

Prof. Dr. Abha Majumdar

MBBS, MS, FICS

Director , Center of IVF and Human Reproduction
Sir Ganga Ram Hospital,
New Delhi, INDIA



Awarded **Presidents Medal** for the Best Medical Graduate 1975.

Felicitated by **Dr. B.C Roy's prestigious award** in 1999.

Awarded **Bharat Vikas Ratan Award** by nations Economic Development and Growth Society 2002,

Chiktsa Ratan Award a certificate of excellence in Medical Science by the International Study Circle, 2007

Felicitated by S.N.Medical College for outstanding contribution to the specialty in 2008

Appointed by National Board to award **Fellowship in Reproductive Medicine** 2007

She is attached to Sir Ganga Ram Hospital, New Delhi since 1987 At present she is a Senior Consultant and in-charge of the unit of IVF and Reproductive Medicine of this hospital. This hospital provides comprehensive infertility services under one roof as one of the most prestigious and largest center of northern India.

*Common problems in women
poorly diagnosed and often mistreated
Simple solutions.....*





WHAT DO OVER
1,80,00,000
INDIAN WOMEN IN THE
REPRODUCTIVE AGE
HAVE IN COMMON?

- ▣ Menstrual problems
- ▣ Unwanted pregnancies & contraception
- ▣ Threatened abortion
- ▣ Vaginal discharge
- ▣ Uterine fibroids
- ▣ Lower abdominal pain/Backache
- ▣ Infertility

Menstrual problems in women Adoloscents to reproductive age



Irregular heavy bleeding in young girls

Rx

▣ Counseling

▣ Iron tablets daily

▣ Tab norelgestromin

for

3 ag

bleed

• Local examination if possible per speculum
• ultrasound pelvis to see the thickness of the uterus
• Complete blood counts

OR

▣ Oral contraceptive pills (lighter bleeding)

No menstruation for long periods

- Progesterone withdrawal bleeding
- Medroxy progesterone 10 mg twice a day (TE) 10
- Wait for menstruation

No bleeding after 10 days one of the following will be present
Pregnancy test
Ovarian failure
Spurious medicine

Dysmenorrhea

Be liberal in
prescribing anti
spasmodics and
analgesics

Minimizing the spasm may possibly reduce the
occurrence of endometriosis later in life

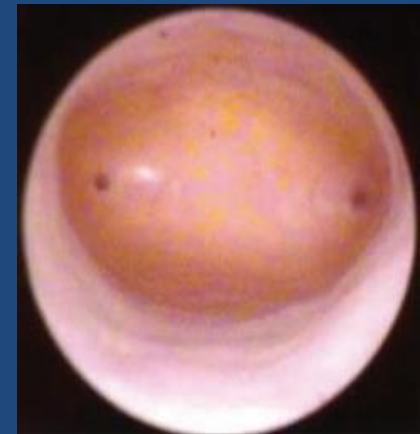
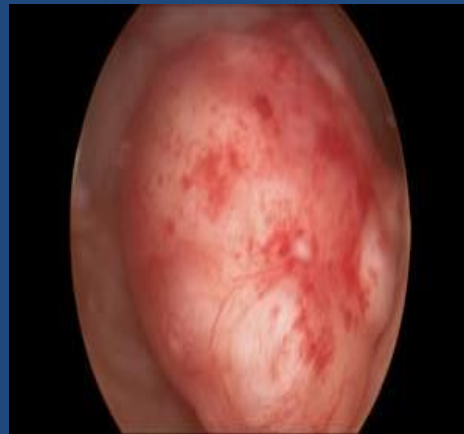
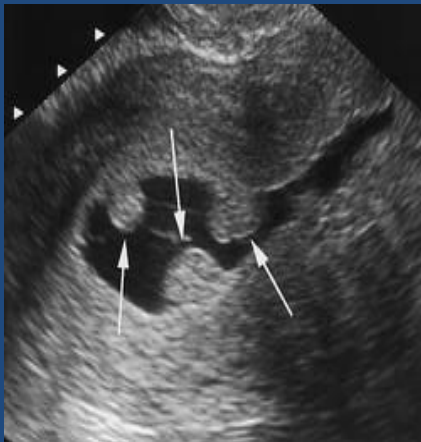


