



POGS AT 75: A Celebration Like No Other

By **Ryan B. Capitulo, MD**
Convention Secretary



The Philippine Obstetrical and Gynecological Society shone bright in its 75th Diamond Foundation Anniversary Celebration and Midyear Convention on July 5-6, 2021. It was truly a beautiful and memorable celebration befitting the theme: **“POGS at 75: A Diamond Perfected Under Pressure”**. Despite the circumstances brought forth by the pandemic, this two-day virtual gathering to commemorate this milestone year for POGS has given much hope to its members all over the country.

A total of 5,353 delegates registered for the convention: 3,804 members, 1,146 residents and 403 non-members. The scientific sessions, industry-sponsored symposia, exhibits, and non-scientific events were well-attended and well-received.

The diamond jubilee celebration started with the Opening Ceremonies that highlighted the past and present leaders of POGS who made it a formidable society today. **Dr. Benjamin D. Cuenca**, POGS President, formally opened the festivities while **Dr. Ma. Socorro M. Solis**, Organizing Committee Over-all Chair, and **Dr. Marlyn T. Dee**, POGS Vice-President, gave inspiring messages. The online exhibits were opened virtually in what seemed to be a science fiction movie scene. **Dr. Ditas Cristina D. Decena**, Ways and Means Subcommittee Chair, recognized and thanked all friends and sponsors of POGS who supported the diamond celebration. The Master of Ceremonies for the Opening Ceremonies was **Dr. Ryan B. Capitulo**, Convention Secretary.

The scientific program was a brilliant display of POGS' achievements through its 75 years of existence and its journey towards becoming a globally recognized organization in the field of reproductive health. The Past POGS Presidents led the way in the four Diamond Sessions spread across two days.

Diamond Session 1 “A Cut Above the Rest: 75 Years of Distinction”

The first scientific session looked back at the achievements of POGS through the years and revisited how its members lived out the society's core values. **Dr. Walfrido W. Sumpaico** talked about how POGS championed women's health since 1946. **Dr. Santiago A. Del Rosario**, **Dr. Rebecca M. Ramos**, **Dr. Leonardo A. Almeda**, **Dr. Rosendo R. Roque**, **Dr. Benjamin D. Cuenca** and **Dr. Regta L. Pichay** formed a panel to discuss how OB-GYNs can apply the core values of POGS in their own practice. This session culminated with the POGS 2021 Midyear Interesting Case and Research Contest. The winners for the Interesting Case Contest are as follows: **Dr. Charisse Anne F. Aquino** (1st place), **Dr. Finella Marie G. Leonido** (2nd place), and **Dr. Ana Victoria C. Crimen** (3rd place). The winners for the Research Contest were: **Dr. Nancy Marie S. Gamo** (1st place), **Dr. Mary Grace O. Cheng** (2nd place), and **Dr. Leolina Remecita M. Gamboa-Chua** (3rd place).

Diamond Session 2 “The Color of Success: 75 Years of Excellence in Women's Health”

The second scientific session presented updates and latest recommendations on the management of some important conditions in Obstetrics and Gynecology. **Dr. Sylvia D. Carnero** lectured on Dystocia, **Dr. Susan P. Nagtalon** talked about

COVID-19 vaccines while **Dr. Raul M. Quillamor** revisited the art of operative Obstetrics. A panel composed of **Dr. Lourdes B. Capito**, **Dr. Corazon Zaida N. Gamilla**, **Dr. Rey H. De Los Reyes** and **Dr./Atty. Antonio Alejandro D. Rebosa** discussed ethics and professionalism for the OB-GYN.

Diamond Session 3 “Clarity of Purpose: 75 Years of Relevance”

The third scientific session re-examined the journey of POGS towards ensuring a world-class training program for OB-GYN and honing globally competitive specialists. **Dr. Evelyn P. Palaypayon** talked about the CREED while **Dr. Trinidad R. Vera** presented the history and work of PBOG. **Dr. Mario R. Festin** looked into the research undertakings of POGS and its direction beyond the diamond year. The session ended with a heartwarming panel discussion among **Dr. Rainerio S. Abad**, **Dr. Virgilio R. Oblepias**, **Dr. Enrico Gil C. Oblepias**, **Dr. Lilia P. Luna** and **Dr. Jericho Thaddeus P. Luna** on how the children of Past POGS Presidents were inspired to serve POGS as well.

Diamond Session 4 “Women of Carat: 75 Years of Advocacy”

The fourth scientific session highlighted the various advocacies of POGS in its 75-year history. The discussion between **Dr. Mario A. Bernardino**, **Dr. Ma. Carmen H. Quevedo**, **Dr. Lyra Ruth C. Chua**, **Dr. Christia S. Padolina**, **Dr. Ditas Cristina D. Decena** and **Dr. Elisa O. Tiu** inspired all members to go beyond their comfort zones and serve where they are needed the most.

The two-part Fellowship Night has beautifully illuminated the diamond celebration of POGS. The show, with the theme “P.O.G.S. Presenting Our Great Story”, was a retelling of the extraordinary story of POGS as seen through the eyes of its members all over the country. The audio-visual presentations from the society's 12 regions, the organizing committee and the Board of Trustees truly showcased the brilliance of the entire POGS membership. The humble beginnings and remarkable achievements of every region were showcased for everyone to appreciate and emulate. All delegates were left speechless and in awe at the 75 glorious years that POGS has been blessed with.

The diamond jubilee festivities culminated with the Closing Ceremonies and Foundation Day Celebration ably hosted by **Dr. Catherine Joie Carelle R. Ong**, Programs and Invitations Subcommittee Chair and **Dr. Ma. Socorro M. Solis**, Overall

NOTICE OF MEETING

To
All POGS Members

From
LEILANI C. CHAVEZ-COLOMA, MD
Board Secretary

Subject
VIRTUAL ANNUAL BUSINESS MEETING

Date
**Wednesday,
November 10, 2021**

Time
11:30 AM to 1:30 PM

Chair of the Organizing Committee. It started with a Spirit-filled celebration of the Holy Eucharist with **Rev. Fr. Arlo Bernardo S. Yap**, SVD as the presider. This was followed by a presentation of the POGS Advocacy for Mother Earth led by **Dr. Benjamin D. Cuenca** and **Dr. Ditas Cristina D. Decena** together with the Board of Trustees. The Past POGS Presidents also gave their short greetings to the society, followed by a message from the major sponsor. The coffee table book entitled *“POGS at 75: Our Story, Our Legacy”* was presented by **Dr. Mary Christine F. Palma**, Editor-in-Chief, to the POGS President. This book has chronicled the birth, development and flourishing of the society for the past 75 years. It is a fitting gift of POGS to all of its members as the society's way of expressing gratitude to everyone who made POGS what it is today, a diamond forever in the service of women. The POGS Diamond Jubilee Commemorative watch was likewise presented to the president. **Dr. Marlyn T. Dee**, POGS vice-president led a toast to the society, after which, **Dr. Evelyn P. Palaypayon** gave a response on behalf of her fellow past POGS presidents.

The online platform was a huge success. Quatro Cantos Digital Inc. developed a convention website that was easy to enter and maneuver, very user-friendly, aesthetically pleasing and fully functional. There were very minor glitches for the entire two days of the online convention. Creative Synergy, Inc. (CSI) likewise provided excellent service as event organizer, ensuring polished and well-edited videos during the convention. Anima Collective, event organizer for the Fellowship Night, exceeded

POGS Shifts Gear, Braces for a Unified Fight for Nene

By Benjamin D. Cuenca, MD
POGS President 2021

Cognizant of the signed Executive Order No. 141, the POGS is one with the government in its directive in making a national priority the implementation of measures to address the root causes of the rising number of adolescent pregnancy and the mobilization of government agencies for the purpose.

I quote *“to such end, the state shall mobilize existing coordinative and legal mechanisms related to the prevention of adolescent pregnancies, and to strengthen the adolescents’ capacity to make autonomous and informed decisions about their reproductive and sexual health by ensuring access to comprehensive sexuality education and reproductive health and rights services.”*

But even prior to this, the POGS current governance has it among its flagship programs the plan to launch the advocacy drive to address the alarming trend in the incidence of teenage pregnancy. In fact, this was one of the agenda taken up during the POGS town hall meeting on April 10.

Being the premier society that promotes and maintains the highest standard of women’s healthcare in the country, our society is focused to be in the forefront of the fight by lumping into one Reproductive Health (RH) sub-group the four pre-existing task force groups with related objectives. These are the Adolescent Health Issues and Perspectives (AHIP, 2004), the Preparatory Reproductive Health Education Priming Young Adults for Responsible Engagement (PREPARE, 2017), the RH Sub-committee on Family Planning and Gender-Based Violence project (GBV, 2003).



Yes, Gender-Based Violence project is included among the warriors because the POGS believes that adolescent pregnancy is a form of violence committed against young girls and children. This is the POGS’ Unified Fight Para kay Nene!



The POGS intends to lead and carry on the fight through enhanced collaboration with government agencies such as the Population Commission and Development (POPCOM) and the Department of Education. As early as October 2020, this POGS collaboration conducted a series of online teaching conferences with the educators of Region 9, Zamboanga Peninsula where secondary school teachers and guidance counselors attended a 3-half-day seminar on comprehensive Sexuality Education and Counseling. And in August and September this year, this program is brought to the MiMaRoPa region.

Composed of 4,890 members across the country, this advocacy espouses the everyone’s committed passion to collaborate and embark on programs to help save and protect children from teenage pregnancy and to put an end to the alarming trend of Children Giving Birth to Children.

The first bout of fight for Nene happened on August, 20, 2021 through the webinar entitled “Bahay-Bahayan: Karanasan ni Nene?” where two case studies were featured and no less than Education Undersecretary **Mr. Diosdado M. San Antonio** of the Curriculum and Instruction Division of the Department of Education served as one of the reactors along with **Dr. Junice Lirza Melgar** of the Likhaan Center for Women’s Health.

And on August 31, the consolidated forces of the four RH groups were displayed in one webinar where discussions focused on legal as well as legislative perspectives. The honorable senator, **Risa Hontiveros**, Education Secretary **Leonor M. Briones** and Atty.

Mylen G. Esquivel contributed to a brilliant fruition.

This POGS advocacy is a work in progress and intends to identify where, how and what roles the Society and its Members can effectively assume in a comprehensive, government-initiated and sustained national program to engage this social epidemic that is foreseen to transgress to future generations where adverse multi-sectoral impact can be dramatically greater, if effective measures now are not formulated and implemented.

The door of the POGS will remain open to collaboration with other private socio-cultural groups with aligned objectives.

I congratulate the POGS trustee, **Dr. Ronaldo Antonio R. Santos**, for his liaising work to make this pressingly important engagement possible and **Dr. Anna Belen Ignacio-Alensuela**, the founder and current POGS RH task force chair on Preparatory Reproductive Health Education Priming Adults for Responsible Engagement (PREPARE) and all her project members for the passion to roll-out the activity.

What the POGS is doing so far is just a start of a continuing fight that needs collective tenacity, not only of everyone in the society, but more importantly, the commitment of all those outside- the government and private institutions, to a sustained nationwide and multi-sectoral collaboration.

ONGOING DEVELOPMENTS

The POGS, through the Committee on Community Service chair, **Dr. Henrietta Lucasan** and the members of the CatCom led by **Dr. Ma. Socorro Bernardino**, launched its first



Dr. Benjamin D. Cuenca

community pantry drive in Barangay Pinyahan on July 2, 2021, where 75 grocery bags were distributed to PWD families through the help of Bgy. Captain **Jesus P. Lipnica III** and **Kgd. Edwin Bernal**. The Society hopes to bring this project to other barangays and is appealing to the good heart of the members, friends and industry partners in order to sustain this initiative. Interested parties are enjoined to course contributions through online fund transfer either bank-to-bank or through GCash or Paymaya to the POGS bank account number 007640004729, BDO Katipunan Branch using the reference code POGSKALINGA.



I am very excited to mention here that the **Ad Hoc Committee on Breast Health and Cancer Awareness** has started the groundwork for its information drive and is geared to hinge activities in the pipeline with other related specialties and sub-specialties in its noble intention to drum up interest in sustained breast screening and early detection. In this specific path of interest, the **‘POGS Goes Pink.’**

Ikaw at ang POGS: The Society continues to endeavor to inform the members how the Society, its members and their clinical practice in private and government institutions, will fit into the overall matrix of the Universal Health Care Act, along with the attendant PHIC matters and HMO issues. These were the exact

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expectations too. The two-part Fellowship Night was well thought off and executed such that the entire show was seamless, cohesive and simply remarkable.

who truly love POGS. Every facet of this commemoration was carefully addressed, and no stone was left unturned. All the members involved were truly inspired to serve "for the love of POGS". After all, POGS has cultivated the very same love among all of its members for the past 75 years. Mabuhay, POGS!

The 75th Diamond Foundation Anniversary Celebration and Midyear Convention was conceived in the hearts of people

2021 Midyear Convention Photo Gallery



messages sent forth and clarified in the POGS Organization of Government Institutions (POGI) webinar 2.0 on July 31, 2021.

More Events to Look Forward to. The traditional POGS Kumustahan of the past presidents will assume a more exciting format this year that will allow individual and group singing or perhaps with solo dancing, plus more time for catching up and fun stories, old and new. This will be aptly called KKK that stands for **Kumustahan, Kuwentuhan at Kantahan** and is set to happen on the 4th week of September.



Also, in the later part of the year, the esteemed members of the Society, who garnered regional international recognitions for their personal advocacies and leadership, will be featured in **The POGS and the World**, where their future plans, here and beyond, will be highlighted.

Finally, as the culminating celebration of the Society's 75th Diamond Jubilee, the **POGS Nationwide Christmas Concert** will happen on the 2nd week of December. The event promises to be filled with fun, prizes and surprises.

Let us hold on to each other, as we continue this journey in the pandemic. Let us be hinged to all the things happening around us now and our plans in the future on hope and faith. Somehow, all these difficulties will come to pass and we will realize that we are fortunate after all for having gone through them personally, because we will come out as renewed, emancipated and more faithful creations.

Mabuhay ang POGS! Mabuhay tayong lahat!



Message from the Editor-in-Chief

Ma. Socorro M. Solis, MD
P.R.O

We are more than halfway through 2021 and we are entering the “-BER” months. I hope everyone is keeping safe and healthy. As we are experiencing a surge of delta variant cases which are affecting colleagues, friends and family (mine included), we pray the needs of the health sector particularly the health workers be addressed soon.

We have just concluded successfully our **Midyear Convention** which also coincides with the society’s **75th Diamond Anniversary Celebration**. This was done completely virtually for everyone’s safety, the highlights of which will be showcased in an article by our convention secretary. I am truly grateful for all the help and cooperation of everyone involved in the Midyear Convention - the Team Diamond Organizing Committee (chairs, co-chairs, members), Board of Trustees, Regional Directors, POGS secretariat and our event and website providers. A first for all of us and we pulled it off! Congratulations to all of us!

Our POGS Past Presidents were the speakers for this Midyear Convention and for posterity we are including a written copy of their topics in response to numerous requests from our members. Again thank you to those who graciously agreed to have their lectures published in this newsletter.

POGS is still keeping busy with its webinars and projects, moving forward until the annual convention which would be also conducted on a virtual platform given the prevailing pandemic. Equally important, more than ever, let us continue praying for our country, may we all be blessed with discernment and wisdom to choose the right leaders this time.

Stay safe and healthy everyone and may God bless us all.



Committee on Newsletter & Foundation Day

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The POGS Newsletter Editorial Board encourages contributions for articles and announcements coming from the regional chapters, affiliated subspecialty societies, and accredited member hospitals. For any submissions or inquiries regarding this matter, the editorial board may be reached through the POGS secretariat at e-mail address pogs.kath@gmail.com, or through phone numbers (0927) 438-0513 and (02) 921-2479. Look for Ms. Kathleen Gail M. Nunez for any assistance that you might require on this. Thank you very much.



Message from the Board Secretary

Leilani C. Chavez-Coloma, MD
Board Secretary, POGS BOT

Greetings from the Board Room.

Allow me to offer my best wishes for the wellness of each and everyone.

As we trudge the last stretch of the year 2021, the Philippine Obstetrical and Gynecological Society (Foundation) Inc. is ever up, in full swing and persevering despite the daunting situations we are presently experiencing brought about by the global pandemic. On this newsletter edition, let me mention several important achievements and events in the past several months.

The Society has recently concluded a very successful 75th Diamond Foundation Anniversary last July 5 & 6, 2021, and it was indeed another milestone. Its scientific sessions have presented to the members, particularly to the young ones, the memorable events and robust achievements of POGS. Equally interesting and enjoyable were the social events that bolstered our camaraderie even if it was conducted in a virtual format. It was a joyous and fulfilling occasion. Congratulations to its organizers headed by the PRO, **Dr. Ma. Socorro M. Solis** and the Midyear Convention Secretary, **Dr. Ryan B. Capitulo**.

It is also worth mentioning that several committees of the Society have completed their yearly activities virtually as well, while other committees are assiduously undertaking their assigned tasks during this time.

The POGS Taskforce on Unified Fight Against Teenage Pregnancy conducted a webinar with a theme - “*Laban para Kay Nene*” last August 31, 2021. The project aims to complement the measures being implemented by the government, as a national priority to address the root causes of the rising number of adolescent pregnancies in the country today. The presence of invited guest speakers during the forum, from the different government agencies like the DepEd (Secretary **Leonor Briones**), POPCOM (Chief **Juan Antonio Perez**) and the Senate (**Hon. Risa Hontiveros**) is indeed a good start of the Society’s collaboration on this endeavor. This was headed by the Chairperson of the Committee on Reproductive Health II, **Dr. Ronaldo Santos**. Under this project are four related and significant subcommittees and taskforces headed by the different Project leaders namely **Dr. Anna Belen I. Alensuela** of PREPARE; **Dr. Lyra Ruth** of Gender Based Violence project; Adolescence Health Issues and Perspectives headed by **Dr. Ma. Socorro Bernardino** and Taskforce on Family Planning headed by **Dr. Lourdes B. Capito**.

The SubCommittee on Reproductive Developmental Environmental Health chaired by **Dr. Ditas Cristina D. Decena** also pursued the plan of adopting a hectare of land in the La Mesa Watershed and had its initial tree planting last June 2021. This project on Bantay Kalikasan will continue with the second batch of tree planting activities in September.

The webinar 2.0 of the AdHoc Committee of Pogs Organization of Government Institutions (POGI – HEALTH) headed by President **Dr. Benjamin Cuenca** together with Project leader, **Dr. Mario A. Bernardino** tackled the timely and pertinent issues on Health Care Provider’s Network in relation to the implementation of the Universal Health Care Law last July 31, 2021.

The second batch of gift giving to seventy five families is set to commence in due time. This is a combined project of POGS Kalinga, in collaboration with the Committee on Community service headed by **Dr. Henrietta Lucasan** and the Committee on Creative Advisory Team headed by **Dr. Ma. Socorro Bernardino**. As a continuing project of POGS, similar gift giving activities will be planned in the future.

The Committee on Continuing Medical Education (CME) led by the Board of trustee **Dr. Marjorie I. Santos** managed the review course for the Diplomate exams and has successfully implemented it online using the MOODLE/LMS platform.

The Philippine Board of Obstetrics and Gynecology (PBOG) with the Chairperson **Dr. Menefrida Reyes** and her whole team has successfully conducted the Part I and Part II (March and August batches) of the Diplomate exams for this year.

The Council for Residents’ Education, Enhancement and Development (CREED) with the Chairperson **Dr. Mila Z. Ibay** and her whole team on the other hand, is now actively preparing for the Residents’ In Service Examination (RISE) which will be held on Sept 19, 2021. Two mock exams are on schedule this coming September 5 and 12, 2021 with the 87 accredited training institutions and 12 institutions that are accredited for service, participating. All the digital requirements and online platforms are already in place and all set.

