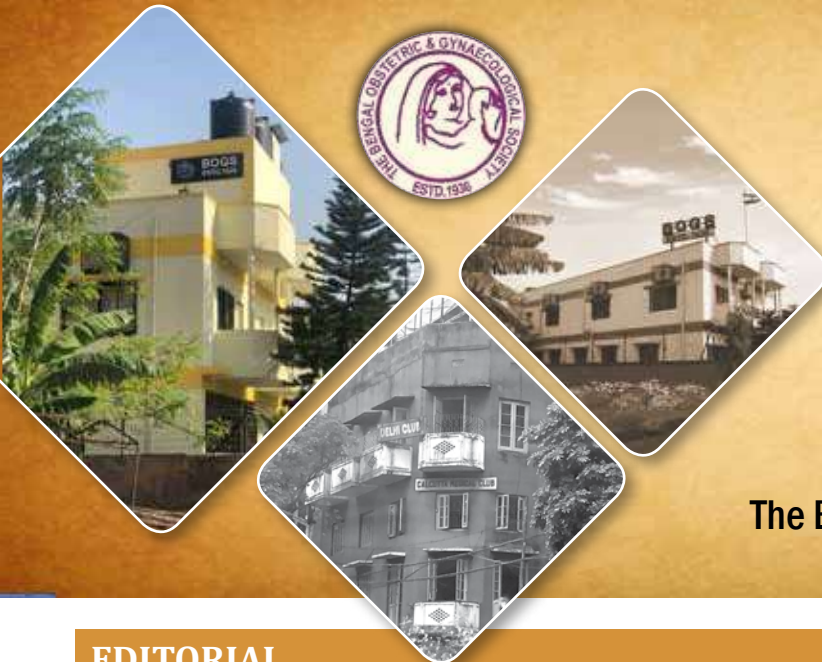


# BOGS TIMES

The Bengal Obstetric and Gynaecological Society

Website: [www.bogs.org.in](http://www.bogs.org.in) | Email: [bogs1936@gmail.com](mailto:bogs1936@gmail.com)



## EDITORIAL

*"Time is a storm in which we are all lost" ....William Carlos Williams*

The past year and a half has been an unprecedented time for all of us. From the first reports of an ailment which seemed to be destroying all in its wake, to the horror of its descent upon our carefully structured and complacent lives: we have been, and still are fighting a turbulent battle. This unique situation has altered the way we work, relax, interact and even think, for "It is not the strongest of the species that survive, nor the most intelligent, but the one more responsive to change."

Your very own BOGS TIMES, as always, attempts to bring you a collage of articles in tune with the current circumstances. We now realize that along with the evident harm to physical health, this pandemic has cast its impact on our mental well being and our "Topic in Focus" deals with this silent menace. In the era of social distancing, "Telemedicine guidelines" from the Ministry of Health and Family Welfare outline the norms to be followed while conducting consults which cannot be 'In person'. Our debate pragmatically looks at the controversy and unanswered questions pertaining to Covid vaccination in pregnancy, while many of the BOGS events over the past months have also dealt with different emerging aspects of this hitherto unknown disease. In the Interview section of this edition we glimpse into the past and present of eminent gynaecologist Mr Pramathes Das Mahapatra, while Dr Kanchan Dhara writes about how to make ART services accessible to our rural patients in the District corner. As always, the Events section chronicles the various health, educational and awareness activities which have been conducted by our society since the current managing committee took over on November 21, 2020 and we genuinely hope you will enjoy going through this mixed bag of contents at leisure.

Finally, all of us from the 'BOGS TIMES' desk sincerely hope you along with your near and dear ones remain safe; and we can some day in the near future come back together face to face, sensitive and stronger from this shared adversity.

*"Time has a wonderful way of showing us what really matters"*

.....Anonymous

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### Hony Secretary

Dr Ramprasad Dey

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Dr Dibyendu Banerjee

### Immediate Past Secretary

Dr M M Samsuzzoha

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Dr Abinash Chandra Ray



## HAND OVER CEREMONY



The official handover ceremony took place on 21st November 2020. This was a small event held at Pratisruti where Dr Dibyendu Banerjee officially handed over the medal and the baton of Presidentship to Dr Bhaskar Pal. In view of the pandemic restrictions, the event was attended by a few office bearers and then virtually projected online in the AGM held on the same day.



### BOGS Members in National and International Organizations

Krishnendu Gupta	FOGSI	FOGSI Representative to AFOG 2020-22 National Corresponding Editor 2021-23, The Journal of Obstetrics and Gynaecology of India
	SAFOG AFOG	Member, Editorial Board, Journal of SAFOG 2021-22 Chair – Sexual and Reproductive Health (SRH) Committee 2019-22
Bhaskar Pal	FOGSI IAGE AICC RCOG	FOGSI Representative to SAFOG 2021-23 National Vice President All India Chair
Ramprasad Dey	FOGSI	National Corresponding Editor 2021-23, The Journal of Obstetrics and Gynaecology of India
Basab Mukherjee	FOGSI FIGO	Vice President 2021-22 Regional Coordinator for South Asia, Safe Abortion Committee
Ashis Mukhopadhyay	ICOG	Governing Council Member 2021-23

## President Speaks ...

Respected Seniors and Dear Friends

It was an honour and privilege on my part to get installed as the 72nd President of the Bengal Obstetric and Gynaecological Society on November 21, 2020, under very unusual circumstances. It was probably the first time the installation of the new team happened virtually; the installation delayed by six months due to the COVID pandemic. Our team had planned a year full of activities which had to be shelved due to the uncertain global situation, and here I am, writing the first message for BOGS Times eight months after taking over as President.

Early 2020 a sudden COVID pandemic changed the world and our lives. In these unprecedented times, the previous committee led by Dr Dibyendu Banerjee continued to lead BOGS through the initial part of the pandemic; extending their tenure by six months, switching to virtual academic programmes and helping our members fight the pandemic by providing protective gears. We started our tenure and continued with virtual programmes and organized the first ever BOGS YUVACON, a conference exclusively for our younger members. In February 2021, as the situation improved, we were planning to resume physical meetings from April, only to be thrown into further uncertainty by a more severe second wave. We do not know when the next wave will come, but hope that vaccination will make it less dangerous. We lost many colleagues and near and dear ones to COVID, but life still goes on and we are getting ready to organize the 85th Foundation Day of our society on the virtual platform on July 25, 2021.

Here we are, meeting virtually for the Foundation Day celebrations, encouraging our juniors participating in the Dr Tapasi Nag Memorial Short Paper session and the Dr MN Sarkar Memorial Debate; listening to an international expert delivering the Dr Bamandas Mukherjee Memorial oration and a symposium. I take this opportunity to thank the entire team for keeping their chin up and organizing the programmes in these difficult times. I thank our office staff who are adapting to working remotely at times; but the biggest thanks are due to our members who encourage us by attending the virtual programmes of the society, at a time when there is a literal explosion of virtual programmes across the country and the globe where attendees are spoilt for choice. Finally, I am grateful to our academic partners for standing by us in these extraordinary times.

COVID has taught us many lessons. Many of us have had an opportunity to reassess our lives, readjusting our priorities and view life from an entirely different perspective. But it has also opened up new opportunities. Education through the virtual platform has reached more members and made knowledge more equitable. It has taught us to conquer distances; we can sit at home on our computer and listen to the best of speakers from other parts of the globe. But we badly miss our physical meetings, greeting one another, sharing a laugh, shaking hands, hugging one another. No one knows when the world will return to normal, if ever, and we are getting used to the new normal with masks, distancing and hand sanitization. I hope all of you have been vaccinated and got your family members vaccinated as well. But we still cannot afford to let our guard down, especially given our higher risks as healthcare workers. I sincerely hope we will be able to resume physical meetings shortly, although possibly in a restricted way to start with. I cannot wait to meet all of you personally. Till then, please stay safe.

Long live BOGS.

**Dr Bhaskar Pal**



## Hony. Secretary Speaks ...

Respected Seniors, my dear Colleagues and Friends

It is my honour and pleasure to address you as the Secretary of The Bengal Obstetric and Gynaecological Society in the first BOGS Times of this academic year. At the outset, I would like to express my sincere gratitude to all of you for your faith and support towards me.

I would also like to take this opportunity to congratulate team 2019-2020 led by Dr Dibyendu Banerjee, President and Honorary Secretary Dr M M Samsuzzoha for successful completion of their academic year even in this difficult time.

The Team BOGS 2020-2021 has taken over the charge of our beloved Society on 21st November 2020 at a very crucial period in the middle of the ongoing pandemic. The new team, a perfect mixture of young and experienced members, has already organized many academic as well as public awareness programs in virtual (mostly) and physical (few) platforms.

We have organised the first ever BOGS Yuvacon (2021) on January 9th & 10th, on a virtual platform. A conference exclusively for the young stars of West Bengal with competitive papers, symposia, case based discussions, audience quiz and the BOGS Yuvacon oration. It was primarily aimed to encourage our Post Graduate students to present their work and to promote the talent of our young members.

In this academic year we have organised four orations, 6th Dr Subhash Mukherjee Memorial Lecture, Society round FOGSI Dr Usha Krishna Quiz, lots of CMEs and workshops.

This is the Foundation Day issue of BOGS Times. We are celebrating the 85th Foundation Day of our Society in virtual mode due to Covid restriction. Hope it will be a memorable one with active participation of our junior members in 22nd Dr Tapashi Nag Memorial Talent Search Session and 36th Dr M. N. Sarkar Memorial Debate along with 26th Dr Bamandas Mukherjee Memorial Oration as well as keynote lectures by National Faculties.

Theme of BOGS this year is "Together We can". I hope we will continue our academic, social and public awareness activities with the active participation of all our members throughout the year.

Stay Safe and Healthy.

Long live BOGS, Jai Hind!

Regards

**Professor (Dr) Ramprasad Dey**





## The Healers ...and their 'invisible' scars

*The soul always knows what to do to heal itself.  
The challenge is to silence the mind.*

### Flashback to 18th January 2021

The vaccination drive of health care workers has already started. The daily case load in India has plummeted below the five figure mark. It seems that we are ready to bid adieu to COVID in approximately the next couple of months and more importantly attain immune certificate once the course of vaccination is completed.

### Fast forward to 4th April, 2021

The daily cases have crossed the 1 lakh mark for the first time during the pandemic. So, although the cases are just leapfrogging, the question in everybody's mind "is the severity less than that in the 1st wave?"

### Approximately a month later on 6th May

The daily cases go above 4 lakhs, an increment of more than 3 lakhs/ day. The daily deaths jumped from 450 in beginning of April to 4529 on May 18th. From 162468 deaths on April 1st, the number of deaths as on 30/06/2021 is 398913. So clearly the 2nd wave is proving to be more lethal with high transmissibility, higher case count and fatality. Only a select few is vaccinated and the 2nd wave is overwhelming us.

### So how were health care workers affected when these events were unfolding?

To start with, we had to watch helplessly, as the carnage unfolded, about the facilities getting overwhelmed in terms of testing, lack of hospital beds, shortage of medicines, health equipment and most unfortunately lack of oxygen, the backbone of COVID treatment in hospital, and people dying as a consequence. For the more fortunate who got access to a hospital bed, more oxygen, ventilation etc. were required and even then a significant number succumbed as compared to the 1st wave as shown in multiple recent analysis. The mortality among sampled patients during the 2nd wave was 13.3% and 30% higher than the 10.2% mortality observed during the 1st wave. Life saving procedures like ECMO were less successful to support the battered and bruised lungs as compared to wave one. Younger individuals, bread winners and sometimes, entire families succumbed to this lethal onslaught. We, as doctors, as part of our training are taught the quality to remain empathic, yet detached. However, at the end of the day we are human beings like everyone else. Experiencing repeated emotional trauma, death and disillusionment can result in PTSD (Post Traumatic Stress Disorder) now or at a later date when the tides have settled down. It is dominated by symptoms of recurrent distressing memories of the traumatic event, persistent avoidance of the catastrophic memories and thoughts, hyperarousal and hypervigilance and negative

emotional states having a significant impact on our day to day functioning.

**By 19th May...** the number of doctors who succumbed to COVID during the second wave was 270 with a major chunk not vaccinated fully. By another 6 weeks the number of doctor deaths reached to 776 doctors, which is more than during the 1st wave which saw 748 doctor deaths. In West Bengal, while the 1st wave saw 79 doctors succumb to COVID, till July 1st, 63 doctors passed away due to COVID and its complications. So a new doubt entered our minds...

### Is the vaccination really working or were the figures indicative of the relatively widespread reluctance even among doctors to vaccinate themselves?



In the present, the uncertainty of whether the 3rd wave will happen and if it does, how would it pan out in terms of its possible scope, severity and spreadability and its impact on frontline workers?

Individuals, including doctors, have difficulties dealing with uncertainty and this generates stress and anxiety. COVID 19 in its scope has taken uncertainty to a different level. Most of the psychiatric disorders have an intricate association with stress. Stress is the adverse reaction people have to excessive pressures or other types of demand placed on them. So, the overwhelming

and potentially unsurmountable stress that frontline workers in general and health care workers in particular are facing for nearly one and half years have already or will at some stage and in some form lead to some mental health issues in most of us. So although stress in itself is not an illness, if it is too much or persists for a long time, could lead both to physical and mental illness.

There are certain direct and indirect factors which can contribute to significant mental health problems. The direct attributable factors can be long working hours, heavy work load, inadequate supply of equipment, PPE fatigue and the high rate of infection among the handling staff.

The indirect factors include, the constant fear of contracting the illness, infecting other family members, fear of having severe illness due to increased viral load or danger of going in quarantine following positive contact. In the initial stages there was a lot of stigma surrounding COVID and its spread and the health workers were unfortunately being victimized and marginalized for working in designated COVID hospitals. Although the situation is somewhat better, these still persist, a stigma towards the health care professionals, albeit with an altered narrative.

The two core symptoms of Anxiety Disorders are fear and worry. These symptoms are present in all anxiety disorders although what triggers them may differ from one disorder to the other. On the other hand, either or both of depressed mood

or apathy or loss of interest are the primary symptoms of a Depressive Disorder along with four of the eight symptoms of appetite and sleep disturbance, fatigue, psychomotor agitation or retardation, executive dysfunction, guilt/worthlessness and suicidal ideations.

Illness anxiety disorder, exacerbation of existing Obsessive Compulsive Disorder, Generalised Anxiety Disorder, Chronic Insomnia are the other possibilities in terms of common mental health morbidities. There are few with more severe illnesses like bipolar disorder and schizophrenia who can suffer relapses due to the possibility of lack of medication compliance. Emergencies like risk of suicide is a harsh reality and needs to be monitored. Substance misuse and dependence in the form of alcohol, cannabis, opioids, benzodiazepines and anaesthetic agents are commonly misused by health care workers to attenuate stress and easy availability seems to be one of the major reasons for this.