Menstrual problems in reproductive age and Peri & Post menopausal women

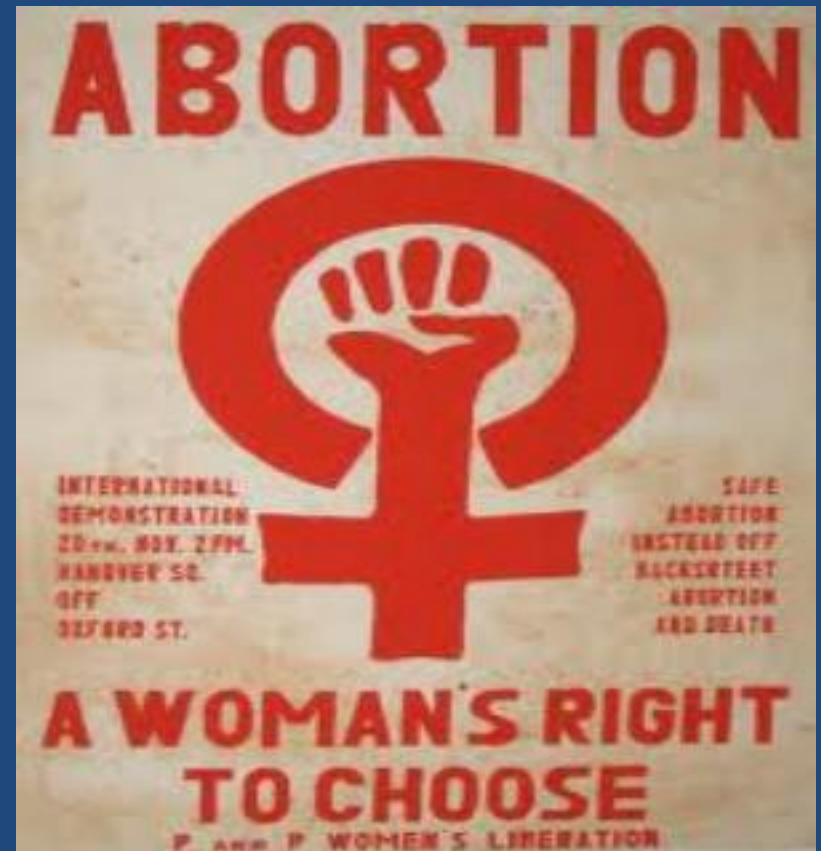


Investigations

- ▣ PAP smear if pathological
- ▣ Cervical shallow cone biopsy
- ▣ Trans vaginal ultrasound
- ▣ Hysteroscopy and remove polyp or myoma
- ▣ D&C with histopathology



MTP



MTP

- ▣ Counseling
- ▣ USG for localisation of sac: E
- ▣ Estimation of gestation
- ▣ Informed choice m/v/s surgical
- ▣ Failure rate, effects & complications of the method
- ▣ Medical abortion only if hospital facilities available and patient will come for follow up

CONSENT ! Consent! Consent!

Contraception

STOP !

Emergency contraception
should not be used as a sole
contraception method

Vaginal ring



Natural family planning



Female condoms



Male condoms



Injectables



Intrauterine
devices



Oral
contraceptives



Contraception

Tubal ligation should be done only after proper counseling, consent and with least invasive method involving minimal destruction of tube or fimbria.

