

CONNECT

NEWSLETTER

DID YOU **KNOW?**

Uterine Evacuation: Replace Sharp Curettage with Aspiration or Medications

Vacuum aspiration or medical methods of abortion should replace sharp curettage (also known as dilatation and curettage or D&C) for the treatment of induced, incomplete, or missed abortion performed in the first or second trimester of pregnancy.

The World Health Organization (WHO) and the International Federation of Gynecology and Obstetrics (FIGO) state that vacuum aspiration or misoprostol-based medication abortion regimens should replace sharp curettage (FIGO, 2011; WHO, 2012). In places where no uterine evacuation services exist, vacuum aspiration and medical methods of abortion should be introduced.

A recent Cochrane review comparing vacuum aspiration and sharp curettage shows that vacuum aspiration is as effective as sharp curettage in ending a pregnancy and reduces procedure time and procedure-related blood loss and pain (Tuncalp, Gulmezoglu, & Souza, 2010). In a retrospective case series of 80,437 women, vacuum aspiration was associated with less than half the rate of major and minor complications compared to sharp curettage (Grimes, Schulz, Cates Jr., & Tyler, 1976). Multiple studies on induced and postabortion care have shown that because vacuum aspiration can be performed in an outpatient setting by physicians or midlevel providers without general anesthesia, the costs to both the health system and women are significantly less (Benson, Okoh, KrennHrubec, Lazzarino, & Johnston, 2012; Choobun, Khanuengkitkong, & Pinjaroen, 2012; Farooq, Javed, Mumtaz, & Naveed, 2011; Johnston, Akhter, & Oliveras, 2012). In addition, women needing postabortion care for moderate or severe complications can be treated with vacuum aspiration in place of D&C (Benson et al., 2012; Johnston et al., 2012).

Although no trials exist comparing D&C to medical management of induced, incomplete, or missed abortion, the safety and tolerability of

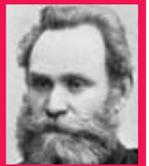
Continued on page 5

As a CAC service provider, which method do you prefer and why? Tell us via WhatsApp at +91 9013380510 or email us at helpdesk@cacconnect.in

NEWSLETTER CONTEST N-16

Who is this historically famous physician? Can you identify the person in the picture?

Clues: He was a Russian physiologist famous for his experiments on the digestive system of dogs which led him to discover conditional reflexes that originate in the cerebral cortex of the brain. His research on the physiology of digestion led to the development of the experimental model of learning, popularly known as Classical Conditioning. His studies primarily revolved around the influence of stimuli on inducing salivation in dogs even before food was provided to them. His scientific work earned him the Nobel Prize in Physiology or Medicine in 1904.



Send in the answer (name) by:

WhatsApp/SMS: +91 9013380510 (or)

E-mail: helpdesk@cacconnect.in

(Please mention your full name and state)

WINNERS OF CONTEST N-15



Dr. Dharmendra Singh Dangi
Madhya Pradesh



Dr. Noor Fathima Bihar



Dr. Lokesh Shrivastava Rajasthan

We are pleased to announce the launch of new CAC Connect newsletter and website contest prizes!!

For the newsletter, three participants in each contest will now receive a portable mobile power-bank – Now you can stay CAC Connect-ed all the time!

For the website, one winner each month will receive a 32 GB flash drive to share files from your OTG-enabled Android smartphone or tablet onto your PC or Mac computer!

PROVIDERS **SPEAK**

Perspectives from Bihar

In each issue of the CAC Connect newsletter we are featuring stories and experiences of members from one particular state. For our next newsletter, we invite all our members from Jharkhand to write in about their experiences with CAC service provision. Entries can be emailed to us at helpdesk@cacconnect.in or given to your IDF representative.

I am posted at PHC Sugauli, East Champaran, as medical officer. I was trained in CAC in March 2016. When I was called for the first time for CAC training I was very interested in taking it up. During the training I came to know about new and safe abortion technologies like MVA and MMA. I was satisfied to learn how to perform MTP using these methods because they are safe and convenient for doctors like us who are posted at PHCs. After the training, I started performing CAC services at my PHC. The first hurdle was that women do not prefer to come for services like abortion to a male doctor and don't feel comfortable discussing such confidential issues in front of everyone. After sensing this issue, I shared it with the IDF representative and raised this issue with them. They took it very seriously and immediately organized an orientation of health intermediaries and site staff so that they can

inform women and the community about the importance of getting services from a trained provider and the maintenance of privacy and confidentiality at the facilities. They also followed it up with Administration and asked for a separate counseling room wherein women could openly share their problems with the counselors. The Medical Officer in Charge designated a separate room for CAC counseling and it is helping me maintain the confidentiality of women as well as helping in providing safe abortion services.

