Dear Colleagues

My sincere thanks for helping me over the last three years to serve as your President. I have been greatly assisted by the firm groundwork laid by my predecessor, Professor Gamal Serour (Egypt). I also had unstinting support from the FIGO Officers: President-Elect, Professor Chittaranjan Narahari Purandare (India); Vice President, Professor Ernesto Castelazo Morales (Mexico); Honorary Secretary, Professor Gian Carlo Di Renzo (Italy); Honorary Treasurer, Professor Wolfgang Holzgreve (Switzerland); and Chief Executive, Professor Hamid Rushwan (Sudan/UK). It was also a distinct pleasure to work with the FIGO Executive Board, which generated a number of excellent ideas to carefully steer the activities of the organisation.

The staff of FIGO, led by the senior management team – Professor Hamid Rushwan (Chief Executive), Bryan Thomas (past Administrative Director), Sean O’Donnell (current Administrative Director), Marie-Christine Szatybelko (Corporate Affairs Director) and Paul Mudali (Finance Director), command our admiration for the tremendous work they do in overseeing the Secretariat, various projects and the FIGO journal. I thank the Member Societies that have helped FIGO to work with governmental and non-governmental organisations alike, and the donors who have entrusted us with the funds to carry out specific projects in many countries. This has helped us to work towards achieving the Millennium Development Goals (MDGs), which are now to be continued as the Sustainable Development Goals (SDGs).

The three-year cycle

My term of office as President, and that of my fellow Officers and the Executive Board, concludes at the end of the FIGO Congress in October 2015. A new set of Officers (except the President Elect and 50 per cent of the Executive Board) will be elected by the General Assembly at the Congress. Fifty per cent of Executive Board members will remain to provide continuity. Such an arrangement will help FIGO to retain its ‘corporate memory’, to complete unfinished business, and to consider new business. The five FIGO regions will have proportionate representation, with four seats for regions with more than 10 countries (Europe, North America, Latin America, Africa and Eastern Mediterranean, Asia-Oceania), and two for North America. In addition, there will be an additional six seats on the Executive Board for any member countries not elected for regional representation. Elections will be for vacant regional and general seats. My best wishes to all the countries that have applied to be considered for election to the Board.

I have every confidence that the incoming Executive Board will chart the right direction of travel through which FIGO can continue to successfully promote women’s sexual and reproductive health and rights. Our President-Elect has stressed his areas of priority to be cervical cancer, nutrition and contraception – these new activities will be highlighted, alongside current activities.

A democratic organisation

The General Assembly elects the Officers and the Executive Board. The Committee membership/chairs are not elected, but selected by the President, with the assistance of the Officers and existing or incoming Committee
FIGO Congress Countdown: Taking stock and moving forward
continued from page 1

members will be requested to propose chairs. Consideration is given to regional and gender balance in the selection process, and the Executive Board then endorses the recommendations.

At the request of the Executive Board, this process has been scrutinised. In future, all Member Societies will be requested to propose up to two names for each Committee, with statements from the individuals nominated indicating a willingness to be considered for selection and also providing information on what professional benefits they would bring to the Committee. The President, President-Elect and the Committee chair will then select the members with gender and geographical balance in mind. The proposed Committee will be approved by the Executive Board, or a small group of the Board (yet to be determined). Similar to the Executive Board – where 50 per cent would continue – in construction of the Committee, up to 50 per cent may be retained, including the immediate past chair, to help with the ongoing activities. This is a major step towards establishing a transparent and democratic process to select members to FIGO Committees.

Officers interpret the FIGO Constitution and Byelaws in the best way possible, and act accordingly, after informing the Executive Board. Some actions are not visible to all Member Societies, if they are not represented by either relevant Officers or have a presence on the Board. In due course, FIGO will place the minutes of Officers’ and Executive Board meetings in a section on the FIGO website (accessible via a secure password) to enable all Member Societies to review decisions taken.

Our thanks to RANZCOG – the FIGO Executive Board meeting
The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) in Melbourne, Australia, graciously hosted the FIGO Officers’ and Executive Board meetings in late May 2015. The arrangements and hospitality were splendid. We are most grateful to Professor Michael Permezel, RANZCOG President, and his team of Officers, Executive Council and staff for making us feel welcome and for sharing the clinical practice and research in the Pacific region (special lectures highlighted issues related to the healthcare of the ancestors of the land and that of the people on several islands in the Pacific). We wish RANZCOG well is its endeavors to help improve women’s health in this region.

A committed Secretariat
The workload of FIGO has greatly diversified over the past few years. With a relatively small number...
Dear Colleagues

I hope you have had a productive few months working on your respective valuable activities.

The next FIGO World Congress (4–9 October 2015) is now almost upon us! – the beautiful city of Vancouver is eagerly anticipating the arrival of thousands of obstetricians and gynaecologists, and other healthcare professionals, from across the globe. The Congress Scientific Programme is a truly ground-breaking blend of panels, workshops and interactive sessions which will provide attendees with the latest advances in quality care for women in every resource setting.

If you have not already registered to attend, please do so today: visit www.figo2015.org. Please note that on-site registration is readily available.

Spotlight on maternal nutrition

In April, I represented FIGO at the 24th Annual Meeting of the Saudi Obstetrics & Gynaecology Society in Jeddah, Saudi Arabia, to present on ‘Maternal Nutrition: A Global Overview (and the FIGO initiative)’. FIGO continues to work tirelessly through its Global Maternal Nutrition Guidelines project to highlight the importance of having evidence-based guidelines on maternal nutrition, from pre-conception to the post-partum period, in collaboration with obstetricians and gynaecologists and other key healthcare professionals and workers. We look forward to launching FIGO’s Guidelines at the Congress, the fruits of many months of hard work and collaboration.

