

## Doctor's Time Out, 2013

The recently concluded *Season II* of Doctor's Time Out witnessed excitement and enthusiasm several notches higher than last time, with nearly 700 members participating in 15 events across six states - Bihar, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan and Uttarakhand. These events brought together members from different parts and were a welcome break for many. Says Dr Mane Shivraj Uttam, "Doctor's Time Out at Aurangabad was a great event, even better than the previous one. Last time it was a little bit new atmosphere, but this time that was passed & we really enjoyed getting some time out from routine hectic schedule."

Features of the CAC Connect website were demonstrated to members and personalized login cards were given to them. Some members used this opportunity to share their experiences and challenges in providing CAC services, while others exhibited their singing and other talents. There were also many state-wise variations – so while folk dance was the flavor in Khajuraho and Ujjain; the magician was the show-stealer in Jaipur; and it was about getting the members involved in many games and activities in Pune and Nashik.

The events were also a platform to recognize some of our best performing CAC providers. A total of 44 winners were awarded for their exemplary work in advancing CAC services to women. A new category of awards – *the Milestone Awards* – was also introduced this year.

*See event and award winners' pictures on pages 4 and 5*

## Ipas turns 40!

2013 marks the 40<sup>th</sup> year of Ipas's commitment to helping women exercise their reproductive rights. In the last four decades, Ipas has established programs in 25 countries to provide state-of-the-art clinical training for more than 10,000 health-care professionals each year.

Speaking of the accomplishments of Ipas, Dr. Nozer Sheriar, the Secretary General of FOGSI says, "In India, where I work, Ipas's greatest achievement has been the networking and partnerships that it has managed to bring about in the field of reproductive health."

Ipas's work with dedicated doctors all over the world has resulted in providers who deliver life-saving care to millions of women. Ipas remains as committed as ever to provide training, clinical mentoring and support essential to help women exercise their reproductive rights.

### www.cacconnect.in

**Did you log in and submit a blog at the CAC Connect website yet?**

If not, log in today to:

- connect with CAC providers across India
- read the latest publications
- win prizes every month

## CAC Connect Contest N-03

**Q.** The parts of an MVA equipment that enter the uterus should not touch objects or surfaces that are not sterile, including vaginal walls, before being inserted. This is known as ..... technique.

**3** lucky correct entries win an exclusive **prize!**

Send in your entries:

SMS: +91 9013380510

E-mail: helpdesk@cacconnect.in  
(Please mention your full name and state)

Contest closes 30th September, 2013.

**Hurry!!!**

### Winners of N-02:



**Dr. Megha Shevgan**  
Maharashtra



**Dr. Miden Mundu**  
Jharkhand



**Dr. Surendra Kumar**  
Rajasthan

**Q.** What dose of Misoprostol is needed for termination of pregnancies up to 63 days (9 weeks)?

Correct answer: 800 mcg

## Provider Speak



**Dr. Purushottam K. Patle**  
PHC Bongaon, Gondia  
Maharashtra

The CAC services we are rendering to the society with the help of Ipas, under the timely guidance of the Master Trainers, is really a boon for the needy clients. Whatever may be the reason – illiteracy, poverty, inaccessibility to the services at periphery – it is the clients whose lives are being put at risk. As an example, I saw one patient who was put at risk of life by a quack who had put Laminaria Tent in her cervix when she was 3 months pregnant. She came to our setup complaining of 19 days of bleeding p/v. As the patient was appearing sick, we admitted her at our PHC for the evacuation. Remaining products of conception were evacuated. But after the evacuation, she started bleeding heavily p/v. Under the timely guidance of our Master Trainer, Dr. Mool Mam, we could successfully manage the patient's condition.

There are many clients in the periphery whose lives are being endangered. My submission is that our CAC services should be more extensive, with efforts to increase awareness of the services. Many patients need these services and counseling centers for such patients have to be established so that they can access safe services. This will definitely prove to be a boon to the needy clients and also help to control Maternal Mortality Rate of the nation. Thanks to Ipas and all the Master Trainers conducting the trainings and providing backup to those of us serving at the periphery.

