



International Federation of Gynecology and Obstetrics

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NEWSLETTER

Women and children bear brunt of climate change – world must act now

Dear Colleagues

FIGO's sympathies extend to the millions affected by natural disasters and by ever-increasing wars, civil unrest and accidents. The Syrian situation, new unrest in Ukraine, and the Malaysia Airlines flight disappearance sadden us all. These high profile events obviously catch our eyes, but there is a slow motion disaster of climate change that is concurrently in progress, which may not have caught the attention of busy obstetricians and gynecologists, among others. The Intergovernmental Panel on Climate Change (IPCC; www.ipcc.ch/) has published its latest report on the current and projected impacts of global warming and climate change, which The Lancet describes succinctly as 'the greatest threat to human health in the 21st Century'.

The perils of global warming and climate change

I am one of 60 physicians and medical scientists who have called for an urgent response to climate change, with a signed letter appearing in The Times (UK) on 29 March 2014. I would like to quote a sobering extract: 'As medical professionals, we call for immediate preventative action through a drastic reduction of greenhouse gas emissions and rapid transition to a zero-carbon world, at a pace far beyond that which is already planned. This will require transformative and radical change to energy policies, patterns of consumption, and transport systems, amongst other things. Such change may be considered disruptive and difficult, but such actions are necessary and can bring enormous benefits to

human health and wellbeing both in the short term and in the years and decades to come.

'Never before have we known so much and done so little. Failing to act decisively and quickly will inevitably cause great suffering and potentially catastrophic consequences.' (The full text and list of signatories can be read at www.sduhealth.org.uk/news/265/ipcc-report--no-one-will-be-untouched-by-climate-change-).

It is calculated that millions and millions would suffer as a result of this catastrophe – mostly women and children. We need to urge governments, the private sector and colleagues to become more reliant on alternative sources of energy. Even as individuals we can contribute by

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The FIGO PPIUD project – L-R: Dr Ruwan Pathirana (Member – SLCOG); Dr UDP Ratnasiri (Chairman – Continuous Professional Development and Project Treasurer); Dr Gamini Perera (Treasurer – SLCOG); Prof Athula Kaluarachchi (Chairman – Education and Setting Standards); Dr Deepthi Perera (Director MCH – Family Health Bureau); Dr Kapila Gunawardena (President SLCOG) – behind; Prof Malini (Workshop Facilitator) – front; Prof Revathy (Workshop Facilitator) – front; Prof Sir Sabaratnam Arulkumaran (Project Director); Dr Sardha Hemapriya (Chairman – Regional Activities and Developments) – behind; Laura Banks (Project Manager); Prof Hemantha Senanayake (Immediate Past President, Project National Coordinator); Dr Rohana Haththotuwa

(courtesy of SLCOG)

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Women and children bear brunt of climate change – world must act now, says FIGO President

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walking/cycling to work, using public transport, conserving energy at home and in the workplace, etc. I encourage FIGO Member Societies to take affirmative action on these issues, wherever and however they can. Small-scale actions can ultimately yield long-term results if enough efforts are concentrated.

Healthcare for women – a matter of human rights



http://www.glowm.com/Integrating_womens_rights

Hundreds of thousands of maternal deaths are avoidable – women die because maternal health is not treated as a human rights issue. They are denied emergency obstetric care; adequate antenatal care; abortions in the face of life-threatening conditions to the mother or the foetus; routine and emergency contraception; and screening for cervical cancer (the death toll from this disease alone is likely to overtake maternal deaths due to childbirth in years to come). I urge well-resourced countries to partner less well-resourced countries and provide the knowledge, education and, where possible, equipment and medication required to bolster capabilities.

Even in well-resourced countries the principle of a human rights-based approach to healthcare is often forgotten, especially when it involves emergency situations and care of women and the elderly. These issues should be examined early in medical schools through targeted training workshops. Representative students and teachers should be trained to disseminate the message to their colleagues. I urge those who work in medical schools to consider using the principles and case examples given in the 'Women's Rights, Health and Empowerment' section of 'The Global Library of Women's Medicine' website (FIGO's educational platform): www.glowm.com/Integrating_womens_rights.

New FIGO PPIUD project takes shape



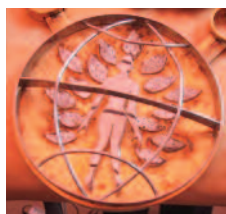
The FIGO PPIUD project

One of the unmet needs of women's health is contraception, a key component of Millennium Development Goal 5.B: Achieve universal access to reproductive health. FIGO is now running a project, beginning in Sri Lanka, for 'Institutionalising Post-Partum IUD [Intrauterine Device] Services and Increasing Access to Information and Education on Contraception and

Safe Abortion Services'. This new project is specifically designed to institutionalise the practice of routinely offering all women the opportunity to have an IUD inserted immediately after giving birth, within 10 minutes and up to 48 hours of vaginal delivery or during caesarean section.

