

Application Form for Recognition of Centre for MOGS Certificate Course on “Critical care in obstetrics”

Name of the Centre-

Address-

Telephone Number-

Fax Number-

Email ID-

Web Page if any-

Centre in Charge (should be M.D./ D.N.B. with minimum experience of 5 yrs or D.G.O. with minimum experience of 7 yrs of high risk pregnancy care)

Member / Fellow of ICOG-

Requirements/ criteria for a centre for MOGS Certificate Course on critical care in Obstetric.....

1. Institute/ centre must have fully equipped obstetric department with Labour room, electronic foetal monitoring and fully equipped operation theatre.
2. It should have facility of diabetic clinic, anaemia clinic, hypertension clinic and HIV clinic for pregnant patients or ready to provide these services.
3. It must have HDU and/or ICU facility where high risk and critical obstetric cases are managed. It should have non invasive and invasive monitoring facility available with multi speciality team work.
4. It should have facility of allied subjects of Radiology and Neonatology departments.
5. It should also have facility for applied subjects of Cardiology, Nephrology, Neurology, Pulmonology and Endocrinology (if possible, it is also good to have Vascular and psychiatry departments) where a fellow can be posted for a week on rotation.
6. The centre should have it's own facility of foetal medicine department or there should be a facility of outsourcing services for foetal medicine for critically ill foetus and where a fellow can be posted for a rotation.
7. Centre should have facility of meeting/conference room with a capacity of minimum 7 persons, audio-video and internet facility for seminars, clinical case discussion and review meetings.
8. The teacher shall be a person with interest in high risk pregnancy and critical Obstetric care. A minimum of 5 years experience is required.
9. Facility for emergency obstetric drills should be available.

10. Centre should provide log book for evaluation and facility to take exams of a fellow.

11. The centre will have to report ICOG-FOGSI regularly about the fellow and the course for evaluation of the course and improvisation of it.

Infrastructure

1. Number of Beds
2. Number of free / subsidized beds (if)

3. Number of indoor admissions per month

4. Number of outdoor patients per day

Facilities: Following facility is must, Statistic is for records.
(yes/no)

1. Obstetric ICU and/or Obstetric High Dependency Care Unit (HDU) Minimum HDU is must

(A)Dedicated Obstetric ICU with Obstetric HDU

or

(B). Obstetric HUD with inhouse facility of ICU for all types of patients

or

(C) Dedicated Obstetric ICU only.

Or

(D). Dedicated Obstetric HDU only.

- Number of beds in Obst ICU

- Number of Patients admitted

- Number of beds in Obst HDU

- Number of Patients admitted

- Name of coordinator

- Qualification

2. Facilities - Must be In house facility.(Yes/No) (Available/ Not Available)

-Radiology

-Neonatology

-Anaesthesiology

3. Assured facilities on call / In house or nearby out sourced facility/ (Yes/No)

- (1st six facility is must, rest is preferable)

- Blood bank

- Intensivist/critical care specialist or experienced anaesthetist/Physician

-Cardiology

-Nephrology

-Neurology

-Endocrinology or Experienced Physician

-Pulmonology

-Vascular

-Psychiatry

4. Special clinics

(a) Anaemia Clinic

- Number of patients

- Name of coordinator

(b) Hypertensive Clinics

<ul style="list-style-type: none"> - Number of patients - Name of coordinator 	
<p>(c) Gestational Diabetes Clinic</p> <ul style="list-style-type: none"> - Number of patients - Name of coordinator 	
<p>5. Neonatology</p> <ul style="list-style-type: none"> - Baby Warmers - Phototherapy Unit - Neonatal Screening - Vaccination 	
- Number of patients	
- Name of coordinator	
- Qualification	
<p>6. Ultrasonography / Foetal medicine facility</p> <ul style="list-style-type: none"> -11wks -13wks 6days scan - Anomaly scan - Colour Doppler study - Interventional procedures 	
- Number of patients	
- Name of coordinator	
- Qualification	
7. Antenatal Screening Facility	
<ul style="list-style-type: none"> - Ultrasound - Biochemical 	
- Cardiotocography	
- Endocrine Screening	
8. Labour Room Facility	
<ul style="list-style-type: none"> - LDR facility - Electronic Foetal Monitoring 	
<ul style="list-style-type: none"> - Labour Analgesia - Forceps - Vacuum 	
<ul style="list-style-type: none"> - Neonatal Resuscitation - Nearby Obstetric O.T. - Blood and it's transfusion - Number of Labour Beds 	
<p>9. Other facilities</p> <ul style="list-style-type: none"> - Emergency Obstetric drills- PPH, Eclampsia, CPR, Neonatal Resuscitation - Seminar room with sitting capacity of 7-8 persons - Maternal mortality and morbidity audit system - Audio-Visual, multimedia facility - Training material - Rotation system in different required departments 	

Statistics (Previous one year)	
1. Total Number of Deliveries –	
-Number of Normal vaginal delivery	
-Number of Forcep delivery	
-Number of Vacuum delivery	
-Number of LSCS	
-Number of High Risk Labours.	
-Number of Spontaneous	
-Number of Induced Labours.	
-Number of Postpartum Haemorrhage.	
-Number of eclampsia	
-Number of delivery with HIV	
2. Number of Admissions -	
- Pregnancy Induced Hypertension.	
- Gestational Diabetes.	
- Severe Anaemia.	
- Heart Disease.	
- Rh Disease.	
- IUGR	
- Placenta previa	
- APH	
- Septicemia	
- Multifoetal Pregnancy	
- Preterm Labour	
- Abortions	
- BOH	
- Pregnancy with medical disorders	
- Others	
3. ICU and/or HDU	
Number of admissions in ICU	
Number of admissions in HDU	
Number of patients required non interventional monitoring	
Number of patients required interventional monitoring	
Number of patients required CVP monitoring	
Number of patients required inotropic support	
Number of patients required blood transfusion.	
Number of patients required super speciality services	
Number of patients required surgeries.	
Number of patients ventilatory support	
Number of patients required transfer from HDU to ICU.	
4. Ultrasound	
- Number of Scans	
- First TM	
-11-13wks 6 days scan	
- Anomaly Scans	
- Number of Anomalies Diagnosed	
- Doppler study	
- Interventional Procedures	

5. Neonatology		
- Number of New Born Babies		
- Birth Asphyxia		
- Growth Restricted Babies		
- Prematurity		
- Congenital Anomalies		
- Neonatal Jaundice		
- Meconium Aspiration		
- NICU Admissions		
Inspected by:	1) MOGS President	Signature
	2) MOGS Secretary	Signature
Date		
Remarks		
Criteria:		
<ul style="list-style-type: none"> • Should member of MOGS & FOGSI • A DD of Rs. 15,000/- in favour of MOGS 		

NEFT Details of MOGS

Name as per Bank Account: The Mumbai Obstetric & Gynecological Society

Bank Account No: 24480100012858

Bank Name: BANK OF BARODA

Bank Branch: JACOB CIRCLE BRANCH, Mumbai 400 011

RTGS/NEFT/IFSC Code: BARB0JACOB