Now, I provide CAC using safe technology with full confidence. I would like to thank the IDF staff for their immense support in addressing the hesitation of women in approaching male providers for CAC.



Dr. Shree Ram Prasad

I was trained on CAC at Sadar Hospital, Katihar, in August 2013 and have performed many safe abortion cases since then. The Sadar Hospital is well-equipped, well-maintained and has a very good, functional operation theater.



Recently I have been posted at PHC Barhara Kothi, one of the PHCs located in Purnia district. PHC Barhara Kothi is running in a limited space and there is also lack of necessary infrastructure. There is lack of awareness regarding safe termination of pregnancy, and prevalence of injudicious use of MMA drugs or other abortifacients among people residing in these areas. I came to know of many women suffering from bleeding P/V due to retained POC following intake of mifepristone. They either are trapped by quacks or they have to go to the District Hospital for further management. Thanks to the IDF team for organizing awareness programs and helping to create a positive environment for safe abortion care by working with ANM, ASHA, and other health personnel at my PHC. I performed one case of incomplete abortion after the orientation of field staff. Now, women in need are consulting me for CAC services and they feel free to have discussions regarding postabortion contraceptive methods.

Dr. Meera Kumari

ANNOUNCING THE MULTIMEDIA CONTEST WINNER!

Congratulations to Dr. Sangeeta Palsania from Madhya Pradesh for winning the contest and a big thanks to everyone who participated!

CALL FOR MESSAGES ON ABORTION!

We invite all CAC Connect members to submit one-line messages on abortion to be featured in the CAC Connect New Year planner that will be sent along with the January issue of the Newsletter.

Two examples are given below:

- Every woman has the right to choose when and if she wants to become a mother.
- Legal, accessible, and safe abortion saves women's lives.

Please send these to us by 10 November by WhatsApp or email! You can even hand them over to your Ipas Development Foundation (IDF) representative!

WHAT'S NEW



CAC Connect at the CAC Conclave, 2016!

The first CAC Conclave was held in New Delhi from 27-28 June, 2016, to provide a national platform for a new generation of voices and create a wider community of advocates for CAC in India. Several CAC Connect members showcased their work, experiences, and challenges through posters at the Conclave; some of these have been reproduced here.

Providing abortion services to young women: Community Perceptions and Challenges Affecting Access

Dr Archana Mishra
Medical Officer, PHC Satwas, Dewas, Madhya Pradesh

MADHYA PRADESH

Background

- In India, young women, particularly those living in rural areas, are at high risk for negative sexual and reproductive health (SRH) outcomes, with those between 15-24 years of age accounting for 41% of total maternal deaths in India [1]
- 30% of women in India give birth before age 18, and 53% do so by age 20 [2]
- Although evidence regarding unintended pregnancies and abortion among youth is limited, few studies suggest that almost 41% of all abortions are among young women [2, 3]

Barriers

- Social barriers: Stigma, Gender discrimination
- Restrictive laws reinforce social barriers
- Health system and logistical barriers
- Policies, processes, documentation and provider attitudes
- Cost barrier for young women
- Reduced availability of facilities providing safe abortion services

Experiences of Rural Young Women

- Drop out from school early and marry before 18 years of age
- Sexually exploited by close relatives at home
- Pressurized to conceive soon after marriage to prove their fertility
- Try to terminate socially unacceptable pregnancy at home or approach quacks for help
- Confusion and delayed decision for abortion
- Unaware about legality of abortion, avoid or delay seeking safe abortion services

Way Forward

- Adolescent and youth-focused program interventions under NHM should focus on safe abortion service provision
- Separate youth-friendly counselling room should be established at the peripheral level
- Peer educators should create awareness amongst young women on safe abortion
- Information on MTP and PCPNDT Acts should be incorporated into the ASHA module

References

1. WHO. *World Health Statistics Quarterly* 2008; 61(4): 21-30.
2. WHO. *World Health Statistics Quarterly* 2008; 61(4): 21-30.
3. WHO. *World Health Statistics Quarterly* 2008; 61(4): 21-30.

