



International Federation of Gynecology and Obstetrics

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NEWSLETTER

Building closer relationships: tackling the unmet needs of women's health

Dear Colleagues

The world is witnessing an unprecedented interest in women's and newborns' health. Each one of us as individuals, and as part of national, regional and subregional societies, can help to alleviate problems. Many of our regions have countries that harbour deep-rooted societal practices, starting even before a child is born, such as sex-selected abortion, childhood marriage, child labour, adolescent rape, gender-based violence, sexual harassment at work, so-called 'honour' killing – the list goes on. As professional societies, we need to extend our activities beyond the confines of our hospitals if we are to improve women's health. Each of us needs to work in these areas, both individually and collectively, by joining hands with non-governmental and governmental organisations to reduce or abolish these practices.

Unmet needs of women's health

In order to address these, and other 'unmet needs', of women, FIGO participated in a joint meeting with the South Asian Federation of Obstetrics and Gynaecology (SAFOG) and the Sri Lanka College of Obstetricians and Gynaecologists (SLCOG) over five days of intense academic activity in Colombo, Sri Lanka, from 29 October-2 November 2014. The lectures, symposiums and workshops were developed with a human rights perspective in mind, bolstered by the active participation of FIGO's Japanese, Singaporean, Malaysian, UK and Australia and New Zealand national societies, among others. Contributions were also made by March of Dimes (MOD), the World Health Organization (WHO) and the United Nations Population Fund (UNFPA), alongside a host of other non-governmental organisations,

making the meeting a unique event, supported by high calibre scientific discussion. The conference was a huge success, attended by 700-plus delegates from over 40-plus countries.

Unsafe abortion and contraception

It was clear from the meeting that reproductive-age women in the SAFOG region face additional problems of anaemia, unplanned pregnancies, poor antenatal care, reduced access to much needed family planning and legal abortion services. FIGO is working with some of the national societies in the region to help tackle these issues. The work on contraception and safe abortion care is extended to several other countries, notably Africa and South America. FIGO will concentrate intensively on these issues – it is estimated that about 30 per cent of maternal mortality reduction can be achieved by

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FIGO-SAFOG-SLCOG Conference (October/November 2014)
FIGO President 4th from right, front row

(courtesy of the organisers)

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Building closer relationships: tackling the unmet needs of women's health

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meeting the current unmet need of contraception, and 13–15 per cent by providing safe abortion care where it is legally permitted. We will explore the possibilities of expanding work in these areas in more countries in a sustainable way.

Gender-based violence

I have expressed grave concerns about gender-based violence (GBV) – alarmingly, the incidence in most countries seems to be rising. FIGO will play an important role in tackling this major problem. We are in the process of finalising a Working Group with international NGO partners to look at how we can jointly work to reduce the burden of GBV, not only through advocacy activities, but also exploring ways through which we can help at the 'grassroots' level. At the FIGO World Congress next October, we intend to explore this issue in depth. The inaugural Mahmoud Fathalla Lecture will be delivered by Tony award winner, playwright, activist and author Eve Ensler. In addition, there will be sessions covering important aspects of gender-based discrimination and violence.

Care of an ageing population

Another unmet need discussed at the FIGO-SAF0G-SLCOG conference is care of an ageing population. This situation presents a unique set of challenges, both medically and socially. We need to explore how best we can help the ageing population live gracefully, by tackling the problems they develop such as post-menopausal osteoporosis, fractures, urinary problems and the increasing incidence of cancer and non-communicable diseases (NCDs). We need to promote healthy living to reduce morbidity and fragility. The advances in technology, the knowledge "explosion" and increased patient expectation require us to absorb the latest developments in our field to care for this particular population. Every society should plan public health interventions to promote the health of the elderly through providing advice on nutrition, exercise, social interaction, cancer screening and provision of early treatment of cancer. The incidence of NCDs rises with ageing and there should be robust strategies for health promotion, screening and management.

Activities at national and regional meetings

In August I attended the Obstetrical and Gynaecological Society of Singapore's annual meeting, which provides much needed Continuing Professional Development (CPD) regional activity for those in our profession. I attended a planning meeting with members from the University of Harvard and SLCOG to discuss FIGO's PPIUD project on post-partum contraception, which will be monitored and evaluated by the University itself.

