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The Mumbai Obstetric & Gynecological Society

MOGS MATTERS

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President's Message

Dear friends

Thank you for giving me an opportunity to lead this legendary organization, the Mumbai Obstetric and Gynaecological society, MOGS, as its President for 2020-21.



I had made a lot of plans for the year, but we have suddenly been shaken out of our comfort zone and we now have to adapt to a completely different way of life.. In this era of COVID19 and social distancing which will affect all of us for a long period of time, we have to keep ourselves updated with all the latest information by digital means.

It gives me great pleasure to bring to you a unique E-newsletter, 'MOGS MATTERS'. This monthly newsletter will bring to you all the latest updates which are relevant to you in your daily practise. There will be focus on 'Fit is it" our mantra for the year ,with fitness and health food ideas. Also mind games to keep your mind sharp and a lot more. The editor Dr Reena Wani and all the contributors have made a lot of effort to bring you concise information and creative content and we are thankful to them .

I really look forward to interacting with you on many different platforms this year-through newsletters, webinars, facebook events, small group meetings and many more, till the situation of the pandemic settles down and we can have larger conferences and meet again. Thank you once again for all your support over the years and look forward to a wonderful year at MOGS.

Stay safe ,stay healthy.

***"The world as we have created it is a process of our thinking.
It cannot be changed without changing our thinking."***

Best wishes.

– Albert Einstein

Rishma Dhillon Pai

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President 2018-19 - Indian Society for Assisted Reproduction (ISAR)

President 2018-19 - Indian Association of Gynaecological Endoscopists (IAGE)

President 2017 - Federation of Obstetricians & Gynaecologists of India-(FOGSI)

MOGS MATTERS: Times are changing, so are We!!

From the Editor :

Dr Reena Wani

(MD, FRCOG, DNBE, FCPS, DGO, DFP, FICOG)



*“The Old Order Changeth, Yielding place to New
And God Fulfils himself in many ways,
Lest one good custom should corrupt the World...”
-From King Arthur, by Lord Tennyson*

The genesis of this E-newsletter was at the onset of the lockdown in March 2020 when Dr Rishma Pai incoming President had to make tough decisions about her upcoming year- there was much discussion, debate and doubts and many concerns for what the future year would be like. That's when the concept of going completely digital crystallized to cover not just academics, but other aspects too. Our team focused on getting the experts in different areas to pen down their ideas, suggestions from young members taken and 2 months later here we are!!

We believe in a holistic approach to Women's Health hence we present to you articles covering the full spectrum of diet, exercise, diagnostics and medications too. A touch of fun, Fashion and Masti have been added to the mix for your entertainment.

Pregnancy induces a unique challenge for the maternal immune system and invading pathogens can take advantage of these alterations putting women at a higher risk of developing complications. For example influenza: Mostly patients make a full recovery after a mild flu but pregnant women are more likely to develop pulmonary complications. COVID 19 is the new threat, a global pandemic, a notifiable disease and we have inputs from different viewpoints on this scenario.

Our contributors are most enterprising and have juggled with “home”work and hospital work to meet deadlines and present this platter of delicacies to you, for your enjoyment, under guidance of our President. MOGS MATTERS has been compiled with inputs from experts in various fields and we are sure it will be helpful to you, dear friends! Happy Reading!!

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AGM & EVOLVE CME – THE ONE OF ITS KIND!!

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On 10th May 2020, for the first time in history of MOGS ,**85th e- AGM** was held followed by digital installation of MOGS President Dr Rishma Pai and her team. Due to the lockdown situation, the handing over of the presidential cap was depicted virtually by a fun video created by our youth council members, ending with handing over of the Presidential medal from Dr Jaydeep Tank to Dr Rishma Pai. Dr Niranjan Chavan, outgoing secretary coordinated the initial part of the program and gave a detailed report of the year's activities. Dr Jaydeep Tank highlighted the other significant aspects of his year including the changed strategy of the last few months due to the lockdown, including the change in strategy to webinars and use of social media. The outgoing team was thanked by IPP Dr Jaydeep Tank, prizes for best committee members and youth council members were declared by him and the results of the E-elections were declared to accept and install 7 committee members. Our newly installed President unveiled her plans for the year in style, also launching for the first time a Flag for MOGS, and a beautifully designed video showcasing what MOGS is all about. The experience of a digital AGM was a first, but led to a great turnout for Sunday morning of 400+ members.

This was followed by the first of its kind **MOGS Evolve CME (live webinar)** in association with FOGSI family welfare committee and Fogsi medical disorders in pregnancy committee. Dr Punit Bhojani and Dr Madhuri Mehendale were the masters of ceremony. Inauguration was conducted by Dr Parikshit Tank. Chief guest, Mr Ashwini Kumar Chaubey (Union Minister of state ,Minister of health and family welfare, New Delhi) appreciated the effort of all the gynecologists in Mumbai in this time of pandemic. Dr Alpesh Gandhi, President FOGSI was the guest of honour. The response to CME was overwhelming and total 1810 doctors logged in across the country.

The CME started with MOGS Dr Bhanuben Nanavati oration by Dr Alpesh Gandhi. This session was chaired by Dr Adi Dastur (Chairman board of trustees , MOGS) ,Dr C N Purandare (Past president FIGO, FOGSI, MOGS), Dr Mandakini Megh (Chairman ICOG-FOGSI). A very interactive panel discussion on 'Changing dynamics in management of infertility' was moderated by Dr Rishma Pai. Dr Hrishilesh Pai, Dr Nandita Palshetkar, Dr Kedar Ganla shared their opinion about changing practices and precautions that need to be taken for patients in this pandemic. We were fortunate to have Dr Sapna Bajaj from UK share her perspective too. Dr Geetha Balsarkar thanked our pharma educational partners.

Dr Alison Wright (Consultant Obstetrics and gynecology ,Royal free hospital) delivered the prestigious MY Raval oration .This session was chaired by Dr Shyam Desai(Managing Trustee MOGS) and Dr Sarita Bhalerao (Senior vice president MOGS).Dr Suvarna Khadilkar (Joint secretary ,MOGS) Dr Geeta Balsarkar(Clinical Secretary ,MOGS) chaired the capsule which comprised of some interesting talks. Dr Ameya Purandare spoke on 'Vaginal infections a recurrent problem'.Dr Anahita Chauhan discussed about 'Vaccination in women'.Dr Shobha Gudi spoke on 'Comprehensive management of anemia in 3rd trimester .Dr Ameet Patki spoke about ' Progesterone ,the missing link '.

Everyone enjoyed the academic and masti quiz held by the team throughout the program .In sync with the MOGS mantra of 'FIT is IT' a short video by Amrita and Aditi Tandon was very well appreciated.The programme ended with vote of thanks by Dr Niranjan Chavan (Vice president MOGS).



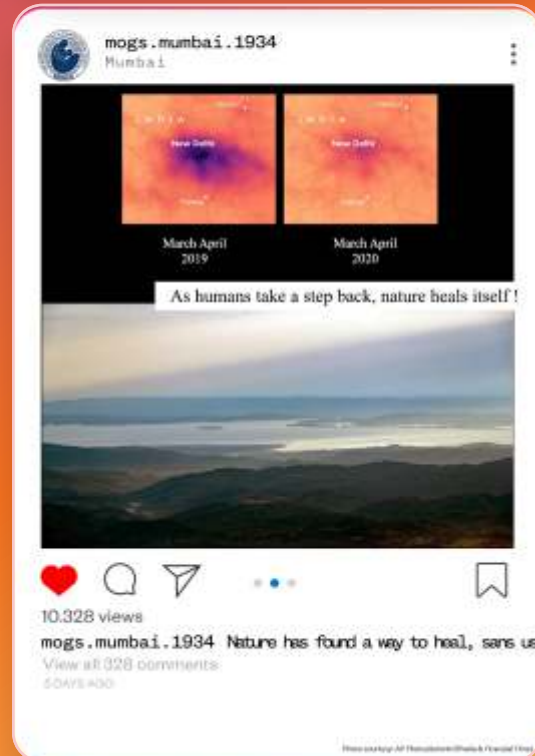


SNAPSHOTS FROM LOCKDOWN

CONCEPT & DESIGN

Dr. Sachin Paprikar,

#YoungObstetrician #CaffeinePowered #TechSavvy
#GraphicsDesigner #Mumbaikar



MOGS MASTI

Dr Komal Chavan

Chairperson, FOGSI Medical Disorders in Pregnancy Committee.
Member Managing Council MOGS



MOGS Evolve CME on 10 th May 2020 included lots of surprises & galore. 4 question cards were flashed at end of each session with surprise prizes won by fastest finger first. First question was academic & other three were just for fun. We received upto 100 responses from registered delegates across the country. Winners won by a minute margin.

This live virtual CME brought alive the fun and excitement which we experienced for the first time during corona lockdown period 3.0.

We plan to include these fun segments in future MOGS CMES.

I personally enjoyed the event and had great fun and excitement co-ordinating the prizes for our esteemed MOGS. I sincerely thank Dr Rishma Pai, President & Dr Anahita Chauhan, Secretary, MOGS for giving me such a brilliant idea, which I could execute and cherish the opportunity.

Dr Komal Chavan
Chairperson,
FOGSI Medical Disorders in Pregnancy Committee.
Member Managing Council MOGS



Questions, Answers & Names of winners

1) What is the shelf life of blood - 42 days

Dr Anuradha Salphale, Chandrapur, Maharashtra

2) Guess the Country -

1. Serbia 2. Croatia 3. Singapore 4. Ukraine

Dr Gaurav Desai, Mumbai

3) Doctor Couple watching the CME together

Dr Ganpat Sawant & Dr Sangeeta Sawant, Mumbai

4) Are you wearing Red ?

Dr Dipak Khilvani, Modasa, Ahmedabad.



THE FLU THAT KILLED OVER A 50 MILLION PEOPLE!

Dr. Preeti Deshpande

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Are we referring to the Covid 19 pandemic? Well not yet. It has killed more than 200,000 people but not even one million as yet.

We are actually referring to the great pandemic that struck 100 years ago. The 'Spanish flu' of 1918 is estimated to have killed 50 -100 million people around the world. This was much more than the death toll of World War 1 which was about 7 million. Still this was only 2-6 percent of the world's population at that time.

