Royal College of Obstetricians & Gynaecologists

India North
International Representative Committee

**Committed to women's health**

# E- Newsletter

Vol 1/July 2021

# The IRC RCOG India, North team

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# Welcome address by our Chair

**Dr. Ranjana Sharma**

Chairperson, AICC RCOG
North Zone

As I write this note for our first-ever newsletter, I cannot help but think about what a tumultuous year it has been. I have a slew of emotions; a sense of calm after the storm, immense pride and appreciation for our medical community, sadness for the dear ones we have lost, and tremendous faith in our collective resilience and power of healing

I took over as the Chair of the AICC RCOG North Zone following the Installation ceremony of the all-India Zonal and National Chairs by the President of RCOG on 19th December 2020. The subsequent hand-over meeting on 22nd January of this year, despite elaborate planning, was a toned-down affair due to the COVID-19 restrictions. In February I was delighted to formally welcome the newly-elected and co-opted members and fellows at our first committee meeting.

I am proud to be working with such a strong and dedicated team. We are also fortunate to have a strong and able leader, Dr Bhaskar Pal, as the National Chair AICC RCOG who has a great vision for AICC RCOG, and Dr Jyotsna Acharya as South Asia Representative, RCOG Council, who are always there to guide us in our endeavors.

The COVID-19 pandemic has played havoc on our daily routine and activities. Many of us have been compelled to rely on virtual platforms as our primary form of communication for over a year now. In the process, we have had to learn new skills and technologies, and adapt our clinical practice to the digital age. Despite a few fumbles along the way, it has evolved to becoming second nature to us. We now easily acquire and disseminate knowledge globally. Much of that has been possible with the patience of our colleagues, partners and friends. The pandemic has shown us a new way of life compelling us to stay home, spend more time with our families, revive old hobbies and appreciate the world around us. Creative and artistic talents of our very own members resurfaced, as you will see in this newsletter.

This newsletter is an immense effort by our Editorial team helmed by its Editor Dr. Chanchal Singh with contributions by our North Zone members. It is intended as a platform for us to connect with our fellow members and showcase our professional activities and achievements. We hope to make the newsletter a regular channel of communication with your support and blessings. I hope the tips described in the article on COVID-19 will prove useful in your day-to-day medical practice. The article on Varanasi will hopefully inspire you to visit the ghats as soon as it is safe and possible to travel again.

Our AICC RCOG North Zone has been busy during the past few months, with various professional activities despite the pandemic restrictions. This newsletter will recap a variety of webinars that were recently held. The webinar on IHCP with Dr Catherine Williamson needs special mention. It was a rich and wonderful academic feast attended by more than 1100 global delegates. In February we conducted MTI interviews to facilitate a seamless move for our North Zone Trainees to the UK. I am pleased that the RCOG has initiated a new programme connecting trainees with mentors in the UK for a smooth transition and acclimatization.

The MRCOG Part-III Hybrid Course by AICC RCOG NZ, originally scheduled for May 2021, unfortunately had to be cancelled due to the pandemic. However, the virtual MRCOG Part-III exam which took place last month was a big success. For me as an Examiner, it was a grueling two-day event. However, the Osler virtual platform made the experience simple, straightforward and seamless. I even believe some candidates may have found this year's exam format even more convenient due to the unique examination-from-home opportunity.

We are working on updating our website (www.aiccrcognz.com) and with the effort of the National Chair gaining representation on the RCOG website (www.rcog.org.uk). This will provide our members with greater visibility globally. I invite you to share your professional and social impact activities which you would like highlighted in forthcoming issues of the newsletter. Please send them to Dr. Chanchal Singh over email at chanchalsngh@gmail.com.

And now, without further ado, please enjoy your read.

May you and your families have a very safe and healthy year ahead. Hope to see you all in person soon.

Best Regards

Ranjana

**Dr. Anita Kaul**

Vice Chairperson,
AICC RCOG North Zone

I am delighted that RCOG North Zone is coming out with its own Newsletter which is reflecting the spirit of our North Zone: an amalgam of academics ,creativity and diversity much like its members. I am sure Chanchal and Team will do a great job in shaping this small seed into a glorious resplendent Chinar.

Congratulations to all of us.

Anita

**Dr. Bhaskar Pal**
Chair, AICC RCOG

Dear Friends,

I feel privileged writing to you after taking over as the Chair of AICC RCOG. New Chairs have taken over in all the zones except the South and all zones have new committees in place. I look forward to connecting with you and working closely towards improving women's health. As AICC Chair, my vision is close co-ordination among the four zones with all of us working as a close-knit unit, complementing one another. I am pleased to say we have already made significant progress within six months. I also aim to collaborate with other national organizations in India.