Our celebration of the Annual Convention is fast approaching which will be on Nov. 9-12, 2021. This will be highlighted by the following exciting and momentous events like:

- The POGS Virtual Run
- Formal ceremony for the conferment of the awards for members with outstanding

contribution, works in the field of Obstetrics and Gynecology and service to the Society.

- Induction ceremony of the candidates for Diplomates and Fellows. The Bioethics Core group has scheduled a dedicated "Bioethics Forum" for the inductees on September 11, 2021 as part of a new requirement before being considered for endorsement. This is very important because it has always been the goal of the Society to emphasize our core values and the ethical principles in the practice of our field of specialty.

Yes we have achieved a lot and more years to come. We are continuously upholding the mission and vision of the Society.

We are thankful to our Divine Creator in guiding us throughout the years of our existence as "ONE POGS", a united Society.

Objective: POGS at 75 Gives Back to the Community

By Henrietta Lucasan, MD

The POGS as what it is today has for 75 years seen better times, and in all of these periods it is heartwarming to note that the community where we chose to reside has cradled and nurtured us in its bosom to be safe and to progress in becoming an important element of our nation. Despite our present drawback brought about by the COVID pandemic, the courage and tenacity that has kept us going, comes partly from the inspiration we drew from the community where we have built our home, Brgy. Pinyahan as part of POGS 75th anniversary celebration. And for our part, the Committee on Community Service has undertaken this presidential project called "POGS Kalinga" as a gesture of goodwill and benevolence. There is no better way to celebrate our diamond anniversary than to be a gem in the community that surrounds us. Despite our inability to extend our help and assistance where we are most competent and effective which is health services because of this pandemic. We find other ways with which we can offer our caring hands, thus, out of benevolence of our heart we will be distributing 75 food packs to special group of individuals who needs them most. But we, as a society shall not stop from here, for gratitude is a never ending gesture rooted in goodwill, as providence has given us light, other ways we shall find to extend our healing hands, that the community where we live shall realize "THAT WITH POGS - SILA AY KINAKALINGA".



What to expect from the POGS 2021 Annual Convention and 75th Diamond Anniversary Celebration November 9-12, 2021

Catherine Joie Carelle R. Ong, MD
Convention Secretary

- ♦ All registered delegates have a unique access code which will be used to register to the pre-convention webinars and virtual run. This will also be used to log in to the main convention page.
- ♦ Registered members are enjoined to participate in the Annual Business Meeting (Nov. 10, 11am - 1:30 pm) and virtual elections Nov 11, 2021 (8am - 2pm).
- ♦ There are 13 free webinars in October for those registered to the main congress.
- ♦ Updates on RELEVANT issues in OB-GYN from local and international speakers
- ♦ FREE registration for Fellows 2017 and earlier in good standing, life members, members > 65 years old and residents in training
- ♦ INNOVATIVE virtual platform, easy to navigate website
- ♦ Visit and enjoy the virtual booths
- ♦ SENSITIVE and novel research papers and interesting cases by residents in training
- ♦ Virtual 10k run and zoomba
- ♦ Digital souvenir program and mini-program
- ♦ All pre-convention webinars will be available for viewing in the e-library from Nov 1 - Dec 31, 2021. All plenary, simultaneous sessions and industry sponsored lectures including key events (Opening and Closing ceremonies & Fellowship night) will be uploaded to the e-library and available for viewing from Nov 19 - Dec 31, 2021
- ♦ Captivating Opening ceremonies
- ♦ ENGAGING Fellowship night featuring regional talents and exciting guest artists
- ♦ Memorable Induction ceremonies for Diplomates, Fellows, Awardees and newly elected Board of Trustees
- ♦ Enchanting Closing ceremonies
- ♦ 75 raffle prizes await the first 75 delegates who will accomplish the evaluation/feedback form



A Celebration OF LIFE FOR OUR DEARLY BELOVED Dr. BERNARDITA B. JAVIER

By Benjamin D. Cuenca, MD and Pressie Eclarin, MD

On this ninth day after our dearly beloved **Dr. Bernardita B. Javier** has joined her Creator, the Philippine Obstetrical and Gynecological Society is honoring, remembering and celebrating her life. As one of the POGS Past President (2000), she has shown dedication and commitment to our Society, sincere friendship to her colleagues and unconditional love to all her mentees. The celebration started with the Eucharistic Celebration officiated by Reverend Father **Arlo Yap** and in his homily he emphasizes that for sure **Dr. Bernardita B. Javier** has done a great job for our society and has contributed to the shimmer of the diamond of POGS. However, he said that after all the grief we must move on and would even cite the words of the song "Obladi Oblada" where life has to go on.

The program started with a message from our POGS President **Dr. Benjamin D. Cuenca** and was followed by a eulogy by **Dr. Ma. Corazon Zaida N. Gamilla**, POGS Past President in 2008. She would remember her as someone who is easy to work with because most of the time they are co-members in the committees they are into. After which, a heartwarming song was rendered by **Dr. Melani C. Espino** followed by another Eulogy by **Dr. Greg Pastorfide** who would reminisce their closeness as friends. Next is **Dr. Mario A. Bernardino** who remembered her as one of his boss being the youngest consultant of the Department when he became part of Rizal Medical Center. **Dr. Rey H. de los Reyes** in his eulogy revealed that he fondly calls her "Bernadette", likewise remembered her during their happy times in the department especially during the department outings where she joins her residents in the games and simply having fun with them. Another song was rendered by the Rizal Medical OB-Gyne Residents that has touched our hearts and made us feel the emptiness because of her passing. Two more of her friends, **Dr. Raul M. Quillamor** and **Dr. Lyra Ruth C. Chua** both remembered her as their colleague and someone who works with conviction but so easy to work with. **Dr. Ryan B. Capitulo** also rendered a song to honor **Dr. Bernardita B. Javier**. After all the eulogies **Maria Aurora Erlinda J. Tanjanco**, one of her niece, delivered the family's response and would thank POGS for honoring and loving her "Tita Love." An AVP was then shown remembering the happy days that she has spent with most of us.

Through the years, we knew her as someone who is focused in the things that she does and always wants to bring out the best in us. I was so fortunate to have talked to her 2 weeks before she was hospitalized. In our conversation, I felt how much she misses POGS and told me that she is going to be active again in the coming year. In fact she has been attending webinars already as I always see her name in the participant's list. Her plan has never happened because maybe the Lord has other plans for her. We know that she is in a better place right now. This isn't goodbye Ma'am but till we meet again. Thank you for being part of our lives. We will certainly be missing you. Happy birthday in heaven come September 21!

Furthermore, she bears truth to the enigma that as she grows older, it will bring physical decline, yes, but it can also be a stretch of immense joy and happiness; a period of calm and peaceful meditation on a life well lived. It ought to be a time when we should not be restless from the angst that comes from living a would-be life of fantasy and explicit joy, but, instead, we should enjoy the serene rest that comes from inhaling a life of active living. A sustained well-being ensues from the honorable and enjoyable pursuit of meaningful goals.

In a very real sense, our world is changed the moment a loved one dies because each person we love makes up a precious and vital piece of our world. There is a difference between losing someone you know and losing someone you know and love: the first one is sheer grief; the other one, losing someone you know and love, is like losing a piece of yourself.

We find consolation in the thought, as aptly stated by Martin Luther King, that "Death is not a period that ends the great sentence of life, but a comma that punctuates it to more lofty significance. Death is not a blind alley that leads a person into a state of nothingness, but an open door which leads a person into life eternal".

To you Ma'am Ditas **Cora Roque** and I will forever treasure and cherish the memories of our shared lunch and espresso coffee on Sundays, our regular restaurant-hopping in search of your favorite authentic Vietnamese cuisine, and our walks in the park at noonday with melting ice cream dripping in our hands --- you were right when you said: don't let your ice cream melt and drip without getting the chance to eat it. Life is the same, you have to enjoy it before you lose it.

Celebrating The Life of Dr. Bernardita B. Javier

By Rowena Auxillos, MD

Our Past President **Dr. Bernardita (Ditas) Javier** went away last Wednesday without saying farewell. She did not get the chance to say good bye. And neither did we had the chance to say adieu.

She spent the best years of her life in the service of the Philippine Obstetrical and Gynecological Society (POGS), moving from one role to another in various committees, as Editor-In-Chief of the Philippine Journal of Obstetrics and Gynecology, a Ramon Lopez Awardee and as President in the year 2000. Long after her presidency, she continued to be of service to the POGS in innumerable capacity.

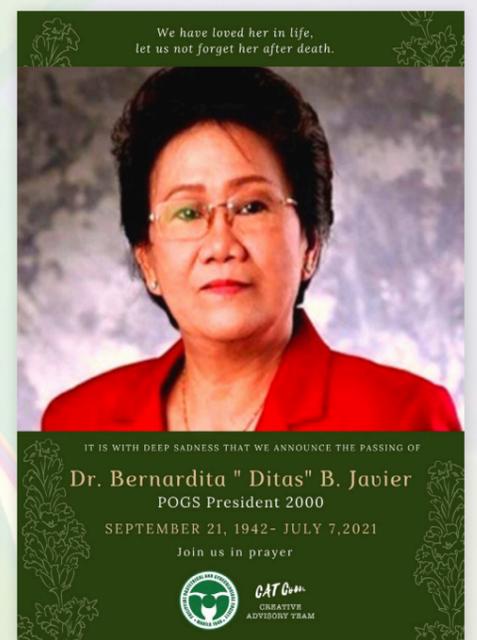
She will always be remembered as, and these are excerpts taken from her introduction when she received the Ramon Lopez Award in 2004, "many things and indeed of good things to her friends, peers and co-employees as well. While highly competent and used to complicated matters, she is pure and simple to deal with. And what stands out very positively, is her innate humility. She has been humble as always, even after attaining key positions and impressive distinctions. Most of all, to colleagues in the profession, she is an acknowledged "role model" especially to many young obstetrician-gynecologists, a reputation which, by the way, makes her uneasy. This is because, sad as it is, our society is in a kind of culture where failure is so much a part of our lives that anyone who succeeds is suspiciously scrutinized amidst her secrets of fame and success."

Unfortunately, I was never a witness to those glorious times of fame and success that everybody constantly talks about. I never knew her style of leadership --- I only came to know about it from other people --- it is said to be strong, but not rude; kind, but not weak; bold, but not a bully; thoughtful, but not lazy; humble, but not timid; proud, but not arrogant; peppered with humor, but without folly --- much the same way American author John Rohn describes governance flairs.

I was honored and privileged to have met her long after the celebrated time of illustriousness. I was given a rare opportunity to have interacted with her at a time she fondly calls the "winter of her life". What she taught me and what I have learned from her focused on aging gracefully as she was then on the twilight of her years.

Once in a while, a person comes into our life who creates such a profound impact, one who gives meaning and substance to our very existence. She can quietly walk into a room and one cannot help but be awed by her presence. She can challenge one's beliefs and radically change one's attitude. Well beyond her prime, Dr. Ditas B. Javier personifies success and contentment in so many ways. She is extremely independent with an exceptional positive outlook in life.

I have grown to admire the simple truths she espoused about life in general and about successful aging, in particular. For Ma'am Ditas, happiness is not the result of external circumstances. Finances, employment status or even children are extraneous in their consequence on contentment. Happiness increases because of internal transformations that we make as we age. Older people, she said, are better at controlling their emotions, tolerant of misfortune and are slow to anger. They are less critical and are less anxious by the negative opinions of others. They also have learned to accept their strengths and weaknesses and are far more forgiving of themselves. Not only does this make them happier, it makes them healthier and more productive. Perhaps because she is not consumed with fear of the inevitable, she is more apt to live in the present. Each success she has in life opens the next opportunity to further negotiate life's challenges and variances until she reaches the penultimate --- an old age of peaceful integrity, not one of anguish or desolation.



If I were to remember you, it would be your music. Thank you for sharing with me your complete library of favorite songs. Every song that I hear from that long playlist reminds me of you. And as I do so, I find consolation in the thought that I have complied with and fulfilled your very last directive to me. How I wish that you are still around to see it happen.

Thank you for having touched our minds, our hearts and our very soul in this life's journey. One day, in some future time, I believe, we will see each other again.

POGS-MULTICARE 2021 Midyear Interesting Case and Research Contest Held

By **Enrico Gil C. Oblepias, MD, FPOGS**
Chair, Committee on Scientific Works

The POGS in cooperation with MultiCare once again held a Residents' Research Paper and Interesting Case Contest during the POGS 75th Foundation Anniversary Celebration and Midyear Convention. Aably emceed and moderated by **Dr. Madonna Victoria C. Domingo** and **Dr. Maria Rowena Dr. Raymundo**, the event was held last July 5, 2021 via ZOOM. Ten out of many entries were selected to each give a presentation in front of a virtual platform full of audience that included the panel of judges composed of **Dr. Veronica M. Deniega**, **Dr. Rosalie E. Junio** and its Chair **Dr. Aurea P. Llanera**.

For the Interesting Case Paper Contest, the papers presented were the following:

1st Place

A Tale of Two Miracles: Case of Trauma in Pregnancy
Author: **Charisse Anne F. Aquino, MD**
Co-Author: **Maria Jesusa B. Banal-Silao, MD**
(Philippine General Hospital)



2nd Place

A Diagnostic Dilemma: Laparoscopic Approach in treating Ovarian Teratoma-associated Anti-N-Methyl-D-Aspartate (NMDA) Receptor Encephalitis
Author: **Finella Marie G. Leonido, MD**
Co-Author: **Czarina Mendoza, MD**
(Quirino Memorial Medical Center)



3rd Place

Synchronous Endometrioid Endometrial and Serous Ovarian Carcinoma, A Double Gynecologic Jeopardy
Author: **Ana Victoria C. Crimen, MD**
Co-Author: **Nora A. Martin, MD**
(FEU-NRMF)



Finalist

Delayed Diagnosis and Management of Late Second Trimester Intra-Abdominal Pregnancy
Author: **Ana Patricia C. Vargas, RCH, MD, MBA**
Co-Authors: **Viktoria Ines P. Matibag, MD;**
Maria Anna Luisa F. Dalawangbayan, MD
(Philippine General Hospital)

Finalist

Struma Ovarii Associated Pseudo-Meigs Syndrome with Concomitant Abdominopelvic Tuberculosis Masquerading as Ovarian Malignancy
Author: **Nicole Anna Marie H. Dionisio, MD**
Co-Author: **Elizabeth K. Jacinto, MD**

For the Research Paper Contest, the papers presented were the following:

1st Place

Rational Blood Transfusion in Elective Gynecologic Surgeries in a Tertiary Hospital in the Philippines
Author: **Nancy Marie S. Gamo, MD**
Co-Author: **Maria Antonia E. Habana, MD**
(Philippine General Hospital)



2nd Place

Comparison of the Efficacy of Single Dose Cefazolin versus Single Dose Cefazolin plus 7-day Mupirocin ointment wound application in Preventing Surgical Site Infection among patients undergoing Major Obstetric and Gynecologic Procedures at a Tertiary University Hospital: A Single Blinded Randomized Controlled Trial
Author: **Mary Grace O. Cheng, MD**
Co-Author: **Lylah D. Reyes, MD** and **Jennifer T. Co, MD**
(FEU-NRMF)



3rd Place

The Association of Advanced Maternal Age with Maternal and Neonatal Outcomes of Pregnancy in Filipino Patients in a Tertiary Medical Center: An Analytical Cross-Sectional Study
Author: **Leolina Remecita M. Gamboa-Chua, MD**
Co-Author: **Agnes L. Soriano-Estrella, MD**
(St. Luke's Medical Center-Global)



Finalist

Sexual Dysfunction among Patients with Endometrial Cancer at a Tertiary Training Public Institution: a cross-sectional study
Author: **Katrina Mae A. Natavio, MD**
Co-Author: **Jimmy A. Billod, MD**
(Baguio General Hospital and Medical Center)

Finalist

Changes in Obstetric Practices in the First Three Months of the Covid-19 Pandemic in a Private Tertiary Hospital: A Descriptive Cross-Sectional Study
Author: **Kristine Mae A. de Guzman, MD**
Co-Author: **Agnes L. Soriano-Estrella, MD**
(St. Luke's Medical Center-Global)

The upcoming POGS Annual Residents' Interesting Case Presentation Contest will be held on September 16, 2021, while the POGS Annual Residents' Research Paper Contest will be held October 20, 2021. For more details, please get in touch with Ms. Oziel Maestro of the POGS Secretariat at telephone numbers. 921-7647, 921-7557.

Message from The POGS Committee on SCIENTIFIC WORKS

Re: Identifiers

Greetings!

We are writing you today to call attention to an often overlooked requirement in the submission of manuscripts for consideration for the POGS' various interesting case and research paper contests.

Please ensure that nothing anywhere in the submitted printed or electronic manuscripts of your residents will identify its authors and institute of origin.

Most of the "identifiers" we have come across are likely

unintentional on the part of the writers, but nevertheless still compromise its anonymity.

The following are just some of the examples of this and are not limited to these:

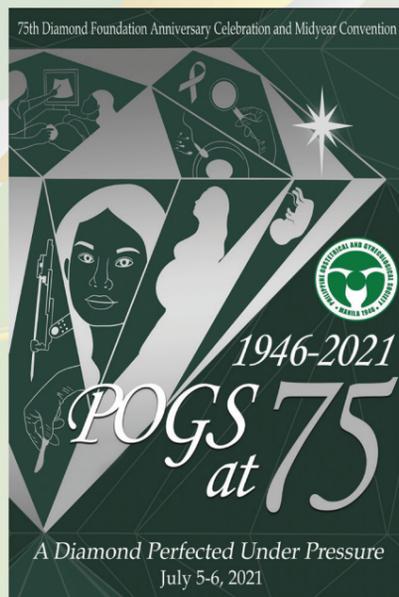
1. Naming the ethics review board of the institution.
2. Mentioning personalities in the acknowledgements who can be traced to the institution.
3. Pictures of specimens on linens with the institutions name written on it.
4. Screen grabs of CT scan, MRI, and ultrasound images with the institutions name on it.

5. And, actually mentioning the name of the institution of origin in the case protocol and the discussion itself.

We have been lenient in the past, but we are compelled to enforce this strictly for the sake of blinding and unbiased screening of submitted entries.

Rules are all part of any contest after all and this is just but one of them. It would be unfortunate for a good paper to be eliminated just on a mere technicality. So, please strictly adhere to this.

Hoping for your understanding and your usual cooperation. Thank you.