Professor George Creatsas was kind enough to integrate a FIGO symposium in his conference on women's health which took place in Athens, Greece in late August – I represented FIGO with Professor Luis Cabero-Roura (Chair of the FIGO Committee for Capacity Building in Education and Training), and Professor Gian Carlo Di Renzo, FIGO Honorary Secretary, to highlight some of FIGO's activities in both well-resourced and under-resourced countries.

In September I gave the opening address on the current status of hypertensive disease in pregnancy in the 'Pathophysiology of pregnancy and hypertension' at the 35th Annual Congress of the Japan Society for the Study of Hypertension in Pregnancy (JSSH 2014), organised by Dr Masao Nakabayashi.

I also had the unique opportunity of running a pre-congress study day and presenting several lectures at the annual conference of the Obstetrical and Gynecological Society of Bangladesh, held in Dhaka in late September. The opportunity was taken to meet with its officers and the hospital co-ordinators with whom we will be working on FIGO's PPIUD project.

In November I represented FIGO at the Philippine Obstetrical and Gynecological Society's annual conference, presenting a keynote paper on 'Translating Clinical Research into Clinical Practice'. Professor Walfrido Sumpaico – Secretary General of the Asia & Oceania Federation of Obstetrics & Gynaecology (AFOG) – should be given credit for his immense contribution to the development of obstetrics and gynecology in the Philippines, and more generally in the Asia and Oceania region.

The Nepal Society of Obstetricians and Gynecologists (NESOG) celebrated its Silver Jubilee in mid-November. It was a pleasure to have joined President Professor Pushpa Chaudhary and her team. This was followed by the Indo-Nepal conference – it was a privilege to participate by invitation of the President and Professor Suchitra Pandit, FOGSI President.

Our energetic Vice President, Professor Ernesto Castelazo, represented FIGO at two important conferences, the 65° Congreso Mexicano de Ginecología y Obstetricia (26–30 October 2014; also attended by our President Elect, Chief Executive and Chair of the FIGO Committee for Capacity Building in Education and Training), and the 30th Venezuelan Meeting of Obstetrics and Gynecology (4–9 November 2014). Both events attracted substantial participants and provided rich scientific discussion and debate.



Professor Ernesto Castelazo (Mexico, October 2014)

At this juncture, I must mention the exemplary dedication, commitment and spirit shown by the Sociedad de Obstetricia y Ginecología de Venezuela under the expert leadership of President Dr Rodrigo Alfonso Aria – he has worked tirelessly to help his members act on a host of FIGO recommendations. We are always hearing of the good activities being actioned by our national and regional societies – evidence of true social responsibility. I would like to convey my deepest appreciation and gratitude on these commendable contributions, as we come together in our joint mission to improve the health and wellbeing of women and newborn children worldwide.

The importance of communication

It is important that FIGO keeps its members abreast of important and useful announcements. To this end, a host of statements can be found on our website covering a wide range of issues, most recently on World Prematurity Day, and World AIDS Day. Visit www.figo.org/figo-statements and www.figo.org/figo-joint-statements and please disseminate as appropriate.

In addition, FIGO likes to publicise topical announcements from collaborating organisations eg the Society of Obstetricians and Gynaecologists of Canada (SOGC), the Royal College of Obstetricians and Gynaecologists (RCOG) and the American Congress of Obstetricians and Gynecologists (ACOG) have recently issued an important joint statement: 'The Role of Professional Health Associations in Reducing the Global Burden of Maternal Mortality', which can be found at the following link: www.acog.org/About-ACOG/News-Room/Statements-and-Advisories/2014/The-Role-of-Professional-Health-Associations-in-Reducing-the-Global-Burden-of-Maternal-Mortality.

Nine months to Vancouver 2015

Preparation for the next World Congress continues apace, under the able leadership of the respective organising committees. The scientific programme is almost finalised, with participation from a number of major organisations. Leaders from global bodies will provide their insights on the issue of 'Every Mother and Every Newborn' at the President's Session. The Inaugural Mahmoud Fathalla Lecture will be given by Ms Eve Ensler; the Markku Seppala Ovidon Lecture by Professor Linda Giudice (Environmental Exposures and Reproductive Outcomes: A Call to Action!); the ACOG Howard Taylor Lecture by Professor Herbert Peterson (Great Moments in Global Women's Health and Why We Are in One Now!); and the De Watteville Lecture by Professor Dennis Lo (Fetal DNA in Maternal Plasma: Translating Science into a New Clinical Paradigm).