Pills, condoms, injectables and sterilisation are often not suitable methods for women (or may not be available due to funding or transport problems), but the IUD is an excellent cost-effective and user-friendly alternative. We offer sincere thanks to the Sri Lanka College of Obstetricians & Gynaecologists (SLCOG), along with Professor Hemantha Senanayake, our National Co-ordinator, and his team for their untiring efforts to make the project a success. We hope to expand to other countries when funding becomes available. A more detailed overview of this project from Laura Banks, project manager, can be found on page 4.

FIGO featured at national and regional meetings



In January 2014, I was delighted to participate in the inauguration of 'Deshabandu' (the third highest national honour awarded in Sri Lanka, given for 'meritorious service') Dr Kapila Gunawardena as

President of SLCOG in the presence of the Minister, Secretary and Director of Health Services of the country. His inaugural speech outlined SLCOG's keen interest and master plan to improve women's health services. This was followed over the next few days by visits to counselling workshops on family planning for doctors and midwives in Colombo, Kandy and Galle, with over 150 attending each meeting.

In February I attended the 57th All India Congress of Obstetrics & Gynaecology (AICOG) in Patna, India. As always, it attracted thousands of participants. The Federation of Obstetric and Gynaecological Societies of India (FOGSI) has consistently worked hard to improve women's health. FIGO thanks the outgoing President Dr Hema Divakar for exceptional service, and wishes the incoming President Dr Suchitra Pandit the very best in continuing FOGSI's robust work.

Shortly after, I participated in the International Congress of Perinatal Medicine, held in Limassol, Cyprus, on 15–16 February, organised by the Perinatal Society of Cyprus. It was chaired by Professor Christina Karaoli, a neonatal paediatrician of eminence. It was wonderful to see the excellent rapport between the paediatricians, obstetricians and the allied specialties. I was especially pleased to donate a number of my books in obstetrics and gynecology to the medical library.

On 7 March, to mark International Women's Day, the Royal College of Obstetricians and Gynaecologists (RCOG) in London, the UK, organised a day of activities predominantly focused on issues related to the sexual and reproductive rights of women. The well attended event was a mix of professionals and the public, beginning with an excellent introduction from President Mr David Richmond and followed by a stimulating workshop by Professor Lesley Regan, Chair of FIGO's Committee for Women's Sexual and Reproductive Rights, based on the module already mentioned earlier on the www.glowm.com website. Feedback was excellent. This event was later repeated in Hyderabad, India, at the RCOG World Congress.



L-R: Executive Dean Professor Charalambous, librarian Carrie Rodomar, Professor Arulkumaran (Cyprus)

(courtesy of the University of Nicosia Medical School, Cyprus)

I am sincerely grateful to all who contributed to the success of these important workshops, and hope that FIGO Member Societies will make use of the substantial materials available on www.glowm.com to assist with running their own national or regional workshops.

Diaries marked for October 2014 and 2015

From 30 October–2 November 2014, FIGO is holding a joint conference in collaboration with the South Asian Federation of Obstetrics and Gynaecology (SAFOG) and SLCOG. Several important organisations are participating including the Japanese, Malaysian and Singaporean societies; the UK's RCOG; RANZCOG (Australia and New Zealand); the United Nations Population Fund (UNFPA); the World Health Organization (WHO); Family Health International; and the Sidra Medical and Research Center in Qatar. I am grateful to SAFOG President Dr Alokendu Chatterjee; SLCOG President Deshabandu Dr Kapila Gunawardena; the local organising Committee Chair Dr Rohana Haththouwa; and the Scientific Committee Chair Professor Malik Goonewardene and their teams for their untiring work in preparing for this much anticipated event. Please join us in making this a successful meeting, both scientifically and socially. Visit www.figo-safog2014colombo.org/index.php for full details.

As you know, FIGO's triennial World Congress is to be held in Vancouver, Canada, from 4–9 October 2015. All of our Congress Committees are working closely to ensure that this major event is a tremendous success. More information is available on page 7 – we particularly urge you to visit www.figo2015.org regularly to keep up to date as more information is released. I know that this Congress is much anticipated, and hope to see as many of you as possible in attendance.

Retirement of FIGO's Administrative Director

Mr Bryan Thomas, our Administrative Director, will step down to retire from his position in the summer, after nearly 17 years of superb service to FIGO. We are pleased to have secured an excellent successor, as Professor Hamid Rushwan will explain in his Overview. We are delighted to read Bryan's reminiscences on page 6, and hope that his well-deserved retreat from the working world is restful, fruitful and exciting in equal measure! Thank you, Bryan, for guiding FIGO so expertly over so many years. You will be greatly missed.