I am posted at CHC Mau (District Bhind) where until some time back CAC services were not being provided. Prior to my nomination for CAC training, I had a discussion with Ipas staff and I assured them of providing MTP services post training. However, soon after my training, one of my Gynaecologist friends told me that Medical Methods of Abortion (MMA) would lead to incomplete abortion, and hence I should avoid prescribing MMA. This made me very sceptical, and to be on the safer side, I followed her advice. When I was visited by Ipas staff, I told him about my apprehensions. Soon after, clinical mentoring support was provided to me. There was a detailed discussion regarding MMA and all my myths and doubts were clarified. This session really helped me in developing confidence. I performed the first two cases by MMA soon – I immediately called the Ipas staff to inform him and told that I have maintained all records as well. I will surely continue to provide MTP services.



**Dr. Harish Haswani**  
CHC Mau, Bhind  
Madhya Pradesh



**Dr. Samiunnesa**  
JLN District Hospital, Rudrapur  
Uttarakhand

कुछ दिन पहले एक महिला बड़ी खराब हालत में मेरे पास आई। उसका Hb 3-4 gm/dl था। उसने दो माह के गर्भ का abortion रुद्रपुर शहर में किसी quack से करवाया था। ज्यादा bleeding हो जाने पर उसने सरकारी अस्पताल की राह देखी। मैं duty पर थी जब वह आई। उसे तेज बुखार था और उसकी साँस फूल रही थी। घबराहट के मारे वह कांप रही थी। मैंने उसके attendant को बताया कि वह बच भी सकती है और जान की हानि भी हो सकती है। मैंने यह केस अपने MS Dr. MM Upreti से भी discuss किया। उन्होंने महिला को तुरंत भर्ती कर के इलाज शुरू करने के लिए कहा। यह case septic abortion का था। MVA द्वारा uterus evacuate करके उसे antibiotic पर रखा गया। उसे 4 unit खून भी चढ़ाया गया। 5 दिन बाद जब वह घर जा रही थी तब मुझे संतोश के साथ MVA प्रशिक्षित होने पर गर्व भी महसूस हुआ।



**Dr. Ganesh Ram**

CHC Mahuadaar, Latehar  
Jharkhand

A woman with severe bleeding came to the facility in the evening. It was her 9th Gravida and she had 8 live children. When she arrived, she was close to losing consciousness. She had taken the MMA drugs over the counter. On further investigation I found she had 2.5 months LMP.

The facility where I am posted is in a very remote area with virtually no connectivity at night to the outer world due to the extremist problem. I attended to her the whole night to bring her to stable condition before attempting the evacuation process with MVA. When her condition improved, the POC was taken out by MVA. Thanks to training by Ipas I was confidently able to complete the procedure. I felt a sense of relief and satisfaction that I could save a life that could have been lost for want of safe abortion.

It was normal day at OPD with huge rush of patients for consultation. Amongst them was a woman who had come for general consultation, with no one accompanying her to the hospital. Suddenly she started feeling dizzy and heavy bleeding P/V started. Before she became unconscious, she mentioned having taken abortive medicine which was a failure. As the patient was alone I enquired if she knew anyone, she only mentioned the name of a hospital staff at Sadar Hospital Vaishali.

Her pulse and BP were steadily dropping. Immediately, I took her to OT as she was bleeding severely and told hospital staff to search for the person before she got unconscious. On examination, she was found to be about 8 weeks pregnant. As this was an emergency, I started the evacuation procedure with MVA under local anaesthesia. While performing evacuation I told OT staff to infuse RL with 20 unit syntocinon drip very fast. Once the products were evacuated, the bleeding P/V became slow and the patient's vitals also indicated normal signs.

Post-operation, she was closely monitored for 2 days and by then her vitals and general condition became normal. Before discharge, I prescribed her hematinic, antibiotics & analgesia to improve her health condition and called her after 15 days for follow-up. During follow-up she mentioned about her need for family planning. I discussed about the options she has for family planning and she chose permanent method i.e. tubal ligation as her family was complete. I prescribed some basic investigations – the result of investigations was satisfactory, therefore I went for TL.

Emergency situations like these need to be handled promptly and effectively not only to save the life of woman but also provide essential treatment in the golden hour.