During May, I attended the high profile Annual Meeting of the American Congress of Obstetricians and Gynaecologists (ACOG) in San Francisco, USA. ACOG is a most valued Member Society of FIGO and I would like to thank the colleagues for their unwavering commitment to FIGO’s work. While in the city, I took the opportunity, together with Lord Naren Patel, Chair of the FIGO Fistula Committee, to meet with Kate Grant, Chief Executive Officer of the Fistula Foundation, one of our valued donors. The FIGO Fistula Fellowship Training Programme goes from strength to strength – it would simply not be possible without the support and dedication of Kate and her committed team.

Our thanks to RANZCOG

The FIGO Executive Board met in Melbourne in late May (see page five for more details). This annual FIGO meeting is of great importance to the smooth running of our organisation, bringing together the bedrock of FIGO membership. The event was a tremendous success – I would like to thank the FIGO Member Society The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) for hosting the meeting superbly.

In June, alongside other colleagues, I attended a Congress site visit to Vancouver. As we come to the culmination of three years’ hard work, it is good to know that the Congress and all its associated activities are in the safe hands of the respective Committees.

Putting the case for midwives

In July I travelled to Suriname, in South America, to present on a FIGO-Gynuity Misoprostol panel at the International Confederation of Midwives’ 5th Regional Conference of the Americas. This was a most important gathering, with a timely theme: ‘Invest in Healthy Pregnancy; Invest in Midwives’. As the world moves on from the Millennium Development Goals (MDGs) towards the new Sustainable Development Goals (SDGs), FIGO urges its Member Societies, and other collaborating organisations, to work together through complementary professional strengths and effective networking to help improve the quality and availability of midwifery services across the world.

I have several trips scheduled before the World Congress in October: firstly to Khartoum, in August, for a meeting to plan continued collaboration with Olympus Surgical Technologies on the establishment of an African training centre for Minimally Invasive Surgery; secondly to Addis Ababa, in early September, for a meeting of the FIGO Fistula Training Initiative; and finally to New York, in late September, to attend the UN General Assembly and also various meetings with UN agencies to discuss FIGO business.

I wish you all safe travels to the Congress. The event is such a unique opportunity to take stock of the valuable work being performed by thousands of healthcare professionals worldwide for the benefit of women and children on every continent. Their health and wellbeing will continue to be our focus as we move into the new era of the SDGs and beyond.

Best wishes

Professor Hamid Rushwan
FIGO Chief Executive

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International Federation of Gynecology and Obstetrics

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President: Professor Sir Sagar Saranam A. A. (United Kingdom)
President-Elect: Professor Chitlapani Narshari Purandare (India)
Past-President: Professor Gajal SR (Egypt)
Vice President: Professor Ernesto Castelazo Morales (Mexico)
Honorary Secretary: Professor Gian Carlo Di Renzo (Italy)

International Federation of Gynecology and Obstetrics | September 2015
Professor Mark Hanson is currently chairing the group preparing the FIGO Guidelines on Adolescent, Preconception and Maternal Nutrition, to be launched at the FIGO World Congress in Vancouver, in October.

**Professor Mark Hanson**

**Professor Hanson, tell us a little about your professional background**

My background is in basic science, particularly in foetal and neonatal development and the ways in which environment influences such as nutrition affect this development, with long-term consequences for the risk of non-communicable disease. I trained as a physiologist and a teacher, and am currently British Heart Foundation Professor at the University of Southampton where I am the founding Director of the Institute of Developmental Sciences. I was one of the founders of the International Society for the Developmental Origins of Health and Disease (DOHaD), of which I am President, and I have consulted and advised a range of government and non-government organisations in this area globally. I have produced a range of books with colleagues internationally, from textbooks to popular science, the most recent being Nutrition & Lifestyle for Pregnancy and Breastfeeding (with Anne Bardisley, Peter Gluckman and Chong Yap Seng, OUP, 2014).

How did you become involved in FIGO’s Global Maternal Nutrition Guidelines Initiative?

I was honoured to be asked to chair the group preparing the FIGO Guidelines on Adolescent, Preconception and Maternal Nutrition, to be launched at the FIGO World Congress in October. The Guidelines highlight the importance of balanced nutrition during those critical periods of the life course, for both the woman and her developing baby.

**Why is the issue of maternal nutrition so important to healthcare providers?**

Poor nutrition, involving under- and over-nutrition and deficiencies of key nutrients, is a major challenge globally. It affects a wide range of organs and systems, predisposing to later chronic disease. The Guidelines give specific recommendations aimed at meeting this challenge which should be adopted systematically and widely, taking account of local cultural and other contextual factors.

Adopting and implementing the Guidelines should be a priority for healthcare providers at all levels, for health policy makers and for parents-to-be and families. One of the major themes emphasised in the FIGO Guidelines is the importance of good nutrition in adolescents and in women and their partners before conception, as well, of course, in pregnancy and post-partum.

FIGO is committed to making a real difference to the prevention of poor nutrition globally. We need to Think Nutrition First!

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**New Project Assistant joins the Secretariat**

Matthew Pretty has joined the FIGO Secretariat, taking up a new position overseeing FIGO’s Working Group on Pre-term Birth. Professor Rushwan said: ‘The activities of our Pre-Term Birth Working Group are expanding at a great rate, and Matthew has been appointed to keep all administrative arrangements in check. We welcome him warmly to the FIGO family.’

Matthew holds a BA in Applied Social Sciences from the University of York and joins FIGO having previously worked across a number of projects at the largest medical college in the UK, the Royal College of General Practitioners. He has also worked for a sexual and reproductive health NGO in a South African township, and at the Royal College of Obstetricians and Gynaecologists in London, as well as in programme fundraising for an international development charity.

He commented: ‘I’m really excited to have joined FIGO at what is a really interesting time. I greatly look forward to supporting the FIGO Working Group on Pre-term Birth in its hugely varied activities.’

**FIGO represented at high profile Human Reproduction Meeting**

Professor Gamal Serour, FIGO Immediate Past-President, together with FIGO colleagues, attended the 28th Meeting of the Policy and Coordination Committee, the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, which was held at WHO headquarters in Geneva from 25-26 June 2015.

