



TNFOG

Tamil Nadu Federation of Obstetricians & Gynaecologists



Heart Disease in Pregnancy

e News Letter

9th June 2023



TNFOG

Tamil Nadu Federation of Obstetricians & Gynaecologists



President's Message



Dear friends,

Warm Greetings to all TNFOG members. Heart disease in pregnancy, though rare, is potentially serious. It is a major contributor to Maternal mortality. Pregnancy in a woman with existing cardiac disease should be carefully planned and once a pregnant woman is identified to have cardiac disease, must be properly managed.

The basic cardiovascular changes in pregnancy & congenital heart disease will be discussed by yuva speakers .

TNPHDR , which is aimed to provide data on incidence of Maternal & Fetal outcome in heart disease is going to be explained by Dr. Justin Paul. Also panel discussion on case scenarios headed by Dr. Chitra will definitely throw light on proper management of patients.

Once again welcome all to this important scientific CME.

Thank you.

Dr. Revathy Janakiram

President, TNFOG



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Tamil Nadu Federation of Obstetricians & Gynaecologists



Secretary's Message



Dear Members

Our TNFOG Marathon CME done on second Friday of every month since Two & Half years with single theme.

This CME has 3 sessions

First - For Yuvas- Judged by same consultants throughout the year & best 2 speaker awarded at Annual conf

Second - by senior consultant

Third - Panel discussion with case scenarios

This month CME theme is "Heart disease complicating Pregnancy."

The incidence is < 2% only but many time it is not diagnosed earlier & diagnosed during Pregnancy. Better to have at least ECG for all AN patients to avoid complications. We will work together to reduce MMR.

Hope this E Newsletter will be useful for PGs, Yuvas & consultants to update their knowledge

We conduct quiz at the end of sessions & Prizes given for Delegates.

Hence called " Marathon CME"

Thank you.

Dr. S. Sampathkumari

Secretary, TNFOG



CONGENITAL HEART DISEASE IN PREGNANCY



Dr. Boomika Gunasingh M.S

Senior resident
Aarupadai Veedu medical college

Progress in medical and surgical treatment has resulted in women with congenital heart disease surviving to child-bearing years and proceeding with pregnancy and childbirth. The women with congenital heart disease who are planning conception or are pregnant should be risk stratified. The risk stratification can be done using:

1. Modified WHO classification.
2. ZAHARA score
3. CARPREG risk score

Preconceptional counselling:

All women of reproductive age with CHD should be counselled regarding pregnancy by their medical care provider. Counselling should include a discussion of the anticipated impact of pregnancy on maternal heart disease and the importance of pregnancy planning, including effective contraceptive options. In women with complex CHD The discussion should include the possibility that pregnancy may contribute to decline in maternal cardiac status and that may not recover to baseline after pregnancy. Finally, it is important to stress that women with complex CHD must be managed in a tertiary care centre under the multidisciplinary approach of cardiologist, obstetrician, anesthesiologist and neonatologist. Preconceptional evaluation of patients with complex CHD with ECG, comprehensive echocardiogram, Stress test and other invasive testing if required is done. The drugs are reviewed, and appropriate adjustments are made to teratogenic drugs.

PRENATAL CARE:

Prenatal care is individualized on the basis of the patient's maternal risk and functional capacity. The frequency of follow up visits to cardiologist based on the Modified WHO classification is as follows.

Class I- one or two visits in pregnancy

Class II- Every trimester to monthly

Class III- Monthly to twice a month visit



Comprehensive fetal echocardiography is done at 18-22 weeks. Planning and contingencies for delivery should be finalized in the third trimester.

LABOUR:

In women with functionally mild unrepaired congenital heart disease, and in women who have undergone successful cardiac surgery without major residua the management of labour and delivery is the same as for normal pregnant women, except for potential increase in risk of infective endocarditis. ACOG recommends elective induction of labour under controlled conditions. Careful consideration should be given to maternal benefit versus neonatal risk when elective delivery before 39 weeks is contemplated because induction of labor may be less successful at earlier gestational ages. Labour should be conducted in a right or left lateral tilt position to maximize maternal hemodynamic stability. Vaginal delivery with adequate relief of pain with parental narcotic analgesics or epidural anesthesia is generally preferred. Second stage should be cut short with forceps or vacuum delivery. Caesarean is reserved for obstetric indications. Valsalva maneuvers should be discouraged in patients with significant cardiac disease.

Postpartum care:

The high risk patients or for the patients who have demonstrated signs of decompensation during pregnancy or delivery period, management in an intensive care unit for the first 24 to 48 hours after delivery for hemodynamic monitoring should be considered.

Contraception:

Combined oral contraceptives can be used in women at low risk for thromboembolic complications

Intrauterine device is an option for acyanotic or mildly cyanotic women. Levonorgestrel releasing intrauterine device can be inserted four weeks postpartum to minimize the incidence of spontaneous expulsion.

Depot provera is inappropriate for patients with heart failure because of its tendency to cause fluid retention.



