verma	Perimenopausal AUB Dr. Anita Soni, Mumbai	Ergonomics of Vaginal Surgery - Dr. Mukesh Rathi
10-10.05 am (3 min)	Quiz	Quiz	Quiz
10-11am	<b>Pregnancy &amp; Comorbidities</b> Chairpersons - Dr Pranjal Sharma, Dr Sujata Mishra, Dr Prachi Ujawane	<b>New Horizons in Infertility</b> Chairpersons - Dr Avinash Bhutkar, Dr Rosa Olajy, Dr Varsha Lahade	
10-10.15am	Viral Diseases in Pregnancy - Do we've the cure? Dr. N. Palaniappan, Chennai	Genital Tuberculosis- Still a challenge Dr Murlidhar Pai	Panel discussion on Surgical Challenges in Endometriosis <b>Moderator:</b> Dr. Ramani Devi Dr. Pratik Tambe <b>Panelists:</b> Dr. Fessy Louis Dr. Kanthi Bansal Dr. Sandeep Datta Roy Dr. Nagendra Sardeshpande Dr. Uma Pandey
10.15-10.30	Heart disease in Pregnancy - Still a leading cause of Maternal Morbidity Dr. Ratnakumar Talukdar,	Managing Stimulation in PCOS Dr. Nandita Palshetkar	
10.30-10.45am	High risk Pregnancy - Future implications on Non-Communicable Diseases - Dr Bhaskar Pal	Managing Poor Responders- Dr. Rishma Pai	
10.45-10.55am	Management of HIV in Pregnancy-Newer Guidelines-Dr Anju Soni	Luteal Phase Support in IUI: Do we need it? Dr. Sonia Malik	
10.55-11am	Quiz	Quiz	Quiz
11am-11.30am	Confrence Oration- <b>Chairpersons-Dr P K Shah, Dr Geetendra Sharma, Dr Jayam Kannan, Dr Parag Biniwale</b>		
11-11.20am	The Obese Pregnant Woman- Management Issues & Solutions 20min Dr Suchitra Pandit		
11.30am-11.50pm	STAR Oration Chairpersons - Dr Sunita Tandulwadkar, Dr Uday Thanawala, Dr Laxmi Shrikhande 20 min Tim Draycott		
12-12.20PM	Oration - Chairpersons- Dr Adi Dastur, Dr Narendra Malhotra, Dr M C Patel, Dr Vaishali Korde Nayak 20 min Coronavirus in Pregnancy : Review and Expert Consensus Patrick O'Brien		
12:20 - 12:30 pm	Release of POGS STAR News Bulletin in presence of Patrick O'Brien, Tim Draycott, Sunita Tandulwadkar, Hrishikesh Pai, Nandita Palshetkar, Sergio Heimovich		
12.30 - 12.45pm	Uterine anomalies - A practical guide and management : Dr. Jaydeep Tank		
12.45-1pm	Adenomyosis - Unravelling the enigma : Dr. Nozer Sheriar		
1.00-1.55pm	<b>Panel Discussion on New Horizons in Obstetric Practice in - Multispeciality &amp; single speciality hospitals</b> Mod : Dr. Charu Chandra Joshi <b>Dr Chaitanya Shembekar</b>  <b>Panelist:</b> -Dr. Sudhir Shah -Dr. Prasanna Joshi -Dr. Girish Godbole -Dr. Sabrina Bokil -Dr. Chandrakant Sanklecha -Dr. Anahita Chauhan -Dr. Selvapriya	<b>Panel Discussion on Adenomyosis- Medical vs Surgical Management</b> Moderators: Dr. Asha Rao Dr. Priyankur Roy  <b>Panelist:</b> -Dr. Jyoti Mishra -Dr. Dinesh Kansal -Dr. Sushila Saini -Dr. Subash Mallia -Dr. Richa Sharma -Dr. Deven Jogal -Dr. Manish Pandya	<b>Panel Discussion on "Prescribing in Pelvic infections: A case-by-case reflection"</b> Moderators: Dr. Ragini Agarwal Dr. Anita Singh  <b>Panelist:</b> -Dr. Shashwat Jani -Dr. Geeta Dopa -Dr. Anjali Tempe, -Dr. Niraj Jadav -Dr. Laxmi Rachkonda, -Dr. Madhuri Chandra,



1.55-2pm	Quiz	Quiz	Quiz
2.00-3.00PM	<b>STAR 20-20</b> <b>Chairpersons-</b> Dr Pradip Sambarey, Dr Sanjeev Deshpande, Dr Sarita Agarwal	<b>STAR 20-20</b> <b>Chairpersons-</b> Dr Shekhawat, Dr Paresch Gandeche, Dr Anupam Gupta	<b>STAR – 20-20</b> <b>Chairpersons-</b> Dr Gurpreet, Dr Richa Sharma, Dr Pandit Palaskar
2-2.20pm	<b>Debate</b> -Induction for Fetal growth restriction - Dr. Laxmikant Behele	McIndoe's Vaginoplasty Dr Parag Sahasrabudhe	Laparoscopic Entry- Different Techniques Dr. Krishnakumar S.
	cesarean section for Fetal growth restriction Dr. Kirtan Vyas	Laparoscopic Vaginoplasty Dr. Sandesh Kade	
2.20-2.40 pm	<b>Debate</b> -CVS vs Amniocentesis Dr. Aparna Sharma	Barb suture Dr. Manish Machave	Post TLH reconstruction of Pelvic Ring Dr. Arti Luthra
	Dr. Sachin Nichite	Conventional Suture Dr Farendra Bharadwaj	
2.40-2.50pm	Reducing perinatal morbidity and mortality – Obstetricians role Dr. Charmila Ayavoo	Laparoscopic Isthmocele repair Dr. Vikram Khot, Chiplun 15+5 min session	Learning the Art of Lateral Pelvic Wall Dissection Dr. Shinjini Pande
2.50-3.00pm	Reducing perinatal morbidity and mortality – Neonatologist's role Dr. Pradeep Suryawanshi		
3.00-4.00pm	<b>TOPICS OF YOUR CHOICE- Experts Talk</b> <b>Chairpersons -</b> Dr Ajay Mane, Dr Sushma Sharma, Dr Leela Vyas	<b>TOPICS OF YOUR CHOICE- Experts Talk</b> <b>Chairpersons -</b> Dr Arti Nimkar, Dr Bipin Pandit	<b>Rapid Fire Learning</b> <b>PG program</b> <b>Incharge - Dr Hemant Deshpande</b>
3-3.30	Safe & Happy Labour experience- Dr Evita Fernandez	Sono-Endocrinology- Dr Sonal Panchal	3.00 -3.15pm Mentor-Mentee Expert - Dr Hemant Deshpande Clinical Pelvimetry with Bishop's score
3.30-4.00	Perioperative Thromboprophylaxis in LSCS <b>Dr. P. C. Mahapatra</b>	Troubleshooting in Hysteroscopy Dr Osama Shawki	3.15-3.30pm Mentor-Dr Uma Wankhede Decision making in 2 <sup>nd</sup> stage
			3.30-3.45pm - Mentor Dr Sushma Sharma POP Q Classification for Prolapse
			3.45-4.00pm- Mentor- Dr Atul Sheth IOTA & Management of Ovarian cystadenoma in Reproductive age
4.00-5.00	<b>Panel-on Antenatal Screening</b> <b>Mod – Dr Ashok Khurana</b> <b>Panelists</b> Dr Sudha Prasad Dr Prashant Patil Dr Ajit Gandhi Dr Bimal Sahani Dr Sheetal Gaikwad Dr Shripad Karhade	<b>Panel-on Adnexal masses-Evaluation &amp; Treatment</b> <b>Mod- Dr Narendra Malhotra</b> <b>Panelists</b> Dr Prakash Patil Dr Aditi Nadkarni Dr Yashodhara Pradeep, Lucknow Dr Asha Baxi Dr Shyus Nair	
5.00-5.30pm	<b>Valedictory &amp; Mega Results</b> Kaun Banega STAR - Kaunlega CTG Machine	Kaun Banega STAR - Kaunlega Telescope	

Media Partner :



Register Now

<http://pogs.onference.live/she-the-star/>

Academic Partner :





## POGS WORKSHOPS

### POGS-STAR PRE-CONGRESS WORKSHOP IN ASSOCIATION WITH FIGO

When we have the vision of a visionary President Dr Sunita Tandulwadkar, and the efforts and organizational skills of a vibrant academician Dr Hema Divakar - we expect nothing less than a benchmark conference, and it was! FIGO is the most internationally acclaimed organization of our fraternity, and POGS takes pride to associate with it for this workshop on Global Voice for Women's health. ARTIST, a research and training institute was the academic partner. The international speakers of the workshops are policy makers, and our delegates were indeed lucky to have experienced this information via this workshop, some of which is even yet to be released as official guidelines. The workshop was divided into 3 sections – Hyperglycemia in pregnancy, hypertension in pregnancy and nutrition in pregnancy : the most commonly encountered clinical scenarios were discussed with useful and easily implementable take home messages.