My best wishes to you and your families for a wonderful summer.

Professor Sir Sabaratnam Arulkumaran
FIGO President

Dear Colleagues

We are now firmly in the cut and thrust of 2014, and I am sure that you and your organisations are as busy as ever! FIGO is certainly a hive of activity as the year continues apace.

My year began with attendance at the World Health Organization's (WHO) Executive Board meeting in Geneva, in January – an important yearly event, it provided me with the opportunity to catch up with WHO colleagues, namely Drs Marleen Temmerman, Elizabeth Mason, Carole Presern and Jantine Jacobi (of UNAIDS) to discuss numerous collaborative activities. An additional meeting with the President (Judith Shamian) and Chief Executive Officer (David Benton) of the International Council of Nurses (ICN) bore fruit – FIGO has now signed an MOU with the ICN, and it is hoped that it will develop a closer working relationship with this important body.

In February, I represented FIGO at the 'Building Academic Partnerships to train 1000+ OBGYNs in sub-Saharan Africa' conference in Accra, Ghana. This special event brought together ob-gyns from academic institutions in sub-Saharan Africa, along with professional support organisations, policy-makers and funders to discuss ways to increase obstetric capacity in sub-Saharan Africa. The meeting was a great step forward in promoting ob/gyn postgraduate training in Africa.

Khartoum welcomes AFOG General Assembly

In late February, I travelled to Khartoum to attend the General Assembly of the African Federation of Obstetrics and Gynecology (AFOG), FIGO's most recently recognised Regional Federation. This took place during the 26th Congress of the Sudanese Obstetrical and Gynaecological Society. The meeting was attended by representatives of 22 societies of African Obstetrics and Gynecology. Discussions to



Outside the new AFOG Secretariat in Khartoum

(courtesy of Suzanne Seruya)

promote AFOG after establishing the Secretariat in Khartoum were useful and Committees were formed to follow up on selected activities pertaining to the region. Plans for holding the first AFOG meeting towards the end of 2014 were discussed. There was general enthusiasm from all those who participated to work together towards strengthening this important regional forum.

Montreux hosts major WHO Working Group meeting



Professor Rushwan with Dr Marleen Temmerman (Head of WHO's Department of Reproductive Health and Research) in Montreux

In March, FIGO was invited by WHO to take part in a very successful Expert Working Group to revise the Medical Eligibility Criteria for Contraceptive Use (4th edition) and Selected Practice Recommendations for Contraceptive Use (2nd edition), in Montreux. Mid-March took me to New York, having been invited by Gynuity Health Projects (the supporters of our misoprostol initiative, through a grant from the Bill & Melinda Gates Foundation) to two complementary meetings that addressed the science and strategies for effective management of post-partum haemorrhage (PPH). FIGO's misoprostol project, due to end later this year, has been instrumental in advocating for the use of misoprostol for PPH prevention and treatment, and disseminating related evidence-based information to a global community of health professionals and clinical policy-makers. Discussions with Gynuity senior management, President Beverly Winikoff and Director Rasha Dabash, focused on the progress of the FIGO misoprostol initiative, and its future direction.

2018 Congress travels

In late March, together with FIGO's Vice President and Meetings and Events Manager, I travelled to Brazil, Peru and Colombia to revisit the proposed sites for the 2018 Congress – Rio de Janeiro, São Paulo, Lima and Bogota. Due to the fast-moving pace of professional conference planning, these trips are necessary to obtain further useful information well in advance of future events. All countries provided us with an excellent updated overview.

The 66th Annual Congress of the Japan Society of Obstetrics and Gynecology took place in mid-April, and I was delighted to represent FIGO alongside other FIGO colleagues at its International workshop for Junior Fellows. These workshops are a vitally important and precious opportunity for young Fellows to progress in their knowledge, and to gain confidence in their specialities. As always, we were the recipients of superb hospitality.



AFOG group photo

(courtesy of AFOG)

(courtesy of AFOG)

FIGO and Wellbeing of Women join forces to offer Academic Fellowship

Further to the recent signing of a Memorandum of Understanding, FIGO and Wellbeing of Women are delighted to announce an Academic Fellowship available for international candidates. A grant of up to £20,000 is available to enable a candidate in the field of obstetrics and gynecology to link up with academic mentors in the UK for a period of up to three years. The applicant will be based at an academic institution in a low/middle resource country and will have in place a funded research project which addresses a priority area for that country/region. The closing date is 3pm on Friday 20 June 2014; full details and application forms are available from: www.wellbeingofwomen.org.uk/research/figo-academic-fellowship/?menu=0c.