The Spanish flu affected people across continents and across social, cultural, sexual and ethnic lines. Hence there was no stigma attached to it.

There seems to be a cultural amnesia to this medical disaster. It created only a faint emotional impression. Queerly enough, environmental historian Alfred Crosby, writing in his history of the pandemic said, "One searches for an explanation for the odd fact that Americans took little notice of pandemic and then quickly forgot whatever they did notice." Does that ring a strikingly similar cord with today?

Ironically, the Spanish Flu, did not begin in Spain. It struck at the end of the World War 1. It is believed to have started in a farm in Kansas city in USA and the carrier was subsequently was recruited in the army. Hence it entered the barracks of the American soldiers and it traveled via ship across the Atlantic to Europe and India as well. Much of the media in the warring countries was suppressed. However, Spain was neutral and the media freely spoke about the flu. That is why the name Spanish flu stuck.

The flu of 1918, caused more severe infection in adults than in children. In those days, all citizens in affected countries were advised to wear masks. Medical experts wanted to shut down schools, modes of transport and lock down to prevent spread of the infection. But sadly enough, this could not be done due to the war scenario. The price of this mistake was paid by loss of human life.

The pandemic tapered after 6 months, only to come back in a more virulent form in September 1918. It continued the death and destruction till 1919. The only country to have steered clear was Australia as they quarantined the ships entering the ports. All too eerily similar!



Here we are in 2020. History repeats itself after a 100 years: The novel Coronavirus spreading across the globe like a wildfire, originating from China. Mode of transport : Planes

Lets take note of the pandemics in the last 100 years.

In the 20th century the pandemics were largely caused by mutating influenza A virus (an orthomyxovirus), coming up with new strains against which humans did not have immunity.

1957-1958 – The Asian Flu caused by H2N2 virus killed 1.1 million people

1968 – The Hong Kong Flu by H3N2 virus killed 1 million people

2004 – The Bird Flu by H5N1 virus caused epidemics

2009 – The Swine Flu caused by H1N1 Novel influenza A virus killed about 150,000 people. It was different as it mainly caused mortality in people below the age of 65 years as the immune response itself was damaging.

However, in the 21st century a new virus claimed its entry into the history of pandemics. In 2003, Severe Acute Respiratory Syndrome caused by a strain of Corona virus that spread rapidly in the world. It had a high mortality of 10 %. However, it was well contained and caused 800 deaths. And then we thought that modern science had conquered it all. We thought that nothing can cause millions to die again. Stop to think again – we are not invincible. It just took a nano particle to prove it to us once again!

Virologist are intensely interested in knowing how viruses mutate and transmit between species and understand this process to some extent. Many gaps in the knowledge remain. Viruses establish long associations with the host species and live in symbiosis with specific host animals. Occasionally the viruses 'emerge' and 'spillover' from the original host to a new host. When this happens the risk of infection increases. Human activity drives the emergence of new pathogenic viruses. As we push back the boundaries of the wild, with farms, plantations and sometimes in laboratories; viruses from the wild interact with farm animals and vegetation. At an opportune moment they jump over to a human host. To enter the new host the viruses mutate and create a new "lock and key" protein mechanism. Due to these mutations, a universal vaccine is never possible!

The Novel Coronavirus first reported in China in December 2019 has mutated into 10 different types! Hence making the vaccine seems more and more elusive. One particular type – A2a has replaced all other types to become dominant across geographical regions says a study by the National Institute of Biomedical Genomics (West Bengal). The study will soon be published in the ICMR Journal.

We do know, that if the host dies, the virus cannot survive by itself. Hence, in nature, the viruses does not benefit from causing fulminant infections. In fact, if it causes non-fatal infections, it can propagate itself. Hence it is most likely to mutate and exist in a milder version. Yet again we humans would like to believe when this happens, that we have conquered all. But the winning stroke still rests with nature!

Meanwhile, the scientists are continuing their relentless efforts to find a vaccine or a medicine to counter the Coronavirus. WHO recently launched a large international trial called SOLIDARITY to test four existing therapies. They are closely related to malaria drugs Chloroquine and Hydroxychloroquine, antiviral medication Remdesvir (originally developed to treat Ebola), antiviral combination of Lopinavir and Ritonavir (used for HIV) and the 2 HIV drugs plus the anti-inflammatory small protein Interferon Beta. A small non-RCT of Hydroxychloroquine with Azithromycin conducted in France suggested that treated patients had a low viral load. The FDA has approved investigational use of convalescent plasma of recovering patients.

Our medical systems and fraternity are being tested to the brink. We hope humankind will succeed soon in finding a vaccine or a drug against Coronavirus in this race against time!

Source References and Suggested Reading

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5. <http://www.scientificamerican.com/article/heres-what-we-know-about-the-most-touted-drugs-tested-for-covid-191/>



FROM FRONTLINE OF FIGHTING COVID 19: DIAGNOSTIC DILEMMAS & CHALLENGES ON THE WAY

Dr Jayanthi Shastri

Head of Dept, Molecular Diagnostics Lab Kasturba Hospital
& Microbiology, TN Medical College



COVID -19 caused by SARS-CoV-2 is more contagious than H1N1 flu. The basic reproduction number, also called the R-nought value, is the expected number of individuals who can catch the virus from a single infected person. For the 2009 H1N1 virus, the mean R-nought value was 1.46 and it is 2-2.5 for COVID-19.

Sudden emergence of SARS-CoV-2 and its potential to cause a global pandemic initially had posed an unsurmountable challenge to the public health system in India. Since its emergence in Wuhan, the disease has rapidly spread to neighboring provinces of China and various other countries through International travel. Infection is spread through droplets or prolonged contact with infected patients.



Testing Times: India and Mumbai

Indian Council of Medical Research (ICMR), GOI responded very quickly in networking 13 well established. Virus Research & Diagnostic Laboratories (VRDLs) to scale up testing capacity for SARS-CoV-2 in all parts of India. Quality checks were conducted by National Institute of Virology (NIV, PUNE) to permit independent testing at 13 labs in the country. One of the Labs designated for SARS-CoV-2 PCR testing was our Lab at Kasturba Hospital.

Molecular Diagnostic Reference Laboratory at Kasturba Hospital is Municipal Corporation of greater Mumbai's State of the art PCR Lab & State Viral research & Diagnostic Lab (VRDL). Our team was entrusted with the responsibility of conducting PCR tests for the detection of SARS-CoV-2 for entire Mumbai

The task was daunting, however as we were experienced in testing Leptospirosis, Dengue, Chikungunya, H1N1 (since 2010) for the last 13 years, we had the required sophisticated equipments & skilled technical staff to conduct PCR tests. We commenced testing on February 3rd 2020. We received samples from both public & private sector hospitals. Initially the sample load was 50-60 samples/day but as the testing guidelines included testing for all International travellers, close contacts of positive cases, health care workers, we received almost 400-600 samples per day in 24 hours.



Why PCR test needs to be conducted & not any usual Blood test? How is it done?

Answer is PCR (polymerase chain reaction) test which is a Molecular test used to identify the nucleic acid DNA/RNA of the pathogen from Nasopharyngeal & oropharyngeal swabs is an excellent diagnostic tool for Early diagnosis of pathogens (1-5 days illness).No blood test can conclusively identify the virus & antibody tests are yet to be validated.

The steps involved in PCR test are

- a) Lysis of the virus in the buffer,
- b) Extraction of viral nucleic acid , RNA
- c) Amplification & detection by Real time PCR method involving use of high end equipments
- d) Interpretation of test results

The complete procedure takes 6-8 hrs when we batch the samples.

CURRENT SCENARIO IN KASTURBA:

A) PCR test: The lab was functional in 2 shifts until 16th March when we escalated to 24/7.

Every day posed a new challenge clinical with samples pouring in the Lab from Mumbai, Thane, Virar, Kalyan-Dombivilli, Navi Mumbai, Palghar, Goa. This set us thinking whether there were no labs to in Mumbai Metropolitan Region to conduct PCR tests. We also received samples from suspected cases of staff in cruise liners docked at Mumbai port.

Currently we are testing 400-600 samples in 24 hours with 8 technical staff & 3 Doctors for interpretation of test results.

B) Antibody detection tests : We are conducting these tests to estimate the presence of antibodies post COVID 19 disease. Symptomatic patients have a high titre of antibodies.

- i) Rapid antibody tests for detection of IgM & IgG
- ii) Chemiluminescence (CLIA) : For detection of IgG antibodies
- iii) IgG ELISA : for detection of IgG antibodies

Issues faced with the clinical samples received from various hospitals

- 1) Inappropriately collected & labelled
- 2) Leaking tubes
- 3) Cold chain not maintained in transportation
- 4) Sample referral forms incomplete with no record of address which is Mandatory for contact tracing of positive cases.

Diagnostic Challenges during a Pandemic

- 1) Stock out of Diagnostic kits: International Diagnostic kit manufacturers could not supply the required testing kits as they were diverted to places who required the same within their country & continent. Hence there was acute shortage of RNA Extraction kits which were imported. Most machines being closed system and kits being proprietary, are not compatible to other kits. Hence with a continuous flow of samples, suitable alternatives had to be put in place.
- 2) Viral transport medium required for collection of Nasopharyngeal & Oropharyngeal swabs was in short supply, Suppliers were asked to ramp up production to meet with increasing demand. In a Lockdown situation this was very difficult. Hence special permissions for the factory workers to report for work were taken
- 3) Hiring technical staff; For conducting tests round the clock appointing additional trained technical staff is mandatory. Getting skilled personnel agreeing to work in COVID testing lab surely is not easy & takes time.
- 4) Hence, Staff fatigue is the next big issue we face. Duties of technical staff in one shift is 7 hrs. We need to give weekly off to them in order to avoid human errors.
- 5) Reporting to Municipal, State & Central authorities; There are number of agencies who we are required to send reports to Epidemic Cell, MCGM for contact tracing, State Government for Case reporting & online entries on ICMR web portal. This needs to be done real time with precision.
In the absence of dedicated Data entry operators there aren't adequate personnel available for this work which is time consuming.
- 6) Quality Checks & Inter Lab comparison of Performance of Private Labs involved in COVID 19 testing.
Since April additional public & private Labs have joined hands in ramping up the testing capacity of Mumbai. However the number of cases across Mumbai have also increased tremendously.