Prosthesis valve and anti-coagulation



Dr TV CHITRA

MD, DGO, DNB

Choice of valve prosthesis:

When implantation of a prosthetic valve is unavoidable in a woman who wants to become pregnant in the future, valve selection is challenging. Mechanical valves offer excellent haemodynamic performance and long-term durability, but the need for anticoagulation increases maternal and fetal mortality and morbidity, and the risk of major cardiac events during pregnancy is much higher than with bioprosthetic valves.

However, bioprosthetic valves in young women are associated with a high-risk of structural valve deterioration, and eventually in the inevitable need for re-operation.

Pregnancy risk with bioprostheses:

The risk of maternal cardiovascular complications in women with a bioprosthesis is low. However, when significant bioprosthesis dysfunction is present, the risk of complications can be significant.

Mechanical prostheses and anticoagulation:

In women with mechanical valves, pregnancy is associated with a very high-risk of complications (WHO risk classification III).

Maternal risk:

The risk of valve thrombosis is markedly increased during pregnancy. The risk is lower with adequate dosing of anticoagulant therapy, and depends on the type and position of the mechanical valve,

UFH in the first trimester or throughout pregnancy indicates a high-risk of valve thrombosis (9–33%); additional risks are thrombocytopenia and osteoporosis.



LMWH throughout pregnancy with anti-Xa monitoring and dose adjustment according to peak levels carries a valve thrombosis risk of 4.4–8.7%.

Current evidence (lacking adequate randomized studies) indicates that the use of VKAs throughout pregnancy, under strict INR control is the safest regimen to prevent valve thrombosis. LMWH is possibly superior to UFH for preventing valve thrombosis.

Obstetric and offspring risk:

VKAs during the first trimester are associated with an increased risk of miscarriage compared with LMWH or UFH (28.6% vs. 9.2%). Foetal loss is dose-related (foetal loss rate with low-dose VKA is 13.4–19.2%,. Foetal loss rate with a combined heparin/VKA regimen is 22.7%, and with LMWH throughout pregnancy is 12.2%.

VKA use in the first trimester results in embryopathy (limb defects, nasal hypoplasia) in 0.6–10%. 0.7–2% risk of foetopathy (e.g., ocular and central nervous system abnormalities, intracranial haemorrhage) with VKAs in the second and third trimester.

UFH and LMWH do not cross the placenta, therefore substitution of VKA with UFH or LMWH in weeks 6–12 almost eliminates the risk of embryopathy.

Medical therapy:

The advantages and disadvantages of different anticoagulation regime should be discussed extensively before pregnancy. The maternal and fetal advantage and disadvantage of each regime should be explained in detail.

Continuation of VKAs throughout pregnancy should be considered when the VKA dose is low, 5mg. The target INR should be chosen according to current guidelines.

Alternatively, a switch to LMWH from weeks 6–12 under strict monitoring may be considered in patients with a low dose requirement.

When a higher dose of VKAs is required >5mg of warfarin, discontinuation of VKAs between weeks 6 and 12, and replacement with adjusted-dose UFH or LMWH twice daily with dose adjustment according to peak anti-Xa levels, should be considered.

Alternatively, continuation of VKAs may be considered in these patients after fully informed consent. The starting dose for LMWH is 1 mg/kg body weight for enoxaparin and 100 IU/kg for dalteparin, twice daily subcutaneously.