The past fifteen months have been full of unforeseen challenges and tremendous apprehension. We missed meeting in person, and tried to make up with virtual meetings. The pandemic taught us alternative ways to connect, and the virtual platform has enabled us to reach out to a wider audience and made education more equitable.

The North Zone Representative Committee under the able leadership of Dr Ranjana Sharma has been very active with quality programmes, some of which I had the opportunity to attend. I am sure the forthcoming months will be busy for you and I wish you many more successful programmes.

I look forward to meeting most of you in person soon.

With regards
Bhaskar Pal

**Jyotsna Acharya**

RCOG International Council Representative for South Asia

Dear All,

It gives me great pleasure to write to you all in this E-newsletter. This is the second year of the pandemic and both UK and India have had their more devastating second waves. On a positive note, the case rate is improving now and vaccination is continuing at a rapid rate.

Despite the limitations placed on travel, I am so proud of the NZ AICC for being so active and organising so many well-attended webinars and carrying on with their MRCOG courses. A very successful international MRCOG Part 3 exam was conducted in May with active participation from AICC examiners. This is truly a great achievement.

The E-newsletters are a great way to update all our Fellows and Members and I hope you all enjoy reading the articles included in this newsletter.

Warm regards and best wishes,

Jyotsna

# From the Editor's desk

**Dr Chanchal**

Member Representative
IRC RCOG, North

Dear friends and colleagues,

On behalf of the new International Representative Committee (IRC) RCOG India, North, I welcome all the readers to this first edition of our quarterly newsletter.

We hope to be the mouthpiece for all our members voicing their varied interests and creativity apart from focusing on one academic topic in each newsletter. The whirlwind of all the activities conducted by AICCRCOG North Zone gone past by and yet to come will be chronicled in these pages.

The restrictions posed by COVID do not permeate into the realm of online connectivity. This newsletter will attempt to do just that – bring us all together for yet another brief but enriching period.

Best wishes,
Chanchal

**Dr Shelly Arora**

Member Representative
& Secretary,
IRC RCOG, North

With immense pleasure, I would like to extend my heartfelt gratitude to our chairperson Dr Ranjana Sharma and all North Zone members for entrusting me with the responsibility of Secretary, IRC RCOG India North.

This newsletter is the outcome of the diligent and dedicated hard work of our team. It provides updated concise information on COVID in pregnancy, as well as the key learning points from our recent webinars.

We would like to continue this endeavour of providing you regular newsletters on various academic and non-academic topics. I request all the members to participate actively in our North Zone activities.

COVID Vaccination has given us hope that we will be able to fight this disease and hopefully soon meet eachother in person and visit scenic ghats of Varanasi.

Till then Happy Reading!

Best wishes,

Shelly Arora

# COVID-19 in Pregnancy

## A rapid digest for obstetricians

**Dr. Harpreet Kour Isher**

MD, MRCOG, DNB
Maternal Fetal Medicine Specialist, Chaitanya Clinics, Chandigarh

Pregnancy is an independent risk factor for severe Covid-19 infection (Table1). The clinical course of Covid-19 is mild in majority of cases (86%), severe in 9% and critical in 5%.[2] Fever, cough, lymphocytopenia and elevated CRP are the most common signs and symptoms in pregnancy, besides proteinuria and elevated transaminases.[4,8] An outpatient assessment of the patient to identify criteria for admission and ICU admission is important (Tables 2, 6) as is advice for those in home-isolation (Table 3). If the mother requires admission, management has to be done in designated tertiary hospitals with effective isolation facilities (negative pressure isolation) and protection equipment under a multidisciplinary team (Table 4) [5,7,10,12] There is no evidence of teratogenicity from either the infection or the vaccination. Significant adverse outcomes (Table 5) are iatrogenic preterm birth and Caesarean with possibility of stillbirth and preeclampsia in severe Covid-19infection [1, 5, 8, 14,15]. Mode of birth should not be influenced by Covid-19, unless the woman's respiratory condition demands urgent delivery. Medically indicated delivery should not be delayed due to infection (Tables 7, 8, 9). Potentially effective treatment for Covid-19 should not be withheld from pregnant women because of theoretical concerns related to the safety of therapeutic agents in pregnancy if the continuously evolving evidence suggests that these are effective. Vertical transmission appears not to be affected by mode of birth, delayed cord clamping, skin-to-skin contact, method of feeding or rooming in. It is recommended that mothers and their infants should remain together and breastfeeding, skin-to-skin contact, kangaroo mother care and rooming-in should be practiced, while applying necessary infection prevention and control measures.[1,4,5] FOGSI recommends that pregnant and lactating women may be given the vaccine. Government of India guidelines recently recommended vaccination for lactating women.