In conclusion:

Testing for COVID 19 disease is not possible using simple tests. Molecular tests for RNA detection of the virus is the standard method for diagnosis which requires high end equipment, continuous supply of reagents & skilled manpower.

Threat of emerging & reemerging Infectious diseases is looming large on us & therefore laboratory preparedness for identification is mandatory for Combatting these infections.

PCR LAB



MOGS *V* Care & Share

**MOGS extends a helping hand to our
frontline healthcare workers and patients.
Support our efforts - contribute generously
- if not now, when?**

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MAINTAINING MATERNAL IMMUNITY : A RELEVANT REQUIREMENT TODAY

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Maternal immunity is most relevant today

Health is of primary importance in pregnancy that influences both the mother and fetus. Maintaining maternal immunity can stave off infections that can otherwise predispose women to poor pregnancy outcomes and are associated with increased incidence of maternal and fetal morbidity and mortality. Conditions such as inadequate nutrition and anemia can increase the risk of developing infections. This aspect is more relevant in today's scenario where a robust immunity is the key to maintaining health.^{1,2}

The immune status of pregnant women can impact the health of both mother and the fetus leading to infections and chronic adverse outcomes.

How do nutrients influence immunity?

“Let Food Be Thy Medicine, And Medicine Be Thy Food”- Hippocrates

As doctors we take the Hippocratic Oath at induction into medical practice, and we should remember his famous words regarding food and health. Having a proper balanced diet is an important step forward for a healthy body. It has been said that when our plate reflects different colors of the rainbow (at least 3-4), it is going to be a nutritious meal.

Nutrients modulate inflammation by regulating immune cell function and/or immune cell differentiation via epigenetic pathways.³ Multiple micronutrients play a vital, often synergistic roles at every stage of the immune response. Adequate intake of these nutrients is essential to ensure the proper function of physical barriers and immune cells. Even marginal deficiency of certain nutrients has been linked to immune impairment.⁴ The maternal immune status must be maintained in order to maintain the health of the mother and fetus. It has been found that prenatal infections can also influence the risk of inflammatory disease in the fetus often with long-term adverse outcomes.³

Essential micronutrients that can affect immune status^{1,4}

Zinc

Zinc plays a central role as an antioxidant and in immune regulation. It affects all aspects of immunity from structural maintenance of physical barriers to bridging the functions of the innate and adaptive immune response. Its regular intake is important since it is not stored.

Selenium

It plays a role in innate immunity through the complement system and provides self-protection of immune cells. It improves cell-mediated immunity and has shown to enhance immune response to viruses in deficient individuals

Vitamin C

Vitamin C improves iron absorption from the gut. Its role in the immune system is through its significant antioxidant action which influences both innate and adaptive immune functions. It has also demonstrated a role in reducing pre-eclampsia.

Vitamin D

Vitamin D plays a central role in immunity affecting the function of macrophages relating to their antimicrobial function. It maintains structural and functional integrity and plays a role in complement activation.

Vitamin B

Vitamin B complex and folic acid are all essential in pregnancy. They also play a central role in maintaining immune integrity. Particularly B6, B12 and folate improve cell-mediated immunity and Th-1 responses.

Micronutrients with the strongest evidence for immune support are Zinc and Vitamins C and D.

Zinc plays a central role in innate and adaptive immunity owing to its antioxidant action and role in cellular regulation. In fact, Zinc supplementation may prove beneficial against corona virus infection by providing an additional immunity defence. It has been suggested that an intake of upto 50mg per day of Zinc may be protective against infection, being important for mucosal integrity as a defence barrier. An In-vitro study has shown direct effect of Zinc on protein processing and inhibition of an important enzyme RNA polymerase required for replication of the virus.⁷ Maternal nutrition is also important for fetal health because the effects of maternal zinc deficiency in offspring persist during developmental stages despite intake of appropriate amounts of zinc.^{3,4}

Maintaining nutritional status in Indian mothers

For many pregnant women in India, the dietary intake of vegetables, meat, dairy products and fruit is often insufficient to meet the nutritional requirements. Multiple nutritional deficiencies often co-exist in these women. These deficiencies in addition to iron deficiency, acute and chronic infections and differences in bioavailability of various micronutrients in the diet can explain the presence of maternal anemia and points to a risk of adverse maternal and fetal outcomes.^{2,5}

In fact, as obstetricians and gynaecologists, we are often the primary health care contact and providers for young girls, from puberty and adolescence, to motherhood and have an important role to play in encouraging them to take a healthy balanced diet. In our country we find extremes- malnutrition due to deficiency/ unavailability of food...and "mal-nutrition" due to junk food and fast-food craze of youngsters. Another subset is those young women who have body image issues and eating disorders like anorexia nervosa and bulimia. Hence in obstetric practice, whether it is in an affluent cadre or in an indigent poor population, we are likely to find a whole spectrum of nutritional deficiencies which could be prevented by simple dietary modification and supplementation as necessary. Pregnancy offers a golden opportunity when the woman is likely to be more open to suggestions for change, and we should make best of this time window.

First Trimester: Folic acid and multivitamins

Second Trimester: Add iron as per national nutritional anemia prophylaxis program (100 days of supplementation regardless of Hb level), assess protein intake and advise supplements (most diets do not give adequate protein). For women with impaired glucose tolerance, special care to be taken for carbohydrate control

Third Trimester : Focus on treatment of any deficiency detected. Calcium supplementation of upto 2 grams per day (in calcium deficient populations) is one of the essential dietary interventions recommended by WHO 2011 as an important measure in pregnancy, which y reduce the incidence of pre-eclampsia.

Comparing the RDA with prevalence of nutritional deficiency^{2,6}



Nutrient	Pregnant women		Recently delivered (lactating)	
	RDA	Inadequate nutrition (%)	RDA	Inadequate nutrition (%)
Protein	55+23	59.6	55+19	28.4
Iron	35	95.5	21	71.6
Calcium	1200	81.5	1200	70.3
Folic acid	500	99.4	300	85.2
Vitamin A	Retinol: 800 β-Carotene: 6400	89.9	Retinol: 950 β-Carotene: 7600	84.5
Vitamin C	60	60.1	80	87.1
Thiamin*	+0.2	32.0	+0.3	16.1
Riboflavin**	+0.3	65.7	+0.4	54.8
Niacin***	2	52.8	+4	49.7
Zinc	12	84.3	12	79.4
Vitamin B₁₂	1.2	78.7	1.5	62.6

Data represented as mg/day for micronutrients and g/day for proteins; Inadequate nutrition: <0.66–1.00 of RDA

RDA: Recommended daily allowance; *Thiamin RDA for women: 1.0–1.4; **Riboflavin RDA for women: 1.1–1.7; Niacin RDA for women: 12–16

In such settings of nutritional deficiency, it is important to encourage nutritional interventions and supplementation of essential nutrients to promote better maternal and fetal outcomes.^{2,5}

Many nutrients are essential for appropriate immune functioning and even mild deficiencies can lead to immune impairment. Among the nutrients Zinc, Vitamin C and Vitamin D are strongly linked to immune maintenance. In India, a large proportion of pregnant and lactating women consume inadequate amounts of these essential nutrients which can be corrected through nutritional supplementation. This will maintain a robust immune system leading to better maternal and fetal outcomes.

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HEALTH SCIENCE

Nutrition for Women Across Life Stages

For Pregnancy and Lactation

For Non-Pregnancy

Mother's Horlicks: Mother's Horlicks is a nutritional beverage to be consumed as a part of daily diet. GI (glycemic index) ¹ Added sugar refers to sucrose. Contains naturally occurring sugars.
 * Based on in-vitro GI* method results (i-SSI) data on file. ² In the VNB Protein and Nutrition Supplement Category by Gynaecologist. Source: KVAA Medical Audit, July 2019.
 Protein Plus: ³ Based on in-vitro GI* method results (i-SSI) data on file GI is defined as the relation of the incremental area under the blood-glucose response curve (incremental Area Under Curve, IAUC) of a tested meal containing 50 g of digestible carbohydrates and the average incremental area under blood glucose response curve of a reference food. ⁴ Blend of 3 good quality proteins (Indeg, soy, casein).

PARENTERAL IRON IN PREGNANCY



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According to the World Health Organization (WHO), anemia is the most common disease, affecting >1.5 billion people worldwide. Furthermore, iron deficiency anemia (IDA) accounts for 50% of cases of anemia[1]. IDA is prominent in Southeast Asian countries where about half of all global maternal death are due to anemia and India contributes to 80% of maternal death due to anemia in South Asia. IDA during pregnancy and the postpartum period, and can lead to serious maternal and fetal complications. ICMR considers Hb<10.5 g/dl as cutoff point for anemia in pregnancy.

Oral iron therapy is given as the first-line treatment for IDA. However, Parenteral iron therapy is an alternative therapeutic option in certain group of patients.

Parenteral iron preparations can be safely used for the treatment of IDA during pregnancy and the postpartum period, and are more beneficial than oral iron preparations in specific indications.[2]

Complications of Anemia in pregnancy[2,3]:

Table 1: Complications of anemia

ANTEPARTUM	POSTPARTUM	INTRAPARTUM	BABY
Preeclampsia	Sepsis	PPH	IUGR
Infections	Subinvolution	PPCM	Prematurity
Preterm labour	Failing lactation	Cardiac Failure	Stillbirths
APH	DVT/	Shock	Increased incidence of IDA in neonate
Cardiac failure	Pulmonary embolism		Increased perinatal mortality

Due to the maternal and fetal risks involved, the diagnosis and effective treatment of iron deficiency anemia is of critical importance.

Diagnosis and treatment of IDA:(Figure 1)

Most often than not IDA is first diagnosed by a presence of antenatal CBC report suggestive of decreased or low hemoglobin(Hb) level. However before labelling it as IDA and prior to any treatment it is necessary to confirm the diagnosis by additional tests. The tests should not only help in diagnosis but also rule out other common causes of anemia in pregnancy.

