



# SLCOG News

Newsletter of the Sri Lanka College of Obstetricians & Gynaecologists

Volume 11, Issue 1, June 2020

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Dr. Kanishka Karunaratne

Prof. Jayantha Jayawardana

Dr. Ananda Ranatunga

## SLCOG Presidential Induction 2020



Presidential induction is the first prestigious event at the SLCOG house, which was held at Waters Edge Hotel, Battaramulla on 5<sup>th</sup> January 2020. Dr. U.D.P. Ratnasiri accepted the honoured task of leading SLCOG members from 2020 – 2021 while empowering women for rightful needs of their health by transforming strategy into action. The guest of honour was Dr. Anil Jasinghe, Director General of Health Services, discussed measures needed to take to reduce maternal morbidity and mortality and the Chief Guest was the President's Counselor Mr. Yasantha Kodagoda, at the time President of the Court of Appeal and currently Puisne Justice of the Supreme Court. who delivered a speech on professional negligence and the primary causes for professional negligence.

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**Sri Lanka College of Obstetricians  
& Gynaecologists**

**Annual Scientific  
Sessions**

**11<sup>th</sup> – 13<sup>th</sup> December 2020**

## **EDITORIAL**

During the long journey of 53 years, members of SLCOG have done a remarkable improvement in women care with the limited resources available. The new president and council is with a vision to take it further through this year with the help of membership to achieve more clinical excellence in all indices mainly maternal morbidity and mortality while empowering women for their health needs.

It is obvious that dedication and devotion of members have a great responsibility in this endeavor. While females are being offered a good quality care, it's also our responsibility to lend a hand to our own colleagues.

Newsletter is one effort to share our activities and experiences. I hope this will appreciate what has already been done while promoting others to involve in future events.

You are warmly welcome to share educational matters while enjoying the news of highlighting events. I hope you will benefit by being in constant touch. Your genuine feedbacks forwarded to the following e-mail are regarded with respect.

**Dr. Darshana Abeygunawardena**

**SLCOG**  
**No. 112, Model Farm Road**  
**Colombo 08.**  
**Tel/Fax: 0112689036**  
**E-mail: [slcog@slt.net.lk](mailto:slcog@slt.net.lk)**  
**Web: [www.sl cog.org](http://www.sl cog.org).**

**Please share  
your interesting  
experiences with the  
SLCOG Family through  
SLCOG News**

# **President's Message**

It is with great pleasure I write this article for the first newsletter of the SLCOG 2020 as the 53<sup>rd</sup> President.



I was delighted to see most of the past Presidents, Fellows and members present at the presidential induction ceremony held at the Waters Edge. It was a different experience for me as all past Presidents were felicitated for the appreciation of their great contribution in the past and present. I thank all my council for expressing their willingness to work as a team during this year to achieve our goal of reducing maternal mortality and morbidity.

We all are aware of the stagnation of maternal mortality ratio in spite of hard work done during the last two decades. We are stuck at the doorstep of moving to the obstetric transformation stage IV with preventing all preventable maternal deaths. All these years we were discussing the causes at the end of the year with mortality figures and the causes and the contributory factors have not changed. Obstetric haemorrhage had been the top cause of our maternal deaths in 2018. Though we are elated with better MMR in the region the annual reduction rate remains at 1%, which is the lowest in the region. I mentioned this in my presidential address and proposed to have a National Task Force to attend to this as an urgent need. SLCOG with the collaboration of the MOH has already appointed a task force for this great endeavor and hoping to implement its recommendations to reduce maternal mortality by 50% in next five years. The new council has initiated an action plan to implement the proposed confidential inquiry into maternal deaths and a meeting is arranged with the DGHS in near future. I hope to fulfill all these challenges before the end of my tenure as the President with the support of my council.

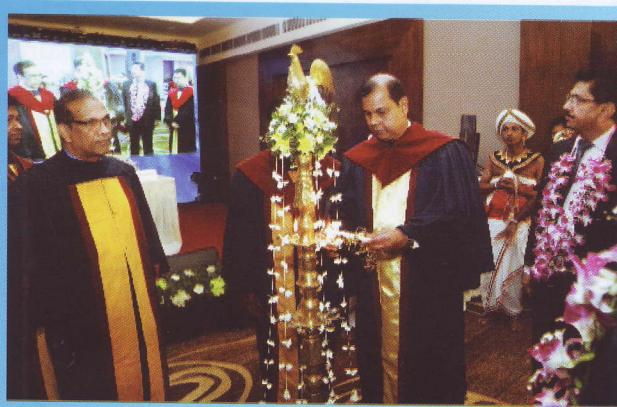
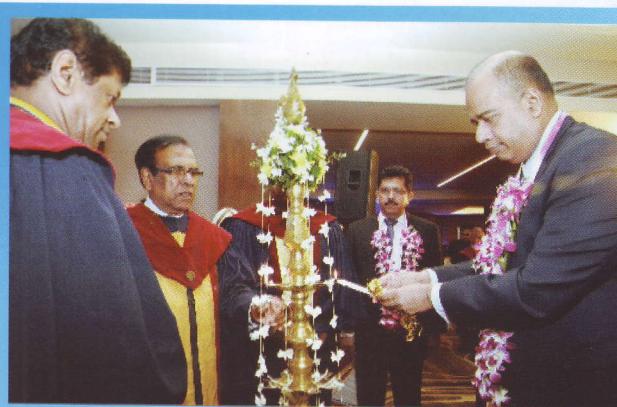
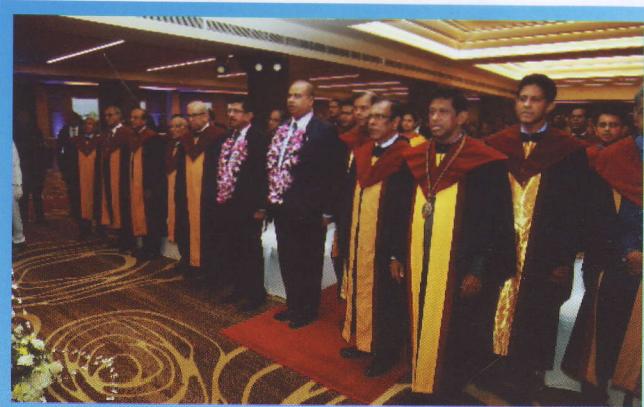
Although we have planned annual scientific sessions of SLCOG in October in conjunction with the silver jubilee of SAFOG, due to the COVID-19 pandemic situation we had to postpone it. However, the SLCOG still plans to conduct an annual scientific session in December this year adjusting to the situation of new normal. I kindly invite you to participate as a resource person with your original presentations to show the SLCOG colours. I also invite most of our international colleges to share your experience with the members in the region if international travel bans are lifted by the time of December.

