



## From the editors desk

“Motivation gets you started. Habit keeps you going”

Dear Readers,

Greetings!

Welcome to third issue of IJOGR ...and world of academics... Volume 8 Issue 1 January – March 2021

Indian journal of obstetrics and gynecological research is an attempt to give pen to researchers, academicians, and residents to give words to their thoughts....

We have tried to accommodate from research article to case study- a whole bunch of bouquet.

Here in this issue we have ...

Review and Original Research Article from all over India as well as international....

### Review Article

In Luteal Phase Defect, endogenous progesterone is insufficient to maintain a functional secretory endometrium and also inhibit embryo growth and implant. In 1960 it was estimated that 20 million pregnancies were exposed to dydrogesterone in utero. LOTUS I and LOTUS II two major multicenter Phase III studies were conducted on patients who were planning to undergo IVF with or without ICSI. The result of both studies shows that Dydrogesterone was non inferior to micronized vaginal progesterone, which was the presence of fetal heartbeats at 12 weeks of gestation. Progesterone which can be administered either by oral preparation, vaginal administration along with optimal use of estrogen and GnRH agonist drugs is used is the treatment of LPD. Studies have suggests the use of dydrogesterone in fresh IVF cycles and Luteal Phase Support (LPS) is continued till 10–12 weeks. However, it may be stopped at time of  $\beta$ -HCG becoming positive or visualization of fetal heart beat.

Luteal Phase Defect (LPD): A necessary tool in assisted reproductive techniques by P R Pant et al. from Dept. of Obstetrics and Gynecology, Grande Hospital, and Infertility & IVF Centre Kathamandu, Nepal.

The world has been hit by the coronavirus (covid-19) pandemic starting in November 2019 and progressing in the following months of March-June 2020. The coronavirus pandemic has caused general disruption in healthcare systems and facilities in general. Resources are deviated towards treating coronavirus affected patients and also lockdowns and curfews are implemented to contain the spread of the virus. This has caused a negative impact on health of women of all age groups and suffering from diseases as accessing health facilities is now a challenge. The closure of outpatients, operation theatres and wards has caused a delay or cancellation in treatment for many women. This article emphasizes the condition of women during coronavirus pandemic and its impact on women's health.

Women's health during covid-19 by Megha Garg and Uma Pandey, with Stephen W Lindow from Dept. of Obstetrics and Gynaecology, Institute of Medical Sciences, Banaras Hindu University, Varanasi, Uttar Pradesh, India and Coombe Women and Infants University Hospital, Dublin, Ireland.



### **Original Research Article are.....**

Corona virus disease also known as Covid -19 pandemic has represented major impact to health system and societies world-wide. There is no particular high risk seen among mother and fetus. In addition to these aspects specifically to Covid -19 and gestation that should be known by specialist in order to correctly diagnose disease, classify severity, distinguish obstetric complications with specific signs of Covid -19 and for taking most appropriate management decision.

Pregnancy and covid-19 Infection ; our experience done by Minakshee Patel and Manish Pandya et al from sunshine global hospital Vadodara and scientific research institute Surendranagar Gujarat India.

Approximately one in five recognized pregnancies are spontaneously miscarried in the first trimester and an additional 22% end in induced abortion. Incomplete abortion occurs when there are retained products of conception (POC) after induced abortion (whether by unsafe or safe methods) or after spontaneous abortion, also known as miscarriage. Some women may resort to self-induction. These conditions increase the likelihood that women will experience abortion complications and will seek treatment for incomplete terminations. Incomplete abortion can be treated with expectant management, which allows for spontaneous evacuation of the uterus, or active management, using surgical or medical methods. Expectant management is not preferred by many providers due to its relatively low efficacy and the fact that the time interval to spontaneous expulsion is unpredictable.

Oral 600µg misoprostol vs manual vacuum aspiration (MVA) for the management of incomplete abortion- a randomized controlled trail by Woothvasita Mondal, Debraj Mondal, Indranil Dutta, from Dept. of Gynecology & Obstetrics, DSP Main Hospital, Durgapur, West Bengal, India, Dept. of Gynecology & Obstetrics, Health World Hospital, Durgapur, West Bengal, India, Dept. of Gynecology & Obstetrics, I Q City Medical College, Durgapur, West Bengal, India.