Recommendations

The serum ferritin level, which is the most sensitive test at baseline, should be measured together with the Hb level to diagnose iron deficiency. A serum ferritin level $<30 \mu\text{g/L}$ during pregnancy should prompt treatment. Monitoring in further periods should be based on the Hb concentration, which should be measured in each trimester. The classic laboratory findings of iron deficiency anemia include a decrease in the hemoglobin(Hb)

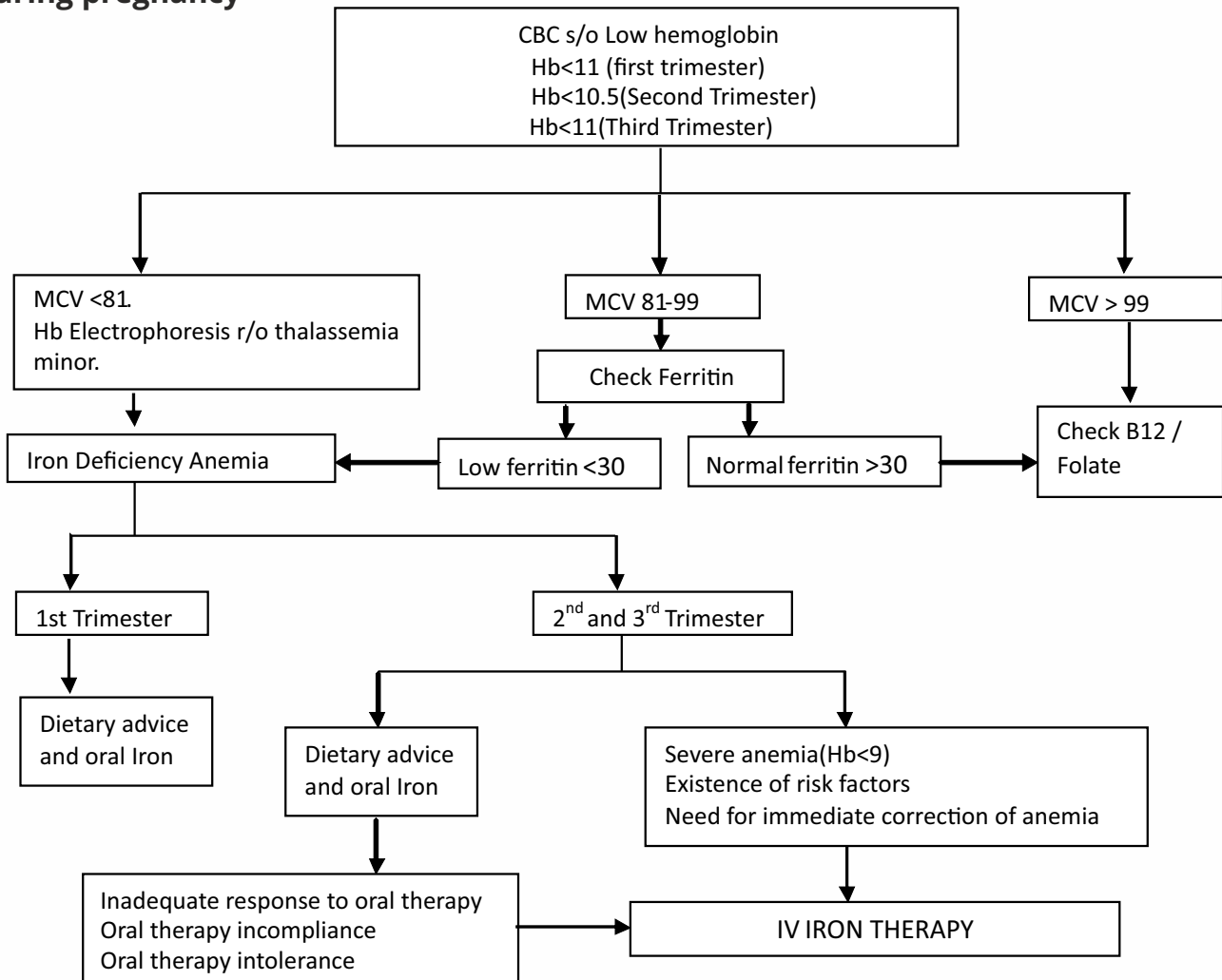
level, serum iron concentration, serum transferrin saturation, and serum ferritin level, and an increase in total iron binding capacity. In fact, it is adequate to study the complete blood count and serum ferritin for diagnosis. A low serum ferritin concentration $<30 \mu\text{g/L}$ together with a low Hb concentration is diagnostic of IDA during pregnancy[4,5]. However, we should be aware that serum ferritin is also an acute phase reactant and may be normal, even elevated, under inflammatory conditions despite the presence of anemia, and in such cases confirmation of the diagnosis may require additional tests.

Prophylactic oral iron therapy is given to all pregnant women with normal laboratory values. Oral iron preparations can be used throughout pregnancy, whereas Parenteral iron therapy is recommended during the 2nd and 3rd trimesters. There are some instances for which switching to a parenteral iron preparation is advantageous (Table 2). Parenteral iron therapy should be the first option in the presence of severe anemia with risk factors, and in emergency situations, because parenteral therapy is more effective and rapid than oral therapy for resolving anemia, with a much lower frequency of adverse effects than oral iron and a negligibly low frequency of serious adverse effects [6]

Table 2: Indication of parenteral iron therapy

Indication of parenteral iron therapy in pregnancy
<ul style="list-style-type: none"> • Inadequate response to oral iron treatment • Non - compliance to oral iron treatment • Intolerance to oral iron (Severe GI symptoms) • Presence of severe anemia (Hb < 9) • Presence of risk factors (eg: Placenta Previa, coagulation disorders) • Situations where anemia should be resolved urgently (eg: paleness, tachycardia, tachypnea, syncope, heart failure, respiratory failure)

Figure 1: Algorithm for the diagnosis and treatment of iron deficiency anemia during pregnancy



The serum ferritin level, which is the most sensitive test at baseline, should be measured together with the Hb level to diagnose iron deficiency. A serum ferritin level < 30 µg/L during pregnancy should prompt treatment. Monitoring in further periods should be based on the Hb concentration, which should be measured in each trimester.

Formulations available for parenteral administration:

Of the drug molecules mentioned below (table 3) for parenteral iron therapy, iron dextran and iron sorbitol complex were mainly used for intramuscular use

IM preparations were associated with increased side effects, anaphylactic reactions and injection site complications. Also, intramuscular absorption of iron is slow, the use of iron given via this route is variable, and IM injections are not possible for patients who have reduced muscle mass. IM administration of iron is not safer or less toxic than the IV route, so the most appropriate parenteral route is IV.

Focus is mainly now on two IV preparations which are iron sucrose and ferric carboxymaltose (FCM).

IV preparations are more expensive than oral preparations, but the total cost of oral treatment becomes equivalent to IV treatment because repeated administrations are needed in oral treatment. Additionally, the antenatal complication risk increases in patients with anemia who are not treated. The cost of care for a premature baby far exceeds that of IV iron treatment, which is why interest in IV iron therapy is gradually increasing

DRUG	Concentration of elemental iron	Dosing	Route of administration	Test dose	Side effects
Iron Dextran	50mg/ml	Multiple doses of 100 mg, or Single dose of 1000 mg (diluted in 250 mL normal saline) given over 1 hour	Im/iv	Yes	Injection site pain redness, discolouration Shivering, giddiness, tingling of hands Delayed: joint /muscle pain, headache, fever, vomiting Rarely: Severe allergic reaction/ seizures
Iron Sorbitol Citrate	100mg/2ml	Daily dose of 1.5mg iron/kg body weight not more than 2ml daily Calculated dose to be administered daily or alternate day till hb values reached	Im only By z track technique	Yes	Injection site pain, redness, discolouration Nausea vomiting headache, diarrhoea, dizziness, sweating, flushing of face



					Rare: hypotension, arrhythmia, circulatory failure
Iron sucrose	20mg/ml One ampoule had 100mg/5ml	Multiple dosage of 200mg over 15 -20min till total calculated dose Mean duration to complete total therapy- 2.5-4.5 weeks	IV	No*	Nausea, Vomiting, diarrhoea, dizziness Thrombophlebitis, mild fever No Major side effects or allergic reactions
Ferric carboxymalto	50mg/ml 100mg/ml	1000mg in 100cc NS over 15min. Additional	IV	No	Nausea, dizziness, pruritis, rash, headache,

*Test dose to be given if history of other allergies

Dosage Calculation:

The formula used for calculation of IV is dose was as follows:

Required iron dose (mg) = 2.4 × (target Hb-actual Hb) × pre-pregnancy weight (kg) + 1000 mg for replenishment of stores

For eg if patients Hb is 9.5gm at 30 weeks then the dose calculation keeping in mind target Hb of 11 would be as follows

Required Iron dose = 2.4x (11-9.5) x 57 +1000

Required iron dose is 1200mg approximately

Administration:

Iron sucrose:

Dose of 100-200 mg intravenously twice or thrice weekly in 100 ml normal saline over a period of 20-30 min. Maximum dose is 200mg per dose and 600mg per week. A total dose of 1000mg can be given in 4-10 sittings (over a period of 1 month).

Ferric Carboxymaltose :

The dosage calculation for IV FCM is same as iron sucrose however as the drug is available in 500 and 1000 mg vials for ease of calculating the drug dosage following table can be followed:

Table 4: Drug dosage for FCM

Hb(g/dl)	Patients Body weight	
	Body weight 35-70 kg	Body weight >70 kg
<10	1500mg	2000mg
> 10	1000mg	1500mg

A total dose should not exceed 1000mg of iron per dosage. The total dose should not exceed 500mg in women weighing <35kg. Additional dose can be given after 7 days. Can be administered slow iv at rate of 100mg/min or diluted in 100ml normal saline over 15 min.

Advantage of FCM over Iron sucrose is that the entire dose can be given in one or maximum two sittings thereby avoiding multiple patient visits and additional cost of repeated administrations. Also studies have proven that Hb rise if faster with FCM than iron sucrose. Safety profile of both drugs is comparable. Data and experience with FCM use during pregnancy, postpartum and neonatal period are gradually increasing.