Lectures during the Midyear Convention

SCIENTIFIC PROGRAM July 5, 2021 (Monday) AM	
DIAMOND SESSION 1 A Cut Above the Rest: 75 Years of Distinction	
Session Chair: Marjorie T. Deo, MD Session Co-Chair: Ryan B. Capitulis, MD	
7:30-8:30 AM	Opening Ceremony/Opening of Exhibits and S-Convention Library
8:30-9:00 AM	Lecture 1: POGS: Championing Women's Health in the Philippines Through the Years Walfredo W. Sumpaico, MD
9:00-10:15 AM	Panel Discussion 1: Applying the Core Values of POGS in the Practice of OB-GYN Panel Moderator: Santiago A. Del Rosario, MD Panelists: 1. Integrity: Rebecca M. Ramos, MD 2. Competence: Leonora S. Arzola, MD 3. Accountability: Rosendo R. Roque, MD 4. Commitment: Benjamin D. Reboza, MD 5. Innovation: Regal I. Pichay, MD
10:15-10:45 AM	Simultaneous Morning Break Industry-Sponsored Symposia How and How well for a Healthy Maternal and Fetal Outcome (UNITED AMERICAN PHARMACEUTICALS (UAP)) Urinary Tract Infection in Pregnancy (RICOAR M. MANALASTA, JR., MD (THE CARING DRUG COMPANY)) A POGS Caring the At-Risk Perinatal (ABBOTT LABORATORIES) Perinatal Loss: A Quick Guide for OB Gynecologists and Reproductive Medicine Specialists (MIRCK, INC.)
10:45-12:45	Residents' Scientific Paper Presentation Committee on Scientific Works Neon Break Industry-Sponsored Symposium Hypertension in Pregnancy (WYETH NUTRITION)

SCIENTIFIC PROGRAM July 5, 2021 (Monday) PM	
DIAMOND SESSION 2 The Color of Success: 75 Years of Excellence in Women's Health	
Session Chair: Rosanna M. Avallita, MD Session Co-Chair: Rosanna M. Avallita, MD	
1:45-2:15 PM	Lecture 2: The Final Day on Dystocia Teresa S. Carmona, MD
2:15-2:30 PM	Lecture 3: COVID-19 Vaccines: What the OB-GYN Needs to Know Susan P. Nagabon, MD
2:30-3:00 PM	Simultaneous Afternoon Break Industry-Sponsored Symposia Overcoming Maternal Nutrient Deficiency Through Complete Nutrition (NUTRISOURCE) Optimizing the Management of Postpartum Hemorrhage (ABBOTT LABORATORIES) Family Planning in the Postpartum (MIRCK, INC.) Family Planning in the Postpartum (MIRCK, INC.) Suspended for a New Generation for Improving Oral Supplement (ABBOTT LABORATORIES) Lecture 4: Operative Obstetrics: Is it a Last Act? Paul M. Quinones, MD
3:00-3:30 PM	Panel Discussion 2: Ethics and Professionalism for the OB-GYN Panel Moderator: Lourdes B. Capito, MD Panelists: 1. Conflicts of Interest in Clinical Practice 2. Conflicts of Interest in Research 3. Medical and Surgical Errors Panelists: 1. Ma. Corazon Zaca N. Gamilla, MD 2. Rey S. De Los Angeles, MD 3. Atty. Antonio Anjaneto D. Reboza, MD
3:30-5:00 PM	Panel Discussion 3: For the Love of POGS: Inheriting the Tradition and Commitment to Serve Panel Moderator: Virginia S. Ochoa, MD and Enrico G. C. Ochoa, MD Panelists: Ulla P. Lina, MD and Jericho Thaddeus F. Lina, MD
5:00 PM	Neon Break Industry-Sponsored Symposium Pregnancy and the Wings Along the Way: Advocating for a Safe Parturition Journey (WYETH NUTRITION)
6:00 PM	Fellowship Night Part I

SCIENTIFIC PROGRAM July 6, 2021 (Tuesday) AM	
DIAMOND SESSION 3 Clarity of Purpose: 75 Years of Relevance	
Session Chair: Marjorie T. Deo, MD Session Co-Chair: Marjorie T. Deo, MD	
8:00-8:30 AM	Lecture 5: The OB-GYN: Specialty of Global Regional Residency Training Program in Obstetrics and Gynecology Lecturer: Marjorie T. Deo, MD
8:30-9:00 AM	Lecture 6: The OB-GYN: Setting the Bar for OB-GYN Practice in the Philippines Ma. Trinidad S. Vera, MD
9:00-9:30 AM	Lecture 7: Past, Present and Future of OB-GYN Marjorie T. Deo, MD
9:30-10:00 AM	Simultaneous Morning Break Industry-Sponsored Symposia About Nutrition First: Optimizing Blood Health in Women (ABBOTT LABORATORIES) The Spectrum of Vaginal Infections from Childhood to Adulthood (ABBOTT LABORATORIES) Pregnancy and the Management of PCOS (ABBOTT LABORATORIES) Clinical Education Specialist - Women's Healthcare (ABBOTT LABORATORIES)
10:00-11:00 PM	Panel Discussion 4: For the Love of POGS: Inheriting the Tradition and Commitment to Serve Panel Moderator: Virginia S. Ochoa, MD and Enrico G. C. Ochoa, MD Panelists: Ulla P. Lina, MD and Jericho Thaddeus F. Lina, MD
11:00-12:00 AM	Neon Break Industry-Sponsored Symposium Pregnancy and the Wings Along the Way: Advocating for a Safe Parturition Journey (WYETH NUTRITION)

SCIENTIFIC PROGRAM July 6, 2021 (Tuesday) PM	
DIAMOND SESSION 4 Women of Carat: 75 Years of Advocacy	
Session Chair: Leonora C. Coloma, MD Session Co-Chair: Rosalie E. Juris, MD	
12:30-2:30 PM	Panel Discussion 5: POGS as an Advocate Panel Moderator: Leonora C. Coloma, MD Panelists: 1. Adolescent Reproductive Health 2. Stop Gender-Based Violence 3. End Cervical Cancer 4. Reproductive Developmental Environmental Health 5. Community Service Panelists: 1. Ma. Corazon H. Gamilla, MD 2. Liza Ruth C. Chua, MD 3. Christa S. Padolina, MD 4. Clara Cristina D. Devesa, MD 5. Eliza O. Tala, MD
2:30-3:00 PM	Simultaneous Afternoon Break Industry-Sponsored Symposia The Link Between Nutrition and Disease Prevention (ABBOTT LABORATORIES) Practical Approach to the Diagnosis and Management of Vaginal Infections (ABBOTT LABORATORIES) Management of the First-Line Pharmacotherapy for Genital Infections (ABBOTT LABORATORIES)
3:00-4:45 PM	Eucharistic Celebration Closing Ceremonies and Foundation Day Celebration
6:30 PM	Fellowship Night Part II



POGS: Championing Women's Health in the Philippines Through the Years

By Dr. Walfredo W. Sumpaico

A look at the Past...

"According to **Dr. Honoria Acosta Sison**, in the early 1900's the practice of OB was in the hands of "hilots" or untutored midwives and there were only 4 hospitals that offered in-hospital obstetrical services namely: San Juan de Dios, St Paul's Hospital, Civil Hospital and Mary Johnston Hospital. In 1909, only 92 deliveries at these hospitals were recorded and the reason being, the hesitancy of women to be examined by male doctors. It was after World War II in 1945, when the Philippines was freed from the yoke of Japanese Imperialism, and this was the story of POGS, **Dr. Constantino P. Manahan**, sparked the formation of the POGS at an organizational meeting on July 6, 1946 at the Guazon Hall of the PGH with twenty-six original members that was 75 years ago. Let us pause for a while in remembrance and gratitude to the magnificent 26 POGS CHARTER MEMBERS, for without them, we wouldn't be here today."

A glance at the future...

"Let me begin with the so called growth, in 1946 there were 26 mustard seeds which grew and blossomed through the years, and today on our **Diamond Jubilee** we are now almost 5,000. When I did this study on the membership per region in the last 5 years, 1 out of every 2 POGS member is from the National Capital Region, 2 out of every 3 POGS member is from Luzon. NCR, Region 3 and Region 4, 2 out of every 3 are from these areas, so there is a big inequality in the distribution of our membership and this is something that the leadership should look into. We have also grown by the number of controlled societies that we have, now we have 14, 9 called subspecialties that have certifying exams and component affiliates which offer membership. We have 86 POGS accredited Hospitals for service and training and 68 accredited for service. My personal observations- Tips and or tricks for improvement. What can we do? – Government MDs to the barrios should be incentivized, priority training slots for MDs in low priority areas and regular assignments of government specialists and motivate MDs to include OB public health measures in training and practice. We also have the problem of devolution, it is not the national government that bears the brunt of work but the local government, we need to improve the access to healthcare, train healthcare professionals, and our intermediate goals, similar to the Maternal Newborn Child Health and Nutrition strategy must include a well planned, and supported pregnancy, which is adequately managed hopefully by skilled health care professionals and to provide good post partum and postnatal care. My challenge to the current board members and the future board members is let us network and connect with our government leaders and health personnel because without a doubt POGS has flying colors in fostering the welfare of its members"



Applying the Core Values of POGS in the Practice of OB-GYN: Accountability

By Dr. Rosendo R. Roque

Certain terms are used interchangeably with accountability. These are resiliency and adaptability. Accountability means being responsible for our thoughts, words and deeds. Taking responsibility for ones actions includes making mistakes. When mistakes are made the focus should be learning from the experience.

People who take individual accountability for any situation and focus on what they can do about it, manage much better on performance and overall work than those who result to blaming others, procrastination and play victim to the circumstance. In individual accountability, behaviours are self-directed and not driven by external accountability systems. High levels of potential accountability exist when an individual identifies with a

certain event and/or there are clear standards for a good or poor performance. Also, there is a causal relationship between trust and individual accountability. Studies have shown that interpersonal trust elevates an individuals' level of participation in a group situation.

In order to enhance ones accountability, an additional key ingredient necessary appears to be the desire to use ones talent. In addition, individuals must feel some initial level of responsibility in order for accountability requirements to have an impact. The organization therefore must rely on selection procedures to assemble a workforce and must make an effort to include in its recruitment processes evaluation not only for intelligence quotients but also for the equally important psycho-emotional aspect.



Applying the Core Values of POGS in the Practice of OB-GYN: INTEGRITY

By Dr. Rebecca M. Ramos

"Integrity is defined as the virtue consisting of soundness of and adherence to moral principles and character; standing up in their defense when they are threatened or under attack. It involves consistent, habitual honesty and a coherent integration of reasonably stable, justifiable moral values, with consistent judgement and action over time." (Miller-Keane & O'Toole, 2003)

In healthcare settings: integrity is encompassing honesty, keeping one's word, and consistently adhering to principles of professionalism, even when it is not easy to do so. Physicians' integrity forms a professional foundation for patients' trust and fosters healthy therapeutic relationships that promote healing. Integrity and accountability form the basis of the "social contract" between physicians and society, which grants professionals the privilege of self-regulation.

Integrity is the most important principle of leadership because it demands truthfulness and consistency in action. Living, working and leading in integrity means that we don't question ourselves. When we listen to our hearts and do the right thing, life becomes simple, and we live in peace. Our actions are now open for everyone to see, and we don't have to worry about hiding anything.



Compassion

By Dr. Benjamin D. Cuenca



Applying the Core Values of POGS in the Practice of OB-GYN: The Fifth Core Value of Our Society is INNOVATION

By Dr. Regta L. Pichay



COMPASSION

Benjamin D. Cuenca, MD

COMPASSION

- from Latin root word *pati*, (to suffer) and the prefix *com* (with)
- "*compati*" literally means **to suffer with**

COMPASSION VS EMPATHY

Connection of suffering with another person brings compassion beyond sympathy into the realm of empathy

- Empathy is an ability to relate to another person's pain as if it's yours.
- Empathy, like sympathy is grounded in emotion and feeling, but Empathy doesn't have an active component into it.



What is Compassion?

- much more than empathy
- is fueled by wanting to actually take action to help another individual.
- depicts a deep feeling for and understanding of misery or suffering and the concomitant desire to promote its alleviation



Why do we feel Compassion?

Three basic reasons

- The problem must be serious
- The problem is not self-inflicted
- The observer must be able to identify with the victim's suffering

Cassell, 2009



Debate on Compassion

- Inborn or learned tendency?**
- Recent researches suggest that compassion is an innate tendency
 - aids in survival of the species
 - if we did not feel concern for others and feel compelled to help, human might not have survived long as species



Can Compassion be learned?

- is indeed an innate human trait
- is something that can be cultivated through learning & experience
- a short-term course using compassion meditation could increase feelings of compassion and lead to greater altruistic behavior



People who studied Compassion

- Cordon and De Steno (2011)**
 - When participants felt compassion for one person, they were less likely to punish another participant for bad behavior
- Dalai Lama**
 - The experience of compassion toward a single individual does shape our action toward others.



Benefits of Compassion

- INCREASED IMMUNITY
- MORE PROSOCIAL BEHAVIORS
- GREATHER EMPATHY FOR OTHERS
- INCREASED HAPPINESS



As Physicians (Obstetricians-Gynecologists)

earnest & fervent compassion at all times in all dealings regardless of color, religion, social status



The practice of Obstetrics & Gynecology is governed by the ethical concepts that a physician is a **PROFESSIONAL** rather than entrepreneur.

Integrity

Compassion

Accountability

PROFESSIONALISM

Competence

Innovation

Professional Ethics in Obstetrics and Gynecology

discipline that governs the morality of obstetricians-gynecologists

CORE VALUES

Integrity

Competence

Accountability

Compassion

Innovation

Compassion

- Obstetricians-Gynecologists are obligated to recognize, prevent and appropriately manage the pain and suffering of the patients, as if they were your own.

Compassion

- 2021 Moratorium
- POGS Kalinga
- Women's First: Adopt-a-Community Program



COMPASSION IS THE ULTIMATE BLOSSOMING OF LOVE. IT IS LOVE IN ALL ITS SPLENDOR AND GLORY. IT CARRIES WITH IT THE MOST BEAUTIFUL FRAGRANCE. IT IS THE ULTIMATE VIRTUE. IT MAKES MAN "COMPLETE".

CHANDRA NAGI




Thank you!



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To innovate means to improve or to replace a process, a product, or a service and brought up to date by applying new processes, introducing new techniques, or establishing successful ideas to create new value. It is more than having a bright idea of how to innovate. It is about what we do with it. Innovation is creating value from ideas and it can be done in many contexts. The defining characteristic of innovation is to benefit people with long term results. To be celebrated and remain relevant, the POGS has been a stalwart of fostering the highest level of women's health in the country for 75 long years because of its numerous innovations.

Change is the most constant thing in this world. We are acutely aware of this as practitioners in the dynamic field of medical science. In this century, the speed of change due to technology has put forth skills we did not know we had. Change is inevitably necessary because our society needs the next generation of physicians to be technologically savvy and driven toward innovation. With the numerous inventions of portable electronic devices used in our daily lives and explosion of social media, POGS needs to accept & embrace modernization so that we can continue to construct new guidelines for the appropriate use of technology. We evolve through innovation; it is necessary in adapting to change. Briefly stated, through innovation, we build a sustainable POGS.

Innovation in healthcare can take many forms, ranging from drug therapies, surgical procedures, devices and tests, through to new forms of health professional training, patient education and management financing and service delivery models. Since its creation, POGS has brought about positive changes in the practice of our specialty that are meaningful and transformational through innovation. From a handful of passionate founders who only saw possibilities and opportunities not obstacles, our fathers worked towards a mission vision because they believed in something. They had a purpose and to achieve it, they had to innovate with the changes that came with the passing of the years.

We define ourselves with what we provide. We have innovated processes, services, and techniques that have made us relevant and updated. These innovations are deep, intelligent and empowering, making us creative and productive. What we have in POGS is unique & valuable.

Change is necessary because our society needs the next generation of physicians to be technologically savvy and driven toward innovation. With the increasing prevalence of portable electronic devices in everyday life and the explosion of social media, medicine needs to accept and embrace modernization so that we can begin to construct guidelines for the appropriate use of technology.

Looking at the organization of our society, it is of note that our activities are directed to our lifelong mission-vision. Every year, we elect new leaders. Finding and fostering the right people at the helm of this esteem society, can drive a tremendous change in women's health in the country. Thankfully, we are blessed with the right people who are passionate about what they do and have the insatiable desire to drive a positive change through innovations.

Who are innovators? They are people who make the journey to make change happen; they are agents of motivation. Let us look at some innovations that have made POGS what it is today.

People/Members: we have over four thousand competent and proficient members who are products of a training program that has gone through progressive changes. Innovations in teaching methods (outcome based curriculum, protocols, OSCE), skills training (demo-return demo, modular, OSATS), surgical techniques (epinephrine bath, balloon retractor), medical therapies (guava extract with its antibacterial property for wound healing) to name a few, have prepared our members to meet the challenges of the specialty. From the wealth of information we have gained, discoveries we have made, inclusive collaborations we have actively sought, and linkages we have forged, enabled us to grow and develop into the recognized standard for promoting optimum women's health locally & internationally. Armed with ample knowledge and acquired skills, POGS soon expanded and recognized the birth of our sub-specialty societies. These new breed of specialists currently completes the total care of our patients. It may be observed that our members are based mainly in urbanized localities but we are seeing more and more of them setting up practice in or actively linking with less served areas through innovative means that are unique in the locality. The cohesive culture fostered by POGS, echoed recently in the slogan "POGS as One", has continued to bring the intended changes in the care of our women through our empowered members in a big way.

Processes/Procedures: Communications have evolved as the fastest change in conducting business at POGS from the long distance phone calls & telegrams to a message uploaded on line & received in a split of a second. This change has challenged our society to innovate moves to reach its growing number of members far & wide in a uniform and timely manner. The regular meetings and activities of the various Committees have seen the rapid shift from face to face sessions to virtual platforms. The days of waking up in the wee hours of the morning to catch an early flight to one of the regions to conduct CME activities, for instance, now belongs to the history books of POGS. Logging in to conventions, webinars or meetings using an RFID or voting for our next set of officers on line, in the safe comforts of our homes wearing the most comfortable get ups, has become the norm during this pandemic and possibly beyond.

Purse/Coffers: A smoothly running & performing society needs adequate funds to survive. It is thanks to the natural talents & financial acumen of our money managers who found ways to secure and build the funds of POGS through the years. It takes innovation to keep the continuous cash inflow to finance meaningful long-term activities and cushion it from the

impact of unforeseen and possibly costly events. Dealing with funds nowadays takes innovative moves in employing technological knowhow to remain afloat.

This pandemic has torn through the fabric of our society and turned our daily routines to be lived under a new normal. The global impact of this invisible enemy is frightening and we as healthcare providers are on the frontlines of this war. When lockdown was declared in Metro Manila, POGS showed our resilience as a people, when it worked with other front-liners to help to minimize, isolate and mitigate the effects of Corona virus of 2019. It pooled its resources with alacrity, collaborated with stakeholders and innovated methods to continue with what it does best. Our society continues to show that it can pivot faster than this virus. Its members are one in a bond of humanity. They are acutely aware of their roles as dependable leaders and movers of our communities.

In the coming years, POGS will continue to innovate, in order to survive. Then and only then can it remain truly precious and meaningful....forever!

Interaction with host (Dr. del Rosario)

Q: 1. What challenges have you encountered in applying this core value in your practice?
Q: 2. How did you overcome them?

A1: How to introduce hysteroscopy and include it in the mainstream practice of gynecology in the country.

A2: To perform hysteroscopy, a surgical team has to be formed, enabled by hospital administration and aided by industry partners. The idea to start performing hysteroscopic procedures in MCU hospital in the early 1990s was fully supported by Administration which allowed the entry the willing industry partner, Storz. This company has a training arm complete with personnel & instruments which it unselfishly shared to those who wanted to learn endoscopy. Our initial surgical team were gyne laparoscopists who helped me set up the training program, Drs. **Alejandro San Pedro & Noel Raymundo**.

I shared what I learned during my fellowship training with the team. To fit local needs, we had to innovate to enhanced parts of the didactics, used local fruits as models to hone surgical skills in our improvised dry laboratory, added steps in the procedures and emphasized points to promote the safe practice of hysteroscopy in the operating room. The team also included anesthesiologists, nursing staff and pathologists.

The passion & enthusiasm showed by our team soon caught the attention of our colleagues. It did not take long before we were holding seminar workshops around the country to share what we knew. This activity eventually evolved into a training program whose graduates were some of the initial members of the Phil Society for Gynecologic Endoscopy in 2002. This innovative teaching model remains part of the current fellowship training program of the PSGE.



COVID-19 Vaccine: What the OB-GYN Needs to Know

COVID VACCINES IN OB-GYN PRACTICE

By Susan Pelea Nagtalon MD, MSPH, FPOGS, FPSMFM

Vaccines as public health tools have an undisputable track record. Vaccination saved between 2-3M lives every year. For this it was considered one of the most successful & cost-effective health investments in history.

The global impact of the SARS CoV2 had been enormous. It had caused significant mortality & for some of those who survived, long-lasting sequelae affecting quality of life. The elderly, individuals with co-morbidities, including pregnant women belong to the vulnerable group.

The mechanical & physiological alterations in pregnancy increase susceptibility to certain infections such as SARS CoV2. Various authors reported adverse pregnancy outcomes observed among the affected pregnant women. These include higher risk of thromboembolic disease, HPN-hypertension, preterm birth, & cesarean delivery differentially represented across global regions.