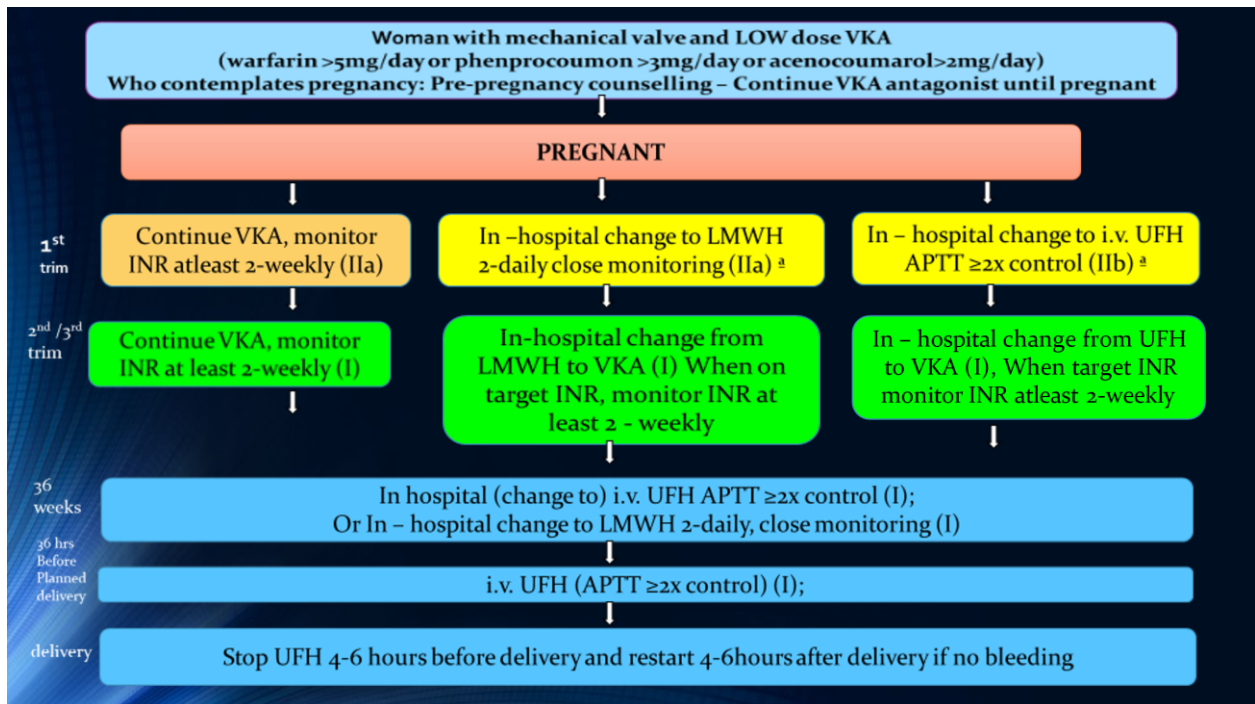
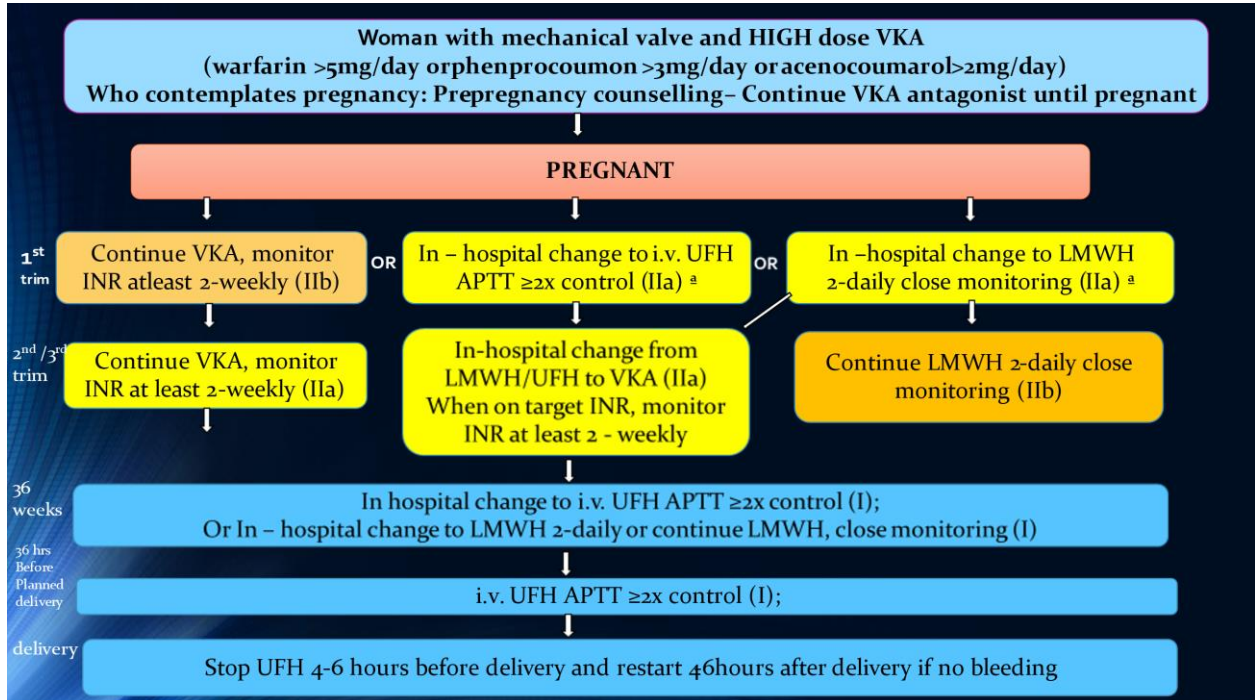
The dose should be adjusted daily according to peak anti-Xa levels and the target anti-Xa levels: 1.0–1.2 U/ml (mitral and right sided valves) or 0.8–1.2 U/ml (aortic valves) 4–6 hours post-dose.

When UFH is used, after a stable a PTT has been achieved, UFH should be monitored weekly using a PTT, with a prolongation of > 2 times the control.

The effectiveness of the anticoagulation regimen should be monitored weekly or every 2 weeks depending on the anticoagulation regimen.

At 36 weeks change to UFH/LMWH if patient is on VKA. Planned delivery is necessary. 36 hrs prior to delivery change over to UFH. Stop UFH 4-6hrs before surgery and restart UFH 4-6 hrs following normal delivery and 12hrs following a LSCS. Restart warfarin, continue both for 3 days, check INR and then only VKA alone may be continued.

Following is the flow chart showing the dose schedule.





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Newer anticoagulants:

Fondaparinux is a synthetic version of heparin & is like a LMWH. It is administered SC and dose is 2.5mgs daily for prophylaxis and 7.5 mgs for therapeutic. Can be used in HIT and there is no placental transfer.

There are 4 newer DOAC- direct oral anti coagulants in the market. Dabigatran . rivaroxaban, apixaban and edoxaban. DOAC require less monitorinf, less drug interaction, have immediate onset and offset.