**Table 1: Risk factors in pregnancy for Covid infection**

1. BMI > 35 kg/m2 ;Age >35 years
2. Pre-existing diabetes and gestational diabetes, hypertension, heart disorders, co-morbidities as cancer, chronic kidney disease, chronic obstructive pulmonary disease, heart conditions, immune-compromised state
3. Gestational age > 20 weeks- five times more likely to be admitted to ICU
4. 3-fold increased risk for ICU admission, a 2.4-fold increased risk for needing extracorporeal membrane oxygenation (ECMO), and a 1.7-fold increased risk of death from COVID-19 when compared to symptomatic nonpregnant patients.

**Table 2: Admission criteria for Covid patients** [8,13]

1. Symptoms-dehydrated, confused , short of breath, unable to take orally, chest pain
2. Persistent fever >38 °C despite acetaminophen, CXR-pneumonia
3. CURB severity score of > 0 , each point scores 1; C- Confusion ,U-Urea >19 mg/dl,R- Resp Rate >30pm, B-BP- SBP≤90 mmHg or DBP≤60 mmHg
4. Comorbities as diabetes, hypertension, heart disease, chronic illnesses immune-compromised states
5. Obstetric issues as preterm labour, bleeding, etc.

**Table 3: Management in home isolation for asymptomatic or mild** [7,10,12]

Maintain adequate hydration, use antipyretics (cautious use of NSAIDs, avoid at >28 weeks)

Perform daily self-assessments (at least thrice in a day) and contact health care if:

- Worsening shortness of breath or tachypnoea
- Unremitting fever (greater than 39 °C) despite appropriate use of acetaminophen
- Inability to tolerate oral hydration or needed medications
- Oxygen saturation less than 95% either at rest or on exertion
- Persistent pleuritic chest pain
- New-onset confusion or lethargy or cyanotic lips, face, or fingertips
- Obstetrical complaints, such as preterm contractions, vaginal bleeding, or decreased fetal movement

**Table 4: Key points for inpatient care** [7,10,12]

1. Close monitoring of maternal vital signs and oxygen saturation level , arterial blood-gas analysis; chest imaging (when indicated); complete blood count, renal and liver function testing, and coagulation testing.
2. Target SpO2 at or above 94–95% in pregnant patients with oxygen supplementation.
3. Fetal surveillance with cardiotocography (CTG) when fetus viable
4. Corticosteroid therapy to be considered for up to a total of 10 days or up to discharge, whichever is sooner, for women requiring oxygen supplementation or ventilator support. Suggested regimes are :oral prednisolone 40 mg once a day, or IV hydrocortisone 80 mg twice daily, or methylprednisolone (a total of 32mg/day orally or intravenously, daily once or in divided doses) or dexamethasone 6mg /day oral or I/V for a total of 10 days . If steroids are indicated for fetal lung maturity, intramuscular dexamethasone 6 mg every 12 hours for four doses, followed by 6 mg dexamethasone PO/IV daily or any of the above regimes to complete a total of 10 days or until discharge.
5. Prior to discharge or downgrading of clinical severity, maternal oxygen saturation should be re-measured off oxygen and with ambulation or exertion.
6. Radiographic investigations as chest X-ray and CT chest should be not delayed because of concerns of possible maternal and fetal exposure to radiation. Informed consent should be obtained and a radiation shield applied over the gravid uterus Additional investigations may be done to rule out differential diagnoses, e.g. ECG, CTPA as appropriate, echocardiogram

(...contd)

7. Perform full sepsis screening.
8. Cautious IV fluid management as risk of fluid overload. Try boluses in volumes of 250-500mls before proceeding with further fluid resuscitation.
9. Antibiotics to be commenced if clinical suspicion of bacterial infection or sepsis.
10. Earlier delivery at around 34 weeks ;those admitted to the ICU with refractory hypoxemia (after 32weeks) to avoid deterioration of maternal condition and fetal exposure and optimize care.4,10
11. Extracorporeal membrane oxygenation where indicated