I strongly encourage you to join us for this triennial ob/gyn 'Olympic' event! – the Congress website contains all you need to know at www.figo2015.org.

Dr Harold Kaminetzky

It is with great sadness that I report to you the passing of Dr Harold A Kaminetzky on 7 November 2014. Harold was the second editor of FIGO's International Journal of Gynecology & Obstetrics (IJGO) until 1985, and also a President of ACOG. He was a great supporter of FIGO, standing as programme chair of the 1981 FIGO Congress in San Francisco (hosted by ACOG). FIGO conveys its sincere sympathies to his family and many friends.



Dr Harold Kaminetzky

Kind regards



Professor Sir Sabaratnam Arulkumaran
FIGO President

CHIEF EXECUTIVE'S OVERVIEW

Dear Colleagues

As we approach the last third of the year, the pace of activity within FIGO has not lagged, and we find ourselves as busy as ever!

In July I attended a meeting organised by Women and Health Alliance (www.waha-international.org) on gender-based violence, where aims and objectives were discussed. During this meeting, WAHA kindly agreed to sponsor the new FIGO Working Group on Gender Violence. Violence against women is endemic in our world – it is essential that physicians are kept informed of the global situation so that they can work together to alleviate its terrible effects, the ripples of which can extend far beyond women and their immediate families.

Keeping human rights at the forefront

In early September, FIGO was invited to an important conference in Geneva, hosted by the Human Rights Council, on how FIGO and other organisations are working with the technical guidance on a rights-based approach to maternal mortality and morbidity. At this event, Member States discussed the implementation report in order to share more detailed information about the ways in which the technical guidance is being used, and the importance of adopting rights-based approaches in this area. National, regional and international perspectives were examined, as well as garnering input from stakeholders, and there was much rich discussion on common challenges. While in Geneva, I took the opportunity to hold meetings with several WHO colleagues – Drs Marleen Temmerman, Mario Festin and Ahmet Metin – concerning a variety of FIGO-related issues, most notably regarding input into, and preparation of, our Pre-Congress courses in Vancouver next year.

In September, I travelled to Seoul on kind invitation to attend the 100th Annual Conference of the Korean Society of Obstetrics and Gynecology, and the 19th Seoul International Symposium, to present on 'The Role of FIGO in Global Women's Health'. FIGO's President-Elect, Dr C N Purandare, also participated. The event was superbly organised, and there was much opportunity to liaise with our Korean colleagues

and to participate in enriching discussion and debate about the many activities they engage in to help improve the health of women in their country.

The challenges of prematurity

Early October saw me in Florence to present on 'FIGO Activities and International Actions to Prevent Prematurity'. The meeting was organised by the Permanent International and European School in Perinatal, Neonatal and Reproductive Medicine (PREIS), which was founded, and is presided over, by Professor Gian Carlo Di Renzo, FIGO Honorary Secretary. The issue of pre-term birth is a critically important one, so much so that FIGO has recently set up a new Working Group in this area, with close support from collaborating partner March of Dimes. We look forward to reporting on its activities in due course.

In late October, I travelled to Mexico on invitation from the 65th Congreso Mexicano de Ginecología y Obstetricia 2014. The Congress highlighted many important issues, in particular, focusing on the challenges of Mexico ASRH activities. Following on from this, I travelled to the FIGO-SAFOG-SCLOG conference in Sri Lanka. A closer look at this important and highly successful conference is provided by Dr Narendra Malhotra, Editor of the SAFOG Journal, on page five.

In December, I attended the Partnership for Maternal, Newborn and Child Health's (PMNCH) 16th Executive Board Retreat in Geneva, and also a special meeting in London with potential new collaborators M4ID, a social enterprise organisation, based in Finland, providing new communication technology services for the health and development sector. M4ID intends to work with four professional associations – FIGO, ICM, IPA and ICN – to better understand parties' efforts as techno-advocates at a global and country level. The meeting was attended by representatives of the Gates Foundation, M4ID and the presidents of FIGO, ICN, IPA and ICM.