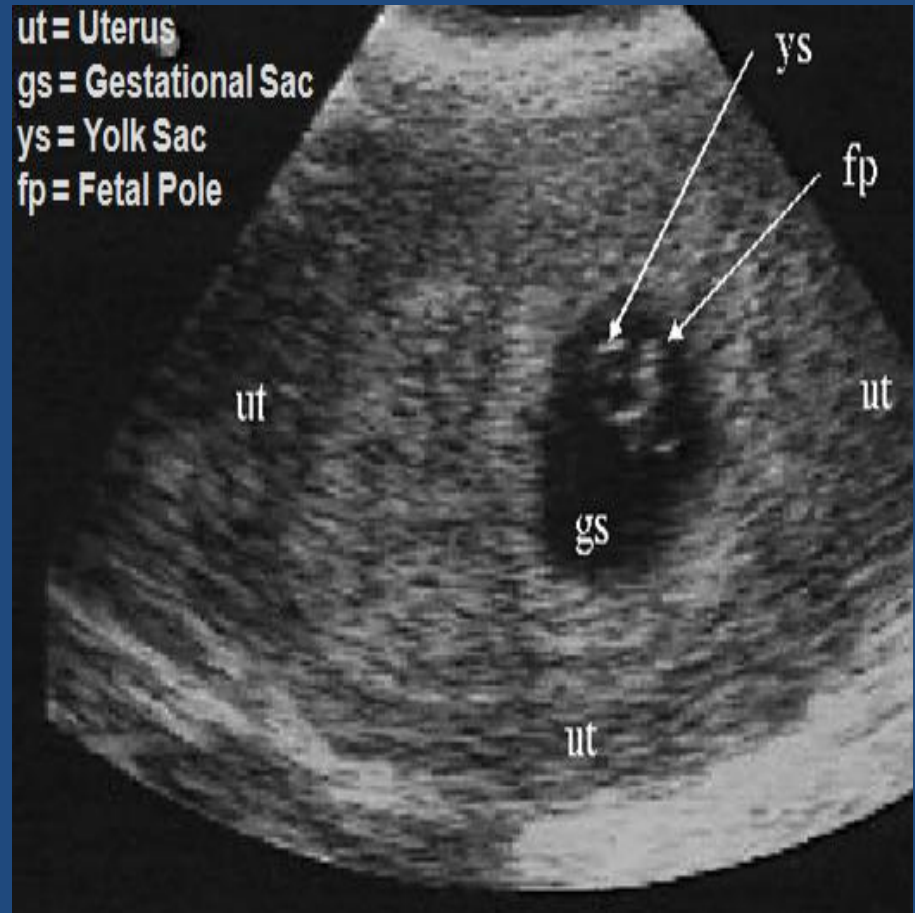
Threatened abortion

Threatened spontaneous abortion



Vaginal
bleeding

ut = Uterus
gs = Gestational Sac
ys = Yolk Sac
fp = Fetal Pole



Threatened abortion

- ▣ NO BED REST
- ▣ Treat with folic
progesterone

Rx

1. Folic Acid 5 mg daily once orally
2. Progesterone (micronized)
200mg twice a day vaginally

amajumdar

Why no bed rest?

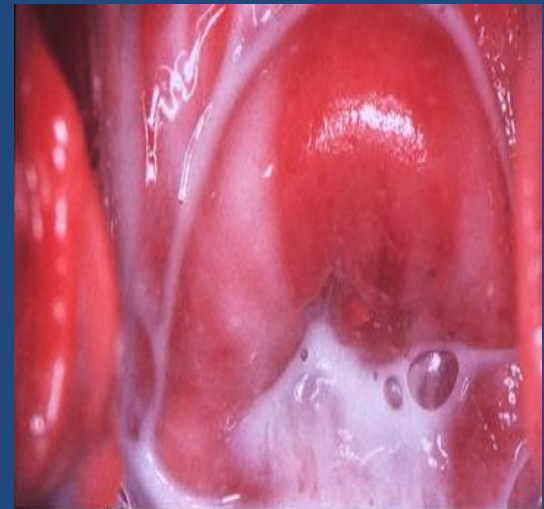
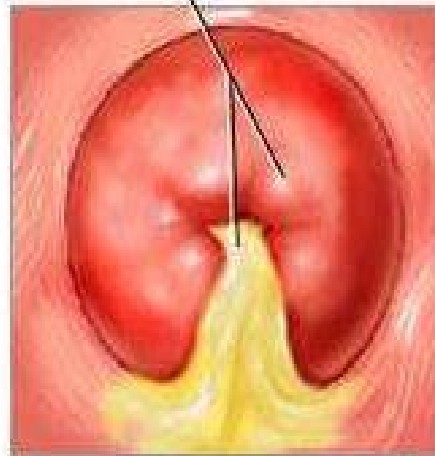
- ▣ Lying horizontal collects all trickle of blood in vagina and every time on walking creates false impression of bleeding
- ▣ Cervix dips in pool of blood while lying down promoting ascending infection and chorio-amnionitis - increasing the risk of abortion
- ▣ Restriction of daily chores - psyche a completely healthy woman
- ▣ Fetus is closed in layers of protection in uterus and cervix does not open by standing or walking
- ▣ Walking promotes good oxygenation of body- better vascularization of reproductive organs too - better support of pregnancy