According to Hanna et al. pregnancy is an immunological contributor to severe COVID-19 disease. SARS-CoV-2 can cause placental dysfunction by inducing systemic inflammation (cytokine storm), oxygenation abnormalities within the intervillous space (manifested as COVID 19-associated coagulopathy & maternal pneumonia), or by directly infecting the placenta causing cell damage. With upregulation of angiotensin-converting enzyme-related carboxypeptidase 2 (ACE2) expression in early/mid-pregnancy compared to term, viral entry & trophoblasts cell damage was found to be more extensive in early/mid-pregnancy compared to term. This phenomenon explains the adverse pregnancy outcomes mentioned.

Reference to fetal risks, there appeared to be approximately 2% to 3% risk of vertical transmission with minimal rate of persistent neonatal infection. This was explained as due to the anti-viral &/or anti-inflammation features of the maternal-fetal interface or temporal placental expression of ACE2. Interestingly, SARS-CoV2 was not routinely detected in the amniotic fluid, cord blood or neonatal nasopharyngeal swab. There has been no evidence that ingestion of breast milk from mothers with SAR-CoV-2 infection increases the risk of transmission to their newborns.

Given the ill-effects of SARS COV2 infection in pregnant women, the Practice Advisory by the ACOG Immunization, Infectious Disease, & Public Health Preparedness Expert Work Group included these women as eligible for & can receive a COVID-19 vaccine. Information about the safety & efficacy of the vaccine should be shared. In the interest of patient autonomy, it is recommended that pregnant women be free to make their own decision regarding COVID-19 vaccination.

Developmental & Reproductive Toxicity data disclosed no vaccine-related adverse effects on female fertility, embryo-fetal or postnatal development with use of Pfizer/BioNtech COVID-19, Moderna mRNA-1273 & Janssen COVID-19 vaccines. Further, based on limited self-reported information, no specific safety signals have been observed in pregnant individuals enrolled in V-safe pregnancy registry data.

Additional vaccination considerations & opportunities to vaccinate with COVID-19:

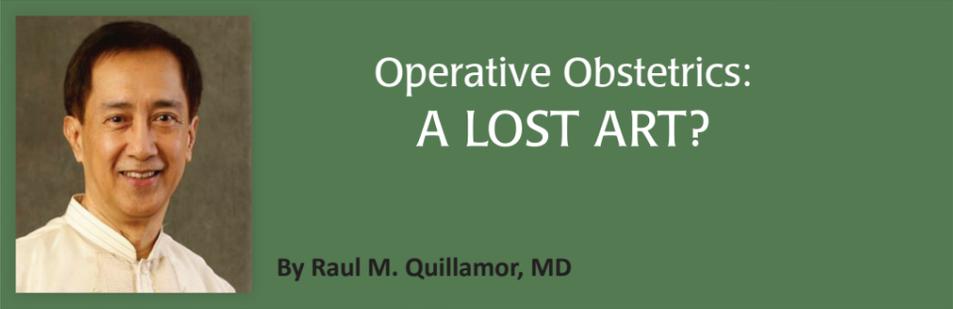
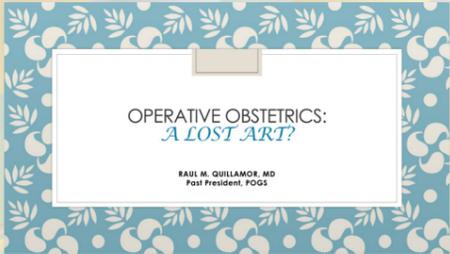
1. Preferably administered after 20 weeks gestation, unless the woman is at very high risk for the infection.
2. May be administered with the flu vaccine.
3. Recipients of the COVID-19 vaccine may be given the Tdap vaccine (usually after 27 weeks gestation).
4. Anti-D immunoglobulin (i.e. Rhogam) / IVIG should not be withheld from an individual who is planning or has recently received a COVID-19 vaccine.
5. When feasible, defer COVID-19 vaccination 3 days before & after any elective surgical procedure to avoid the possible side effects of the vaccine impacting intra-operative & post-surgical monitoring.
6. May be given to individuals planning for future pregnancy.
7. Avoided on the same day as chemotherapy is delivered.
8. May be given to individuals on immunotherapy.
9. Patients on high-dose steroids, corticosteroids may have reduced response to the COVID vaccine.
10. May be given to those on hormonal treatments: tamoxifen, aromatase inhibitor, LHRH analogs, anti-androgens.
11. Not contraindicated for patients receiving radiation therapy.



The Final Say on Dystocia

By Sylvia D. Carnero, MD

- Summary of lecture on Normal labor and Dystocia
- Uncomplicated prolonged latent phase is NOT an indication for cesarean section. This is managed by rest and observation.
- Cervical dilatation of 6 cms is designated as the beginning of the TRUE active phase of labor. Cervical dilatation of 4 -5 cms is designated as EARLY active phase. Cesarean section for active phase arrest must be reserved for women with cervical dilatation of 6 cms or more with ruptured membranes and NO progress in cervical dilatation for 4 hours or more with adequate uterine contractions (> 200 MVU) or at least 6 hours with inadequate uterine contractions despite oxytocin administration.
- Deceleration phase is after 8 cm dilatation and before full cervical dilatation. The second stage of labor is reached when the cervix is fully dilated, fully retracted and no longer palpable. Prolonged deceleration phase is more than 3 hours in the nullipara and more than 1 hour in the multipara.
- Prolonged second stage of labor is more than 1 hour in the multipara (more than 2 hours if on epidural anesthesia with pushing), and more than 2 hours in the nullipara (more than 3 hours if on epidural anesthesia with pushing).
- In failure of descent, there is lack of expected descent during the pelvic division. The fetal head does not go beyond station 0 during the pelvic division of labor (deceleration phase and second stage of labor).
- In arrest of descent, the fetal head goes beyond station 0 but stops progression for more than 1 hour during the deceleration phase and second stage of labor.
- A descent disorder by itself is NOT an indication for CS and must be correlated with prolonged deceleration phase or prolonged second stage.



Operative Obstetrics: A Lost Art?

OUTLINE:

- Extent
- History as a "lost art"
- Review of data on its use
- The current status in local practice
- The challenges of residency training
- Are we indeed losing the "ART" of operative obstetrics?

Operative Obstetrics

- Cervical cerclage
- Dilatation and curettage
- Cesarean delivery
- Operative vaginal delivery
 - breech extraction
 - forceps
 - vacuum

Operative Obstetrics as "a lost art"

- In its narrowest sense, typically refers to operative vaginal delivery, particularly the use of the obstetric forceps
- frequency of obstetric forceps procedures have declined.
- The idea that operative vaginal delivery using the forceps is a "lost" or "vanishing" art is not new.

Six decades of cyclical lament:

- 1963: "Midforceps delivery—a vanishing art?"
- 1992: "Kjelland's forceps delivery: is it a dying art?"
- 2000: "Operative obstetrics: a lost art?"
- 2015: "Forceps: towards obsolescence or revival?"

Operative Obstetrics "a lost art"?

- It has been almost 60 years since the question was first asked – and we are still asking the same question, with nary an answer in hand!
- Are we really losing the "art", or are we witnessing a change in the pattern of usage of each of these operative obstetrical procedures?
- Will we ever lose the "art" in our lifetime?

The evolution of cesarean section

Francis Roussette (1530-1603)
First physician to refer cesarean section as a procedure for living women first documented man to perform a successful CS for dystocia, although he was not a surgeon.

The main indication for practicing a CS has not always been maternal and fetal health.
Religious: Ancient Egypt (3000 BC) and in India (1500 BC)
For heirs to claim primogeniture: Jewish Mishnah (140 BC)
Maternal death: The Council of Cologne (1280), Republic of Venice (1280)
Mandatory for Franciscan missionaries to know and have dexterity in doing CS: United States (1748-1833)

The evolution of cesarean section

Cesarean sections for dystocia historically were delayed in the practice of obstetrics due to:

- (1) It was a late procedure in a patient already complicated
- (2) Infection
- (3) Hemorrhage.

• 1865: maternal mortality rate secondary to CS for maternal indications = 85%

Important milestones in reducing complications and increase survival

- 1880 through 1925: Several techniques of extra-peritoneal CS and vaginal cesarean were described in order to decrease infection.
- After 1928: the need of these techniques disappeared with the discovery of penicillin, which became available in 1940.

Cesarean Section: Current Indications

Maternal:

- Repeat cesarean delivery
- Obstructive lesions in the lower genital tract
- Pelvic abnormalities that preclude engagement during labor or interfere with descent of fetal head
- Cardiac conditions that preclude normal Valsalva
- Abnormal placentation
- Situations in which labor is contraindicated

Cesarean Section: Indications

Fetal:

- Situations in which neonatal morbidity and mortality could be decreased by the prevention of trauma
- Malpresentation
- Certain congenital malformations or skeletal disorders
- Infection
- Prolonged acidemia
- Cephalopelvic disproportion

Cesarean Section

- during the second stage of labor, used to be an uncommon event.
- If labor progressed adequately to achieve full cervical dilatation, a vaginal delivery should be achieved.
- most common indication for cesarean delivery during the second stage: arrest in descent due to malposition of the fetal head, typically a transverse arrest.
- A number of alternatives to cesarean are available, all of which involve assisted rotation of the fetal head.

Cesarean Section

- part of the standard of care in modern obstetrics.
- safe and reasonable alternative to vaginal delivery, due to:
 - its availability, practically, high patient acceptance
 - the permanent improvement in surgical techniques, anesthesia, blood replacement, and neonatal care
- WHO recommended rate (1985): 15% for all births
- main challenge: limit its use to patients that need the procedure to ensure optimum perinatal outcome

Cesarean Section

The CS rate in the United States has changed dramatically during the last 50 years

- 1970: 5%
- 1990: 23.5%
- 2016: 31.9% (low-risk patients: 24.9%)

Worldwide CS rates have nearly doubled since 1990 (from 14.8 to 27.2%)

- China (44.1%), Colombia (44.4%), Dominican Republic (34.4%), Egypt (31.8%), Iran (47.9%), Brazil (55.6%, 80% for second deliveries) – when the first was by cesarean, are some examples
- France: relatively stable at 20.4% in 2003, 21.1% in 2010, and 20.4% in 2016

Primary CS rate: Govt vs Private Teaching Hospital

Year	Primary CS Rate (%/year)	Private Teaching Hospital	Govt Teaching Hospital
2015	33.36		
2016	27.93		
2017	29.66	14.45	
2018	26.51	9.37	
2019	19.02	11.39	
2020	34.43	15.43	

General trend: **INCREASING!**

Primary CS rate: Regions, 2019

Region	Primary CS rate (%)
1	24
2	21.13
3	18.70
4	21.31
5	18.15
6	24.41
7	19.82
8	23.49
9	13.84
10	20.28
11	24.47
NCR	19.47

National Average - 20.9%
Only from FOGS accredited institutions

Cesarean Section

- CS rate: an indicator of an individual or institutional obstetrical performance.
- overuse of CS as a birth alternative beyond clear maternal or fetal indications has received extensive analysis.
- A major issue to take care of in modern obstetrics, due to its impact on:
 - short- and long-term maternal and neonatal outcomes
 - health financial budgets
 - public health policies

Cesarean Section

- high CS rates are not always correlated to better maternal-fetal outcomes.
- CS also associated with:
 - anomalous short-term immune response in the newborn
 - greater risk of developing immune-mediated diseases such as asthma, allergies, or DM type 1.
- Global financial perspective: CS without clear medical indication costs an estimated \$2.32 billion

Brief history of Operative Vaginal Delivery

- Concept of operative vaginal delivery dates back to 1500 BC
- About 1400: Feler Chamberlin invented the precursor of modern forceps, with over 700 types of obstetrical forceps described throughout history
- 1705: James Yonge first described the vacuum extractor
- 1954: Malmstrom popularized the vacuum extractor in Europe.
 - many modifications have been made over the years, most notably the evolution of the metal cup to the plastic and rubber cup, to what is now the modern vacuum extractor

Operative Vaginal Delivery: Indications

- Fetal:
 - Suspicion of immediate or potential fetal compromise
- Maternal:
 - Shortening of the second stage for maternal benefit (i.e., inadequate expulsive efforts, or medical contraindications to Valsalva)
 - Inadequate progress:
 - Nulliparous patients: lack of continuing progress for 3h with regional anesthesia, or 2h without regional anesthesia
 - Multiparous patients: lack of continuing progress for 2h with regional anesthesia, or 1h without regional anesthesia

Operative Vaginal Deliveries: Classification

Outlet

- Fetal scalp visible at introitus without separating the labia
- Fetal skull has reached the pelvic floor
- Sagittal suture is in the AP diameter or right or left occiput anterior or posterior position
 - Fetal head is at or on perineum
 - Rotation does not exceed 45°

Operative Vaginal Deliveries: Classification

Low

- Leading point of the fetal skull is at station 2 cm or more and not on the pelvic floor
- Subtypes
 - Rotation 45° or less
 - Rotation greater than 45°

Mid-pelvis

- Station is above 2 cm but head is engaged

Operative Vaginal Delivery

- safe and viable alternative to CD in the second stage of labor when used under appropriate circumstances by appropriately trained providers.
- absolute risk to mothers and babies is quite low associated with perineal tearing and maternal urinary and fecal incontinence – but:
 - data are inconsistent
 - long-term outcomes appear to be similar to spontaneous vaginal delivery.

Operative Vaginal Delivery

- World Health Organization (WHO):
 - ≈2.6 million babies are stillborn
 - 260,000 women die in childbirth each year
 - developing countries disproportionately affected
 - Many poor perinatal and maternal outcomes can be improved with instrumental vaginal delivery by shortening the second stage of labor.

Operative Vaginal Delivery

- Operative vaginal delivery likely does reduce the rate of stillbirth and early neonatal death and lower the cesarean delivery rate
- BUT
- the instruments themselves do occasionally cause maternal and fetal injury, including cephalohematoma, retinal hemorrhage, facial nerve palsy, and skull fractures.
- Crucial: OVD to be performed by well-trained providers.

Operative Vaginal Delivery

- Avoiding CD can help prevent its complications such as:
 - hemorrhage and infection
 - longer term issues associated with future fertility such as adhesive disease, repeat CD, trial of labor after CD, and abnormal placentation.

CS vs Forceps: the increasing incidence of CS

For many obstetricians: cesarean delivery became a "safer" alternative to the difficult midforceps operation in the mid-1950s. midforceps operation associated with long-term poor neurologic outcomes such as mental retardation and cerebral palsy

• these associations have now been largely disproven

Yeomans and Hankins, 1992:

CS vs Forceps: the increasing incidence of CS

- systematic use of prenatal diagnosis and fetal surveillance techniques for fetal indications
- universal use of intrapartum fetal surveillance:
 - no evidence of a positive impact on perinatal morbidity and mortality in low-risk obstetric population in the last 30 years
- its use is part of the daily routine in any obstetrical ward

Contributors to popularization of CS

- liberalization of the use of a relatively safe procedure
- limited training in instrumented vaginal delivery among the younger generations of obstetricians
- optimization of time
- minimizing possible legal medical complications
- CS upon maternal request without any medical indications as a valid indication
- the loss of medical autonomy in the modern practice of obstetrics

Contributors to popularization of CS

Cesarean Section by Maternal Request (CSMR):

- CS performed in an obstetric patient with a singleton, term pregnancy, by maternal request, and with no medical indication
- estimated to correspond to 4-15% of all deliveries in the United States
- ≈ 82% of obstetricians in the United States recognize having performed at least one CSMR
- a high degree of variation in the use of CSMR, ranging between 4% in the United Kingdom and up to 80% of deliveries in Brazil has been reported

Why an increase in CSMR

- Safety of CSMR for both the mother, and the neonate is still controversial
- US NIH summary of evidence:
 - CSMR might be associated to a diminished risk of bleeding or need for transfusion, and a lower risk of trauma and organ damage.
 - Uncertainty about the short-term impact of CSMR on perinatal outcomes, as well as in future pregnancies
 - Direct evidence about the risks of CSMR, particularly when compared to cesarean sections, is limited.

Why an increase in CSMR: the Patient

PATIENTS

- fear of pain
- a sense of softness
- Confidence
- a hypothetical control over a somewhat unpredictable event
- and a false perception of a reduced risk of
 - urinary incontinence in the obstetric patient and/or
 - hypoxic encephalopathy in the newborn

Why an increase in CSMR: the Medical Personnel

MEDICAL PERSONNEL

- pragmatic view of birth
- efficiency in working time
- a hypothetical avoidance of medical and legal complaints
- Advances in surgical and anesthetic protocols

Why an increase in CSMR: loss of medical autonomy

Loss of medical autonomy

- the self-determination of professional behaviors, according to individual values based on professional ethics, supported by the best available scientific evidence, giving priority to the interests of the patient, and without external interference or coercion.
- Modern concept of autonomy is based on the ideas of Kant (1788), according to which morality is based on consciousness and reason as the fundamental elements and "what man should do"

Why an increase in CSMR

Medicine as a profession is based on four fundamental elements:

- missionary and vocational activity,
- knowledge and expertise,
- an ethical code of behavior, and
- self-regulation.

Why an increase in CSMR

In the twenty-first century, professional autonomy is articulated by three factors such as:

- (1) self-assessment and self-regulation of medical practice,
- (2) responsible use of technology, and
- (3) financial factors.

• These three factors cannot conflict with the element of quality of care.

What affects medical autonomy?

- Optimization of time
- Remuneration
- disinformation of the patient with inappropriate use of their autonomy
- fear of legal medical suits
- the misuse of medical technology
- therapeutic pragmatism
- poor medical training with limitations in the expertise of the care of the vaginal delivery

What affects medical autonomy?

- loss of the physician-patient relationship
- the model of medicalized care
- demographic changes (the role of women in today's society)
- the changing standard of obstetric care
- the negative perspective about vaginal delivery
- the role of the media

Operative Obstetrics Data: Govt vs Private Teaching Hospital

Govt Hospital	2018	2019	2020	Comments
Vaginal NSD	2011	3262	2445	
Forceps	77	17	14	↓ 82% ↓↓↓
Vacuum	29	29	80	↑ 278% ↑↑↑
Breech	119	61	42	↓ 35% ↓↓↓
Abdominal CS	1035	736	847	↓ 81% ↓
Postpartum hysterectomy	3	3	13	↑ ↑↑↑
Total deliveries	3271	4108	3441	↓ 10,820

Operative Obstetrics Data: Govt vs Private Teaching Hospital

Private Hospital (Levels and Key Combined)	2017	2018	2019	2020	Comments
Vaginal NSD	334	280	324	291	↓ 87% ↓
Forceps	3	2	3	0	↓ (-) in 2020
Vacuum	18	38	45	19	↑ NS ↑↑
Breech	2	7	2	2	↑ NS ↓↓↓
Abdominal CS	270	236	213	263	↓ NS ↓
Postpartum hysterectomy	2	6	2	1	↓ ↓
Total deliveries	427	563	587	575	↑ 2352

Forceps vs vacuum: decline in the use of forceps

Random sampling of ACOG fellows:

The younger the physician the more likely:

- They were taught the use of the vacuum extractor
- They would use the vacuum extractor, (vs forceps), for those initiated from the midpelvis or those performed for "deep transverse arrest"

Forceps vs vacuum: decline in the use of forceps

Of the ACOG fellows who returned the survey:

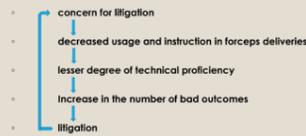
- 59 percent have abandoned midpelvic operative vaginal delivery.
- 21 percent would attempt to use forceps for a midpelvic operative vaginal delivery
- 26 percent would attempt a low pelvic rotation of 90 degrees using the forceps

Forceps vs vacuum: decline in the use of forceps

- New generation of teachers of clinical obstetrics may no longer be well versed in the use of the forceps
- More vacuum extraction performed, leading to a decline in the use of the forceps
- Fear of litigation and the growing trend of consumerism

Yeomans ER, Hankins GDV. Operative vaginal delivery in the 1990s. Clin Obstet Gynecol 1992; 35:487-493.