So the problem is both at the personal and universal level. Although there are certain common strands which define the medical professionals but the nature of work is different. And through the entire length of the pandemic each of us have played diverse roles and have had to make adjustments. For example the critical care specialists, pulmonologists, cardiothoracic specialists and their team of doctors have toiled hard for extended hours in the COVID wards and intensive care, in their PPE's for days on end, the ENT and dental surgeons had to work in close proximity of the face and with aerosol generating instruments, the obstetricians have had to perform Emergency deliveries on COVID +ve patients and for a myriad of non emergency specialities the balance between offline and online practice and the constant adjustments thereof with the constant shifting of safety requirements in practice. Whatever the role, it has not been easy to adjust to the new normal. Due to the nature of our profession we have been inundated with requests to keep track of admitted patients even though not responsible for direct care. The repeated news of people succumbing to the deadly virus have left an indelible mark of dejection and despondency.

We are still not sure about the future trajectory of the pandemic. Will there be a 3rd wave? If so how virulent and devastating would it be? Have we already seen the worst during wave 2? How long would the vaccines remain effective? Would we need a booster dose? Would death and its foreboding and the guilt of what could have been done still overwhelm us? Would the vaccine coverage continue to stutter and stumble? When do we return to the 'old' normal? Can we continue to ensure the safety of our family and near and dear ones?

These are a plethora of questions without a plausible answer. So there is no use wasting time on pondering about things which are beyond our control. This would only add to depression, anxiety, acute stress and maladaptive coping strategies like substance misuse. In spite of the hectic work schedule we should endeavor to maintain a work life balance as far as practicable, pursuing at least one active hobby and retaining a sense of humour. It is also important to maintain a strong network of helpful people and friends around us. The narrative should be to reset with emphasis on social cohesion and solidarity and holding each other albeit from a distance.

In case of a diagnosable disorder like depression, anxiety spectrum and insomnia professional help might be necessary and the problem addressed through adequate pharmacotherapy, CBT (Cognitive Behaviour Therapy) and relaxation therapies. For more severe disorders like PTSD specialised trauma focused psychotherapies coupled with medication is helpful. In case of addictive disorders, motivational enhancement therapies whereby alternative adaptive coping strategies are encouraged to be developed which can replace the harmful substance as a reward mechanism. As mentioned before, preexisting serious psychiatric disorders like schizophrenia or bipolar can be aggravated. Ensuring compliance to medication, revisiting medication protocol and stress reduction strategies should help to get life back on track. As with the general population most medical professionals seem to be hesitant to seek help for mental health issues. Time has come for us doctors to be role models and help remove the stigma of mental health issues being a weakness as opposed to an illness.

To conclude, mental health problems has been over represented in medical professionals during COVID times. It has some unique dimensions as compared to the problems faced by the general population. There has been a staggering number of deaths of health care workers during the 2nd wave in spite of the security of vaccination (which apparently many had not taken). Besides, the doctors have either directly or indirectly witnessed or heard about innumerable deaths and disabilities. In spite of the training of remaining emotionally detached, these are unprecedented times and mental health issues are bound to surface. Identification, assessment and effective management should be in place to restore functionality so that the frontline workers can return back in a rejuvenated state of mind.

—Dr Abir Mukherjee  
Senior Consultant Psychiatrist  
Medica Superspeciality Hospital and  
AMRI Group of Hospitals, Kolkata

*Congratulations to:*



**Dr S Shantha Kumari,**  
President, FOGSI, for being elected  
(unopposed) Treasurer of FIGO



## Up, Close and Personal

### MR. PRAMATHES DAS MAHAPATRA

**Mr. Pramathes Das Mahapatra** is a renowned Obstetrician and Gynaecologist and one of the pioneers of endoscopic surgery in India. He has taught the next generation of endoscopic surgeons and is a man of many talents. Due to COVID restrictions, for the first time since its inception, BOGS Times conducted an online interview on ZOOM with him to reminisce about his life and work.

**BT:** Sir please tell us about your childhood.

**PDM:** I was born in 1944 in a village called Lalpur Kadua about four miles from Pichaboni.

At 6 months of age I came to Bishnupur in South 24 Parganas where my father was posted in Bishnupur Thana as a police officer under the British rule. This place was famous for a missionary boarding school called Bishnupur Shiksha Sangha School. I studied there as a day scholar till the school finals. The school was unique in a way that it encouraged the students to work together. Apart from studies we had regular sessions on gardening, swimming and acting. I was a mediocre student and always came 2nd to 5th in school but I was also busy with activities like games, theatre, growing fruits and vegetables. I even acted in a Bengali film called "Chor" which was shot in our school.

I joined Vivekananda College Thakurpukur for ISC.

**BT:** Did you always want to become a doctor?

**PDM:** I always wanted to become an engineer. Funnily enough I had watched an Uttam Kumar starrer 'Surjatoron' which was about an engineer and it inspired me so much that I even got admitted in IIT Kharagpur in 1961. Unfortunately we had tremendous financial constraints and could not afford the hostel fees so I had to give it up. I then took admission in NRS Medical College in 1963.

I had a big family. We were 5 sisters and 3 brothers. All of us worked hard to establish ourselves.

I have never regretted not being an engineer. My motto as a medical student was that I should become a good doctor.

**BT:** How was college life sir?

**PDM:** College life went smoothly and again I never planned on becoming a gynaecologist. I wanted to become a surgeon. There is a funny story behind it.

One day before start of our PRCA training we were in the canteen where a lady, who was our classmate said that "Men should not become Gynaecologists". The first 6 students in our class were men and we took it up as a challenge that we would not let the ladies

get the gynaecology posts and so all of us applied for gynaecology.

**BT:** Sir, who was your inspiration as a teacher?

**PDM:** Prof BN Chakraborty was our idol. Not only was he a keen teacher but he attended emergency patients at odd hours even when he was not on call. We were on call everyday in those days and were responsible for all patients admitted under our care.

I did my Housestaffship for 2 years under Prof K M Gun and after finishing I was unemployed for 3 months. To help me during that time, Prof Gun requested BNC to let me assist him in cases outside the hospital.

I took admission in DGO under Calcutta University in 1970 and then applied for MD entrance examination. Prof K.M. was my mentor.

I also adored Prof Arun Mitra at Eden hospital who used to teach every student how to conduct normal delivery, how to apply forceps and do a breech delivery. No one finished their training with him unless they had learned these properly.

Prof Bhabesh Lahiri was also a great surgeon.

I was in the first batch of students who had MCQs in the MD admission test. However, our examination results were cancelled as a whole, due to some internal politics at that time which was unfortunate.

I was called by Dr Jiban Chatterjee who interviewed me and told me that since I had done so well in the entrance examination I would get admission in CU but that he would like me to join PG. After some deliberation, I took admission in Calcutta University for my MD.

**BT:** When were you associated with health service?

**PDM:** I joined health service in 1971 and was made in-charge of Labour room by Prof K. N. Mitra at Eden Hospital for 2 years.

Then I was transferred outside to Krishnanagar as MO. I was doing my MD Thesis under Prof D.L. Poddar while I was posted there. It was on Oligomenorrhoea. Dr Subhash Mukherjee was at NRS at that time and Prof BNC and he would often discuss hormones and its effects on patients.



Prof D.L. Poddar had said that since I was in Krishnanagar, I could not work and finish my thesis. I exchanged all my day duties and did all night on calls, 5 nights a week and then would take the 7 am train straight to NRS and see Prof Poddar. I really had to fight to complete my MD but I completed it in 1974. That year out of 25 students only 4 had passed. Prof D.L. Poddar then threw a party in my honor.

**BT:** Sir, you have always been a very popular doctor in Krishnanagar, lots of patients from there still come all the way to Kolkata for consultation. Please share with us your experience there.

**PDM:** I opened a fistula ward in Krishnanagar Sadar Hospital. At that time there was a dearth of nurses. So the patients whom I had operated on would look after the postop patients in turn. From 1974 to 1980 I had operated on 123 cases. I also had patients from Bangladesh and Bihar.

I started doing private practice mainly to maintain my operative skills and also to help run my family.

**BT:** Sir, you were in UK for a while and had picked up a lot of skills from there, why did you decide to do MRCOG?

**PDM:** From the 5th year of college all of us dreamt of going to America but I could not because the Government then led by Indira Gandhi stopped American examinations and we could not sit for them.

So our seniors left for UK. At that time there was a shortage of doctors in UK and we were welcomed in the NHS with open arms. In fact, I was one of the last batch to get a GMC registration without taking the PLAB in 1979. I went to England in August 1980 and worked in Middlesbrough while preparing for MRCOG. I passed the exam in Jan 1982. From my hospital 4 doctors had taken the exam. 3 were registrars and I was the only SHO. I was the only one who passed the exam and my consultant was very proud of me. I noticed a distinct change in their attitude towards me from then on.

I took FRCS from Edinburgh and Glasgow Royal College in August 1983, after passing MRCOG.

I was falling short of 6 months in my training but my consultant allowed me to work for 6 months in surgery emergency to complete the training requirement.

One thing I learnt in UK is that if you are sincere in your work then they try to help you as much as they can.

I did NHS sponsored training courses in microsurgery from Scotland, Colposcopy from British Society for Colposcopy and Cervical pathology, USG from London and IVF from St Bartholomeus hospital in Boston.

**BT:** Please tell us about your family.

**PDM:** As I had said before, we were a large family of 5 sisters and 3 brothers. I had one sister who was widowed at a young age with two daughters and my eldest sister met with an accidental spinal injury resulting in paraplegia. She had three sons. All of them were staying with me with their children, and I was responsible for them. My parents were living with me also.

I got married in 1977. It was an arranged marriage. We have one daughter and two sons. My daughter, Pritha is a gynaecologist and is now working in UK. My elder son is the global head for clinical research for Sanofi in the



*RCOG World Congress 2014- Hyderabad-AICCRCOG Chairman with RCOG President David Richmond & former President of Republic of India Dr A P J Abdul Kalam*

US. My youngest son, an engineer is a senior researcher in nano electronics and now based in Finland.

My wife has sacrificed a lot as she had to look after the whole family while I was away in UK. My daughter was then just 1 year old.

Every time I got a trunk call from India, I thought it was bad news from home. My family used to join me off and on in the UK.

**BT:** Why did you return to work in India?

**PDM:** I decided to come back after completing my SRship and was a lecturer in Middlesex hospital. I always used to feel guilty about not being able to treat the women of my own country. I always have a bond with my patients even now. This was missing in UK. Also I had quite a few family responsibilities.

**BT:** What happened after you came back home, did you start your practice immediately?

**PDM:** After I returned, I got a punishment posting to Siliguri because I had returned 2 years after when I was supposed to. I worked in Siliguri for three years. I had always wanted to be a teacher and wanted to join MES and be at a teaching institution. I used to teach when I was in NRS, Eden Hospital and also Siliguri. I took part in DRCOG courses in addition to my teaching for undergraduate students of The Middlesex hospital, London. I was the examiner for MRCOG and FRCS. I organized courses for MRCOG aspirants.

**BT:** How did you train in endoscopic surgery?

**PDM:** Lap ligation was being done a lot at that time, but in Middlesex hospital I used to assist surgeons for lap posterior peritoneal biopsy for their research. I got a different view of the upper abdomen and I got very interested. I actually trained myself after coming back from UK. I did a workshop on hysteroscopy in Paris in 1988 and went for an overseas scholarship from RCOG in 1989 and got a certificate.

In 1988 while I was in Vidyasagar hospital in Behala I started inviting surgeons to learn lap cholecystectomy and lap appendectomy. I started the first hysteroscopy training course in 1988 and laparoscopy course in 1989, which was attended by surgeons.



*With wife Lily and  
3 Children Pritha,  
Pronabesh and  
Prometheus*

**BT:** When did you start SPECTRUM Endoscopy and Research Institute?

**PDM:** In 1988. Prior to this the theory course was done in Ethicon lecture hall and operations were done in Lifeline Hospital, Wood Street. One day they held up our course and declined to give OT. So that day I decided to have my own place and not depend on anyone. I set up the operating theatre in Spectrum with my staff and started there from the very next day. Same thing happened with the theory course; when we could not get the lecture hall at the last minute. I started the theory course in Spectrum also. We had a good team and enjoyed ourselves. Unfortunately, the courses did not attract many students from West Bengal initially. I mainly had students from Orissa, Assam and Bihar.

**BT:** Sir, were you ever associated directly with BOGS during your carrier?

**PDM:** I did apply to be an executive committee member at one point but a lot of unfortunate incidences made me take a step back. I feel that BOGS is now in a much better shape than it was before.

**BT:** What has been the most exciting moment in your illustrious carrier?

**PDM:** The day I got my MRCOG results is still etched in my memory as I had asked a friend of mine to go and see the list in the college and phone me. He was late and I thought it must be bad news but then he said that he got delayed and my name was on the pass list, I was delighted.

Mr. Atkins, my boss at the time was also greatly appreciative towards me.

**BT:** What would you say is your greatest regret?

**PDM:** I wanted to build a medical college to make doctors of 21st century and few of us together even bought land and got an NOC from the Government in 2004 for a private medical college in West Bengal. Unfortunately, the secretary left the organization in the middle of our mission. I always wanted to be a teacher and have no regrets that I did not get a teaching post, but I had my heart set on establishing a medical college and was very disappointed when I could not do it.

**BT:** Sir, we have heard about your varied interests, please tell us what they are and how you like to spend your spare time?

**PDM:** Acting has been one of my interests. In fact, I have acted in 2 Bengali films, 'Chor' when I was in school and 'Mahabharati' in 1991 with Tarun Kumar, Dipankar Dey, Anil Chatterjee and Subrata Chatterjee. I am also a keen documentary maker, Oh Kolkata, Bolpur, Dream city- to mention a few.

In addition I am the president of a theatre group call Krishnakoli who mainly do theatres with social messages. I am also associated with Mountaineering Association of Krishnanagar. Two of our members summited Mt Everest in 2010. Angling is also one of my hobbies. I am also the president of a voluntary organization called 'Your Friend' which helps persons in need. I also prefer to grow all my own vegetables in my 'bagan bari' and even have a poultry and fish farm there. I also enjoy horse riding and you will be surprised to know that I hold a private pilot license.

**BT:** Sir, how did you establish Endometriosis Society of India?

**PDM:** Prof BNC and I were both waiting for a flight back home in Indore airport. I started discussing the idea of ES with him as I was operating and managing a lot of difficult cases. There was an endometriosis society of London since early 1900s. Now we have about 500 members, recognition from all over the world and also an ICMR affiliated training Centre for endometriosis surgery. We have published 18 papers in peer reviewed international journals.

**BT:** Sir, we have heard that you met our former President A P J Abdul Kalam. Please tell us about it.

**PDM:** I had the privilege to be the chairman for RCOG WORLD CONGRESS 2014 in Hyderabad. We had a record number of delegates of 3500, the registration was closed 15 days before the event. Former President of Republic of India A P J Abdul Kalam inaugurated it. The opening dance was performed by three upcoming gynecologists.

**BT:** What would be your message for the next generation of obstetricians and gynaecologists?

**PDM:** Put your profession ahead of everything. Train yourself to be the very best at your job and apply your training to your work. Teachers should encourage students to learn new skills and raise the standard of practice. The younger practitioners should encourage vaginal delivery if caesarean section is not indicated.