The workshop concluded with a special session by FIGO recommendations for FGR. The meeting was very well conducted by Dr Vaishali Biniwale.



FIGO  
International  
Federation of  
Gynecology and  
Obstetrics

DATE: 16<sup>th</sup> APRIL, 2021, FRIDAY  
TIME: 1 PM TO 5 PM



She... The STAR  
Global Women's Health

**POGS-STAR PRE-CONGRESS  
WORKSHOPS IN ASSOCIATION  
WITH FIGO**

**GLOBAL VOICE FOR WOMEN'S HEALTH**  
(RECENT UPDATES FROM FIGO)

**CLICK HERE TO REGISTER NOW**



Dr Sunita  
Tandulwadkar  
President, FIGO



Dr George George  
Past President, FIGO



Dr Hema Divakar  
President, FIGO



ARTIST  
All India Research and  
Training Academy for  
Skill Transfer

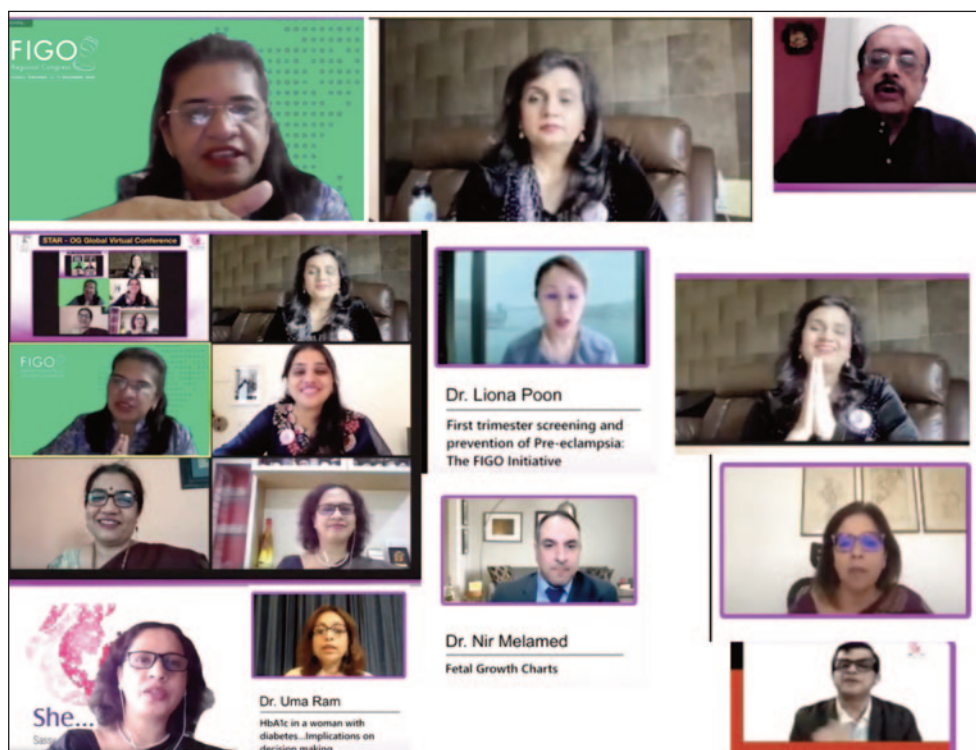


Dr Anita  
Kaul  
President, ARTIST



Dr Hema  
Divakar  
President, ARTIST

1.00 pm - 1.15 pm	Welcome by President POGS Welcome by FIGO Representative, Workshop convener	Dr Sunita Tandulwadkar Dr Hema Divakar
SESSION 1 : DIABETES IN PREGNANCY		
1.15 pm - 1.35 pm	GDM testing and management in Covid times	Dr David McIntyre
1.35 pm - 1.55 pm	HbA1c in a woman with diabetes... Implications on decision making	Dr Uma Ram
1.55 pm - 2.20 pm	Based on USG findings... start insulin therapy if AC increases?	Dr Unnikrishnan
2.20 pm - 2.30 pm	AUDIENCE Q & A	
SESSION 2 : HYPERTENSION IN PREGNANCY		
2.30 pm - 2.45 pm	Eccoptin... What findings prompt you to start treatment in pregnancy?	Dr Anita Kaul
2.45 pm - 3.00 pm	Calcium supplements... Can they prevent Pree?	Dr Hema Divakar
3.00 pm - 3.20 pm	First trimester screening and prevention of Pre-eclampsia: The FIGO Initiative	Dr Uma Poon
3.20 pm - 3.30 pm	AUDIENCE Q & A	
SESSION 3 : WOMEN & NUTRITION		
3.30 pm - 3.50 pm	FIGO Recommendations : Think weight and nutrition first	Dr Mack Hanson
3.50 pm - 4.20 pm	The promotion of healthy aging: The FIGO Approach	Dr Mary Ann Lomonaco
4.20 pm - 4.40 pm	Recap of FIGO Recommendations	Team ARTIST
4.40 pm - 5.00 pm	SPECIAL SESSION: FIGO recommendations for FGR management	Dr Nir Melamed
5.00 pm	NOTE OF THANKS	







**Jeena isi ka naam hai**  
A Star-studded Talk Show

**16 APRIL 2021** | **9.00 AM TO 1.00 PM**

**GLOBAL VIRTUAL CONFERENCE**

 Dr. Alpesh Gandhi President, FOGSI	 Dr. Sunita Tandelwadkar President, POGS	 Dr. Archana Baser VP in-charge	 Dr. Jaydeep Tank Secretary General, FOGSI
 Dr. Pooja Lodha Workshop Co-ordinator	 Dr. Neharika Malhotra FOGSI YTP committee chairperson		

**POGS STAR YTP FOGSI Workshop**  
PRESENTS  
**Jeena isi ka naam hai**  
A Star-studded Talk Show

**PRE-CONGRESS WORKSHOP**  
**16<sup>TH</sup> APRIL, 2021, FRIDAY**  
CONVENORS: DR. POOJA LODHA | DR. NEHARIKA MALHOTRA  
MOC: Dr. Shubhalaxmi Kurtkoti

9:00 am - 9:05 am	Welcome by President POGS	Dr. Sunita Tandelwadkar
9:05 am - 9:25 am	The pleasures and perils of social media	Dr. Parikshit Tank
9:25 am - 9:45 am	'White-Coat Etiquettes': Do's & Don'ts of a doctor's body language	Dr. P. C. Mahapatra
9:45 am - 10:05 am	Life of a doctor: Can there be an ideal lifestyle & a perfect day? Multi-tasking at its best!	Dr. Neharika Malhotra
10:05 am - 10:25 am	Breaking 'bad' news the 'good' way	Dr. Bhaskar Pai
10:25 am - 10:45 am	Infertility Chronicles: The Vital Talk!	Dr. Jaydeep Tank
10:45 am - 11:05 am	Bridging gap amongst colleagues: In the right 'spirit'!	Dr. Indranil Dutta
11:05 am - 11:20 am	Taare Zameen par... GupShup with the STARS	(Discussion on the above sessions)
11:20 am - 12:00 noon	The Grand Star Tug-O-War	

**Face-off 1:**  
Do you want your child/grandchild to be a doctor?  
Yes - **Dr. Nandita Palshetkar**  
No - **Dr. Sabrina Bakil**

**Face-off 2:**  
'Dr. Cupid Tales - The Perfect Match': Should a Doc marry a Doc?  
Yes - **Dr. Ameet Patki**  
No - **Dr. Shyju Nair**