Retirement of FIGO's Administrative Director

Finally, I am sure that FIGO colleagues will be extremely saddened to learn that Mr Bryan Thomas, FIGO's Administrative Director of nearly 17 years' standing, is retiring in the summer of 2014. Bryan has worked (with sterling support from Senior Administrator and Committee Manager Marie-Christine Szatybelko) at FIGO with consummate professionalism in a demanding role, and is held in great esteem by all who know him. It has been no easy brief to oversee such a complex, ever expanding and diverse organisation, but it is a role for which he has been uniquely suited. I know that you will all join me in wishing him a wonderful, well-deserved retirement. He is a well-travelled man, due to FIGO's international demands, but I know that he is keen to continue to explore the globe, albeit in a more relaxed fashion!

We are delighted to announce that our new Administrative Director is Mr Sean O'Donnell. Sean has substantial senior management level experience in the charity, public and higher education sectors including at, most recently, Royal Holloway College, the University of London. He has also worked for Save the Children and Action for Children. He has significant experience of charity governance, administration, membership organisations, managing professional relationships, implementation of policy and management experience across human resources and finance. We are delighted to welcome him, and feel confident that he will bring a steadying hand to the reins as FIGO moves through a time of transition. You will meet Sean in the next issue.

I wish you a very productive summer as we continue to work towards achieving our important goals.

Best wishes

Professor Hamid Rushwan
FIGO Chief Executive

International Federation of Gynecology and Obstetrics

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Readers are invited to refer items for consideration by email to communications@figo.org no later than Friday 20 June 2014 for the next issue.

The views expressed in articles in the FIGO Newsletter are those of the authors and do not necessarily reflect the official viewpoint of FIGO.

Produced and edited by Alexandra Gilpin at the FIGO Secretariat © FIGO 2014.

Sri Lanka reaps benefits of first training workshops for FIGO PPIUD project



The FIGO Project for 'Institutionalising Post-Partum IUD Services and Increasing Access to Information and Education on Contraception and Safe Abortion Services' (budget US\$1.7 million, funded by an anonymous donor) has begun in earnest, launching first in Sri Lanka.

This new project is specifically designed to institutionalise the practice of routinely offering all women the opportunity to have an IUD inserted immediately after giving birth, within 10 minutes and up to 48 hours of vaginal delivery or during caesarean section.



The IUD is already a recognised and popular method of contraception. It has the lowest rates of discontinuation, is cost-effective, does not rely on user



adherence for efficacy, and can be removed easily any time after insertion, if desired, with a fast return to fertility.

Laura Banks, Project Manager, explained: 'Despite achieving a high rate of institutional deliveries, the proportion of women leaving facilities without receiving a contraceptive method of their choice remains high – in Sri Lanka it is around 97 per cent. Women are asked to come back to the facility six weeks after delivery to receive contraception, and it has been found that most women do not return to the facility, resulting in unmet contraceptive needs and a high rate of unplanned pregnancies. The post-partum period presents an ideal opportunity for women to exercise their contraceptive choice without requiring a return visit. The project seeks to utilise the opportunity presented by birth to meet contraceptive needs and address this gap in the continuum of maternal healthcare.'

Laura continued: 'In October 2013 a visit was undertaken by FIGO to the Sri Lanka College of Obstetricians and Gynaecologists (SLCOG) in order to introduce, discuss and conduct a training of the key financial and project management requirements for implementing the PPIUD project in Sri Lanka. This was swiftly followed by the official programme launch in November 2013 with the support of the Director of the Ministry of Health and the Director of the Family Health Bureau.'

The first two trainings, facilitated by two PPIUD experts from India, took place in November 2013 and included: 32 ob/gyns who will become Master Trainers responsible for training and supporting relevant healthcare providers in their facilities, and 24 registrars and post-graduates. Participants attended from a total of 12 facilities, including six new facilities which have been selected in addition to the initial six teaching hospitals in order to scale up the project.

Materials and modules for the ongoing training of healthcare providers and community midwives have been developed and translated in Tamil and Sinhala. The first trainings for Community Midwives in counselling women on the benefits of IUDs took place in January 2014 with the support of the Family Health Bureau, and a total of 523 participants from the facilities in Galle, Kandy and Colombo. A second round of training took place in March for additional midwives from the same centres, with attendees totalling 440.

Obtaining the correct medical instruments for the provision of PPIUD services has been a challenge, in particular the curved Kelly's forceps which allow for correct insertion technique and which are not used in Sri Lankan facilities and thus not in stock. Solutions have been sought by working with FOGSI in India to immediately procure a small order for initial implementation, and with the Ministry of Health in Sri Lanka to overcome customs issues for a larger supply. In the longer term, and in order to achieve sustainability of the programme, the Ministry has agreed to take full responsibility for ensuring provision of all medical equipment for the project, including Kelly's forceps and IUDs.