## COVID Vaccination Should Be Advised in Pregnancy Only After Proper Clinical Trials

The Federal Govt of Brazil on May 11, 2021 nationally suspended the vaccination of pregnant women after a 35 year old pregnant woman from Rio De Janerio carrying 23 weeks of pregnancy died 5 days after the vaccination with the Covishield vaccine. She died of a haemorrhagic stroke possibly related to the inoculation.

That was a turning point for many countries including India. NEGVAC—a recommending Authority for Covid vaccination in India withheld their recommendation on May 13, and although the National Technical Advisory Group on Immunisation (NTAGI) had recommended Covid vaccination for both pregnant and lactating women, the Ministry of Health and Family Welfare allowed only lactating women to be vaccinated, deferring the decision on pregnant women

The manufacturer denied the responsibility citing lack of clinical trials in pregnant women, leaving the question un answered-- who shall take the responsibility of death of the pregnant mother ?

I feel that Vaccination always is and should be an extremely sensitive issue. From time immemorial there have been moral and ethical issues raised on each and every vaccination, simply because it is a type of preventive medicine for healthy individuals, and mortality or even any adverse reaction out of vaccination is extremely unfortunate. Nobody will pardon even a single catastrophe because we are dealing with healthy individuals. This is especially so in pregnant women because two lives are involved, and also because the world is trying desperately to prevent maternal death or disability in any form on a war footing.

Add to this the inherent intricacies of pregnancy-- physiologically, it is an immunosuppressed state. The CDC study had suggested that physiological changes in pregnancy-- a shift away from cell-mediated immunity and increased risk for thromboembolic disease together making pregnant women more vulnerable to any vaccine which increases

the thrombosis and thrombocytopenia (COVISHIELD) threat, how much ever small the risk may be.

NTAGI therefore, in its 16th Meeting dated May 28, recommended vaccination of pregnant women with caution. Before vaccination, pregnant women should be fully informed that the “long-term adverse reactions, and the safety of the vaccine for fetus and child is not yet established,” it said.

Thereafter, Union government has approved administration of the COVID-19 vaccine for pregnant women in India on June 25, 2021. But. it has also echoed the statement issued by NTAGI on safety issues.

Even FOGSI has mentioned in its recommendation that “ at the present time, it would be prudent to defer vaccination in the first trimester as there is no substantial available data to establish absence of teratogenicity”.

This lack of trial data has led countries like the US and the UK to caution against the viral vector vaccines—technology that the Sputnik V and Covishield shots are based on.

As on July 7, 2021, data from COMIT database (Covid 19 Maternal Immunization Tracker)—the world’s most reliable database on Maternal health from Johns Hopkins , shows that in spite of the rising risk of severe COVID-19 disease and death in pregnancy, countries around the world vary widely in their policies on COVID-19 vaccination in pregnancy. 54 countries frankly recommending against it, Only 47 countries have an affirmative partial and selective nod.. 31 countries have permitted with qualifications, and 90 are undecided. Although the situation is constantly changing, the concern about the vaccination among the majority of the 222 countries is therefore easily understandable.

The ongoing MOMI-VAX Trial—an observational study in USA is looking into effects of vaccination to pregnant or postpartum women. The study is sponsored and funded by NIH and is headed by Anthony S Fauci. The study comprises 1000 pregnant and lactating women receiving vaccination and the EUA has been provided by the USFDA . The trial started on June 23 and the results are awaited. The researchers will assess vac-

cine safety and also evaluate whether vaccinated pregnant women pass along protection to their babies via the placenta or breast milk

We have to understand the basics of vaccine ethics and stringent steps of vaccine development laid down by regulatory bodies and to have an idea, I would like to share with you the you tube link of the beautiful video by WHO here:

<https://youtu.be/CrsnwQZIak8>

Request all to click on this

All the steps of vaccine development—Phases 1, 2 and 3 are absolutely mandatory and must be followed rigorously. Normally, It is never possible to develop a vaccine in less than 3-5 years time. As it is, for the general population we have not been able to give that much time. But in pregnancy, double care must be exercised as we are not only dealing with young healthy individuals with an intrinsic physiological changes in haemodynamics among many other things but also a growing and developing fetus. Even if we accept it considering the benefit-vs -risk ratio because of the pandemic, question of Emergency Use authorization comes, which means in simple language a compromise on the long term safety profile, but the phases I, II, III and IV cannot be bypassed. There is no cutting corner.

Making a vaccine is not easy. Out of over 200 vaccine proposed, 52 vaccines are in human trials. 7 out of every 100 are good enough to move into clinical trials in humans. Of the clinical trial vaccines, just one in five is successful.

The 3 basic types of accepted COVID vaccines are ....

- a) The whole-virus vaccine (Inactivated, Live attenuated or Viral Vector vaccine)
- b) Sub unit vaccine , or
- c) Nucleic acid (mRNA) vaccine

We know that the whole virus vaccine is the most useful. Of course it has to be attenuated or killed vaccines. Then come the viral vector vaccines. Each type of vaccine also contains the solvent, preservative, media etc, and no one knows what they have in their chemical struc-

ture and whether they are safe for rapidly dividing and actively proliferating cells of a fetus during organogenesis. We have learnt some lesson from the infamous Thalidomide catastrophe in the 1960s. Before this we used to think Thalidomide as an innocuous analgesic, and we thought placental barrier is protective. Same experience with DES in-utero.

Ethics also demands acknowledgement of fetus as a patient, and neither fetus nor the mother should be denied the benefits of vaccine research.

The vaccination world is constantly evolving and as this write up goes to press, Moderna vaccine, an mRNA vaccine has got approval and EUA not only from USFDA, but also from DCGI in India. A sizable amount of 120 million doses of Moderna has been allotted free of cost to India by WHO, as a part of COVAX project.

Pfizer and Moderna vaccines are tried and tested in pregnancy, demonstrated

in the V-Safe study in USA. A robust database of 35,691 pregnancies is there, out of more than one lakh pregnant women who undertook these two mRNA vaccines, Among v-safe participants, 86.5% had a known pregnancy at the time of vaccination, 28.6% received vaccine in the first trimester, rest in the 2nd and 3rd trimester. Therefore it can be easily administered in pregnancy safely.

Unless and until the Indian vaccines are tested in proper clinical trials, is it advisable to use them in pregnancy? Why should we consciously take even an iota of undesirable risk? Why cant we undertake clinical trial on Covishield, Covaxin or Sputnik V—the three vaccines available in India? If necessary, all three phases can run simultaneously in multiple Institutions in India. Till the time safety data is available, Moderna can be safely inoculated to pregnant women.

Although the motion has been ex-

plained in plaintiff language, implication of each word is paramount. Nobody is denying vaccination to pregnant women. The opinion of the house is that vaccination should be given to a pregnant woman, BUT only after proper clinical trials.

The motion stands, and I support the motion!

#### DISCLAIMER:

Dear friends, we are doing this debate on a very sensitive issue but at a time when everything about COVID 19 is very volatile, constantly evolving and the prevailing situation especially in the 2nd wave is very challenging to say the least. The essence of this debate has to be understood in its objectivity and honesty.

We are worried about our pregnant women. We understand and deeply feel that our pregnant women must be vaccinated against covid 19 and this is a national emergency.

## DEBATE | AGAINST THE MOTION | Dr Tulika Jha

### COVID Vaccination Should Be Advised in Pregnancy Only After Proper Clinical Trials

*"Everything is theoretically impossible, unless it's done"* —Robert A Heinlein

Any vaccine or, for that matter, drug, test, intervention should be used or advised after proper clinical trials, more so in pregnant, breast-feeding women and children. PERIOD.

Having said that, COVID 19 is unlike anything we have seen in the recent or remote past. The World Health Organisation declared it a "Public Health Emergency of International Concern" on January 30, 2020 and a pandemic on March 11, 2020. But eighteen months down the line, it is still raging on. According to the WHO dashboard on July 7, 2021, the SARS-CoV-2 virus has infected 1,84,000,000 people and killed approximately 4,000,000 people globally, officially.

Nobody knows how ghastly the actual figures are but the official numbers are overwhelming enough. Every country, irrespective of how advanced and well developed their health infrastructure is, has been brought down to its knees at some point of time, by this unpredictable and maverick virus. The pandemic continues unabated and nations are reeling

under the second/third/fourth/fifth/(n+1)th waves with newer mutant variants emerging every few months.

Is it ever going to end?

If yes, how?

The answer to this trillion-dollar question is VACCINATION & IMMUNISATION against the virus.

Vaccination in our country started on January 16, 2021 and as of now, more than 36 crore doses have been injected to citizens who are more than 18 years of age.

Recently, The Government of India, in its letter dated July 2, 2021 has recommended vaccination for pregnant women against COVID-19.

Now the question which naturally arises is, "Have adequate trials of vaccines been conducted on this particular sub set of women, to test for their safety and efficacy?"

The answer is "No, enough trials have not been conducted on pregnant women specifically to test their safety and efficacy."

But the motion of the debate is whether to vaccinate pregnant women against COVID-19 in such a scenario. My humble opinion is a resounding YES. Let me state points in my favour.

The rationales of vaccination in COVID-19 are: A) To reduce the risk of in-

fection as it is a public health problem B) To reduce the risk of severe acute morbidity and mortality from the infection C) To prevent long term effects of infection D) To prevent transmission to other individuals.

The vaccines now being used or have been approved for use in India are i) Covaxin: a whole-virion inactivated vaccine (BBV152) ii) Covishield: a viral vector vaccine(non-replicating) ChAdOx1-S - (AZD1222) iii) Sputnik V: a viral vector vaccine(non-replicating) Gam-COVID-Vac Adeno-based (rAd26-S+rAd5-S) and iv) Moderna: RNA based vaccine mRNA-1273.

India has so far given more than 360 million doses of three approved vaccines - Covishield, Covaxin and Sputnik V. It has also given approval to Indian pharma company Cipla, on June 29, 2021 to import Moderna vaccine, which will probably be available when this edition of BT is released. The first three above mentioned vaccines have an efficacy ranging from 70-91% while the Moderna vaccine has an efficacy of 95%. They have also proven to be efficacious against the new emerging variants namely Alpha-Beta-Delta-Gamma-Delta plus variants. Though the large clinical trials which showed that COVID-19 vaccines are safe and effective did not include pregnant

women, there is no reason to think that the vaccines will not protect pregnant women effectively against COVID-19.

The deadly second wave of the Covid-19 pandemic in India killed more pregnant women and new mothers as compared to the first, a new study by Indian Council of Medical Research (ICMR) has found, underlining the need to vaccinate women in these categories. It analysed the case fatality rate (CFR) in pregnant and postpartum women and found that it was 5.7% in the second wave as opposed to 0.75 in the first wave. Symptomatic cases were also significantly higher at 28.7% in the second wave as compared to the first when the proportion was 14.2%, says the study based on data from the Covid-19 registry on pregnant and postpartum women. The study is due for publication in a medical journal.

WHO also recommends the use of the COVID-19 vaccine in pregnant women when the benefits of vaccination to the pregnant woman outweigh the potential risks. The latest advice from the Joint Committee on Vaccination and Immunisation (JCVI), UK is that COVID-19 vaccines should be offered to pregnant women at the same time as the rest of the population, in line with the age group roll out. The Federation of Obstetrics & Gynaecology Societies of India (FOGSI) opines that “every individual needs to be protected from COVID infection. This protection should extend to pregnant and lactating women. The very real benefits of vaccinating pregnant and lactating women seem to far outweigh any theoretical and remote risks of vaccination”.

So, I think there is a very solid case for vaccinating pregnant women to save them from further sufferings from COVID infection.

Regarding safety, according to the WHO and GAVI (Global Alliance for Vaccines & Immunisation), although all these vaccines have been produced at record speed, with processes running in parallel to save time, there have been many checks and balances to ensure their safety, including being subject to the same scientific and regulatory rigour as any other vaccine. COVID-19 vaccines have been given to large numbers of people, in trial settings, to ensure they meet stringent standards of effectiveness and safety. In the community settings also, almost 330 crores of doses have been given worldwide till July 6, 2021 and has largely been seen to be safe.

The rates of adverse effects have been

seen to be very low, ranging from 0.02%-0.7%. There is no reason to think that the vaccine will have worse side-effects in pregnant women. So far, no study proves that pregnant women face a heightened risk of side-effects or reactions from getting the vaccine. Vaccines have been advocated for use during pregnancy for long, and experts believe that the same principles would apply to pregnant women getting the COVID-19 vaccine. Pregnant women across the world, who have been inoculated (in select countries) or women who were inadvertently vaccinated without knowing their pregnancy status, have reported the same side-effects as the general population.

Moreover, during global health emergencies like a pandemic, the WHO Emergency Use Listing Procedure (EUL) may be used to allow emergency use of a vaccine. The EUL exists because, in a pandemic situation, products that could benefit the lives of people all over the world may be prevented from coming to market with sufficient speed. However, before grant of the EUL/EUA (as it is called in India), rigorous assessments of laboratory and clinical trial data, including data on quality, safety, production of protective antibodies and efficacy is conducted. Safety is particularly critical aspect of this scrutiny and a risk-versus-benefit evaluation is done in the context of a public health emergency. And it is under this clause that most of the COVID vaccines, developed, are being used. Pregnant women should also be eligible for being able to benefit from such Emergency Use Authorisation. After all, these are extraordinary times and it is important to take extraordinary steps during these troubled times.

Another important point is that the COVID-19 vaccines that are being used in our country are not ‘live, attenuated’ vaccines, they do not contain live corona viruses and so cannot cause COVID-19 infection in the pregnant woman or the foetus. Moreover, ‘non-live’ or ‘killed’ vaccines have previously been shown to be safe in pregnancy (for example the influenza vaccine).

COVID-19 vaccines do not contain ingredients that are known to be harmful to pregnant women or to a developing baby. Studies of the vaccines in animals to look at the effects on pregnancy have shown no evidence that the vaccine causes harm to the pregnancy or to fertility.

Though there is limited data on COVID-19 vaccination with Covishield, Covaxin or Sputnik and pregnancy, there

are no reported concerns with the AstraZeneca vaccine in pregnancy. As more and more pregnant women get inoculated in the days to come, more information will be available from studies. Monitoring from the United States, where more than 100,000 pregnant women have had a COVID-19 vaccine (using Pfizer BioNTech or Moderna vaccines), has revealed some robust real world data, though and hasn't raised any safety issues. The V-safe Vaccine Registry in Pregnancy, set up and maintained by the CDC, has monitored more than 130,000 pregnant women who have received the COVID vaccines and it does not indicate any serious safety concerns.. India on June 29, 2021 approved the import of US pharmaceutical major Moderna's mRNA technology-based Covid-19 vaccine and this will be of immense benefit to pregnant women.

Regarding serious blood clots, which has been an issue of concern in the European countries, the JCVI UK has stated that “there are currently no known risk factors for this extremely rare condition, which appears to be an idiosyncratic reaction on first exposure to the AstraZeneca COVID-19 vaccine”. This means that someone who has received this vaccine is not necessarily at higher risk of this serious side effect just because they have a higher risk of other blood clots, for example because they are pregnant. This side effect is so rare and has not been reported in any pregnant women.

