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.
International Federation of Gynecology and Obstetrics
Working Group on Good Clinical Practice in Maternal-Fetal Medicine

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E Gratacos, Spain
S Hassan, USA
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M Hod, EAPM
GH Visser, SM Committee
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PP Mastroiacovo, Clearinghouse
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March of Dimes
Working Group on Preterm Birth Prevention

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  Mary D’Alton
  Eduardo Fonseca
  Chris Howson
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International Federation of Gynecology and Obstetrics
GDM initiative

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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
Cervical length and Progesterone for the Prediction and Prevention of Preterm Birth
Objective: To develop a clinical practice recommendation for the International Federation of Gynecology and Obstetrics regarding the screening and prevention of preterm birth.

Methods: A systematic review of the published evidence on preterm birth prevention with the use of vaginal progesterone and progestogens, including review and peer-reviewed papers, government publications, and society statements was conducted.

GOOD PRACTICE ADVICE

FIGO COMMITTEE REPORT

Best practice in maternal–fetal medicine☆

FIGO Working Group on Best Practice in Maternal–Fetal Medicine


Cervical length screening and progesterone for the prevention of preterm birth

- Sonographic Cervical length screening in all women 19 – 23 6/7 weeks using transvaginal ultrasound
- Women with a cervical length < 25 mm should be treated with daily vaginal progesterone for the prevention of preterm birth and neonatal morbidity
- Progesterone formulation – 200 mg (pm) or 90 mg (am) daily
- Universal cervical length screening and vaginal progesterone is a cost-effective model for the prevention of preterm birth
- In cases in which a transvaginal ultrasound is not available, other methods to assess cervical length can be considered
Maternal age has a low performance as a screening for fetal chromosomal abnormalities with a DR of 30-50% for FPR of 5-20%. Therefore, invasive testing for diagnosis of fetal aneuploidies should not be carried out by taking into account only maternal age.

First-line screening for trisomies 21, 18 and 13 should be achieved by the combined test, which takes into account maternal age, fetal nuchal translucency (NT) thickness, fetal heart rate (FHR) and maternal serum free β-human chorionic gonadotropin (β-hCG) and pregnancy-associated plasma protein-A (PAPP-A). The combined risk test has a DR of 90% for trisomy 21 and 95% for trisomies 18 and 13, at FPR of about 5%.
The combined test could be improved by assessing additional ultrasonographic markers, including the fetal nasal bone and Doppler assessment of the fetal ductus venosus flow and tricuspid flow. If all those markers are included the DR is increased to more than 95% and the FPR decreased to less than 3%. Screening by analysis of cfDNA in maternal blood has a DR of 99% for trisomy 21, 97% for trisomy 18 and 92% of trisomy 13, at a total FPR of 0.4%.
Clinical implementation of cfDNA testing should preferably be in a contingent strategy based on the results of first-line screening by the combined test at 11-13 weeks’ gestation. In this case, we recommend the strategy below:

- Combined test risk over 1 in 100: the patients can be offered the options of cfDNA testing or invasive testing.
- Combined test risk between 1 in 101 and 1 in 2,500: the patients can be offered the option of cfDNA testing.
- Combined test risk lower than 1 in 2,500: there is no need for further testing.
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.
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.