Forceps vs vacuum: decline in the use of forceps



Forceps vs vacuum: decline in the use of forceps

- Yeomans' and Hankins' observation:
 - forceps are used less often and are being threatened with replacement by the vacuum extractor or by cesarean delivery by the latest graduates of our training programs
 - forceps rotations of greater than 45 degrees will be abandoned in the future by most practitioners
 - other studies have demonstrated that, in carefully controlled circumstances, these procedures remain a viable option and have low rates of maternal and neonatal morbidity

Yeomans ER, Hankins GDV. Operative vaginal delivery in the 1990s. Clin Obstet Gynecol 1992; 35:487-493.

Forceps vs vacuum: decline in the use of forceps

- Historical case series:
 - increased neonatal morbidity led to a reduction in the use of rotational forceps to facilitate this rotation.
- Attempted manual rotation and "rotational vacuum extraction" are now preferred, particularly by less experienced providers.
- Which of these three approaches is most effective?
UNKNOWN

Buh E, Van de Venne M, Macleod M, Brachon B, Murphy D. Maternal and neonatal morbidity in relation to the instrument used for midwifery-assisted operative vaginal delivery: A prospective cohort study. BJOG. 2013;120(12):1526-1532.

Forceps vs vacuum: decline in the use of forceps

- The art of operative obstetrics has changed.
- The use of the vacuum extractor has increased substantially
- The vacuum extractor is now used more often than the forceps
- The ascent to prominence of the vacuum extractor has had a downside

Buh E, Van de Venne M, Macleod M, Brachon B, Murphy D. Maternal and neonatal morbidity in relation to the instrument used for midwifery-assisted operative vaginal delivery: A prospective cohort study. BJOG. 2013;120(12):1526-1532.

Vacuum delivery: the downside

- FDA, May 21, 1998:
 - 12 neonatal deaths and 9 serious injuries in a period of 4 years associated with the use of vacuum devices.
 - most serious injuries: neonatal subgaleal hemorrhage and/or intracranial hemorrhage
 - the FDA recommended that:
 - these devices be used only for clear indications
 - practitioners be well versed in the use of these instruments
 - the manufacturer's guidelines should be followed
 - the neonatal providers of care should be alerted when a vacuum device is used for delivery so that the infant may receive appropriate attention

Buh E, Van de Venne M, Macleod M, Brachon B, Murphy D. Maternal and neonatal morbidity in relation to the instrument used for midwifery-assisted operative vaginal delivery: A prospective cohort study. BJOG. 2013;120(12):1526-1532.

IN THE PIPELINE: THE ODÓN DEVICE FOR OPERATIVE VAGINAL DELIVERY

- World Health Organization Odón Device Research Group. Feasibility and safety study of a new device (Odón device) for assisted vaginal deliveries: Study protocol. Reprod Health. 2013;10:33.
- 2005:
 - Mr. Jorge Odón, car mechanic from Argentina with no formal training in medicine or obstetrics, came up with the first prototype of a simple device that could be used to expedite delivery of the fetal head from the birth canal.
 - The device has since been named in his honor.

Buh E, Van de Venne M, Macleod M, Brachon B, Murphy D. Maternal and neonatal morbidity in relation to the instrument used for midwifery-assisted operative vaginal delivery: A prospective cohort study. BJOG. 2013;120(12):1526-1532.

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- The Odón device
 - consists of a tube containing a polyethylene bag, inserted into the birth canal
 - the bag is deployed and inflated to create a plastic sleeve that hugs the baby's head.
 - The applicator tube is then discarded and traction is applied to the plastic bag to move the head (and the entire fetus) down the birth canal.



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- Advantages of the Odón device:
 - low-cost
 - simple to use
 - compact, easy to transport and store
 - designed to minimize trauma to the mother and fetus

Vacuum versus forceps: a comparison of significant maternal injury

Study	Instrument	Control	Rate (95% CI)	Weight (%)	Rate (95% CI)
Ball 1988	Forceps	Vacuum	0.2	28.3	0.08 (0.04, 0.14)
Ball 1989	Forceps	Vacuum	0.2	14.2	0.08 (0.04, 0.14)
Ball 1990	Forceps	Vacuum	0.2	28.3	0.08 (0.04, 0.14)
Lallemant 1988	Forceps	Vacuum	0.2	3.8	0.07 (0.04, 0.10)
McIntosh 1988	Forceps	Vacuum	0.2	18.8	0.07 (0.04, 0.10)
McIntosh 1989	Forceps	Vacuum	0.2	18.8	0.07 (0.04, 0.10)
Shaw 1988	Forceps	Vacuum	0.2	9.4	0.06 (0.04, 0.09)
Shaw 1989	Forceps	Vacuum	0.2	9.4	0.06 (0.04, 0.09)
Shaw 1990	Forceps	Vacuum	0.2	9.4	0.06 (0.04, 0.09)
Shaw 1991	Forceps	Vacuum	0.2	9.4	0.06 (0.04, 0.09)
Shaw 1992	Forceps	Vacuum	0.2	9.4	0.06 (0.04, 0.09)
Shaw 1993	Forceps	Vacuum	0.2	9.4	0.06 (0.04, 0.09)
Shaw 1994	Forceps	Vacuum	0.2	9.4	0.06 (0.04, 0.09)
Shaw 1995	Forceps	Vacuum	0.2	9.4	0.06 (0.04, 0.09)
Shaw 1996	Forceps	Vacuum	0.2	9.4	0.06 (0.04, 0.09)
Shaw 1997	Forceps	Vacuum	0.2	9.4	0.06 (0.04, 0.09)
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Shaw 2000	Forceps	Vacuum	0.2	9.4	0.06 (0.04, 0.09)
Shaw 2001	Forceps	Vacuum	0.2	9.4	0.06 (0.04, 0.09)
Shaw 2002	Forceps	Vacuum	0.2	9.4	0.06 (0.04, 0.09)
Shaw 2003	Forceps	Vacuum	0.2	9.4	0.06 (0.04, 0.09)
Shaw 2004	Forceps	Vacuum	0.2	9.4	0.06 (0.04, 0.09)
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Shaw 2006	Forceps	Vacuum	0.2	9.4	0.06 (0.04, 0.09)
Shaw 2007	Forceps	Vacuum	0.2	9.4	0.06 (0.04, 0.09)
Shaw 2008	Forceps	Vacuum	0.2	9.4	0.06 (0.04, 0.09)
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Shaw 2015	Forceps	Vacuum	0.2	9.4	0.06 (0.04, 0.09)
Shaw 2016	Forceps	Vacuum	0.2	9.4	0.06 (0.04, 0.09)
Shaw 2017	Forceps	Vacuum	0.2	9.4	0.06 (0.04, 0.09)
Shaw 2018	Forceps	Vacuum	0.2	9.4	0.06 (0.04, 0.09)
Shaw 2019	Forceps	Vacuum	0.2	9.4	0.06 (0.04, 0.09)
Shaw 2020	Forceps	Vacuum	0.2	9.4	0.06 (0.04, 0.09)

Goetzinger KR, Macleod M, Brachon B, Murphy D. Maternal and neonatal morbidity in relation to the instrument used for midwifery-assisted operative vaginal delivery: A prospective cohort study. BJOG. 2013;120(12):1526-1532.

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- Current stage of development
 - piloted in the United States and South America
 - WHO to introduce it into the obstetric curriculum in a three-phase clinical trial outlined in the Odón Device Research Project report.
 - first phase: testing the device under normal delivery conditions in tertiary hospitals in Argentina and South Africa.
 - next two phases: 1) assess its efficacy in women with a prolonged second stage of labor but no 'fetal distress' and 2) compare its performance head-to-head against the vacuum extractor and forceps.

Forceps vs vacuum: decline in the use of forceps

- Is the neonatal morbidity associated with operative vaginal delivery:
 - actually a function of an abnormal labor process itself,
 - or a consequence of an operative vaginal intervention?

Goetzinger KR, Macleod M, Brachon B, Murphy D. Maternal and neonatal morbidity in relation to the instrument used for midwifery-assisted operative vaginal delivery: A prospective cohort study. BJOG. 2013;120(12):1526-1532.

IN THE PIPELINE: THE ODÓN DEVICE FOR OPERATIVE VAGINAL DELIVERY

- World Health Organization Odón Device Research Group. Feasibility and safety study of a new device (Odón device) for assisted vaginal deliveries: Study protocol. Reprod Health. 2013;10:33.
- What this EVIDENCE means for practice
 - simple device
 - midlevel providers working in remote obstetric units can be trained in its use, thereby increasing access to an important modality of emergency obstetric care.
 - important in centers that lack immediate access to cesarean delivery capabilities.

Current Studies on Operative Vaginal Delivery

- Objective—to analyze a prospective population-based registry including eight sites in seven low- and middle-income countries to observe trends in operative vaginal delivery versus cesarean delivery rates over time, across sites.
- Study Design—A prospective population-based study, 2010-2016
- Results—Operative vaginal delivery rates decreased in both hospitals and clinics, except in the hospital setting at one of the Indian sites.
- Conclusion—

In low- and middle-income countries, operative vaginal delivery is becoming less utilized while cesarean delivery is becoming increasingly common mode of delivery.

Current Studies on Operative Vaginal Delivery

- expert systematic review and meta-analysis summarizes the morbidity of second-stage cesarean delivery.
- When an obstetrical has a patient who is created of persistent occiput posterior position, say, and is trying to decide on cesarean delivery versus vacuum or forceps delivery, it is necessary to balance the risks and benefits of the 2 options.
- And/or all clinicians are aware, when cesarean delivery is performed late in labor and the patient has been pushing for a prolonged period of time in the second stage—cesarean can be a challenging procedure. Moreover, these late cesareans are associated with much greater risks than cesareans performed earlier in labor.
- The findings demonstrate with authority that **second-stage cesareans can be a risky undertaking.**

Paragade V, Wicha D, Reddy A, Holmgren D, Thomas D, Wicha D. Risk versus second stage CS: maternal and neonatal morbidity: a systematic review and meta-analysis. Eur J Obstet Gynecol Reprod Biol. 2014;173:15-24.

Forceps vs vacuum: decline in the use of forceps

- Contemporary trends in operative vaginal delivery:
 - show increasing numbers of vacuum deliveries over forceps worldwide.
 - Primary drivers:
 - concerns over neonatal and maternal safety
 - fewer clinicians skilled in forceps use.
 - comparable efficacy rate for both forceps and vacuum
 - decrease in maternal morbidity compared with cesarean section.

Goetzinger KR, Macleod M, Brachon B, Murphy D. Maternal and neonatal morbidity in relation to the instrument used for midwifery-assisted operative vaginal delivery: A prospective cohort study. BJOG. 2013;120(12):1526-1532.

Current Studies on Operative Vaginal Delivery

- Details of the study
 - A prospective cohort study was carried out of two university hospitals in Scotland and England to compare maternal and neonatal morbidity associated with alternative techniques for midwifery-assisted delivery. The choice of instrument was left to the provider.
 - Of the 381 multiparous women who had an attempted midwifery-assisted operative delivery, 171 had a forceps delivery, 190 had a vacuum delivery, and 20 had a cesarean delivery. Success rates for forceps and vacuum deliveries were 95% and 95%, respectively, with a cesarean rate of 4.2%, 4.8%, and 4.5% for manual rotation, vacuum, and rotational forceps, respectively (odds ratio 0.95, 95% CI 0.44-2.04).
 - There were no significant differences in maternal complications (postpartum hemorrhage, third- and fourth-degree perineal lacerations) and neonatal morbidity (low cord pH, neonatal trauma, and neonatal intensive care unit admission) between the three instruments.

Merriam AA, Ananth CV. Trends in operative vaginal delivery, 2005-2013: a population-based study. Obstet Gynecol. 2014;123(5):1037-1043.

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Current Studies on Operative Vaginal Delivery

- Dwindling statistics for operative vaginal delivery
- Rouse Dwight J. 2015: warning of instrumental vaginal delivery in many parts of the world, most notably the United States (2012-2.85% live births delivered by vacuum; only 0.8% involved the forceps).
- "When the rate of cesarean delivery is 10 times the combined rate of vaginal vacuum and forceps delivery (as it is in the USA), it is fair to argue that operative vaginal delivery is underutilized."
- What this EVIDENCE means for practice:
 - The study by Ramlpil and colleagues very clearly confirms that **correct placement of the vacuum device or forceps is key to safety.**

Ramlpil M, Kennedy AM, Burke G, Murphy D. Risk factors and morbidity associated with suboptimal instrument placement of obstetric vacuum extractors. BJOG. 2014;121(12):1526-1532.

Current Studies on Operative Vaginal Delivery

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Current Studies on Operative Vaginal Delivery

- Objective: The objectives of this study were to determine temporal trends in forceps and vacuum delivery and factors associated with operative vaginal delivery.
- Design: Retrospective cohort.
- Setting: Population-based study of US birth records.
- Population: US births from 2005 to 2013.
- Methods: This study evaluated forceps and vacuum extraction during vaginal delivery in live-born, non-anomalous singleton gestations from 23 to < 42 weeks of gestation. The primary outcomes were vacuum, forceps and overall operative delivery. Obstetric, medical and demographic characteristics associated with operative vaginal delivery were analyzed. Multivariable logistic regression models were developed to determine factors associated with forceps/vacuum use.

Merriam AA, Ananth CV. Trends in operative vaginal delivery, 2005-2013: a population-based study. Obstet Gynecol. 2014;123(5):1037-1043.

Current Studies on Operative Vaginal Delivery

- What this EVIDENCE means for practice:
 - Midcavity rotational delivery can be achieved with a high degree of success and few adverse events in women who develop transverse arrest in the second stage of labor.
 - Maternal and perinatal outcomes are comparable with rotational forceps, vacuum extraction, and manual rotation.
 - With appropriate training, midcavity rotational delivery can be practiced safely, including the use of Kielland forceps.

Merriam AA, Ananth CV. Trends in operative vaginal delivery, 2005-2013: a population-based study. Obstet Gynecol. 2014;123(5):1037-1043.

Current Studies on Operative Vaginal Delivery

- Occiput posterior and occiput transverse positions:
 - account for approximately 13 and 12% of fetal positions in labor
 - risk factors for cesarean section, instrumental delivery, longer second stages of labor and increased amounts of third- and fourth-degree perineal lacerations.

Goetzinger KR, Macleod M, Brachon B, Murphy D. Maternal and neonatal morbidity in relation to the instrument used for midwifery-assisted operative vaginal delivery: A prospective cohort study. BJOG. 2013;120(12):1526-1532.

Current Studies on Operative Vaginal Delivery

- Both forceps and vacuum extractors are acceptable and safe instruments for operative vaginal delivery.
- candidates should be selected on an individualized basis and counseled accordingly.
- the skill of the operator should influence the decision to attempt an operative delivery as well as the choice of instrument.

Goetzinger KR, Macleod M, Brachon B, Murphy D. Maternal and neonatal morbidity in relation to the instrument used for midwifery-assisted operative vaginal delivery: A prospective cohort study. BJOG. 2013;120(12):1526-1532.

Current Studies on Operative Vaginal Delivery

- Concerns regarding serious neonatal morbidity associated with vacuum extraction have not been substantiated by multiple well-designed studies.
- limited, long-term data, do not suggest any increased risk of neurodevelopmental delay in children delivered by either vacuum or forceps.
- Maternal morbidity may be slightly higher with forceps delivery, but overall low in comparison with the morbidity associated with cesarean delivery

Goetzinger KR, Macleod M, Brachon B, Murphy D. Maternal and neonatal morbidity in relation to the instrument used for midwifery-assisted operative vaginal delivery: A prospective cohort study. BJOG. 2013;120(12):1526-1532.

The future for OVD

- first described by Tarnier and Chanteuil in 182
- performed after cervical dilation has reached at least 7 cm.
- During uterine relaxation, the operator places either two fingers or, preferably, the entire hand behind the fetal ear. During a contraction, the patient is instructed to push while the pressure of the hand is used to rotate the anterior fetal head.
- The fetal heart rate should be continuously monitored during this procedure. If the first attempt at rotation fails, a second attempt can be made as long as there are no abnormalities in the fetal heart tracing.

Goetzinger KR, Macleod M, Brachon B, Murphy D. Maternal and neonatal morbidity in relation to the instrument used for midwifery-assisted operative vaginal delivery: A prospective cohort study. BJOG. 2013;120(12):1526-1532.

Manual Rotation to assist vaginal delivery

- Relative indications for this procedure have been described, but are not limited to:
 - Prophylaxis to reduce the length of labor and avoid perineal consequences of an occiput posterior delivery.
 - Acceleration of the end of the second stage of labor for fetal heart tracing abnormalities.
 - Nonengagement of the fetal head
 - Failure to progress in labor.

Goetzinger KR, Macleod M, Brachon B, Murphy D. Maternal and neonatal morbidity in relation to the instrument used for midwifery-assisted operative vaginal delivery: A prospective cohort study. BJOG. 2013;120(12):1526-1532.

Manual Rotation to assist vaginal delivery

- While this appears to be a potentially successful adjunct to vaginal delivery, there are relatively sparse data on the subject.
- Shaffer et al. 2004: retrospective cohort study on risk factors for a successful manual rotation. 74% of 742 patients delivered vaginally in the occiput anterior position after a successful manual rotation.
- Le Roy C et al 2007: retrospective case-control study on risk factors and manual rotation success in 776 women and found similar results.

Goetzinger KR, Macleod M, Brachon B, Murphy D. Maternal and neonatal morbidity in relation to the instrument used for midwifery-assisted operative vaginal delivery: A prospective cohort study. BJOG. 2013;120(12):1526-1532.

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Manual Rotation to assist vaginal delivery

- this recent study demonstrated a trend towards increased rate of failure of manual rotation when performed before complete cervical dilation and for the indication of failure to progress in labor. This study also supported the increased risk of cesarean section after failed manual rotation compared with successful rotation (58.8 vs 3.8%).
- Together, these data suggest that manual rotation can be an effective approach for reducing the cesarean section rate in patients with a fetus in either occiput posterior or occiput transverse positions.

Goetzinger KR, Macleod M, Brachon B, Murphy D. Maternal and neonatal morbidity in relation to the instrument used for midwifery-assisted operative vaginal delivery: A prospective cohort study. BJOG. 2013;120(12):1526-1532.

Manual Rotation to assist vaginal delivery

- Obstetrical risks:
 - severe fetal heart-rate decelerations
 - cord prolapse
 - cervical laceration.
- Haddad et al.: 97% success rate for rotations performed for prophylaxis
- 28% success rate for rotations performed for lack of progress.
- Given these numbers, it appears that manual rotation does indeed have a role in current obstetrics and may be an adjunct to successful vaginal delivery without increasing the rate of cesarean delivery.

Goetzinger KR, Macleod M, Brachon B, Murphy D. Maternal and neonatal morbidity in relation to the instrument used for midwifery-assisted operative vaginal delivery: A prospective cohort study. BJOG. 2013;120(12):1526-1532.

Manual Rotation to assist vaginal delivery

- Should we continue forceps education using the apprenticeship model of training?
 - Three hundred twenty hospitals (38.3% of all hospitals) failed to perform a single forceps delivery in 2008
 - Rethinking the apprenticeship model which long characterized medical education:
 - "SEE, DO, ONE, TEACH ONE"
 - affected by:
 - 1) the limitations on learning opportunities available in the clinics and
 - 2) the restrictions on resident work hours

Kyer KL, Lu J, Sorbillon D, et al. Forceps delivery volumes in teaching and nonteaching hospitals: Are volumes sufficient for physicians to acquire and maintain competence? Acad Med. 2014;89(1):7-16.