So to conclude, emerging variants of the SARS-CoV-2 have been shown to affect more and more pregnant women and cause severe illness with high mortality rates. The best way to protect this susceptible cohort of women is VACCINATION as benefits of vaccination far outweigh the risks. Our duty is to help pregnant women make this assessment and take an informed decision by providing them with information about the risks of COVID-19 in pregnancy, the likely benefits of vaccination in the local epidemiological context, and the current limitations of safety data in pregnant women.

*“The science of today is the technology of tomorrow” —Edward Teller*

#### References:

- 1) COVID-19 vaccines: everything you need to know: GAVI website
- 2) The WHO COVID-19 dashboard
- 3) Mygov.in (GOI) website for COVID-19
- 4) CDC portal for COVID-19
- 5) RCOG guidelines for COVID vaccines, pregnancy and breast feeding
- 6) FOGSI position statement COVID vaccination for pregnant & breastfeeding women

## Low Cost IUI/ IVF Set Up

**Dr. Kanchan Kumar Dhara, MS, FIAOG**  
Senior Consultant Gynaecologist & Fertility Specialist  
Medical Director "Symbiosis Fertility Center"  
Managing Director "Nirnoy Hospital (P) Ltd"

Fertility practice is an integral part of gynecological practice in present day. There are a huge number of patients who need fertility treatment or assisted reproductive management but usually the ART laboratory and fertility management facility are not available in the periphery or outside a metro city.

Nowadays the scenario has changed. Man power, technology, equipments, consumables and funds necessary for setting up an ART laboratory are easily available even in small towns and setting up fertility treatment facility (ART Laboratory) in the peripheral clinic/ center is also possible.

The subsequent questions which arise are "How to set up an ART Lab", "What is the minimum requirement for IUI & IVF Lab and how much is the investment to start the laboratory?"

IUI/ IVF Laboratory & USG are the main stay of fertility practice. So, it is very important to give much attention for location & design of laboratory, equipments, consumables & media.

### Main parts of ART Laboratory:

- 1. Andrology:** Andrology Laboratory is mainly for semen preparation & it requires minimum equipments. Andrology Lab can be used for both the purpose of IUI & IVF. If anyone wants to expand IUI rooms to be a part of IVF laboratory in future then strict planning for positive pressure air and seamless flooring should be done.
- 2. IVF & Embryo Culture Laboratory**
- 3. Operation Theatre:** This is for Ovum Pick Up & Embryo Transfer.
- 4. Embryologist:** Embryologist is the soul of the ART Laboratory, so a person who is qualified, experienced, responsible with strict adherence to SOP (Standard Operating Procedure) is necessary for a good ART lab. Success of any fertility treatment mainly depends upon the embryologist, so good ART Lab will be the best lab if its in-charge is a good & efficient embryologist.

### Designing of IUI Laboratory:

IUI laboratory is designed in such a way that it is adjacent to the insemination room. IUI lab is mainly for semen preparation & area needed to set up for IUI lab is 100-200 sq. ft. All the electrical wiring should be concealed and plugs & switch board should be at the level of nearby workstation. Floor should be covered by vitrified tiles or vinyl flooring. Walls should be smooth & plane without cracks. False-ceiling is better avoided, but if necessary

in the laboratory, then it is better to avoid 'Zip-sum Board'. Split or ceiling mounted air conditioner (AC) is better. It is better to change into sterile gowns, slippers, cap & mask, when anyone enters the lab. So changing room is necessary & this room can also be used as common changing room for technicians, doctors & embryologist. It is good practice to maintain sterile environment inside lab. So, one can simultaneously learn how to maintain sterile environment & how to avoid contamination of lab environment. This will help in future when starting IVF practice.

### Equipments needed for Semen Preparation:

1. Plain incubator set at 37 degree centigrade or digital heater can be used primarily for keeping semen collection jars prior to semen processing & to keep prepared semen before insemination. Simple incubator is essential for IUI lab and CO2 incubator is optional. CO2 incubator is essential when bicarbonate buffer media is used instead of Hepes Buffered Media.
2. Small laminar flow hood
3. Binocular Microscope preferably phase contrast, to test the semen for count, motility, morphology & others components such as pus cells. 10X, 40X, 100X objectives & 10X eyepiece are required for basic microscopic analysis of sperm.
4. Centrifuge machine: Digital with temperature control is better but costly. Simple centrifuge machine up to 3000 rpm is sufficient for IUI.
5. Sperm counting chamber: Makler chamber or Neubaur chamber are commonly used. Makler chamber is costly but more accurate counting is possible.
6. Refrigerator: Medical grade fridge or simple fridge is required for storing of media & chemicals. Fridge should not be used for any other purpose or activities (Foods & Drinks).

All these are needed for IUI & cost of setting up the laboratory is approximately 2-3 lakhs (excluding the structural cost).

### Layout of IVF Laboratory:

The ART layout should be planned & designed in such a way that it allows for smooth running of routine procedure.

1. Main lab: it consists of areas for oocyte & embryo culture after OPU (Ovum Pick Up) and it should be adjacent to OT. Communication between OT & laboratory can be done



through a small window to reduce air contamination & temperature induced injuries to cells. Laminar flow hood with stereo zoom microscope should be kept near window communicating with OT and CO<sub>2</sub>/ Tri-gas incubator should be placed near to laminar flow unit/ workstation. Equipments of IVF lab are placed in such a way that the embryologist need not move much inside the laboratory.

Separate areas will be needed for Cryo-preservation and to keep consumables and records. Lab design will be in such a way as to utilize space maximally and it will help to reduce the cost of lab setup. It is better to avoid basement for construction of IVF laboratory. Construction of lab must be done with materials which are safe for the gametes & embryo viability. Aim is to avoid VOC gas releasing materials.

Flooring of lab should be done with less porous materials & those which allow easy cleaning and bio-cladding or vinyl flooring is better than vitrified tiles or marbles. Cleaning of walls & floor are routine work for good lab and it is easier in bio-cladding or vinyl than tiles or marbles. Ceiling again can be made of stainless steel in tile form or specially design artificial board. VOC & dust can be controlled & total space area of laboratory can be optimized to maintain clear air inside laboratory. Air supply ducts with HEPA filters are placed in the ceiling & sealed, so that positive pressure is maintained inside the lab. Short wave length (470-480 μm) light is harmful to cell culture & embryo culture and should be avoided. Use of incandescent light or fluorescent light/ LED with ultraviolet sleeve protection is recommended.

2. Gas storage room: Small area near lab is required for gas cylinder storage. Nowadays tri-gas or CO<sub>2</sub> are used for oocyte/ embryo culture & O<sub>2</sub> and Nitrous gas are required for anesthesia purpose. Cylinders should be kept outside but adjacent to laboratory & OT.

3. Power/ Electrical System: Uninterrupted electrical power supply without voltage fluctuation is necessary

otherwise there will be damage of laboratory equipments like incubator, microscope and monitors. Fluctuation of voltage will reduce the life span of equipment, so it is very important to have online UPS according to lab load with generator back up.

4. Alarm system: Good IVF laboratory must have alarm system to send prompt notification in case of device failure.

5. Air Quality: Success of ART procedures/ IUI depend upon the air quality of laboratory. So positive pressure is recommended for the lab to minimize air contamination & all the air coming into the lab should get filtered through HEPA & VOC control system.

6. Laboratory Equipments: Incubator is the heart of IVF lab, so very carefully selected and placed in appropriate position. Gametes & embryo should be distributed in such a way that number of door opening is minimized. Initially one can start lab with single CO<sub>2</sub> incubator and later on tri-gas incubator should be added.

Heating block/ device should be installed to maintain the temperature of media & reproductive cells during handling.

Craft Suction Pump: This is a special pump for oocyte aspiration. It provides smooth low volume vacuum at pre-determined negative pressure so allowing simple low turbulence oocyte recovery from ovary.

Cost of establishing an IVF laboratory is around 20 lacs (Approx) except the cost of micromanipulation. Cost of IUI lab is about 1/10th of IVF lab.

The aim of construction of an ART lab along with the materials used, air quality & equipment should be such that one can work comfortably and there is a good environment for the growth of embryos. All these together under the guidance of good embryologist will give a good result which will also make our patients happy.

*Congratulations to:*



**DR ASIMA MUKHOPADHYAY** for winning the IGCS Award for Community Advancement in Resource Limited Settings in recognition for her commitment to improving gynaecologic oncology services in India and other low and middle income countries.





# TELEMEDICINE GUIDELINES

On March 25, 2020, the Ministry of Health and Family Welfare, India, released the “Telemedicine Practice Guidelines” for allopathic registered medical practitioners (RMPs). This constitutes Appendix 5 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics Regulation, 2002 under the Indian Medical Council Act, 1956. This amendment is valid according to the National Medical Commission Act, 2019, Section 61 (Subsection-2).

## SCOPE OF THE GUIDELINES:

- Telemedicine includes all channels of communication with the patient that employ Information Technology platforms, including Voice, Audio, Text & Digital Data exchange.
- The guidelines are meant for RMPs under the IMC Act 1956
- The guidelines cover norms and standards of the RMP to consult patients via telemedicine

## GUIDELINES SPECIFICALLY EXCLUDE:

- Specifications for hardware or software, infrastructure building & maintenance
- Data management systems involved; standards and interoperability
- Use of digital technology to conduct surgical or invasive procedures remotely
- Other aspects of telehealth such as research and evaluation and continuing education of health-care workers
- Does not provide for consultations outside the jurisdiction of India

## NECESSARY CREDENTIALS:

- An online program will be developed and made available by the Board of Governors in supersession of Medical Council of India.
- All registered medical practitioners intending to provide online consultation need to complete a mandatory online course within 3 years of its notification.
- In the interim period, the principles mentioned in these guidelines need to be followed.
- Thereafter, undergoing and qualifying such a course, as prescribed, will be essential prior to practice of telemedicine.

## ELEMENTS TO BE CONSIDERED PRIOR TO THE CONSULTATION:

### 1. CONTEXT:

- RMP should exercise their professional judgment to decide whether a telemedicine consultation is appropriate in a given situation
- Should consider the mode/technologies available and their adequacy for a diagnosis before choosing to proceed

### 2. IDENTIFICATION OF RMP AND PATIENT:

- RMP shall display the registration number accorded to him/her by the State Medical Council/MCI, on prescriptions, website, electronic communication

(WhatsApp/ email etc.) and receipts given to his/her patients

- For issuing a prescription the RMP needs to explicitly ask the age of the patient, and if there is any doubt, seek age proof
- Where patient is a minor, tele consultation would be allowed only if the minor is consulting along-with an adult whose identity needs to be ascertained

### 3. MODE OF COMMUNICATION: RMP may use any telemedicine tool suitable for carrying out technology-based patient consultation:

- Video (Telemedicine facility, Apps, Video on chat platforms, Skype/Face time etc.)
- Audio (Phone, VOIP, Apps etc.)
- Text Based

### 4. CONSENT: The consent can be Implied or explicit depending on the following situations:

- If, the patient initiates the telemedicine consultation, then the consent is implied
- An Explicit patient consent is needed if: A Health worker, RMP or a Caregiver initiates a Telemedicine consultation
- An Explicit consent can be recorded in any form. Patient can send an email, text or audio/video message. Patient can state his/her intent on phone/video to the RMP (e.g. “Yes, I consent to avail consultation via telemedicine” or any such communication in simple words). The RMP must record this in his patient records

### 5. PATIENT EVALUATION: The RMP shall maintain all patient records including case history, investigation reports, images, etc. If a physical examination is necessary RMP should not proceed until a physical examination can be arranged through an in-person consult. Wherever necessary, RMP shall recommend:

- Video consultation
- In-person consultation
- Examination by another RMP/ Health Worker

### 6. TYPE OF CONSULTATION:

#### **First Consult means:**

- The patient is consulting with the RMP for the first time
- The patient has consulted with the RMP earlier, but more than 6 months have lapsed since the previous consultation

- The patient has consulted with the RMP earlier, but for a different health condition

**Follow-Up Consult(s) means:** The patient is consulting with the same RMP within 6 months of his/her previous in-person consultation and this is for continuation of care of the same health condition. However, it will not be considered a follow up if:

- There are new symptoms that are not in the spectrum of the same health condition
- RMP does not recall the context of previous treatment and advice

## 7. PATIENT MANAGEMENT:

### A. IF THE CONDITION CAN BE APPROPRIATELY MANAGED VIA TELEMEDICINE:

- Provide Health Education
- Provide Counseling
- Prescribe Medicines: Prescribing Medicines without an appropriate diagnosis/provisional diagnosis will amount to a professional misconduct

### B. EMERGENCY CONSULT FOR IMMEDIATE ASSISTANCE OR FIRST AID:

- In case alternative care is not present, tele-consultation might be the only way to provide timely care.
- Telemedicine consultation should be limited to first aid, life-saving measure, counseling and advice on referral.
- In all cases of emergency, the patient must be advised for an in-person interaction with an RMP at the earliest.

### C. ISSUE A PRESCRIPTION AND TRANSMIT: If the RMP has prescribed medicines

- RMP shall issue a prescription as per the IMC Regulations
- RMP shall provide photo, scan, digital copy of a signed prescription or e-Prescription to patient
- In case RMP is transmitting the prescription directly to a pharmacy, he/ she must ensure explicit consent of the patient that entitles him/her to get the medicines dispensed from any pharmacy of his/ her choice

### D. MAINTAIN DIGITAL TRAIL/ DOCUMENTATION OF CONSULTATION: It is incumbent on RMP to maintain the following records/ documents for the period as prescribed from time to time:

- Log or record of Telemedicine interaction
- Patient records, reports, documents, images, diagnostics, data etc. utilized in the consultation
- To maintain prescription records as required for in-person consultations.