**Table 6: Criteria for ICU admission** [8]

| Major Criteria | Minor Criteria |
|---|---|
| 1. Need of mechanical ventilation<br>2. Need of vasopressors | Respiratory rate > 30bpm, PaO2/ FiO2 < 250,Confusion ,Multilobarinfiltrates, Hypotension needing aggressive fluid resuscitation ,Leucopenia (<4000/mm3),Thrombocytopenia <(100,000 platelets/mm3), BUN>20 mg/dl ,Hypothermia |

**Table 7: Indications for Delivery** [4-7,10]

1. Medically indicated delivery should not be delayed due to infection
2. At ≥39 weeks of gestation, induction of labour is reasonable to avoid maternal compromise in asymptomatic or mildly symptomatic patient[4,10]
3. At 37-38+6weeks in a low risk pregnancy , expectant management can be considered until 14 days after the polymerase chain reaction (PCR) result was noted to be positive OR until 7 days after onset of symptoms and 3 days after resolution of symptoms10.
4. Critically ill patient -Timing of delivery for critically ill women needs to be individualized ( around 32-34 weeks ) as no clear consensus

**Table 8: Care during Labour** [6,7,10]

1. Delivery preferably to be in a tertiary centre
2. Covid infection is not an indication for caesarean
3. In mildly or asymptomatic women , routine management of labour as per evidence
4. Mode of birth should not be influenced by the presence of COVID-19, unless the woman's respiratory condition demands urgent delivery
5. Continuous electronic fetal monitoring in labour
6. Periodic maternal observation of vitals with target oxygen saturation above 95%
7. Epidural or spinal analgesia or anaesthesia is not contraindicated
8. Individualized assessment regarding the risks and benefits of continuing the labour, versus emergency caesarean birth if this is likely to assist efforts to resuscitate the mother
9. An individualised decision to shorten the length of second stage of labour with elective instrumental birth in a symptomatic woman or for an obstetric indication
10. Delayed cord clamping and skin to skin contact should be offered if the woman and baby's condition allows

## Table 9: Thromboprophylaxis in Pregnancy with Covid [4,5]

1. Pregnant and postpartum women hospitalized with severe COVID-19 should be offered thromboprophylaxis (LMWH preferably ) at least until discharge. RCOG recommends to continue for 10 days after discharge
2. Asymptomatic or mildly symptomatic patients, those who are not hospitalized and those who are hospitalized for reasons other than SARS-CoV-2 do not require anticoagulation therapy.
3. Withhold anticoagulants if thrombocytopenia or likely to deliver or risk of haemorrhage

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# Covid-19 & Pregnancy: FAQs

**Dr. Shipra Kunwar**

Consultant Gynaecologist,
Medanta, Lucknow

**Q1: Are pregnant women more likely to get corona virus infection?**
**Ans:** No. Till now there are no studies which show that pregnant women are at increased risk of corona infection. However, if a pregnant woman does get infected there is a higher chance of severe infection especially if she has co-morbid conditions like diabetes, hypertension and obesity.

**Q2: Does having the corona infection increase chances of miscarriage?**
**Ans:** Data is still unclear about an increase in chances of miscarriage because of infection. However, there are no reports that vaccination increases the chances of miscarriage.

**Q3: I am planning to conceive can I take the vaccine?**
**Ans:** Yes, there is no evidence to date that the vaccine interferes with fertility. There is no need to do a pregnancy test prior to taking the vaccine. Vaccine can be administered at any time in the menstrual cycle.

**Q4: Which vaccine is better?**
**Ans:** Covaxin and Covishield are the currently available vaccines in India. We now also have the Sputnik 5 and maybe in near future Johnson & Johnson vaccine may also be available. Covaxin is a killed virus vaccine while the rest are viral vector vaccines in which a harmless adenovirus is used to administer the genetic material from corona virus. Recently, the government of India has approved vaccination in pregnancy . Both vaccines are efficacious with Covishield 90% effective and Covaxin 81% effective according to interim phase 3 trials. Sputnik 5 has an efficacy of upto 92% after 2 doses. Johnson & Johnson vaccine is a single dose vaccine with an efficacy of 85.6% against severe disease.

**Q5: I took the vaccine while I was pregnant, should I undergo termination?**
**Ans:** No, all available vaccines have been found safe in pregnancy.

**Q6: Which time in pregnancy is best to get vaccinated ?**
Anytime in pregnancy is safe for vaccination however the first trimester is the phase of organogenesis so it may be prudent to avoid first trimester. However, no adverse effects of the vaccine have been noted till now even when administered in first trimester. So the best way to protect yourself is vaccination and anytime is the best time.