The meeting discussed various important issues including the integrative rights-based approach to reproductive and sexual health research, policy and programmes; the impact of medical abortion on women’s health; and the evidence for interventions/programmes in the improvement of adolescent sexual and reproductive health.

FIGO had a very high profile in the meeting and interacted positively regarding all issues discussed, as its core activities were aligned with many agenda items. Professor Anibal Faúndes, Chair of the FIGO Working Group for the Prevention ofUnsafe Abortion, delivered a presentation on medical abortion and Professor Fernando Zegers, member of the FIGO Committee for Reproductive Medicine, spoke on the rights to infertility management. Together with Professor Serour, and Dr David Adamson, the FIGO Reproductive Medicine Committee Chair (who was attending in his capacity as Chair of the International Committee Monitoring Assisted Reproductive Technologies – ICAMRT), the various activities of FIGO were strongly highlighted and well received.

The role of professional organisations at global, regional and country levels in implementing the guidelines and recommendations of WHO/HPP/RHR was emphasised. The standing committee proposed to the PCC the re-election of Professor Serour as a member of STA (the Scientific and Technical Advisory Group) for another three-year term, which was unanimously approved and accepted.

(Article prepared with thanks to Professor Gamal Serour, FIGO Immediate Past-President)
Melbourne welcomes FIGO Executive Board 2015

The 2015 FIGO Executive Board meeting was hosted by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and held at the Melbourne Convention and Exhibition Centre, Melbourne, Australia.

RANZCOG, a longstanding FIGO Member Society, has a vision of ‘Excellence in women’s health’ and its mission is threefold:

• The RANZCOG will achieve its vision by innovative training, accreditation and continuing education supported by active assessment of the effectiveness of those programs.
• The College will actively support and communicate with fellows, members and trainees in order to ensure that they are capable, physically, psychologically and professionally, of providing the highest standards of care.
• The College will support research into women’s health and will act as an advocate for women’s health care, forging productive relationships with individuals, the community and professional organisations both locally and internationally.’

This important annual meeting enabled FIGO’s elected Officers and Executive Board members to come together to take clear decisions on important matters affecting the running of the organisation. The Board meets at least once every year, is elected by free vote at the General Assembly, and its members comprise representatives of 24 national societies and the six Officers.

As is traditional, in addition to the main Board and Officers’ meetings, FIGO took the opportunity to hold a number of side meetings/events, including those for the Audit and Finance Committee, the Capacity Building in Education and Training Committee, site visits to the internationally recognised Mercy Hospital for Women, Monash Medical Centre and Royal Women’s Hospital, and a special FIGO-RANZCOG educational seminar.

As Professor Hamid Rushwan, FIGO Chief Executive, said: ‘The traditional educational seminar held at Board meetings is one of the most useful activities of the FIGO calendar, updating the Board not only on FIGO activities, but also highlighting specific OB/GYN activities in the host country. In this case, there were fascinating presentations from Dr Marilyn Clarke and Dr Jacqueline Boyle on “Aboriginal and Torres Strait Islander Women’s Health” and from Dr Alec Ekeroma on “O&G in the Pacific.”’

Professor Rushwan continued: ‘We would like to convey our sincere thanks to the College and especially to Professor Michael Permezel, RANZCOG President, and his close colleagues, for their sterling work in hosting such a successful event which we know was greatly enjoyed and appreciated by the Board and Officers.’

The FIGO President presents the RANZCOG President with a token of FIGO’s appreciation

Success! – Misoprostol for the treatment of PPH is listed on the WHO’s Essential Medicines List

The World Health Organization (WHO) has released the report [May 2015] of the 20th Expert Committee on the Selection and Use of Essential Medicines – the application for the inclusion of misoprostol on the Model List of Essential Medicines (EML) for the additional indication of treating post-partum hemorrhage when oxytocin is not available or cannot be used safely was accepted.

Jessica Morris, the FIGO Misoprostol Initiative’s Project Manager, said: ‘Thanks to all of you who sent in your own letters of support or signed the FIGO letter of support, which included the signatures of over 150 organisations and individuals from across the globe. This is really great news as the EML provides an internationally recognisable set of selected medicines which helps countries choose how to treat their priority health needs.

‘Inclusion on this list enables many countries to develop their own national EML, assists national decision-makers in reducing costs by identifying priority medicines, and plays an important advocacy role for non-governmental organisations to try to make these priority medicines available and accessible. This ultimately helps to expand the range of available options to treat post-partum haemorrhage.’

You can access the report and the 2015 EML through these links:
FIGO Committee for Capacity Building in Education and Training
chaired by Professor Luis Cabero-Roura
Committee priorities include:
- Promoting the educational objectives of FIGO in the field of women’s sexual and reproductive health and rights.

The Committee promotes FIGO’s educational objectives in the field of women’s sexual and reproductive health worldwide and develops training and capacity building programmes for professionals involved in the field of women’s sexual and reproductive health, including reproductive rights. There are many areas, especially in low-resource countries, in which training different levels of women’s healthcare professionals can be improved so that better outcomes can be achieved for the care of women, especially with respect to maternal and neonatal morbidity and mortality. To achieve these goals, the Committee acts by organising meetings, workshops, courses and training courses, participating in relevant national, regional and international meetings and activities promoting women’s health, and organising FIGO regional meetings on a different continent every year. The topics for these meetings are in accordance with FIGO’s objectives and goals.

The Committee’s activities, according to its Terms of Reference, are carried out in collaboration with FIGO Member Societies. All those involved recognise that the education, preparation and training of professionals is essential to the improvement of women’s sexual and reproductive health indicators. During the latest FIGO Executive Board meeting held in Melbourne in May 2015, we reported that in the first six years the Committee has actioned 71 activities in more than 25 countries, with a participation of more than 8,000 attendees and 450 speakers from 29 countries.