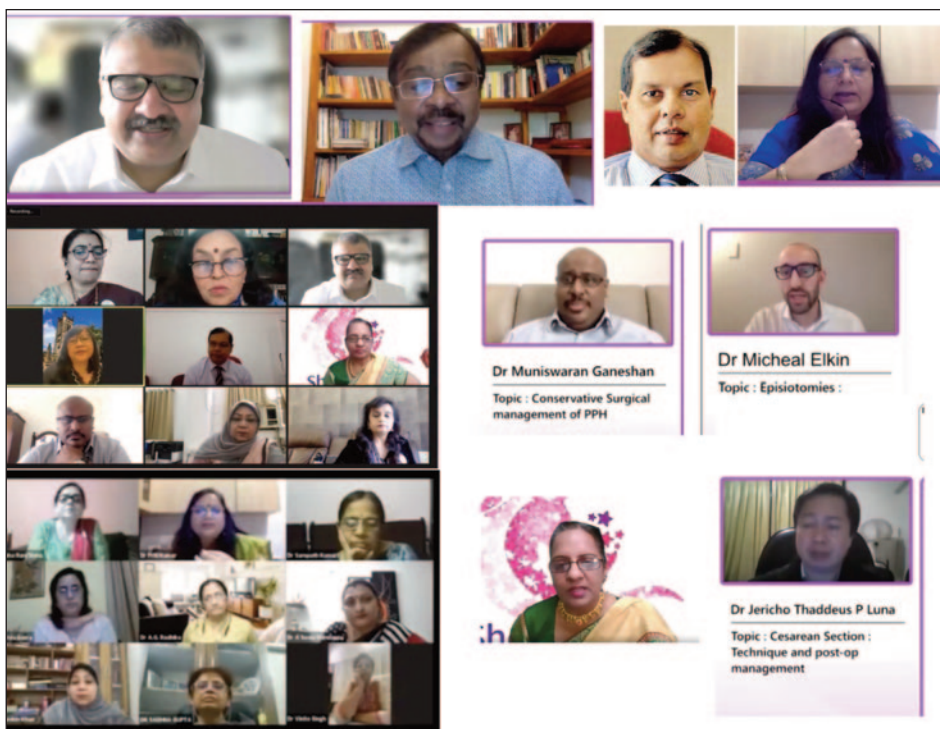
12:00 noon to 12:50 pm	Seedhi Baat, Stars Ke Saath! Secrets of a successful same profession marriage	Dr. Hrishikesh Pai & Dr. Rishma Pai   Dr. Narendra Malhotra & Dr. Jaideep Malhotra
12:50 pm to 1:00 pm	Vote of Thanks	Dr. Archana Baser

*Maksad bus ek haseen mukaam hai..*  
*Jeena isi ka toh naam hai..*

All play and no work makes us dull, and so, POGS brought to you this of—beat, non academic workshop with life mantras by stalwarts. POGS thanks Dr Neharika Malhotra, Chairperson YTP Committee FOGSI, for this star studded workshop which was very well received and one of the most attended workshop despite it being a working Friday morning! From social media, to balancing work-home life, breaking bad news the good way, counselling infertility couples – this workshop had it all! The climax of the show was the face-off Tug of War on mind boggling topics like – do you want your child/grandchild to become a doctor? Dr Cupid Tales – should a doc marry a doc? It was so much fun witnessing for and against the motion viewpoints of our faculties, that it left us puzzled as to who was more convincing! And towards the end, THE show stopper. We interviewed two star couples of 'Gollywood' .. The Gynecologists of Hollywood! The Pais and Malhotras spilled secrets about their lives which were a learning for a lot of youngsters and experienced listeners, alike.



**POGS-STAR PRE-CONGRESS WORKSHOP IN ASSOCIATION WITH MFM COMMITTEE  
AOFSG & SAFE MOTHERHOOD COMMITTEE, FOGSI**












**DATE: 16<sup>TH</sup> APRIL, 2021, FRIDAY  
TIME: 9 AM TO 1 PM**

**POGS STAR Pre-Congress Workshop  
in Association with MFM  
Committee AOFOG and Safe  
Motherhood Committee, FOSGI**

**OPERATIVE OBSTETRICS**

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**AOFOG**



Prof Kazunori Ochiai  
President



Professor Pleske Lumbiganen  
President Elect



Dr Ravi Chanderan  
Immediate Past President



Dr John Tait  
Vice President



Dr Jaydeep Tank  
Dy Secretary General AOFOG, Secretary General FOSGI



Dr Rohana Haththotuwa  
Secretary General



Professor Young Heek Suh  
Treasurer



Dr UDP Ratnasuri  
Chair, Maternal Fetal Medicine



Dr Krishnendu Gupta  
Chair, Sexual & Reproductive Health



Dr Alpesh Gandhi  
President FOSGI



Dr Sunita Tandulwadkar  
President, POGS



Dr Arul Ganatra  
FOSGI VP In-charge



Dr Priti Kumar  
Chair Safe Motherhood Committee, FOSGI



Dr Pooja Lodha  
Workshop Co-ordinator

MOC : Dr Meenakshi Deshpande

9.00 am – 9.15 am	<p>Welcome by President POGS</p> <p>Welcome by President AOFOG</p> <p>Welcome by Secretary General AOFOG</p> <p>Welcome by President FOSGI</p> <p>Welcome by Dy Secretary General AOFOG</p>	<p>Dr Sunita Tandulwadkar</p> <p>Prof Kazunori Ochiai</p> <p>Dr Rohana Haththotuwa</p> <p>Dr Alpesh Gandhi</p> <p>Dr Jaydeep Tank</p> <p>Dr Priti Kumar (Safe Motherhood Committee)</p> <p>Dr Bulbul Sood (Jhpiego)</p>
9.15 am – 9.35 am	Episiotomies : Technical updates & Current Practices	Dr Micheal Elkin (New Zealand)
9.35 am – 9.55 am	Vaginal and perineal tears : Short term and long term implications, management	Dr Cecilia Cheon (Hong Kong)
9.55 am – 10:15 am	Instrumental vaginal delivery : Current status	Dr Jaydeep Tank (India)
10.15 am – 10.35 am	Cesarean Section : Technique and post-op management	Dr Jericho Thaddeus P Luna (Phillipines)
10.35 am – 10.50 am	Conservative Surgical management of PPH	Dr Muniswaran Ganeshan (Malaysia)
10.50 am – 11.15 am	Obstetric hysterectomy – When, why and how?	Dr UDP Ratnasuri (Sri Lanka)
11.15 am – 11.30 am	DISCUSSION	
11.30 am – 12.30 pm	<p>Panel Discussion: Cesarean Section in 2nd stage of labour</p>	<p><b>MODERATOR:</b> Dr Sampath Kumari Dr Priti Kumar</p> <p><b>PANELISTS:</b> Dr Sadhana Gupta Dr Achala Batra Dr Tamkin Dr Abha Rani Sinha Dr A.G Radhika Dr Vinita Singh Dr Sonia Manodappa</p>
12.30 pm – 1.00 pm	Video Presentation: Shoulder Dystocia	<p>Dr Sushila Rani</p> <p>Dr Parul Gupta</p> <p>Dr Sangeeta Arya</p>

The POGS STAR CME witnessed yet another academic master blaster – the AOFOG Safe Motherhood FOSGI workshop on operative obstetrics. We are most thankful to Dr UDP Ratnasuri and Dr Jaydeep Tank for putting together an excellent meeting, with topics like Episiotomy updates, Vaginal and perineal tears, Cesarean Section Consensus, PPH management algorithms, practical aspects of hysterectomy, etc. The 1st half of this workshop had a plethora of international speakers, and the lectures were very well received not just by Indian delegates but by delegates all across the Asian countries. Dr Priti Kumar, Chairperson Safe Motherhood Committee FOSGI was instrumental in putting together the 2nd half of this workshop, which enlightened the delegates through a brain storming panel discussion on all aspects Cesarean Section in 2nd stage of labour – a commonly encountered clinical dilemma in our day to day life. The workshop concluded with informative video presentations on shoulder dystocia. The workshop was well conducted by Dr Meenakshi Deshpande.





**POGS STAR Pre-Congress Workshops in Association with AICC RCOG WEST ZONE**

DATE: 16<sup>TH</sup> APRIL, 2021, FRIDAY  
TIME: 1 PM TO 5 PM

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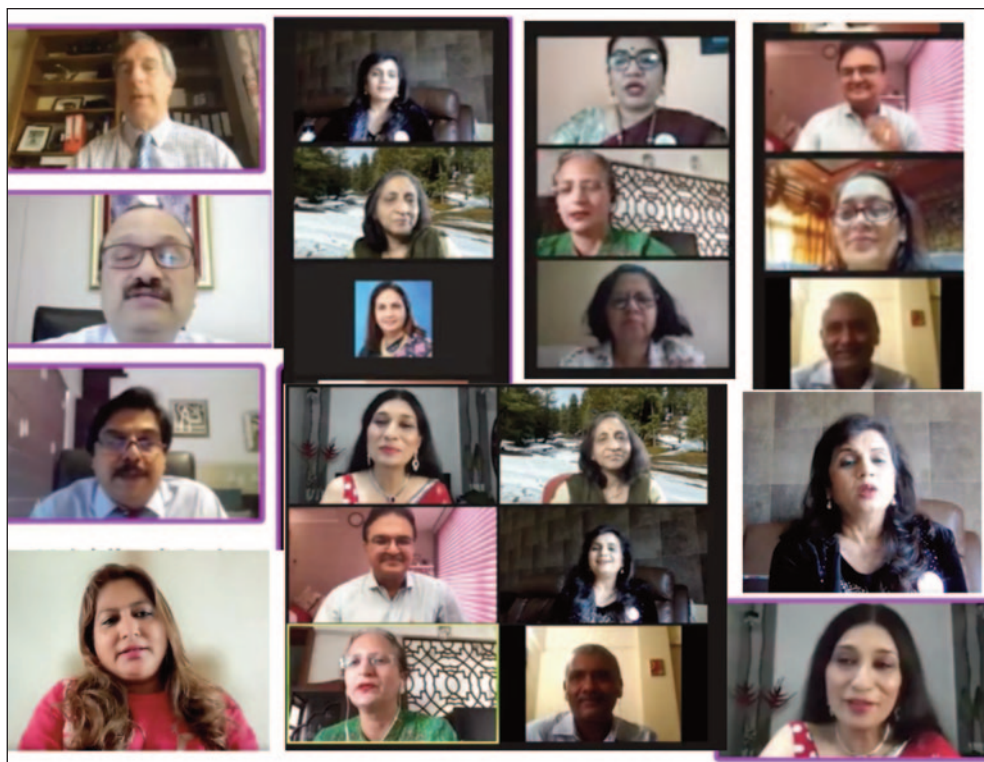
**ENHANCING SUCCESS IN INFERTILITY**

