Reshaping the Future of Women's Health – Moulding a National Resource

Obstetric & Gynecological Education Leaders' Summit
Hyderabad, December 8 to 10, 2006

Organized by:
The Federation of Obstetrics & Gynecological Societies of India (FOGSI)

Collaboration with:
The Ministry of Health and Family Welfare,
Government of India

Supported by: Ethicon – A Johnson & Johnson company

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A document produced by FOGSI.

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Contents

Report Preparation

This report has been prepared by transcribing the audio recording of the proceedings of the summit. This report gives you a brief overview of the proceedings of the summit.

It is structured as follows

- Scope
- Background and Priorities
- Report and recommendations of Focus Group Discussions

FOGSI has been concerned about women's health, more so, in the economically deprived areas of our country. This concern has led FOGSI to collaborate with the Ministry of Health (MOH), Government of India (GOI), in various initiatives related to women's health with a special focus on reducing Maternal Mortality.

During my Presidential year at FOGSI in 2006, a unique meeting was held in collaboration with the Ministry of Health, GOI, along with a total strength of 80 members, including Heads of Depts. of Ob-Gyn from various public and private Hospitals, opinion leaders of FOGSI & gynecologists from the rural areas of our country. The 3 day Summit was held in Hyderabad during 8th December to 10th December 2006.

Various areas of healthcare were discussed with immense productive inputs from the members. This document is the culmination of all these discussions, which were held during these 3 days. This document represents the inner voice of all the members who have given their precious time for this cause, and put in a lot of effort to give their opinion on what will ultimately help to improve women's health. The Recommendations presented in this document are the collective wisdom of this Summit.

I appeal to the forces who matter in this country to acknowledge these Recommendations from FOGSI and have the political will to do whatever is necessary at the earliest.

I thank all those who made this endeavour possible. The Ministry of Health, Government of India, for collaborating with FOGSI in a very focused manner, the members of the committee who devoted their time and expertise totally as an honorary service to FOGSI, His Excellency the Governor of Andhra Pradesh for inaugurating the meeting, the Hyderabad Ob-Gyn Society for assisting with local logistics, FOGSI Office Bearers for their complete involvement and above all Ethicon for supporting this very noble venture. Special thanks to Dr. Nozer Sheriar for assisting in organizing the Summit and in preparing this document and Mr. Kuldeep Sharma of Ethicon for his invaluable help.

Dr Duru Shah
President FOGSI 2006

Reshaping the Future of Women's Health -

Scope and Purpose

- Provide an interface of FOGSI and Government of India with senior teachers to invite their inputs for streamlining and strengthening available initiatives and programmes for Women's Health.
- Create a platform to deliberate novel solutions to current challenges and provide practical suggestions.
- To arrive at a consensus on contentious academic and clinical issues.
- To suggest changes in curriculum and methodology in medical education to make it more relevant and effective in addressing the Women's healthcare needs in India.
- Recommend suitable upgrades in infrastructure and facilities in teaching institutions.

Objective and Outcome

- A comprehensive recommendation document to be prepared and submitted to the Ministry of Health & Family Welfare.
- Areas of consensus to be noted by FOGSI for future action.
- Create a sustainable partnership between Institutions, FOGSI & its member societies.

Participants

- Representatives from Department of Obstetrics & Gynecology from recognized Public & Private Medical Colleges
- FOGSI Office Bearers
- FOGSI Committee Chairpersons and Coordinators of FOGSI initiatives
- Special invitees from WHO and Government of India – Ministry of Health and Family Welfare

Participants

Special Invitees

His Excellency Ramashwar Thakur	Governor Andra Pradesh
Dr. Manisha Malhotra	Asst. Commissioner Ministry of Health Government of India
Dr. Arvind Mathur	Coordinator (Family & Community Health) Office of WHO – Representative to India
Dr. Dilip Mavlankar	Professor, IIM, Ahmedabad

Members who participated were Heads of Depts of Ob-Gyn, Administrators, Bureaucrats, Members of WHO, MOH, FOGSI Office Bearers and FOGSI Members