Dr. Archana Mishra
Madhya Pradesh

Experiences of providing safe abortion services in the context of PC-PNDT Act

Madhya Pradesh

Dr Sarita Khandelwal
Posted at : District Hospital Ratlam, Madhya Pradesh

BACKGROUND

The Medical Termination of Pregnancy Act (MTP) and Pre-Conception and Pre-Natal Diagnostic Techniques (PC-PNDT) Act are two acts for protecting women's interest.

MTP Act

- Enables women in India to seek abortion under certain specific conditions
- Specifies requirements for safe and legal abortion - who, upto how many weeks and where
- Specifies under what conditions can abortion be provided

PC-PNDT Act

- Enforced to stop female foeticides and control the declining sex ratio in India
- Prohibition of sex selection - before and after conception
- Prevention of misuse of sex determination leading to gender based sex selection

CONTEXT

- Ratlam has a sex ratio of 887 females per 1000 males. Major reasons can be attributed to deep-rooted social and cultural issues that value son over a daughter
- Political scenario is focused more on implementation of PC-PNDT Act rather than giving equal emphasis on implementation of MTP Act and MTP Act
- Due to implementation of 'Beti Bachao Beti Padhao', a campaign initiated by the Government of Madhya Pradesh aimed at arresting the declining sex ratio, state and district officials feel pressured to focus more on implementation of PC-PNDT Act as this campaign is under personal stewardship of the Chief Minister of MP

CHALLENGES IN IMPLEMENTATION OF MTP Act

- Frequent memos/notices pertaining to PC-PNDT Act which are difficult to understand and implement
- Constant vigilance of local media on abortion cases - with enquiry and sometimes irrelevant queries of abortion cases
- Spill-over effect felt in Ratlam due a recent development in neighbouring district (Indore), where the District Magistrate issued a circular that all abortion cases should undergo ultrasonography along with identity proof of woman

SUGGESTIONS

- Advocacy with policy makers and relevant officials to sensitize them on the need for equal emphasis on implementation of PC-PNDT Act and MTP Acts
- Sensitization of media on these Acts and guidance on correct terminology (eg- avoid use of words certain 'Shraut bataya') and appropriate use of graphics and headlines
- Appointed private clinics should display about the availability of abortion services so that women feel less stigmatized and are able to access services
- Initiate Behaviour Change Communication BCC for public and private providers for proper counselling and to motivate community to stop sex determination

CONCLUSION

There is a need to clearly understand and explain the true intent of both the Acts so that healthcare providers and officials have a better understanding of what each does with regard to the protection of safe abortion and the prevention of sex selection. This way both the Acts can be implemented effectively without affecting the other.

Dr. Sarita Khandelwal
Madhya Pradesh

STRATEGIES FOR IMPROVING CAC ACCESS TO YOUNG WOMEN

Dr. Susmita Majumdar
Medical Officer, RH Haripal, District Hooghly, West Bengal

WEST BENGAL

Background

Ignorance of reproductive health, fear, personal inhibition, social taboos, superstitions cripple young women their senses and intelligence when they face a difficult situation like unwanted pregnancy. In this occasion they often become poor victims of various sorts of abortifacients and spurious procedures which lead to misery many a times.

Strategies adopted to overcome the challenges young women face

- Sensitive and Respectful attitude towards unmarried young women**
 - Privacy maintained to ensure anonymity
 - Positive body language without bias, anger or judgment
 - Encourage questions and answer patiently
- Fixed day Service for Induced Abortion**
 - Induced abortion services provided on fixed day to reduce loss of wages for daily-wage workers
- Uninterrupted services**
 - Uninterrupted services for spontaneous abortion clients
 - Less waiting period attracts young women
- Sensitive and Friendly Counselling**
 - Clients feel free to speak which facilitates informed decision making
 - Post-abortion contraceptive counselling provided
- Contraceptive services**
 - IUCD services, if desired by the women, provided in the same sitting
 - Tubectomy also done if requested by the woman
- Follow-up care**
 - Individualised follow-up to address post abortion care
- Community awareness**
 - Orientations of ASHAs, ANMs and other health workers
 - Spreading key messages on abortion to improve awareness