FCM has been reported to cause hypophosphatemia, the clinical significance of which is under investigation. Clinically significant hypophosphatemia has not been reported in pregnant woman.

Preinfusion protocols:

Confirm IDA. Antihelminthic treatment with mebendazole 100mg twice a day for 3 days. Basic blood urine and stool tests confirmed normal.

Selected patients with a history multiple (more than one) drug allergies may be given a dose of a glucocorticoid prior to the iron infusion to reduce the likelihood of the minor infusion reactions that occur in 1 to 3 percent of administrations.

Assessing response to treatment

For antepartum patients receiving intravenous iron, as per recent guidelines , it may be reasonable to monitor and increase in hemoglobin after 3-4 weeks of administration without rechecking iron parameters^[7]. If there is a need to check iron parameters, it has to be done four to eight weeks after the iron has been administered, because intravenous iron interferes with most assays of iron status. Once the hemoglobin has reached the normal range, oral iron replacement should continue for three months and until at least six weeks postpartum

IV iron versus Blood transfusion

In the case of severe IDA, a blood transfusion has been the traditional efficient approach to correct anaemia, especially if patients did not respond to oral iron therapy or when a rapid correction of anaemia is clinically required.

Currently, the development of new intravenous iron formulations that offer higher doses in a single



How do nutrients influence immunity?

“Let Food Be Thy Medicine, And Medicine Be Thy Food”- Hippocrates

As doctors we take the Hippocratic Oath at induction into medical practice, and we should remember his famous words regarding food and health. Having a proper balanced diet is an important step forward for a healthy body. It has been said that when our plate reflects different colors of the rainbow (at least 3-4), it is going to be a nutritious meal.

Nutrients modulate inflammation by regulating immune cell function and/or immune cell differentiation via epigenetic pathways.³ Multiple micronutrients play a vital, often synergistic roles at every stage of the immune response. Adequate intake of these nutrients is essential to ensure the proper function of physical barriers and immune cells. Even marginal deficiency of certain nutrients has been linked to immune impairment.⁴ The maternal immune status must be maintained in order to maintain the health of the mother and fetus. It has been found that the prenatal infections can also influence the risk of inflammatory disease in the fetus often with long-term adverse outcomes.³

RECOMMENDATIONS

- IV iron therapy should be considered from the 2nd trimester onwards in pregnant women with iron deficiency anemia that cannot tolerate or do not respond to oral iron therapy.
- With severe anemia (Hb \leq 9 g/dL), the presence of risk factors and conditions that require prompt resolution of anemia are other potential indications for IV iron therapy.
- The IV iron therapy dose should be individual patient based and bringing the Hb level up to at least 11 g/dL should be the target of the therapy.
- Switching from oral to IV iron therapy or starting IV therapy initially is contingent upon risk-benefit assessment; however, such assessment should be performed on an individual patient basis and requirements should be evaluated carefully.

administration has provided us with the opportunity to employ intravenous iron as an effective, rapid, and safe treatment for IDA^[8], avoiding the use of blood transfusion with its known hazards. There is increasing evidence-based research that supports the safety and efficacy of IV iron in IDA.

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Dr. Bhumika Kotecha

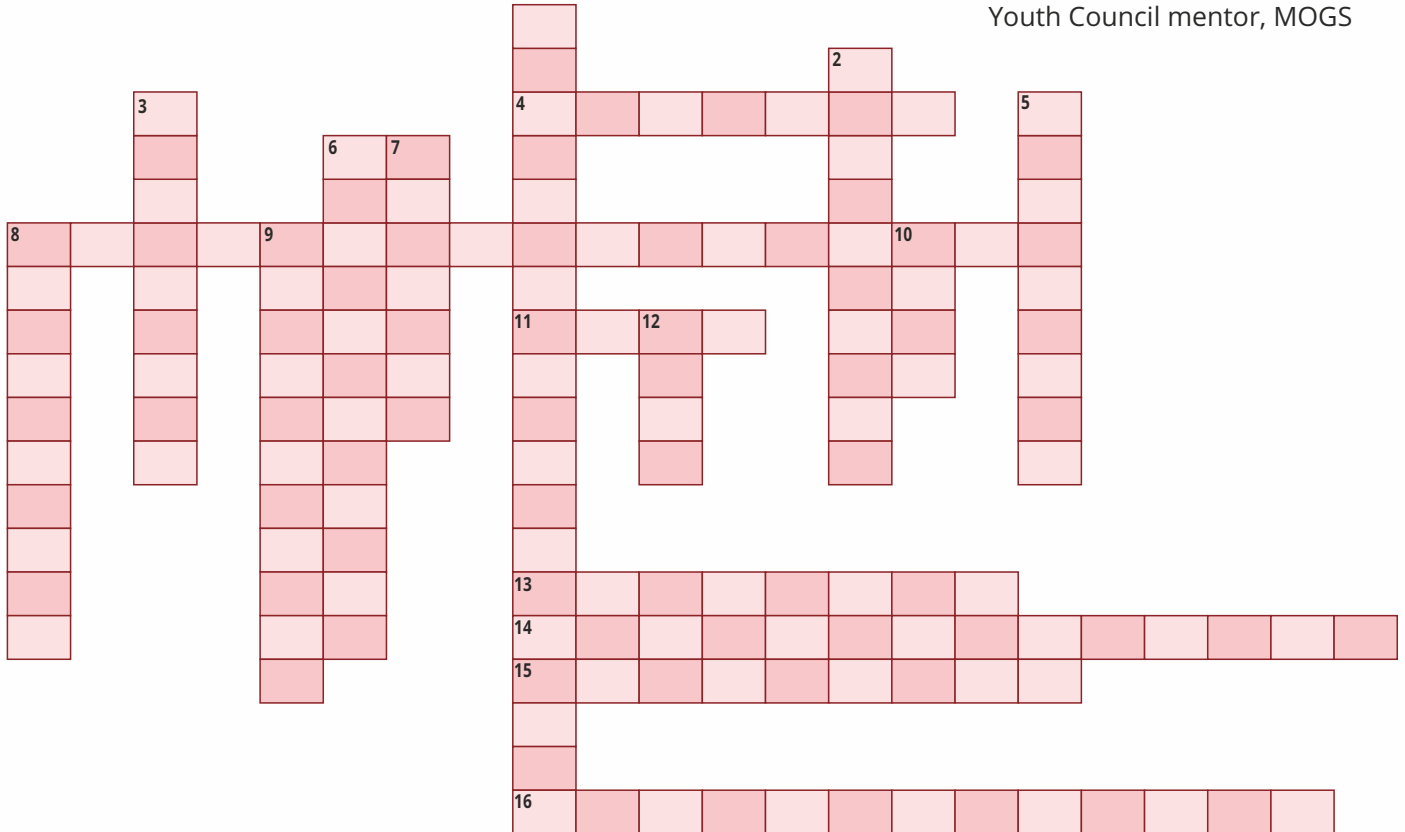
DGO, DNB, MNAMs,
Youth council member & lead , MOGS



Dr Punit Bhojani

MS, DNB, FICOG, FCPCS, DGO, DFP
Member Managing Council, MOGS
Youth Council mentor, MOGS

MIND GAMES IN GYNECOLOGY CRYPTIC CROSSWORD WITH A TWIST!



Down

1. X ray plate with inverted triangle and crooked lines at its top corners.
2. Hyperechoic nodule in a Hypoechoic ovarian mass or dermoid cyst on USG.
3. Now, first line drug of choice for ovulation induction.
5. Newer drug for endometriosis.
6. Anti-androgenic progesterone in OCP.
7. Type of current that can be used with saline in hysteroscopy.
8. I am a drug that can be used for OHSS and endometriosis too.
9. Costly supplementary affair for PCOS women.

10. Mode of IVF treatment for severe oligozoospermia.
12. Severe complication of ovulation induction.

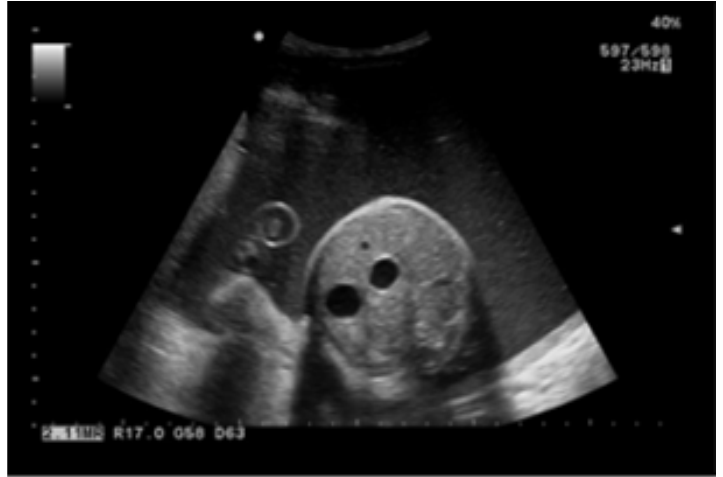
Across:

4. One of the theories of endometriosis.
8. Routine procedure in laparoscopy.
11. Sono-salpingography test is also known as ____ test.
13. Recent film on IVF.
14. WHO group III of ovulatory disorder.
15. Test on endometrial tissue for diagnosis of female genital tuberculosis
16. Dye which can cause meth-hemoglobinemia.

SPOT THE DIAGNOSIS (DR PUNIT BHOJANI)

1) IDENTIFY

2) IDENTIFY the anomaly in this USG image of fetal abdomen



SUDOKU

5		9						7
	8			1		5	2	
		3		8	4			1
	9		7					2
4				5		3	9	
8		2	1					4
			3		2			5
	4					7		
1		7		9			8	



FIT IS IT CONCEPT AND TEAM

Contributor **Dr Komal Chavan**



Now that, we have become more aware about our health in Covid19 Lockdown time, MOGS under the Leadership of Dr Rishma Pai as President has come up with the mantra for the year 2020, ***FIT is IT.***

We as doctors are aware regarding importance of being fit but, due to our erratic work schedule we cannot reach our fitness goals. Also due to the COVID- 19 Lockdown being fit is a bigger challenge. Motivation is the key and we at MOGS, FIT is IT team brings you that motivation on your screen with fitness updates throughout the year in the form of 2 minute exercise and stretches videos _ during the e-CME, newsletter with articles on how to be fit from health experts, quick healthy mouth watering recipes & inspiring success stories of our members.

