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### When to treat?

**ATA Guideline:**

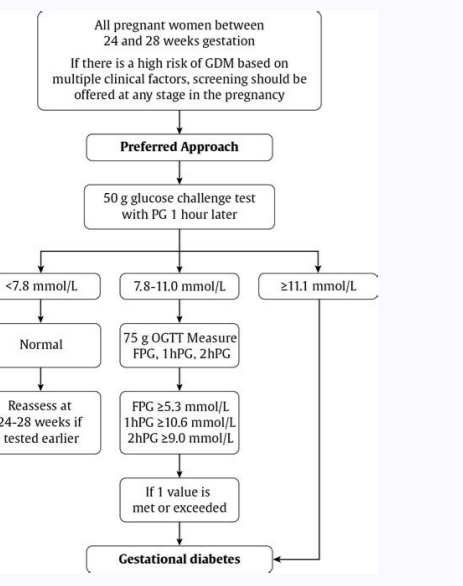
- All women where the Sr TSH > 10 mIU/l.
- when Sr TSH > 2.5mIU/l + Low FT4 / TPO Ab +
- a first trimester TSH < 2.5 mIU/l , no further testing

**TES guideline:**

- Treat all cases where St TSH > 2.5mIU/l in I trimester > 3.0 mIU/l in II/III trimester

**ITS guideline:**

- All pregnant women with subclinical hypothyroidism targeting upper limit of normal ref ranges





**32nd Annual Conference  
AICC ROCG**  
1<sup>st</sup> - 5<sup>th</sup> Nov, 2018 Delhi  
Hosted by AICC ROCG North Zone

**FETAL MATERNAL MEDICINE WORKSHOP**  
IN ASSOCIATION WITH THE AOGD FETAL MEDICINE SUB - COMMITTEE

**2<sup>ND</sup> NOVEMBER 2018**      **TIMINGS: 09:00 AM - 04:30 PM**  
**VENUE: HOTEL SHERATON, SAKET, NEW DELHI**

**CONVENORS**

**Dr (Prof) Andrew Shennan**  
DSE, MBBCh, MD, FRCOG,  
Professor of Obstetrics,  
Clinical Director South London CRN  
Department of Women and Children's  
Health, School of Life Course Sciences,  
FOLSM, Kings College London.

**Dr Anita Kaul**  
Diploma in Fetal Medicine (FIMF-UK),  
Diploma in Advanced  
Obstetric Scanning (London),  
MS Obs-Gyn, FRCOG, FICOG  
Clinical Director, Apollo Centre for Fetal Medicine  
Indraprastha Hospital, Sarita Vihar, New Delhi  
Vice-Chairperson, Royal College of  
Obstetricians & Gynaecologists- North  
Zone, India.

**Dr Vatsala Dadhwal**  
MD, FICOG, FIMSA Professor,  
Division of Maternal Fetal Medicine  
Department of Obstetrics & Gynaecology,  
All India Institute of Medical Sciences,  
New Delhi

**Dr Chanchal Singh Ahmad**  
MD, MRCCOG, FIMF Fellow (Singapore),  
Senior Consultant, Fetal Medicine,  
Sarvodaya Rainbow Hospitals,  
New Delhi.

**Dr Akshatha Sharma**  
MS (ObGyn), MRCCOG (UK)  
Fellow in Fetal Medicine,  
(FIMF UK Accredited),  
Consultant, Fetal Medicine  
Indraprastha Apollo Hospitals, New Delhi

09:00 am - 09:25 am    Registration  
09:30 am - 09:40 am    Introduction  
09:45 am - 10:30 am    Preterm Labour – Screening methods, Intervention and the  
New Evidence in clinical practice. - Prof Andrew Shennan  
10:30 am - 10:40 am    Audience Interaction  
10:45 am - 11:30 am    Biomarkers for prediction of Adverse Outcomes - 1st, 2nd, 3rd  
Trimester - Prof Andrew Shennan  
11:30 am - 11:40 am    Audience Interaction  
11:50 am - 04:30 pm    Interactive Stations with lunch break in between.  
01:00 pm - 02:00 pm    Lunch  
02:00 pm - 04:30 pm    Interactive Stations