**Q7. What adverse effects are noted after the vaccination?**
The adverse effects include pain and swelling at injection site, fatigue, fever, stomach pain and burning eyes.

**Q8. Can I take my corona vaccine with other vaccines?**
An initial gap of 14 days was advised between other vaccines and corona vaccine to know the side-effect profile. This has now changed and any vaccine can be taken along with any other vaccine, like, Tdap or influvac.

# Covid-19 and Pregnancy: Quiz

**Dr. Jharna Behura**

MD, FRCOG, WHO Fellowship in High Risk Pregnancy
Senior Consultant
Kasturba Hospital, Delhi

**1. Benefits of vaccination in pregnancy are all except**

a) reduction in severe disease for the pregnant woman.

b) reduction in the risk of stillbirth and prematurity for baby.

c) potentially reduces transmission to vulnerable household members.

d) Reduces the risk of miscarriage rates in pregnancy.

**2. Regarding Covid-19 vaccination and pregnancy Which is correct?**

a) A pregnancy test is required before vaccination.

b) Can defer the first dose until 13 weeks of pregnancy.

c) Vaccine is known to cause fetal defects in first trimester.

d) Vaccine is contraindicated during IVF treatment

**3. I have already had one dose of the Astra Zeneca vaccine prior to or earlier in my pregnancy I am now pregnant. Which statement is correct ?**

a) Should take the second dose as per schedule of the same vaccine .

b) Should not take the second dose of the Astra Zeneca vaccine for fear of clots.

c) Should switch to a different vaccine for the second dose

d) Should think about termination of pregnancy

**4. Regarding covid 19 vaccine and planning for pregnancy which is correct?**

a) Avoid vaccination while planning for pregnancy

b) Avoid pregnancy after vaccination

c) Getting vaccinated before pregnancy will help prevent infection and serious consequences

d) Should not wait until the second dose is completed before becoming pregnant.

**5. Pregnancy after first dose of Covid 19 vaccine .**

a) Can choose to have the second dose after the recommended interval.

b) Can choose to wait until after 12 weeks of pregnancy

c) Choose to defer until after pregnancy

d) All of the above

Answers: 1(d), 2 (b), 3(a), 4 (c), 5(d) (Source: www.rcog.org.uk guidelines-research-services Covid-9 vaccines, pregnancy and breastfeeding)

# Intrahepatic cholestasis in Pregnancy:
## Management challenges

Webinar organised by

RCOG IRC INDIA NORTH with AOGD and NARCHI, 30th May 2021.


**Dr. Jyoti Bhaskar**
(MD, MRCOG, FICOG)

**Dr. Sangeeta Gupta**
(MD, FRCOG)

**Dr. Ranjana Sharma**
(MS, FRCOG, FICOG)


## KEY LEARNING POINTS

IHCP in pregnancy is a relatively common gestational disease with incidence of 1:140 in the UK. In India it is showing an increasing trend and though officially reported as 2%, the actual incidence may be 7-22%.

**Genetic Studies**

While there are known risk factors which make a woman susceptible to IHCP, the emphasis and the research now is on the genetic susceptibility in women especially those with early onset (< 33 weeks) and severe (Serum BA > 40umol/l) disease.

Studies have shown that in these women there is a possibility of:

1. 20 % mutation in the biliary transporter proteins
2. 3-5-fold increase in gallstones, pancreatitis, cirrhosis and biliary tree cancer

Clinical significance of finding genetic susceptibility is that these women need long term follow up and their families are at a higher risk of similar problems.

**Biochemical Markers:**

1. Serum Bile acid estimation remains to be the most sensitive and specific marker and should be used to diagnose and monitor IHCP by weekly estimation.
2. Bile acid measurement should be done on a random or non-fasting sample as the level is low in in fasting samples and those at risk or with severe disease can be missed.
3. For Asian population the normal range of bile acids can be pushed up to 19-20 micromoles/L
4. Though there is no correlation between transaminases and fetal risk, transaminases should also be measured as they may help in excluding other liver pathologies. In low resource settings transaminases can be used to monitor pregnant women with the understanding that they are not a good predictor fetal outcome.