Developing a competent health promotion workforce is a key component of capacity building for the future, and is critical to delivering on the vision, values and commitments of global health promotion.

by Professor Luis Cabero-Roura

FIGO Committee for Fistula
chaired by Lord Naren Patel
Committee priorities include:
- Producing effective proposals for the possible expansion and enhancement of the invaluable work undertaken in the prevention and treatment of fistula.

I’m delighted that the FIGO Fistula Surgery Training Programme is continuing to expand, with almost 50 surgical Fellows currently being trained as fistula surgeons using the FIGO and partners’ Global Competency-Based Fistula Surgery Training Manual. The initiative is also generating significant interest, with Fellows from countries new to the Programme, such as the Gambia, Chad and Afghanistan, as well as a new Team Training Initiative being piloted with support from Hamlin Fistula Ethiopia and the CCBR Hospital in Tanzania.

In addition, there has been a series of key strategic meetings, including six ‘Training the Trainer’ courses to instruct almost 50 expert fistula surgeons in how to train others using the Training Manual, and a two-day Review Meeting in 2014, to determine the progress and future direction of the Programme. Looking forward, other events are planned for 2015, including a focused gathering of the first 12 Fellows to hear about their experiences, and to discuss how best to develop their fistula work in their home countries.

The FIGO World Congress also provides a unique opportunity to showcase the Fellow Training Programme, as well as to bring together key partners from the fistula world, with a successful stakeholder meeting taking place in the 2012 Congress in Rome, and a similar Fistula Forum event planned in the 2015 Congress, as well as an Expert Fistula Panel involving two Trainers and two Trainees from the Training Programme.

In the future, the Fistula Surgery Training Programme will continue to evolve, with more Fellows and teams trained (including assisting trainees to obtain higher levels of competency), supportive mentoring visits to existing Fellows, and more accredited Training Centres established. FIGO will also continue to develop training materials and strengthen the training process so that more women suffering from fistula receive high quality treatment in the future.

by Lord Naren Patel

FIGO Committee for the Ethical Aspects of Human Reproduction and Women’s Health
chaired by Professor Bernard Dickens
Committee priorities include:
- Recommending guidelines on ethical problems in training, education, science and the practice of obstetrics and gynecology.

The Committee met in March 2015 to complete 12 projects, including updating some earlier statements. Particular concerns are professional reactions to the health consequences of child and adolescent marriage, and adolescent pregnancy. At the other end of the age spectrum are new recommendations on the management of menopause and women’s post-reproductive lives. Pervading concerns across ages are ethical guidance on responses to violence that patients evidence, but do not necessarily explain. Related are recommendations on patients victimised by sexual assault. Underlying concerns are that their care might be delayed or affected by how law-enforcement teams’ priorities to acquire forensic evidence might conflict with service providers’ priorities to treat and comfort injured women.

A further related topic concerns the ethical care of sex workers, views of whom have evolved from seeing them as offenders against their societies’ moral order to regarding them predominantly as victims of exploitation and oppression, more offended against than offending. Professional challenges are to treat them non-judgmentally, with respect for the claim to dignity and due care that they share with all other women.

Recommendations on cosmetic genital surgery arose from concerns at the 2012 Rome Congress on promoting and satisfying demands for non-therapeutic services, and gynecologists’ acquisition of skills, sensitivities and awareness of contra-indications in cosmetic surgery. Further recommendations, for instance on conflict of interest, including relationships with industry, and patients’ refusal of recommended treatment, are published in the International Journal of Gynecology and Obstetrics [FIGO’s journal], and on www.figo.org. Recommendations on treating family members and close friends, and on assessing ethical and peer review standards of medical journals, are pending publication.

by Professor Bernard Dickens

FIGO Committee on Gynecologic Oncology
chaired by Professor Lynette Denny
Committee priorities include:
- Staging
- Molecular Staging
- The FIGO Cancer Report
- HPV-related diseases
- Educational tools

The Gynecologic Oncology Committee has been very active in the past three years. It has written three articles for publication (one on the new staging of ovarian, fallopian tube and peritoneal cancer; another on Hereditary Gynecologic Cancers; and another on the safety of the HPV Vaccination).

The Committee also created the FIGO Cancer Report with chapters on staging and clinical management guidelines, written by members of the Committee, as well as other world experts. The first report was presented at the Rome Congress in 2012, and the second has been completed and will be presented at the Vancouver Congress.

In addition, the Committee has formed a collaboration with the Catalan Institute of Oncology, Barcelona, to develop a situational analysis of the resources available to women with gynecological cancer globally, but particularly those affiliated to FIGO, with a focus on low- and middle-income countries. This situational analysis will be used to select institutions to provide FIGO with site-specific cancer, treatment and survival data. The analysis was sent to over 100 institutions and an additional 100 societies, and is still in progress.

Going forward, the Committee will work to develop a classification of endometrial hyperplasia; update the data on HPV vaccination safety; and develop an app for FIGO site-specific cancer staging.

by Professor Lynette Denny
FIGO COMMITTEES - UPDATE ON CURRENT ACTIVITIES

FIGO Committee for Menstrual Disorders

Committee priorities include:
- Maintaining a small core group of experienced individuals to provide an international review and recommendation process around developing issues in the fields of menstruation and menstrual disorders.

The FIGO Menstrual Disorders Working Group was established in 2006 and initially undertook a series of activities based on clarifying the terminologies, definitions and causes of abnormal uterine bleeding (AUB). This field of gynecology was quite confused at that time, in spite of the fact that these symptoms of AUB were among the commonest that any gynecologist or general practitioner was likely to see! The Working Group developed a series of simple language terminologies and definitions of symptoms to replace much older and confusing nomenclature (FIGO recommendations published in 2007), and then defined a simple and very successful classification of underlying causes of abnormal uterine bleeding using the mnemonic ‘PALM-COEIN’ (Published in 2011).

The Working Group became a full standing FIGO Committee in 2012, and since then has focused on developing a series of sub-classifications of the causes of AUB for specialised and research purposes, as well as contributing very widely to international workshops on clinically relevant aspects of AUB.