Representatives of Medical colleges

Dr. P. S. Chakraborty	Calcutta Medical college & Hospital, Kolkata
Dr. S. Pati	North Bengal Medical College & Hospital, Darjeeling
Dr. Mrs. H. H. Chowdhury	AMCH, Dibrugarh
Dr. S. M. Dabak	Sasoon Hospital, Pune
Dr. S. V. Parulekar	KEM Hospital, Mumbai
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Dr. Shaila Sapre	J. A. Group of Hospitals, Gwalior
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Dr. Bharagava	Government Medical College, Rewa
Dr. Shashi Khare	Medical College, Jabalpur
Dr. Panigrahi	Jawahar Lal Nehru hospital, Bhilai
Dr. Aruna Kumar	Sultania Zanana hospital, Bhopal
Dr. Anju Hurria	GMCH, Chandigarh
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Dr. C. P. Vijayan	Kottayam Medical College, Kottayam
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Dr. Neelam Baid	Guru Teg Bahadur, Delhi
Dr. Nisha Jain	Hindu Rao Hospital, Delhi
Dr. Pushpa Singh	Ram Manohar lohia Hospital, Delhi
Dr. Puneeta Mahajan	Sanjay Gandhi Hospital, Delhi
Dr. V. Badhwar	D. Y. Patil Hospital, Mumbai
Dr. Adarsh Bhargav	Zenana Hospital, Jaipur
Col. T. K. Bhattacharyya	HOD AFMC Pune, Pune
Dr. Malti Dalal	Surat Municipal Corporation Medical College, Surat
Dr. H. B. Saini	Baroda Medical College, Baroda
Dr. Nimesh Pandya	NHL Municipal Medical College, Ahmedabad
Dr. Geeta Niyogi	K. J. Somaiya, Mumbai
Dr. S. Chhabra	Medical Superintendent Kasturba Hospital, Sevagram

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Dr G. S. Coneja	RR Hospital
Dr T. K. Bhattacharya	AFMC, Pune

FOGSI Office Bearers

Dr. Duru Shah	President FOGSI 2006
Dr. C. N. Purandare	Secretary General FOGSI
Dr. P. K. Shah	Deputy Secretary General, FOGSI
Dr. Nozer Sheriar	Treasurer, FOGSI
Dr. Sangeeta Agrawal	Jt. Secretary FOGSI
Dr. Shirish Patwardhan	Chairperson Safe Motherhood Committee
Dr. Ashwini Bhalerao	Chairperson Adolescent Health Committee
Dr. P. K. Sekharan	Chairperson, Medical Nomenclature / Norms, Research Records Committee
Dr. H. P. Patnaik	Chairperson Geriatric Gynaecology Committee
Dr. Tushar Kar	Chairperson Oncology & Trophoblastic, Tumours Committee
Dr. Suchitra Pandit	Chairperson Young Talent Promotion Committee
Dr. Milind Shah	Chairperson Rural Obstetrics Committee
Dr. P. C. Mahapatra	Chairperson Medical Education Committee
Dr. D. K. Patnaik	Chairperson Geriatric Gynaecology Committee
Dr. Atul Munshi	Chairperson Aids Committee
Dr. Kanan Yelikar	Chairperson Clinical Research Committee
Dr. Mandakini Megh	Chairperson Imaging Science Committee
Dr. Sanjay Gupte	Hon. Secretary ICOG
Dr. Hema Divakar	Website Coordinator, ICOG
Dr. Shirin Venkat	Yatra Convenor Suprabha Ganga yatra

Group 1

Addressing Maternal Mortality – Role of Service Providers

Facilitators

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Group Members

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Scope

1. **Strategies to prevent Maternal Mortality through Basic Antenatal & Obstetric Care**
   a. Feasibility of Basic National Standards
   b. Evaluation of Voluntary Provision of Antenatal Care Services by Private Practitioners
2. **Recommendations to involve a wider pool of Service Providers**
   a. Suggestions to further Operationalize EMOC & take it forward
   b. Taking EMOC to the next level
3. **Developing a National Resource through a cadre of Skilled Birth Attendants**
   a. Basic Selection & Training
   b. Suggested Responsibilities
4. **Targeted Anemia Prevention & Treatment**
   a. Practical Strategies
   b. Making Antenatal Schemes effective

Background & Priorities

We are yet to achieve the goal set at 100% of pregnant women being enrolled at ANC centers. A survey of villages in Haryana in 1997 showed that 80% of the women were unaware of ANC centers.

In the current scenario where there are just 700 public sector obstetricians working in the rural areas, the country needs at least 6000 doctors competent in providing comprehensive emergency obstetric care to decrease the rate of maternal mortality in India.

We also need to make 2000 first referral units functional and operational for 24 hrs. EMOC service on a priority basis.

Recommendations

A – Feasibility of basic national standards of antenatal care

1. Directives from the Panchayats and the Sub-centers, to ASHA, Anganwadis etc., for more women to be motivated and recruited for ANC.
2. Women to be motivated to come in on their own accord by providing cash incen tive is necessary. The MP model and the implementation of the same to be well monitored and replicated if feasible.
3. The basic national standards of care for a pregnant woman to include at least 4 visits to the medical center. In each of these visits the following parameters of the woman would be checked – Weight, Blood Pressure, Edema, Fundal height, FHS. Mandatory investigations - Hemoglobin level, Blood group, Urine albumin. She should be checked to determine if her health status would profit from iron injections and TT immunization be administered.
4. The Group felt that the ICOG Guidelines Committee needed to review and make the recommendations for basic standards of Antenatal Care.
5. Implement Anaemia treatment similar to DOTS TB therapy for compliance.
6. To supply capsules of Iron instead of tablets and combine iron with vitamin C and folic acid.
7. Routine deworming in the IInd Trimester of pregnancy particularly in rural areas.