Conclusion:

Anti coagulation involves maternal and fetal risks. It is necessary to reduce maternal risks by and large, taking into consideration that the fetal risk is minimised to the maximum extent, A proper counselling and compliance to therapy is necessary.



HIGH RISK PREGNANCY

**SOUTH ZONE
VICE PRESIDENT
CONFERENCE 2023**
KODAIKANAL



HRPCON 2023

Theme: High risk pregnancy



at **Kodai International,
Kodaikanal**



**11th to 13th
AUGUST 2023**



Dr. Hrishikesh D. Pai
President - FOGSI



Dr. Madhuri Patel
Secretary General- FOGSI



Dr. S. Sampathkumari
Vice President - South Zone FOGSI
Organizing Chairperson



Dr. Jothi Sundaram
Organizing Chairperson



Dr. B. Kalpana
Organizing Secretary

ICOG Credit
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Tamilnadu
Medical Council
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For Information to Contact : 87543 04562 | 96291 77774 | 98403 00907

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SOUTH ZONE VICE PRESIDENT CONFERENCE 2023

KODAIKANAL



Dear Friends,

On behalf of the Organizing Committee, we are pleased to announce the conduct of FOGSI South Zone Conference at Kodaikanal, Tamilnadu, on 11,12,& 13th August 2023 @ Kodai International Hotel.

Our aim is to bring together young Obstetricians & Gynaecologists, Doyens of the industry and Researchers in this field to share their knowledge.

This Conference has a variety of academic feast as there are International & National experts taking part to make this program extremely effective. The Workshops are led by experts and will keep all the participants on the leading edge of their field.

Kodaikanal is a hill town in Tamilnadu at 2000 meters above the sea level. It is set in an area of Granite cliffs, forested valleys, lakes, water falls & Grassy hills, thus making a perfect setting for a Conference.

We look forward to meeting you all personally and welcome your participation in various social events planned.

Dr. S. Sampathkumari
Vice President - South Zone FOGSI
Organizing Chairperson





**SOUTH ZONE
VICE PRESIDENT
CONFERENCE 2023**
KODAIKANAL



PRE CONFERENCE WORKSHOPS

10th August 2023

- **Workshop 1 - PICSEP Programme - Research Methodology**

11th August 2023

- **Workshop 2 - Infertility Committee - Basic**
- **Workshop 3 - Infertility Committee - Advanced**
- **Workshop 4 - Safe Motherhood Committee**
- **Workshop 5 - MTP & Family Welfare Committee**
- **Workshop 6 - Foetal Medicine with Imaging**
- **Workshop 7 - CTG & Partogram**
- **Workshop 8 - Manyata FOGSI**
- **Workshop 9 - Breast Committee**
- **Honouring Societies**
- **Mr. & Mrs. Peagent Show**
- **Gala Dinner**

12th August 2023

- **06.30 a.m. - 07.30 a.m. Adolescent Rally
Awareness Programme**



CONFERENCE PROGRAM

**12th AUGUST 2023
SATURDAY**

HALL - A HEART DISEASE COMPLICATING PREGNANCY

Time	Topic
09.00 a.m. - 09.30 a.m.	Capsules
09.00 a.m. - 09.10 a.m.	Carpreg Scoring
09.10 a.m. - 09.20 a.m.	Routine Antenatal Echo
09.20 a.m. - 09.30 a.m.	Second Stage of Labour
09.30 a.m. - 10.10 a.m.	PANEL DISCUSSION - Early Pregnancy and Heart Disease
10.10 a.m. - 10.30 a.m.	Tea Break
10.30 a.m. - 11.30 a.m.	Lectures
10.30 a.m.-10.45 a.m.	Antibiotics in Heart Disease
10.45 a.m.-11.00 a.m.	Thromboprophylaxis in Heart Disease
11.00 a.m.-11.15 a.m.	Postpartum depression
11.15 a.m.-11.30 a.m.	Need for Cardio Obstetrics in India?
11.30 a.m. - 12.30 p.m.	Orations
11.30 a.m.-12.00 noon.	Oration by Dr. Hrishikesh D. Pai
12.00 noon.-12.30 p.m.	Oration by Dr. Kurian Joseph
12.30 p.m. - 01.10 p.m.	Key Note Address
12.30 p.m. - 12.50 p.m.	ICU Management in Heart Disease
12.50 p.m. - 01.10 p.m.	Promote Maternal Health & Prevent Stillbirth
01.10 p.m. - 02.00 p.m.	Lunch Break
02.00 p.m. - 03.00 p.m.	Dialogues
02.00 p.m. - 02.20 p.m.	Vacuum / Forceps
02.20 p.m. - 02.40 p.m.	Heparin / Enoxaprin
02.40 p.m. - 03.00 p.m.	Induction of Labour
03.00 p.m. - 03.40 p.m.	PANEL DISCUSSION - Heart Disease and Late Pregnancy
03.40 p.m.- 04.00 p.m.	Debate
	Women's Golden Period
	Youth Life
	As Wife
04.00 p.m. - 04.30 p.m.	HIFI 5x5
	Foetal ECHO
	Rule of 5
	Primary Pulmonary Hypertention
	Infective Endocarditis
	Peripartum Cardiomyopathy