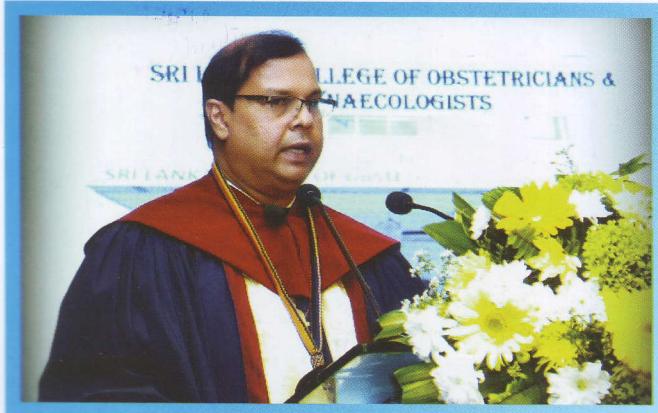
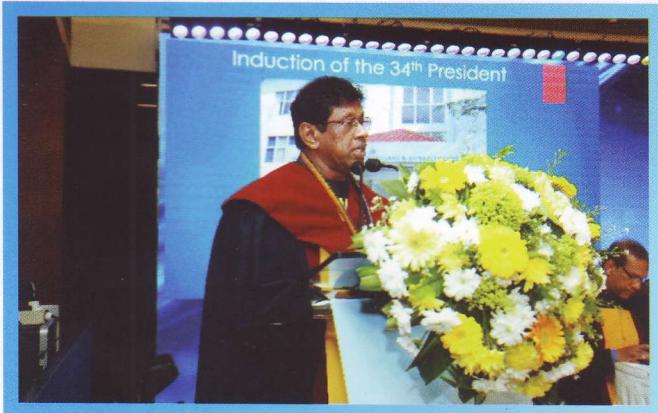
In addition to our routine orations, guest lectures and training programs for SHOs and postgraduates, safe motherhood programs, few cultural events like new year celebrations, religious activities, Cricket matches, Members day celebration will be organized with the help of our lady's forum in the future. I take this opportunity to invite all to participate in these events in numbers to show our strength and unity.

I wish you all great success in future activities.

**Dr. U.D.P. Ratnasiri**  
*President, SLCOG*

# SLCOG PRESIDENTIAL INDUCTION 2020





# COUNCIL 2020



## Standing - Left to Right

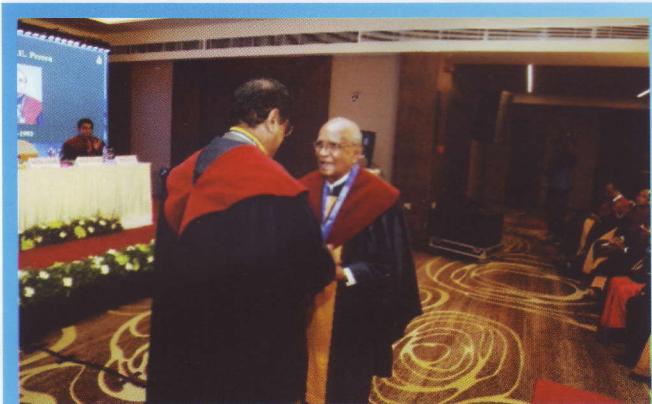
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Prof. Ranjya Pathiraja- Council Member, Dr. Samanthi Premaratne- Chairman Ethics, Dr. Kanishka Karunaratne- Co-Opted Member, Dr. Ananda Ranathunga- Co-Opted Member  
Prof. Jayantha Jayawardana- Co-Opted Members, Dr. U.D.P. Ratnasiri- President, Prof. W.I. Amarasinghe- Patron, Prof. Athula Kaluarachchi- Immediate Past President,  
Dr. Rohana Haththotuwa- Co-Opted Member, Dr. Pradeep de Silva- President Elect, Prof. C. Randeniya- Chairman - Education and Setting Standards,  
Dr. Rasika Herath- Chairman - Regional Activities And Developments, Dr. Sanath Lanerolle- Treasurer.

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Dr. Gayan de Silva- Council Member, Dr. Jagath Premadasa- Council Member, Dr. Jagath Herath- Council Member, Dr. Ruwan Silva- Asst. Treasurer,  
Dr. Madura Jayawardena- Asst. Secretary, Dr. Nilan Rodrigo- Council Member, Dr. Chandana Jayasundera- Council Member, Dr. Chaminda Mathota- Council Member,  
Dr. Ruwan Pathiraja- Council Member, Dr. H.D.K. Chintana- Council Member, Dr. Mayuramana Dewolage- Asst. Secretary, Prof. Hemantha Dodampahala- Council Member

# FELICITATION

Paying gratitude and appreciating self-earned respect of college pioneers is a timely need. Honour was showered upon all the past presidents.