1.00 pm – 1.10 pm	Welcome by President POGS Welcome by Workshop Conveners	Dr Sunita Tandulwadkar Dr Sarita Bhalerao Dr Ameet Patki
SESSION 1 : (1.10 pm – 2.30 pm) CHAIRPERSONS: Dr Sarita Bhalerao, Dr Asha Bacci		
1.10 pm – 1.40 pm	Update on Infertility in women with PCOS	Dr Adam Balen
1.40 pm – 1.50 pm	AUDIENCE Q & A	
1.50 pm – 2.20 pm	Diagnosis and Management of WHO Type 1, 2 & 3 Anovulation	Dr Ephra Yasmin
2.20 pm – 2.30 pm	AUDIENCE Q & A	
SESSION 2 (2.30 – 3.30 PM) CHAIRPERSONS: Dr Sangeeta Agrawal, Dr Sudeshna Ray, Dr Latika Chawla		
2.30 pm – 2.45 pm	PGT – A to improve pregnancy outcomes	Dr Hrishikesh Pai
2.45 pm – 3.00 pm	Recurrent Implantation Failure	Dr Gautam Khastagir
3.00 pm – 3.15 pm	Low Ovarian Reserve	Dr Nandita Patshetkar
3.15 pm – 3.30 pm	Obesity & ART	Dr Ameet Patki
3.30 pm – 4.30 pm	Panel Discussion: Enhancing success in infertility	MODERATOR: Dr Rishma Pal PANELISTS: Dr Sunita Tandulwadkar, Dr Parikshita Tank, Dr Prakash Trivedi, Dr Padma Rekha Jirge, Dr Madhuri Patil, Dr Sujata Kar
4:30 pm	VOTE OF THANKS	Dr Ameet Patki

## POGS-STAR PRE-CONGRESS WORKSHOP IN ASSOCIATION WITH AICC RCOG WEST ZONE

Amongst the series of marathon POGS STAR pre-congress workshops, another very well received workshop was the AICC RCOG West Zone workshop. POGS is grateful to Dr Sarita Bhalerao, and Dr Ameet Patki for arranging this workshop on Enhancing Success in Infertility. Clinically relevant topics, aptly chosen speakers a perfect blend of didactic lectures, case presentation and interactive panel discussions made this workshop extremely popular amongst the delegates.

The key note addresses were delivered by international faculties, Dr Adam Balen and Dr Ephra Tasmin, who are authorities in PCOS and reproductive endocrinology - their topics of the lectures respectively. Newer problems of this era were addressed, backed with evidence and experience. Pre-implantation genetic diagnosis, RIF, Obesity and ART, Low ovarian reserve were a few of the many topics of this meeting. The workshop concluded with a mind stirring panel discussion on Enhancing Success in Infertility, where various case scenarios and diverse approaches towards them were discussed at length. The meeting was smoothly conducted by Dr Sabrina Bokil.



## STAR OG LABOUR ROOM READINESS WORKSHOP

Frontline workers are pillars of emergency obstetrics. This STAR OG Labour Room Readiness workshop for frontline obstetric care providers was planned systematically by Dr Priti Kumar, under aegis of POGS, in association with jhpiego and Safe Motherhood. The workshop was attended by frontline workers across the nation, from Kashmir to Kanyakumari and from Rajasthan to West Bengal, and even Manipur. The 2 hour programme had practically important topics, a few were – active management of third stage of labour, newborn resuscitation, labour room readiness protocols, CPR, early warning signs, and more such. An added attraction was that it was a certificate course. With the vast Indian population, and yet majority of obstetrics faced rural, this workshop proved to be extremely beneficial for the paramedics.



**STAR OG Labour Room Readiness**  
16<sup>th</sup> April 2021, 03.00pm-05.00pm  
Organised by: Pune Obgyn Society

**Virtual Workshop for frontline Obstetric care Providers**  
Initiative by: Safe Motherhood Committee & Jhpiego

**Registration/ Viewer's Link: <http://pogs.onference.live/hcw/>**

**Broadcast Partner**  **onference**  
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[www.onference.in](http://www.onference.in)

**Speakers:**

- Dr Alpesh Gandhi, President, FOGSI
- Dr Atul Ganatra, Vice President, FOGSI
- Dr. Sunita Tendulkar, President-POGS 2021-2022
- Dr. Jaydeep Tank, Secretary General, FOGSI
- Dr. Bulbul Sood, Country Director, Jhpiego
- Dr. Priti Kumar, Chairperson, Safe Motherhood Committee, FOGSI

**Workshop Coordinators:**

- Dr Vidya Chaudhary, Workshop Coordinator, +91 94536 24299
- Dr. Vinita Awasthi, Workshop Coordinator, +91 9415172070
- Dr. Shaili Agarwal, Workshop Coordinator, +91 8887909078
- Dr. Pooja Lodha, Workshop Coordinator, +91 8888543633







## POGS STAR OG GLOBAL VIRTUAL CONFERENCE

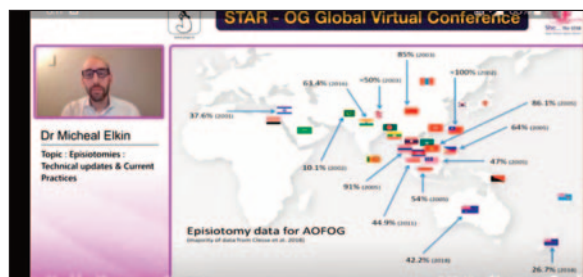
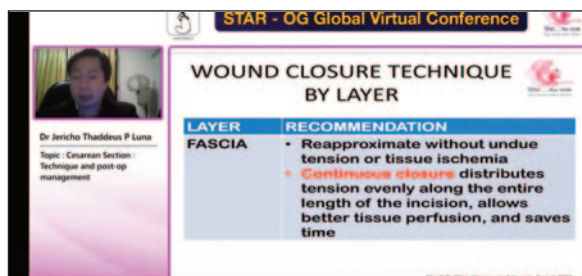
### “Silently one by one in the infinite Meadows of heaven blossomed the lovely stars”

The stars were not fiction but the ones in this Real world. 17th and 18th of April POGS and the world witnessed a star-studded day. The Grand glittering event POGS STAR OG Global virtual conference saw the maestros in the subject of Obstetrics and Gynaecology deliver their deliberations. These faculty were not only from various National and international platforms, but also the prime authority in the subject.

Behind every good creation in the universe is the hand of God. We could witness this star event as if “a hand had tossed Diamond dust into the sky”. The hand was none other than President POGS, Dr Sunita Tandulwadkar, who had woven the pearls together in a string. The contribution from individual managing committee member was huge. Each of them represents an Organisational Pearl for us!!

POGS STAR OG Global conference was a star event! **STAR** acronym represented **S**afety **T**echnology **A**dvances and **R**esearch in Obstetrics and Gynaecology. Almost 4000 delegates from all across the globe participated in this academic extravaganza. Even though program was held virtually, it was arranged in three separate halls with over 350 expert faculties delivering their scientific deliberations! Team POGS left no stone unturned for the smooth functioning of this event. MOCs in all the halls did their task to the most precision.