**12th AUGUST 2023
SATURDAY**

**HALL - B
HDP IN PREGNANCY**

Time	Topic
09.00 a.m. - 09.30 a.m.	Capsules
09.00 a.m. - 09.10 a.m.	Gestosis score
09.10 a.m. - 09.20 a.m.	Fallacies in BP measurement
09.20 a.m. - 09.30 a.m.	HDP & Abruption
09.30 a.m. - 10.10 a.m.	PANEL DISCUSSION - HDP - Case Scenarios
10.10 a.m. - 10.30 a.m.	Tea Break
10.30 a.m. - 11.30 a.m.	Lectures
10.30 a.m. - 10.45 a.m.	ASPRE Trial
10.45 a.m. - 11.00 a.m.	PIERS Model
11.00 a.m. - 11.15 a.m.	HELLP
11.15 a.m. - 11.30 a.m.	MGSO4 Venous Regimen
11.30 a.m. - 12.30 p.m.	Orations
11.30 a.m.-12.00 noon.	Oration by Dr. Hrishikesh D. Pai
12.00 noon.-12.30 p.m.	Oration by Dr. Kurian Joseph
12.30 p.m. - 01.10 p.m.	Key Note Address
12.30 p.m. - 12.50 p.m.	DIC in obstetrics
12.50 p.m. - 01.10 p.m.	Anaemia new insights
01.10 p.m. - 02.00 p.m.	Lunch Break
02.00 p.m. - 03.00 p.m.	Dialogues
02.00 p.m. - 02.20 p.m.	Labetalol vs Nifedipine
02.20 p.m. - 02.40 p.m.	Antiepileptic other than MGSO4
02.40 p.m. - 03.00 p.m.	Neuro imaging
03.00 p.m. - 03.40 p.m.	PANEL DISCUSSION - HT & FGR
03.40 p.m.- 04.10 p.m.	Debate
	Evidence
	Experience
04.10 p.m. - 04.40 p.m.	HIFI 5x5
	Follow up of Preeclampsia
	Prevention of Preeclampsia
	Proteinuria
	Role of Glucocorticoids
	Pritchard regime



12th AUGUST 2023
SATURDAY

HALL - C
GDM IN PREGNANCY

Time	Topic
09.00 a.m. - 09.30 a.m.	Capsules
09.00 a.m. - 09.10 a.m.	DM capital - India ?
09.10 a.m. - 09.20 a.m.	HAPO Trial
09.20 a.m. - 09.30 a.m.	Alcoholis Trial
09.30 a.m. - 10.10 a.m.	PANEL DISCUSSION - GDM
10.10 a.m. - 10.30 a.m.	Tea Break
10.30 a.m. - 11.30 a.m.	Lectures
10.30 a.m. - 10.45 a.m.	DIPSI vs IADPSG
10.45 a.m. - 11.00 a.m.	PCOS leading to GDM
11.00 a.m. - 11.15 a.m.	Acarbose - The newest roll
11.15 a.m. - 11.30 a.m.	Glucose monitoring during Labour
11.30 a.m. - 12.30 p.m.	Orations
11.30 a.m.-12.00 noon.	Oration by Dr. Hrishikesh D. Pai
12.00 noon.-12.30 p.m.	Oration by Dr. Kurian Joseph
12.30 p.m. - 01.10 p.m.	Key Note Address
12.30 p.m. - 12.50 p.m.	Diabetes begets Diabetes
12.50 p.m. - 01.10 p.m.	Debate : Insulin / OHA
01.10 p.m. - 02.00 p.m.	Lunch Break
02.00 p.m. - 03.00 p.m.	Dialogues
02.00 p.m. - 02.20 p.m.	USG early fetus
02.20 p.m. - 02.40 p.m.	Macrosomia / LGA
02.40 p.m. - 03.00 p.m.	Hyperhomo Cysteinaemia
03.00 p.m. - 03.40 p.m.	PANEL DISCUSSION - PRE GDM
03.40 p.m.- 04.10 p.m.	Debate
	Pregnancy beyond 40 yrs. Is a risk for GDM
	Yes
	No
04.10 p.m. - 04.40 p.m.	HIFI 5x5
	Pathies in DM
	Anomalies in DM
	MNT how effective
	Thalasemia - how important?