Prof. W.S.E. Perera

1991-1993



Prof. H.R. Seneviratne

1997-1999



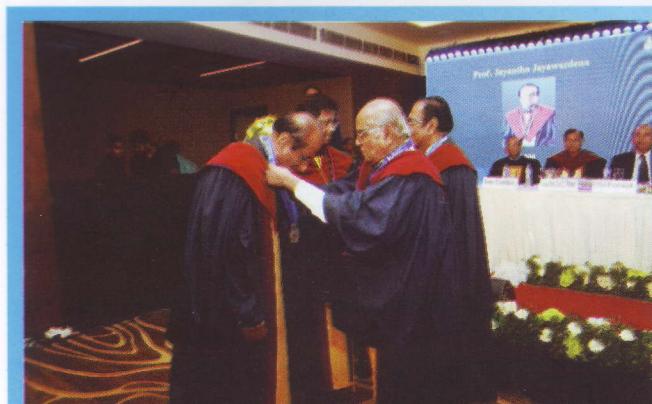
Prof. W.I. Amarasinghe

2001-2003



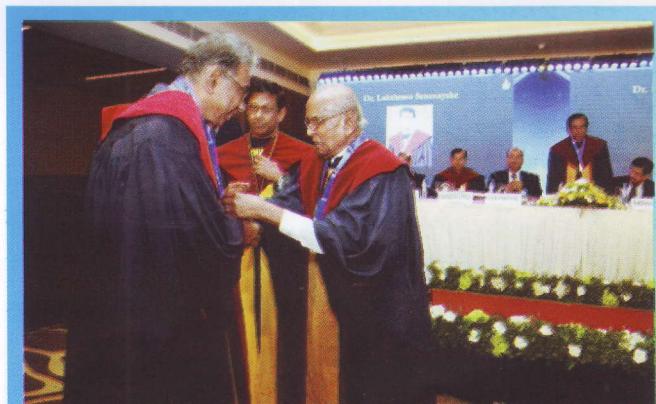
Dr. Marlene Abeyewardane

2003-2005



Prof. Jayantha Jayawardena

2006



Dr. Lakshmen Senanayake

2007



Dr. Rohana Haththotuwa

2008



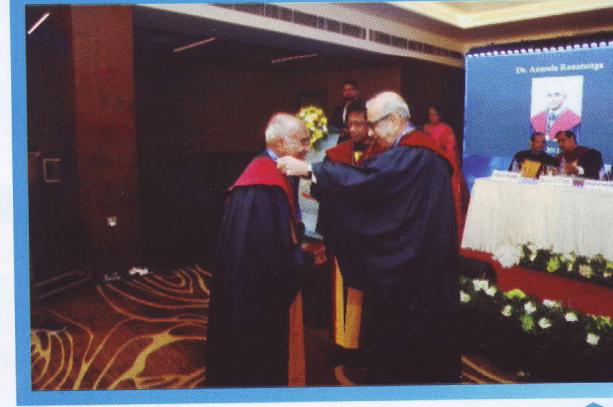
Prof. Malik Goonewardene

2009



Dr. Sarath Amarasekara

2010



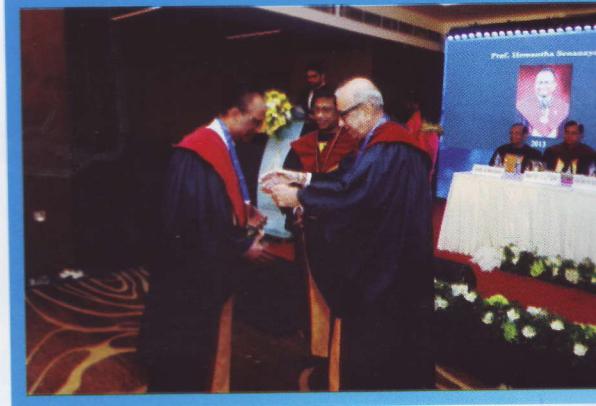
Dr. Ananda Ranatunga

2011



Dr. Hemantha Perera

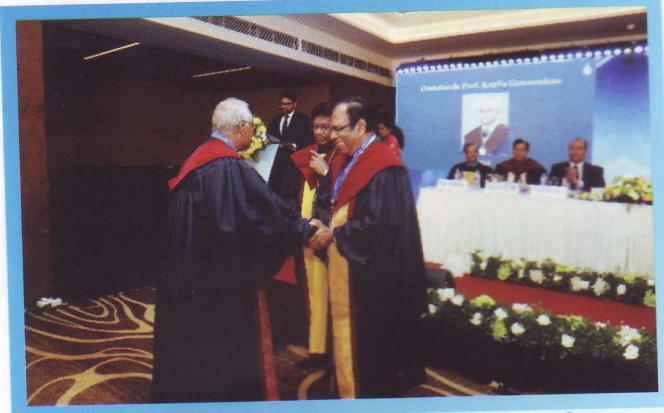
2012



Prof. Hemantha Senanayake

2013

Notable issues identified



Deshabandu Prof. Kapila Gunawardene 2014



Dr. Kanishka Karunaratna

2015



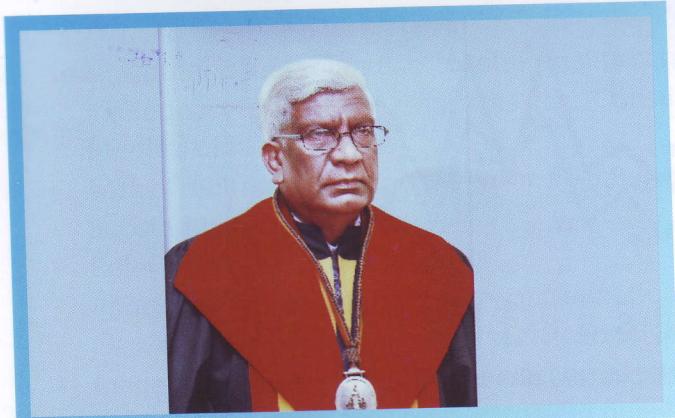
Dr. Gamini Perera

2016



Prof. Deepal Weerasekara

2017



Prof. P.S. Wijesinghe

2018



Prof. Athula Kaluarachchi

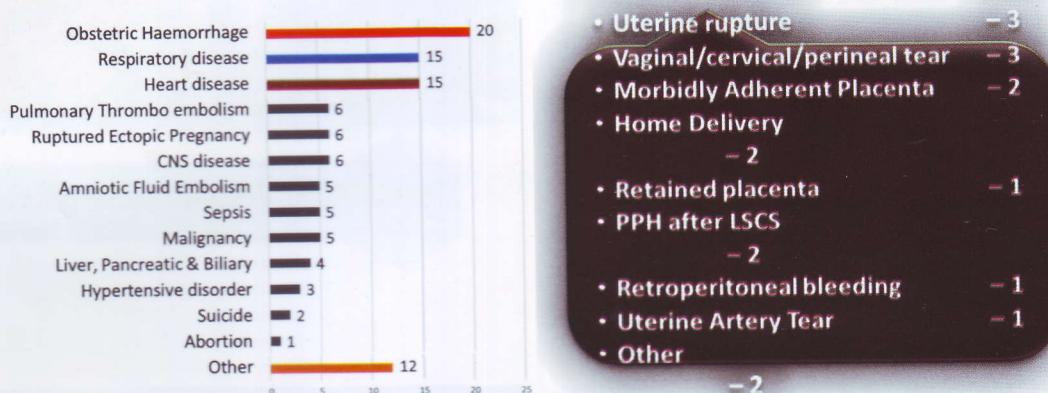
2019

# From the Council Chamber

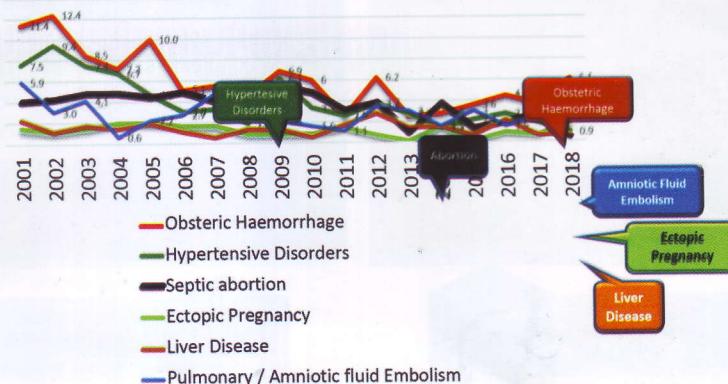
- Step forward to confidential inquiry into maternal death.

We dignify the efforts made by all the College members and our junior staff in the process of care delivery. We strongly believe stepping forward to confidential inquiries in the process of evaluation and assessment.

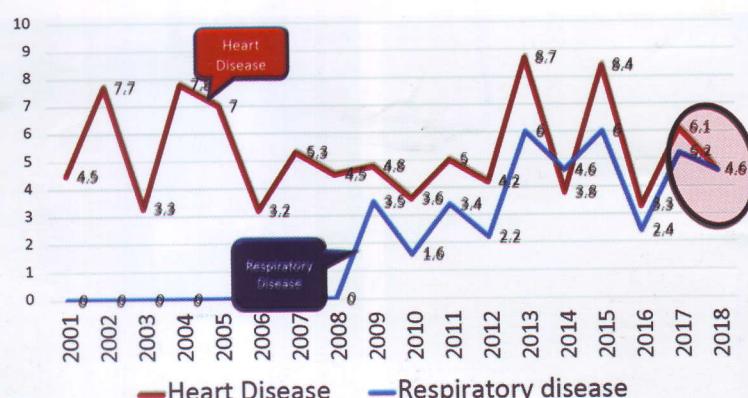
## Leading causes of maternal death 2018



## Cause specific MMRs (2001 – 2018) - Direct causes



## Cause specific MMRs (2001 – 2018) - Indirect causes



\*Source - FHB

The national MMR that need to be achieved by 2030 is 10 per 100,000 live births and it is believed that a significant amount of work will have to be done by all the relevant stakeholders if we are to reach the target. Further deficiencies identified during district and national maternal mortality reviews, both at field and hospital level, must be translated into action without further delay.

## **Notable issues identified**

1. A large proportion of maternal deaths were categorized as preventable deaths and a significant number of women who died did not receive expected care both at field and hospital levels. This emphasizes the need for clinical governance and accountability culture within the maternal care service delivery systems.
2. Despite efforts that have been made over the years to reduce the district disparity of health indices, 2018 MMR data indicate that certain districts (eg: Mulativ, Nuwara Eliya, Kegalle, Trincomalee and Puttalam) have a very high MMR compared to other districts. It has already been identified that these districts need subnational targets and district-specific action plans if the district disparity is to be diluted.
3. Majority of women(20) died of obstetric haemorrhage in 2018 and it has been one of the leading causes of maternal deaths over the years. In-depth analysis of the deaths due to obstetric haemorrhage highlight the following shortcomings.