There were some unique sessions in the conference—never before sessions where **Delegate choice sessions**—choose what you wish to hear! Delegates participated in online poll to choose new topics of their choice which day would wish to hear there was quiz organised every hour delegates participated and won prizes every hour. **Obstetric Hall** saw three winners who were Dr Dr Uma Wankhede, Dr Asmita Dongare and Dr Souvik Nandy on 17th April. In the **Gynecology hall**, prize winners on 17th April were Dr Rajiv Dhall, Dr Sandhya K Prathapan & Dr Leena Patankar. The **Star Hall**, too, witnessed amazing response from participants on 17th April with Dr Siddesh Iyyer, Dr Anuja Phadke & Dr Vasanthi emerging as the winners. Winners in the Obstetrics Hall

**STAR - OG Global Virtual Conference**

Dr Jericho Thaddeus P Luna  
Topic: Cesarean Section: Technique and post-op management

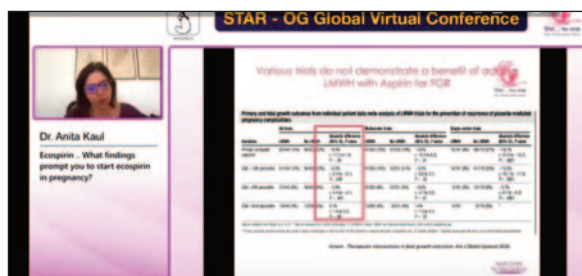
LAYER	RECOMMENDATION
FASCIA	<ul style="list-style-type: none"> <li>Reapproximate without undue tension or tissue ischemia</li> <li>Continuous closure distributes tension evenly along the entire length of the incision, allows better tissue perfusion, and saves time</li> </ul>



**STAR - OG Global Virtual Conference**

Thoughts to Ponder

- What are the abnormal labour patterns in 2<sup>nd</sup> stage of labour and the diagnostic criteria? - Dr. Sunita
- How could we prevent it? - Dr. Sunita
- Forceps/Vacuum/CS? How long can you wait? - Dr. Sunita
- Do you actually do Muesler - Hills, when in doubt? - Dr. Sunita
- Do you believe in digital rotation of the head? Is instrumental delivery a thing any? - Dr. Sunita
- Symphysis? - Dr. Sunita
- Thoughts to share - Dr. Sunita



**STAR - OG Global Virtual Conference**

Various trials do not demonstrate to benefit of adding LMWH with Aspirin for PGB

Study	Year	Population	Intervention	Control	Primary Outcome	Secondary Outcome
1	2018	1000	LMWH + Aspirin	Aspirin	100%	100%
2	2019	1000	LMWH + Aspirin	Aspirin	100%	100%
3	2020	1000	LMWH + Aspirin	Aspirin	100%	100%
4	2021	1000	LMWH + Aspirin	Aspirin	100%	100%

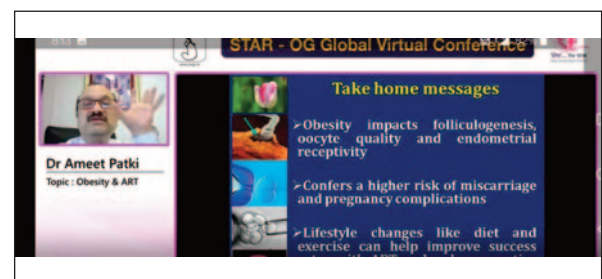
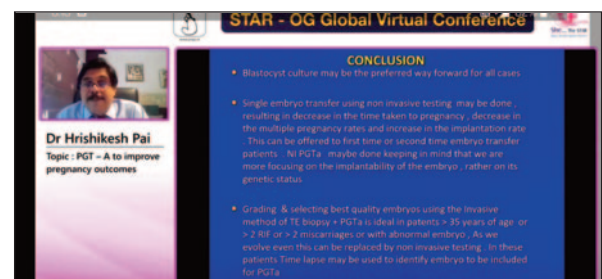
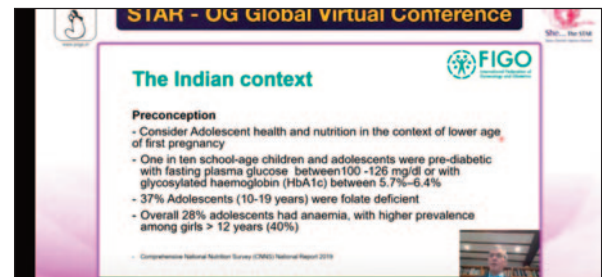
will receive Fetal Hand held Dopplers. For Gynecology hall, the prizes were Trocars for endoscopy & for Star Hall the prizes were Books from renowned authors! On 18th the winners in Obstetrics hall were Dr Mahendra Nemnath, Dr N Palaniappan & Dr Neharika. In gynaecology hall, the answers were answered superbly by Dr K Sharda

Dr Asmita Dongare & Dr Sneha Mishra who were declared as winners on 18th April. On the same day, Star hall quiz was won by Dr Nilofer Siddique, Dr Kundan Ingle & Dr Mojaffar Hussain. POGS congratulated all winners in the valedictory session with announcement of prizes. Grand quiz on Saturday named as **Mega quiz** saw huge participation from the delegates winners received super Colossal prizes in the form of **CTG machine** and **Telescope**. These grand prizes were won by **Dr Biddhan Roy & Dr Smriti Saxena**. We heartily congratulate the winners for participating & winning the Quiz! STAR orations too, were the added attraction of the conference. They were given by authority leads in the subject and organizations. **Dr Hrishikesh Pai**, President Elect, FOGSI and **Prof Tim Draycott**, Vice President, RCOG gave their superlative orations!

**Professor Patrick O'Brien, Dr Suchitra Pandit** and **Dr. Mario Franchini** also gave deep insights into the subject with their Grand orations. Eminent National faculty **Dr Sanjay Gupte, Dr Jaideep Malhotra, Dr Krishnendu Gupta, Dr Meera Agnihotri, Dr Jaydeep Tank** and **Dr Nozer Sheriar** also gave keynote addresses which were the oratory Hallmark of the conference.

**The Solution Room** and **20-20 sessions** where other crisp sessions to fulfil the academic appetite of the delegates. The conference witnessed simultaneously running three halls with rich academic content. It was truly the **conference of the delegate and for the delegate!!**

***"We were all born with a certain degree of power. The key to success is discovering this innate power and using it daily to deal with whatever challenges come our way!!"***







**STAR - OG Global Virtual Conference**

**Clomifene citrate in induction of ovulation**

**Dr Adam Balen**  
Topic: Update on infertility in women with PCOS

- Dose 50 – 100mg day 2-6
- 25mg if over-response
- Monitor first 2+ cycles with USS
- Measure LH day 8 (consider other treatment if > 10 IU/l)

**STAR - OG Global Virtual Conference**

जीत के खातिर जुनून चाहिए,  
जिसमे उबाल हो ऐसा खून चाहिए,  
ये आसमान भी आएगा जमीन पर,  
बस इरादों में जीत की गूँज चाहिए.

**STAR - OG Global Virtual Confer**

**Dr Uma Wankhede**  
Golden hour management

- The first 60 minutes after the start
- The greater the delay in starting res
- the lower the percentage of survival
- First 60 minutes??

**Dr Ashok Kumar**  
**Dr D B NALLA**  
**Dr Mala Srinivasan**

**CONNECT**  
The Newsletter ♦ Issue 1, April 2021  
OBGY PRACTICE IN DIFFICULT TIMES & RECENT FUTURE

**She... The STAR**  
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Dr. Sanghi, Dr. Joshi, Dr. Kulkarni, Dr. Mahajan, Dr. Nalla, Dr. Srinivasan, Dr. Wankhede, Dr. Yadav, Dr. Zaidi

