International Federation of Gynecology and Obstetrics
The International Federation of Gynecology and Obstetrics (FIGO) is a unique organization, being the only international professional body that brings together 130 obstetrical and gynecological associations from all over the world.

FIGO is dedicated to the improvement of women’s health and rights and to the reduction of disparities in health care available to women and newborns as well as to advancing the science and practice of obstetrics and gynecology. The organization pursues its mission through advocacy, programmatic activities, capacity strengthening of member associations and education and training.
INEQUITIES

10/100,000

1000/100,000
International Federation of Gynecology and Obstetrics
Working Group on Good Clinical Practice in Maternal-Fetal Medicine

Chair: G C Di Renzo

Expert members:
E Fonseca, Brasil
E Gratacos, Spain
S Hassan, USA
M Kurtser, Russia
F Malone, Ireland
S Nambiar, Malaysia
M Sierra, Mexico
K Nicolaides, UK
H Yang, China

Expert members ex officio:
C Fuchtnet, FIGO
M Hod, EAPM
GH Visser, SM Committee
E Castelazo, CBET Committee
L Cabero, WG GDM
V Berghella, SMFM
Y Ville, ISUOG
M Hanson, DOHaD, WG Nutrition
PP Mastroiacovo, Clearinghouse
JL Simpson, March of Dimes
D Bloomer, GLOWM
International Federation of Gynecology and Obstetrics
Working Group on the Challenges of Labour and Delivery

Chair: R Romero

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MT Gervasi, Italy
J M. Robson, Ireland
T Duan, China
S Rosales, Mexico
T Kimura, Japan
L Yeo, Korea-USA

Expert members ex officio:
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G C Di Renzo, FIGO
M Stark, NESA
GH Visser, SM Committee
E Castelazo, CBET Committee
C Lees, RCOG
A Conde’ Agudelo, NIH NICHD
D Bloomer, GLOWM
International Federation of Gynecology and Obstetrics
March of Dimes
Working Group on Preterm Birth Prevention

Chairs: J L Simpson
         G C Di Renzo
Expert members:
Ernesto Castelazo
Mary D’Alton
Eduardo Fonseca
Chris Howson
Bo Jacobsson
James Martin
Jane Norman
T Y Leung

Expert members ex officio:
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G Visser, SM Committee
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Jim Larson BCG
David Ferrero, BCG
Chair: M Hod

Expert members:
Mukesh Agarwal
Blami Dao
Gian Carlo Di Renzo
Hema Divakar
Eran Hadar
Anil Kapur

Expert members ex officio:
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GH Visser, SM Committee
D Ayres do Campo, SM Comm
L Cabero, CBET Committee
D Bloomer, GLOWM
R Fabienke, Novo Nordisk
Good practice advice

• Folic acid supplementation
• Prediction and prevention of preterm birth
• Non invasive prenatal diagnosis and testing
Good practice advice

• Thyroid diseases in pregnancy
• MgSO4 use in obstetrics
• Appropriate use of ultrasound in pregnancy
• Hyperglycemia and pregnancy
Good practice advice
finalised in June 2016

• Aspirin Use in Pregnancy
• Iron deficiency anaemia
• Management of Twin Pregnancy
• Micronutrients in Pregnancy
Good practice advice
to be discussed on December 2016

• Intrauterine growth restriction
• Recurrent Miscarriage
• Prediction of pre eclampsia
Preconceptional folic acid for the prevention of NTD

FIGO Recommendation Statement

**Methods**: a systematic review of the evidence on folic acid supplementation in women of childbearing age published, including review and peer-reviewed papers, government publications, and statements from others societies was used to develop a new clinical practice guideline for the International Federation of Gynecology and Obstetrics.

**Objective**: to provide information regarding the use of folic acid for the prevention of NTD, and also standardize strategies in the primary prevention of NTD providing an adequate orientation according to scientific bases for all childbearing women.
Folic acid supplementation has been proven to be effective in the reduction of NTD. However, take into account that nearly 50% of pregnancies are unplanned, and about 5-20% of all pregnant women start folic acid before pregnancy.