In parallel with practical publicity and educational workshops and lectures the Committee has evaluated and developed work around questionnaires to assess quality of life in women with AUB, and also clinical assessment of AUB itself. Focus has continued on the frequent occurrence of acute and severe presentations of heavy menstrual bleeding (HMB), especially in societies with limited health resources. This presentation is typically associated with iron deficiency anaemia, and interest in this aspect of HMB even in the absence of associated anaemia. Iron deficiency itself may cause very troublesome symptoms of lethargy, slowed mental function and inability to undertake daily tasks efficiently.

Members of the Committee will be addressing many of these important and novel clinical aspects at the forthcoming FIGO World Congress.

by Professor Ian S Fraser (Co-Chair with Professor Hilary Critchley and Professor Malcolm Munro)

FIGO Committee for Safe Motherhood and Newborn Health

Committee priorities include:
- Acting as a focal point for all FIGO activities related to safe motherhood and newborn health.

For the FIGO Safe Motherhood and Newborn Health Committee, the preoccupation has been with quality of care: members are acutely aware of the missed opportunities for improving access to service and outcomes for mothers and babies that result from poor quality of care. Whether in the management of post-partum haemorrhage, assessing best evidence-based delivery care, deploying an appropriate approach to intrapartum monitoring or perhaps, most importantly, in combining respectful woman-centred care with the best available evidence-based clinical practice, healthcare professionals can make a real difference. Women will make use of services that they recognise to be of high quality with provision in line with their psychosocial and cultural needs, and staff will find working in such units rewarding.

Sadly, in many settings, women avoid using maternity services because of disrespect and fear of being subjected to unnecessary interventions. Clinicians working in such settings are at risk of becoming overloaded and desensitised, with a loss of professional values and motivation, and are only too likely to seek alternative clinical roles.

At the forthcoming Congress, our Committee is putting forward sessions on post-partum haemorrhage and on antenatal steroids in pre-term birth. We also present the launches of a new Lancet series on stillbirth and the new FIGO intrapartum monitoring guidelines. For all these topics, the common theme is quality – attention to detail in ensuring that basic steps in clinical care are consistently followed, and that women’s experience of care is taken very seriously as an integral part of maternity care, not an optional extra. Through this focus, women will come and receive the care they require, and those missed opportunities to ensure safety and good outcomes will be avoided.

by Professor William Stones

FIGO Committee for Reproductive Medicine

Committee priorities include:
- Developing evidence-based, culturally sensitive, cost-effective policies, guidelines and tools that are accepted as standards for increasing access to quality reproductive medical care in all countries of the world.

The FIGO Committee for Reproductive Medicine has been very active. The production version of The FIGO Fertility Toolbox™ has been completed and will be officially launched at the World Congress in Vancouver. The Toolbox is an electronic, evidence-linked tool created for global mobile, iPad and laptop use. It consists of seven Tools that all stakeholders affected by infertility can use: healthcare professionals, patients, family and friends of the infertile, and policymakers. The seven tools are: Why should I care about infertility?; Overcoming Personal Barriers; Overcoming Societal Barriers; Diagnosis; Treatment; Referral and Resolution; and Prevention.

The seven Tools are described in three separate sections: the Basic Tool, which provides a brief overview; the Support Tool which recommends in detail actions to take with respect to 64 specific fertility issues; and the Reference Tool, which provides 131 highest-quality evidence documentation to support the recommendations. Furthermore, the 64 actions that are recommended in the Tool are tiered or ladderised so that many can be performed in the lowest-resource settings, others in primary care settings, and a few in secondary or tertiary settings. The Toolbox is aimed at nurses and other mid-level providers, but is comprehensive and detailed enough to be used by anyone from a patient to a sophisticated infertility expert. It will be presented at the World Congress on Thursday 8 October at 9.30am.

Additionally, there will be sessions on global infertility on Wednesday 7 October and endometriosis on Tuesday 6 October.

Professor Gamal Serour, Committee Member, and I attended the World Health Organization (WHO) Law and Policy Coordination Committee (PCC) meeting in Geneva in June, where another Committee member, Dr Fernando Zegers, spoke on infertility. The PCC specifically recognised the importance of infertility to public health and the need for WHO to continue their work in this field.

by Dr David Adamson

FIGO Committee for Women’s Sexual and Reproductive Rights

Committee priorities include:
- Educating and increasing awareness among ob/gyn professionals about women’s sexual and reproductive rights.

Six years ago, the Committee received a daunting challenge: to develop a globally accessible curriculum in women’s health and rights. A new team of clinicians, educators and human rights lawyers took an innovative approach to improve the way in which professionals at all levels – from students to practitioners, nurses and physicians – learn how to provide respectful high quality reproductive healthcare. By focusing on universal human rights and building from personal experience to concepts of rights and health, even the most sensitive subjects become amenable to thoughtful discussion.

The FIGO Human Rights/Women’s Health (HRWH) project consists of a set of four tools: 1) educational competencies for the design of human rights and/or women’s health curricula; 2) checklist of human rights for assessing clinical experiences; 3) 10 case discussions gathered from around the world; and 4) a referenced study guide to support the human rights and clinical practices for each case. These tools are published on the Global Library of Women’s Medicine website (www.glowm.com) as both web text and downloadable PDF’s. They will be shared in workshops at the 2015 World Congress in Vancouver.

As the tools were tested, refined and disseminated in conferences around the world, their usefulness became even more apparent. Following introductory workshops, students in Zimbabwe now apply the tools to clinical practice; midwives and physicians in India and London work together more effectively to advocate for high quality reproductive healthcare; and women in Philadelphia have become stronger advocates for their own rights. Everyone who has used the tools has gained personal insight about their rights, both those upheld and those breached in the course of their personal healthcare encounters.

by Professor Lesley Regan
The use of the partogram to monitor labour progress – this is essential.

Clinical chorioamnionitis (infection of the amniotic fluid) is a leading cause.