Under-estimation  
Delayed treatment

Over-estimation  
Unnecessary blood transfusion

**STAR - OG Global Virtual Conference**

Welcome by President POGS  
**Dr Sunita Tandelwadkar**

**STAR - OG Global Virtual Conference**

**Dr Hrishikesh & Rishma**  
**Pai**

**STAR - OG Global Virtual Conference**

**STAR - OG Global Virtual Conference**

**Dr Narendra & Dr Jaideep**  
**Mathotra**

**STAR - OG Global Virtual Conference**

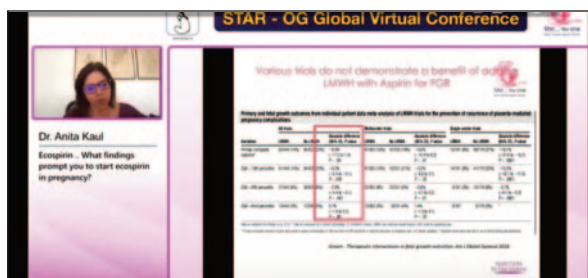
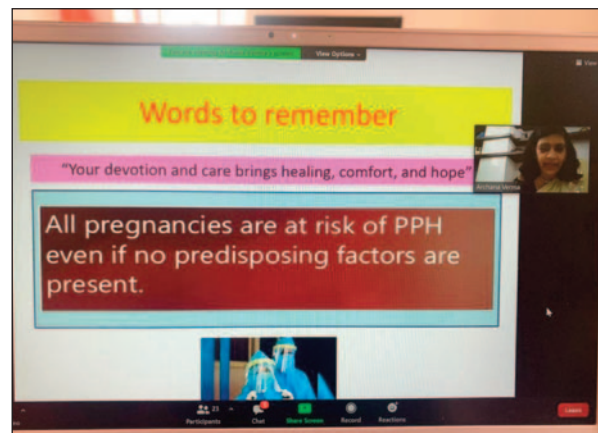
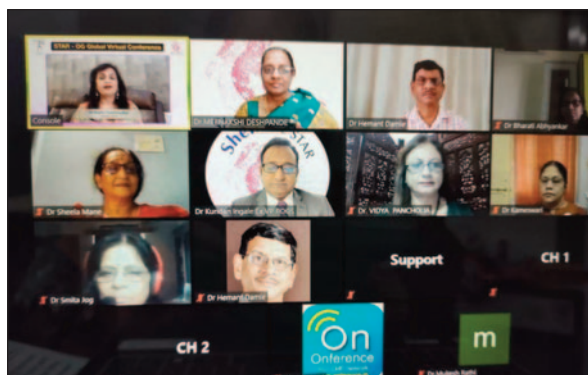
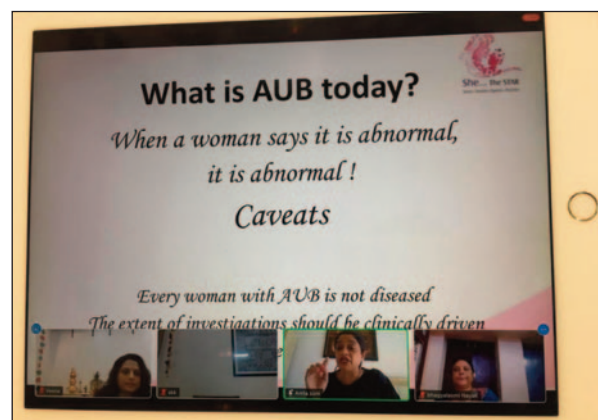
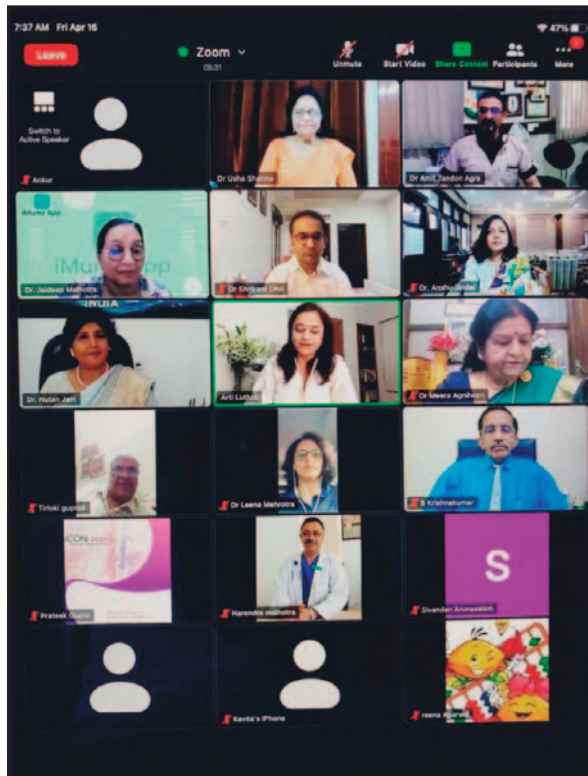
**Dr. Sabrina Bokil**  
Face-off 1: Do you want your child/grandchild to be a doctor? No

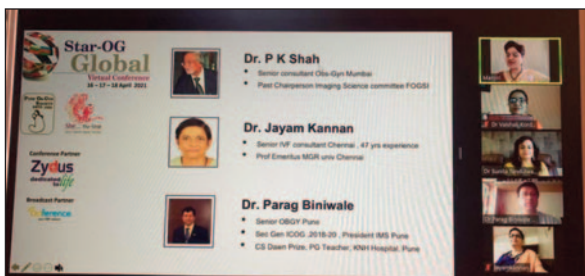
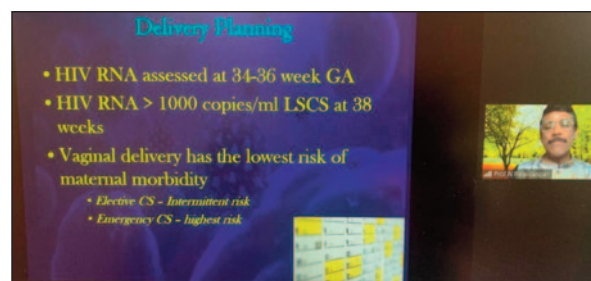
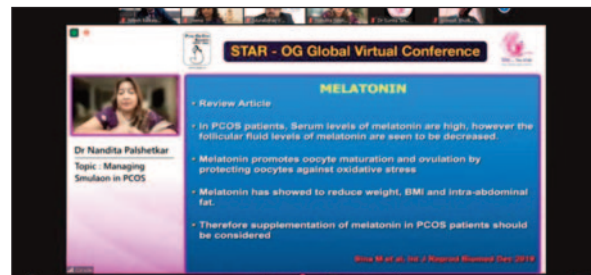
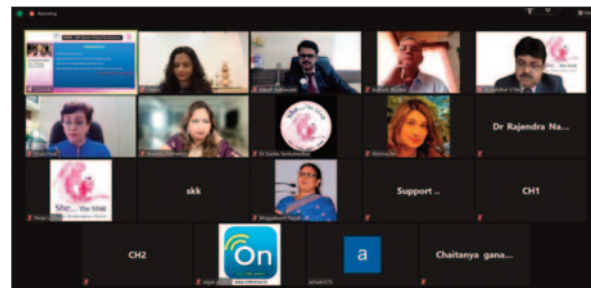
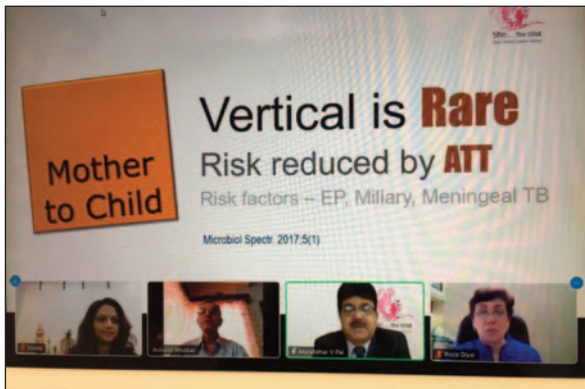
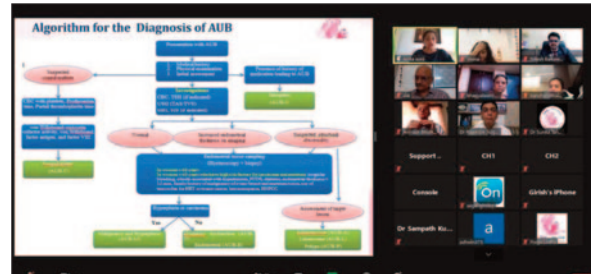
Doctors cut, burn and torture the sick and then demand of them an understanding fee for such services.

Doctors will have multiple ways to ensure for in the next world than even so Generalists have options.