  - Lack of adherence to national guidelines by both field and hospital staff (eg: non-use of Partogram and MEOWS charts)
  - Lack of monitoring during intrapartum and post-partum periods (eg: not considering vital parameters as indicators of blood loss and not objectively assessing the blood loss)
  - Lack of communication between senior and junior staff has led to delays in informing seniors about complications
  - Cases of morbidly-adherent placenta have been reported high in recent past and some deaths have been attributed to mismanagement of such cases
  - Planned home deliveries by extremist groups

These findings reiterate the importance of adhering to national guidelines. Furthermore, a mechanism needs to be in place to monitor the use of national guidelines by both field and hospital staff.

4. Over the years both respiratory diseases and heart diseases are increasing and expected that they will be the next major causes in years to come. Of the 15-maternal death due to respiratory causes, 11 have been due to H1N1 influenza virus. An in-depth analysis of the 11 H1N1 cases indicates suboptimal management and lack of adherence to national guidelines.
5. Following issues were identified after analyzing the heart disease-related maternal deaths.
  - It was noted that some heart diseases were detected fairly late
  - Cardiovascular system was not objectively examined at antenatal clinics
  - Not receiving optimal care at strategic points of care
6. Deficiencies in the service provision of family planning methods were identified as an area that needs urgent improvement. A significant proportion of the women who died in 2018 had an unmet need for family planning. Lack of focused supervision at field level and not considering family planning as an important aspect mainly due to increasing societal pressure were identified as possible reasons behind this deficiency. There were concerns about the quality of the family planning methods offered at the private sector.
7. Several other issues related to hospital quality care were also identified during the reviews.
  - Inadequacy of human resources (eg: Consultants – eg: Obstetricians, Cardiologists, Anesthetists/ Medical officers / Nurses)
  - Lack of multi-disciplinary care at the beginning of the case presentation or pregnancy
  - Substandard documentation
  - Referrals seen by junior doctors
  - Poor care by admitting officers – examination and documentation
  - Lack of 24-hour facilities in certain hospitals – OT, Lab, Blood bank
  - Inadequate care at the time of discharge – proper vaginal examination and referral
  - Similarly, several issues related to field quality care were also identified during the reviews
  - Lack of communication between field staff and between preventive and curative sectors
  - Inadequate supervision
  - Human resource issues – lack of PHMs, supervising officers
  - Substandard documentation (eg: Family Planning / Maintenance of RED-book)