Initial results

Number of young women who received CAC services

Year	15-24 years	25-34 years	>34 years
2014	120	150	180
2015	130	160	190
2016	140	170	200
2017	150	180	210
2018	160	190	220
2019	170	200	230
2020	180	210	240
2021	190	220	250
2022	200	230	260
2023	210	240	270
2024	220	250	280
2025	230	260	290
2026	240	270	300
2027	250	280	310
2028	260	290	320
2029	270	300	330
2030	280	310	340

Suggestions

1. Chemists should be sensitized for OTC selling of MMSA drugs without valid prescription
2. Airing of audio-visual media depicting dangers of self-medication with MMSA drugs
3. Necessary care by service providers for young women rejected by family

Dr. Susmita Majumdar
West Bengal

MEDICAL METHODS OF ABORTION AND ROLE OF PRIMARY HEALTH CENTER

Chhattisgarh

Dr. Anupama Dhananjai
Medical Officer, PHC Chandigarh, District Rajnagar, Chhattisgarh

BACKGROUND

- Unsafe abortion makes a significant contribution to maternal morbidity and mortality – nearly 8% of all maternal deaths in India are abortion-related deaths.
- Shortage of trained providers and lack of infrastructure constitute major barriers to safe abortion services.
- Medical Methods of Abortion (MMA) is a safe technology for abortion care.
- Can be offered at all levels of health care, including primary level.
- Professionals include nurses – maintain privacy and confidentiality and address fear of surgery as there is no anaesthesia and hospitalization.

MMA AT THE PHC LEVEL

MMA is a non-surgical, non-toxic method for termination of pregnancy by using a drug or a combination of drugs.

PHCs play an important role in providing CAC services.

Access to MMA at PHCs prevents women from going to unsafe hands.

Fixed day for ANC check-up in every PHC – this provides an opportunity to provide pre-abortion counselling and post-abortion counselling to women who need it.

Each PHC caters to a population of 35,000-50,000 and within 10 km periphery of village – hence providing MMA at PHC is identifiable, accessible and sustainable option.

Offering early abortions using MMA would also be able to overcome contribution due to selective abortion.

ABORTION CHALLENGES FOR YOUNG WOMEN

By: Dr. Ruchi Bhushan
Medical Officer, CHC Kamarda, Gumla, Jharkhand

INTRODUCTION

Why focus on young women?

Nearly 1/3rd of India's population comprises of young people – approx. half of them are young women.

There is lack of knowledge about sexual and reproductive health (SRH) among young women.

Young women, particularly in rural areas, are at high risk for negative SRH outcomes, with those ages 15-24 years accounting for 43% of total maternal deaths in India.

CHALLENGES FACED BY YOUNG WOMEN

Challenges are closely connected to each other:

- Pressure to accept irreversible contraceptive
- Lack of confidentiality in hospitals
- Prolonged waiting time in the hospital
- Dispersed shown towards younger women by service providers
- Demanding fees from unemployed young women
- Accessibility to facility
- Time taken to arrange transportation to hospital
- Presence of domestic work
- Lack of female providers in remote areas

RECOMMENDATIONS FOR IMPROVING ACCESS

- Improve infrastructure to ensure easy accessibility to the facility
- Reduce paper work as it discourages young women to avail service from approved facility
- Introduce young women friendly services that ensure privacy so that young women get free service from govt. facilities
- Confidential counselling by health workers in the govt. facilities
- Display of banners & posters targeting young women
- Increase trained provider base

Dr. Ruchi Bhushan
Jharkhand

Why Reena and her friends usually seek 2nd trimester abortion services?

Experiences from peri-urban areas of West Bengal

Dr. Amrita Sarkar, RN Sonarpur, South 24, Parganas West Bengal

Reports indicate a large number of pregnancies among young women. They face various barriers to exercising their choice to terminate a pregnancy and are more likely to undergo unsafe abortions. We examine these barriers which delay their decision for abortion, eventually resulting in more second trimester abortions among young women.