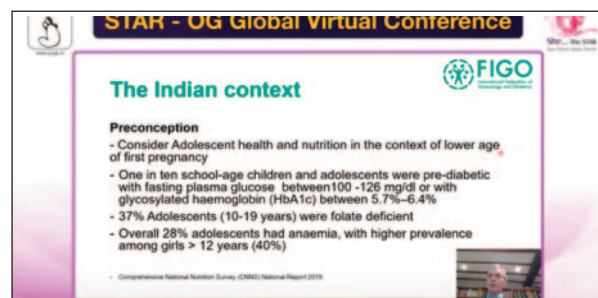
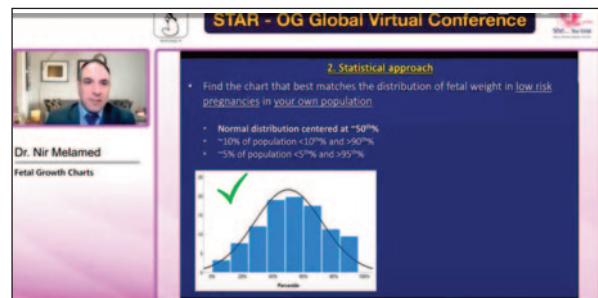
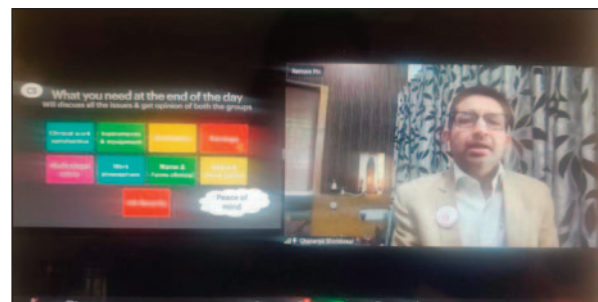
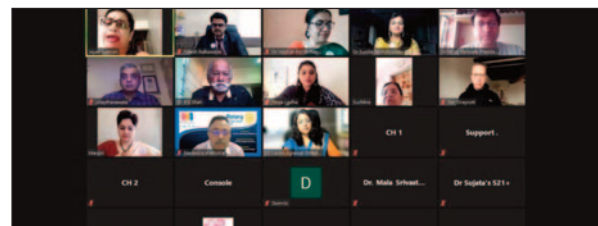
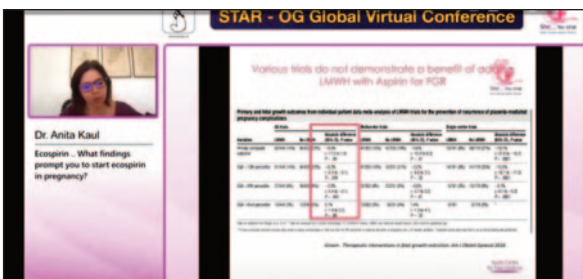
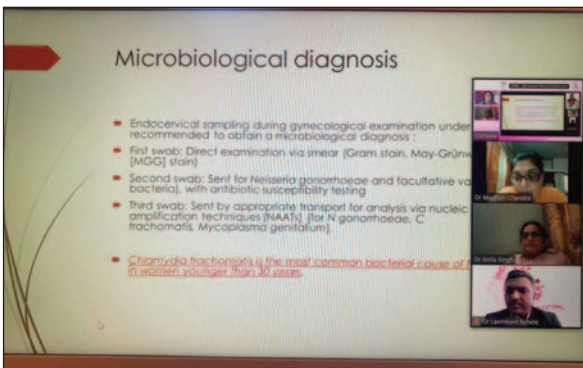
God heals and the Doctor takes the fees.















## OUR THEME THIS YEAR

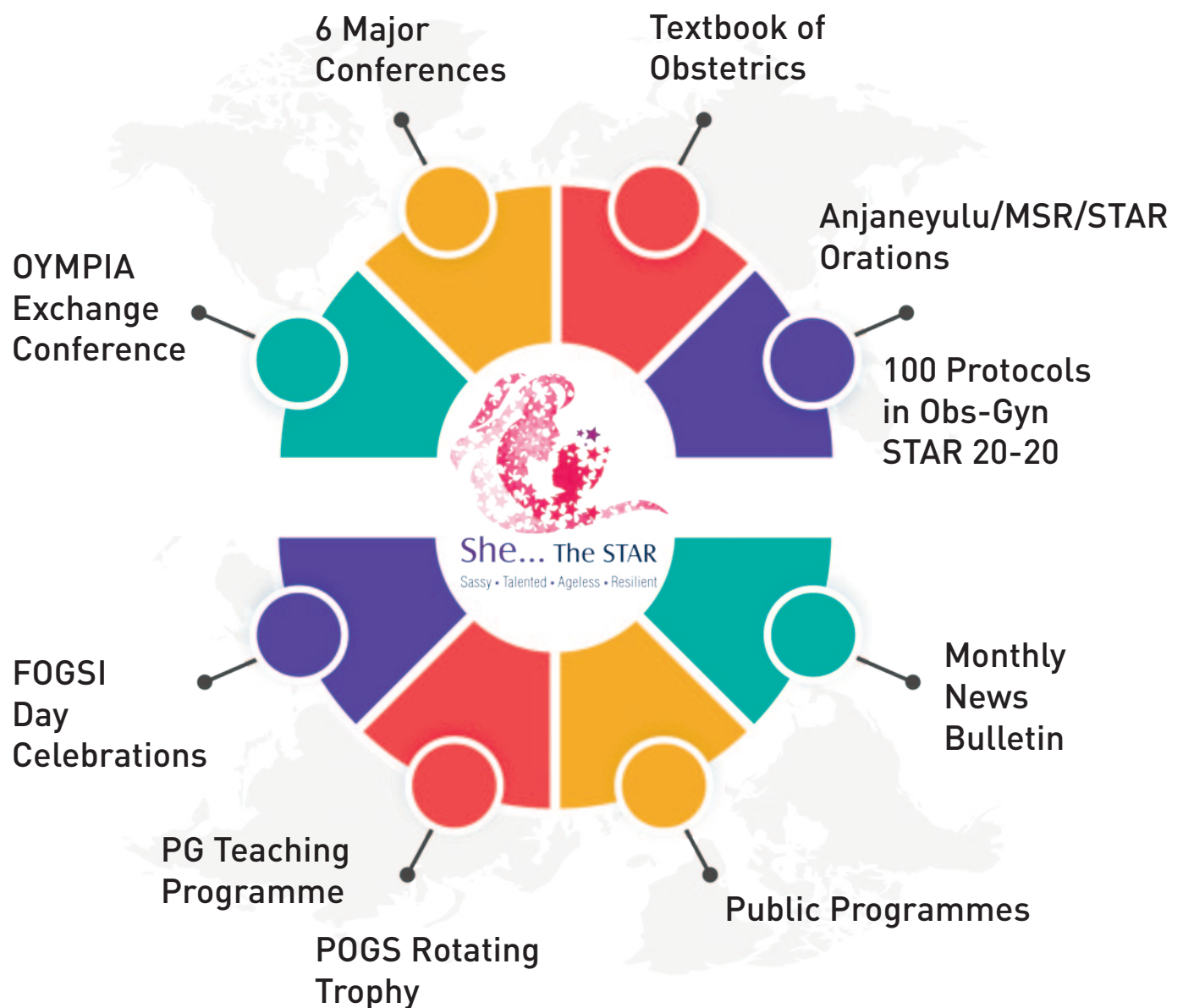


# She... The STAR

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## CALENDER OF THE YEAR





## 2021-2022 ACTIVITIES

### 6 MAJOR CONFERENCES

**APRIL  
2021**

16<sup>th</sup> - 18<sup>th</sup>

POGS STAR-OG  
Global Virtual  
Conference on  
**Recent Trends**

**JUNE  
2021**

4<sup>th</sup> - 6<sup>th</sup>

POGS- AMOGS  
Zonal Conference  
on - **Critical Care  
Obstetrics**

**AUGUST  
2021**

7<sup>th</sup> & 8<sup>th</sup>

POGS-FOGSI IOI -2  
International  
Conferences on  
**Ovulation Induction**

**OCTOBER  
2021**

22<sup>nd</sup> - 24<sup>th</sup>

POGS-FOGSI  
STAR - LEGAL  
**National Medicolegal  
Conference**

**DECEMBER  
2021**

11<sup>th</sup> & 12<sup>th</sup>

POGS-ISUOG  
FETOPANISHAD  
International  
**Fetal Medicine  
Conference**

**FEBRUARY  
2022**

18<sup>th</sup> - 20<sup>th</sup>

POGS  
**Endoscopy  
Conference**





## 2021-2022 ACTIVITIES

**Jan  
2022**

Exchange Conference “Olympia” organized by POGS in association with AMOGS and will be endorsed by many more societies from Maharashtra at DY PATIL Stadium, Navi Mumbai.