POGS-CRED Requirement 2018

MINIMUM COMPETENCIES FOR IN-PATIENT PROCEDURES	YEAR LEVEL			
	1 st	2 nd	3 rd	4 th
NSBG	10	20	30	40
Emergency Cesarean	10	20	30	40
Manual extraction of the placenta (before delivery or during cesarean section)	15	15	15	15
Delivery (vaginal or during cesarean section)	20	3	3	3
Cesarean section	10	20	3	3
Advanced hysterectomy	7	8	8	8
Original hysterectomy	1	1	1	1
Endometrial ablation	1	1	1	1
Evisceration of in situ	1	1		



Ethics and Professionalism for the OB-GYN: Conflicts of Interest in Research

By Rey H. de los Reyes, MD

One of the many aspects in our professional career is our interest in research. For research enthusiasts, we often encounter ethical dilemmas and issues which are very much a source of conflict. To define an interest is a commitment, goal, or value held by an individual or an institution. An example is a research proposal to be completed and published with an end goal of recognition and promotion.

In research, it is very vital to properly address any conflict before, during, and after the conduct of the research and more importantly before its publication. There are many types of conflict but the most common of which is financial conflict. This can happen when there is financial or other personal agenda that may compromise an investigator's judgement in his research conduction and reporting. Some examples of financial conflicts are benefits, employments, stock ownerships and grants. These should be disclosed and properly managed.

There are three strategies to manage conflicts of interests. First is the regulation of an individual which mainly focuses on the researcher. This involves disclosure of any financial interests and prohibition of research on a product that he /she have an interest on. Second is the design and research process which includes the methods of investigation and analysis and presentation of the research. Lastly is the critical assessment of research product which is the review of the

One of the greatest achievements in the annals of the Philippine Obstetrical and Gynecological Society is the standardization of the quality of knowledge and quantity of teaching materials for each OB-GYN resident-trainee according to year level in all duly recognized residency training hospitals in the whole Philippines.

I was given four parts of this talk.

- I – What is the history of CREED? When did it begin?
- II – What is the role and relevance of CREED?
- III – What are the achievements/ milestones of CREED?
- IV – How can CREED ensure that the residency training in OB-GYN in the Philippines is at par with global standard?

HISTORY OF CREED:

The Specialty Board of the Philippine Obstetrical and Gynecological Society was concerned in 1995 under **Dr. Noe Espinola** as President. They aimed to improve the quality of practicing obstetrician-gynecologists who wanted to join the Society. Requirements for certification were drafted and then implemented. Realization of the strength of residency training was a must to achieve this goal.

In 1996, the Committee on Residency Reviews was created. It's primary function was to review the programs of the accepted training hospitals. The Committee was composed of the OB-GYN Department heads of the various hospitals in Manila and suburbs with **Dr. Constantino Manahan** as Chairman. Because of the increasing number of applicants for application for examination, the position of the Secretary was created in 1968. (From: **Dr. Virgilio Oblepias**, POGS at 50)

In November 1975, the function of the Society's Committee on Residency review was transferred to the PBOG. In January 1976 the PBOG, was in charge of accreditation of residency training programs in addition to their original function of certification of specialists.

Early on, training in OB-GYN was very informal and there were career residents in government hospitals. A tenured residency in the specialty was established. An extensive academic program flourished. Residents were given gradual and progressive responsibility according to their year level.

The first In-Service Examination was given to 194 OB-GYN residents on November 6, 1983.

The objectives cited by the PBOG was that all specialty physicians require a common foundation of knowledge, skills and attitudes. In the practice of Modern Obstetrics in this Philippine setting.

The In-Service exams provided a basis for evaluation the progress of individual residents regarding quality and comprehensiveness in the resident's training program. The relative strengths and weaknesses were made for each individual resident at a time early enough in their training

so that deficits could be corrected. It also evaluates the strengths and weakness of its training program and changes made if need be. The examination is a requirement from first to fourth year levels to maintain the hospitals' accreditation for training. Residents of non-accredited hospitals may also take the examination on a yearly basis.

Seminars/ workshops/dialogues were implemented on various topics, including test construction for example. Residents, according to year levels, were given increasing responsibility in patient care. In the Senior year, residents were given opportunities to develop as teachers, researches and leaders. Graduation from an accredited training program became a requirement for certification by the PBOG.

Examination were first conducted in Manila, Cebu and Davao. After sometime, Zamboanga also became a test center. The exams was 2.5 hours, 200 questions covering all areas of the specialty, including basic science. All scores were recorded as percentages of questions answered correctly. Scores were reported as estimates of an examinee's abilities. Scored were not pass/fail category.

During the Presidency of **Dr. Augusto Manalo** in 1995, he proposed the creation of a committee distinct from the PBOG, directly under the Board of Trustees that will oversee residency training. This body will monitor the implementation of the residency training programs.

In 2004, **Dr. Erlinda Germar**, PBOG Chair, spearheaded the formulation of the Resident's Evaluation Scheme (RES) and was focused solely on the residency training program.

In 2005, under the Presidency of **Evelyn P. Palaypayon**, an Ad Hoc Committee to conduct a pilot study of the RES to create a residency training body with **Dr. Ma. Lourdes Coloma** as Chair.

In 2006, under POGS President **Dr. Susan Nagtalon**, another Ad Hoc Committee studied the function and organization of the RES pilot study and presented to the Annual Trainers Meeting under PBOG Chair, **Dr. Delfin Tan**, to which it was approved form implementation.

In 2007, under POGS President **Dr. Rogelio Mendiola**, another Ad Hoc Committee was created with **Dr. Carmen Hernandez-Quevedo** as chair and the Pilot Committee on Residency Training Program (PC RTP) was established. It was initially placed under the umbrella of the PBOG. The first chair of the PC RTP was **Dr. Pat Punsalan**. She and for members administered the Annual Residents In-Service Examination, An Annual trainers' meeting was conducted to ensure better communication with chair and training officers of hospitals in

outcome of the research.

In the Philippines, there have been several laws and regulations that had great impact on health research. The oldest of which was passed in 1949, the RA 349: An act to legalize permission to use human organs, or any portions of the human body for medical, surgical and scientific purposes such as studying of human cadavers in medical school which has undergone several revisions and amendments. The two other laws that have significant impact on health research are the R.A. 8503, The Health Research and Development Act of 1998 which led to the creation of the National Institute of Health (NIH) and RA 1052/10532 or the Philippine National Health Research System Act of 2013 which has institutionalized the memorandum of understanding among the following departments: DOST, DOH, CHED, UP Manila with the goal of improving health status, productivity and quality of life of Filipinos. Other important function of PNHRs, are the promotion of good governance among the health research organizations, engaging in national and international partnerships for health research development and ensuring sustainability of resources.

Other systems put in place for purposes of research are the following: PCHRD, Philippine Council for Health Research and Development which served as the governing council of PNHRs and the sectoral planning council of DOST and the PHREB, Philippine Health Research Ethics Board with the following roles: formulating guidelines for ethical conduct of human health research as well as guidelines for ethics review board.

In conclusion, conflict of interest is pervasive in medical research and should be managed effectively to maintain the integrity of research and public trust. Although, the main focus on conflicts of research is financial dilemmas. However, there are also non- financial conflicts that have similar effect and create bias and undue influence on the judgement of investigators. Therefore, it is important to be able identify possible conflicts; provide strategies to manage them accordingly with the end goal of promoting high quality researches, protection of their subjects and to promote public trust.



THE CREED: Towards A Globally Recognized Residency Training Program in OB-GYN

By Evelyn P. Palaypayon, MD

the whole archipelago. Mentoring and assessing of training hospitals were regularly conducted.

In 2009, **Dr. Lyra Ruth Chua**, Chair of the Pilot Committee on Residency Training Program (PC RTP) reviewed the curriculum of the training program and its implementation conducting visits and meeting. The Residents' In-Service Examination (RISE) was conducted in collaboration with PBOG.

In 2010, under Chairman of the PC RTP, **Dr. Mario Bernardino** focused on developing the teaching skills of the trainers, in preparation for case-based and oral examinations of residents. Construction and computerization of the RES was made during the PBOG meeting, the creation of an amendment to the POGS constitution was added to recognize CREED (Council for Resident's Education, Enhancement and Development as a body under the POGS Board of Trustees and was unanimously approved.

In 2011, CREED Chair **Evelyn P. Palaypayon** created the first CREED Handbook to guide trainers and trainees in the implementation of the curriculum to ensure standardization of the residency training programs with emphasis on knowledge, skills and attitude.

In 2012, **Dr. Mildred Pareja**, CREED Chair, conducted several workshops nationwide and formulated 4 training modules for training officers to ensure improved standards of training.

In 2013, CREED Chair, **Dr. Corazon Lim**, emphasized the importance of the number of competencies/procedures done by residents to gain proficiency, advocating need for complete documentation in logbooks of surgeries and patients attended to, with importance of actual consultant supervision.

In 2013, with President **Dr. Raul Quillamor**, a tripartite meeting with BOT, PBOG and CREED was called to clarify and realign functions, duties and responsibilities of both bodies, collaborating with each other.

In 2014, **Dr. Stella Jose** as CREED Chair, revised the handbook which included the revised competency-based curriculum and introduced the number of procedures for residents to attain proficiency to home graduates as practitioner, leader, researcher, educator, social mobilizer, and advocate.

In 2015, CREED Chair, **Dr. Jocelyn Mariano**, introduced the use

of SCANTRON to check RISE papers ensuring a faster release of test results, and a resident is deemed either FAILED/PASSED.

In 2016, **Dr. Rosalie Junio**, as CREED Chair emphasized research competencies for trainers and trainees. Trainees from non-accredited hospitals were allowed to take the RISE.

In 2017, upon the Presidency of POGS, **Dr. Mayumi Bismark**, the CREED Chair, **Dr. Agnes Estrella** embarked on the revision of the CREED Handbook which shifted from Core Curriculum to Outcome-based Education, that was the main thrust in PRC.

The second tripartite was called to fresh out policies and requirements to improve collaboration of CREED and PBOG. Strengthening of the mentoring program was agreed upon the CREED would evaluate training hospitals' readiness for actual PBOG visit. More assistance to the training and education were carried out by CREED.

In 2017, CREED chair, and its members embarked in changes in instructional designs in accordance with the Philippine Regulation Commission (PRC). The handbook after much consultation with different societies was formulated in accordance to the new designs and launched and distributed in 2018.

In 2018, CREED Chair, **Dr. Jennifer Co**, introduced the Medical Residency Rotation Strategy (MRRS) under DOH (Department of Health) where Senior Residents of Training Departments would undergo service to smaller, underserved hospitals. Meetings were made with the Committee on Hospital Accreditation for Service (CHAS) and DOH to see to it that POGS consultants would be available for consultations.

In 2019, the MRRS was implemented under CREED Chair, **Dr. Diana Bongala**, who was initially sent to Scotland for an in-depth study of the program.

In 2020, **Dr. Connie Rayel** and members made an electronic copy of the Administrative Manual. Changes on Pathology Training for OB-GYN were made.

In 2021, with **Dr. Mila Ibay**, due to the Pandemic that engulfed all countries, a virtual examination, mentorship, trainer's training and trainees were all made online. There are additional topics, aside from Bioethics, which are due for implementation. More seminars/workshops will be conducted this June on Environment and others.

The Role and Relevance of CREED

The role and relevance of CREED is reflected in its general vision statement that is geared towards having all residency training programs in the country equipped with the highest standards in education, training, service, and research. Its main role then is espoused in its mission statements which is to oversee the provision, evaluation and continued improvement of the highest standard of residency training in Obstetrics and Gynecology that is responsive to the reproductive health needs of the Filipino. To ensure such excellence in quality training, these various functions have emanated as follows:

- Conduction of annual in-service examinations and coordination of results to the PBOG especially for the purpose of identifying strengths and weaknesses of the programs.
- The updating and upgrading of quality instruction by regular training of trainers through meetings, workshops, and other capacity building tools on various aspects of residency training,
- Monitoring of training delivery through periodically timed visits of training institutions to check for compliance to standards
- Regular communications with the PBOG on results of examinations and visits and recommendations for any changes or modifications in the requirements set by PBOG for accreditation and certification

This standardization of all residency training program throughout the country will help guarantee that future practitioners in the field of women's health are fully able to meet the needs of our women and safeguard their health and well-being.

Milestones and Global Standardization Initiatives

Since its recognition as a standing committee of the POGS, the CREED has conducted periodic monitoring visits to all residency training institutions throughout the country. In addition, it does mentoring visits for new applicants for accreditation and to those institutions whose accreditation have been revoked. Currently these activities have not been interrupted during this pandemic as their visits are a prerequisites before accreditation.

Indeed, an important milestone is the adaptation of the virtual platform in the accomplishment of major CREED undertakings. These would include-

1. Virtual Hospital Visits in the NCR and Regional institutions:
 - a. Mentoring visit for New applicants and those applying for reinstatement of their revoked accreditation
 - b. Monitoring visits for Year 2 and Year 3 of accreditation
2. Formulation of the Pathology Training Curriculum in Residency
3. First ONLINE Residents' In-Service Examination with SYREX Co.
4. Virtual Meeting and Training of Trainers
5. Virtual CREED Workshop

The CREED handbook which was first written in 2011 has had two revisions. The second edition being released in 2014 and the third in 2018. The CREED manual contains all the information, rules, regulations expected of a standardized residency training. The third edition, CREED manual has incorporated the principles of outcome based education and have aligned training objectives with the ten program outcomes set by the CHED. These covers areas of clinical competence, communication skills, managing health care teams, evidence-

based practice, inter-professionalism, systems-approach to health care, ethical practice, nationalism and dedication to service and lastly, social accountability. Specific objectives reflective of these outcomes are set for each year level of training and are now used as reference for all centers offering Obstetrics and Gynecology residency throughout the country.

Formation of linkages with external resources and organizations both local and international is a major step for local as well as global standardization of instruction. This step has been taken by the CREED and such recent initiatives are the following just to name a few:

1. Integration of Bioethics in the Residency Training Program: an enhanced collaboration with the flagship project of **Dr. Benjamin D. Cuenca**, the Committee on Ethics and Medical Practice headed by **Dr. Lourdes Capito** and the endorsement from FIGO Committee on Ethics on Women's Health; the first Biannual Training of Trainers last March 20, 2021 is the Bioethics Forum and the phases on Formulation of Instructional Design, Implementation and Evaluation in the Curriculum. Monthly regional forum is being done until September.
2. Collaboration with PURA (POGS Unified Research Agenda) and the DOST-PCHRD Training on HERDIN-Plus_ to enhance output in research among residents-worthy of funding and publication
3. Resume the implementation of the proposed integration of Minimally Invasive Gynecologic Surgery
4. ONLINE Residency In-Service Examination with the platform Moodle with a new host company
5. Collaboration with the PNSS (Serious MD) – to monitor compliance in submission and monitor resident's performance with the minimum requirements of surgical procedures
6. Virtual Training of Trainers and Educational Workshop: Setting up a Menopause Clinic in cooperation with Philippine Society of Climacteric Medicine (PSCM)
7. Utilization of digital/virtual teaching-learning strategies for evaluation
8. Collaboration with the subspecialty societies in revisiting their training curriculum in the subspecialty rotation and the addition of the integration of Bioethical principles.
9. The CREED in 2019 served as consultative body to the Department of Health regarding implementation of the Medical Residency Rotation Strategy which seeks to integrate residency rotations in four specialties (OB-GYN, Internal Medicine, Surgery and Anesthesiology) to levels I and II LGU Hospitals. This pilot project is a capacity building endeavor to improve health care delivery and at the same time serve as additional teaching learning environment for medical staff including those in training.

With all the above accomplishments and initiatives, the committee and its dedicated membership continue to be at the forefront of ascertaining that an excellent standardized program is adapted in all institutions nationwide, one that will equip Obstetrician-Gynecologists with the necessary clinical skills, compassionate care, resilience and dynamism demanded by modern times.



Philippine Board Of Obstetrics and Gynaecology (PBOG): Setting The Standard For Obstetrical And Gynaecological Practice In The Philippines

By Ma. Trinidad R. Vera, MD

Introduction:

Until the last decade of the twentieth century there was no uniformity in the training of obstetrician-gynaecologists in the Philippines. Many specialists trained informally under preceptors. In the early 1950s the residency training was a non-tenured position, specially in government hospitals. The trainees had varying lengths of training as apprentices to specialist.

History Of PBOG:

When the POGS was organized the only requirement for becoming a fellow member was a three year residency training in Obstetrics and Gynaecology. Members of the POGS were classified as fellows and associates. In response to the issue in the classification of the members, a certifying board was formed on December 16, 1954 with **Dr. Noe Espinola** as its first chair.

In 1966, a committee on residency review was established with Dr. Constantino Manahan as chair to focus on the training of residents.

In 1976, the PBOG was formed, assuming a dual function that of certification of new members and accreditation of training programs.

Role and Relevance of PBOG:

The mission, vision, goals, and objectives of PBOG is to ensure the highest standard of education and training, research and service towards certification for the specialty practice of Obstetrics and Gynaecology in the Philippines. This role is best achieved by:

1. Conducting examinations or other procedures to test the qualification of candidates leading to certification as diplomates in OB-GYN.
2. Issuing certificates or any evidence to eligible physicians whom the PBOG considers to have demonstrated adequate knowledge and professional competence relating to the practice of obstetrics and gynaecology.
3. Accrediting the residency training programs of all hospitals that have qualified for accreditation and award re-accreditation to those who continued to maintain their accredited program.

Achievements and Milestone of PBOG Through the Years

Since its formation in 1977, PBOG advocated a commitment to professional growth, with emphasis on competence on its activities.

In November 6, 1983, upon the initiation of **Dr. Julita Ramoso Jalbuena**, the Resident In-Service examination was formed as a way to determine the strength and weakness of the training program, as well as the competency of the residents.

In early 1990 a core curriculum was adopted after a series of consultation with chairs, training officers, PBOG board and board of Trustees. The core has served as a guide for accreditation as well as the blueprint for the resident's in-service examination.

In 2003, **Dr. Maria Trinidad R. Vera**, then PBOG Chair integrated pelvic ultrasonography in the resident's training program and as a prerequisite for accreditation. The introduction of this technology revolutionized our approach to the diagnosis and management of patient.

In 2004, **Dr. Erlinda Germar**, then PBOG chair introduced the comprehensive resident evaluation scheme. It contained the minimum teaching and training, activities, a residency training program should have. The scheme provided a structure for formative and summative evaluation of the resident's performance.

In 2008, the Council for Resident's Education, Enhancement and Development (CREED) was conceived to monitor and implement programs under PBOG. In 2010 it assumed its independent function. The council is being continually improved by the incorporation of advances in diagnostic modalities, therapeutics, technology, as well as new fields of study in the specialty, relevant to the resident's training.

How Can The PBOG Ensure The High Standards of OB-GYN Practice in The Philippines?

1. Close monitoring of the moral and ethical practice of members.
2. Frequent visits to the accredited training hospitals,
3. Mobilization of the regional directors to look into the needs of every regions for the practice of good Obstetrics and Gynaecology.
4. Recertification after 5 years and ten years.

Conclusion:

Recognizing, that the beneficiaries of these efforts, are our patients, the ultimate recipient of quality health care; the trainees, because evaluation offers opportunities for personal and professional growth; for hospitals because protocols provide efficiency and reliability; the profession, because standards raise the level of practice.

In this ever changing environment, standards must not only be made, they need to be improved and properly implemented. Quality indicators must be meticulously monitored. "This is what PBOG is for."

References:

PBOG information booklet 1983; 2011 existing rules and regulation governing PBOG; POGS, Constitution and by laws amended November 11, 1998



Milestones in OB-GYN Research PAST, PRESENT, FUTURE

By Mario Philip R. Festin, MD, MS, MHPEd, POGS, PSMFM

The presentation was to give a historical narration of the profile of research in Obstetrics and Gynecology through the past 75 years.

Since the 1950s, through the work of the pioneer members of the POGS, research on hypertension in pregnancy, trophoblastic diseases, contraception and medical complications in pregnancy. These were reflected in citations still mentioned in PubMed. To promote research into the residency training, a research training program was started in the 1980's with forums for interesting cases and for research reports given by residents were presented and deserving papers were given prizes. These research contests have become very popular at hospital, local, regional levels taking place aside from the national. Most of the topics reported were on general obstetrics and gynecology, maternal fetal medicine, and infections in ob-gyn, dominating the themes.