My very last commitments of 2014 will take me to Cairo for the Egyptian Fertility and Sterility Society 20th Annual International Conference: 'New Trends and Developments in Women's Reproductive Health'. This will also provide an opportunity to discuss with The International Islamic Center for Population Studies and



Professor Rushwan with Professor Di Renzo in Florence (October 2014)

Research (IICPSR) and the WHO Regional Office for the Eastern Mediterranean (EMRO) the development of regional activities, especially in the area of FGM.

Recently, FIGO was saddened to say goodbye to two dedicated project managers, Upeka de Silva and Amata Kwizera. Their contributions to FIGO activities were substantial and they will be greatly missed. However, I am delighted to welcome several new staff members – Jessica Morris, Lilli Trautvetter and Maya Sethi (more detail on page six). We wish them all the best in their respective duties, and we are sure that project activities will continue smoothly as they find their feet in the FIGO family!

In addition, the FIGO finance department has recently restructured, and we are delighted to consolidate our new team: Paul Mudali – Financial Controller; Atinuke Olanrewaju – Project Accountant; and Katarzyna Majak – Finance Administrator. We will introduce them and their valuable work in the next issue.

I hope that all FIGO colleagues and collaborators enjoy a successful and enjoyable conclusion to 2014.

My best wishes to you and your families for 2015.

Professor Hamid Rushwan
FIGO Chief Executive



Group photo at the 100th Annual Conference of KSOG (September 2014)
(Professor Rushwan 6th from left, front row)

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Readers are invited to refer items for consideration by email to communications@figo.org no later than 2 March 2015 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.

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Maternal Near Miss Reviews in India

by Chittaranjan Purandare¹, A Bhardwaj²

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² Avni Health Foundation, Mumbai, India



Professor C N Purandare (FIGO President-Elect)

India has made significant progress in reducing its maternal mortality ratio (MMR) from 212 to 178 – however, the country has a long way to go to meet Millennium Development Goal No 5, reducing MMR to 150 by 2015, and the national 12th plan goal of reducing MMR to 100 by 2017. The Maternal Death Review programme launched by the Ministry of Health and Family Welfare, Government of India (GOI) in 2010, was a useful initiative to gather detailed information on various factors at facility, district, community, regional and national levels that were to be addressed to reduce maternal deaths. However, given that the number of maternal deaths has seen an overall decline, the number of maternal deaths at each facility too has seen a decline, making it difficult to get the full continuum of factors which may have contributed to the deaths.

Maternal Near Miss (MNM) cases generally occur more frequently than maternal deaths, and therefore a more reliable quantitative analysis can be done which can provide a more comprehensive profile of the health system functioning. Identification of the obstacles and gaps in the health system and a co-ordinated approach to resolve these can ultimately lead to an improved health system.

Under the guidance of the GOI, a National Technical Group (NTG) was constituted to guide the GOI in considering the national implementation of MNM. Between 2012–2013 the NTG completed the task of firming up the MNM definition; criteria for selection of MNM cases; tools for reporting MNM; and the broad operational plan for its implementation.



Ajeay Bhardwaj

In the Indian context, Maternal Near Miss would be defined as 'a woman who survives life threatening conditions during pregnancy, abortion, childbirth or within 42 days of pregnancy termination, irrespective of receiving emergency medical/surgical interventions or otherwise'. To identify an MNM case, criteria were divided into four broad sections with adverse events under each section to facilitate identification and tabulation of causes leading to MNM. The four sections and adverse events were: pregnancy-specific disorders (haemorrhage, sepsis, hypertension); pre-existing disorders aggravated during pregnancy (anaemia, respiratory dysfunctions, cardiac dysfunction, hepatic dysfunction, endocrinal disorders (diabetic ketoacidosis, thyroid crisis), neurological dysfunction, renal dysfunction/failure; pregnancy-specific medical disorders (liver dysfunction/failure, cardiac dysfunction/failure); and incidental and accidental causes of maternal death that could have occurred in pregnancy (accident/assault/surgical problems, anaphylaxis, infections, embolism and infarction). Within each section and under each adverse event a detailed list of disorders/conditions or complications, clinical findings (symptoms and signs), results of investigations and interventions were listed. For a case to be listed as an MNM case it should meet

a minimum of three criteria in each section: one each from 1) clinical findings (either symptoms or signs), 2) investigations carried out, and 3) interventions done to manage the case or any single criteria which signifies cardio respiratory collapse.