B – Evaluation of voluntary provision of antenatal care services by private practitioners is also necessary to ensure basic standards of antenatal care

1. ICOG to form Accreditation criteria to evaluate private hospitals before accrediting them. Accredited hospitals can be utilised towards government schemes.
2. Funds should be spent on strengthening infrastructure of Medical Colleges and peripheral units to ensure that a range of services is available over a larger area.
3. Awareness campaigns using different forms of media including public hoardings outside centers etc. to continue.

C – FOGSI members – helping to build resources

1. GPs and nurses should be taught about the basics of ANC care.
2. FOGSI should also reach out to other branches of medicine like Homeopathy and Ayurveda.
3. Recruitment of Nurses for diploma course of Obstetrics and Gynaecology
4. Community Obstetrics practice; to increase the number of practitioners by recruiting MBBS doctors, and also look for doctors having private nursing homes but who do not have degrees in obstetrics and gynaecology. FOGSI can train such doctors and nurses so that they can practice in rural areas. Diploma courses for Obstetrics and Gynaecology can be initiated for them.

D – Emergency Obstetric Care

EmOC. 16 weeks training for doctors and nurses.

E – ICOG – FOGSI- GOI Initiative with the broad objective of improving quality and access to reproductive health services through enhanced skills of health professionals and provision of related services.

1. Adoption of EMOC as a permanent project of FOGSI.
2. Setting up partnership between FOGSI and leading medical schools to promote EMOC.

Group 2

Addressing Maternal Mortality - Health care Infrastructure

Facilitators

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Group Members

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Scope

1. **Increasing access and availability to safe abortion care**
   - **a.** Increasing Provider & Facility Base
   - **b.** Disseminating simpler technologies like MVA and medical abortions

2. **Enlisting private healthcare facilities for service delivery through innovative inclusion**
   a. Type of facility and range of possible contributions
   b. Public – private linkages
3. **Accrediting non - public healthcare facilities for delivering reproductive health care for the National Programme**
   a. Maintaining standards of care
   b. Mechanisms for assessment and monitoring
4. **Institutional reviews and audits of obstetric care, practice and outcomes**
   a. Mortality and morbidity reviews
   b. National data collection

Background & Priorities

In general the Infrastructure at all levels is an issue across public and private sectors hospitals.

Challenges include a lack of evaluation and monitoring of services poses and utilization of funds for appropriate upgradation and in a timely manner are few challenges.

Recommendations

A – Infrastructure Standards

1. All existing Government health care infrastructure facilities - PHC, CHC/ FRUs, district hospitals and medical colleges be made fully functional and accountable.

   Recommendations to the State Government for keeping an Ambulance ready for transfer of mother to the district hospitals or FRU, the ambulance should be kept ready 24 hrs. If no ambulance is available then private taxi, car, jeep can be hired by the medical officer and the district civil surgeon should pay the expenses of such transport which is also recommended in RCH Phase –II (experiences quoted by Andhra Pradesh and Tamilnadu).
2. Campaign to build awareness about standards and accountability amongst all private institutions and practitioners.
3. Concurrent contraception counseling must be mandatory.
4. Funds allocated for a particular purpose should go with a directive as to the priority of expenditure.

B – Increasing access and availability to safe abortion care.

1. Registering of all applicants for the MTP authorized center
2. Government to set up separate training centers (**Space & Personnel**) in **EVERY** medical college (both Private & Government) to decrease load on existing facility
3. Disseminating simpler technologies like MVA and Medical Abortions
4. Bring it into the MBBS curriculum
5. Include in the UG/PG/MTP trainers curriculum
6. All the practitioners who want MTP training – should be trained in Surgical and Medical techniques.
7. The major branches – Medicine, Surgery & Ob-Gyn should have equal marks at the MBBS level to give equal impartonce to the subject of Ob-Gyn.

C – Enlisting private health care facility for service delivery through innovative inclusion of corporates

1. Provide basic amenities to meet criteria for safe MTP for their own employees & for others (if possible).
2. Private medical colleges – Service to be provided FREE to the patient - train their students (UG & PG) in these procedures.
3. Private Practitioners – accrediting non-public health care facilities for delivering reproductive health care for the national programme.
4. ICOG to make a protocol for accreditation. All public facilities should also be accredited

D – A separate and specific maternal death reporting form

1. Universally available and Maternal Audits should become a part of the routine of reviews.

   National data collection for maternal mortality should be uniform all over the country. There has to be a common form for filling death report in all the municipal institutions. The death certificate had to be in a red color to increase the reporting system; this will reduce under reporting. To recommend to the government a special form for maternal mortality.