To enhance the research training of residents, the POGS Research Handbook: the Essentials was published by the society, with a good range of topics written by POGS fellows. With time, many of the worthy papers were published in the Philippine Journal of Obstetrics and Gynecology, mainly on General Obstetrics, General Gynecology, maternal and Fetal Medicine, Reproductive Medicine, Infectious Diseases, OB-Gyn Ultrasound and others. In the journal, most of the papers had residents as first authors, with POGS fellows as co-authors reflecting the mentorship program of most training institutions. An analysis of the publications showed that research work can be considered as representing the output of the institution, thus should be checked and approved by consultants and chairs. It may be doing research as part of a requirement with many research outputs are part of the learning experience of residents. The research work can further be supported by the POGS Nationwide Statistics System, which has continued to gather the statistics of the POGS accredited hospitals for data on diseases and procedures to establish standards and levels of training and services. This has continued to evolve and approve through the years in terms of completeness, timeliness and utility.

Research by POGS fellows has been recognized locally and globally. POGS has two research awards, the Honoria Acosta Sison Research Award and the Constantino Manahan Young Researcher Award, with 29 and 19 awardees so far respectively, with 3 of the latter awardees proceeding to receive the main award. More and more papers have seen publication in international peer reviewed journals, a few of which included residents and post-residency fellows as co-authors. Many fellows have also pursued graduate degrees, including doctoral degrees, with few in programs in obstetrics and gynecology or its sub-specialties including epidemiology and bioethics. Because of all of these training and expertise, research has been used in assisting development of legislation and policies, and the formulation of clinical practice guidelines, which utilize the assessment of research evidence. The POGS has also recently developed a POGS Unified Research Agenda which can help direct and focus the research activities to be conducted.

For the future of POGS research, it is encouraged to write for publication and to choose topics for research that are based on a significant issue or problem. More focused training on research to fit to usual research design needs, and to provide open access/ subscription to the hospital staff for both research and evidence generation. Consultant supervision and mentorship on research are important to achieve this and to enhance quality of research process (data quality and validity). POGS Research has grown through the years, with more efforts to strengthen and institutionalize research training and utilization.



For the Love of POGS: Inheriting the Dedication and Commitment to Service

By Lilia H. Pagtakhan-Luna, MD

"For the love of POGS, What does it mean to me? It means commitment with the mission and vision of POGS, to stand by for what POGS stand for, to adhere to the oath of Hippocrates always and ever, to keep myself worthy of being a POGS member, by continuing search for new knowledge and excellence in OB-GYN by doing ethical practice in all aspects of my Obstetrician and Gynecologist life, for continuing commitment to my co-members, and the society which POGS serves and of course for making myself available to whatever task POGS assigned to me, in short for the love of POGS, I serve, I am loyal, I am committed, because POGS is part of my life and will always be a part of my life"



For the Love of POGS: Inheriting the Dedication and Commitment to Service

By Jericho-Thaddeus P. Luna, MD

"My dear colleagues, even if you serve in the board of trustees and you end your term serving the national board, it doesn't mean you end your service to POGS, like my mom, we will continue as we are requested to serve and the journey as mentioned by my mentors and my mom. It's still there, and I think the journey will only end when my life ends. That's how much we love POGS. The challenge is to continue whatever our parents did for POGS and even try to make it better. "



For the Love of POGS: Inheriting the Dedication and Commitment to Service

By Virgilio R. Oblepías, MD

I. What motivates you to dedicate your time and talents in the service of POGS?

To answer your question, let me start it with a short story how I became motivated and dedicated my time and talent in the service of POGS. In 1972, I was given a rare chance to train at John Hopkins University in Maryland, USA in Laparoscopy. This was sponsored by USAID. After training for a month and on my return to the Philippines I was given two sets of laparoscopy systems. I placed one set at the UP-PGH Dept of Obstetrics and Gynecology and the other on at the Fertility Care Center of Mary Johnston Hospital. The Laparoscopy set will be used in doing tubal ligation in the Family Planning centers. For the first time, 1973, I introduced the tubal sterilization by laparoscopy. I started to give lectures and to demonstrate the use of the instrument. I also trained younger consultants and the residents on the use of the laparoscope. This machine created so much interest among doctors especially the Obstetrician-Gynecologist not only at PGH and Mary Johnston Hospital but also nationwide. Thru POGS, I was invited to give lectures and to demonstrate the use of the machine in many scientific meetings locally, regionally and even during national convention. This kept me busy lecturing and demonstrating in the use of the laparoscope. I saw so much interest in the obstetrician-gynecologists to learn the procedure. This motivated me to teach the Obstetricians, the members of POGS.

With this momentum of participating in the activities in POGS, I really became so much involved in POGS activities. I was also given assignments to lecture in other topics about OB and Gynecology.

With so much interest among the OB-GYN to learn to use this machine and coupled with many patients to have this procedure for sterilization, the USAID decided to sponsor a training program for interested Obstetrician-Gynecologists. After training they were given the set of laparoscopy. It was through Family Planning International Assistance (FPIA), USAID that funds for the training of doctors and patients' expenses of the operation of patients. In 1979 the John Hopkins (JHPIEGO) started to send to Mary Johnston Hospital – Infertility Care Centers foreign trainees.

II. How have you inspired your child and other colleagues to serve POGS?

Script of Dr. Rainerio Abad

Dr. Abad: Good afternoon! Happy Diamond Anniversary to POGS! In this panel discussion, our topic is quite interesting and will be revealing for sure! After all, not everyone will have the privilege to serve as a POGS President and then later on, serve our society alongside with their children!

“For the love of POGS” is a phrase we commonly say whenever we do volunteer work for our organization. In our discussion, we will dive into this altruistic attitude and see how it can be passed on to the next generation.

Let's start first with the parents, **Dr. Virgilio Oblepías** and **Dr. Lilia Luna**. Tell us your journey of service to POGS which led to your presidency of our great organization.

8-MINUTE talk of Dr. VIRGLIO OBLEPIAS

8-MINUTE talk of Dr. LILIA LUNA

Dr. Abad: Wow! What a journey it has been for you. Dr. Gil and Dr. Lilia! I now would like to ask your equally brilliant sons, **Dr. Ricky Oblepías** and **Dr. Ricky Luna** to share with us their own journey of service to POGS.

8-MINUTE talk of Dr. RICKY OBLEPIAS –

Frankly, when I was much younger, I never thought I'd be as active in POGS as I have.

Although I have known my father to be quite involved with the society when I was just a student, I honestly did not see myself being a POGS officer like him in my future. Not for lack of interest, but for lack of perceived qualifications on my part.

As a matter of fact, when Dr. Virginia De Jesus, as then chair of the Dept. of Obstetrics and Gynecology of UP-PGH, asked me to run for the BOT that first time in 2006, I was not even optimistic I would get in the board of trustees at all.

But when I looked back then at how passionate my father was about POGS, and how enthusiastic he was in all the POGS activities he used to bring our family along to, I realized that there must be something fulfilling in all that he was doing. And I wanted that feeling also for myself.

I don't know if my father was as fatalistic as I was when I first ran for the BOT, or was just as realistic as far as his expectations of my chances of getting in was concerned, but I think he must have wanted me to get in the BOT because I believe he would've wanted for me what he wanted also for himself.

When I did get in, I was one if not the youngest in the group. I just couldn't help feeling like a fish out of water. But with the help of the more seasoned members and friends of my father in the BOT I was with, I quickly got to learn the ropes and began enjoying myself as a member of the

I think it must have been the enjoyment I have shown and the interest I have projected in what I was doing in my support to the activities of POGS that really inspired my child and younger obstetrician-gynecologists to join me in what I was doing.

I became involved in giving lectures and participating in post-graduate courses, seminars, scientific meetings and conventions. I also participated in the society's committees as Chairman or as member.

With regards to the younger consultants and residents in the institution where I was connected, I usually brought them with me in my activities at POGS. They enjoyed going to places, meeting other doctors and giving lectures as requested. This started them to participate in POGS activities, whatever it was and whenever it may be.

III. How do you encourage colleagues to serve POGS?

In my early years, when I was younger and I have been Chairman in the Department of Obstetrics and Gynecology like in Ospital ng Maynila, Mary Johnston Hospital, Medical Center Manila, University of Perpetual Help Medical Center and as Vice Chairman of University of the Philippines – PGH. I always encourage my younger consultants and residents to participate in all activities of POGS, like in attending post-graduate courses, seminars, scientific meetings and conventions and sometimes volunteering in medical missions. I also encouraged them to participate in contest like presenting interesting cases and even in sports. All these activities initiated them to be active in POGS activities.

IV. What can younger OB-Gynecologists learn from the dedication and commitment of their more senior colleagues?

The younger OB-Gynecologists realized that if you serve the Society in many activities, you will gain recognition and appreciation. Like me when I started to be active in POGS. I was nominated and elected officer. I was given chance to be Chairman of PBOG (Philippine Board of Obstetrics and Gynecology). And one of the best things that ever happened to me, I was elected President of POGS.

I was also given awards by POGS:

1. Dr. Ramon Lopez Award for Community Service
2. Dr. Honoria Acosta Sison for Research
3. Dr. Baldomero Roxas for Academic Excellence

All these I am very proud and thankful to POGS.



For the Love of POGS: Inheriting the Dedication and Commitment to Service

By Enrico Gil C. Oblepías, MD

POGS BOT. They always made me feel welcomed.

Having been in the BOT for several times already, I got to learn a lot on the job having been assigned to head different committees over the years. Every time taking me out of my comfort zone and every time giving me a sense of accomplishment at the end of each term I have served.

Now, did I ask my father for advice on BOT matters? Sometimes. Not always. You see, my father has always been the kind of father who never told his son how to do things. He always allowed me to learn and do things my way...

... while being always supportive and encouraging at the same time.

Admittedly, the times we talk about POGS are the times I feel we bond over a common interest and experience the most.

Thank you, Dr. Abad, for asking that question.

8-MINUTE talk of Dr. RICKY LUNA

Dr. Abad: Thank you to the 2 “Rickys”! I am sure your parents are very proud of you! Gil and Lilia, can you now share with us how you may have inspired your sons to follow in your footsteps? How have you guided them? I know that they have both served in the Board of Trustees for many years already.

5-MINUTE talk of Dr. VIRGLIO OBLEPIAS

5-MINUTE talk of Dr. LILIA LUNA

Dr. Abad: Indeed, those were encouraging words, not only to your sons but to all of our younger colleagues listening. To the 2 Ricky's, what are the challenges that you have experienced being children of prominent personalities and Past POGS Presidents?

5-MINUTE talk of Dr. RICKY OBLEPIAS

Well, for me, the most obvious answer to that question would be having to break loose from the

large shadow cast by my father.

Although it took some doing for me to be known for myself, I have also come to accept and be okay with being compared to him.

Other than that, I am not aware of any negative effects of having a prominent father in POGS who came before me for me to consider it a challenge.

If ever, it even served as a motivation for me to try harder and better myself. AND I AM STILL TRYING HARDER. This is not true ONLY with POGS, but also in UP-PGH and the other groups that we are both a part of. Like the other hospitals we go to and the Phi Kappa Mu Fraternity of the UP College of Medicine. Which incidentally Ricky Luna is also a member of. 'Di ba Brod?

5-MINUTE talk of Dr. RICKY LUNA

Dr. Abad: Thank you for your honesty and candor. As we end our panel discussion, I would like to ask the four of you to share with us what the phrase "FOR THE LOVE OF POGS" means for you and how you have inspired each other in living out this phrase.

5-MINUTE talk of Dr. VIRGILIO OBLEPIAS

5-MINUTE talk of Dr. RICKY OBLEPIAS

Well, I believe that phrase means the same for all POGS members who go the extra mile for the society.

For me it is when you go all the way to Malakas in Quezon City and brave the traffic of EDSA to attend meetings when you live and work in Paranaque.

It is when the meeting you are attending takes up your whole day when it was still done face-to-face. At times dun ka na nag bre-breakfast, lunch at dinner.

Ganun pa rin naman ngayon. Virtual lang nga.

It is juggling your daily schedule to fit in society-linked activities without having to neglect one's family life and professional growth.

It is stepping out of your comfort zone to head a committee for the first time ever. And...

It is unselfishly contributing your time and talent towards a common goal - all for the love of POGS.

All these are shared experiences I have with my father...

...even if they were not experienced by us together at the same time.

POGS has been generous to me likewise. The society also has allowed me grow professionally and personally in many ways.

And for all these I want to thank POGS for the opportunity.

5-MINUTE talk of Dr. LILIA LUNA

5-MINUTE talk of Dr. RICKY LUNA

Dr. Abad: Thank you for joining us in this session. I hope our discussions have inspired all of us to continue serving in our society for the next 75 years and beyond! Keep safe, everyone!

The program ran from May 1, 2009 to April 30, 2010.

During its fifth year in 2010, a module for public school teachers was created for the purpose of making them adept in dealing with reproductive health issues for teens.

A new 2011 core group was formed and updating of AHIP modules was done. The revised modules were presented for comments and inputs during the Training for trainers session during the midyear convention in Cagayan de Oro. The fifth module dealt with issues and advice on feminine hygiene.

The AHIP in 2012 became a subcommittee under the umbrella committee on women's reproductive health advocacy. The other subcommittees created then were the following: (1) Women first - to lower incidence of cervical cancer, (2) OB cares - to inform women of different life stages, (3) Reproductive tract infection, (4) Task force HIV prevention and control program, (5) Immunization for women, (6) Family planning.

In 2014, the existing 5 modules were updated and MOA signing with Sanofi was done. Cascading of modules to the different schools nationwide continued from 2015 up to the present time.

Project leaders through the years: In 2004-2007, **Dr. Rosendo R. Roque** was Project Director, **Dr. Susan P. Nagtalon**, Project Coordinator and **Dr. Sylvia A. Carnero** as Assistant Project Coordinator. In 2008-2009, Dr. Roque was Project Director, Dr. Nagtalon as Program Coordinator and Dr. Carnero as Taskforce Chair. **Dr. Maria Carmen Hernandez-Quevedo** was included as Program Secretary. In 2010, **Dr. Christia S. Padolina** became the Program Secretary. In 2011-2013, Dr. Quevedo became Project Director with Dr. Padolina as Program Secretary. In 2014-2018, **Dr. Ryan B. Capitulo** was the Project Director and **Dr. Cecile C. Sta. Ana** as Program Secretary. **Dr. Ma. Socorro C. Bernardino** replaced Dr Capitulo as Project Director in 2019 up to the present time.

A total of 165,399 students have attended the cascades through 2004 - 2018

In 2017, PREPARE (Preparatory Reproductive Health Education, Priming Adults for Responsible Engagement) was launched. Based on the 2018 POGS annual report, PREPARE consists of 3 lectures designed for teens mainly focusing on the value of nutrition, sex education with introduction to fertility and STD awareness with focus on HIV. The ultimate goals are education on value of nutrition, prevention of teenage pregnancy, increase in HIV awareness and discouragement of risk-taking behaviors.

AHIP was reloaded in 2020 with the revision, formulation and creation of 6 new modules.

Module 1: Adolescent Health Development
Module 2: Myths and Misconceptions about Sexuality
Module 3: Healthy and Happy Risk Takers
Module 4: The Clean Teen
Module 5: Mental Health for Teens
Module 6: The New Normal: Teens and Social Media

AHIP Modules continued to be cascaded to OBGYN and schools nationwide.

A social media website, "Teen RH Pinoy" has been added with the intention of increasing the yield of information dissemination among the youth and to create an avenue for interaction.

During the pandemic, two activities were conducted. On October 16, 2020 a webinar entitled "Real Talk. Teen Talk. Tiktok" was attended by 869 POGS members in zoom and 217 in Facebook live. On October 20, 2020, the POGS AHIP and PREPARE in Collaboration with POPCOM had a lecture entitled: "LET'S TALK ABOUT SEX" attended by 98 students and teachers.

Various infographics were posted in the "Teen RH Pinoy" website which dealt with smoking, puberty, social media posting and cyberbullying among others.

This is the POGS unified advocacy to save and protect our adolescents from teenage pregnancy together with AHIP, PREPARE, REVEALED, Subcommittee on Family Planning and Subcommittee on Gender Based Violence

Thank you very much!



Advocacy on Adolescent Health Issues and Perspectives (AHIP) for the Midyear Convention July 6, 2021

By Ma. Carmen Hernandez-Quevedo, MD

Colleagues and friends, a pleasant afternoon! I was tasked to speak on the POGS advocacy on Adolescent Reproductive Health. What I will present this afternoon, I lifted from the summary of annual reports submitted to the POGS. I will focus on the first POGS advocacy that was geared towards adolescent health – Adolescent Health Issues and Perspectives (AHIP).

The creation of AHIP was triggered by the increasing prevalence of teenage pregnancy and the rising morbidity and mortality associated with it. In February 18, 2004, the project was launched in a press conference held at Oakwood, Makati in cooperation with Sanofi-Synthelabo. This was spearheaded by **Dr. Rosendo R. Roque**, then POGS president. The initial modules were presented to a group of school guidance counsellors who subsequently gave their support and favorably endorsed to their school administrators thus paving the way for project cascading in the different schools of the NCR, Visayas and Mindanao regions. Based on the POGS annual report of 2004, close to 10,000 students were addressed from the start of the project as well as training of a number of implementers in the different regions.

In 2005, working towards the AHIP project goals of control and prevention of increase in teenage pregnancies and likewise sexually transmitted infections, POGS members were trained to cascade the various modules to parent-teacher groups, elementary and high school students within their areas of practice and work. They have motivated the youth in their respective localities and served to be advocates of "abstinence" from sexual intimacy/immoral coition, outside the bonds of marriage. Each activity served as a venue for exchange of views concerning sex and some aspects of reproductive health. The facilitators were able to correct misconceptions and dispel myths on related topics. There were some resistances encountered during this period, as "conservative school authorities viewed it as "igniting" interest in sex. Some school counselors requested deletion of modules on masturbation and pictures of genital disfiguration as consequence of STDs. During this time, only private schools were involved in the project.

In 2006, four groups with a leader and members were formed based on the segmentation of AHIP modules:

- Group 1 - Adolescent health and development
- Group 2 - Adolescent myths and misconception
- Group 3 - Risk taking behavior
- Group 4 - Guidance and intervention

Thus, the creation of the 4 modules which were used in all of the cascades.

- Module 1 – Adolescent Health and Development
- Module 2 – Myths and Misconceptions about Sexuality
- Module 3 – The Risk Takers: Sigé Dare tayo!
- Module 4 – Guidance and Counselling for a Healthy and Happy Adolescence

The AHIP lectures continued to be cascaded in 2007 in both private and public schools. It also became included in POGS BOT outreach and community service programs.

The POGS AHIP comics was created and officially launched on April 22, 2008. The theme of the comics was anime' since this was what was popular among the teenagers during that time.

In 2008, a press conference was held at the POGS building which was then participated by 10 members of mass media. Also, the 3rd Training of Trainers for new AHIP advocates was implemented.

In June 22, 2009, a MOA signing was held between POGS and Department of Education on a campaign entitled, "Adolescent's Road to Health and Confidence Comprehensive School Program".



POGS As An Advocate for Gender-Based Violence

By Lyra Ruth Clemente-Chua, MD

An advocate is defined as a person who publicly supports or recommends a particular cause or policy. Used as a verb, it means to publicly recommend or support that cause of policy.

Gender-based violence is any act that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women and girls, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life. "Gender" pertains to sets of rules for what is appropriate masculine or feminine behavior in a given culture, inherited from generation to generation through the process of socialization.

With these definitions, we in the Task Force for GBV call on all POGS members to be advocates for women, because we have been granted a special professional privilege as physicians to women and girls by virtue of our unique knowledge and training in their medical care. For many women and girls who have been abused, we obstetrician-gynecologists are their main, and often their only, point of contact with services, support, and information. We must all learn and incorporate into our practice the appropriate gender-sensitive response and evidence-based intervention to the victim-survivor who will come our way. On a bigger scale, we must reframe GBV as a public health problem.