**Station 1:**    **Growth restriction: Growth charts / Dppplers/ICPR ratio.  
When to wait and how to treat ?**  
Dr Sangrita Gupta, Dr Seetha R Pal, Dr Asmita Rathore

**Station 2:**    **Counselling for common fetal abnormalities /  
Amniocentesis/CVS (MRCCOG exam points)**  
Dr Chanchal, Dr Chinmay, Dr Chinmayee Ratha,  
Dr Smriti Prasad

**Station 3:**    **First Trimester: Simulator/Flash cards: Various case  
scenarios**  
Dr Pradip Goswami, Dr Shantala Vadeyar,  
Dr Akshatha Sharma, Dr Saloni Arora

**Station 4:**    **CTG Interpretation**  
Dr Sujata Bhat, Dr Jyoti Bhaskar, Dr Manita Mishra

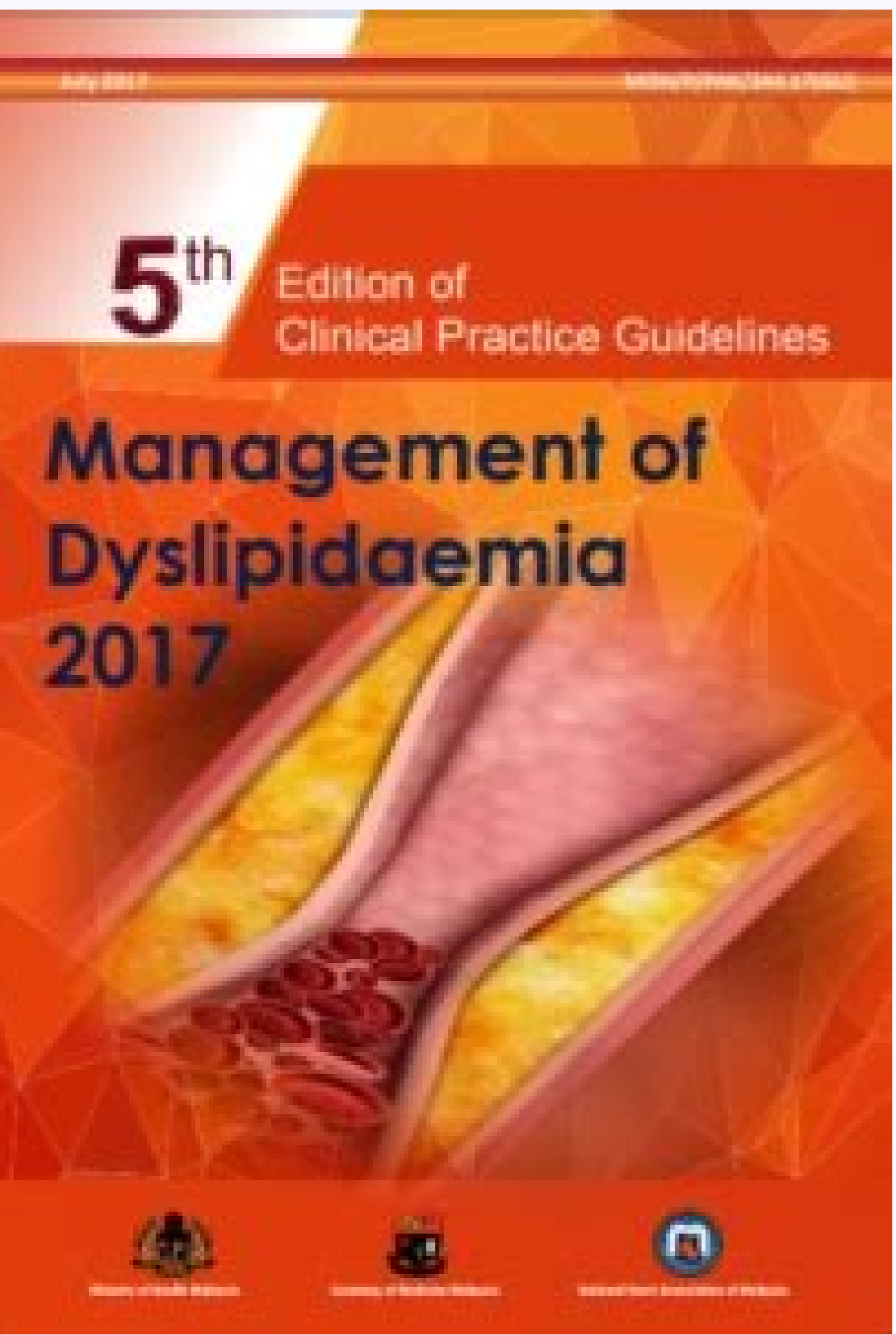
**Station 5:**    **Genetics in Daily Practice (Hemoglobinopathies/etc)**  
Dr Seema Thakur, Dr Vandana Chaudhri, Dr Neeraj Gupta