In collaboration with the Safe Motherhood and Newborn Health

Oxytocin is widely used for the induction of labour and augmentation.

FIGO Working Group on Best Practice on Maternal-Fetal Medicine

The Group started activities in January 2014, and initial meetings were held in London and Florence in early and late 2014 respectively.

The presence at meetings of at least one representative from another Committee (eg Safe Motherhood and Newborn Heath) – which may have similar topics as a target – has helped to deal with uncovered topics, especially those important to low- and middle-income countries.

To date, the Group has considered, evaluated and produced ‘Best Practice Advices’ on the following topics:
1) Folic acid supplementation
2) Prediction and prevention of pre-term birth
3) Non-invasive prenatal diagnosis and testing
4) Hyperglycemia in pregnancy
5) Thyroid disease in pregnancy
6) Ultrasound examination in pregnancy
7) Magnesium sulphate use in obstetrics

The first set was approved by the Board in July 2014, and published in the International Journal of Gynecology & Obstetrics (IUGO) in January 2015. The second set – approved in May 2015 – has been forwarded for publication.

A third meeting planned for 6 October 2015 at the FIGO Congress in Vancouver will discuss on Intrauterine Growth Restriction (IUGR), Nutrition in pregnancy and Preterm Premature Rupture of Membranes (PPROM).

To achieve the Group’s full objectives, it is necessary not only to establish definitive standards for practice but also to disseminate these in ways which have a real impact on ongoing clinical practice, making full use of all communications – eg online access, mobile/tablet/smartphone applications, traditional print methods – in order to communicate effectively with clinicians. Therefore, the Group’s activities are highlighted on the Global Library of Women’s Medicine website (www.glowm.com) – FIGO’s official education platform – so that statements and recommendations are guaranteed maximum impact within the ob/gyn world.

by Professor Gian Carlo Di Renzo

FIGO Working Group on pre-term Birth

A Collaborative Network on Best Practices to Prevent pre-term Birth

After approval by FIGO in July 2014, this new FIGO Working Group was initiated in September 2014 with an ambitious, and funded by a grant from the Ministry of Dimes. Professor Gian Carlo Di Renzo, FIGO Secretary General, is Co-Chair.

Committee members include Professor Bo Jacobsson (Sweden); Professor Jane Norman, (UK); Professor Mary D’Alston (USA); Professor James Martin (USA); Dr Ernesto Castelazo (Mexico); and Dr Chris Howson (USA). Ex-officio members are March of Dimes President Dr Jennifer Howse; FIGO President Professor Sir Sabaratnam Arulkumaran; and FIGO Chief Executive Professor Hamid Rushwan.

The initial goal is to determine why certain High Income Countries (HIC) have preterm birth rates disparate from other countries with similar economic indices, similarly trained obstetricians and comparable practice guidelines. Facilitated by the offices of FIGO, patient-specific data were obtained in timely fashion from New Zealand, Slovenia, Czechoslovakia and Sweden; a comparator US state (California) was also interrogated. Using patient-specific registry data, comparisons were made within each of the four countries, among the four, and then to a larger group of HIC countries. In four million pregnancies, differences in risk factors and practice patterns were sought that could explain differences in preterm birth rates.

In order to generate data in time for the FIGO World Congress in Vancouver, October 2015, the Boston Consulting Group (BCG) was contracted to work with the Group. Results are now in the final stages of analysis, and will be presented at the Congress on Friday 9 October 2015.

by Professor Joe Leigh Simpson

FIGO Working Group on the Prevention of Unsafe Abortion

The 46 FIGO Member Societies that take part in the FIGO initiative on the Prevention of Unsafe Abortion continue making progress towards reducing the burden of unsafe abortion and its consequences. The FIGO recommendations of replacing sharp curettage for Manual Vacuum Aspiration (MVA) or misoprostol for the treatment of incomplete abortion have been part of the plan of action of every country and some are not including it any longer because the task is already completed.

We have not been equally successful in fulfilling another FIGO recommendation, that of providing family planning counselling and effective contraception to every woman admitted for abortion before she leaves a health facility. This objective has been included in the plans of action of almost every country for years, but progress has been very slow. Provision and acceptance of long-acting reversible contraception is increasing very slowly, testing our working principle of being patient and persistent in the process of achieving the intended objectives.

During the last three years the Initiative has also made progress in making effective another recommendation of the FIGO Committee for the Ethical Aspects of Human Reproduction and Women’s Health, related to providing safe abortion services to women who comply with the national laws. Several countries where women who comply with the law had to seek clandestine and often unsafe abortions are now providing safe abortion services according to the laws and regulations of the respective country. In summary, the work of FIGO Member Societies in relation to this work has been commendable.

by Professor Anibal Faúndes

Two FIGO Working Groups – for Gender Violence and Pelvic Floor Medicine and Reconstructive Surgery – are currently undergoing a period of restructuring and consolidation. More information will be confirmed in due course.

by Professor Anibal Faúndes

FIGO Working Group on Challenges in Care of Mothers and Infants during Labour and Delivery

chaired by Professor Roberto Romero

FIGO recognises that birth is a critical and important milestone in human life – the transition between intrauterine and extraterine life is one of the most dramatic and fundamental phenomena in biology, and a time of risk for mother and infant. Important questions have emerged about the indications and optimal rate of caesarean delivery, the ideal method to monitor labour progress, oxytocin administration, and management of the two most common causes of maternal death: post-partum haemorrhage and infection (clinical chorioamnionitis).