### E. CONSULTATION THROUGH A CARE GIVER: "Caregiver" could be a family member, or any person authorized by the patient to represent the patient. There could be two possible settings:

1. Patient is present with the Caregiver during the consultation.
2. Patient is not present with the Caregiver:

- Patient is a minor (aged 16 or less) or is incapacitated
- Caregiver has a formal authorization or a verified document establishing his relationship with the patient and/or has been verified by the patient in a previous in-person consult (explicit consult. In all of the above, the consult shall proceed as in the case of RMP and the patient (first or follow up consult)

### F. CONSULTATION WITH ANOTHER RMP/SPECIALIST:

RMP might use telemedicine services to consult with another RMP or specialist for a patient:

- The RMP asking for another RMP's advice remains the treating RMP and shall be responsible for treatment and other recommendations given to the patient.
- Specialties like radiology, pathology, ophthalmology, cardiology, dermatology etc. may adopt technology for exchange of information:
  - a) TELE-RADIOLOGY: the ability to send radiographic images (x-rays, CT, MRI, PET/CT, SPECT/CT, Ultrasound) from one location to another
  - b) TELE-PATHOLOGY: Use of technology to transfer image-rich pathology data between distant locations for the purposes of diagnosis, education, and research
  - c) TELE-OPHTHALMOLOGY: access to eye specialists for patients in remote areas, ophthalmic disease screening, diagnosis and monitoring.
- G. FEE FOR TELEMEDICINE CONSULTATION:
  - RMP may charge an appropriate fee for the Telemedicine consultation provided
  - RMP should also give a receipt/invoice for the fee charged

## MEDICAL ETHICS, DATA PRIVACY & CONFIDENTIALITY IN TELEMEDICINE:

### ESSENTIAL PRINCIPLES:

- The professional judgement of a RMP should be the guiding principle
- The RMP can choose not to proceed with the consultation at any time
- At any stage, the patient has the right to choose to discontinue the teleconsultation

Some examples of actions which are not permissible:

- RMPs insisting on Telemedicine, when patient is willing to travel to a facility and/or requests an in-person consultation
- RMPs misusing patient images and data, especially of private and sensitive nature (e.g. RMP uploads an explicit picture of patient on social media etc)
- RMPs who use telemedicine to prescribe medicines from the specific restricted list
- RMPs are not permitted to solicit patients for telemedicine through any advertisements or inducements

**PENALTIES:** As per IMC Act, ethics and other prevailing laws.

**SPECIFIC RESTRICTIONS:** Matrix of the permissible drug lists based on the type and mode of consultation

List Group	Mode of Consult [Video/Audio/Text]	Nature of Consult [First/Follow-up]	List of Medicines
0	Any	Any	<ul style="list-style-type: none"> <li>Common over-the counter medications such as:               <ul style="list-style-type: none"> <li>Antipyretics: Paracetamol</li> <li>Cough Supplements: Lozenges</li> <li>Cough/ Common-cold medications (such as combinations of Acetylcysteine, Ammonium Chloride, Guaifensin, Ambroxol, Bromhexene, Dextromethorphan)</li> <li>ORS Packets</li> <li>Syrup Zinc</li> <li>Supplements: Iron &amp; Folic Acid tablets, Vitamin D, Calcium supplements</li> </ul> </li> <li>Medications notified by Government of India from time to time on an Emergency basis: Such as Chloroquine for Malaria control for a specific endemic region, when notified by Government</li> </ul>
A	Video	First Consult/Follow-up, for continuation of medications	<ul style="list-style-type: none"> <li>First Consult Medications (Diagnosis done on video mode of consultation) such as: Ointments/Lotion for skin ailments: Ointments Clotrimazole, Mupirocin, Calamine Lotion, Benzyl Benzoate Lotion etc               <ul style="list-style-type: none"> <li>Local Ophthalmological drops such as: Ciprofloxacin for Conjunctivitis, etc</li> <li>Local Ear Drops such as: Clotrimazole ear drops, drops for ear wax etc..</li> <li>Follow-up consult for above medications</li> </ul> </li> <li>Follow-up medications for chronic illnesses for 're-fill' (on any mode of consultation) such as medications for:               <ul style="list-style-type: none"> <li>Hypertension: Enalapril, Atenolol etc</li> <li>Diabetes: Metformin, Glibenclamide etc</li> <li>Asthma: Salmeterol inhaler etc</li> </ul> </li> </ul>
B	Any	Follow-up	<ul style="list-style-type: none"> <li>On follow-up, medications prescribed as 'Add-on' to ongoing chronic medications to optimize management such as for hypertension: Eg, add-on of Thiazide diuretic with Atenolol</li> <li>Diabetes: Addition of Sitagliptin to Metformin</li> </ul>
Prohibited	Not to be prescribed	Not to be prescribed	Schedule X of Drug and Cosmetic Act and Rules or any Narcotic and Psychotropic substance listed in the Narcotic Drugs and Psychotropic Substances, Act, 1985: Anti-Cancer drugs; Narcotics such as Morphine, Codeine etc

#### STRENGTHS AND LIMITATIONS OF VARIOUS MODES OF COMMUNICATION

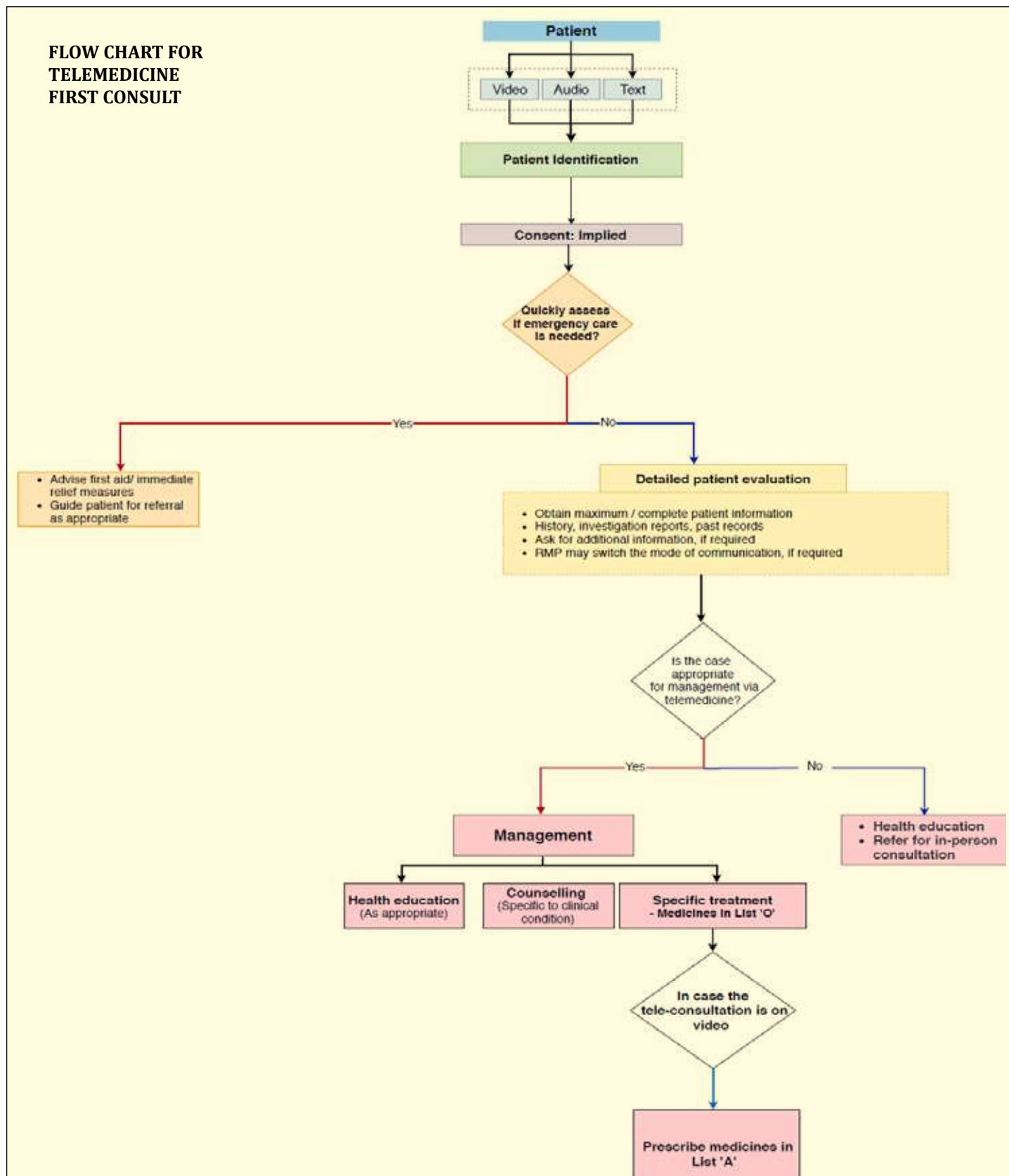
MODE	STRENGTH	LIMITATIONS
VIDEO: Telemedicine facility, Apps, Video on chat platforms, Facetime etc.	<ul style="list-style-type: none"> <li>Closest to an in person-consult</li> <li>Patient identification easier</li> <li>RMP can see the patient and discuss with the caregiver</li> <li>Visual cues can be perceived</li> <li>Inspection of patient can be carried out</li> </ul>	<ul style="list-style-type: none"> <li>Is dependent on high quality internet connection at both ends</li> <li>Since there is a possibility of abuse/ misuse, ensuring privacy of patients is extremely important</li> </ul>
AUDIO: Phone, VOIP, Apps etc.	<ul style="list-style-type: none"> <li>Convenient and fast</li> <li>Unlimited reach</li> <li>Suitable for urgent cases</li> <li>No separate infrastructure required</li> <li>Privacy ensured</li> <li>Real-time interaction.</li> </ul>	<ul style="list-style-type: none"> <li>Non-verbal cues may be missed</li> <li>Not suitable for conditions that require a visual inspection or physical touch</li> <li>Patient identification needs to be clearer</li> </ul>
TEXT BASED: Specialized Chat based Telemedicine Smartphone Apps, SMS, Websites, messaging systems eg. WhatsApp, Google hangouts, FB messenger	<ul style="list-style-type: none"> <li>Convenient and quick</li> <li>Documentation &amp; Identification may be an integral feature</li> <li>Suitable for urgent cases, or follow-ups, second opinions</li> <li>No separate infrastructure required,</li> <li>Can be real time</li> </ul>	<ul style="list-style-type: none"> <li>Besides the visual and physical touch, text-based interactions also miss the verbal cues</li> <li>Difficult to establish rapport with the patient.</li> <li>Cannot be sure of identity of the doctor or the patient</li> </ul>
ASYNCHRONOUS: Email Fax, recordings etc.	<ul style="list-style-type: none"> <li>Convenient and easy to document</li> <li>No specific app or download requirement</li> <li>Images, data, reports readily shared</li> <li>No separate infrastructure required</li> <li>More useful when accompanied with test reports and follow up and second opinions</li> </ul>	<ul style="list-style-type: none"> <li>Not a real time interaction, so just one-way context is available</li> <li>Patient identification is difficult to confirm</li> <li>Non-verbal cues are missed</li> <li>There may be delays because the Doctor may not see the mail immediately</li> </ul>



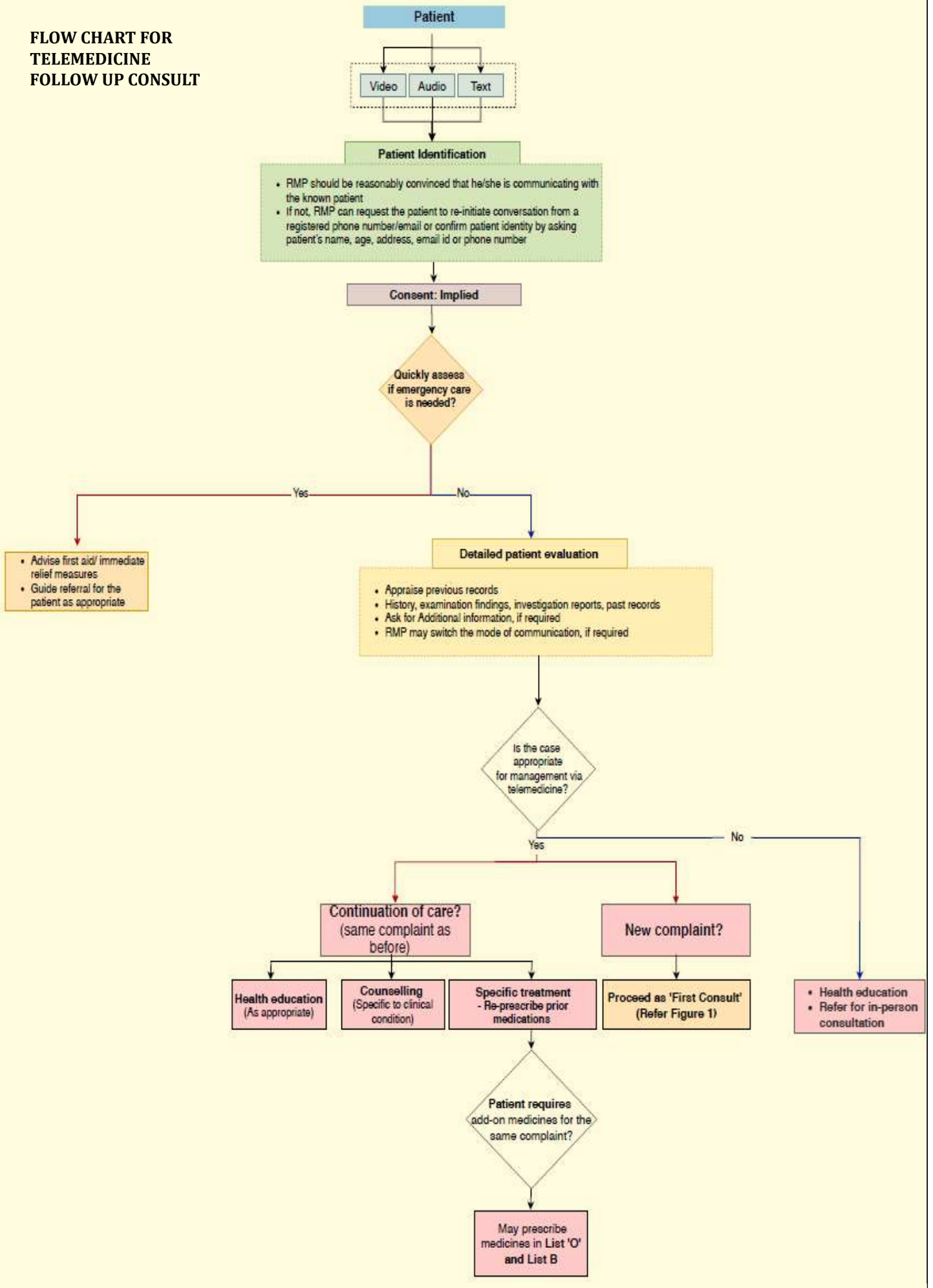
**SPECIAL RESPONSIBILITIES OF BOARD OF GOVERNORS IN SUPERSESSION TO MEDICAL COUNCIL OF INDIA (BOG-MCI):**

- Any of the drug-lists contained in Telemedicine Practice Guidelines can be modified by the Board of Governors in super-session of the Medical Council of India as required.
- The Board of Governors in super-session of the Medical Council of India may issue necessary directions or advisories or clarifications in regard to these Guidelines, as required.
- The Telemedicine Practice Guidelines can be amended from time to time in larger public interest with the prior approval of Central Government (MOHFW)

For further information: <https://www.mohfw.gov.in/pdf/Telemedicine.pdf>



**FLOW CHART FOR  
TELEMEDICINE  
FOLLOW UP CONSULT**



# RECENT EVENTS : ORATIONS

## 33rd Dr Chunilal Mukherjee Memorial Oration

33rd Dr Chunilal Mukherjee Memorial Oration was held on December 12, 2020 through live webinar. The oration was delivered by Prof Mary Ann Lumsden Honorary Professor, Gynaecology and Medical Education, University of Glasgow, CEO, International Federation of Gynaecology & Obstetrics (FIGO), Past President, International Menopause Society on "Is Estrogen Important to Women in Midlife?". 181 doctors joined the academic meet.