# Intrahepatic cholestasis in Pregnancy: Management challenges

**Clinical Implications of Bile Acids:**

1. Levels above 100 umol/l are associated with an increased risk of still birth which is significantly increased from 35- 36 weeks, hence delivery is recommended at 35 -36 weeks after a course of antenatal steroids. If the bile acids recede subsequently on follow up, decision to deliver at 35-36 weeks should not change.
2. Serum Bile acids between 40-100 umol/l are associated with an increased risk of spontaneous preterm birth, meconium staining of the amniotic fluid, neonatal ICU admissions and fatal asphyxia but do not have a significantly increased risk of still birth and hence with adequate fetal and bile acid monitoring, the woman can be delivered between 37-39 weeks after individualising each case.
3. The level of Bile acids < 40 umol/l classifies as mild IHCP. These women do not have an increased risk of spontaneous preterm or still birth and can be delivered at 39 weeks.
4. Bile acids are more predictive of still birth than other biomarkers.

**Pruritis in IHCP**

1. Serum Bile acids do not correlate well with itch scores.
2. Pruritogens associated with itch are:
   Autotaxin
   Sulphated progesterones :
   a. They have been found to be 3-4 times higher in IHCP compared to normal pregnancy
   b. Progesterone sulphate doubling is associated with increased itch scores
3. Treatment:
   a. UDCA causes only a small improvement in itching
   b. Rifampicin along with UDCA may have a significant effect – TURRIFIC trial results are awaited

# North Zone Activities

## (Jan 2021- June 2021)

| S No | Academic Activities/Events | Venue | Date/ Time |
|---|---|---|---|
| 1. | Committee Members Meeting | Virtual | 18 Jan 2021<br>8:00-9:00 PM |
| 2. | Committee Chair handover meeting | Virtual | 22 Jan 2021 |
| 3. | FOGSI ICOG National Conference on Non Communicable Disease in Ob-Gyn | Virtual | 4 – 7 Feb 2021<br>9:00am – 8:00 pm |
| 4. | Connotations of Pelvic Pain In association with Female Pelvic Pain Association | Virtual | 10 Feb 2021<br>5:30-7:15 PM |
| 5. | MTI Interview | Virtual | 26th Feb 2021<br>4:30-6:00 PM |
| 6. | Recurrent Miscarriage RCOG IRC Webinar | Virtual | 24 Feb 2021<br>7:00-8:35 PM |
| 7. | FOGsd Periconceptional Folate Deficiency and implication in neural defects | Virtual | 17 April 2021<br>4:00-5:00 PM |
| 8. | INTRA HEPATIC CHOLESTASIS OF PREGNANCY (IHCP): Management Challenges | Virtual | 30 May 2021<br>4:00-5:30 PM |
| 9. | MRCOG Part 3 Exam | Virtual | 25th – 28th May 2021 |
| 10. | Heat Stable Carbetocin: The New Panacea for Post Partum Hemorrhage | Virtual | 4 June 2021<br>3:00-5:00 PM |
| 11. | Fertility Conclave | Virtual | 6th June 2021<br>4:00-6:00 PM |
| 12. | Contraception –<br>World population day | Virtual | 29th June 2021<br>5:00-6:30 pm |
| 13. | Hypertensive disorder in pregnancy | Virtual | 30th June 2021<br>4:00-6:00 pm |
| 14. | Non invasive newer modalities for vaginal laxity & UI | Virtual | 30th June 2021<br>6:30-8:00 pm |

# North Zone Activities









# Unveiling hidden talents in the lockdown

**Dr Nirmala Agarwal**
DGO, FRCOG
Head, ObGyn, Sant Parmanand Hospital
Immediate Past Chair AICCRCOG North Zone

**Dr Anjila Aneja**

MD, DNB, FRCOG
Director & Head MIS, FMRI Gurgaon and Director, Obstetrics, Fortis La Femme

**Opportunities to find deeper powers within ourselves come when life seems most challenging. - J. Campbell**

# Unveiling hidden talents in the lockdown

**Dr. Jyoti Bhaskar**
MD, MRCOG, FICOG
Principal Consultant
Apollo Cradle
Indirapuram

## Numbness of Covid - I shall overcome

I heard his voice
Clear but so distant
Frantic and pleading
Asking for bed , for oxygen
He is my friend , my childhood friend..
I heard him out patiently
But all I said , in a voice I never knew belonged to me..
I shall pray for you.

They rang me up
He my cousin was no more
Those days of youth we spent hanging around
Flashed past my eyes
My soulmate of the past
Had breathed his last.
My heart just withered a bit
But not a single tear flowed down my cheek.

Have I given up on life?
Have I lost the will to fight?
Have I become so helpless and hopeless?
*Have I accepted death for granted ?*

This is not me
This is really not me

I need to stand up again
I need to light the candle of hope again
I need to feel the surge of courage again
I need to remind myself again and again...