Hysterectomy the most commonly performed gynaecological surgery world over is mostly a planned surgery commonly done for benign uterine conditions, though relatively high rates of complications have been reported. Blood loss during surgery seems to be a major complication. Anaemia being prevalent in Indian women, adds to the risk of prolong recovery time and postoperative morbidity with excessive blood loss intra operatively. Tranexamic acid (TXA) being an anti fibrinolytic agent have been found to decrease blood loss and requirement of blood transfusion in various surgical procedures and aids in better recovery.

Decline in blood loss with use of tranexamic acid in cases of hysterectomy: A retrospective observational study in a teaching hospital of central India by Sapna Bajaj Jain et al from Dept. of Obstetrics and Gynecology, LN Medical College & J.K Hospital, Bhopal, Madhya Pradesh, India.

Induced labour is one in which pregnancy is terminated artificially, any time after fetal viability is attained by a method that aims to secure vaginal delivery. It is one of the important procedures in obstetrics. The key factor for a successful induction is the cervical status, consistency and dilatation which is determined by the Bishop's score. Prostaglandins are more effective in cases of unfavourable cervix or in the pregnancies remote from the term. Misoprostol, a prostaglandin E1 analogue is relatively inexpensive, can be easily stored at room temperature and has fewer systemic adverse effects. It has rapid absorption both orally and vaginally.

Use of 25 mcg for early induction of labour in active management of labour –study of 100 cases in private setup by Manish Pandya et al from Scientific Research Institute, Surendranagar.

The most common complication in pregnancy is Hypertension complicating 12-22% of all pregnancies. Among these pre-eclampsia is the leading cause constituting 10% of all pregnancies worldwide. In hospital practice in India, the incidence of pre-eclampsia varies from 5% to 15% and of eclampsia about 1.5%. According to WHO report 2008, eclampsia constitutes for 12% of all maternal deaths in developing countries. Thus it is important to study its Epidemiology and Management strategies.

Epidemiology and fetomaternal outcomes in cases of imminent eclampsia and eclampsia- retrospective study by Manjusha Jindal et al from Dept. of Obstetrics and Gynecology, Goa Medical College, Bambolim, Goa, India.

Pregnancy loss is a frustrating and challenging problem for couples and clinicians alike. It is well realized that at least 12-15% of all recognized conceptions end in miscarriage, and pre-clinical pregnancy loss rate is still higher- 22-30%. Bad obstetric history (BOH) implies previous unfavorable fetal outcome in terms of two or more consecutive abortions, intrauterine death, early neonatal death, congenital malformations, intrauterine growth retardations, still births. Cause of BOH could be genetic, hormonal, abnormal maternal immune responses and maternal infections. Primary infections caused by TORCH—*Toxoplasma gondii*, Rubella virus, Cytomegalovirus (CMV), and Herpes simplex virus (HSV)—are the major causes of BOH.

Seroprevalence of TORCH infection and adverse reproductive outcome in women with bad obstetric history by Shrishti Makhijani and, Sharmila S Raut, from Dept. of Microbiology, Dr. Baba Saheb Ambedkar Medical College and Hospital, New Delhi, India, and Dept. of Microbiology, Indira Gandhi Government Medical College, Nagpur, Maharashtra, India.

Normal maternal thyroid function is essential for fetal growth and neurocognitive development. Intra uterine growth restriction (IUGR) is a complex condition arising from maternal, placental, or fetal mechanisms and any imbalance in thyroid function may lead to undesirable results for both mother and fetus.

Predictive value of thyroid stimulating hormone as a biomarker in intrauterine growth restriction by Shriya Ganju from Dept. of Obstetrics & Gynaecology, Regional Hospital, Kullu, Himachal Pradesh, India.

Polycystic ovarian syndrome is the most common endocrine and metabolic heterogeneous disorder among reproductive-aged women. Obesity worsens the metabolic, clinical and endocrine features of PCOS, mainly by increasing insulin resistance and hyperinsulinemia. Obesity rates are increasing due to changing lifestyles, including unhealthy food habits. The objective of this study was to characterize the dietary pattern and BMI of PCOS women and to compare it with healthy controls.