In our very first ***EVOLVE CME*** we present to you a lively exercise video by our fabulous youth council members Dr Aditi & Dr Amrita, The Tandon sisters.

So dear friends and colleagues, do check it out & like, comment and give your feedback. Hope you will appreciate the concept in all our future MOGS programs.



LOCKDOWN FITNESS

Dr Ashish S Jain

(MS Orth, DNB Orth, D Orth, FCPS)

Trauma & General Orthopaedic Surgeon

Full time Consultant, P D Hinduja Hospital & MRC

Mahim, Mumbai | Fitness Clinic Wednesday 6-8 pm

Online Consultation | www.hindujahospital.com



The sad truth is that 'Fitness ' is often used to describe weight loss and Fat loss plans.

If I were to ask you how many 'thin' or 'normal' folks are worried about their fitness; the numbers would be negligible. Most of us need a wake up call in our lives to start thinking about exercise. It can be a health scare like Diabetes or Heart ailment, back or knee pain, reduced work efficiency or just poor family and social life due to obesity. Most of us want to be Fit and 'not Fat' but none of us have the time right? Today our bodies are mere 'Locomotive devices' to carry our minds to our place of work. It's our daily rat race and each one of us wants to win. In all this worldly pandemonium we forget what was taught to us as kids; "HEALTH is WEALTH". So what happens when you need to work from home??? That brings us to our current situation; LOCKDOWN.

For those who were so busy with their careers and lives, what's gonna be your excuse now? Yes the Fitness centres are closed but please make full use of this time on hand and get moving. Exercise I believe should be a 'Celebration' of what your body is capable of and NOT a 'Punishment' for what you ate earlier. One must know one's motives or goals for exercising. It can be getting stronger, more flexible, improved stamina and endurance, or some sport related goals we seek. These goals change as we age and our priorities evolve with the passing years.

I am an Orthopaedic Surgeon specialising in Trauma and we are seeing an increase in Fragility fractures in our elderly population. Till now our focus was entirely on Osteoporosis and the resultant weakening of bones. We are now getting aware of the new evil called Sarcopenia; i.e. progressive loss of muscle mass with advancing age. Sarcopenia results in muscle weakness, incoordination, imbalance and eventually increased falls. Physical exercise helps prevent and also reverse both Osteoporosis and Sarcopenia by strengthening our Musculoskeletal system.

Trust me I am not a 'home exercise' person and the gym was my third home after my hospital duties were done. I know for sure and urge you all to understand the pivotal role that 'DIET' plays in any Fitness program. Whether you want to lose fat/weight or gain muscle you have to address your nutrition as this makes up 70% of your plan always. So rather than sitting and moping about the closure of gyms and the restrictions on outdoor exercise, I decided to focus on my diet first.



Most people consider staying at home as an excuse to binge. Friends, you have been asked to stay home and not in the fridge. Yes we are all foodies and everyday seems like a Sunday right? So how does one keep these hunger pangs at bay? First and foremost you must make a daily schedule of your activities, waking up to bedtime. Designate time slots for meals, online meets, family socialising, TV times, reading or any other hobby you may have. It's very easy to confuse boredom with hunger; trust me. I for one have started trying out Intermittent Fasting during these times of stress. It helps in many ways especially in disciplining my meal times. I eat only between 12 noon and 8pm that's 8 hrs and then remaining 16 hrs are fasting. It helps in fat loss if you eat sensibly during those 8 hrs and also aids your body systems in self repair and recovery. You must take 'Ownership' of your diet and stay away from junk and processed foods which in any case are not that accessible today.

A good diet will not only help your body by itself but also reduce the guilt that many have and the constant frustration of not being able to exercise adequately. whichever diet you decide to be on the basic principles remain constant.

DIET: There are some food groups that should be avoided or minimised:

Sugar and sweets, Soft drinks and alcohol, Packaged foods, Refined flour (maida) containing foods, Excess of fruits and Dairy, Deep fried foods, Breads and biscuits

Focus on plenty of water intake and adequate sleep for 6-8 hrs daily. All these matter for good and healthy living.

EXERCISE:

Now that you have your diet plan on track it's time to get some amount of exercise going. I am a regular gym rat and am feeling like a fish out of water during this lockdown period. For those sitting idle now and contemplating to start some physical activity I can understand your

predicament. We are all helpless to these present circumstances and there seems no end point in sight. I for one have taken up this challenge to make the most of my situation and emerge fitter and stronger from it, whenever it ends.

Exercise is essential not only to burn calories but also to keep your muscles and joints mobile and strong during this time of home arrest. Most of us are ill prepared for a situation like this and find ourselves without any exercise equipment at home. No reason to despair as there are numerous alternatives available if only you seek them.

Let me enumerate a few that I'm familiar with.

- Free hand exercises and stretches
- Yoga
- Calisthenics and Body weight exercises
- Dance (any form)
- Aerobic exercises like Zumba
- Resistance training using Resistance bands, tubes and other home items like buckets, chairs and even empty cylinders.

VIRTUAL EXERCISE:

Necessity is the mother of invention and we humans are awesome at this when pushed into a corner. Fortunately for us we are in a lockdown with internet facilities. There are numerous online fitness apps and videos available to guide you in the right direction and track your progress. Some are free and many need a subscription which brings us to the point of 'are they worthy?'. Many of us are social media savvy and can follow numerous Fitness trainers and Gym pages for their exercise plans. Some trainers also provide real time two-way video training sessions where you are under the direct supervision of your trainer as regards form and intensity of workout. Others offer periodic video consultations based on the data and exercise videos you upload to them on a daily basis. Cost aside all these portals and apps have their pros and cons. When in doubt always take advantage of the Free trial.

Pros:

- Great for beginners and advanced exercisers alike
- Workout at your time of comfort.
- Global Selection of workouts and training options
- Once personal data fed in the app guides one in diet and exercise
- Illustrated exercises categorised by type and body part
- Video exercise classes are fun and can be selected based on preference of intensity
- Variety of workout options keeps one interested and enthusiastic
- Live classes are energetic and gives you a virtual gym like feel that you are not alone.
- Workout anywhere; even while you travel.
- Often less expensive than a membership with trainer fees.



Cons:

- You are paralysed for choice(worse than selecting a nearby gym).
- User driven motivation (know thyself before considering an online program)
- Not so clear instructions for some
- Injury prone due to over-enthusiasm and lack of direct supervision
- Rough guide to diet (not tailor made)
- Virtual at best (unlike a group exercise class)
- Monotonous at times leading to boredom and eventual discontinuation
- Lastly cost issues (Popular trainers and apps)

HOME PLANS:

I for one follow a simple home workout plan. My present goals are:

- Stay active
- Keeps muscles and joints supple
- Maintain endurance by cardio exercises
- Resistance train exercises to stimulate existing lean muscle mass
- Have a regular fitness schedule
- Avoid injuries
- Explore some new vistas of fitness like flexibility and core muscle exercises

CHECKLIST before Workouts:

1. Gym wear is a must to be comfortable and get you into the mindset for exercise.
2. Proper shoes
3. Water bottle and towel
4. Exercise mat
5. Exercise accessories if available like gloves, resistance bands and tubes, dumbbells, medicine ball, etc
6. Good music to set the mood. Its your home guys; blast the music if you find headphones restrictive
7. Strong black coffee to wake you up and keep focussed.

I try and exercise 4 to 5 times a week. Like I always say; if your diet is good your exercise just adds that stimulus to keep your body and cardiovascular systems healthy. Make a schedule that is convenient and doable, and enjoyable too. Make sure you always have a warm up period of dynamic stretching exercise before starting your main workout.

Twice weekly cardio with HIIT

- walking around my home appr 4500 steps covered in 45 mins to an hour
- High Intensity Interval training (HIIT) that involves bursts of exercises between rounds of walks for 2 minutes

- Squats, abdominal crunches, pushups, planks, mountain climbers etc. These help in elevating one's heart rate and increases the intensity of the cardiovascular exercise.
- Twice weekly Resistance Training and Core Strength
- Body weight exercises like pushups, squats, abdominal crunches, planks, leg raises, hip thrusts
- Resistance band exercises for different body parts like shoulders, chest, back, arms and legs
- I also improvise sometimes using home stuff like water filled buckets and chairs as weights

Any form of exercise done with a decent intensity for an hour is adequate to maintain a strong musculoskeletal and cardio function. One must always be aware of ones medical limitations if any including any medications one may be on before embarking on these plans. This is my current plan but I always am open to exploring different forms of physical exercise that may challenge my body occasionally as we all tend to adapt very soon to any monotonous physical activity done regularly. Flexibility has always been my nemesis and I am taking this opportunity to work on it. Yogasanas and certain stretching movements can be followed through videos and online pages to help learn these techniques.

These are trying times that none of us have faced before. Even today there is no definite time line given when we can expect to be back to the gyms and other outdoor fitness activities. So friends rather than sitting and complaining about the current scenario lets get proactive and take control of our own fitness. Exercise regularly and eat wisely to emerge as a better version of you once this lockdown ends.

“Motivation is what gets you started but HABIT is what keeps you going”.

So fellow doctors, let us make the most of this time we have been given to develop habits to help us keep Fit and Healthy in the Future. You have always been selfless while studying medicine and later while serving your patients and juniors. I want you to become a little Selfish for a change and take control of your own lives.

Be the change to inspire others and become true “Health” providers.

Cheers!!



FOOD FOR THOUGHT

Editor of Section- **Dr Shreya Prabhoo**

MBBS, DGO, DNB, MNAMS., Obstetrician and Gynaecologist,
Consultant Mukund Hospital., Assistant Honorary HBT Medical College
and Dr. R. N. Cooper Hospital.



Hi friends...In this lockdown period we all are by ourselves trying to keep ourselves busy and happy. What can spread more happiness than good food? Human beings have been bestowed with 5 senses. Good food can definitely satisfy at least 4 of them in terms of how the food looks, smells, texture and taste. After all happiness is all about spreading goodwill, and thanks to social media we can do it easily but off course VIRTUALLY. So we decided to get a few recipes straight to you for you all to try

Our menu includes savory dishes and DESSERTS too after all it is STRESSED spelt backwards.