**12th AUGUST 2023
SATURDAY**

**HALL - D
INFECTIONS IN PREGNANCY**

Time	Topic
09.00 a.m. - 09.30 a.m.	Capsules
09.00 a.m. - 09.10 a.m.	Covid Vaccine
09.10 a.m. - 09.20 a.m.	Markers of infection CRP, Procalcitonin
09.20 a.m. - 09.30 a.m.	H1N1
09.30 a.m. - 10.10 a.m.	PANEL DISCUSSION - Infections in Pregnancy
10.10 a.m. - 10.30 a.m.	Tea Break
10.30 a.m. - 11.30 a.m.	Lectures
10.30 a.m. - 10.45 a.m.	Dengue
10.45 a.m. - 11.00 a.m.	Malaria
11.00 a.m. - 11.15 a.m.	Chorioamnionitis
11.15 a.m. - 11.30 a.m.	UTI
11.30 a.m. - 12.30 p.m.	Orations
11.30 a.m.-12.00 noon.	Oration by Dr. Hrishikesh D. Pai
12.00 noon.-12.30 p.m.	Oration by Dr. Kurian Joseph
12.30 p.m. - 01.10 p.m.	Key Note Address
12.30 p.m. - 12.50 p.m.	Vaccinations in Pregnancy
12.50 p.m. - 01.10 p.m.	Telemedicine in obstetrics
01.10 p.m. - 02.00 p.m.	Lunch Break
02.00 p.m. - 03.00 p.m.	Dialogues
02.00 p.m. - 02.20 p.m.	TORCH - AN period
02.20 p.m. - 02.40 p.m.	Chicken pox AN period
02.40 p.m. - 03.00 p.m.	Surgical Site Infection
03.00 p.m. - 03.40 p.m.	PANEL DISCUSSION - Thyroid in Pregnancy
03.40 p.m.- 04.10 p.m.	Debate
	Routine antibiotics in labour
	Yes
	No
04.10 p.m. - 04.40 p.m.	HIFI 5x5
	GBS in Pregnancy
	PROM - Role of antibiotics
	Indwelling catheter
	Thyroid storm
	Beta HCG in Molar Pregnancy
	CULTURALS
	BANQUET



13th AUGUST 2023
SUNDAY

HALL - A
MULTIPLE PREGNANCY

Time	Topic
06.00 a.m.	INDOOR GAMES
08.30 a.m. - 09.00 a.m.	Capsules
08.30 a.m. - 08.40 a.m.	Chorionicity in Diagnosis
08.40 a.m. - 08.50 a.m.	NT screening in Twins
08.50 a.m. - 09.00 a.m.	Selective foetal reduction
09.00 a.m. - 09.45 a.m.	Symposium
09.00 a.m. - 09.15 a.m.	Transfusion Transmitted Infections (TTIS)
09.15 a.m. - 09.30 a.m.	SIFUD
09.30 a.m. - 09.45 a.m.	Tocolysis in twins
09.45 a.m. - 10.30 a.m.	PANEL DISCUSSION - Multiple Pregnancy
10.30 a.m. - 10.45 a.m.	Tea Break
10.45 a.m. - 11.45 a.m.	Orations
10.45 a.m. - 11.15 a.m.	Oration by Dr. P.K. Shah
11.15 a.m. - 11.45 a.m.	Oration by Dr. S. Sampath Kumari
11.45 a.m. - 12.15 p.m.	Key Note Address
11.45 a.m. - 12.05 p.m.	Optimising time & route of delivery
12.05 p.m. - 12.25 p.m.	Higher order multiple births what to do?
12.15 p.m. - 01.05 p.m.	Dialogues
12.25 p.m. - 12.45 p.m.	Routine progesterones
12.45 p.m. - 01.05 p.m.	Routine cerclage
01.05 p.m. - 01.30 p.m.	VALEDICTORY FUNCTION





13th AUGUST 2023
SUNDAY

HALL - B
JAUNDICE IN PREGNANCY

Time	Topic
08.30 a.m. - 09.00 a.m.	Capsules
08.30 a.m. - 08.40 a.m.	Gall stone in Pregnancy
08.40 a.m. - 08.50 a.m.	HBS antigen is screening effective?
08.50 a.m. - 09.00 a.m.	Long term sequale of Hepatitis B
09.00 a.m. - 09.45 a.m.	Symposium
09.00 a.m. - 09.15 a.m.	HCV is it worth screening
09.15 a.m. - 09.30 a.m.	Obesity in Pregnancy
09.30 a.m. - 09.45 a.m.	Near Miss audit
09.45 a.m. - 10.30 a.m.	PANEL DISCUSSION - PPH
10.30 a.m. - 10.45 a.m.	Tea Break
10.45 a.m. - 11.45 a.m.	Orations
10.45 a.m. - 11.15 a.m.	Oration by Dr. P.K. Shah
11.15 a.m. - 11.45 a.m.	Oration by Dr. S. Sampath Kumari
11.45 a.m. - 12.15 p.m.	Key Note Address
11.45 a.m. - 12.05 p.m.	Prenatal Screening What, When, Why ?
12.05 p.m. - 12.25 p.m.	AFLP
12.15 p.m. - 01.05 p.m.	Dialogues
12.15 p.m. - 12.35 p.m.	Imaging in Hepatitis
12.35 p.m. - 12.55 p.m.	Maternal collapse
12.55 p.m. - 01.05 p.m.	Discussion
01.05 p.m. - 01.30 p.m.	VALEDICTORY FUNCTION