**CONNECT** Monthly Newsletter

- POGS Rotating Trophy
- Orations – Anjaneyulu , MSR & STAR Oration
- Social Programmes & Public Awareness
- PG teaching programs once in 3 months
- Text Book of Obstetrics
- STAR 20-20 - A practical book on 100 protocols in OBGY



## FOGSI DAY CELEBRATIONS

**April  
11<sup>th</sup>**

**FOGSI SAFE  
DELIVERY DAY**

Dr Shubhlaxmi Kurtkoti



**June  
5<sup>th</sup>**

**FOGSI INFERTILITY  
DAY (PLANT A TREE  
TODAY)**

Dr Leena Patankar



**July  
1<sup>st</sup>**

**FOGSI GIRL  
CHILD DAY**

Dr Meenakshi  
Deshpande



**Oct  
18<sup>th</sup>**

**FOGSI MENOPAUSE  
DAY**

Dr Parag Biniwale



**Nov  
7<sup>th</sup>**

**FOGSI PAP  
SMEAR DAY –  
PREVENT  
CANCER DAY**

Dr Harshad Parasnis





HOSTED BY PUNE OBSTETRICS  
& GYNAECOLOGICAL SOCIETY



**ZONAL CONFERENCE OF THE ASSOCIATION OF  
MAHARASHTRA OBSTETRICS & GYNAECOLOGICAL  
SOCIETIES**

**DATES:**

**15<sup>TH</sup>, 16<sup>TH</sup>, 17<sup>TH</sup> & 18<sup>TH</sup>  
JULY 2021**

**VENUE:**

**HOTEL JW MARRIOTT,  
PUNE**

# AMOGS

2021



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**Dr Pankaj Sarode**  
Organising Chairperson



**Dr Nandita Palshetkar**  
President, AMOGS

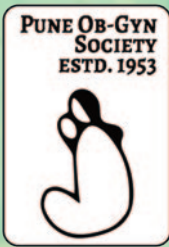


**Dr Sunita Tandulwadkar**  
Organising Chairperson-  
President, POGS



**Dr Kiran Kurtkoti**  
Organising Chairperson





# POGS 2021 IOI-2

INTERNATIONAL CONFERENCE OF OVULATION INDUCTION

EXCEL IN STAR FERTILITY



## She... The STAR

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**DATES: 7<sup>TH</sup> & 8<sup>TH</sup> AUGUST 2021**

**VENUE: JW MARRIOTT, PUNE**



**Dr Vaishali Korde-Nayak**  
General Secretary, POGS



**Dr Sunita Tandulwadkar**  
President, POGS  
Organizing Chairperson



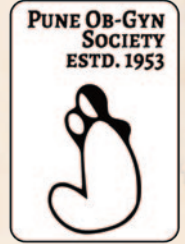
**Dr Kundan Ingale**  
Organizing Chairperson  
Chair, Infertility Committee  
FOGSI



**Dr Nilesh Balkawade**  
Clinical Secretary, POGS



**DATES:**  
**22<sup>ND</sup> - 24<sup>TH</sup> OCTOBER 2021**  
**VENUE:**  
**JW MARRIOTT, PUNE**



# **POGS** **STAR LEGAL**



## **She... The STAR**

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**Dr Vaishali Korde-Nayak**  
General Secretary, POGS



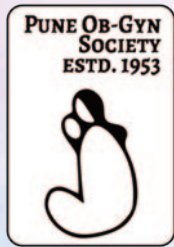
**Dr Sunita Tandulwadkar**  
President, POGS  
Organising Chairperson



**Dr Manish Machave**  
Chairperson Ethics &  
Medicolegal Committee FOGSI  
Organising Chairperson



**Dr Nilesh Balkawade**  
Clinical Secretary, POGS



**DATES:**  
11<sup>TH</sup>, 12<sup>TH</sup> DECEMBER 2021  
**VENUE:**  
JW MARRIOTT, PUNE

# Fetopanishad

## THE FETAL CONGRESS FOR ALL



### She... The STAR

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#### HIGHLIGHTS

**International Accreditations**

**Two Parallel Halls**

**Minus3Nine:**

Fetal Medicine for Obstetricians

**Fetus+:**

Fetal Medicine for Practicing Fetal  
Medicine Clinicians

**Hands-On Fetal Interventions**

**For Minus3Nine:**

Aminocentesis, CVS

**For Fetus+:**

Fetal Shunt, Radio-Frequency  
Ablation, Bipolar Cord Coagulation,  
Laser for TTTS



Dr Vaishali Korde-Nayak  
General Secretary, POGS



Dr Sunita Tandulwadkar  
President, POGS

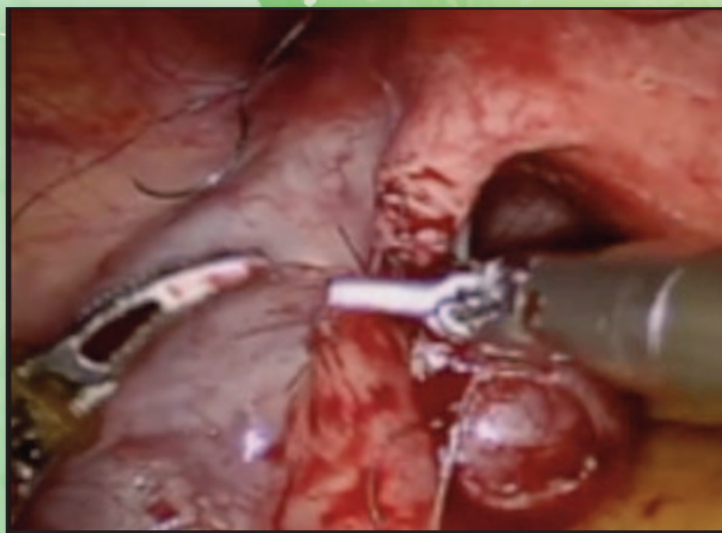
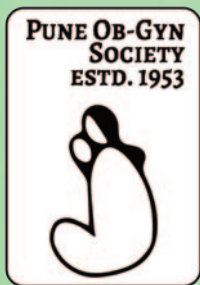


Dr Pooja Lodha  
Conference Director



Dr Nilesh Balkawade  
Clinical Secretary, POGS





**DATES:**  
**18<sup>TH</sup>, 20<sup>TH</sup>**  
**FEBRUARY 2022**  
**VENUE:**  
**DR DY PATIL**  
**MEDICAL**  
**COLLEGE, PIMPRI,**  
**PUNE**

# **POGS-Star**

## **Endoscopy Conference**



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**Dr Vaishali Korde-Nayak**  
General Secretary, POGS



**Dr Kiran Kurtkoti**  
Organising  
Chairperson



**Dr Sunita  
Tandulwadkar**  
President, POGS



**Dr Hemant  
Deshpande**  
Organising  
Chairperson



**Dr Nilesh Balkawade**  
Clinical Secretary, POGS





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**OUR ACADEMIC  
PARTNERS**









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<sup>#</sup> Mirza F. et al. Dydrogesterone use in early pregnancy. Gynecol Endocrinol. 2016;32(2):97-106. <sup>†</sup> Schindler AE. Progestational effects of dydrogesterone in vitro, in vivo and on human endometrium. Maturitas. 2009;65(1):S3-S11.  
<sup>^</sup> Novel-Estradiol hemihydrate first time in India. <sup>\*</sup> Safer<sup>\*</sup> As compared to conjugated equine estrogens. Smith NL et al Lower risk of cardiovascular events in postmenopausal women taking oral estradiol compared with oral conjugated equine estrogens. JAMA Intern MED. 2014; 174(1):25-31. <sup>\*</sup> As Prescribing Information of Solfe, version 1; Dated: 25th July 2013

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## POGS Office Bearers



**Dr Sunita Tandulwadkar**  
President, POGS



**Dr Vaishali Korde-Nayak**  
General Secretary, POGS



**Dr Parag Biniwale**  
President-Elect



**Dr Pankaj Sarode**  
Vice President



**Dr Kundan Ingale**  
Executive Vice President



**Dr Nilesh Balkawade**  
Clinical Secretary



**Dr Laxmikant Behele**  
Treasurer



**Dr Madhav Kankawale**  
Joint Secretary



**Dr Pooja Lodha**  
Joint Clinical Secretary



**Dr JP Rath**  
Joint Treasurer

## Managing Council Members



**Dr Aarti Nimkar**



**Dr Amey Chugh**



**Dr Amol Lunkad**



**Dr Anita Gavali**



**Dr Archana Pungliya**



**Dr Chaitanya Ganapule**



**Dr Kapil Kanade**



**Dr Kiran Kurtkoti**



**Dr Leena Patankar**



**Dr Manjiri Valsangkar**



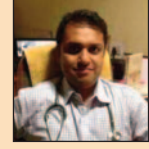
**Dr Meenakshi Deshpande**



**Dr Milind Dugad**



**Dr Nitin Sangamnerkar**



**Dr Rahul Argade**



**Dr Sabrina Bokil**



**Dr Shubhalaxmi Kurtkoti**



**Dr Uma Wankhede**



**Dr Vaishali Biniwale**



**Dr Veena Todkar**

## Co-opted Members

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## Ex-Officio



**Dr Ashwini Kale**



**Dr Prakash Kothavale**

## FOGSI Committee Chairpersons



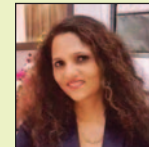
**Dr Kundan Ingale**



**Dr Manish Machave**



**Dr Meenu Agarwal**



**Dr Vaishali Chavan**

## AMOGS 2<sup>nd</sup> Vice President



**Dr Kiran Kurtkoti**

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**Dr Harshad Parasnis**



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