CARROT CAKE

By Dr. Shreya Prabhoo



Ingredients-

2 medium sized carrots grated, 1 cup Maida, 1 and ½ cup sugar (preferably powdered), ¾ th cup oil, 2 eggs, 1 tsp cinnamon powder, 1tsp baking powder

Procedure

Beat 2 eggs, Add oil to it and mix well, Add the sugar and mix well, Add Maida and baking powder beat slowly, Add the carrots at the end mix gently, Grease a baking tray and add the cake mixture, Bake at 180 degrees in a preheated oven for 35 mins, Serve hot with vanilla ice cream



Lemon Cake

By Dr. Deepali Kapote

MBBS, MS, DGO, FCPS, DFP

Assistant Professor, Obs &

Gyn at LTMMC and Sion Hospital.



Ingredients:

1) Powdered sugar - One cup/ 150 gram 2) Maida - One cup / 150 gram 3) Oil - Half cup/ 100 ml 4) Curd - ¼ cup / 50 ml OR 2 eggs 5) Lemon juice - ¼cup / 50 ml 6) Lemon essence - ½ teaspoon (optional) 7) Milk - ¼ cup / 50 ml 8) Lemon yellow color - ½ teaspoon

Steps:

Mix the powdered sugar, curd and oil thoroughly to a uniform consistency. Add lemon juice, lemon yellow color and lemon essence to this and mix it well. Add maida and milk to this to make a uniform batter. Grease a cake tin with butter. Put the batter in this vessel. Bake it for 30 minutes in a microwave at 180 °C Alternatively you can bake it in an OTG at 160 °C for 30 minutes.



Palak Paneer

by Dr. Preeti Deshpande

MS, FICOG,

Endoscopy training IRCAD (France)

Consultant Obstetrician & Gynaecologist

Raheja - Fortis hospital

Guru Nanak hospital, Mata Lachmi Hospital, Sambhav clinic.



Ingredients:

2 bunches (2 judi) – Palak/ Spinach, 1 pinch - soda, oil, 2 Phodni spoons – Jeera (spoon from the phodni/tadkadabba to be used as the measure), 1 - Onion, 1 – Tomato, 1 inch – Ginger, 2 big – Green Chillies, 7-8 – Garlic flakes (thin medium flakes), ½ Phodni spoon – Garam Masala
150 g – Paneer

Procedure

1. Wash the spinach. Add a pinch of soda in half a cup of water. Boil the spinach in this water. Palak sort of shrinks on boiling. Place a lid on the kadai/container and keep for 10 minutes. Allow the spinach to cool.
2. Cut the spinach and put it in a mixer after it has cooled and grind it partially. (Turn on the mixer for 2 -3 seconds at a time and then stop. Repeat this one more time. Do not grind too fine)
3. Grind the garlic, ginger and green chillies well in a mixer.
4. Heat oil in a kadai. Add jeera into it. Add the onion. Add ginger, garlic and green chilly paste and mix well. Saute till the onion turns transparent.
5. Add the tomatoes and mix. Saute till oil separates out.
6. When the oil separates out, add the boiled spinach. Add salt to taste and mix well. When oil separates out, add the water in which the spinach has been boiled.
7. Add garam masala. Add cut pieces of paneer.
8. Place a lid on the container and keep for 5 minutes on low flame. Cook till ready to serve.

* Serve this with hot chapatis or will go well with jeera rice too the day you are tired of making chapatis in this lock down.

Goan Prawn Curry

By Dr. Shreya Prabhoo



Ingredients:

500 gms Prawns peeled and deveined
1 whole coconut grated
2 tsp coriander seeds
1 tsp Turmeric
5 black pepper corns
8 kashmiri red dried chillies
6 spicy Red chillies
2 tbsp oil
1 medium sized onion finely chopped
5-6 Kokum
salt to taste
Coriander for garnish



Procedure

Grind to paste the coconut, coriander seeds, turmeric, black pepper corn, and chillies with 1 cup water.
Heat oil in a vessel.
Add the chopped onion and cook till soft.
Add the prawns and cook till it starts becoming opaque
Add the coconut paste and bring to boil
Add salt to taste
Add the kokum, and garnish with coriander.

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TOPICAL THEME - WORLD HEALTH DAY 2020

Dr. Priya H. Manihar, Dr. Varun J. Wani

(Residents in Community Medicine,
TNMC & BYL Nair Hospital, Mumbai)



Introduction

April 7 of each year marks the celebration of World Health Day. From its inception at the first Health Assembly in 1948 and since taking effect in 1950, the celebration has aimed to create awareness of a specific health theme to highlight a priority area of concern for the World Health Organization (WHO).

Themes of WHO in the previous decade:

- 2019: Universal Coverage. Everyone, Everywhere
- 2018: Universal Coverage. Everyone, Everywhere
- 2017: Depression – Let's Talk
- 2016: Beat Diabetes
- 2015: Food Safety
- 2014: Small Bite Big Threat (Vector borne diseases)
- 2013: Healthy Heartbeat, Healthy Blood Pressure (Hypertension – Silent Killer)
- 2012: Good health adds Life to years (Ageing and Health)
- 2011: Antimicrobial resistance: No action today, no cure tomorrow

The theme for the World Health Day 2020 is “to support nurses and midwives”.

WHO has announced that 2020 will be the “Year of the Nurse” honouring the 200th birth anniversary of Florence Nightingale – thus keeping the theme to recognize the contribution of the nurses and midwives in making the world a healthier place. A midwife is a health professional who cares for mothers and newborns around childbirth, a specialization known as midwifery. Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. It includes the promotion of health, the prevention of illness, and the care of ill, disabled and dying people [1].

Role of Nurses in the Community, and Obstetrics and Gynaecology

Nurses are critical to deliver on the promise of “leaving no one behind” and the global effort to achieve the Sustainable Development Goals (SDG).



They make a central contribution to national global targets related to a range of health priorities, including universal health coverage, mental health, non-communicable diseases, emergency preparedness and response, patient safety, delivery of integrated and people centered care[2]. Not only do nurses provide treatment to the patients, but they also offer education to the community members about maintaining their health so that they can prevent various infectious and sexually transmitted diseases and deaths. They also provide health screening at community events and give advice on importance of diet, exercise, immunization and hand-washing techniques. Nurses also assist the doctors while examining the patients and doing medical procedures, cleaning and dressing wounds, setting up IV drips, and monitoring the basic care including check of blood pressure and pulse.

Role of Midwives in Community

1. Provide basic healthcare at community level
2. Assist during pregnancy, delivery and lactation in remote, rural and far flung areas of the country
3. Helping parents to cope with miscarriage, termination, stillbirth and neonatal death
4. Carrying out screening tests
5. Midwives play a pivotal role in reducing the depression centred on the women's unwillingness or inability to disclose their feelings and difficulties to partners, family, friends or health professionals [3].

Role of Nurses and Midwives During COVID-19 Pandemic

In the battle to control the ongoing COVID-19 pandemic, nurses and other health workers have proven to be the frontline warriors.

All the healthcare workers are involved in the 3Ts- Tracing, Testing and Treating, which is the current health strategy for COVID-19. We see reports that nurses in many parts of the world are grappling with shortages of much-needed supplies including personal protective equipments such as masks, gloves and gowns, yet are actively embracing the challenges presented by COVID-19. Nurses and midwives have the knowledge and skills to deliver the care needed in all phases of the illness trajectory, and in reassuring, informing and supporting people within communities who are frightened, worried and anting to stay well.

Conclusion

The world has been spinning under numerous health issues in 2020, due to the onslaught of COVID-19. There are innumerable ways in which nurses hold the healthcare system together, from community outreach programs to labor room assistance to indoor patient management. In view of this, Support Nurses and Midwives has turned out to be a timely and apt choice of theme. We as health care providers have to work hand in hand with them to optimize health care delivery to the population.

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LIST OF FORTH COMING EVENTS:

JUNE 2020

- 21st June - 'Focus On First Trimester' Digital Conference.
- 28th June - 1st Online Mogs NA Purandare Pg Training Program

JULY 2020

- 19th July - 'Youngistan' digital conference
- 2nd Online MOGS NA Purandare PG Training program

COVID-19 IN OBGY PRACTICE (SUMMARY OF GUIDELINES)



Dr. Reena J Wani

(MD, FRCOG, FICOG, DNBE, FCPS, DGO, DFP)
Chairperson FOGSI Perinatology Committee 2015-2017
Core Committee Member FOGSI Violence against Women Cell
Member, Managing Committee MOGS, UNESCO Bio-Ethics
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Dr Sachin Paprikar

(MBBS, DGO), S Registrar HBTMC &
Dr RN Cooper Hospital, Juhu, Mumbai.

1. **Use of telemedicine is now recommended** (as per MCI directive) and should be encouraged to ensure minimum outpatient attendance.
2. Pregnant women are known to be at higher risk of severe morbidity and mortality from other respiratory infections such as influenza and SARS, making a strong case for pregnant women to be considered an at-risk population for COVID-19. But with the limited data available, there is **no evidence that they are at higher risk of severe illness than the general population.**
3. **Testing for pregnant women** should be done as per the latest ICMR testing strategy or state / local Govt guidelines. As per the current guidelines - pregnant women residing in clusters/containment area or in large migration gatherings / evacuees centre from hotspot districts presenting in labour or likely to deliver in next 5 days should be tested even if asymptomatic, since they may need specialized care.
4. **Obstetric management** should not be delayed in order to test for COVID-19.
5. Studies show, pregnant women with COVID-19 infection showed a **similar pattern of clinical characteristics to non-pregnant adult patients.** There are currently no data suggesting an increased risk of miscarriage or early pregnancy loss in relation to COVID-19.
6. Though the limited case series of infants born to mothers infected with COVID-19 published in the peer-reviewed literature, none of the infants had tested positive for COVID-19; emerging evidence now suggests that **vertical transmission is possible**, although the proportion of pregnancies affected and the significance to the neonate is yet to be determined.