**Dr. Vinita Kumar**

Sadar Hospital, Vaishali  
Bihar



**Dr. Nazima R.V.**

District Hospital, Udaipur  
Rajasthan

Learning is a continuous process at any age and stage. This saying was appropriate for the MVA training conducted by Ipas and fortunately I was one of the trainees. Although I am an MS Gynae and have been doing MTP procedures for the last 18 years, a couple of tips taught by Ipas were absolutely wonderful, particularly the method of rotating the cannula during MVA, which causes less pain to the patient and poses minimum risk to the scarred uterus. Also, giving paracervical block in routine was a revived exercise which we had long forgotten. It is a pleasure to be a part of CAC Connect and Ipas.

*To have your story featured here, share your experiences through e-mail at [helpdesk@cacconnect.in](mailto:helpdesk@cacconnect.in) or contact your Ipas representative.*

# Doctor's Time Out, 2013



For more photos, visit Media Gallery on [www.cacconnect.in](http://www.cacconnect.in)

# Award Winners



## Knowledge Bytes

### A Strategic Approach to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) in India

The Ministry of Health & Family Welfare, Government of India launched a strategic roadmap detailing the strategy for RMNCH+A in India. RMNCH+A approach essentially looks to address the major causes of mortality among women and children as well as the delays in accessing and utilizing health care and services.

The RMNCH+A strategic approach document has been developed to provide an understanding of 'continuum of care' which includes integrated service delivery in various life stages including adolescence, pre-pregnancy, childbirth and postnatal period, childhood and through reproductive age. In addition, the 'continuum of care' approach states that services should be available at all levels: in homes and communities, through outpatient services and hospitals with 'inpatient' facilities.

The document will serve as a hands-on guide for Mission Directors and State Program Managers in the planning, implementation and monitoring of the new and existing RMNCH+A interventions.

*The complete document can be accessed on the internet.*

## What's New?

### Pathways to Postabortion Care

Ipas researchers Sushanta Banerjee, Kathryn Andersen and Janardan Warvadekar examined women's pathways to treatment after complications from abortion in India. They found that even 40 years after abortion was legalized, many women lack accurate information on the legal status of induced abortion.



Photo Credit: Richard Lord, 2009

Among the 381 women interviewed, those seeking care for complications from induced abortion followed more complex pathways to services than women accessing induced abortion. Complications could be reduced through greater community awareness of the legal status of abortion, safe abortion methods, and trained providers as well as through standardized provision of medical abortion.

The publication is available on [www.cacconnect.in](http://www.cacconnect.in)

## How Did You Celebrate Doctor's Day This Year?

Doctor's Day is celebrated on July 1 all across India to honor the legendary physician and the second Chief Minister of West Bengal, Dr Bidhan Chandra Roy (1882 – 1962). One of the foremost national leaders of the 20th century, Dr. Roy was not only a physician, but also a distinguished political leader, philanthropist and educationist. He is often considered the architect of modern West Bengal, having founded three eminent cities – Durgapur, Kalyani and Bidhannagar.

He was instrumental in starting the Indian Medical Association in 1928 and making it the largest professional organization in the country. He served the association in various capacities including as national president for two terms. The Medical Council of India (MCI) was his creation and he was its first president in 1939, a position he held till 1945. He played a key role in establishing the Indian Institute of Mental Health, the Infectious Disease Hospital and the first-ever postgraduate medical college in Kolkata.

In recognition of his exemplary services to the nation, Dr. Roy was honored with Bharat Ratna, the highest civilian honor of the country in 1961. Furthermore, to keep his legacy alive, the Bidhan Chandra Roy Award was instituted in 1976 by the MCI. The Award is given annually in each of the following categories: Statesmanship of the Highest Order in India, Medical man-cum-Satesman, Eminent Medical Person, Eminent person in Philosophy and Eminent person in Arts. It is presented by President of India in New Delhi on July 1, the National Doctor's Day.

## हंसगुल्ले



पहले 1 रूपये में अनाज मिलता था, इसलिए सिक्के पर बाले बनी थीं।



आज 1 रूपये में कुछ नहीं मिलता इसलिए ढेंगा बना है।

## Watch Out For

**FOGSI FIGO International Conference on Recent Advances in Obstetrics & Gynecology**

Date: September 13-15, 2013

Venue: Hyderabad International Convention Centre, Hyderabad

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.

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