Group 3

Addressing the Reproductive health needs of Young People

Facilitators

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Group Members

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Scope

1. **The special reproductive health needs and rights of young people**
   - **a.** Present legislation and potential areas
   - **b.** Distinct health care needs and requirements
   - **c.** Respecting the rights of young people
2. **Creating and supporting youth friendly medical and reproductive health care services**
   - **a.** Segregating services to reassure youth
   - **b.** Medical / Educational Institutions
   - **c.** Services for non institutional youth
   - **d.** Services for Medical students
   - **e.** Reorienting staff attitudes
3. **Enlisting alternate delivery channels to disseminate information and provide care**
   - **a.** Media
   - **b.** Internet
   - **c.** Community Distribution

Background & Priorities

Young people are those between the age group between 10 – 24 years.

General health problems for young people include malnutrition, genital mutilation, violence and sexual abuse, mental health problems and addictive behaviors; early and unprotected sex; RTIS and STI's; minimal use of contraceptives, unwanted pregnancies, unsafe abortions.

Human Rights particularly for young people as recognized by UNFPA, WHO and IPPA include Right to survival, Right to liberty & security, Right to highest standard of health, Right to family planning, Right to marry & found a family, Right to a private & a Family Life, Right to benefits of scientific progress,

Right to receive and impart information, Right of women against discrimination, Right to non-discrimination on the basis of sex.

FOGSI statement of policy

Supports inclusion of age-appropriate sexuality education as an integral part of education in schools and communities; FOGSI encourages its members to advocate for and participate in such education.

Endorses access to comprehensive health services to adolescents such as sexuality education, counseling, access to contraception etc in a variety of sites including schools, clinics, and community-based health care facilities.

FOGSI believes that

1. Unmarried female of any age whose sexual behaviour exposes her to conception should have access to effective contraception.
2. Gynecologist should be free to exercise best judgment in prescribing contraception; legal barriers should be removed.
3. MTP services should be made available.
4. Counseling for contraception should also include mental health and venereal diseases.
5. Every effort should be made to include male partners in such services and counseling.

Present FOGSI Policy

1. Need to focus on young boys along with girls
2. Widen the scope of services to include sexual abuse, substance abuse, mental health etc.
3. Address the legal barriers in service provision (contraceptive below 16, issues of consent for MTP in age group below 18)

Youth friendly services

1. **Characteristics -** Attitude of respect for the client irrespective of age, sex, socio-economic, marital status

   A friendly approach ▪ Assurance of confidentiality ▪ Accessible location and friendly atmosphere ▪ Practicality of working hours ▪ Affordable Services – Free/ Subsidized ▪ Group endorses 7 standards recommended by GOI

2. **Characteristics of the Center-** A friendly ambience, accessibility ▪ A calm atmosphere ▪Separate provisions for boys and girls ▪ Practical hours of operation ▪ No overcrowding leading to lack of privacy ▪Telephonic access ▪Equipments ▪Furniture ▪ Medicines ▪Availability of Information ▪ Education Communication (IEC) material

3. **Services -** Screening and advice on nutrition, self-care issues, Body-image Counselling and contraceptive services ▪Pregnancy test ▪ HIV testing etc. ▪Safe abortions ▪Prenatal & post natal care ▪ Mental health services ▪Sexual and reproductive health education ▪ Space for youth groups to hold meetings ▪Referral services

Recommendations

1. Youth friendly center should be established at each and every medical college and attached hospital
2. Service providers motivation and sensitization is important
3. Orientation programme approved by WHO and Government of India to be implemented for medical and para-medical staff of teaching hospitals
4. Private practitioners should also be considered for the above training programme a continuing medical education for medical professionals is essential
5. Clinical job aids/flow charts/algorithms should be formulated for ready reference by medical and para-medical persons
6. Medical students UG/PG and nurses to be sensitized to the needs of adolescent and young people
7. Changes in curriculum –
   a. Introduce topics like female foeticide, gender discrimination and abuse, sexual and reproductive health, psycho – social aspect linked to adolescent and puberty
8. Address the training for Parents, School Teachers, Youth Groups and Peer Educators
9. Needs of out-of-school adolescents
10. Multi-pronged strategy to be advocated