Comparison of dietary pattern and BMI in South Indian women with PCOS and controls by Ushadevi Gopalan et al from Dept. of Obstetrics & Gynecology, Shri Sathya Sai Medical College and Research Institute, Nellikuppam, Tamil Nadu, India, and Dept. of Obstetrics & Gynecology, Mahatma Gandhi Medical College and Research Institute, Pondicherry, India with Dept. of Community Medicine, Shri Sathya Sai Medical College and Research Institute, Nellikuppam, Tamil Nadu, India.

Stillbirth is a major obstetrical complication and devastating experience for parents as well as obstetricians. Identification of causes of stillbirth will be helpful in counselling of parents as well as formulating preventive measures. Objectives of current study were to study the prevalence, causes of stillbirth and associated complications to suggest preventive measures.

Prevalence and causes of stillbirths at a tertiary care hospital: One year study by Nilesh M Makwana et al from *Dept. of Obstetrics and Gynecology, Smt. N.H.L Municipal Medical College, Ahmedabad, Gujarat, India.*

Cervical insufficiency is a well documented etiological factor in preterm delivery. This study was conducted to evaluate the efficacy and safety of Emergency cervical cerclage in women who presented with advanced cervical changes such as cervical dilatation and bulging fetal membranes.

Obstetric outcome after emergency cervical cerclage: A prospective observational study performed in CSI Kalyani hospital, Chennai by Shalini et al from Dept. of Obstetrics and Gynecology, Indira Gandhi Institute of Medical Sciences, Patna, Bihar, India, and Dept. of Obstetrics and Gynaecology, CSI Kalyani General Hospital, Chennai, Tamil Nadu, India.

Female genital TB (FGTB)—referring to TB of the uterus, fallopian tubes and/or Ovaries. It poses a diagnostic dilemma because of its varied presentations and lack of sensitive and specific methods of diagnosis, though CBNAAT gives rapid result.

A study on role of cartridge based nucleic acid amplification test (CBNAAT) in diagnosis of genital tuberculosis among patients of infertility and pelvic inflammatory disease by Versha Keshari et al from Dept. of Obstetrics and Gynaecology, B.R.D. Medical College, Gorakhpur, Uttar Pradesh, India.

Benign invasion of endometrial tissue into the myometrium of uterus is known as adenomyosis. It is found typically between the age of 35-50 years. Prevalence is 6- 39%. Modern imaging techniques, both ultrasound (TAS, TVS) and MRI have made possible, for the first time, a non-invasive identification of adenomyosis.

A retrospective analysis of spectrum of presentation of adenomyosis in tertiary centre by Rashmi K et al from Dept. of Obstetrics and Gynaecology, Vanivilas Hospital, Bangalore Medical College & Research Institute, Bangalore, aginitis is found to be quite common among women who present in Gynecology OPD. Aerobic vaginitis is one of the causes of vaginitis which is typically marked by either an increased inflammatory response or by prominent signs of epithelial atrophy or both. The main aim of the study was to analyze the signs, symptoms and laboratory investigations among women presenting with symptoms of vaginitis.

Estimation of incidence of Aerobic vaginitis in women presenting with symptoms of vaginitis by Veena Vidyasagar from Dept. of Obstetrics and Gynaecology, The Oxford Medical College, Hospital and Research Centre, Bangalore, Karnataka, India.

Kangaroo Mother Care (KMC) was first initiated by Rey and Martinez in Bogota, Colombia for low birth weight infants in 1979. Factor that prompted this method of care was a shortage of staff and equipment, unacceptably high mortality and infection rate in the neonatal unit, and overcrowding in the hospitals.

Impact of Kangaroo mother care on the maintenance of temperature and weight gain of newly born low birth weight babies by Purnima Margekar Premlata Parekh<sup>1</sup> and Shubalaxmi Margekar From Dept. of Pediatrics, Sri Aurobindo Institute of Medical Sciences, Indore, Madhya Pradesh, India and Dept. of Medicine, Lady Hardinge Medical College, New Delhi, India sexual changes in pregnancy remains a rarely discussed topic here in India because of social taboos and the embarrassment couples face in discussing these issues.

Sexual practices in pregnant women belonging to low socio-economic status at a tertiary care hospital in New Delhi, India by Chanda Rai et al from Dept. of Obstetrics & Gynecology, VMMC & Safdarjung Hospital, New Delhi, India

Induction of labour is the artificial initiation of labour before the spontaneous onset, and it is the common obstetric intervention. The ultimate aim of labour induction is uterine contraction stimulation before spontaneous onset resulting in vaginal delivery.