As Sri Lanka gears up for the implementation phase, discussion is underway for the possible expansion of the project to additional countries.

All photographs on page 4 courtesy of SLCOG

FIGO restates position on misoprostol for PPH

In March 2014, FIGO and the International Confederation of Midwives (ICM) released a joint statement: 'Misoprostol for the treatment of post-partum haemorrhage (PPH) in low-resource settings'.

The statement, recently endorsed by the FIGO Officers, was developed in close collaboration with ICM, Gynuity Health Projects and FIGO's Committee for Safe Motherhood and Newborn Health.

It is part of FIGO's ongoing collaboration with Gynuity Health Projects, which seeks to disseminate the latest evidence on using misoprostol to prevent and treat post-partum haemorrhage in settings where oxytocin is not available or feasible. It restates the approved FIGO Guidelines 2012 and calls for midwives and obstetricians to improve access to safe delivery services.

The statement is available on the FIGO website (www.figo.org/news/joint_statements) in English, Arabic, French, Spanish and Portuguese.

FIGO has also been raising awareness of the use of misoprostol for PPH through several recent high-profile panel sessions at the RCOG World Congress in India (March 2014) and the 13th NESOG national conference, Nepal (April 2014). A panel is also scheduled at the ICM's Triennial Conference in Prague next month.

Upeka de Silva, the FIGO Initiative's project manager, said: 'As new evidence on the use of misoprostol becomes available, FIGO will continue to disseminate the findings and support its Member Associations, as well as the wider healthcare community, to adapt their practices for the benefit of women giving birth in low-resource settings.'

PPIUD Project implementation comprises four key areas



Advocacy: Securing support from the Ministry of Health and key health officials for the project and for inclusion of IUD into the menu of post-partum contraceptive methods offered.

Efforts to integrate PPIUD services into pre- and in-service training curricula.

Training: Insertion immediately post-partum requires special training to ensure accurate insertion technique, safe insertion and infection prevention. Master trainers from each facility will be trained and undertake the responsibility to train those within their facility.

Training and capacity building of all health facility ante-natal and delivery team personnel on counselling women about the overall benefits of contraception, dispelling myths around IUDs, safe insertion and infection prevention and post-insertion counselling and care will also be undertaken, with particular focus on midwives, who play a crucial role in this area.

Research: A study to assess the rates of post-partum IUD continuation, expulsions and overall client satisfaction will be completed, with regular follow up of clients for a period of two years after delivery.

Monitoring and evaluation: Detailed client and provider data will be collected and analysed with a view to improving quality of care and provider performance.

As an added valuable component to the project, it also aims to improve the quality, scope and reliability of information available to healthcare professionals worldwide on all aspects related to family planning and safe abortion care through The Global Library of Women's Medicine (GLOWM) website, a global platform for knowledge transfer. A dedicated section on the GLOWM website on the topics of Family Planning and Prevention of Unsafe Abortion is now available at www.glowm.com/FIGO_resources.

Record submissions in 2013 for IJGO

FIGO's official publication, the *International Journal of Gynecology & Obstetrics* (IJGO), received over 1,400 submissions in 2013 – a record number for the Journal.

Editorial Board members attending the annual meeting in London, held in February, also learnt of increases in the number of IJGO articles downloaded from ScienceDirect (over 500,000 in 2013); the number of IJGO articles cited by other authors (over 5,500 in 2010/11); and the number and geographic distribution of its reviewers. The Journal scored over 95 per cent for overall satisfaction on Elsevier's author feedback survey and overall publication time had also been reduced. Four Supplements were published in 2013 and there has been an increase in proposals for future Supplements.

Clare Addington, IJGO Managing Editor, said: 'The Editorial Board, led by Editor Emeritus Dr Jack Sciarra, paid tribute to Dr Timothy Johnson, who is scheduled to step down as Editor in September 2014. Dr Johnson became Editor in 2006 and has presided over a fantastic period of growth in both quantity and quality of submissions. His dedication and vision have



Editorial Board meeting, February 2014 (Dr Timothy Johnson front row centre)



ensured that the Journal has grown in prominence among women's health journals, has remained committed to one of its primary objectives of publishing articles from researchers working in low- and middle-income countries, and has continued to act as a platform to highlight FIGO's priorities and projects.

'Preparations are underway for publication of the 2015 World Report on Women's Health, which will be guest edited by FIGO's President-Elect, Professor Chittaranjan Narahari Purandare, and published in time for the FIGO Congress in Vancouver.