## 36th Dr Sudhir Chandra Bose Memorial Oration

36th Dr Sudhir Chandra Bose Memorial Oration was held on April 2, 2021 through live webinar. The oration was delivered by Dr Alpesh Gandhi, President, FOGSI on "Pre-Conceptional Care: Newer Concept relevant to High-Risk Pregnancy". 193 doctors joined the academic meet.

The Oration was preceded by 1st Clinical Meeting.

The Chairpersons were Prof Hiralal Konar and Dr Sudip Chakraborty.

Dr Divya S, 2nd Year MS PGT, CSS spoke on XY with Uterus: Is Cyclical Bleeding Possible? and Dr Lila Vyas, Chairperson ISAR 2020-21, Rajasthan spoke on Setting up a Vulval Clinic.

The entire programme was well coordinated by Dr Tulika Jha and Dr Seetha Ramamurthy Pal.

Dr Jayita Chakrabarti offered the vote of thanks.

**Management**

- Gonadectomy and then histopathological confirmation
- Supplementation of estrogen (with-conjugated estrogen 0.625mg/day or estradiol 1mg/day) for breast development and endometrial proliferation
- Close surveillance .
- After sufficient endometrial proliferation or whenever breakthrough bleeding occurs addition of progesterone to initiate cyclical withdrawal bleeding
- Clitoroplasty plastic genital surgery keeping in mind the intricate nerve supply of clitoris

## 63rd Sir Kedarnath Das Memorial Oration

63rd Sir Kedarnath Das Memorial Oration was held on April 24, 2021 through live webinar. The oration was delivered by Dr Alison Wright, Consultant, Royal Free Hospital, London, Past Vice President, RCOG, UK on "Consequences of Losing the Art of Assisted Vaginal Birth". 120 doctors joined the academic meet.



## 53rd Dr Subodh Mitra Memorial Oration

53rd Dr Subodh Mitra Memorial Oration was held on May 9, 2021 through live webinar.

The oration was delivered by Dr R. Sankarnarayanan, MBBS, MD, Former Special Advisor of Cancer Control, Head of the Cancer Early Detection and Prevention Section, Head of the Screening Group, WHO-IARC, Lyon, France on "Recent Trends in Cervical Cancer Incidence in India: Implications for Elimination".

**Cervical cancer in India**

- Incidence rates vary between 5 in Dibrugarh district to 28/100,000 women in Ponnampet district
- High rates in NE states & rural areas
- Rates < 7/10,000 in Ahmedabad, Tirvaendrum, Kullam, Manipal and Dibrugarh.
- 97,000 new cases and 68,000 deaths in 2020; > 80% present in locally advanced stages
- Almost a sixth of global burden

# BOGS YUVACON 2021



The first ever BOGS Yuvacon was held on January 9 & 10, 2021. It was organized by BOGS to encourage the young gynaecologists of the State and provide a platform to showcase their research and clinical work. All the participants, other than the three guest speakers and the chairpersons were below 40 years of age. The conference was streamed online where there was a virtual lobby, 2 halls and a selfie zone. There were 11 hours of Free Communications spread over 2 days in which 64 budding gynaecologists, from all over the State presented their papers. Senior teachers & gynaecologists from all over the State were Chairpersons cum judges in all these sessions and markings were done on e-marksheets sent by mail. The Free Communications were categorized into three groups: Case reports, Gynaecology and Obstetrics. There were 9 case reports, all of them interesting and the winner in this category was Dr Tanushree Paul, a post graduate student from Vivekananda Institute of Medical Sciences, for her presentation “An Unusual Case of Primary Amenorrhoea”.

There were 12 papers under the Gynaecology category and the first prize was awarded to Dr Sanchari Sengupta, a post graduate student from Medical College, Kolkata for her work on “Biomarker Analysis of Circulating Tumor Cells Regarding Ovarian Carcinoma”.

In the Obstetrics category, there were 43 papers and 3 winners. Dr Dipanjan Bandhya, PGT from R. G. Kar Medical College, won the third prize for his free communication on “Blunt Versus Sharp Expansion of the Uterine Incision in Lower Segment Caesarean Section: A Comparative Study”.

Dr Kaveti Mallika, PGT from CSS College of Obstetrics, Gynaecology & Child Health, won the second prize for “Evaluation of Partograph in Monitoring Progress of Labour and Feto-Maternal Outcome in First Stage of Labour in An Urban Teaching Hospital”.



Dr Pranita Banka, PGT from CSS College of Obstetrics, Gynaecology & Child Health, won the first prize for “Risk Assessment and Scoring System of Venous Thromboembolism and Its Prevention during Pregnancy and Puerperium”.

The first ever BOGS Yuva oration was delivered by Dr Dipanwita Banerjee, specialist at Chittaranjan National Cancer Institute on January 9, 2021 and the topic was “Cervical Cancer Prevention: How Can We Achieve It”.

Dr Bhaskar Pal, Dr Ramprasad Dey and Dr Tulika Jha chaired the session. Dr Banerjee was felicitated virtually with a plaque.

There was a session with 3 guest lectures and the speakers were Dr Debasmita Mondal, Dr Indranil Datta and Dr Sandip Sengupta. Their topics were “Multiple Pregnancy, Double Trouble”, “Prediction, Prenatal Diagnosis and Management of PAS” and “Preventing Preterm Births” respectively.

There were three other symposia with twelve speakers with a varied list of topics. All the talks were interesting with very clear take home messages.

There were two panel discussions as well with two moderators and six panelists in each. Dr Avishek Bhadra and Dr Poushali Sanyal moderated the panel discussion on “High Risk Fetus” and Dr Sarmishtha Ganguly and Dr Sujoy Dasgupta moderated the one on “Abnormal Uterine Bleeding”. Both the panel discussions were very lively, interactive and informative.

There was also an ongoing quiz competition on the two days of the conference. All participants and members of the audience could participate in it. Six questions were asked at the end of some of the sessions and the prizewinners were mailed Amazon e-vouchers worth Rs 500/- each. The prize winners were Dr Mozzafar Hossain, Dr Sarmishtha Ganguly, Dr Kaushik Datta Pramanik, Dr Utpal Guria, Dr Deblina Kar and Dr Prasanna Roy.

The two-day conference ended with the valedictory session in which the names of the prize winners were announced. They were presented their medals virtually. The programme was a grand success with approximately 500 participants.

A prize giving ceremony was organized in Pratishruti on February 13, 2021 where Dr Bhaskar Pal, President BOGS and Dr Ramprasad Dey, Hony Secretary BOGS awarded the medals and certificates to the prizewinners of the BOGS Yuvacon. Dr Basab Mukherjee, Vice President, BOGS, Dr Tulika Jha, Hony Clinical Secretary BOGS and Dr Seetha Ramamurthy Pal, Hony Jt. Clinical Secretary BOGS were also present for the occasion.

## RECENT EVENTS

### 6th Dr Subhash Mukherjee Memorial Lecture

6th Dr Subhash Mukherjee Memorial Lecture was held on Sunday, December 20, 2020 through live webinar. The lecture was delivered by Dr Gautam Allahbadia, Consultant, Reproductive Endocrinology and IVF, Millenium Medical Center, Dubai on "Ovarian Stimulation Simplified". 194 doctors joined the academic meet.

The session was chaired by Dr Bhaskar Pal and Dr Ramprasad Dey.

Dr Tulika Jha, presented the biodata of Dr Subhash Mukherjee and Dr Ramprasad Dey presented the biodata of the lecturer. The closing remarks were delivered by Prof. Baidyanath Chakraborty.



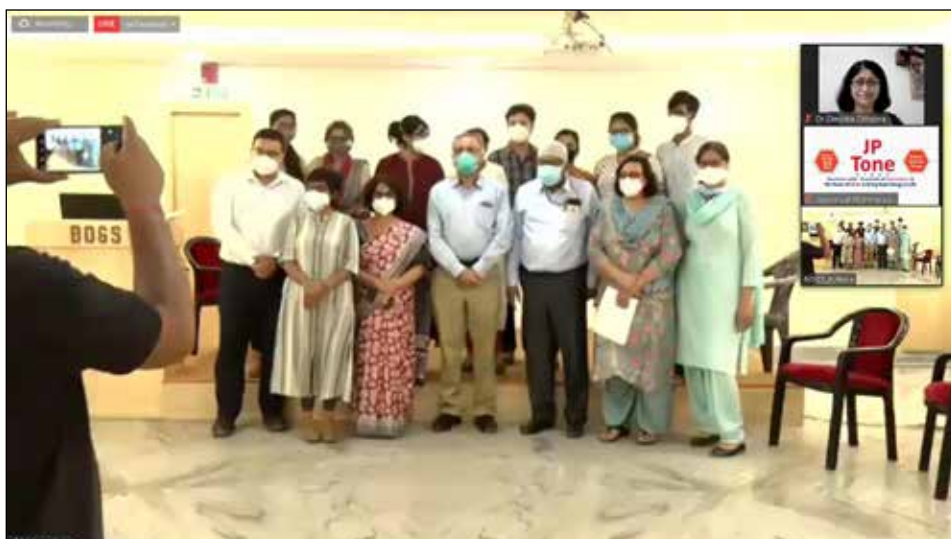
### FOGSI – Dr Usha Krishna Quiz” at the Society level

The Preliminary round of FOGSI Usha Krishna Quiz (Society Level) was held online on 16th April, 2021 through the KAHOOT App. The topic of the quiz was "CRITICAL CARE IN OBSTETRICS". The Quizmasters were Dr. Sebanti Goswami, Dr. Tulika Jha, Dr. Susmita Chattopadhyay, Dr. Chaitali Datta Ray, Dr Seetha Ramamurthy Pal and Dr Mariam Khanam.

Dr Chaitali DattaRay compiled and coordinated the whole quiz. There were 21 registered teams from Kolkata Medical College, R G Kar Medical College, National Medical College, VIIMS,

Chiittaranjan Seva Sadan, North Bengal Medical College and Midnapore Medical College. The 4 teams, qualified for the Final round, consisted of Dr. Zuka Bint Kamal & Dr. Priyanka Kumari from R G Kar, Dr. Lothikha.S.S. & Dr Mandira Roy from Medical College, Kolkata, Dr Shaurya Basak & Dr Sadia Nazneen from Medical College, Kolkata and Dr Aishwarya Bhattacharya & Dr Gokul Raman Chandran from Medical College, Kolkata.

The final round was held on 23rd April, 2021 (Physical) at "Pratishruti". Dr. Lothikha. S.S. & Dr Mandira Roy from Medical College, Kolkata won the competition and they represented Bengal at the EAST ZONE YUVA FOGSI, Siliguri.



# RECENT EVENTS

## CME on Midlife Management

BOGS organized a CME on Midlife Management through a live webinar on Saturday, December 12, 2020 at 5.30 pm.

Welcome address was given by Dr Bhaskar Pal, President, BOGS.

Dr Ratnabali Chakraborty spoke on “Menopause and Bone Health”. The Chairpersons for the session were Dr Alok Basu and Dr Basudeb Mukherjee.

Dr Sebanti Goswami moderated a Case Discussion on “Menopausal Health”. Panelists were Dr Amit Basu, Dr Bipasa Sen, Dr Nirmala Pipara, Dr Subir Roy (Endocrinologist), and Dr Sukanta Misra.

The entire programme was coordinated by Dr Tulika Jha and Dr Seetha Ramamurthy Pal.

Dr Jayita Chakrabarti, Hony. Jt Secretary, BOGS offered the vote of Thanks.

## CME on Perinatology

BOGS in association with Genetic & Fetal Medicine committee, FOGSI organized a CME on Perinatology on February 17, 2021 on a virtual platform.

The programme began with opening remarks by Dr Ramprasad Dey, and the welcome address was delivered by Dr Bhaskar Pal.

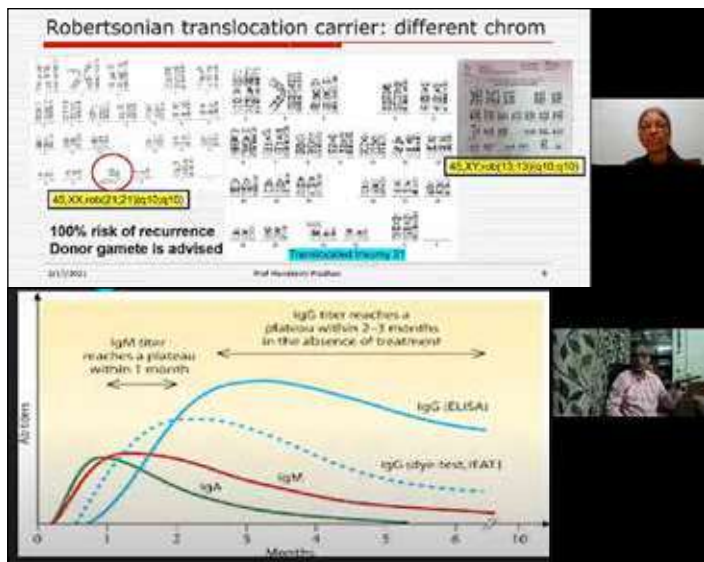
Dr Mandakini Pradhan, Chairperson, Genetic and Fetal Medicine Committee, FOGSI spoke on “Genetics of Fetal Loss” and Dr Sukumar Barik spoke on “Antenatal Corticosteroids: Controversies and Consensus”. The chairpersons for the session were Dr Mausumi De Banerjee, Dr Narayan Jana and Dr Partha Kumar Bhattacharyya.

Next, Dr Seetha Ramamurthy Pal moderated a panel discussion on “Intrauterine Infections: Perinatal outcomes”. The panelists were Dr Alpana Chhetri, Dr Bijon Saha, Dr Debasmita Mondal, Dr Kanchan Mukherjee and Dr Rajiv Dhal.

Dr Jayita Chakrabarti, BOGS offered the vote of thanks.

The entire programme was well coordinated by Dr Tulika Jha, BOGS.

250 doctors attended the programme.



## CME on Endometriosis

BOGS in association with Endometriosis Committee, FOGSI organized a CME on Endometriosis on Saturday, January 30, 2021 on a virtual platform. The welcome address was delivered by Dr Bhaskar Pal. In the first session, Dr Pradip Kumar Mitra spoke on “Etiopathogenesis of Endometriosis: What’s new”, Dr Asha Rao, Chairperson, Endometriosis Committee FOGSI, spoke on “Adolescent Endometriosis”, Dr M M Samsuzzoha spoke on “Endometriosis and Infertility: Role of Surgery” and Dr Gautam Khastagir spoke on “Endometriosis and Infertility: Role of ART”. The chairpersons for the session were Dr Abinash Chandra Ray, Dr Nirmala Pipara, Dr Ramprasad Dey and Dr Tulika Jha. In the second session, Dr Rishma Dhillon Pai spoke on “Medical Management of Endometriosis” and Dr Ashok Khurana spoke on “Imaging in Endometriosis”. The chairpersons for the session were Dr Ashis Kumar Mukhopadhyay and Dr Kushagrathi Ghosh. Dr Jayita Chakrabarti, Hony. Jt Secretary, BOGS offered the Vote of Thanks and the programme was moderated by Dr Seetha Ramamurthy Pal. All the talks were very informative and the programme was appreciated by all. It was a successful programme attended by 350 delegates.