REASONS FOR DELAY IN SEEKING ABORTION SERVICES

SOCIAL FACTORS

- Gender discrimination – women are not treated at par with male counterparts
- Stigma towards abortion, which is further aggravated for a young woman who are not considered mature enough
- Lack of social support – from family as well as community
- Forced marriage

LEGAL FACTORS

- Abortion law lacks specificity towards young women
- Confusion with other laws
- Too much documentation acts as a barrier, for instance, hesitation in signing the consent form by an otherwise supportive guardian

HEALTH SYSTEM RELATED

- Negative attitude of provider and hospital staff
- Limited number of providers who are willing to provide abortion to young women
- Lack of information on where abortion can be done
- Complex procedures
- Costs involved

INDIVIDUAL FACTORS

- Lack of information: usually about SRH services
- Have incomplete information/SRH related to SRH services/family
- Financially dependent, hence take time to gather money and hence lead to delay
- Transportation related challenges

By the time the woman decides for an abortion, it is often too late, leading to many complications which are otherwise avoidable.

WHAT WE DO IN OUR FACILITY

- Provide services to every young woman seeking 2nd trimester abortion
- Provide MMA as per the approved drug protocol.
- Reduced product is removed by MMA.
- Appoint a dedicated counsellor to inform women on availability of abortion services, including for 2nd trimester, in the facility and refer to us.

RECOMMENDATIONS

- Inclusion of School Health Program as an outreach component of AASH program
- Inclusion of SRH education in School Health Program
- Strengthen knowledge of AASH Counsellors
- Specific IEC targeting adolescent girls & young women
- Spread of information on names of facilities providing safe abortion services.

Dr. Amrita Sarkar
West Bengal

PROVISION OF MMA IN PUBLIC SECTOR

WEST BENGAL

Prof. (Dr) Runa Bal, Professor, Department of Obstetrics and Gynaecology
KJ Somaiya Medical College, Kolkata

Introduction

- MMA is becoming popular day by day
- acceptance of MMA is increasing among women seeking abortion care irrespective of their age
- Religion
- Socio economic background
- Marital status etc.

We Enquire

- Safety of the procedure so that the client becomes confident
- "zero dependent, hassle free MMA services" key of our success
- Maintenance of confidentiality

RECOMMENDATIONS

- Providers should strictly adhere to the permissible gestational age
- Providers should maintain complete documentation for MMA
- More number of providers.....

Ultrasonography

- Available routinely on every working day till evening
- Emergency USG done 24 x 7
- Confirmation of gestational age
- Rule out ectopic pregnancy
- Checking RhFC

Associated Medical & Surgical Complications

- If there is any hint on absolute contraindications
- consultation of the respective departments (Coed, Cardiology, Hematology, Endocrinology etc)

Incomplete and Failed MMA process

- No delay
- Solved on Day care basis
- Emergency USG
- Emergency services of MMA as 24x7

Over the counter sale of MMA drugs should be banned

Highlights of our Counselling

- easy understanding language of client
- clear explanation of complications
- Clear explanation of procedure, side effects of drugs, success rate etc
- Confidential and private

Dr. Runa Bal
West Bengal

SAFE TECHNOLOGIES FOR ABORTION IN FIRST TRIMESTER

Dr. Amirchand Prasad
Medical Officer-in-charge, PHC Purnpura, Patna, Bihar

Objective: To discuss safe abortion technologies used at primary healthcare sites

Safe technologies for abortion

- Vacuum Aspiration
- Medical Methods of Abortion (MMA)

Vacuum Aspiration

- Manual Vacuum Aspiration (MVA)
- Electric Vacuum Aspiration (EVA)

MMA is non-invasive non-surgical method of termination of pregnancy using combination of drug (Mifepristone and Misoprostol)

	Vacuum aspiration	D&C
Incidence of excessive bleeding	Lesser	2-4 times higher than VA
Cervical injury, Uterine perforation, dilation required	Lesser	Higher chances
Recovery period and hospital stay	Lesser	Greater

VACUUM ASPIRATION can be performed using Manual Vacuum Aspiration and Electric Vacuum Aspiration:

- MVA uses a hand held, portable aspirator, whereas EVA uses an electrically operated device called suction machine
- Vacuum aspiration is a safe and simple technique for termination of pregnancies upto to 12 weeks of gestation.

What do we do in our facility?