Six pilot facilities were identified and a total of 264 cases of MNM were reported. Of all 264 cases, 111 (42.0 %) were admitted with severe morbidity and 103 (39.0%) were referred with severe morbidity. Women were admitted to the facilities with multiple disorders and haemorrhage was the leading cause of MNM, be it during the early or late pregnancy, intra-partum or post-partum phases. Once admitted, all of the women received medical care, and a total of 488 interventions were performed. Leading interventions included resuscitation for survival in 24.6% (65/264), 18.2% (48/264) underwent laparotomy for intractable post-partum haemorrhage, 11.7% (31/264) had to be given mechanical ventilation and in 10.2% (27/264) of cases uterine evacuation was done. At discharge, 147 had completely recovered; 94 cases had minor morbidity like wound infection, low platelets, tongue bites, UTI etc; three had major morbidity, out of which two had hemiparesis and one cerebral infarction; and in 20 cases records were incomplete.

Lack of antenatal care and timely referral in 30.7% (81/264) and 26.5% (70/264), delay in seeking treatment in 60.6% (160/264) and lack of transport in 30.3% (80/264) were identified as contributory factors for MNM.

Given the importance of MNM in providing valuable information on factors contributing towards reducing the MMR, the GOI is firming up the policy and operational framework for the launch on MNM across India.

A detailed paper on this work, with full references, can be viewed at the following link: www.onlinelibrary.wiley.com/doi/10.1111/1471-0528.12942/pdf.

1,000+ specialists benefit from FIGO-WDF Workshops

FIGO has recently completed its successful Workshop collaboration with the World Diabetes Foundation (WDF), with events taking place in Bangkok, Rome, Florence, Addis Ababa, Mexico and Shanghai at major international conferences and congresses.

The great achievement of the project was that a substantial number of healthcare professionals – more than 1,000 specialists and midwives – learned effective strategies to treat and control gestational diabetes, and also other non-communicable diseases, during pregnancy.

The Workshops illustrated the timely opportunities for acting during pregnancy to prevent the negative impact of non-communicable diseases, especially diabetes. There is increased understanding of the negative impact that diabetes has on people's lives, life chances and overall wellbeing. There is strong evidence to indicate that over 76 million women with diabetes or pre-diabetes (IGT) are at reproductive age and at risk of having their pregnancy complicated by hyperglycaemia.

The Workshops' objectives were to introduce



(courtesy of World Diabetes Foundation)

particular protocols to use during pregnancy (screening, diagnosis, and treatment in relation to managing diabetes and pregnancy, anaemia, obesity, etc).

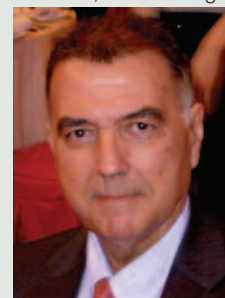
Project Director Professor Luis Cabero-Roura, Chair of the FIGO Committee for Capacity Building in Education and Training, said: 'The main goal of the FIGO CBET Committee is to help promote the educational objectives of FIGO in the field of women's sexual and reproductive health and rights. Our collaboration with WDF provided a superb opportunity to educate and inform a large cross-section of professionals.'

'The main lesson learned from this worthwhile enterprise is that there are many opportunities to make a significant impact on managing this condition, especially in low-income countries.'

The most important impact will come from Workshop attendees returning to their own countries and directly implementing the actions outlined.

'It is thought that the project will have a successful continuation, because it is straightforward to replicate the courses at different levels of the healthcare system, especially for nurses and midwives.'

'According to our experience, national societies, universities and ob/gyn departments can be the best vehicles for continuation. However, all these organisations must have



Professor Luis Cabero-Roura

formal guidelines to assist them in achieving their goals.'