**SAVE YOUR DATES...**



**POSTPONED**



**SILVER JUBILEE SAFOG CONFERENCE  
IN ASSOCIATION WITH  
53<sup>rd</sup> ANNUAL CONGRESS OF THE SLCOG**

**"Women's Health - Regional and Global Partnership"**

**15<sup>th</sup> to 18<sup>th</sup> October 2020  
Shangri-La Hotel, Colombo, Sri Lanka**

**Conference Secretariat**

No. 112, Model Farm Road, Colombo 8, Sri Lanka. Tele/Fax: +94113091745  
Email: [safogslcog2020@gmail.com](mailto:safogslcog2020@gmail.com) Website: <http://www.safogslcog2020.com>



SCAN ME

# College Contributions

## College of Chemical Pathologists Forum

SLCOG endeavors to uplift multidisciplinary approach and sharing knowledge among specialties to deliver better-quality care to women in need. First event was held in the College auditorium with the collaboration of College of Chemical Pathologists.



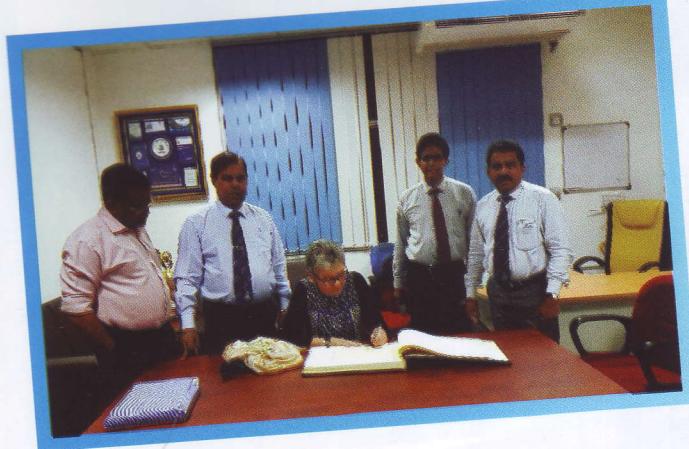
## **Workshop on Infertility by Prof. Athula Kaluarachchi**

Continues support for the postgraduate trainees by SLCOG house.



## **Guest Lecture on Maternal Mortality in the UK: Lessons from the 2019 report by Dr. Rhona Hughes**

Sharing experiences from other countries for the betterment.



## **SRI LANKA COLLEGE OF OBSTETRICIANS & GYNAECOLOGISTS Orations 2020**

Applications are called for;

1. Prof. D.A. Ranasinghe Memorial Oration – 11<sup>th</sup> December 2020
2. Dr. P. Dissanayake Endowment Lecture – 13<sup>th</sup> December 2020
3. Dr. Nalin Rodrigo Memorial Oration – 27<sup>th</sup> December 2020

Applications should be sent to, SLCOG House, 112, Model Farm Road, Colombo 08 with the oration and brief resume of the salient points. The closing date to receive applications a months prior to the scheduled date of the given oration.

E-mail: slcogoffice@gmail.com

Tel/Fax: 011 2

SLCOG NEWS

# Ladies Forum

## Message from the President of Ladies Forum

Dear ladies and gentleman,

It gives me great pleasure to wish good luck to the new president and the council of SLCOG on behalf of the Ladies' Forum 2020.

We would like to inform you with pleasure that the new council of the Ladies' Forum has already started its social activities for the year 2020 and we wish to have your attention for the below year plan.

- **Community Service Program 2020 at Mullegama Maha Vidyalaya, Athurugiriya – Health Education program and Health camp**
- **Pirith Chanting (Thun Sutraya)**
- **Hindu, Islamic cultural program and Christmas carols**

The first activity of the year 2020 was held in January 2020; donation to a selected family, family of Mrs. Nayani Rasika with two children who were injured at the bomb blast at Katuwapitiya church on last easter. We handed over – collected money to Seth Sewana office at Katuwapitiya Church on the January 23<sup>rd</sup> Thursday.

Even though we have planned Aurudu Ulela on April 5<sup>th</sup>, we had to postpone it due to COVID-19 pandemic situations. But the rest of the activities we are planning to have in the near future.

I wish to express my sincere gratitude to Dr. Mrs. Surupika Kaluarachchi, former president for her dedication and initiation of this great event, and Dr. Mrs. Marleen Abeywardena for the kind coordination.

On behalf of the Ladies' Forum 2020, I wish to thank outgoing president Dr. Mrs. Surupika Kaluarachchi, Secretary Mrs. Sureni Periyapperuma and the treasurer Mrs. Kalani Karunaratne and the committee for the tireless effort towards the success of the Ladies' Forum 2019.

Wish you a great success and a fruitful year ahead.

**Dr. Mrs. Kumudu Senanayake  
President, 2020**

## Ladies Forum Activities

Our ladies were helping innocent victims of Easter Sunday at Katuwapitiya.



# Gynaecology and Obstetrics NEWSLETTER

## INSIDE THIS ISSUE

### Preterm Labour

The risk of preterm labour in twin pregnancies is more when compared to singletons.

### Fetal Growth Restriction

Should be taken into consideration specially after 32 weeks in twin pregnancies.

### Pre-eclampsia

Prior identification and proper management is important.

Editor  
Professor Tiran Dias MD FRCOG MD (Res)  
Professor in Fetal Medicine  
Consultant Obstetrician and Gynaecologist  
Faculty of Medicine  
University of Kelaniya

Co-Editor  
Dr. Yahani Amarasinghe (MBBS)  
Demonstrator  
Department of Gynaecology and Obstetrics  
Faculty of Medicine  
University of Kelaniya



RECENT UPDATE  
TWIN PREGNANCY  
MANAGEMENT

# RECENT UPDATE IN TWIN PREGNANCY MANAGEMENT

C6 / M2  
PP1 / E2  
SRI II 2 / CRG 3



## INTRODUCTION

Twin pregnancies are at higher risk of complications than singletons; and it can cause complications to both mother and the babies.