Misoprostol is unique prostaglandin E1 analog. Misoprostol was introduced by Sanchez-Ramos et al. in 1993. Misoprostol can be administered by various oral, buccal, sublingual, rectal, and vaginal routes. Misoprostol is available at low cost, stable at room temperature, and easy availability of the drug.

Induction of labour with oral misoprostol solution 20 microgram versus vaginal misoprostol 25 microgram 6th hourly by Lavanyakumari Sarella et al from Dept. of Obstetrics and Gynaecology, Rangaraya Medical College, Kakinada, Andhra Pradesh, India.

Among the women during the time of pregnancy and childbirth the most common psychiatric morbidity seen is post natal depression. In order to reduce the effect of delivery on the mental health of mothers and also to increase the quality of life among such mothers numerous scale have been developed and one of such scale is Edinburgh Postnatal Depression Scale (EPDS) which is considered to be reliable and effective in diagnosing mother who are at risk for post-partum depression.

A comparative study to assess the prevalence of depression among postnatal mothers undergoing normal versus caesarean delivery by Shifa Junaidi et al from Dept. of Obstetrics & Gynaecology, Yenepoya Medical College, Mangalore, Karnataka, India and Dept. of Psychiatry, Yenepoya Medical College, Mangalore, Karnataka, India.

There is an increasing trend of making Diabetes one of the most common non- communicable diseases globally. Gestational Diabetes Mellitus (GDM) is defined as “carbohydrate intolerance variable severity that is first diagnosed during present pregnancy, regardless of the need for insulin or persistence of the diabetic state after delivery”. Diabetes Mellitus is the most common disorder of pregnancy, although the prevalence is usually reported as 2 to 5% of pregnant women, it can be as high as 14% in high risk groups.

A comparative study of efficacy of DIPSI and O'Sullivan's method of screening for GDM in a high risk tertiary referral hospital by Rashmi K et al from Dept. of Obstetrics and Gynaecology, Vanivilas Hospital, Bangalore Medical College & Research Institute, Bangalore, Karnataka, India.

**We have case reports are.....**

1. Unusual presentations of tuberculous meningitis in pregnancy by Ekika Singh et al from Dept. of Obstetrics and Gynecology, Sharda Narayan Hospital, Mau, Uttar Pradesh, India.
2. Lantern on Saint Paul's dome - A case report of cervical fibroid by A Mangala Geetha from Dept. of Obstetrics and Gynaecology, Institute of Obstetrics and Gynecology, Chennai, Tamil Nadu, India.
3. Sad fetus syndrome: A case report by Arasjothi M, Anita Pawar et al from Dept. of Obstetrics and Gynecology, Vilasrao Deshmukh Government Institute of Medical Sciences, Latur, Maharashtra, India.
4. Vault prolapse cases in Dr. Soetomo general hospital Surabaya by sonny Fadli et al from Dept. of Obstetrics and Gynecology, Dr. Soetomo General Hospital Surabaya, Indonesia.
5. Ectopia cordis with omphalocele and exencephaly – A case report by Surabhi Derkar from Dept. of Radiodiagnosis, Shree Sai Diagnostic Centre, Nagpur, Maharashtra, India.
6. Vaginal leiomyoma in a post menopausal woman by Surya Jayaram et al from Dept. of Obstetrics and Gynecology, Women's Health, Aster Medcity, Ernakulam, Kerala, India.
7. Molar pregnancy with false negative urine pregnancy test, the hook effect by Bhavana Gupta et al from Dept. of Obstetrics and Gynaecology, Integral Institute of Medical Sciences, Lucknow, Uttar Pradesh, India.
8. Scar endometrioma in previous caesarean section: Two case reports with review of literature by Abhipsa Mishra et al from Dept. of Obstetrics and Gynaecology, Kalinga Institute of Medical Sciences, Bhubaneswar, Odisha, India.

**First time we have short communication on .....**

The retained fetal skull: An obstetrician's night mare by Mayuri Ahuja et al from *Dept. of Obstetrics and Gynecology, Department of Obstetrics and Gynecology, School of Medical Sciences and Research, Greater Noida, Uttar Pradesh, India*  
We try to sieve all articles by expert, peer reviewers to get best of best and new article for readers.

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Individually we achieve, together we excel...

Regards

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