Professor Hamid Rushwan, FIGO Chief Executive, added: 'FIGO and WDF were an excellent team in the organisation and implementation of these workshops – we look forward to future collaboration.'

Reporting from Colombo on the FIGO-SAFOG-SLCOG Conference



Dr Narendra Malhotra

‘This FIGO regional meeting (30 October – 2 November 2014), organised with the South Asian Federation of Obstetrics and Gynaecology (SAFOG) and the Sri Lanka College of Obstetricians and Gynaecologists (SLCOG), was a hugely successful event on: “Unmet needs in women’s health”. The brainchild of the FIGO President, Sir Sabaratnam Arulkumaran, the conference was attended by over 700 delegates from across the globe, with all major organisations participating.

‘Eight well attended pre-conference workshops took place on 29–30 October 2014 on a variety



(courtesy of the organisers)

of topics, including maternal death surveillance and response, advanced life support in obstetrics, diagnostic and operative endoscopy, and recent advances in foetal medicine.

‘The conference was inaugurated by the President of Sri Lanka, the Honorable Mr Mahinda Rajapaksa, who welcomed a packed hall and stressed the need for political will to save mothers. He highlighted the various maternal health programmes being successfully rolled out in Sri Lanka.

‘Professor Arulkumaran, FIGO President, gave an overview of FIGO and its work, highlighting the current academic and social programmes and

projects of FIGO all over the world. He congratulated SLCOG for the wonderful work being done in Sri Lanka for women’s health, and also for the successful organisation of the conference.

‘Organisations officially participating, represented by their key office bearers, included the UK’s RCOG (Royal College of Obstetricians and Gynaecologists), FOGSI (the Federation of Obstetric and Gynaecological Societies of India), NESOG (the Nepal Society of Obstetricians and Gynaecologists), JSOG (Japan Society of Obstetrics and Gynecology) and many others.

‘The expertly crafted Scientific Programme covered a host of topics related to maternal health and diseases. This included: fertility care; the post-partum period; preterm birth; hysterectomy; heavy menstrual bleeding; foetal growth restriction; gestational diabetes; contraception; the challenge of maternal mortality; urinary incontinence; early pregnancy; surgical procedures; post-partum haemorrhage; gender violence; unsafe abortion; fistula; MDG 5; and medical education and women’s health.

‘This excellent and highly praised event drew to a close on 2 November, with emotional speeches and farewells from the FIGO President, Professor Alokendu Chatterjee (Chairman of the Organising Committee), and Professor Rohana Haththotuwa (Organising Secretary).’

**Report by
Dr Narendra Malhotra
FOGSI Representative
to FIGO and Editor of
the SAFOG Journal**



(courtesy of the organisers)

Pre-term birth is focus of new FIGO Working Group

FIGO knows that prematurity constitutes a critical area of concern with regard to newborn, infant and child health.

To bolster its work in this critically important area, a new FIGO Working Group on Pre-term Birth has been formed to examine the global trends and potential reductions through effective interventions in selected countries. The Group will also work closely with FIGO’s existing Working Group on Best Practice on Maternal-Foetal Medicine in this regard. FIGO Member Societies will also play a part in facilitating access to the relevant information needed to complete the analysis.

The first meeting of the new Group took place in London on 30 September–1 October 2014, chaired by Dr Joe Leigh Simpson (March of Dimes), and co-chaired by Professor Gian Carlo Di Renzo (FIGO).



(courtesy of March of Dimes)

**Dr Jennifer Howse,
President, March of Dimes**

Professor Hamid Rushwan said: ‘Prematurity is a real area of concern for healthcare professionals, and often neglected. Fifteen million pre-term births occur every year (the number is rising); 60 per cent of pre-term births occur in sub-Saharan Africa and South Asia; and 75 per cent of deaths of premature babies could be prevented with feasible cost-effective care.

‘We look forward to working with March of Dimes – with whom we have a robust Memorandum of Understanding – which has



(courtesy of March of Dimes)

**Dr Joe Leigh Simpson,
Working Group Chair**

generously offered to sponsor the Working Group activities.’