## CME on Infertility

The BOGS in association with the Infertility Committee, FOGSI organized a CME on Infertility on February 27, 2021 on the virtual platform.

The programme began with opening remarks by Dr Seetha Ramamurthy Pal and the welcome address was delivered by Dr Bhaskar Pal.

Dr Kundan Ingale, Chairperson, Infertility Committee, FOGSI spoke on “Controversies in Investigations for Infertility” and Dr Sujoy Dasgupta spoke on “Male Infertility: Recent Updates”. The chairpersons for the session were Dr Arup Kumar Majhi, Dr Dibyendu Banerjee and Dr Ramprasad Dey.

After that, Dr Siddhartha Chatterjee moderated a panel discussion on “Micronutrients in the Management of Infertility”. The panelists were Dr Indrani Lodh, Dr Koushiki Ray Sarkar, Dr Madhab Chandra Das, Dr Suparna Banerjee. The expert for the session was Dr Gita Ganguly Mukherjee.

Closing remarks was given by Prof. Baidyanath Chakraborty.

Dr Jayita Chakrabarti offered the vote of thanks.

The entire programme was well coordinated by Dr Tulika Jha. 122 doctors attended the programme.

# RECENT EVENTS

## CME on Infection

The BOGS organized a CME on Infection on March 26, 2021 on the virtual platform.

The programme began with opening remarks by Dr Tulika Jha & Dr Seetha Ramamurthy Pal and the welcome address was delivered by Dr Ramprasad Dey.

Dr Bhaskar Pal spoke on “Antibiotic Prophylaxis in Pregnancy”, Dr Subhash Chandra Biswas spoke on PID and STIs and Dr Sukanta Misra spoke on “Recurrent Vaginal Discharge”. The Chairpersons for the session were Dr Bulbul Raichaudhuri, Dr Sudhir Adhikari and Dr Suranjan Chakrabarti.

Dr Jayita Chakrabarti, Hony. Jt Secretary, BOGS offered the Vote of Thanks.

568 doctors attended the programme.



## CME on Preterm Labour

BOGS organized a CME on Preterm Labour on April 24, 2021 on the virtual platform.

The programme began with opening remarks by Dr Seetha Ramamurthy Pal. Dr Arup Kumar Majhi spoke on “Obstetric Forceps: Evolution & Resurgence”, The Chairperson for the session was Dr Amit Basu.

Next, Dr Basab Mukherjee spoke on “Preterm Labour: Role of Progesterone”. The Chairperson for the session was Dr Biswajyoti Guha.

Dr Jayita Chakrabarti offered the vote of thanks.

120 doctors attended the programme.



## CME on Oncology

BOGS in association with The Gynecologic Oncology Committee, FOGSI and The Study on Female Breast Committee, FOGSI organized a CME on Oncology on May 9, 2021 through a live webinar.

The programme began with opening remarks by Dr Seetha Ramamurthy Pal.

Dr Sneha Bhuyar spoke on “A Gynaecologist’s Role in Early Detection of Breast Cancer” and Dr Tulika Jha spoke on “Updates in Endometrial Cancer”. The Chairpersons for the session were Dr Kalidas Bakshi and Dr Ranajit Mandal.

Next, Dr Bhagyalaxmi Nayak spoke on “Surgery in Ovarian Cancer: How Much is Optimal?” and Dr Krishnendu Gupta spoke on “HPV Vaccination: Are We Really Doing Enough?”. The Chairpersons for the session were Dr Biman Kumar Chakrabarty and Dr Rahul Roychowdhury.

Dr Nandita Palshetkar delivered a keynote lecture on “Fertility Preservation in Women with Gynaecological Cancer”. The Chairperson for the session was Dr Gita Ganguly Mukherjee.

Dr Jayita Chakrabarti offered the vote of thanks.

## CME on Medical Disorders in Pregnancy

BOGS in association with the Medical Disorders in Pregnancy Committee, FOGSI organized a CME on Medical Disorders in Pregnancy on the occasion of World Thyroid Day, May 25, 2021 through a live webinar.

The programme began with opening remarks by Dr Tulika Jha. Welcome address was given by Dr Bhaskar Pal. Dr Jayita Chakrabarti spoke on “Thyroid Disorders in Pregnancy” and Dr Biswajyoti Guha spoke on “Epilepsy in Pregnancy: The Challenges”. The Chairpersons for the session were Dr Barun Chakraborty and Dr Runa Bal.

Next, Dr Komal Chavan spoke on “Liver Disorders in Pregnancy” and Dr Dibyendu Banerjee spoke on “Pregnancy after Renal Transplant”. The Chairpersons for the session were Dr Kalpana Sarkar and Dr Sebanti Goswami.

177 doctors joined the academic meet.

Dr Ramprasad Dey offered the vote of thanks.



# RECENT EVENTS

## CME on Maternal Health

BOGS organized a CME on Maternal Health on June 11, 2021 through a live webinar.

The programme began with opening remarks by Dr Tulika Jha. Welcome address was by Dr Bhaskar Pal.

Dr Prantar Chakraborty (Haematologist) spoke on “Haemoglobinopathies in Pregnancy”, Dr Sanjay Gupte spoke on “Parenteral Iron in Pregnancy” and Dr Sajal Datta spoke on “Maternal Near Miss: An Indicator For Maternal Health Care”.

The Chairpersons for the session were Dr Bandana Biswas, Dr Ramprasad Dey and Dr Shaktirupa Chakraborty.

Dr Jayita Chakrabarti, offered the vote of thanks.



## CME on “COVID 2.0”

BOGS organized a CME on “COVID 2.0” on June 25, 2021 through a live webinar.

The programme began with opening remarks by Dr Ramprasad Dey.

Welcome address was by Dr Bhaskar Pal.

Dr Yogiraj Roy spoke on “COVID 2.0: Is it different?”, Dr Susmita Roychowdhury spoke on “Management of COVID in the Current Times”, Dr Partha Mukherjee spoke on “Managing COVID in Pregnancy” and Dr Chandrashish Chakraborty spoke on “COVID Vaccines: Options, Benefits & Efficacy”.

The Chairpersons for the session were Dr Ashish Kumar Mukhopadhyay, Dr Seetha Ramamurthy Pal and Dr Tulika Jha.

Dr Jayita Chakrabarti, offered the vote of thanks.



*Kolkata skyline captured by Dr Jayita Chakrabarti*





## RECENT EVENTS

### CME on World Population Day

On 11th July 2021, the society celebrated the World Population Day 2021 on a virtual platform.

The programme began with opening remarks by Dr Basab Mukherjee, Vice President, FOGSI.

Welcome address was by Dr Bhaskar Pal, President, BOGS.

After that Director of Medical Education, Dept of Health & Family Welfare, Govt. of West Bengal, Dr Debasis Bhattacharyya delivered a keynote address on "Are We Really Empowering Our Women to Choose their Contraceptives?".

Dr Ajoy Chakraborty, Director of Health Services, Dept of Health & Family Welfare, Govt. of West Bengal delivered a lecture on "Population Stabilisation in West Bengal: Current Scenario".

Dr M M Samsuzzoha spoke on "Choosing the Right Pill".

The Chairpersons for the session were Dr Arup Kumar Majhi, Dr Debjani Bhadra and Dr Ramprasad Dey.

Next, a CME was held which consisted of one symposia and a panel discussion on different aspects of population stabilization and family planning.



In session I, Dr Indrani Bhattacharyya, Chief Executive Officer, CINI spoke on "Population control & Women's Health: The Role of Non-Governmental Organisation (NGOs)", Dr Suchismita Roy, Visiting Faculty, Dept of Humanities & Social Sciences IIT, Jammu on "Socio-cultural aspects of Fertility and Population Stabilisation" and Dr Mandira Dasgupta on "Role of Comprehensive Abortion Care in Population Control".

Session Chairs were Dr Hiralal Konar, Dr Shaktirupa Chakraborty and Dr Seetha Ramamurthy Pal.

In session II, a Panel Discussion on "Population Stabilization: Are the Gynaecologists & NGOs Doing Enough?" was moderated by Dr Ashish Kumar Mukhopadhyay & Dr Jayita Chakrabarti. The panelists for the session were Dr Bipasa Sen (BOGS), Ms Chhanda Datta Chakraborty (FPAI), Dr Jyotsna Ghosh (PSS), Dr Nandini Chakraborty (BOGS), Dr Siuli Chanda Chakraborty (BOGS) and Mr. Sujoy Roy (WRAI & CINI).

Dr Sanjib Dutta (BOGS) coordinated the entire session well.

Closing Remarks & Vote of Thanks was offered by Dr Tulika Jha, Hony Clinical Secretary, BOGS.



### CME on World Safe Motherhood Day

BOGS celebrated World Safe Motherhood Day on April 11, 2021 through live webinar. The programme began with opening remarks by Dr Seetha Ramamurthy Pal, Hony Jt Clinical Secretary.

Dr Nozer Sheriar spoke on "Achieving Vaginal Births: How Do I Do It?", Dr Jaydeep Tank spoke on "Is There An Optimum CS Rate?" and Dr Jaideep Malhotra spoke on "Reducing Caesarean Sections: Strategies Beyond Robson's Criteria". The chairpersons for the session were Dr Basab Mukherjee, Dr Bhaskar Pal and Dr Tulika Jha.

Dr Ramprasad Dey spoke on "Etiology, Clinical Evaluation and Conservative Surgery in PAS", Dr Kushagrathi Ghosh spoke on "Prediction, Ultrasonographic evaluation and Prenatal Diagnosis of PAS" and Dr Ashish Kumar Mukhopadhyay spoke on "Surgical Management of PAS". The chairpersons for the session were Dr Jayita Chakrabarti, Dr Joydeb Roychowdhury, Dr Sajal Datta.

Dr Jayita Chakrabarti, Hony. Jt Secretary, BOGS offered the Vote of Thanks.

243 doctors attended the programme.



## RECENT EVENTS

### Milan (A NNF-Fogsi Joint Perinatal Meet)

MILAN (A NNF-FOGSI JOINT PERINATAL MEET) was organized by Neonatology Society of West Bengal and The Bengal Obstetric & Gynaecological Society on July 3-4, 2021 through a live webinar.

The programme began with welcome address by Dr Anup Kumar Mangal, State NNF President & Dr Bhaskar Pal, President, BOGS.

Dr Chinmayee Ratha spoke on “Anomaly Scan”, Dr Kanchan Mukherjee spoke on “Fetal surveillance including Doppler velocimetry”, Dr Susmita Chattopadhyay spoke on “Intrapartum Monitoring” and Dr Indrani Lodh spoke on “Implications of ART Pregnancy”. The Chairpersons for the session were Dr Basab Mukherjee and Dr Sudip Chakraborty.

Dr Sandeep Kadam spoke on “NRP update” and Dr Tapas Som spoke on “KMC & Breastfeeding”. The Chairpersons for the session were Dr Arup Roy and Dr Prasenjit Ghosh.

The next session was a case based panel discussion on “Outcomes of Fetal Malformations” where Dr Arun Manglik & Dr Kusagradhi Ghosh participated as Moderators. The

panelists were Dr Subhasis Saha, Dr Bijon Saha, Dr Seetha Ramamurthy Pal & Dr Mahua Bhattacharya.

Dr Ramprasad Dey spoke on “Antenatal Corticosteroids – Controversies”, Dr Urmila Pillai Ray spoke on “Cost-Effective Perinatal Interventions to Improve Preterm Outcome” and Dr Debjani Gupta spoke on “Newborn Screening”. The Chairpersons for the session were Dr Jaydeb Ray and Dr Tulika Jha.

Next, Dr Alpana Chhetri and Dr Bhaswati Ghoshal spoke on “Prevention of Neonatal Infections”, Dr Krishnakumari spoke on “When to deliver?” and Dr Sumita Saha spoke on “Resuscitation & Extreme Prematurity”. The Chairpersons for the session were Dr Anup Kumar Mangal and Dr Debasmita Mondal.

The next session was a case based panel discussion on “IUGR” where: Dr Dhiren Thakkar and Dr Sebanti Goswami participated as Moderators. The panelists were Dr Pushan Kundu, Dr Avishek Bhadra, Col. Dr Karthik Rammohan and Dr Brajagopal Ray.

Dr Ranjan Pejavar, President, NNF offered the Vote of Thanks.



### FOGSI CME on AUB

A CME on “AUB Known and Beyond-Update 3, AUB in Peri and Postmenopausal Women” was organized by The Endocrinology Committee of FOGSI on March 12, 2021 from 6 PM on the virtual platform.

It was organized in association with the Bengal, Bhubaneswar, Mohali, Pusad and Ludhiana OBG societies and Dr Rakhi Singh, Chairperson of the aforesaid committee, planned it in an interesting way. Five of our society members participated as faculty on behalf of BOGS.

Dr Sajal Kumar Datta and Dr Krishnendu Gupta chaired the first session which had two talks. Their co chairs were Dr Vineet Nagpal, Mohali, Dr Lata Agarwal, President of the Pusad O&G Society and Dr Jitendra Panda, President of the Bhubaneswar O&G society.

Dr Chaitanya Ganpule, CI Secretary, POGS and West Zone Co-ordinator of the Endocrinology Committee, FOGSI spoke on “Diagnostic Guidelines and Recent Updates” while Dr Rakhi Singh spoke on “Diagnostic Modalities & Management in Perimenopausal AUB”.

The second session was a case based panel discussion on AUB where Dr Susmita Chattopadhyay and Dr Jayita Chakrabarti participated as panelists. The other panelists were Dr Priti Jindal, President, Mohali O&G society, Dr Vidhu Modgil, President, Ludhiana O&G society, Dr Venus Bansal, Secretary, Ludhiana O&G society and Dr Sasmita Das, Professor at IMS & SUM hospital.

Dr Sunita Tandulwadkar, Chairperson, Maharashtra ISAR was the chief guest for the evening and Dr Mariam Khanam from BOGS was the MOC for the programme.

120 doctors attended the CME.

# PUBLIC AWARENESS PROGRAMME

## Public Awareness Programme at Lady Brabourne College

A Public Awareness Programme was organised at Lady Brabourne College on 24.11.2020 on a virtual platform. The coordinator Mrs Sangita Ghosh invited all the faculties of BOGS & Lady Brabourne College and the Students in this virtual meeting and requested the principal Mrs Siuli Sarkar to deliver her welcome address. The Principal, Mrs Sarkar, in her welcome address pointed that this type of programme will enrich knowledge of her students and will be very much helpful throughout their future life. She appreciated this type of public awareness programme by our Society and welcomed such type of programme in near future. Dr Basab Mukherjee the Moderator of this meeting welcomed Dr Bhaskar Pal, President of the BOGS to address the meeting. Dr Bhaskar Pal, President in his speech welcomed and invited the students to take active part in this programme. He also said that knowledge acquired from this programme will be helpful in their future life. Dr Basab Mukherjee showed some power point presentations to discuss Adolescent Health Problems including Cancer vaccines. Dr Bulbul Raichaudhuri, Dr Shaktirupa Chakraborty, Dr Suranjan Chakrabarti, Dr. Bipasa Sen and Dr Abinash Chandra Ray took active participation in the different aspects of adolescent health issues. Total number of students and faculties was 100.