**Station 6:**    **The Cradle Device and Preeclampsia Screening**  
Prof Andrew Shennan, Dr Mandakini Pradhan,  
Dr Manisha Kumar, Dr Rachna Gupta

**Station 7:**    **Fetal Therapy in Twins**  
Dr Anita Kaul, Dr Vatsala Dadhwal, Dr Aparna Sharma

**REGISTER AT [WWW.AICCRCOGNZINDIA.COM](http://WWW.AICCRCOGNZINDIA.COM)**

**SECRETARIAT**  
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Administrative Assistant Mr Asif Munir +91956006925 / 9716801190



if you develop gestational diabetes during pregnancy, you should regularly control so blood sugar levels with a glucometer and keep it in the recommended range to avoid complications. algunos However, some signs you may have include getting more hungry and thirsty than usual, urinating more, blurred vision and weight loss. Uncontrolled diabetes is related to a series of risks for oted and your baby, including: premature delivery high blood pressure (preeclampsia) low blood sugar levels (hypoglycemia) greater probability of a Caesarean birth injury of a large baby birth defects miscarriage or fetal death if you develop gestational diabetes during pregnancy. so blood sugar levels usually return to normal after delivery. studies have shown that your insulin sensitivity increases and glucose metabolism improves when you are breast-feeding. It is important to learn to garnish food intake, exercise and insulin depending on the results of so-called blood sugar analysis. It can also result in retrograde or lack of ejaculation, as well as sperm abnormalities such as low motility (low motion capacity).There are usually no symptoms, and the diagnosis is determined through a blood sugar test. a study noted that problems affecting ovulation were the main cause of infertility in persons with uterus. treatment for diabetes is imperative before, during and after pregnancy to mitigate any risk and complications. It's 2 for what they're there. the condition can cause nerve damage, which can lead to difficulty in maintaining an erection and make it more difficult to realize the intercourse and conception. consult your doctor if you and your partner plan to become pregnant. exercise regularly: trainingthey can help fight insulin resistance. Diabetes can also affect the fertility of males. Diabetes, either type 1 or 2, can potentially affect your ability to get pregnant. Of those affected by gestational diabetes, about continue to develop type 2 diabetes later in life. whole grains, healthy fats, lean proteins and low sugar foods are great places to start. However, it is not conclusive if breastfeeding actually decreases the risk of type 2 diabetes, especially after a case of gestational diabetes. if you have prediabetes, type 1 diabetes, or type 2, you know that most diabetes medications, such as insulin and metformin, are safe to hear while breastfeeding. There are many lifestyle changes you can make to manage your blood sugar: eating a healthy diet: paying special attention to carbohydrate intake. However, one study found that breastfeeding for more than two months reduced the risk of type 2 diabetes by almost half. achieving the support of your health care team, couple and family and friends can help reduce any stress you may experience due to your condition. first check with your doctor to make sure the exercise is safe. if you have any concerns about your particular situation, be open and honest with your doctor. then get at least 30 minutes of moderate-intensity physical activity at least five days a week. You need to check your blood sugar often. monitor your blood sugar regularly: because pregnancy increases the need for the body of energy, blood sugar levels can also change very quickly. gestational diabetes is believed to be caused by genetic and environmental factors. You may want to get your treatment down before you start trying. Working closely with your health care team to keep so blood sugar levels under control can help mitigate these complications. consult your doctor early and often to detect any potential problems. thisinclude fast walking, swimming, or active play