Dr Simpson said: ‘As an obstetrician-gynecologist active in FIGO for over 30 years, and now Senior Vice President for Research and Global Programs, MOD – like FIGO, an NGO in official relations with WHO – I am excited to serve as Chair of the new Working Group. Our first task will be studying best practices to determine how these correlate with PTB rates among countries of comparable resources. A robust timeline will generate results for the FIGO World Congress in Vancouver next October.’

Tore Laerdal



Tore Laerdal

Tore Laerdal is Chairman of Laerdal Medical, a Norwegian family-owned company that is a leading supplier of training material and therapeutic equipment for acute medicine. Mr Laerdal is also Executive Director of the Laerdal Foundation for Acute Medicine, which provides funding for practically-oriented MDG 4 and MDG 5 research projects.

In recent years, Mr Laerdal has turned his full focus to global health challenges, and established Laerdal Global Health, a not-for-profit company with the sole purpose of providing highly affordable and culturally sensitive training

and therapeutic solutions to help reduce maternal and newborn mortality in low-resource settings. Laerdal Global Health has partnered with USAID and others in the *Helping Babies Breathe* alliance, and with Jhpiego, FIGO, ICM and others in the *Helping Mothers Survive* programme.



Laerdal Foundation

helping save lives

Tore, what is the ethos of The Laerdal Foundation?

The Foundation (www.laerdalfoundation.org) pursues its mission of *helping save lives* by providing financial support to practically-oriented research projects in the field of acute medicine. It was established in 1980 in collaboration with the University of Oslo, and has, since that time, received a portion of the annual earnings of the Laerdal company. Over the years, some 2,000 projects have received research grants. In recent years, 50 per cent of the annual grants have been earmarked for projects aiming at helping save lives at birth in low-resource settings.

What attracted you about collaboration with FIGO?

FIGO has a particular opportunity to help improve care at birth in low-resource countries. We were therefore thrilled when it decided to partner with Jhpiego, ICM, AAP, UNFPA and Laerdal Global Health in developing the *Helping Mothers Survive – Bleeding after Birth* educational programme. We also much welcomed the interest of FIGO and ICM to jointly conduct a study to evaluate the impact of implementation of the course in two countries, and invited a proposal for doing so to be submitted to the Foundation board for consideration. The countries selected for the study are Kenya and Tanzania.

How will your new project with FIGO evolve?

The *Helping Mothers Survive* programme has raised so much that FIGO and ICM have already been organising master training courses for participants from over 40 countries. We are optimistic that the results of the implementation study may prove as significant as the results of a similar major study for the *Helping Babies Breathe* programme, conducted by the Ministry of Health in Tanzania. That study showed a 47 per cent reduction in early newborn mortality. If anywhere near the same impact can be demonstrated on maternal mortality after post-partum bleeding, this programme could make a significant contribution to saving lives at birth.

FIGO welcomes new project recruits



L-R: Maya, Jessica and Lilli

Although FIGO bids farewell to Project Managers Upeka de Silva and Amata Kwizera, it is delighted to welcome three new members of staff to the fold: Jessica Morris (Project Manager – the FIGO Misoprostol Initiative); Lilli Trautvetter (Project Assistant – the FIGO Fistula Initiative); and Maya Sethi (Project Assistant, March of Dimes).

Jessica holds a Master's degree in International Development with a focus on gender, and has over seven years' experience in public health research and project management. With expertise in maternal and child health, sexual and reproductive health and communicable

diseases, she has worked with research groups from the University of California, San Francisco and the University of Washington in the USA, South Africa and Zambia, and an NGO in Madagascar.

Lilli holds a Master's degree in Social and Cultural Psychology, focusing on Health, Community and Development. For her thesis she conducted research on how organisations can support women who suffer from obstetric fistula pre-and post-surgery in Eldoret, Kenya. She previously worked for Buttle UK, a charity supporting care leavers, and looked after children in gaining access to higher and further education.

Maya holds a Master's degree in Gender and Social Policy, and has worked previously at Lumos and Anti-Slavery International, and produced commissioned work for POPI and the Community Support Association of Nepal. She will be supporting a range of activities across our projects.

Professor Hamid Rushwan, FIGO Chief Executive, said: 'While we are saddened to lose the talents of Upeka and Amata, we know that we will be ably supported by our new recruits. I am sure that they will cross paths with many Newsletter readers, and we look forward to hearing them report on their activities in the months to come.'