13th AUGUST 2023
SUNDAY

HALL - C
FAMILY PLANNING

Time	Topic
08.30 a.m. - 09.00 a.m.	Capsules
08.30 a.m. - 08.40 a.m.	Implanon
08.40 a.m. - 08.50 a.m.	LAM
08.50 a.m. - 09.00 a.m.	Clips
09.00 a.m. - 09.45 a.m.	Symposium
09.00 a.m. - 09.15 a.m.	Dienogest
09.15 a.m. - 09.30 a.m.	Droperinone
09.30 a.m. - 09.45 a.m.	Step by Step NDVH
09.45 a.m. - 10.00 a.m.	Scar Ectopic
10.00 a.m. - 10.30 a.m.	Lectures
10.00 a.m. - 10.15 a.m.	Lap - Non Tubal Ectopic
10.15 a.m. - 10.30 a.m.	Lap Circlage
10.30 a.m. - 10.45 a.m.	Tea Break
10.45 a.m. - 11.45 a.m.	Orations
10.45 a.m. - 11.15 a.m.	Oration by Dr. P.K. Shah
11.15 a.m. - 11.45 a.m.	Oration by Dr. S. Sampath Kumari
11.45 a.m. - 12.15 p.m.	Key Note Address
11.45 a.m. - 12.05 p.m.	Indian innovation in OBG
12.05 p.m. - 12.25 p.m.	Medico Legal implications
12.15 p.m. - 01.05 p.m.	Dialogues
12.25 a.m. - 12.45 p.m.	LNG vs Cut
12.45 a.m. - 01.05 p.m.	Lap st. vs Minilap
01.05 p.m. - 01.30 p.m.	VALEDICTORY FUNCTION





13th AUGUST 2023
SUNDAY

HALL - D
MISCELLANEOUS

Time	Topic
08.30 a.m. - 09.00 a.m.	Capsules
08.30 a.m. - 08.40 a.m.	PUQE score in NVP
08.40 a.m. - 08.50 a.m.	Antishock Garment
08.50 a.m. - 09.00 a.m.	Robsons Criteria
09.00 a.m. - 09.45 a.m.	Symposium
09.00 a.m. - 09.15 a.m.	DTA
09.15 a.m. - 09.30 a.m.	Breech Delivery
09.30 a.m. - 09.45 a.m.	VBAC are we doing?
09.45 a.m. - 10.30 a.m.	PANEL DISCUSSION - Preterm Labour
10.30 a.m. - 10.45 a.m.	Tea Break
10.45 a.m. - 11.45 a.m.	Orations
10.45 a.m. - 11.15 a.m.	Oration by Dr. P.K. Shah
11.15 a.m. - 11.45 a.m.	Oration by Dr. S. Sampath Kumari
11.45 a.m. - 12.15 p.m.	Key Note Address
11.45 a.m. - 12.05 p.m.	Teenage Pregnancy
12.05 p.m. - 12.25 p.m.	Placenta Accreta Spectrum
12.15 p.m. - 01.05 p.m.	Dialogues
12.25 a.m. - 12.45 p.m.	Carbetocin vs. Oxytocin
12.45 a.m. - 01.05 p.m.	CDMR at request
01.05 p.m. - 01.30 p.m.	VALEDICTORY FUNCTION



ACCOMMODATION DETAILS



KODAI INTERNATIONAL (Venue)

Hotel Kodai International offers luxury hotel stay in Kodaikanal, South India like hospitality, orderliness, efficient maintenance and luxury.



POPPYS HOTEL

Amazing property with courteous staff. The room is very spacious and neat and clean.



RT HILL VIEW

Situated amidst the famous Palani Hills of the Western Ghats, Kodaikanal, R.T. Hill View is an ideal choice for both business and leisure travellers.



MANGO HILLS

The property, located just in the middle of nature, offers a feeling of home away from home.



KODAI SUNSHINE HOTEL

It is situated just 3.0 kms from the Kodai Lake area, free from the pollution, hustles and bustles of the town.

For More Details : **Mr. Vijaykumar - 99444 85353**



SOUTH ZONE VICE PRESIDENT CONFERENCE 2023 KODAIKANAL



Registration

Category	Last Date for Early Bird Registration - 30.06.2023 Rs.	Last Date for Registration 10.08.2023 Rs.	Spot Registration Rs.
FOGSI Member	11,000	12,000	13,000
Non FOGSI Member	12,000	13,000	14,000
Post Graduates	10,000	10,000	10,000
Workshop	2,000	2,000	2,000
Accompany Person	12,000	12,000	12,000
Banquet	3,000	3,000	3,000



Payment Method

Option - 1 : D.D / At Par Cheque in Favour of "South Zone Vice President Conference 2023"

Option - 2 : Payment by (NEFT)

Account No. : 7454064784
Bank : Indian Bank
Branch : Tallakulam Branch
IFS Code : IDIB000T003
Name of the Account : South Zone Vice President Conference 2023
PAN Number : AALAM1170F

DD / Cheque / NEFT Transaction No. _____

Bank : _____ Dated : _____



Address to be Sent

Please send the duly filled in Registration form along with payment to :

Conference Secretariat : Dr. B. Kalpana, Organizing Secretary, South Zone Vice President Conference 2023
GURU HOSPITAL, 4/120F , Pandi Kovil Road, Mattuthavani, Madurai - 625107

Conference Schedule

- 11th Aug 2023 - Workshop
- 12th Aug 2023 - Conference
- 13th Aug 2023 - Conference
- 30th June 2023 - Last Date for Early Bird Registration
- 15th July 2023 - Last Date for Abstract Submission
- 30th July 2023 - Last Date for Registration