11. Partnership with Nehru Yuva Sangathan and doctors from alternative system of medicine
12. Formation of an additional FOGSI committee for issues related to the youth
13. Adolescent friendly website to be started.
14. Encourage private-public-NGO partnership (medical colleges/FOGSI/IAP/FPAI)
15. Development of adolescent medicine as a specialty – certificate/degree/diploma course.
16. The current legal age for marriage (18 for girls/21 for men) should be retained
17. Responsible parenthood concept – promote the concept of delaying the first pregnancy and space the second pregnancy
18. Improvement in the service delivery of institutions in the public sector to be taken up on priority so as to increase the level of institutional deliveries.
19. Enlisting alternate delivery channels to disseminate information and provide care
    - **a.** Media should be utilized for our benefit in a proactive way
    - **b.** Medical fraternity should be involved in dissemination of technically correct information through print and audio-visual media
    - **c.** Advertisements – Positive image of youth to be projected
    - **d.** Violence/abusive language to be curtailed
    - **e.** Social marketing of contraceptives including condoms needs expansion
    - **f.** Vending machine/availability with ANM/ pan shops/ASHA/milk booths etc.
    - **g.** PHCs to be equipped with contraceptives

Group 4

Rationalizing Infection prevention Strategies & Training

Facilitators

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Group Members

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Scope

1. **Institutionalizing Infection Prevention Strategies & Training**
   - **a.** Feasibility of basic National Standards
   - **b.** Mechanism evaluation Institutional practices
   - **c.** Public & private Institutions
2. **Standard national recommendations**
   - **a.** Adoption of International recommendations
3. **Syndromic management at every level in health care infrastructure**
   - **a.** Coping with the HIV/AIDS and RTI epidemic
   - **b.** Distinct Healthcare needs and requirements
4. **Mainstreaming / Desegregating Care**
   - **a.** Respecting the rights of PLWHA
   - **b.** Strengthening capacity throughout health care system
5. **Strategies to minimize vertical transmission**

Background & Priorities

Definition of Infection: Deposition of organism on tissues and their growth with associated tissue reaction.

Infection is still a major challenge to healthcare system and plays a major role in morbidity and mortality of mother & child

It is cost effective to prevent infection than to treat!

Infection puts everyone from the community at risk from the patient to the staff and the general environment.

1. **Risk Factors**

   ▪ Age ▪Malnutrition ▪Immunodeficiency ▪Surgery ▪Medications specially antibiotics ▪ Chemotherapy ▪Extended hospital stay

2. **Hospital Acquired Infection**

   Infection acquired by the patient who was admitted for a reason other than infection. Time can be for few days to one year (even after discharge from hospital)

3. **Modes of Transmission**

   ▪ Contacts ▪ Droplets ▪ Vehicle (instrument or article) ▪ Air borne ▪ Blood borne

4. **Feasibility of Basic National Standards (BNS)**

   There are no basic national standards at the moment. To date, the size and heterogeneity of the nation makes it difficult to create these standards.

5. **Mechanism evaluation of Institutional practices**

6. **Public and private institutions (infection prevention) – the answer may lie in a public private partnership.**

   Public Institutions are plagued by a lack of finances. This combined with an overload of work results in a delay in replacing equipment; there is poor maintenance.

   - Periodic checking and punitive action
   - Isolation of patients and barrier precautions
   - Use of antibiotics as per sensitivity
   - Decontamination of equipments & instruments
   - Proper waste disposal
   - Periodical training and sensitization of healthcare workers and professionals
   - Strict aseptic precautions for visitors in wards and labour rooms
   - Adoption of International recommendations
   - Strict CDC (center for disease control) guidelines for individual infection and preventions as a whole are standardized for developed and developing countries
   - All may not be applicable
   - Try to achieve as much as possible
   - Universal precautions are renamed as standard precautions useful for all healthcare workers
   - Periodical evaluation in meeting of doctors, government officials and administrators
   - Appreciation and incentives for best performance

7. **Coping with the HIV/AIDS & RTI epidemics**

HIV – opportunistic virus, feeds on our weakness, thrives on our cultural reluctance to discuss sexuality, exploits our social weakness and plays on our spiritual weakness especially fear and intolerance.

8. **Distinct health care needs and requirements**

9. **Mandatory testing not possible**

Voluntary counseling and testing essential, availability of drugs at affordable cost, universal precautions to be observed

10. **Mainstreaming / Desegregating care**

Involves making HIV/AIDS management a responsibility of government, private sector, corporate sector, society and social organizations. Integration of vertically running programmes like RCH and family planning, the advantage to this would be dual with less space and time. However this is outweighed by the fact that will mean loss of confidentiality of the patient.

11. **Respecting the social, therapeutic and legal rights of PLWHA (persons living with HIV/AIDS) – particularly the Right to medical treatment**

Strengthening capacity throughout healthcare system, universal precautions for all, PEP (post exposure prophylaxis) and counseling for all affected health workers, Expert neonatologist at delivery

12. **Strategies to minimize vertical transmission**

Standard protocols to be followed – the Royal College of Obstetricians and Gynecologists guidelines – C Section at 38 weeks, no breast feeding ARV to all. Drawbacks to this in the Indian scenario is that first of all no breast feeding would kill more babies, secondly all can't afford to get a C-section done nor can they afford the drugs that have to be taken.