Early pregnancy scanning is important in these type of pregnancies to know the accurate pregnancy dating, to know the chorionicity and to predict the possible risk.

In this newsletter we focus on the recent update in management of twin pregnancy with regard to preterm labour, fetal growth restriction and pre-eclampsia.

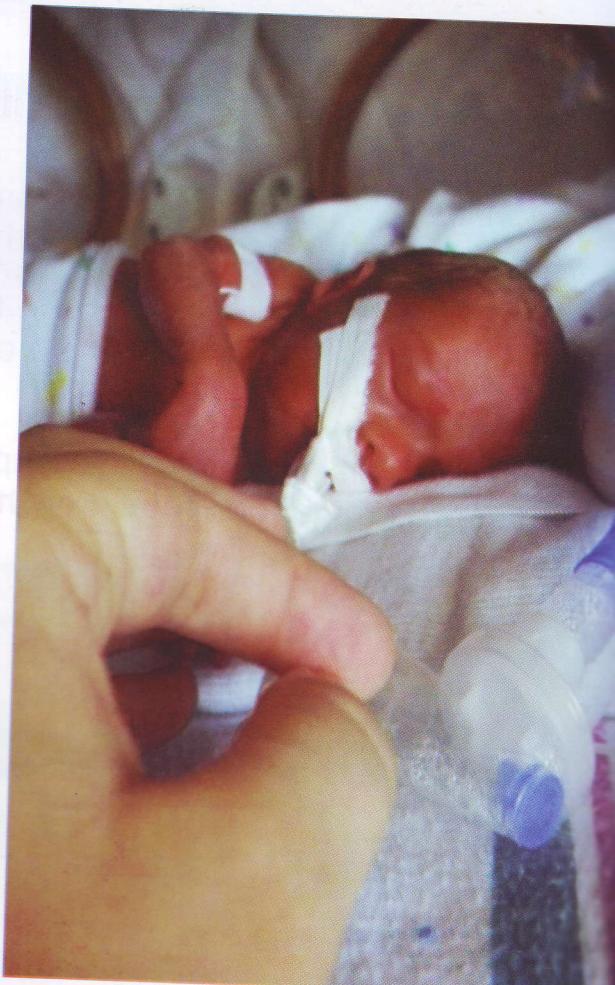
Thank You!

# Preterm Labour

More than 50% of twins and almost all triplets are born before 37 weeks of gestation. This can occur following preterm prelabour rupture of membranes, medically indicated/ iatrogenic preterm birth following spontaneous onset of preterm labour without a preterm prelabour rupture of membranes. The commonest cause for preterm birth in twins is due to spontaneous onset preterm labour without preterm prelabour rupture of membranes.

Cervical length, cervico-vaginal fibronectin test, Additional antenatal care, Obstetric history and composite measures are recognized measures of screening in preterm births in singletons. Short cervical length, especially less than 15mm, at 22-24 weeks of gestation in twin pregnancies is a good predictor of preterm birth up to 32 weeks of gestation. However, a short cervix was not predictive of birth before 37 weeks. Risk of delivery before 32 weeks gestation is strongly associated with cervical length.

Using cut offs of <25mm, <20mm and <15mm, the respective detection rates of spontaneous preterm birth before 32 weeks gestation were 35%, 49% and 67% respectively. There is also evidence that a cervical length less than 25mm measured at 14-20 weeks in triplet pregnancies is associated with spontaneous preterm birth before 32 weeks. In contrast, prediction of preterm labour with positive fetal fibronectin test result is poor in twin pregnancies.

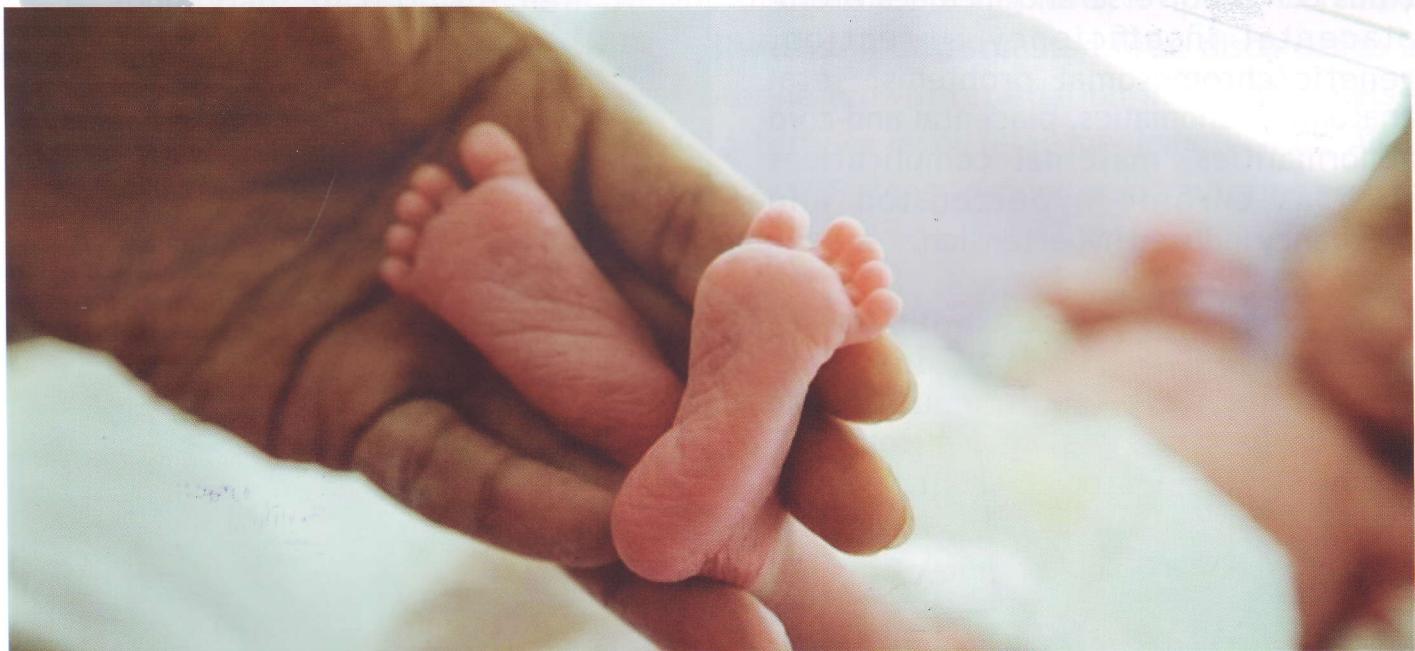


# Preterm Labour

Since preterm birth is associated with considerable morbidity and mortality, it is important to know relevant measures taken to prevent it in twin pregnancies.