The AOFOG Manila Declaration: Call to Action Against Cervical Cancer The POGS Perspective

By Christia S. Padolina, MD

Last November 13, 2019, we launched the 'AOFOG Manila Declaration: Call to Action Against the Cervical Cancer' during the Asia Oceania Federation of Obstetrics and Gynecology (AOFOG) 2019 Congress in Manila. This is in collaboration with POGS and DOH, civil societies, academic and public health communities and patient support group. Sharing of best practices will be done with various NGOs and LGUs. Likewise collaboration with other AOFOG countries will be established in order to prevent, control and manage cervical cancer. POGS will undertake various advocacies and activities in collaboration with DOH through short term, mid term and long term goals to move closer in realizing that Filipino women be 'Cervical Cancer Free by 2040'.

During the 71st World Health Assembly, last May 19, 2018, Dr. Tedros Adhanom Ghebreyesus, director general of WHO, issued a call for global partnership against cervical cancer. This call for action was also echoed in the Asia-Pacific Economic Cooperation (APEC), Jhpiego and United Nations Interagency Task Force on the prevention and control of cervical cancer.

The call for the action includes: HPV vaccination, screening and treatment of preinvasive disease, treatment of invasive cervical cancer and symptom management and palliative care. In the Philippines, cervical cancer remains high and there is a need for collaboration with civil society, academic and public health communities and with other AOFOG countries.

POGS in collaboration with its subspecialty societies, women's group, DOH and other local and international agencies launched various advocacy webinars to capacitate our members and educate our patients.

This year efforts were upscaled by SGOP with other subspecialty groups in a project entitled 'Adopt a Community for Women's healthcare and capacity building' in Agusan.

JHPIEGO partnered with DOH in the program on 'Scale Up Cervical Cancer Elimination with Secondary Prevention Site Strategies (SUCCESS) as spearheaded by Dr. Cecilia Llave.

There might have been a temporary setback with the COVID-19 pandemic but POGS is steadfast in pursuing the strategy of WHO emphasizing the implementation of HPV vaccination, cervical cancer screening and treatment.



POGS as an Advocate: Community Service

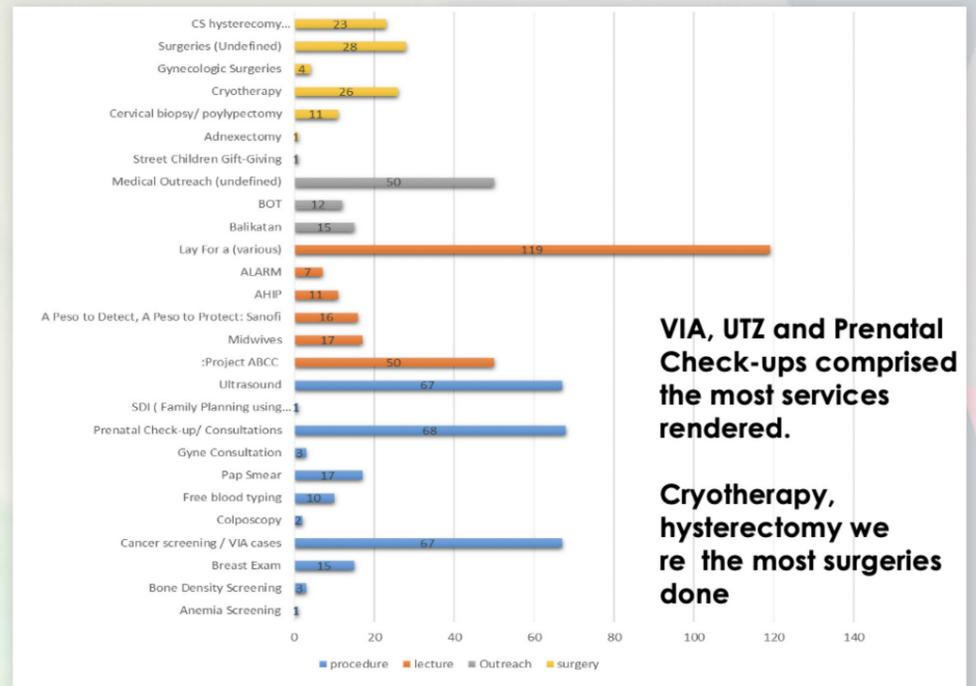
By Elisa O. Tiu, MD

POGS as an Advocate: Community Service

- "It is not and never will be enough that only a few of us will serve the poor. Stand up and be counted! The main purpose of Community Service is to get everybody involved." These are the exact words of **Dra. Isabelle Ilao**, chair of the Community Service Committee almost 38 years ago. The reality still holds true today, especially during these difficult times of the pandemic.
- POGS has always had a long tradition of reaching out to the grassroots, the indigent and underserved women in our country. As I reviewed the annual reports of the committee from 1982 to April 2021, I could not help but feel very proud that I am a member of this prestigious organization and was even given the chance to be its president in 2018.
- Even as early as the ABCC championed by past president **Dr. Rogelio Mendiola** in 1984, the ALARM in 2002 and AHIP in 2004 advocated by past president **Dr. Rosendo Roque**, Community Service had always been about helping and addressing the needs of Filipino women especially those who belong to the lower strata of society.
- Consultancy visits are done and these also involve the Regional Directors and members where OB-GYN lectures are given to local doctors, followed by wet clinics. Pelvic ultrasounds are done free of charge, when machines are available.
- Training of midwives and TBAs are facilitated. Women at the rural areas are mainly seen by the midwives or TBAs because of economic reasons. Community Service means good training of these birth attendants, especially in the identification of high-risk pregnancies, knowing when and where to refer early to prevent catastrophic outcomes, which of course can affect our maternal morbidity and mortality rates. A close relationship with the IMAP is made possible, again through lectures (especially, "Safe Motherhood"), demonstration of skills, and even role-playing. The midwives are also taught how to use the partogram of women in labor, and a scoring system to identify high-risk pregnancies. This transfer of knowledge, skills and good attitude is indeed a life-long challenge.
- Since POGS cannot do everything alone, linkages are made with government sectors like the DOH, and Rural Health Units. When properly tapped, linking up with NGOs and the private sector, like our pharmaceutical friends, can help in many projects.
- The committee also gives OB-GYN lectures to lay women in order to enhance their knowledge about their own bodies. Indeed, the committee has done so much innovation to bring knowledge and share their expertise to these groups of women that are not aware of these health concerns. Examples: lay fora in malls were done attracting more people, in barangay halls, schools, and at one time through coordination with the Makati Health Office. Even commercial sex workers attended a lecture on Cervical Cancer Screening. Pap's Smears were also done in the Correctional Institute for Women in Camp Karingal.
- Traversing the whole country, members of the committee has reached as far north as Basco, Batanes and as far south as Marawi bringing with them not only their erudition and expertise but also their burning zeal in imparting these knowledge and skills to the local groups. Lectures, workshops and wet clinics, including ultrasound and prenatal check-ups are done. Women are also taught self-breast examinations. HPV vaccinations were given in recent years. The lecture topics are: Prenatal Care and Nutrition, Obstetric Hemorrhage, Labor, Delivery and the Puerperium, and Repair of Perineal Lacerations.
- Not to forget: Active Management of the Third Stage of labor, Pregnancy Risks, Cancer Screening, and Anemia.
- In the early times midwives were taught how to do Pap's smears. In 1998, the committee even invited a pathologist to help read the slides on-site.
- Now, in areas with limited resources, midwives and nurses are taught how to do VIA in place of Pap's Smears. The aim is the SVA so that immediate cryotherapy could be done, that is if a machine is available.
- Adolescents and teenage girls in senior high schools and out-of-school youths are also involved in lectures in accordance with AHIP. This is aimed to curb adolescent pregnancy, which is a major reason for maternal morbidity. Likewise, it may also help decrease promiscuity, and the subsequent increase in the incidence of cervical cancer.
- When our nation needed us the most, we were at the forefront, especially during calamities, like floods, the Mt. Pinatubo eruption, and earthquakes. The committee was there in their compassionate and selfless volunteer acts to render immediate service to the victims. In 2015, the committee hosted a forum on disaster awareness and preparedness and in 2019, the RDEH Committee became a Standing Committee and a premier lecture was given.
- I am NOT only looking back to reminisce, but to show you how important Community Service is, in our society. We had been doing this, year in and year out, traveling to the different regions of the country numerous times a year. We might not be able to exactly

quantify the exact number of all women we have served during the past 38 years, but our service to these women will continue, in spite of the pandemic. We will not only look back but go forward, even during these times WHERE, • as the 2020 chair of the committee, Dr. Melchor de la Cruz says, we cannot do face-to-face lectures nor surgeries, nor gather large groups of people together. So the first and last face-to-face community service was on March 1, 2020 in Bokod, Benguet. The pandemic did not hamper our passion to serve so it continued in the form of teleconferences and webinars.

- This year teleconferences with midwives continued in Regions I, II, III, V, VIII and NCR and there are still so many projects lined-up for the rest of the year, under the chairmanship of Dra. Henrietta Lucasan.
- In fact, you might have noticed that Community Service has encompassed the advocacy of the previous discussions: Adolescent Reproductive Health, Gender-based Violence, Cervical Cancer, and the RDEH.
- In summary,
- All these years, the Community Service in POGS has not only been a tradition, it IS a legacy. In its more than 38 years of service and based on its annual reports, the pie chart below shows the number of patients & cases seen. The line graph below shows that activities increased as the years went by but due to the pandemic, there was a downtrend because face-to-face interactions were restricted.

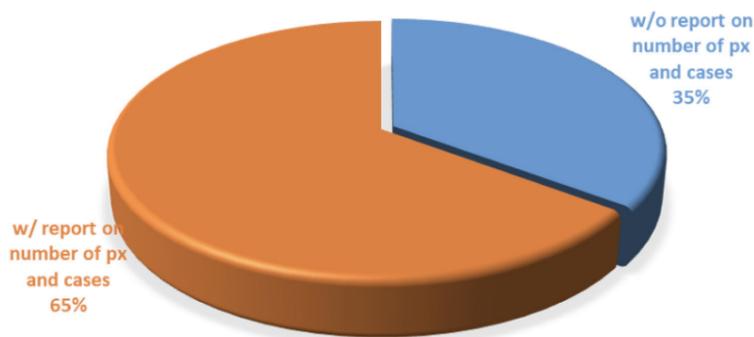


VIA, UTZ and Prenatal Check-ups comprised the most services rendered.

Cryotherapy, hysterectomy we re the most surgeries done

In the more than 38 years of Community Service, 24 reports showed the number of patients & cases.

REPORTABILITY RATE: 65%



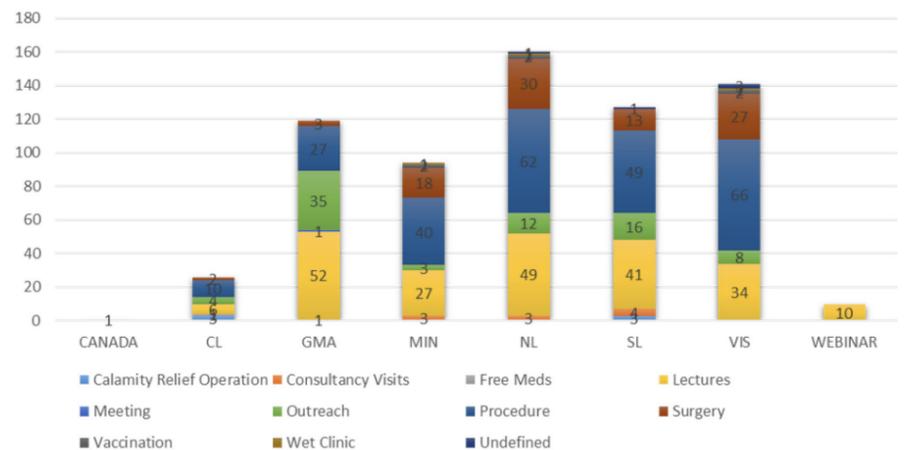
Activities increased as the years went by however went on a downtrend last year due to pandemic's restricted mobilization & strict protocols.



- We have reached almost the whole of the Philippines to heed the call of women in need of our services. The pie chart below shows that the greatest number of activities were implemented in North Luzon and the Visayas. The bar graph below shows the distribution of activities. North Luzon and the Visayas had 50% & 61% of procedures and surgeries respectively; while the Greater Manila Area & North Luzon had 46% of the lectures.

North Luzon & Visayas had 50% & 61% of procedures and surgeries respectively; while GMA & NL had 46% of lectures

ACTIVITY SPLIT / REGION



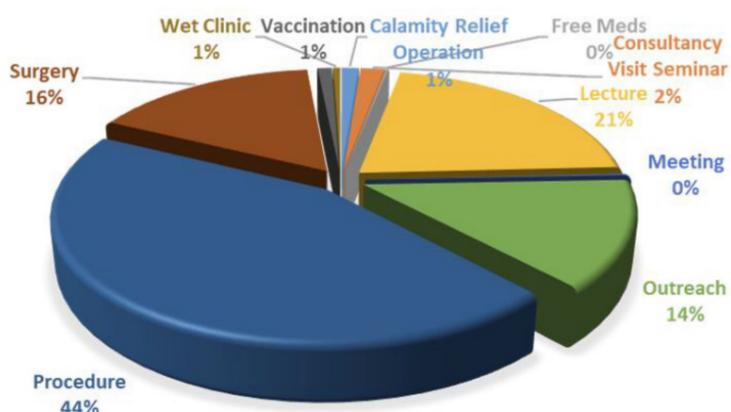
Let me end my presentation with these slides

- POGS IS ALWAYS AT WAR WHICH MEANS POGS IS ALWAYS
- WILLING, ABLE AND READY TO SERVE THE FILIPINO PEOPLE ESPECIALLY ITS WOMEN POPULATION.

THANK YOU, AND STAY SAFE

A total of 673 activities were done which were heavy on procedures, followed by lectures.

ACTIVITY TYPES





POGS as an advocate of Reproductive and Developmental Environmental Health

By Ditas Cristina D. Decena, MD

Let me share this advocacy on RDEH

Let me walk you through the birth of this advocacy.

By destiny, I was the President of our society in 2015 coinciding with the XXI FIGO world Congress where a Summit on Shaping our Planetary Legacy was held and I represented our country.

Historically this is how FIGO & POGS started the collaboration on the environment.

Moving forward, I discussed this new mandate with the 2017 President the late **Dr. Mayumi Bismarck** who was very supportive of the program. It was easy to align and be part of the society's structure because there was an existing Ad hoc Committee on Women and Environment.

What is the relevance of this advocacy for POGS?

The data from WHO:

23% of all global deaths or 12.6 M a year are linked to the environment .

Where is it happening? top on the list is South East Asia where the Philippines belongs accounting for 30% of environment related deaths.

Should we be concerned?

Yes we should be concerned, as we now see the increasing incidence of diabetes, asthma, autism and ADHD not to mention cancers and infertility, which are partly associated with environmental hazards.

What is important for us to realize is that:

Environmental exposures start in the womb and can have effects throughout one's life and inter generationally with the association of the EDCs or Endocrine Disrupting Chemicals and Climate Change.

As obstetricians we can do much because:

This is our mind set. EDCs and climate change impacts on health. Bottom line prevention is the priority for reproductive health everywhere. Attention should be given on the training/ education of doctors particularly obstetricians together with government's efforts on legislation and public health programs. The solutions to achieving control of these diseases affected by the environment is complex.

But we have to start somewhere.

It was not a fairy tale story and it meant hard work!

Getting the right mix of people is important to start our work.

We began with only 5 members. Our status like the FIGO has evolved from an ad hoc to a standing committee in 2019. With this new status there is more permanency and we are aligned with the FIGO goals, so blessed with this team who has taken up the challenges and are committed for this advocacy.

We needed to address the issues on reproductive and developmental environmental health. In 2017 to 2018, we started the education campaign to stir the interests and awareness of our fellow doctors. We joined the CME runs and lectures were given to the different regions. followed by the lay fora with the Committee on Community Service in their outreach program.

We developed 2 educational materials:

the RDEH primer in 2018 which we now distribute as an E copy and in 2019 a video on the FAQs for RDEH which is uploaded in the POGS website and was also shared with FIGO .

The committee was able to strengthen and widen the base of involvement as part of its capacity building by partnering with CREED to identify an RDEH Advocate from the various POGS accredited institutions and regional representations. At the end of the Training of Trainors, We challenged them with A Call for Action which they have developed, implementing and presenting by Aug 31, 2021 in a contest. Most regions started with information/ education dissemination through webinars.

The Action plan has expanded educating the lay and promoting Backyard Garden to achieve food security and proper planting without use of pesticides decreasing the risk for EDC. Also, promoting the concept: Garden to table

It has been 5 years since we started

Our work is aligned with the 3 pillars of FIGO:

Advocacy

Training/ Capacity Building

Research

But we are still wanting in terms of research. We definitely will work on that and something in the pipeline for biomonitoring of chemical toxins among Filipino females as we wait for FIGO support.

No matter how complex, we tried doing something. This is our story, it was not easy: The first step to spread the advocacy was through education. We made the lectures from materials shared by members of the FIGO committee. We were not experts but we persevered, we tried reaching the vast majority of our members and we gave them all an easy to read primer as reference and a more visual video. At the end of 2018, the interest and knowledge on this advocacy was there but still low.

So, in 2020 after 2 years we needed to do more. We needed to connect with a group whose mandate is the training of our residents and at the same time in charge of accreditation of institutions in our Society. With this effort cascading a curriculum with our residents would be easier with the Council's support. We have targeted a body who can also educate by giving the lectures themselves at the level of their institutions into the 12 regions of the Philippines

More than the lectures we have challenged them to do more-- to call for Action with regards RDEH. Hopefully, we have gone far more than our CREED Advocates and as Jeanne Conry (FIGO Pres Elect) rightfully puts it, the creation of Environmental champions. We have made a competition among the 12 regions which ends by August with a poster presentation in our Annual Convention. Now, we will get to see on a national level efforts towards impacting reproductive health through the environment

Locally, our efforts were recognized by the PMA in 2020 with the award for Environmental & Sanitation Project. Internationally, FIGO has invited us to give lectures in Brazil, India, Kigali, South Africa and lately on the FIGOnar last April 22. FIGO has always recognized our RDEH advocacy sharing Lessons learned from the Philippines.

Yes, more has to be done!

These are the next steps: we are starting :the integration of the RDEH curriculum, need to re- establish the collaboration among NGOs, governmental agencies, medical and paramedical organizations, get into research on identifying chemical toxins among Filipinos (Which has started) and efforts to preserve our ecology through Urban gardening and adopting portions of La Mesa Dam.

Much still has to be done in this RDEH advocacy to decrease maternal and Infant morbidity and mortality in support of SDG goals in 2030. We need to collaborate with both private/ public enterprise particularly with our Department of Health and Department of Environment and Natural Resources.

Lessons learned:

We started 5 years ago and More work to come up with measurable outcomes in terms of health Impacts. We support the 3 pillars of FIGO for RDEH: Advocacy, Training and Capacity building and research

As we move forward, we shall continue with our alliance with FIGO who has from the very start acknowledged the Filipino leadership.

We would like to thank them for this trust and confidence.

One of the future aspiration is to be able to include RDEH into the residency curriculum. As part of the curriculum, this would formalize knowledge on environmental Health and start them young among our trainees.

It is time to think out of the box: Environment has many things to do with reproductive and developmental health

There are still many challenges to hurdle and we might just be at the tip of the iceberg. These are the future challenges:

Resources

Ensuring continuity

Setting realistic goals

Important to any program is the evaluation of its impacts

We need to be proactive!

We need to collaborate

We need to educate our patients but more so

We need to protect our environment

Perhaps you can be one with us as we say:

No to plastics!

This is POGS RDEH, Be with Us, Let us preserve the environment for our health.

Thank You.