Possible solutions – Government subsidy on drugs; consideration by drug companies; help by international agencies (WHO, UNAIDS), expert medical help from developed to developing countries.

Sponsored focused workshops, conferences, education & training in developing Countries

Recommendations:

1. Increase the spread of information and awareness about healthcare facilities availability
2. Ensure the availability of drugs at minimal cost
3. Exercise strict administrative control for infection prevention
4. Infection control committee & antibiotic committee in every institution to evaluate the nature and extent of infection, to manage biomedical waste disposal and to offer strict administrative support
5. Syndromic management at every level of healthcare should be the ultimate goal.

Group 5

Innovative Approaches to Medical Education

Facilitators

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Group e Members

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Scope

1. **Distance learning – Optimizing teaching efforts and resources**
   - **a.** Using Internet for on line teaching and evaluation
   - **b.** Open Universities
2. **Future potential of FOGSI Satellite School**
   - **a.** Inclusion of public and private institutions nationally
   - **b.** Suggestions for curriculum
   - **c.** Effective programming
3. **Specific areas to be targeted and addressed**
   - **a.** Community based approaches to learning
   - **b.** Learning from and teaching outside institutions
   - **c.** CME strategies
4. **Working with FOGSI & ICOG**

Background and Priorities

Distant learning - FOGSI – ICOG - IGNOU partnership emphasis on obstetric practical training and EMOC.

Recommendations

1. FOGSI Satellite School to extend its reach to all medical institutions across the country.
2. Recognition of FOGSI-ICOG-IGNOU initiative as a Distant Learning System
   a. The Distant Learning course needs to be strengthened and restructured.
   b. Development of standard protocol with specific subjects
3. Internet online education should be initiated
4. Provide information to practitioners and postgraduates on emergency obstetric care. FOGSI should ask the government to facilitate this programme, make Use of library, show as many videos as possible, include social aspects & preventive aspects too.
5. Recommend to government to facilitate the medical colleges to set up the dishes & ask the corporates to maintain it. In the next year when every thing is in place we can ask the government for maintenance.
6. Launching FOGSI – ICOG website. Website should give standard protocols/ guidelines
7. A Helpline should be set up.

Group 6

Skill Enhancement for Young Gynaecologists

Facilitators

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Group Mmebers

Some Gowda, Aruna Kumar, Nimesh Pandya, Rajyeshri Sharma, Sunitha Subramanyam

Scope

1. **Hands on training for contemporary surgical techniques including endoscopy**
   a. Using alternative models
   b. Virtual training techniques

2. **Creating resourceful partnerships – Providing training for as also utilizing the training resource by private practitioners**
   a. Types of training possible
3. **Certification and updating skills**
   a. Regular partnership programmes – Self funded
4. **Extension of FOGSI Ethiskills course**
   a. Enlisting support
   b. Participating in training at a formal level
5. **Formal training in counseling and communication skills**

Background and Priorities

Skill enhancement opportunity starts from undergraduate education and internship postings. A need for hands on training for contemporary surgical techniques including endoscopy using alternative models and virtual training techniques should be the order of the day in medical education to

Recommendations

A – Skill Enhancement

1. Implement and strictly adhere to Indian Medical Council guidelines
2. Interns should work in wards for a full 8 hours each day
3. Pre PG entrance test should be taken after 3rd year MBBS exams
4. Recommended curriculums for post graduate students
   a. Year 2 – Should include an orientation to gynecological procedures on video
   b. Year 3 – Should include an independent handling of hysterectomies and gynecological emergencies.
5. Senior residents and/or assistant professors
   a. Should receive hands on training on more complex surgical techniques such as laparoscopic procedures, IVF, IUI, hysteroscopy and ultrasound
   b. Should be involved in the creation of specialty OPDs.
6. FOGSI Ethiskills course
   The course objective is fluency in basic surgical techniques (abdomen incision and closure, suturing techniques), management of bladder injuries, hands on training on episiotomy, modern surgical techniques (minimal access surgeries and hysteroscopy) and patient counseling.

a. HODs to nominate PGs and residents for the course
b. FOGSI Ethiskills course to be included in medical curriculum
c. More companies to come forward to offer such skilled training

7. Formal training in counseling and communication skills
   The group strongly stressed the need for doctors at all levels having Right information, being proficient in the local language, having appropriate body language, being empathetic, being able to offer clinical counseling prior to surgeries, MTP, TL, contraception, being aware of situations arising from violence against women, and that Doctors should participate with patients relatives.