## Public Awareness Programme on “Women’s Health” at Sushila Birla Girls’ School

A Public Awareness Programme was organised at Sushila Birla Girls’ School on January 30, 2021 on a virtual platform. Principal of SBGS Ms Koeli Dey welcomed all the doctors from BOGS & conveyed sincere thanks for selecting their school for this very important programme. Ms Soume Ghosh organized the whole programme. The coordinators of the programme were Ms Suman Agarwal and Mrs Shraddha Jain. Madam Renu Bubna took all the initiative to coordinate with the principal and all teachers & students of SBGS. On behalf of BOGS, the Hony Secretary, Dr. Ramprasad Dey delivered welcome address & introduced BOGS to the participants. An interactive panel discussion was moderated by Dr Basab Mukherjee and the panelists were Dr Abinash Chandra Ray, Dr Ashish Kumar Mukhopadhyay, Dr Nirmala Pipara, Dr Bulbul Raichaudhuri, Dr Shaktirupa Chakraborty and Dr Bipasa Sen. Discussion was on various problems of young adults including menstrual irregularities, PCO, cervical cancer vaccine and also mental health. The first 100 participants were in zoom link and many others in you tube. The programme was well appreciated by all.



## Public Awareness Programme at Bethune College

BOGS, in collaboration with Women’s Studies Centre, Bethune College organized a Public Awareness Programme & State Level Webinar on virtual platform on Women’s Health on 18.12.2020 - with participation of girl students aged 18-21 years from Bethune College.

The programme was inaugurated by Dr. Krishna Roy, Principal, Bethune College and introduction given by Ms. Nilanjana Bagchi, Director, Women’s Studies Centre.

On behalf of BOGS, the Hony Secretary, Dr Ramprasad Dey followed by Dr Abinash Chandra Ray, Vice President, BOGS introduced BOGS to the participants and informed about its activities.

An interactive panel discussion was moderated by Dr Basab Mukherjee - the panelists being Dr Bulbul Raichaudhuri, Dr Abinash Chandra Ray, Dr Nirmala Pipara, Dr Shaktirupa Chakraborty, Dr Suranjan Chakrabarti, Dr Mausumi De Banerjee and Dr Bipasa Sen. Discussion was on various problems of young adults including menstrual irregularities, PCO, cervical cancer vaccine and also mental health. The programme was attended by 180 students.

It was highly interactive and highly appreciated by them. The chat box was full of queries - which were answered by the panelists. The vote of thanks was given by Ms Nilanjana Bagchi.



## Public Awareness Programme & Cervical Cancer Screening Health Camp

Date: January 24, 2021

Venue: Vocational Training Institute, Budge Budge

Participating Organizations: BOGS and Rotary Club of Calcutta Kankurgachi & Budge Budge.

Faculty: Dr Dibyendu Banerjee, Dr Basab Mukherjee, Dr Tulika Jha

Examination: Blood Test (HB, Sugar), Monitoring Height, Weight, Blood Pressure, Pap Smear of 25 women for cervical cancer screening and BMD of 100 beneficiaries.



## Public Awareness Programme on “Women’s Health” at Howrah

A Public Awareness Programme was organized at Saini group of International Schools Howrah and Maheshtala on 04.02.21 from 6pm onwards on a virtual platform.

Ms Sanjeeda Asghar invited all the faculties of BOGS, teachers and the students in this virtual meeting and in her welcome address, she pointed that this type of program will enrich knowledge of her students and will be very much helpful throughout their future life. She appreciated this type of program by the Society and welcomed such type of program in near future.

Dr Mausumi De Banerjee the Moderator of this meeting welcomed Dr. Ramprasad Dey, Hony Secretary of the BOGS to deliver welcome address.

On behalf of BOGS, the Hony Secretary, Dr. Ramprasad Dey delivered welcome address & introduced BOGS to the participants.

Dr Mausumi De Banerjee then invited Dr Abinash Chandra Ray, Sr Vice President, BOGS to say a few words about our society’s activity.

An interactive panel discussion was moderated by Dr Basab Mukherjee & the panelists were Dr Abinash Chandra Ray, Dr Mausumi Dey Banerjee, Dr Pradip Kumar Mitra, Dr Nirmala Pipara, Dr Bulbul Raichaudhuri, Dr Shaktirupa Chakraborty, Dr Suranjan Chakrabarti, Dr Bipasa Sen and Ms. Somdatta Banerjee Clinical Psychologist.

Discussion was on Adolescent health of boys and girls with special stress on anaemia, HPV vaccination, Psychological aspects of COVID pandemic, too much use of mobile and net, role of parents, etc.

Principals of both the schools, teachers and students participated in the interactive discussions, first 100 participants were in zoom link and many others in you tube.

Vote of thanks was delivered by Ms Sanjeeda Asghar on behalf of MLZS Howrah, Ms Diya Das on behalf of MLZS Maheshtala and Dr Mausumi De Banerjee on behalf of BOGS.

The programme was organized by Dr Mausumi De Banerjee in coordination with Mrs Soma Debnath, the CEO of Saini group of International Schools.



## Public Awareness Program at Dakshin Subhasnagar

Dr Shaktirupa Chakraborty, Chairperson, Public Awareness Committee, BOGS read out the following report:

A Public Awareness Programme was held on a physical platform in association with CNCI, by PA Committee, BOGS, along with cancer screening (maintaining physical distance and mask etc on covid-19 protocol) on 06.03.21 at Dakshin Subhas Nagar, Baroaritala Durga Mandap, Subhas Nagar by lane, Dumdum Cantonment, Kol-65. This was in tune with FOGSI’s Cervical and Breast Cancer Screening Camps and Awareness Programme.

The organizer (Baroari Durga Mandap Mahila Samity) welcomed all the Doctor members of PA Committee and CNCI, to the dais with flower bouquets. The local Councilor thanked us for this noble service, inviting us for similar programs in the future.

Dr Abinash Chandra Ray, Sr. Vice President of BOGS introduced about the vast activities of BOGS throughout Kolkata and different districts of Bengal, all round the year. He also stated that cervical cancer is preventable with routine early checkups and available vaccination.

Dr Suranjan Chakrabarti moderated the session and discussed the importance of Cancer Cervix awareness, and also showed a self-breast examination video to make women aware of breast diseases including carcinoma breast.

Dr Bulbul Raichaudhuri, Dr Shaktirupa Chakraborty, Dr Nirmala Pipara, Dr Bipasa Sen, Dr Manisha Vernekar (BOGS Member) of CNCI talked in details about how to prevent this dreadful disease.

The audience interacted actively and their queries were answered by the doctors.

After this the members of the Public Awareness committee joined with the CNCI team for history taking and clinical examination including VIA and taking Pap smear from the women.

66 women were screened in total. Of them, 4 cases of smear were suspicious. Proper guidance for further measures were given to them.



# SPECIAL DAY CELEBRATIONS

## International Women's Day

Department of Obstetrics & Gynaecology, B R Singh Hospital celebrated International Women's Day on 8/3/2021 as a part of FOGSI's Cervical and Breast Cancer Screening Camps and Awareness Programme.

Total 36 Registrations were done. 6 Lady Doctors, 22 Nursing staffs, 8 female attendants attended the camp. Health check-ups provided were: 1. Comprehensive Blood test; 2. Cervical Pap Smear test; 3. Breast examination & physical examination.



## International Yoga Day

BOGS & Kolkata Menopause Society along with JRS Mahila Mondal and Jain Conference celebrated International Yoga Day on 21.6.2021 on a virtual platform between 11.00 am to 12.30 pm. Dr Ratnabali Chakraborty, Past President, IMS gave an introductory lecture on various activities done by KMS.

Dr Bhaskar Pal, President, BOGS gave welcome address to all the doctors & delegates.

Live YOGA demonstration was given by Mrs. Jyoti Verma, a postgraduate Yoga & Science of Living. She is a Yoga Consultant at ITC Sonar. She showed various Mudras, Asans, Pranayamas and many postures to keep body & mind fit, healthy & cool. There were 70 participants. Everyone enjoyed the programme. It was a grand success.



## Doctors' Day

BOGS celebrated Doctors' Day in a unique way on 1st July, 2021. In the midst of 2nd wave of Covid 19 Pandemic, BOGS in association with Life Care Blood Bank & Rotary Club of Calcutta Kankurgachi organized a voluntary blood donation camp taking all the measures of sanitation and social distancing. During the fear of pandemic 25 doctors donated blood on this auspicious day.

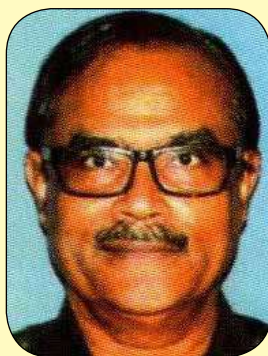
BOGS members led by Dr Bhaskar Pal, President and Dr Ramprasad Dey, Hony Secretary also paid their respect and took the pledge to continue to honour the profession by garlanding Dr B C Roy's Statue, next to Unnayan Bhavan, Salt Lake, Kolkata.



## Obituary



Dr Anima Sengupta (Biswas)



Dr Bidyut Bhattacharyya



Dr Dilip Kumar Chakraborty



Dr Meena Guha



Dr Partha Pratim Laha



Dr Prasanta Mukherjee



Dr Rashmi Khandelwal



Dr S M Bhattacharyya



Dr Subrata Dutta

**“Death is not the greatest loss in life.  
The greatest loss is what dies inside us while we live”**

The past year has been very cruel and many lives have been lost, several from our own fraternity.

Nine of our dear BOGSIANS have been lost to fate and we deeply mourn their demise and convey our sincere condolences to their bereaved families. They may have left us but they will always dwell in our hearts.

*“Our dead are never dead to us until we have forgotten them”*  
George Eliot



# The Bengal Obstetric & Gynaecological Society

## MANAGING COMMITTEE 2021-2022



Dr Bhaskar Pal  
*President*



Dr Ramprasad Dey  
*Hony Secretary*



Dr Dibyendu  
Banerjee  
*Immediate Past  
President*



Dr Abinash Chandra  
Ray  
*Sr Vice President*



Dr Mausumi De  
Banerjee  
*2nd Vice President*



Dr Basab Mukherjee  
*3rd Vice President*



Dr Amit Basu  
*Hony Treasurer*



Dr Jayita Chakrabarti  
*Hony Jt Secretary*



Dr M M Samsuzzoha  
*Immediate Past Hony  
Secretary*



Dr Tulika Jha  
*Hony Clinical Secretary*



Dr Seetha Ramamurthy  
Pal  
*Hony Jt Clinical Secretary*

## MEMBERS



Dr Alpana  
Chhetri



Dr Avishek  
Bhadra



Dr Barun  
Chakraborty



Dr Bipasa Sen



Dr Biswajyoti  
Guha



Dr Bulbul  
Raichaudhuri



Dr Chaitali  
Datta Ray



Dr Debasmita  
Mandal



Dr Dipanwita  
Banerjee



Dr Mahua  
Bhattacharya



Dr Nirmala  
Pipara



Dr Saktirupa  
Chakraborty



Dr Sebanti  
Goswami



Dr Sujoy  
Dasgupta



Dr Suranjan  
Chakrabarti



Dr Susmita  
Chattopadhyay

## M C MEMBERS (JR)



Dr Mariam  
Khanam



Dr Poushali  
Sanyal



Dr Soma  
Basak



Dr Abhinibesh  
Chatterjee



Dr Alok  
Basu



Dr Kalpana  
Sarkar

## SPECIAL INVITEES

**New Members****Annual Members**

Dr Ankita Mondal, Dr Surajit Hazra, Dr Udayan Mitra, Dr Dipro Saha, Dr Bidisha Baidya, Dr Tarana Hoque, Dr Asif Kamal, Dr Nirupama Dey, Dr Poulami Sarkar, Dr Pinky Biswas, Dr Bidisha Mallick, Dr Soukhin Acharya, Dr Farheen Rahman, Dr Bishista Bagchi, Dr Haripada Das, Dr Punam Kumari, Dr Tanushree Paul, Dr Ghazala Shahid, Dr Piyali Das, Dr Debaleena De, Dr Rituparna Das, Dr Kalyanbrata Ghosh, Dr Debasish Chattopadhyay, Dr Anindita Mondal, Dr Zuka Bint Kamal, Dr Priyanka Kumari, Dr Sandhta Dwivedi, Dr Nikita Achal, Dr Soumi Banerjee, Dr Tuhin Subhra Roy, Dr Preeti Gupta, Dr Sanjukta Das, Dr Sweta Ghosh, Dr Sulagna Mandal, Dr Nikita, Dr Amit Kumar Mandal, Dr Arpita Saha, Dr Somya Singh, Dr Abha Aishwarya, Dr Suparna Biswas, Dr Mridula Bhardwaj, Dr Priya Bag, Dr Prasenjit Sarkar, Dr Satadip Deb Roy, Dr Arunima Mitra, Dr Dipika Roy, Dr Lisley Konar, Dr Paulami Pakhira, Dr Ranjusree Mandal, Dr Asima Das, Dr Amit Kumar Halder, Dr Somasree Gharami, Dr Ritwik Priyam Das, Dr Divya S, Dr Pallab Roy, Dr Subhendu Bhowmick, Dr Madhurima Bhowmick, Dr Asha Aprem, Dr Chhamauddin Sardar, Dr Soumendra Patra, Dr Saumalya Mani, Dr Mayuri, Dr Pritilata, Dr Debasree Gangopadhyay, Dr Biswajit Manna, Dr Kamalika Das, Dr Amrit Mondal, Dr Debapriya Kundu, Dr Shaheen Akhter, Dr Partha Ghosh, Dr Shovandeb Kalapahar, Dr Jayanta Kumar Biswas, Dr Dipanjan Roy, Dr Sujatha Das, Dr Soumya Mukherjee, Dr Nadeem Akram, Dr Priyanka Kumari, Dr Manik Mandal, Dr Farida Iqbal, Dr Aakanksha Gupta, Dr Sukumar Saren, Dr Kaushik Datta Pramanik, Dr Mojaffar Hossain, Dr Srinka Mukherjee, Dr Sumana Pal, Dr Kumari Anshu Lata, Dr Shreeja Bagchi, Dr Shaurya Basak, Dr Shayoni Dutta, Dr Partha Mukherjee, Dr Sukamal Jana, Dr Pavel Mitra, Dr Aishwarya Bhattacharyya, Dr Archi Ghanti, Dr Khusboo Agarwal, Dr Dimple Mishra, Dr Sohini Chaudhury, Dr Rajesh Karmakar, Dr Santosh Banik, Dr Ayantika Chakrabarti, Dr Bheshna Sahu, Dr Barsarani Dash, Dr Srishti Needhi, Dr Debopriya Das, Dr Akanksha Chaturvedi, Dr Sripriya Nopany, Dr Shipra Agarwal, Dr Shefali Kumari, Dr Ishita Amitabh Sinha, Dr Sohini Sen, Dr Krutika Sawant

## Academic Partners of BOGS 2021-2022