The recommendation for preconceptional folic acid supplementation has to achieve both health workers and childbearing women.
This review of five RCT, involving 6105 women (1949 with a Hx of a pregnancy affected by a NTD and 4156 with no Hx of NTDs), confirms that folic acid prevents the first and second time occurrence of NTDs.
GOOD PRACTICE ADVICE

Before conception, since a fertility control method is stopped up to the end of the first trimester.

First day of LMP
Conception (mean)
Pregnancy may be suspected (mean)
First antenatal visit

- Up to 50% of pregnancies are unplanned,
- About 5-20% of all pregnant women start folic acid before pregnancy.
GOOD PRACTICE ADVICE

Folic Acid in the strategy for NTD

- Nutritional guidance and food fortification
- Periconceptional supplementation
- Folic acid in association with pills
**GOOD PRACTICE ADVICE**

**First: RECOMMENDATION FOR LOW RISK POPULATION**

All women who plans to become pregnant or all women at childbearing age without contraceptive method and who does not present risk factors for NTD utilize **400 micrograms (0.4mg)** of synthetic folic acid, beginning at least 30 days before the conception and to continue daily supplements throughout the first trimester of pregnancy.

Expert panels suggest that supplemental intake in this population should range from **400 µg to 800 µg**, no more.
All women in the reproductive age group should be advised about the benefits of folic acid supplementation during wellness visits (birth control renewal, Pap testing, yearly examination), especially if pregnancy is contemplated.
GOOD PRACTICE ADVICE

Third: RECOMMENDATION FOR HIGH RISK POPULATION

Women who have NTD-affected previous pregnancy should be advised that synthetic folic acid supplementation at a dose of 4,000 mcg per day (4.0 mg) is recommended. It should start at least 30 days before the conception and to continue daily supplements throughout the first trimester of pregnancy.

In this group, it would be important; if possible, preconception genetic counseling with a physician specialized in medical genetics.
Additional guidance

Pregnant women taking a multivitamin with folic acid supplement should be advised not to take more than 1 daily dose of vitamin supplement, as indicated on the product label.

Considering the high frequency of unplanned pregnancies worldwide, the international Federation of Gynecology and Obstetrics encourages all efforts of public agencies worldwide towards the development of more comprehensive programs to fortify food with synthetic folic acid and more vigilance in monitoring these programs.
CONCLUSIONS
FOCUS ON GLOBAL STRATEGIES

AMELIORATE OUR PROFESSION OVERCOMING THE LIMITS OF NATIONAL SOCIETIES
GUIDELINES: THE BEST PRACTICE ADVICE
GLOBAL STRATEGIES FOR:
PRETERM BIRTH PREVENTION
NON COMMUNICABLE DISEASES
PREVENTING EXPOSURE TO TOXIC CHEMICALS
Gathering data on maternal mortality and maternal health is notoriously difficult. However, one thing is clear from all the statistics: although maternal and perinatal mortality and morbidity is falling globally, the perspectives for women-infants in poor resources countries are much worst than for those in industrialised countries.
Pregnancy offers a window of opportunity to provide maternal care services to mother and offspring.

Reduce traditional maternal and perinatal morbidity and mortality indicators.

Address intergenerational prevention of preterm birth and NCDs, such as diabetes, hypertension, cardiovascular disease, and stroke.
On Sept 2015 the UN General Assembly adopted the “Agenda 2030: Transforming our World”, with a consensus of the World Government Community - introduced 17 sustainable development goals SDGs.

Many of the suggested SDG’s have Environmental and Reproductive health embedded in their goals.

The United Nations Sustainable Development Summit 2015 will be held from 25 to 27 September 2015 in New York and convened as a high-level plenary meeting of the General Assembly.
It is a sheer co-incidence that September 2015 witnessed the 20th anniversary of the Beijing World Conference on Women under the slogan -“Planet 50-50 by 2030: Set it up for Gender Equality”.

‘The Agenda 2030; Transforming our world’ or Planet 50-50 by 2030’ i.e. SDGs will not materialise without the contribution of 50% of its population i.e. women - This can be achieved only with gender equality, equal education and employment opportunities + providing sexual reproductive health and rights.

Reproductive Health and Rights will not be complete unless we improve environmental Health

FIGO was not and will not be a passive observer to bring about this required change and will act to make these dreams real for women.