8. Communication training from 2nd year UG and counseling skills from PG – 1st year

Group 7

Standardizing Surgical Practices in Obstetrics & Gynaecology

Facilitators

Sanjay Gupte, Usha Sharma and Kanan Yelikar

Group Members

Surjit Singh Bajwa, P. S. Chakraborty, Puneeta Mahajan, Lakshmi Maroo, Panigrahi, S. V. Parulekar, Sadhana Tayade, Vasundhara, Jaya Vijayaraghavan

Scope

1. **Feasibility of evidence based standardization of surgical practice**
   a. Applicability at various levels in health care
   b. Possible area for government – FOGSI partnership
2. **Specific areas requiring national professional standards**
   a. Basis for selection
   b. Creating national evidence based statistics
   c. Modality for dissemination
3. **Role of FOGSI ICOG clinical practice guidelines**
4. **Focus on and develop draft consensus for most commonly performed**

5. **Surgical procedures as a possible guideline**
   a. Episiotomy
   b. Caesarean section
   c. Hysterectomy

Recommendations

A – Counsel and Consent: For Episiotomy, C-Section, Hysterectomy

a. Patient should be counseled about the procedure and her consent should be sought.

b. Standard practice of infection prevention

c. Availability of trained staff, particularly a skilled surgeon.

d. Proper selection of cases and proper postoperative follow-up.

Counseling for Episiotomy Repair – This should be offered during antenatal care for booked patients and at the time of labor for un-booked patients. Counseling should be done at every stage. No consent is required but counseling should be mandatory.

Counseling for C-Section - Consent at the time of decision and NOT ONLY at the time of admission. Legally medical staff is bound to inform every change of decision.

In case of postponement of procedure consent has to be taken ONCE AGAIN

B – Selection of Space for Vaginal Delivery

a. Labour room with spotlight.

b. Norms for labour rooms already in the process of being set by FOGSI to be followed.

c. Wherever possible a separate septic labour room to be provided for potentially infected cases.

C – Selection of Space for C-Section

a. Universal infection prevention practices to be followed.

b. General guidelines of OT sterilization to be followed.

c. If a separate septic theatre is not feasible then all infection prevention guidelines to be followed

D – Availability of Trained Personnel

a. Episiotomy Repair - In the absence of trained staff training can be given to available staff, pre-service training, in-service training and

re-orientation training in institutes can be extended to skilled birth attendants (including ANMs and Nurses).

b. C – Section – All trained personnel can perform this procedure. C-Section / hysterectomy though only qualified and trained professionals to perform.

E – Proper selection of cases

a. Episiotomy repair - Based on the guidelines laid down in Ob-Gyn guidelines/ books

b. C-Section – Should only be undertaken in indicated cases. LSCS on request is to be discouraged. Proper referral and transport to be available for complicated cases

F – Specific areas requiring National Professional Standards

a. Standard infection prevention practices - single dose prophylactic antibiotics at least 2 hours before procedure of C-Section/ hysterectomy with a second dose during operation if indicated.

b. Surgical Techniques –

- Episiotomy Repair - Use of synthetic absorbable suture preferable C-Section - Skin incision to be vertical or transverse and selection will be according to the case situation and indication. Uterine closure by synthetic absorbable sutures with a single layer closure preferred. Non absorbable not to be promoted
  (Issue to be taken up by FOGSI as clinical guidelines based on evidence- based experiences)
- Hysterectomy – only performed for absolute indication. Conservative treatments either medical as well as accepted conservative surgical techniques (like DUB, endoscopic techniques and thermal ablation) to be tried first.
- Total hysterectomy recommended wherever possible with use of synthetic absorbable sutures preferable.
- Minimal invasive techniques should ONLY be considered an option in the presence of trained surgeons.

G – Suggested guidelines for FOGSI EMOC programme

Training for EMOC

a. Should be minimum 6 months after MBBS

b. Minimum 30 C-Sections observed/assisted

c. Minimum of 10 C-Sections individually performed (whichever earlier)
d. Certificate of training valid till practitioner is in government services
e. Curriculum for certificate course for in-service medical officers has already been formulated by Maharashtra University of Health Sciences, State of Maharashtra in the subject of Obstetrics/Pediatrics & Anaesthesia

Monitoring and Evaluation

a. Can be done by personnel from district hospitals/private hospitals/ medical colleges/ FOGSI.
b. Curriculum for MBBS.
c. Sensitization of MBBS students for maternal and child health.
d. They should observe at least 50 normal deliveries and perform 10 normal deliveries and 5 episiotomies during their clinical posting.
e. Availability of teaching materials like audio visual aids, CDs, CCTVs in the labour room and operation theatre for education of postgraduate students from 2nd year onwards.