Although treatment options such as bed rest, progesterone, cervical circlage and tocolytics have been proposed in singletons as preventive strategies in preterm labour, it doesn't reduce the incidence of spontaneous preterm birth before 37 weeks of gestation, gestational age at birth or perinatal mortality in twins or triplets.

Oral beta mimetics or cervical circlage in twins and triplets do not prevent preterm labour. Paradoxically, cervical circlage in those with a cervical length less than 25mm increases the risk of preterm birth.



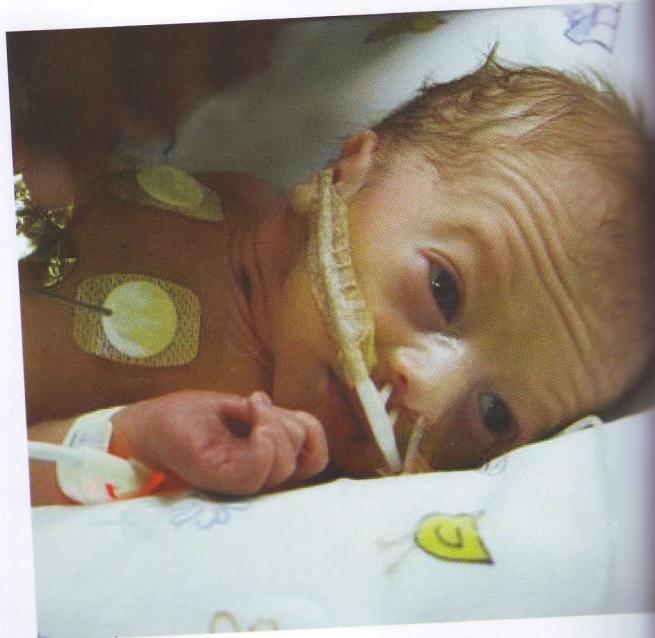
# Fetal Growth Restriction

Under normal circumstances, twins grow at the same rate as singletons up to at least 32 weeks of gestation, regardless of chorionicity. After 32 weeks of gestation, the rate of growth slows down in twins due to the reduction in intrauterine physical space or utero-placental insufficiency.

Syphysis-fundal measurement is inappropriate in growth monitoring in multiple pregnancies. Ultrasound biometry is now standard for growth assessment in multiple pregnancies. Similar to singleton pregnancies, causes for fetal growth restriction in dichorionic twins can be diverse and includes utero-placental insufficiency, infection, genetic/chromosomal problems, fetal anatomical anomalies, placental and cord abnormalities, maternal complications such as chronic hypertension and pregnancy induced hypertension.

Although FGR can coexist with growth discordance, the latter does not necessarily imply the former. Growth discordance can be a marker for FGR. Another important point to highlight is that FGR can also affect both twins being small but not discordant.

Growth discordance is a complication which is unique to the twin pregnancies. It is defined in three ways, the “Absolute definition” only considers the birth weight difference between the smaller and the larger twin.



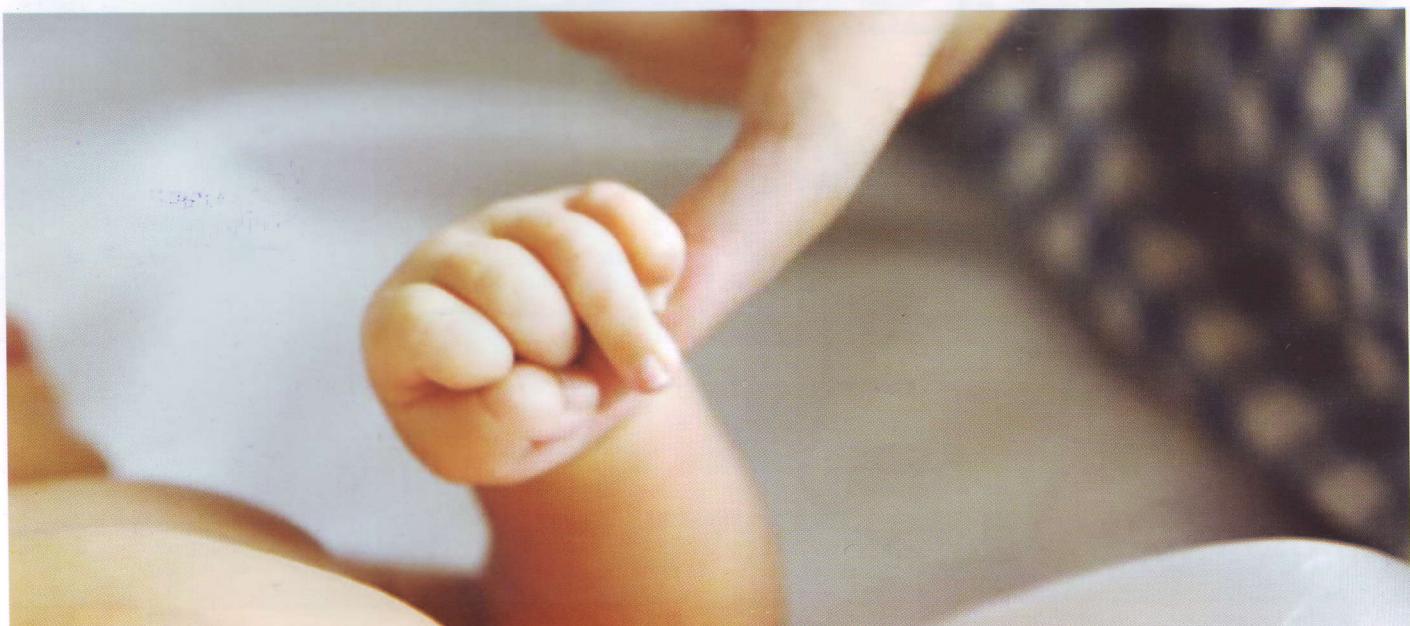
## Fetal Growth Restriction

The second definition is the “Percent definition”, in which the birth weight disparity is calculated as a percentage of the large infant. The third definition is the “Statistically derived” in which birth weight differences are expressed either in terms of 95th percentile or in standard deviations from a predefined mean of twin birth weights.