Even if the sky is cloudy
Sun is still there.
Even if I cannot see tomorrow
Today is still here.
Even if I cannot extend my hand
My prayer is still there

# Varanasi: Heritage of India

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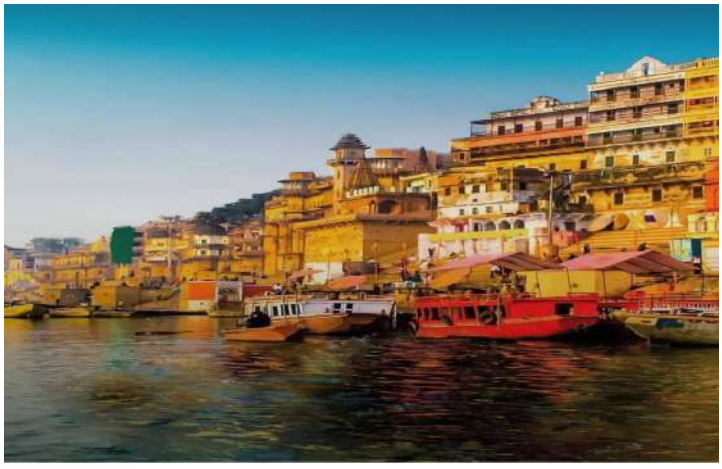
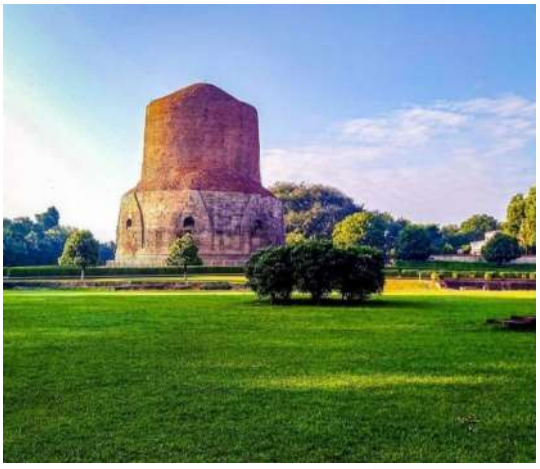
Dating back to 11th century B.C. Kashi (today also known as Varanasi) is the Holiest and Oldest City in the Southern part of Uttar Pradesh, India. This spiritual city is located at the banks of the Sacred River Ganges. Two other rivers Varuna and Assi traverse its plains hence rendering it the name 'Varanasi'. It is one of the oldest cities which has been continuously inhabited therefore giving its rich cultural heritage and diversity which makes it remarkably unique from the other cities of India. In spite of being the Centre of Spirituality and religious place for Hinduism it stands out today for its diversified architecture, temples, palaces, shrines, sculptures, ivory works, fabrics and education.

By the 2nd Millennium BC, it was a seat of Aryan religion and philosophy and was also a commercial and industrial centre famous for its muslin and silk fabrics, perfumes, ivory works, and sculpture. Varanasi was the capital of the kingdom of Kashi during the time of the Buddha (6th century BCE), who gave his first sermon nearby at Saranath. Chinese Buddhist pilgrim Xuan Xang visited it in 635 CE and described it as a centre of religious, educational and artistic activity.





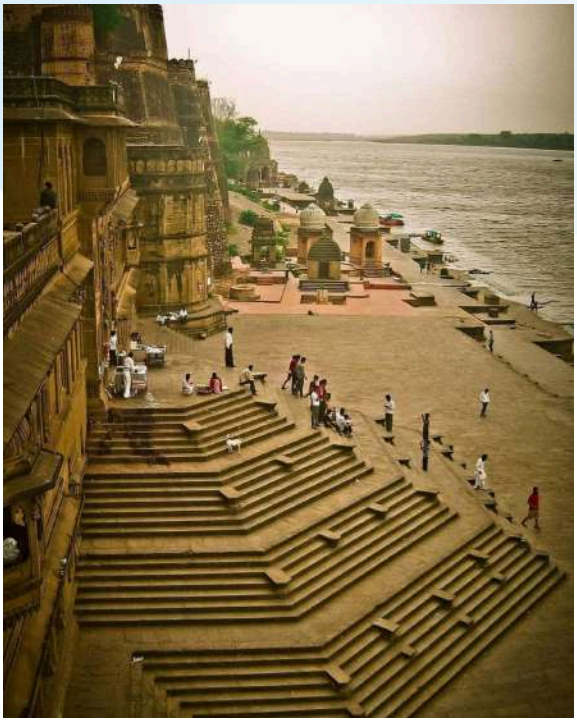
the cycle of birth and rebirth. It is the ultimate pilgrimage spot for Hindus for ages. The city has famous temples – Vishwanath dedicated to lord Shiva , Sankat Mochan temple dedicated to lord Hanuman, Durga temple and many more. Saranath has remains of ancient Buddhist monasteries and temples. Mosque of Aurangzeb next to Vishwanath temple is another prominent religious building.