Acknowledgement

We acknowledge with thanks.....

- Ministry of Health & Family Welfare, Government of India for their collaboration
- His Excellency Governor of Andhra Pradesh for inaugurating the Summit
- Special invitees from WHO and Government of India – Ministry of Health and Family Welfare and Indian Institute of Management for their participation
- Representatives from Department of Obstetrics & Gynecology from recognized Public & Private Medical Colleges
- FOGSI Office Bearers
- FOGSI Committee Chairpersons and Coordinators of FOGSI initiatives
- Team from Hyderabad Ob-Gyn Society for assisting local logistics
- Ethicon, Johnson & Johnson for financial and logistic support
- Avni Health Foundation for documenting the proceedings

Annexure 1

Programme

DAY 1 – Friday 8th Dec 2006

12 - 3 pm	Check in
2 - 4 pm	Registration
4 - 5 pm	Programme Orientation & introduction of participants
5 - 6 pm	**Burning Platform Issues FOGSI's Partnership Initiatives**
Dr. Arvind Mathur	Averting Maternal Death & Disability
Dr. Nozer Sheriar	Making Abortions Safer
Dr. Duru Shah	Serving the Silent Adolescent
Dr. Manisha Malhotra	Need for a Government - Medical College – FOGSI Partnership
6 – 7 pm	**Potential Partnership Issues**
	Open House Discussion
7 - 8.30 pm	**Inaugural Session**
Dr. C. N. Purandare	Welcome Address
Dr. Duru Shah	Presidential Address
	Beacon Experiences
Dr. Shirin Venkat	FOGSI SGY – Saving the Mother Project
Dr. Suchitra Pandit	Kishori – Adolescent Empowerment in Practice
Dr. S. Chhabra	The Sevagram Experience - Giving back to the Community
His Excellency Ramashwar Thakur, Hon. Governor Andra Pradesh	Inaugural Address by the Chief Guest
Dr. Manisha Malhotra	Address by Guest of Honor
	Vote of Thanks
8.30 pm onwards	**Welcome Dinner**

DAY 2 – Saturday 9th Dec 2006

09-9.30 am

Business Session

Discussing working methodology and group work

9.30-1.30 pm

Focus Group Meetings (10-12/group)

(In between 11.00-11.30 am Tea / Coffee break)

Topics

- **Group 1 Addressing Maternal Mortality – Role of service providers**
  - Strategies to prevent maternal Mortality – Basic antenatal and obstetric care (anemia prevention)
  - Institutionalizing infection prevention strategies and training
- **Group 2 Addressing Maternal Mortality – Health care Infrastucture**
  - Increasing access and availability to safe abortion care
  - Creating and supporting youth friendly medical & reproductive health care services
- **Group 3 addressing the reproductive health needs of young people**
  - The special reproductive health needs and rights of young people
  - Creating and supporting youth friendly medical and reproductive health care Services
- **Group 4 addressing the continuing challenge of infections**
  - Institutionalizing infection prevention strategies & training
  - Coping with the HIV/AIDS & RTI epidemic
- **Group 5 innovative approaches to medical education**
  - Distance learning – Optimizing teaching efforts and resources

- Future potential of FOGSI satellite school
- Community based approaches to learning

- **Group 6 Enhancing skills of young gynecologists**
  - Hands on training for endoscopy and other contemporary surgical techniques
  - Creating resourceful partnerships - Medical education & training for and by private practitioners.
  - Extension of **FOGSI Ethiskills** course
  - Formal training in counseling & communication skills

- **Group 7 Standardizing surgical practices in Ob-Gyn**
  - Feasibility of evidence based standardization of surgical practice
  - Specific areas requiring national professional standards
  - Role of FOGSI ICOG clinical practice guidelines
  - Focus on 3 most commonly performed surgical procedures
  - Episiotomy
  - Caesarean Section
  - Hysterectomy

1.30 – 2.30 pm	Lunch
2.30-3.00 pm	Compilation of Presentations
3.00 – 4.00 pm	**Keynote Addresses**
Dr Dilip Mavlankar	The Economics of Saving Lives
Dr Arvind Mathur	Tested International Strategies & Experiences
4.00 – 5-30 pm	**Presentation by Rapporteurs of Focus Group & Open House Discussion**
5.00 pm	Evening free for city tour / sightseeing & shopping
9.00 pm	Dinner

DAY 3 – Sunday 10th Dec 2006

9 – 9.30 am	Business Session
9.30 – 11 am	Presentation by rapporteurs of Focus Group meetings II & Open House discussion
11 -11.30 am	Tea / Coffee Break
11.30 - 1 pm	Recap and Plan of Action Interactive Session to address related issues Participants Feedback
1 pm onwards	Lunch