'Following its success at recent Congresses, IJGO's editors will once again host an author Workshop for prospective authors to learn how to maximise their chances of getting published in the Journal. Staff from the Editorial Office will be available at a dedicated IJGO booth to meet and answer questions from anyone interested in submitting their work.'

Clare added: 'On a final note, Mr Pete Chapman, IJGO's Deputy Managing Editor, left the Journal in April after five years at FIGO. He will be sorely missed and we wish him well in his future endeavours.'

New FIGO GDM Initiative kicks off in London

FIGO is proud to unveil a new initiative that seeks to produce, disseminate and implement evidence-based standards of care protocols on caring for women with gestational diabetes. The financial support secured from Novo Nordisk enables FIGO to bring together independent experts on gestational diabetes mellitus (GDM) to develop the tools needed by obstetricians and gynecologists and other key healthcare professionals for providing comprehensive maternal healthcare services.

Professor Hamid Rushwan, FIGO Chief Executive, said: 'There is now increased understanding of the negative impact that diabetes has on people's lives, life chances and overall wellbeing, with strong evidence to indicate that over 76 million women with diabetes or pre-diabetes [Impaired Glucose Tolerance – IGT] are of reproductive age and at risk of having their pregnancies complicated by hyperglycaemia.

'It has been realised that a comprehensive resource setting out evidence-based guidance on screening, diagnosing and providing care for women with GDM remains unavailable to key healthcare professionals. As a response to this unmet need, FIGO is fully committed to promoting an integrated approach to maternal and child health services in this area.'

An expert group representing FIGO regions will develop the Guidelines, with the involvement of the FIGO Committee for Safe Motherhood and Newborn Health and the FIGO Working Group on Best Practice on Maternal-Foetal Medicine. This group is due to meet in early May at FIGO HQ, and we look forward to reporting on planned activities in the next issue.

New FIGO Working Group sets its agenda for 2014 – Best Practice on Maternal-Foetal Medicine

The first meeting of the newly established FIGO Working Group on 'Best Practice on Maternal-Foetal Medicine' (chaired by Dr Gian Carlo Di Renzo, Italy – centre in photo) was held in early 2014 in London.

In 2014, the 'Best Practices' Group will focus on folic acid supplementation, prediction and prevention of pre-term birth and non-invasive prenatal diagnosis and testing.



Best Practice on Maternal-Foetal Medicine Working Group meeting (London)

'Saving Mothers' Lives': Bolivian society workshops highlight PPH

Since February 2013, free training in 'Post-Partum Haemorrhage: Prevention and Treatment' has been developed by the Society of Gynecology and Obstetrics of Santa Cruz (Bolivia), and has benefited nearly 900 health professionals, not only in the city, but also in surrounding rural areas.

The principal objective of the workshops is to train those professionals who attend women in labour, teaching them techniques that can save a mother's life.

Dr Carlos Fuchtnner, Workshop Director – and the Executive Board representative of FIGO's Bolivian Member Society – said: 'The Society will certainly continue with this worthwhile project – we know that proper training of healthcare professionals results in fewer tragic deaths of mothers.'

He added: 'PPH is a major cause of maternal mortality, yet is highly preventable through skilled care. We hope that other national societies will be encouraged to start their own activities in this important area of women's health.'



Workshop activities



Workshop activities

courtesy of Sociedad Boliviana de Ginecología y Obstetricia

Q and A with Bryan Thomas, FIGO Administrative Director

Many of you will be aware that Mr Bryan Thomas, FIGO's Administrative Director, is retiring in July 2014 after some 17 years with the organisation. Bryan joined FIGO in 1997 following a lengthy career in international banking and a brief period during which he became involved in the television and entertainment industry.



Bryan, you have been at the helm of FIGO for a long time... looking back, what attracted you about working for it?

To be brutally honest, I needed a job! I had taken what was intended to be a sabbatical from banking around 18 months earlier because I had become involved with a group of British media entrepreneurs and, between us, we had come up with an idea for a new television channel just at the time when satellite TV in the UK was expanding and seeking new ventures. Sadly, after about a year of intense development, the financiers who had promised to back us pulled out at the very last minute and – honestly – my savings had run out and I needed to pay the bills! I could not face going back into banking so I began to look for something in the charitable sector. FIGO gave me an opportunity and I joined assuming that – compared to the financial sector – it would be relatively stress-free. Little did I know...!

How has the organisation changed since your early days?

It has changed beyond recognition. I joined as the 'junior' and, at the time, there were only three permanent staff and one part-time book-keeper. The staff then consisted of my predecessor, Chantal Pradier – who had been with FIGO for over 20 years – Rosa Tunberg, Franky Kossy and me. After a year or so, Chantal decided to leave and, following a fairly intensive selection process, I was chosen to take her place and was appointed as what was then 'Administrative Secretary' in May 1999. At the time, FIGO was just starting out on its first major 'intervention' project - the FIGO Save The Mothers Initiative – which, somehow, we managed to handle administratively without any additional staff or resources.