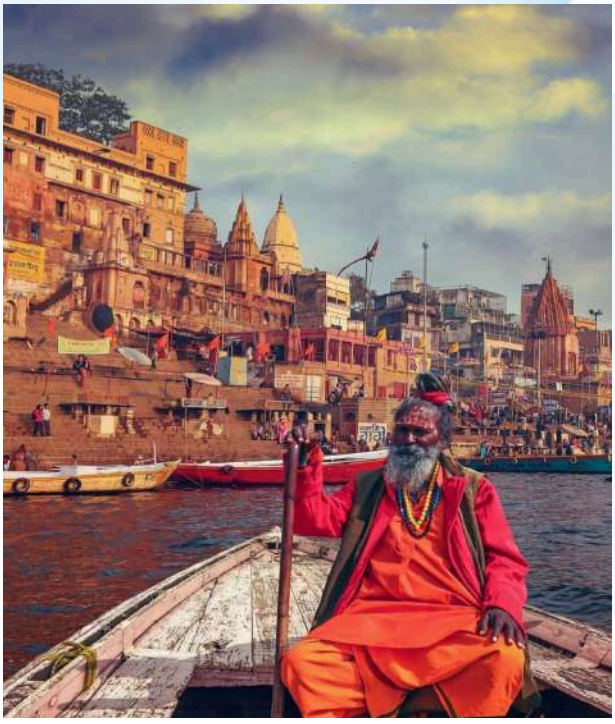
The city has enriched the country and the world by giving great leaders, revolutionaries and scholars. Banaras Hindu University, one of the largest Universities of Asia established by Pandit Madan Mohan Malviya is itself a perfect example of unity in Arts, science, medicine, engineering, languages, literature, theatre, business, management and many more which brings together the students from all over world under the same roof.

The ghats of Varanasi which is the sacred banks of river Ganges extend as distant as your eyes can gaze and walk down it with a refreshing wind of mysticism and spirituality.

One side you find stairs running down to the riverfront and on the other side palaces with the intricate and intelligent architectural design; as if the history is staring back at you. Sawai man Singh's observatory is one of such monuments located at Dasaswamedh ghat.

The Ganga aarti in a shinning beacon of devotion and bliss to experience divinity and spirituality. Bounded by road of Pancha Kosi; Hindu devotes hope to walk down the road once in a lifetime,if possible die there and attain salvation.





As put together by Mark Twain himself:

“Banaras is older than the history, older than legends and looks twice as old as all of them put together”

# Shraddhanjali

Dr SK Bhandari was not only a legend in the field of Obstetrics and Gynaecology but also an excellent human being, an embodiment of humility and grace. She was a patron of AICCRCOG North and one of the initial stalwarts who took RCOG North Zone to greater heights. Senior members fondly remember the endless meetings conducted at her home in initial days of RCOGNZ.
A teacher par excellence, she'll be remembered forever by us.

**Dr. SK Bhandari**

**Dr. Shekhar Agarwal**

Dr Shekhar was one of India's leading orthopedic surgeons, a true 'karmyogi', a pragmatic administrator, an inspiring figure and mentor to many. He was an active participant in AICCRCOG North Zone activities and an integral part of the philanthropic activities undertaken by the society. As someone rightly summarized what he meant to us: "They don't make them like you anymore. You will be sorely missed."

"We little knew that morning,
God was to call your name.
In life we loved you dearly,
In death we do the same.
It broke our hearts to lose you,
The day God called you home.
But as God calls us one by one,
The chain will link again."
-Ron Tranmer

# Photo-collage of memories


..from being together in person to virtually..

the show must go on!

Royal College of Obstetricians & Gynaecologists

India North
International Representative Committee

Committed to women's health

# Thank You

"Better is possible.
It does not take genius.
It takes diligence. It takes moral clarity. It takes ingenuity.
And above all, it takes a willingness to try"
Atul Gawande

http://aiccrcognzindia.com