Jessica: 'I am very passionate about women's sexual and reproductive health and am thrilled to be working on some exciting projects with FIGO. I am particularly looking forward to working with international experts to raise awareness and disseminate evidence on the use of misoprostol for post-partum haemorrhage.'

Lilli: 'I became aware of FIGO through its international journal while I was doing research for my dissertation. Having read so much about FIGO and its past projects, I am extremely excited to be a part of it. The Fistula Surgery Training Initiative is a great project, and I cannot wait for it to grow even further.'

Maya: 'I am very excited to have joined the FIGO team and I am looking forward to working across a range of FIGO projects with a host of interesting, inspiring and innovative people, both at the FIGO Secretariat and internationally.'

Vancouver 2015 latest!

As busy preparations continue for the next World Congress (4–9 October 2015), we are delighted to present the details of registration and abstract submission.



XXI FIGO World Congress of
Gynecology and Obstetrics

4 - 9 October 2015

Congress registration open for business!

	EARLY On or before May 15, 2015	REGULAR On or before August 31, 2015	LATE/ONSITE After August 31, 2015
Delegate	CAD \$1000	CAD \$1150	CAD \$1300
Low-Resource Countries	CAD \$800	CAD \$800	CAD \$850
Registrars/Trainees/Midwives	CAD \$600	CAD \$600	CAD \$650
Accompanying Person	CAD \$250	CAD \$250	CAD \$250

Please note, the FIGO 2015 Organising Committee has made an effort to ensure that registration fees are in line with the previous two FIGO Congresses.

Visit www.figo2015.org/registration-accommodation/registration/ for detailed registration information.

Abstract submission guidelines

The Scientific Programme Committee welcomes the submission of abstracts for free communication sessions in the form of oral and poster presentations. The time allocated for each oral presentation will be seven minutes, with three additional minutes for questions and discussion.

Abstract submission deadline:
March 15, 2015

For full details of submission, please visit www.figo2015.org/scientific-programme/congress-abstracts/.

Visit www.figo2015.org for Congress updates.

FIGO on Facebook and Twitter!

We are delighted to report that FIGO's new Facebook page is taking shape – we urge all our Member Societies to 'like' us, post a comment or share a link to help cement relationships between FIGO and its global networks: www.facebook.com/FIGO.org.

Follow FIGO on Twitter and keep up to date with the latest announcements: www.twitter.com/FIGOHQ.



Diary Dates

The First European Club for Fetal Surgery (ECFS) Workshop: 'Open fetal spina bifida repair in Europe'

14–16 January 2015, Sils i.E., Switzerland
www.ecfs.ch

The Pregnancy Meeting (2015 annual meeting) (SMFM)

2–7 February 2015, San Diego, CA
www.smfm.org/the-pregnancy-meeting

Expert Fetal Medicine

12–13 February 2015, London, UK
(The Royal College of Physicians, London)
www.symposia.org.uk/main/main.asp

16th World Congress on Human Reproduction

18–21 March 2015, Berlin, Germany
www.humanrep2015.com

6th World Congress on Women's Mental Health

22–25 March 2015, Tokyo, Japan
www.congre.co.jp/iawmh2015

RCOG World Congress 2015/ Joint RCOG/RANZCOG event

12–15 April 2015, Brisbane, Queensland, Australia
www.rcog2015.com

8th International DIP Symposium on Diabetes, Hypertension, Metabolic Syndrome and Pregnancy

15–18 April 2015, Berlin, Germany
www.comtecmed.com/dip/2015

6th IVI International Congress

23–25 April 2015, Alicante, Spain
www.comtecmed.com/ivi/2015/Default.aspx

IFFS/JSRM International Meeting 2015

26–29 April 2015, Yokohama, Japan
www.iffs2015.umin.jp

21st World Congress on Controversies in Obstetrics, Gynecology & Infertility (COGI)

7–10 May 2015, Guilin, China
www.congressmed.com/cogichina/index.php/information

10th EMAS Congress on Menopause and Andropause

20–22 May 2015, Madrid, Spain
www.emas-online.org/home2015

International Urogynecological Association's 40th Annual meeting

9–13 June 2015, Nice, France
www.iugameeting.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).



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