Fetal growth in dichorionic twins is usually checked once in every four weeks by ultrasound biometry. In case of severe growth discordance with extreme prematurity, delivery can be delayed until viability to give the maximum benefit to the healthy twin. The healthy twin should not be compromised in case of a co-twin death since they have two different vascular systems.

It is now recommended that ultrasound fetal biometry should be used once in every four weeks to assess fetal growth and it should be plotted from 28 weeks.

It is appropriate to estimate fetal weight discordance using two or more biometric parameters at each ultrasound scan from 28 weeks. If an estimated fetal discordance is  $>25\%$ , it is an important indicator of intra uterine growth retardation in twins/triplets ; where such patients should be referred to a tertiary level fetal medicine center. Also, routine measurement of Umbilical Artery Doppler USS alone to monitor intrauterine growth retardation or birth weight in twins is not recommended.

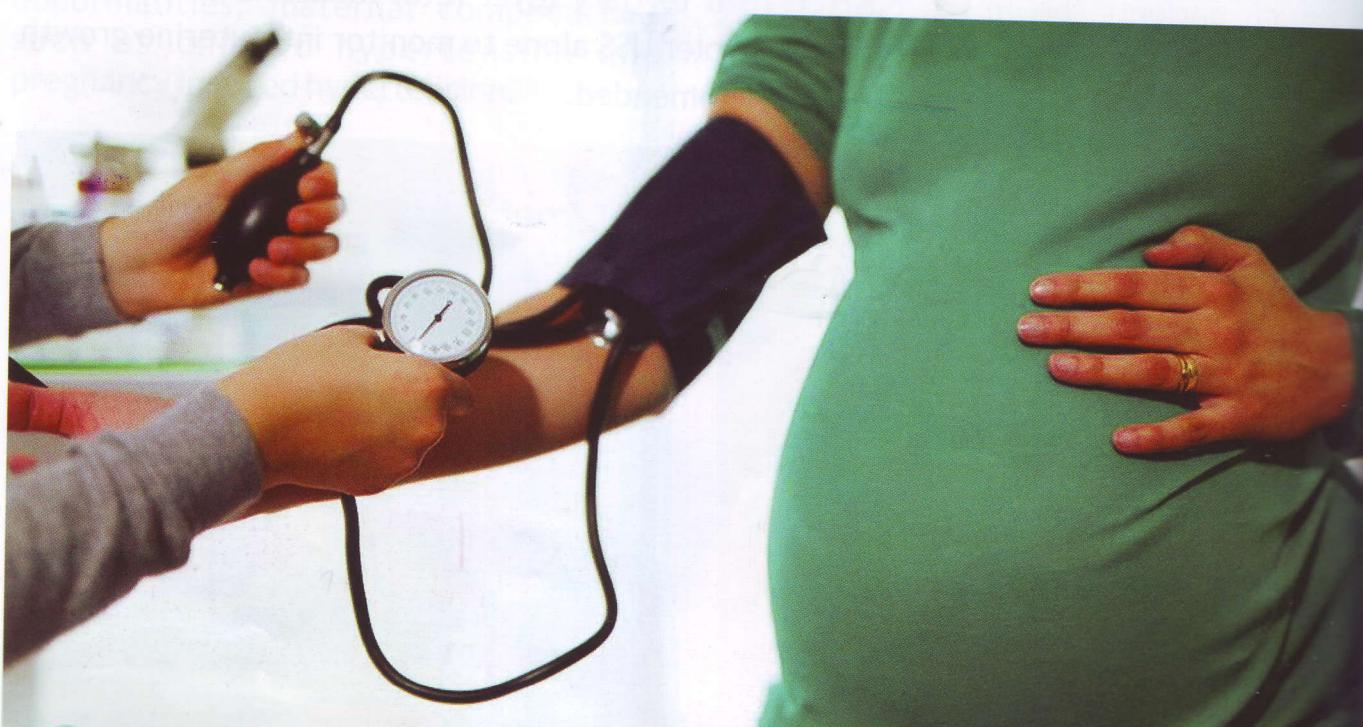


## Pre-eclampsia

Twin and triplet pregnancies are associated with an increased risk of pregnancy induced hypertension, and this risk is three folds higher in twin pregnancies than singletons. Although screening methods such as maternal characteristics, uterine artery Doppler studies and maternal serum biochemistry has been used to screen pre eclampsia, this is not convincing case of twin and triplet pregnancies.

Uterine artery doppler (pulsatile index more than 95<sup>th</sup> centile) in twins shows a high negative predictive value, thus could be used to exclude the risk of developing pre eclampsia. Routine use is also not recommended since the sensitivity to detect pre eclampsia is less.

Since multiple pregnancy carries a moderate risk of developing pre eclampsia, it is recommended to start low dose aspirin to all twin pregnancies who have any of the moderate risk factors for pre eclampsia such as being it the first pregnancy, age 40 years or older, pregnancy interval more than 10 years, BMI of 35kg/m<sup>2</sup> or more at first visit, or family history of pre eclampsia.



# Polybion® Syrup

B-Complex syrup with the advantage

SUGAR  
FREE

THE

POLY



FACETED  
HEALTH  
ACTIVATOR



## Bonate™

Each film coated tablet contains Calcium Citrate Malate eq to elemental Calcium 250 mg, Vitamin D3 200 IU (as stabilised Vitamin D3)

Small calcium... Big benefits

Small size for higher compliance

Easy to swallow

Does not affect Iron absorption

*Just once a day*



# Anemidox®

Vitamins with Iron

A complete Haematinic

- ✓ Provides the right quantum of elemental iron
- ✓ Ensures rapid rise in Haemoglobin levels
- ✓ Rapidly builds up body iron stores