This Working Group aims to provide advice to practitioners worldwide on the following issues:

• The use of the partogram to monitor labour progress – this is essential because dystocia is the most common cause of caesarean delivery, and its diagnosis is made by monitoring labour progress (changes in cervical dilatation and station).
• Oxytocin is widely used for the induction of labour and augmentation. However, there is an urgent need for the availability of a standard protocol for the administration of this agent. The Working Group will generate such protocol.
• Clinical chorioamnionitis (infection of the amniotic fluid) is a leading cause of maternal and perinatal morbidity and mortality. The introduction and wide utilisation of epidural anaesthesia/analgesia has increased the rate of diagnosis of clinical chorioamnionitis because 10–20 per cent of patients receiving an epidural develop a fever. The Working Group aims to review the criteria for the clinical diagnosis and provide advice on the management of mothers with this condition.
• In collaboration with the Safe Motherhood and Newborn Health

Committee, this Group intends to provide advice about new methods and developments to prevent post-partum haemorrhage.

by Professor Roberto Romero

FIGO Working Group on the Prevention of Unsafe Abortion

chaired by Professor Anibal Faúndes

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by Professor Anibal Faúndes
The 1000+ OB GYNs in Sub-Saharan Africa Project

Ending fistula, preventable stillbirth, maternal and early neonatal mortality through long-term capacity building

by Frank Anderson, MD, MPH, associate professor in the Department of Obstetrics and Gynecology at the University of Michigan Medical School and director of the 1000+ OB GYN Project.

Comprehensive obstetric and gynecologic care in sub-Saharan Africa (SSA) is severely limited by the dearth of well-trained and certified specialists. Typically, a very small number of OB G Y N s are responsible for training and supervising medical students, house officers and residents. They are responsible for treating the most severe complications referred by midwives and task-shifted providers who, increasingly, conduct surgery in rural areas. In addition, university-based OB G Y N faculty must support administrative, research and policy initiatives. In many countries, these and other vital functions that should be provided by a robust obstetrics and gynecology community do not exist or are substituted by problem-focused programmes of non-local NGOs and donors.

The 1000+ OB G Y N project emerged, in great part, to create new OB G Y N capacity in SSA. Discussions at two far-reaching meetings, one held in 2012 during the FIG O World Congress in Rome, and the other in 2014 at the Ghana College of Physicians and Surgeons Conference in Accra, laid out the problems and solutions. Both meetings were highlighted by the successes in Ghana, where efforts begun in 1989 to create two OB G Y N training programmes – this has led to the certification of more than 150 OB G Y N s, of whom 98 per cent have stayed in Ghana with increasingly rural distribution.

The 1000+ OB G Y N project exists to prevent fistula, and end preventable stillbirths, maternal and early neonatal deaths in SSA by advancing the establishment of robust OB G Y N training programmes whose trainees and graduates would provide definitive care for the most severe pregnancy complications. To this end, it seeks to foster committed, mutually beneficial academic partnerships between existing or new OB G Y N departments and experienced OB G Y N departments elsewhere, and when such partnerships have proven effective, it will guide their replication.

Wide distribution of certified OB G Y N s is critical. If adopted, a national policy that mandates the posting of at least one OB G Y N at every district hospital that require that government, universities and hospitals join forces to ensure that training meets the needs. The project has identified 10 critical components of successful programmes: authentic partnership; adequate infrastructure; curriculum development and harmonisation; faculty development; rural deployment; government involvement; research training; ongoing outcomes monitoring; quality improvement; and finally certification and professional society strengthening.

Training an additional 1000+ in the 14 identified countries would jump start a dynamic process, and create the sustainable networks, in-country structures and institutions to continue to supply the country with an increasing number of trained specialists to increasingly rural areas for years to come.

The 1000+ OB G Y N project’s founding meetings and pilot activities were funded by the Flora Family Foundation, the Bill & Melinda Gates Foundation, the World Bank, and the University of Michigan’s African Studies Center and Obstetrics and Gynecology Department. Working in close relationship with FIG O, the Global Library of Women’s Medicine (FIG O’s official education platform), and the University of Michigan Learning Health Sciences department, the project has consolidated representative, freely available, open-access resources to support OB G Y N training (www.1000obgyns.org).

Plans for the training of an additional 1000+ OB G Y N s in the next 10 years call for the creation of a co-ordinating networking centre and a grants programme. Bringing together professional societies, expert clinical organisations, and free online educational resources, the networking centre and a robust monitoring system will allow universities and hospitals across SSA to access the curriculum models, resources, guidelines, and expert advice necessary to create OB G Y N departments that measurably reduce obstetric fistula, stillbirths and maternal deaths. Dedicated to the partnerships, initial resources from the proposed grants programme would assist experienced OB G Y N departmental partnerships in providing faculty development and mentorship in service, research and education.

The founding documents, plans and links to pilot educational resources are available at www.1000obgyns.org.
In recent months The Global Library of Women’s Medicine (GLO W M), FIGO’s official education platform, has received wonderful support from ob/gyns in Africa and elsewhere, in particular from over 60 who have generously volunteered to become its Ambassadors to help make it available wherever there is currently no, or slow, internet.

In January 2015, the whole of the GLO W M program me is a truly co-operative initiative that owes everything to its supporters, whether they be writers, contributors, or Ambassadors. We remain deeply grateful to all those who write for the Global Library without reward, and equally to all our new Ambassadors who have given up so much of their time to help make it easily available. Here are extracts from just two Ambassadors’ reports (many have been received), demonstrating the type of invaluable work that so many of them are undertaking:

From Dr Hala Abdullahi, Assistant Professor of Ob/Gyn, University of Khartoum, Faculty of Medicine, Sudan

The GLO W M library is now downloaded at many hospitals in Khartoum, including: Soba University Hospital; Omdurman Maternity Hospital; Omdurman New Hospital; University of Medical Science and Technology – postgraduate library; Saad Abulela Teaching Hospital; Academy Charity Teaching Hospital; and Alhafid University Library. We are in the process of taking it to other cities in Sudan, including: Hasaheisa Hospital, Algeinana Teaching Hospital and Elbied Teaching Hospital. I have copied Dr Atif Fazari (Consultant Obst/Gyn) into this email as he has been actively involved in spreading this library into many institutions, and will facilitate its use in other cities as well. My thanks are extended to him.