with children. Diabetes, including type 1, type 2, and gestational diabetes, is associated with infertility and several risks and complications of pregnancy, such as high blood pressure during pregnancy. (called (called and premature labor or birth. Your care team 3 also can follow up with you more closely to monitor your condition9 n. It can cause problems with ovulation 3 sperm quality. Taking medicines as prescribed: continue to take insulin and medicines that may help keep your blood sugar levels in a healthy range. Diabetes can be passed down through generations. The condition 3 also associated with complications such as pre-eclampsia and premature delivery. However, up to 50% of people with gestational diabetes continue to develop type 2 diabetes later in life. About 10.5% of the U.S. population 3. U.S. He has diabetes in general. The most important thing is that you monitor your blood sugar levels often and keep them under control. You have more control over your affection 3 than you can believe. Maintaining your blood glucose control before becoming pregnant, therefore, is extremely important because it can help reduce fertility problems and increase your chances of conceiving and having a healthy baby. Early detection 3 regular monitoring ensure a healthy pregnancy, delivery and postpartum life. Whole grains, healthy fats, lean proteins, and low-sugar foods will be great additions to your diet if you no longer eat them. Both type 1 and type 2 diabetes are also associated with irregular or missed periods, which means your ovaries regularly release an egg and can have an impact on one's ability to get pregnant. In general, gestational diabetes is asymptomatic. Guido Mieth / Getty Images Obesity, low weight, polychaesthetic ovary syndrome (PCO), and other diabetes-related complications can all play a role in your ability to get pregnant. According to the American Diabetes 3, gestational diabetes occurs in nearly 10% of pregnancies in the United States. The American Diabetes Association recommends that those with gestational diabetes: are tested for pre-diabetes and type 2 diabetes in four to 12 weeks after delivery. childbirth, breastfeeding can have a positive impact on postpartum diabetes. However, ask your doctor about the doses of medicines, as they may need to change while you are breast-feeding. Some ways to potentially help prevent gestational diabetes include maintaining a healthy weight, quitting smoking, eating a healthy diet and exercising regularly. In particular, PCOS, which is linked to type 2 diabetes, can cause this because it affects the growth and release 3 the 3 in the fallopian tube. If you have pre-existing diabetes or develop gestational diabetes during pregnancy, know that you are not alone and your condition 3 not unusually common. If you develop gestational diabetes, your doctor will keep a close eye on you and your baby. However, type 2 diabetes has a stronger link to the gene than type 1 diabetes. If you are breastfeeding, it can help improve insulin sensitivity and glucose metabolism. If you have diabetes during pregnancy, eating a healthy diet is a must for your management. You may have the following symptoms if you have type 1, type 2 or gestational diabetes: Urinating a lot, often at night They are very thirsty They lose weight without trying They are very hungry They have blurred vision They have numb or tingling hands or feet They feel very tired They have very dry skin They have sores that heal slowly They have more infections than normal Talk to your doctor as soon as possible if you experience any of these symptoms. This is true for people with type 1 and type 2 diabetes. Don't be afraid ask questions or raise concerns. Whether diabetes develops during pregnancy or you already have diabetes before you get pregnant, it can cause problems for your baby if you don' A well. To reduce that risk, lifestyle changes can However, there are a number of steps you can take to ensure a safe and healthy pregnancy. pregnancy. pregnancy.

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