Perhaps the most significant change came in 2004 when FIGO moved into its new permanent home just south of the River Thames near Waterloo Station in London. The FIGO Treasurer at the time – our current President, Professor Sir Sabaratnam Arulkumaran – and I knew that it made economic sense to try and buy something that would eventually become a permanent asset

for FIGO rather than continuing to rent space as we had for many years. However, it was a major challenge to identify a space that FIGO could not only afford to buy (with the help of a bank loan), but that would also allow all of its administrative activities to be brought together under one roof. (The Editorial Office for the International Journal of Gynecology & Obstetrics, for example, had been based in Chicago and, when its then-Editor – former FIGO President Jack Sciarra – stepped down, the opportunity was taken to move the operation to London.)

A further major step forward was taken in September 2007 with the appointment of Professor Hamid Rushwan as Chief Executive. It had always been FIGO's long-term plan to appoint a Chief Executive when it had sufficient resources to do so, and I had always been supportive of the intention to appoint someone who could act as an ambassador for FIGO and who, crucially, had the technical and scientific expertise that I lacked to allow the organisation to seek grants and other funding that would allow it to increase significantly the number of interventions that it undertook globally.

Many people think that FIGO is a 'rich' organisation, but this is far from the truth. All of the funds generated from membership fees, the Congress, publications and so on are used to support its core running costs, and any surplus is pumped into the many projects and other charitable activities that it undertakes, so having Hamid on board to try to improve the organisation's income streams has been hugely important. Luckily, Hamid and I got on well from the start and the synergy between us has, I hope, helped to mould the organisation into what it has become today. The staff complement of FIGO is now around 14 – almost five times what it was when I started, but still very small compared to many comparable organisations – and the range of activities undertaken has also increased massively.



L-R: Back row: Bryan Thomas, Franky Kossy; front row: Rosa Tunberg, Chantal Pradier, Marta Williams

Any special memories to take away?

I have many memories – mostly (though not all) happy!

I joined FIGO on 1 September 1997. It is an easy date to remember because it was the day after Princess Diana died and the whole country was in a state of shock and grief, so starting a new job at that time was a very strange experience.

The triennial Congresses stand out. They are times of major stress but there are always somehow lighter moments to punctuate the massive workload that such an event brings.

I remember, in particular, the time when a rather large, colourful (now sadly deceased) candidate for election as a FIGO Officer – who I will not name! – surprisingly did not attend the General Assembly where the election was taking place. It subsequently emerged that he had managed to get stuck in a toilet cubicle that had to be dismantled to release him. Not only that, but he exclaimed when released from his temporary prison that 'this is always happening to me'!

There have been tricky times, too – like the time at the General Assembly in Santiago, Chile, in 2003 when the English-speaking technical supervisor failed to show up. I speak very little Spanish, so I had to run the whole complex event through a translator with a group of – thankfully very capable – Spanish-speaking technicians who spoke no English.

Many of these experiences have, of course, been shared with FIGO's Senior Administrator and Committee Manager Marie-Christine Szatybelko. Over the past 14 years since she joined FIGO in April 2000, Marie-Christine has been incredibly supportive. I can honestly say that I could not have done this job as effectively as I hope I have without her.



Bryan with Marie-Christine Szatybelko, in Santiago, Chile, following the 2003 World Congress

What will you miss about FIGO?

Mainly the people. Even after all these years, I still find it hard to believe that FIGO manages to achieve quite as much as it does with so few staff and a heavy reliance on volunteer support.

The Officers and Executive Board of FIGO change every three years but – even though that means a steep learning curve for the new 'recruits' – I can honestly say that I have never been less than incredibly impressed by the dedication and commitment shown by the vast majority of the ever-changing group of volunteer doctors who, for no financial gain, give up their time to support and direct the activities that FIGO undertakes.

Sadly, despite the enormous achievements that FIGO has managed in recent years, there is still so much to be done in the area of maternal and newborn health. I know more about the female anatomy now than I ever imagined I would – or even wanted to! – but it is an uphill struggle and I wish my successor well in playing his part in that!

I won't miss the stress – the thought that I never again have to take responsibility for the organisation of a FIGO General Assembly is very comforting!

How do you plan to spend your well-deserved retirement?

Sleeping for at least a year! After that, I will be concentrating on the things that – because of the demands of this job – I have not been able to do as much of as I would have liked over the past few years. Many of my close friends are already retired and I intend to see far more of them than I have been able to recently. I want to spend more time travelling, without the knowledge that 18-hour working days await me when I get off the plane. I have a deep passion for music and theatre and I want to devote more time to that. And then there is that half-finished novel that has been languishing in a drawer since 1997...!