From Dr Francis Ochieng Were, Kenyatta University, Nairobi, Kenya

I am pleased to inform you that, as a GLO W M ambassador, I have – to date – downloaded the resource to the following major hospitals in Kenya: Aga Khan University Hospital; the Mater Hospital; and Meridian Equator Hospital. Finally, we would additionally like to thank all the FIGO Member Societies around the world who have also very kindly assisted in distributing additional copies of the GLO W M memory stick.[Other Ambassadors’ reports can be read in full on www.glowm.com; photos and logos courtesy of GLO W M]

IJGO – from strength to strength, in print and online

Did you know that a wealth of information on the International Journal of Gynecology and Obstetrics (www.ijgo.org; IJGOLive), FIGO’s specialist journal, is featured on www.ijgo.org? Budding authors can review up to date guidance on getting published, and access easy links for online submission. Readers can access a comprehensive selection of free-to-view articles, and a special ‘Editor’s Monthly Pick’ where Dr Richard Adanu, Editor, turns the spotlight on a current feature of special interest, provided as ‘open access’. On a separate note, Clare Addington, Managing Editor, said: ‘IJGO is sad to announce that Helen Methrell, who has been the Journal’s Editorial Assistant for the past three years, left FIGO in June. She will be greatly missed and we wish her well in the future as she continues her career in publishing’.
FIGO EVENTS

Register now: PPH Simulation Workshops at FIGO 2015 Congress!
by Dr André Lalonde MD FRCSC (former Chair of the FIGO Safe Motherhood and Newborn Health Committee, and PPH Workshops Chair)

An exciting programme is being prepared for the World Congress... a Pre-Congress Post-Partum Haemorrhage (PPH) course on 4 October will combine didactic, videos and case-based discussions for delegates. A major portion of the course will be a rotation through five stations for hands-on experience that includes tamponade experience using different balloons, rotation to practice uterine compression sutures, as well as pelvic packing techniques.

A further station will discuss essential drugs and equipment for PPH management, as well as resuscitation of a patient in haemorrhagic shock. The other two stations will allow the delegates to better assess blood loss, and each delegate will practice using the anti-shock garment. Finally, there will be PPH training with the use of the MamaNatalie birthing simulator. A large international faculty will allow each delegate to experience and practice these techniques.

On Monday (5 October), Tuesday (6 October) and Thursday (8 October) a practical simulation programme will be offered in the morning to allow delegates hands-on practice.

Please visit www.figointernational.org and register early for these must-see programmes!

Dr Lalonde was recently presented with the Society of Obstetricians and Gynaecologists of Canada’s (SOGC) President Award 2014, ‘...for his outstanding contribution and dedication to the promotion of women’s health through leadership, collaboration, education, research and advocacy in the practice of obstetrics and gynecology nationally and internationally’. He is pictured here receiving the honour from Diane Francoeur, SOGC past president, in Québec City, Canada, June 2015.

FINAL CONGRESS REGISTRATION REMINDER!

It is not too late to register for the FIGO World Congress, the premier global event for obstetricians and gynecologists.

Regular registration is open until 31 August 2015, and late/onsite registration is available after 31 August 2015: visit www.figointernational.org/registration-accommodation/registration/ to secure your place.

SIX WEEKS TO GO!

Regular On or before 31 August 2015 Late/Onsite After 31 August 2015

Delegate

Low-Resource Countries*

Resident Registrars Trainees/Midwives/Nurses**

Accompanying Person

CAD $1150

CAD $800

CAD $600

CAD $250

CAD $1300

CAD $850

CAD $650

CAD $250

*Low-Resource Countries according to the World Bank classification (see website for further information).

**Registrars, trainees and midwives are required to submit an official letter on their Institution’s letterhead OR photocopy of their 2015/2016 ID from the Institution where they are studying/working, indicating proof of their status, which can be uploaded at the time of registration. Registration will not be processed without receipt of this documentation.

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

Diary Dates

ESSIC (International Society for the Study of BPS) Annual Meeting 2015
17–19 September 2015, Rome, Italy
www.essic.eu

30th International Papillomavirus Conference & Clinical and Public Health Workshops (HPV 2015)
17–21 September 2015, Lisbon, Portugal
www.hpv2015.org

CoGEN: Controversies in preconception, preimplantation and prenatal genetic diagnosis: How will genetics technology drive the future?
25–27 September 2015, Paris, France

Midwifery Today Conference
21–25 October 2015, Bad Wildbad, Germany
www.midwiferytoday.com/conferences/Germany2015

PCS World Congress of Urology 2015 (WCU-2015)
30–31 October 2015, Warsaw, Poland
www.pcscongress.com/wcu2015

12th World Congress of Perinatal Medicine
3–6 November 2015, Madrid, Spain
www.wcpm2015.com

DOHAD Congress 2015
8–11 November 2015, Cape Town, South Africa
www.dohad2015.org

44th American Association for Gynecological Laparoscopy (AAGL) Global Congress on Minimally Invasive Gynecology
15–19 November 2015, Las Vegas, USA
www.dohad2015.org

AORTIC 2015 10th International Conference on Cancer in Africa
18–22 November 2015, Marrakech, Morocco
www.aorticconference.org

47th International Congress on Pathophysiology of Pregnancy
19–21 November 2015, Tbilisi, Georgia
www.prenatalmedicine.ge/index.php/en

1st Gynecological Congress of Turkish-Speaking Countries
19–21 November 2015, Azerbaijan, Baku
www.1tgc.org

7th Ian Donald Ultrasound Course and the 12th Mediterranean Association for Ultrasound in Obstetrics and Gynecology (MEDUOG) Congress
11–13 December 2015, Kifisia, Athens
www.iandonald-meduog2015.mdccongress.gr/index_77.asp?

FIGO accepts no responsibility for the accuracy of the external event information. Inclusion of any event does not necessarily mean that FIGO either endorses or supports it (unless otherwise stated).
XXI FIGO World Congress of Gynecology and Obstetrics
4 - 9 October 2015

www.figo2015.org