- Treat women with respect and positive attitude
- Maintain privacy and confidentiality
- Emphasis on pre-procedure counselling:
 - To ensure consent for the procedure by the woman after receiving complete information about the procedure
 - to help the woman to adopt a contraceptive method after the procedure
- Post-procedure counselling is done so that woman understands post-abortion care and what to do in case of complications
- Contraceptive counselling done and woman offered basket of contraceptives for her to choose as per her choice and requirement

Abortion care provided is comprehensive and women-centric

Women go home after a short stay at the facility

Women go back satisfied with the contraceptive method in place to avoid future unintended pregnancies

RECOMMENDATIONS FOR STRENGTHENING WOMEN'S ACCESS TO CAC:

- Public facilities need to be upgraded in terms of infrastructure and HR required for the CAC service provision
- All trained provider need to be motivated and encouraged to provide CAC services on regular basis
- There should be awareness campaigns in the communities to increase awareness about CAC service and its availability at public facilities so that the women can get a safe and legal abortion service at nearby public facility

Dr. Amirchand Prasad
Bihar

CHALLENGES OF PROVIDING CAC SERVICES TO YOUNG WOMEN IN TRIBAL AREA

DR BHARATKUMAR MAHALE M.D.
Obstetrician & Gynaecologist
Patangshah Cottage Hospital Jawhar, Palghar, Maharashtra

CONTEXT

- Geographically remote area
- 447 miles above seashore
- Part of northern Western Ghats
- 95% tribal population
- CBR & 2X12000 population
- 30% teenage pregnancies

TEENAGE PREGNANCY

- "Traditionally reported that in this area, girls get pregnant before 18 years
- lack of awareness of contraceptive use
- High level of infant death and congenital disabilities
- Pregnancy in school & college going girls

UNSAFE ABORTIONS TRICKS

- Unsupervised self-medication
- Abortion from untrained hands
- MVA from unqualified/training doctor

SPONTANEOUS ABORTION

- Patients are mislead, many return without complete abortion
- Ignorance about signs of excessive haemorrhage, shock

MEDICO LEGAL COMPLEXITY

- Unmarried pregnant minor girls
- Unmarried pregnant girls below 18 years
- Unmarried but married pregnant girls
- Four above minor & legal procedure

INACCESSIBILITY OF CAC SERVICES

- Remote village
- Lack of trained doctors & registered centres
- No facilities of ASHA AASH about CAC
- Phobia about MMA procedure
- Lack of confidence of confidentiality
- Heavy charges in private centres

ASHA & ANM'S FOR CAC

- Adoptive IUPC kit, highly Early emergency response
- Referral linkage to nearby Registered CAC centres
- Special training for prevention of pregnancy & follow up of abortion cases by ASHA

EXPANSION OF AASH PROGRAMME:

- Strengthen AASH/CAC in every PHC
- Directed AASH programme
- Registration of Medical Officer
- Convergence of ASHA & ASHAs
- Decision counselling for non-child bearing girls

PHC AS CAC CENTRE

- Training of PHC doctors
- Development of PHC as CAC centre
- Free availability of MMA kit, IUPC kit, free transport for retrieval of CAC cases

Dr. Bharatkumar Mahale
Maharashtra

Continued from page 1

medical regimens for uterine evacuation are well documented and appear as effective as vacuum aspiration in the management of incomplete abortion (Kulier et al., 2011; Neilson, Gyte, Hickey, Vazquez, & Dou, 2013).

The use of sharp curettage to manage incomplete or missed abortion may be associated with Asherman's syndrome (intrauterine adhesions), a condition that causes infertility.

A recent retrospective review of one tertiary care center's patient outcomes reported on 884 women who underwent sharp curettage, vacuum aspiration or misoprostol for early pregnancy failure (Gilman Barber, Rhone, & Fluker, 2014). In follow-up, six women who had been managed with sharp curettage were found to have Asherman's syndrome, while no cases were found in women managed by vacuum aspiration or misoprostol.

Source: *Clinical Updates in Reproductive Health, Ipas. 2016. This can be downloaded from the Publications section on www.cacconnect.in*

Are You Keeping Up with Social Media?

Many doctors already use social media to stay connected with friends and family but social media can help you connect with other medical professionals and the public, and help you keep up-to-date on any advances in the medical field. Apart from Facebook and WhatsApp, which are very common among Indian users, there are many more platforms that you can explore!