We wish Bryan all the very best for his retirement, and thank him for his immense contribution to FIGO.

Vancouver 2015: more details coming soon at www.figo2015.org



www.figo2015.org will soon carry more information on the next FIGO World Congress, providing an essential 'one-stop shop' for prospective attendees.

Professor Hamid Rushwan, FIGO Chief Executive, said: 'FIGO is looking forward with enormous anticipation to this Congress. We know that Vancouver will be a superb host to our

global guests, and our Scientific Programme is shaping up to be both stimulating and enriching to all levels of healthcare professionals.'

He added: 'Detailed information about our sponsorship packages is available on the website: we know that many global names will be taking the opportunity to raise their profiles at this major triennial Congress, the largest event in its sector.'



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Countdown to Vancouver 2015

2nd Announcement brochure:

October 2014 (including Call for Abstracts, Provisional Programme, Registration and Accommodation details)

Registrations and Accommodation Bookings Open:

October 2014

Abstract Submissions Open:

October 2014

Abstracts Due:

15 March 2015

Notification of Acceptance:

30 April 2015

Early Registration Deadline:

15 May 2015

Hotel Reservation Deadline:

31 August 2015

Congress:

4-9 October 2015

Diary Dates

22-24 May 2014

First European Spontaneous Preterm Birth Congress (Svendborg, Denmark)
www.espbc.eu/

26-30 May 2014

15th World Congress for Cervical Pathology and Colposcopy (IFCPC 2014) (London, United Kingdom)
www.ifcpc2014.com/

28-31 May 2014

13th Congress of the European Society of Contraception and Reproductive Health (Lisbon, Portugal)
www.esrh.eu/events/esc-events/2014

4-7 June 2014

XXIV European Congress on Perinatal Medicine (Florence, Italy)
www.ecpm2014.org/

30 October-2 November 2014

FIGO-SAFOG-SLCOG Conference (Colombo, Sri Lanka)
www.figo-safog2014colombo.org/index.html

10-13 June 2014

70th Annual Clinical and Scientific Conference of SOGC (Niagara Falls, Ontario, Canada)
www.sogc.org/events/annual-clinical-and-scientific-conference-acsc-2014/

29 June-2 July 2014

ESHRE 2014 (European Society of Human Reproduction and Embryology) (Munich, Germany)
www.eshre.eu/annual_meeting/page.aspx/11

22-26 July 2014

AUGS/IUGA Joint Scientific Meeting (Washington DC, USA)
www.iuga.org/general/custom.asp?page=2014meeting

FIGO and FOGSI take the stage at 57th AICOG



L-R: Dr Malhotra, Professor Sciarra and Professor Di Renzo (Patna)

FIGO and FOGSI joined forces at the 57th All India Congress of Obstetrics and Gynaecology, Patna, India, in February 2014, for a special panel session entitled: 'FIGO Guidance for clinical practice' (Chairpersons: Dr Suchitra Pandit, Dr CN Purandare and Dr Nozer Sheriar).

The topics presented were: Fetal Testing (Professor Gian Carlo Di Renzo – FIGO Honorary Secretary); Evaluation of Modern Contraceptive Methods (Dr Narendra Malhotra – FOGSI representative to FIGO); and Abnormal Uterine Bleeding (Professor John J Sciarra – FIGO Past-President).

Sri Lanka welcomes FIGO-SAFOG-SLCOG joint conference



A special joint conference organised by FIGO and the South Asian Federation of Obstetrics and Gynaecology (SAFOG), in collaboration with the Sri

Lanka College of Obstetricians & Gynaecologists (SLCOG), will be held at the Bandaranaike Memorial International Conference Hall, at Colombo, Sri Lanka, from 30 October to 2 November 2014.

Visit www.figo-safog2014colombo.org/index.html for full details.

(courtesy of conference organisers)

28-30 August 2014

9th Athens Congress on Women's Health and Disease (Athens, Greece)
www.womenshealth2014.com

17-20 September 2014

13th European Congress of Paediatric and Adolescent Gynaecology (London, UK)
Joint RCOG/BritSPAG/EURAPAG Meeting
www.rcog.org.uk/events/13th-european-congress-paediatric-and-adolescent-gynaecology

18-21 September 2014

2014 International Conference on Stillbirth, SIDS and Baby Survival (Amsterdam, the Netherlands)
www.stillbirthalliance.org/

FIGO accepts no responsibility for the accuracy of the external event information. Inclusion of any event does not necessarily mean that FIGO either endorses or supports it (unless otherwise stated).



FIGO



Vancouver

XXI FIGO World Congress of
Gynecology and Obstetrics

4 - 9 October 2015