Conference Secretariat

Dr. B. Kalpana
Organizing Secretary,
South Zone Vice President Conference 2023
GURU HOSPITAL, 4/120F , Pandi Kovil Road,
Mattuthavani, Madurai - 625107
+91 99941 69457
E-mail : vpconferenceaug2023@gmail.com

Abstract Submission

Dr. Shanthirani
94422 47745
E-mail : vpabstract23@gmail.com
Last Date of Abstract Submission
Before 30th July 2023



SOUTH ZONE VICE PRESIDENT CONFERENCE 2023 KODAIKANAL



SILVER CASCADE, 8 kilometres (5.0 mi) from Kodaikanal at a wide bend in the long and winding Laws Ghat Road, at altitude 1,800 metres (5,900 ft), is a 55-metre (180 ft) waterfall formed from the outflow of Kodaikanal Lake. This waterfall is a common stop for first-time visitors. There are a few souvenir and fruit vendors and many monkeys here. There is also a smaller waterfall below the bridge which crosses the stream here.

KODAIKANAL LAKE is an artificial, roughly star-shaped 45-hectare (110-acre) lake built in 1863. It is Kodaikanal's most popular geographic landmark and tourist attraction. Rowboats and pedalos can be hired at the Kodaikanal Boat Club. Horses and bicycles can be hired beside the lake for short periods. The 5 kilometres (3.1 mi) path that skirts the periphery of this lake is a favourite walk for locals and tourists alike.



GUNA CAVES, made popular by the Tamil movie Gunaa, previously called Devil's Kitchen, are deep bat-infested chambers between the three gigantic boulders that are the Pillar Rocks. The deep narrow ravines of the caves are now closed to public due to the deaths of twelve youths there. These dangerous caves are highly protected now, and tourists can see sections of the cave system from afar. In the late 1970s the inside of the caves was well photographed.

DOLPHIN'S NOSE, 8 kilometres (5.0 mi) from the bus stand, is a flat rock projecting over a chasm 2,000 metres (6,600 ft) deep. It is an undisturbed area 1 kilometre (0.62 mi) down a steep rocky trail beginning soon after Pambar Bridge. Views of steep rocky escarpments rising from the plains can be seen. The old village of Vellagavi can be reached through a rugged bridle path here. A short paved walkway leads from the road here to Pambar Falls (which is also locally addressed as 'Liril Falls' after the Liril Soap advertisement filmed in 1985).



PINE TREES, in addition to Shola and Eucalyptus trees, are found in abundance in many parts of Kodaikanal. However, only two sites have become popular as a tourist destination amongst the travellers namely Pine Forest-1 and Pine Forest-2.

VATTAKANAL is ideal for small group of friends and adventurous young couples who like to explore less-touristy places with a bohemian or hipster vibe. It is an ideal solo destination as well.



BERIJAM LAKE is pure and excellent quality water is the main source of water for the town named Periyakulam. Periyakulam is located below the Kodaikanal hill station. The lake is rich in flora and fauna. One can spot fauna like bison, leopard around the lake.

KURINJI ANDAVAR TEMPLE was constructed in 1936 by Lady Leelavathi Ramanathan, an Australian who married the Solicitor General of Ceylon called Ponnambalam Ramanatham. Hindu scriptures inspired her so much that she converted into a Hindu, and after her husband died, she built this temple commemorating his memory.





SOUTH ZONE VICE PRESIDENT CONFERENCE 2023

KODAIKANAL

HIGH RISK PREGNANCY



REGISTRATION FORM:

[Click Here Online Registration](#)

Delegate Details:

Title: Prof. Dr. Name: _____

Institute / Hospital: _____

Designation: _____ TNMC Registration No: _____

Mobile No.: _____ Email id: _____

Registration for Conference is mandatory to attend

• Present Papers and Posters Last date of Abstract Submission:

Category	Last Date for Early Bird Registration - 30.06.2023	Last Date for Registration - 10.08.2023	Spot Registration
FOGSI Member	₹11,000/-	₹12,000/-	₹13,000/-
Non FOGSI Member	₹12,000/-	₹13,000/-	₹14,000/-
Post Graduates	₹10,000/-	₹10,000/-	₹10,000/-
Workshop	₹2,000/-	₹2,000/-	₹2,000/-
Accompany Person	₹12,000/-	₹12,000/-	₹12,000/-
Banquet	₹3,000/-	₹3,000/-	₹3,000/-

Payment Method

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Conference Secretariat :

Dr. B. Kalpana

Organizing Secretary

South Zone Vice President Conference 2023

Guru Hospital, 4/120 F, Pandi Kovil Road,

Mattuthavani, Madurai - 625 107.

Mob : 9994 169457

Email : vpconferenceaug2023@gmail.com

DD/cheque/NEFT
transaction No:

Bank: _____

Dated: _____

Abstract submission :

Dr. Shanthirani

Mob : 9442247745

Last date of Abstract

Submission:

Before 30th July 2023

For Contact

87543 04562 | 96291 77774 | 98403 00907 | vpconferenceaug2023@gmail.com | vpabstract23@gmail.com