- Twitter (twitter.com) is an extremely useful tool to keep up-to-date on news. You can use Twitter to follow other doctors and the media. Unlike Facebook, Twitter limits you to 140 characters per post. But this gives you a really quick and easy way to connect with other like-minded professionals – especially since you can do everything on your phone with the Twitter app.
- LinkedIn (linkedin.com) is an amazing networking tool for doctors and a great place to keep your resume updated. You can also use LinkedIn to connect with other physicians and medical professionals. LinkedIn is a great relationship builder, as the key to a thriving practice is building lasting relationships with other doctors in and around your community.
- Blogging – Blogs, or Web logs – are online journals that are updated frequently, sometimes even daily. An update (also called an entry or a post) is usually quite short, perhaps just a few sentences, and readers can often respond to an entry online. People who write blogs are commonly called bloggers. Wordpress (wordpress.com), Tumblr (tumblr.com) and the CAC Connect Blog page (www.cacconnect.in) are all spaces that allow you to share your experiences and interact with interested readers.



There are even some social media doctors-only social media platforms!

- Sermo (www.sermo.com) is the biggest, most successful social network for doctors. It's geared toward connecting doctors who don't know each other so you can collaborate. They call it a "virtual doctors' lounge." The goal is medical crowd-sourcing, like a Quora for doctors. You can ask real-life medical questions and get real-life answers from hundreds of your peers. One way that Sermo is better than Quora is that it's physician-only, and you can ask questions anonymously. Please note that Indian practitioners will have to email the site administrators at info@sermo.com to register.

- Figure 1 (figure1.com) is another such option, its target demographic is healthcare professionals and medical students. Need feedback from other doctors on what you're seeing? With Figure1, you can share images of patient ailments to get other physicians' opinions, and access others' images to educate yourself on rare illnesses.

And, of course, CAC Connect is your very own, exclusive social media platform designed to enrich your experience as a CAC provider!

As social media users it is always important to keep the following points in mind:

- DO NOT post anything that would damage your professional reputation. You are in the public eye and all posts, pictures and even who you associate with online will reflect on your professional image.
- WATCH out for social media and internet trolls and spammers. Trolls are people or groups who either intentionally or pointlessly insult someone with no or some purpose. The best way to deal with trolls is to simply ignore them.

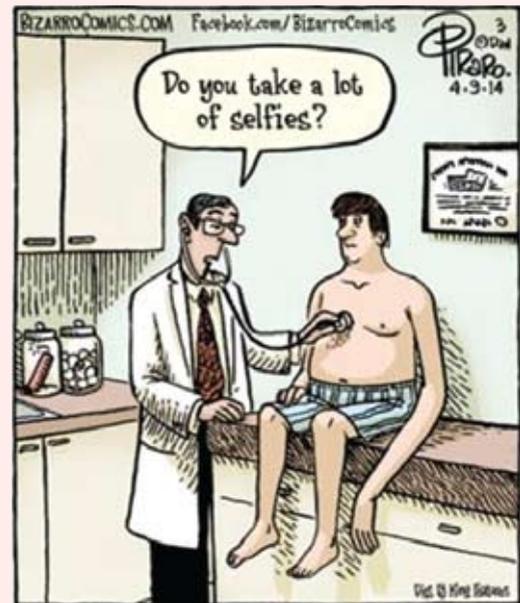
SPOT THE DIFFERENCE **SD4**

Find ten differences between these two pictures!

Difficulty Level: **Medium**



WAY TO **GOOD HEALTH!**



KINDNESS CHALLENGE!



November 13 is celebrated as World Kindness Day to highlight good deeds in the community, focusing on the positive power of kindness.

This year, CAC Connect challenges you to do one act of kindness and tell us about it! Send us a WhatsApp message on +91 9013380510: write to us or send us a picture of an act of kindness you do or observe! We will feature these in the next issue of the CAC Connect Newsletter!

#KindnessMakesTheWorldGoAround

WATCH OUT FOR

Multidisciplinary Healthcare Conference, AIIMS-2016

VENUE: New Delhi

DATE: 6 November, 2016

FOGSI Conference on Management of Labour

VENUE: Mumbai

DATE: 18-20 November, 2016

Yuva FOGSI

VENUE: Bardhaman

DATE: 16-18 December, 2016

WE WANT TO HEAR FROM YOU

Questions? Comments? Suggestions? Share with Us!

We want to hear from you. This is your newsletter and we want to feature your thoughts and experiences on CAC and related reproductive health issues.

CONTACT US

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