7. If patient is diagnosed positive for COVID-19, it is mandatory for all hospitals (government and private), medical officers in government health institutions and registered private medical practitioners including AYUSH Practitioners, to **notify such patients to concerned district surveillance unit.**
8. Women should be advised to attend **routine antenatal care, tailored to minimum**, at the discretion of the maternal care provider at 12, 20, 28 and 36 weeks of gestation, unless they meet current self-isolation criteria. Individualized plans for women requiring frequent review may be necessary.
9. **Mode of birth should not be influenced by the presence of COVID-19**, unless the woman's respiratory condition demands urgent delivery. There is currently no evidence to favor one mode of birth over another. Hence the mode of birth and the timing should be individualized depending on the week of gestation and maternal, fetal, and delivery conditions by a multi-disciplinary team.
10. **Reducing induction of labour** for indications that are not strictly necessary is recommended.
11. CDC documents, **COVID-19 has not been detected in breast milk**; however whether mothers with COVID-19 can spread the virus via breast milk is not known for sure. In mothers with COVID-19 infection, informed decision to initiate breastfeeding should be taken by the healthcare provider after discussion with the mother and her family.
12. **Elective surgeries and diagnostic procedures can be deferred** after informing the patient about risk of transmission of COVID-19 and its consequences.
13. Medical, paramedical and other staff members should be trained in infection prevention, correct hand hygiene, usage of masks and social distancing. ICMR guidelines dated 9th March, advise **testing of all symptomatic health care workers.**

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EDITOR'S NOTE: COVID 19 IN CURRENT TIMES, from the frontline

We in HBTMC & Dr RNCooper Hospital, non-COVID facility, have been following ICMR testing guidelines from 21st March, and till 22nd May (over 2 months) out of 1080 confinements we have had 120 COVID positive pregnant women, 30 LSCS and zero COVID-related mortality! Two of our team tested positive but recovered fully. **CORONA SE MAT DARONA!!!**

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Gómez-Ramírez S et al. *Pharmaceuticals*. 2018;11(97):1-23



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1 Capsule Daily**

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FASHION FUNDAS WITH PRESIDENT PAI

Dr Pradnya Supe

Asst Professor, LTMMC & LTMGH Sion Hospital,
Youth Council Member MOGS



We OBGYN's are known for our hectic schedules, 24 × 7 emergency calls and so on. But let's face it; among all of medical professionals, we are the ones deemed to be the biggest fashionistas!

So presenting our own President MOGS Dr.Rishma Pai, who was the part of a special charity show by designer politician Shaina NC titled "Glamour with a purpose" on 13th March 2020 at St.Regis Hotel in Mumbai.This show saw woman achievers from different walk of life- social workers,lawyers, filmstars, business women, doctors etc. who walked the ramp in aid of cancer for the opening show of the Bombay Times fashion week 2020.Dr.Rishma Pai has always been a strong supporter for such causes and has walked the ramp multiple times for these.

The highlight of this show was that designer Shaina NC had draped not one, not two but three sarees which is equivalent to almost 18 yards of drape on a woman.She had used a multitude of colours, staying in line with the theme of the festival Holi.

The showstoppers were Neerja Birla, with her son Aryaman and Advaitesha Birla, who walked the ramp after the women achievers. Shaina NC quoted," My collection was a tribute to all the women achievers of Mumbai. I feel fashion should be wearable by all, and everyone should be able to identify with the clothes," she signs off.



FASHIONABLE BUT FAMISHED!

The inside story of workers in the industry & what we can do

Our correspondent **Dr. Pradnya Supe**

In conversation with Dr Arnaz Soonawala of Gopi Vaid designs:



“We are at 40 days of lockdown, 40 days that no matter who you are or how you spent it, has slowly and surely forced every one of us to acknowledge with gratitude how magically connected a world we are, how much it has given us, and how much we need to appreciate it!” says Arnaz Soonawala of GopiVaid Designs. In this moment of lockdown where all our lives have come to a standstill, here is a story of how a fashion house has made a difference.

Q.PS. Tell us something about Gopi Vaid designs.

AS: It is a collaboration between two of us, myself and GopiVaid. We met each other in school. I went on to become a gold medallist ENT whereas Gopi studied law and business. It was only after we reconnected after our weddings that I learnt that Gopi harboured a secret dream of starting her own label someday. I said lets go ahead and that is how GopiVaid designs started.

Q.PS. How did you source the work force for your venture?

AS: Vaid's family has always been a patron of the arts. Gopi grew up in a house where artisans used to work on the ground floor of it. Many of the craftsman at the GopiVaid studio hail from the same families of karigars that once worked in Vaid's mother's atelier. Vaid and I have always believed that all the workers are really members of the family. We believe that their creativity is important and there is a lot of give and take. Our work is always a fusion of what we think with the karigars. I feel our staff has a strong identity.

Q.PS. As we are in a state of a prolonged lockdown how are your karigars surviving in these tough days?

AS: It is a bad time for us all. Most of our karigars have faced huge challenges in these tough times. Most of them come to Mumbai leaving their homes and family far away, in search of



their wages that will feed them and build a more hopeful future. They live in tiny crowded rooms in Mumbai's sprawling chawls. Their way of living is buying a cheap meal at a roadside stall or occasionally cooking basic dal roti meal.

Q.PS. But all this must have changed during lockdown.

AS: Yes. With lockdown all these stalls closed, there was a shortage of cash and restriction of mobility. We were willing to help as far as wages were concerned but were worried that inspite of that we were worried about them going hungry. That is when we found a saviour.

Q.PS. Oh please tell us more

AS: Our hero came in the form of an incredible young man, Amman Sheikh, himself a beader, with a small beading factory. Along with 3 of his friends, he agreed to help us get rations to those in need. Fearlessly they picked up rations, got police permissions and went into the red and containment zones to ensure that no one went hungry.

Q.PS. It sound marvellous....anything else that you did??

AS: Oh yes. We also started an initiative in which we started using all our fabric waste to make reusable masks, to distribute them to those at risk, in these overcrowded containment zones and to the police and workers serving them. Amman now has a team of 40 motivated helpers, who carry on the distribution of food, along with the masks that we are making, to keep the poor safe.

Q.PS. Thank you Arnaz for your great inputs. Please share details of the group/ site where we can contribute for this cause.

AS: Thank you so much. Details where any donations or contributions can be given are as follows :

AC NAME – SHAIKH AMMAN SAIDUL
BANK NAME - KOTAK MAHINDRA
Account number – 0613907505
IFSC code – KKBK0000811
UPI ID 8369777491@kotak
Google pay 8286333584
GPAY UPI –shaikhamman24@okicici

PAGES FROM THE PAST

Dr. Usha Saraiya

MBBS MD

Past Managing Trustee MOGS

Past President MOGS, FOGSI



Dr Usha Saraiya in conversation with Dr Madhuri Mehendale in the lockdown

MM Q1) What do you think are challenges of obstetricians in these times?

These are testing times for every obstetrician. With changing guidelines every other day, it is difficult to counsel patients. All hospitals have different set of rules for admission, swab testing and delivery. This leaves both the doctor and patient harassed. Many obstetricians have opted for planned caesarean delivery due to uncertainty of normal labour. Safety of patient, availability of beds, staff, NICU has forced obstetricians to take decisions differently from normal times. Due to limited antenatal checkups the golden opportunity to screen for early IUGR and preeclampsia is missed. It also leaves patients thinking that the care they are receiving is suboptimal. So yes, these are challenging times but being supportive towards our fellow doctors and staying true to our patients we can pass this phase.

MM Q2) As an organisation what role can MOGS play in such time?

MOGS is doing a very responsible job when it comes to educating and spreading awareness among its members through webinars on COVID-19. We should extend our support, guidance and help as seniors to our resident doctors, and available for our fellow doctors for help and guidance in this pandemic. They are working tirelessly and we should be all together in helping them in every possible way. Moral boosting in this time is crucial. Not only doctors but we must also educate patients with help of bulk messages, flyers, and mass media about care in pregnancy during this pandemic. We should also spread awareness among patients about symptoms and when to approach the doctor.

MM Q3) How long in your opinion will this affect in our care for women?

It will take at least six months or even longer for the situation to normalize. Spanish flu pandemic has taught us that the second wave can be much more dangerous simply because of our attitude. So best is to be prepared for this. Taking no chance with safety of our patients and ourselves would be the right decision. Spreading more education about diet, immunity and exercise should be our goal. WHO director general, Dr Tedros Adhanum Ghebreyerus said that after the pandemic, we all should be ready for an impartial enquiry to constructively know how we can improve. This spirit is highly appreciable and should be adopted by all of us. John F Kennedy is quoted saying, "The Chinese use two strokes to write the word 'CRISIS'. One brush stroke stands for danger, the other for opportunity. In a crisis be aware of the danger but recognise the opportunity." So yes, in these difficult times we have to reevaluate everything and create an opportunity to avert impending oblivion; now.

ANSWER KEY MINDGAMES: CRYPTIC CROSSWORD WITH A TWIST!

Down:

1. Hysterosalpingogram
2. Rokitansky
3. Letrozole
5. Dienogest
6. Drospirinone
7. Bipolar
8. Cabergolin
9. Myoinositol
10. ICSI
12. OHSS

Across:

4. Sampson
8. Chromopertubation
11. Sion
13. Good News
14. Ovarian Failure
- 15 Genexpert
16. Methylene Blue

ANSWERS TO SPOT THE DIAGNOSIS

ANS 1: ANENCEPHALY

ANS 2: The double bubble sign is seen in infants and represents dilatation of the proximal duodenum and stomach. It is seen in both radiographs and ultrasound, and can be identified antenatally.

Causes include :

- Congenital obstruction
- duodenal web
- duodenal atresia
- duodenal stenosis
- annular pancreas
- midgut volvulus
- external compression of the dudenum

ANSWER- SUDOKU

5	1	9	6	2	3	8	4	7
6	8	4	9	1	7	5	2	3
7	2	3	5	8	4	9	6	1
3	9	6	7	4	8	1	5	2
4	7	1	2	5	6	3	9	8
8	5	2	1	3	9	6	7	4
9	6	8	3	7	2	4	1	5
2	4	5	8	6	1	7	3	9
1	3	7	4	9	5	2	8	6