Vaginal Discharge

Normal cervix



Cervicitis

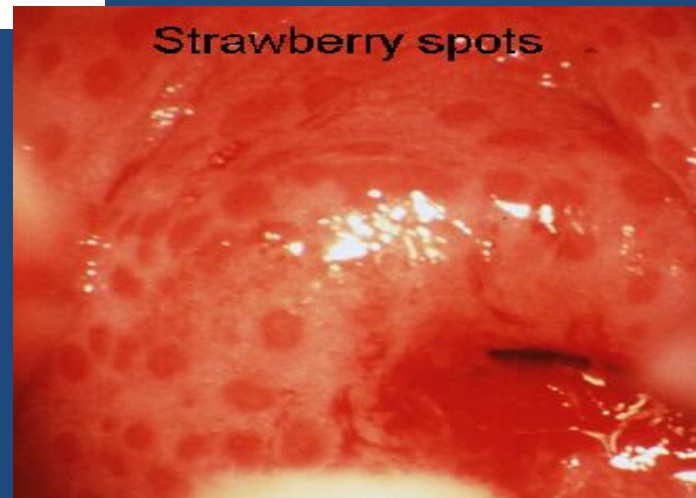


Medscape ©

<http://www.medscape.com>



Strawberry spots

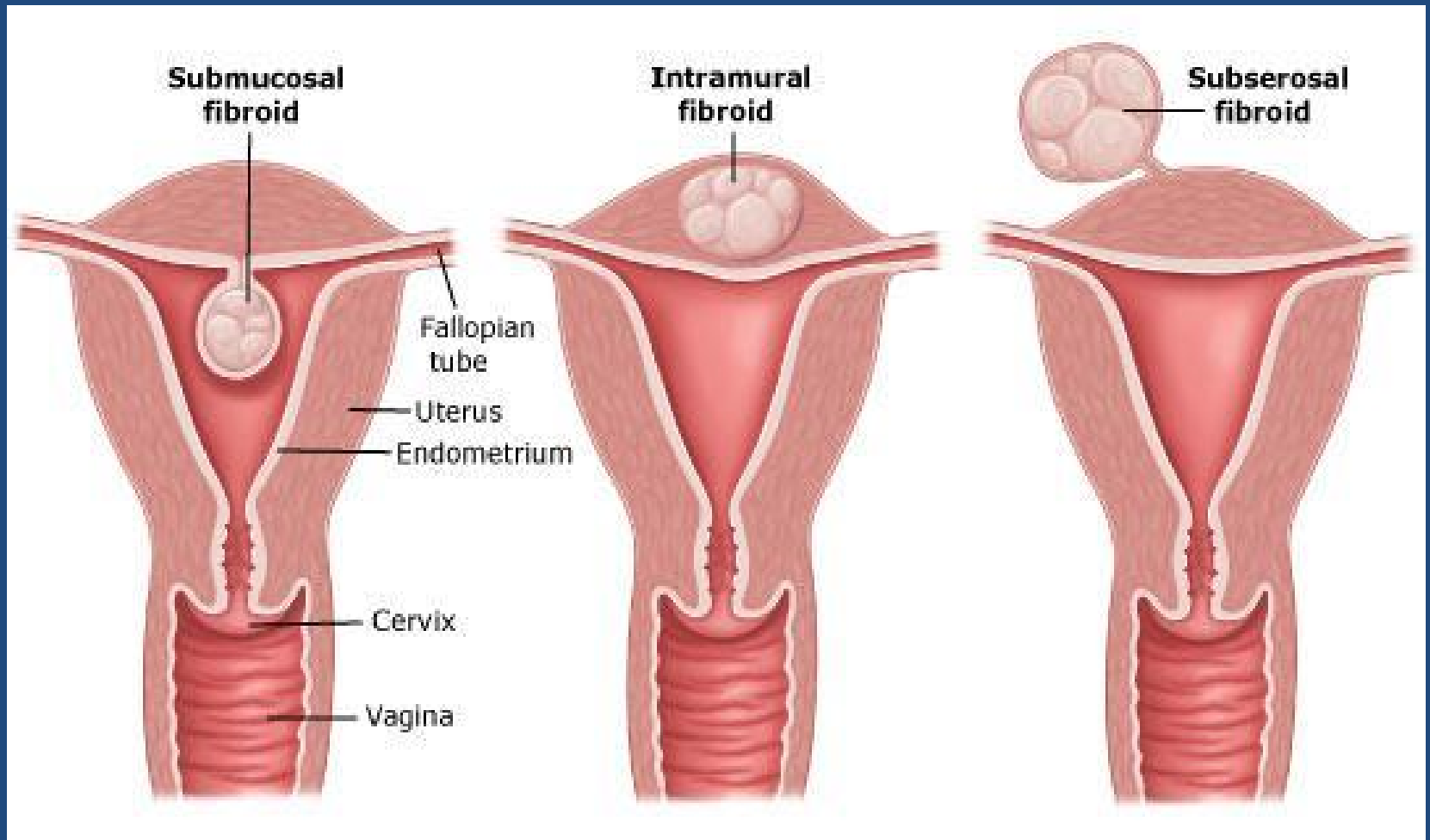


Vaginal Discharge

- ▣ Some amount of discharge inevitable and is physiological
- ▣ Consider pathological only if foul smelling, altered in color or causes irritation or itching or burning micturation
- ▣ Per speculum examination/Pap's smear/HPV
- ▣ If cervical erosion or cervicitis : colposcopy and cervical biopsy
- ▣ Antibiotics antifungal vaginal pessary
- ▣ Treatment of partner if recurrent fungal infection
- ▣ Rule out diabetes in either partner

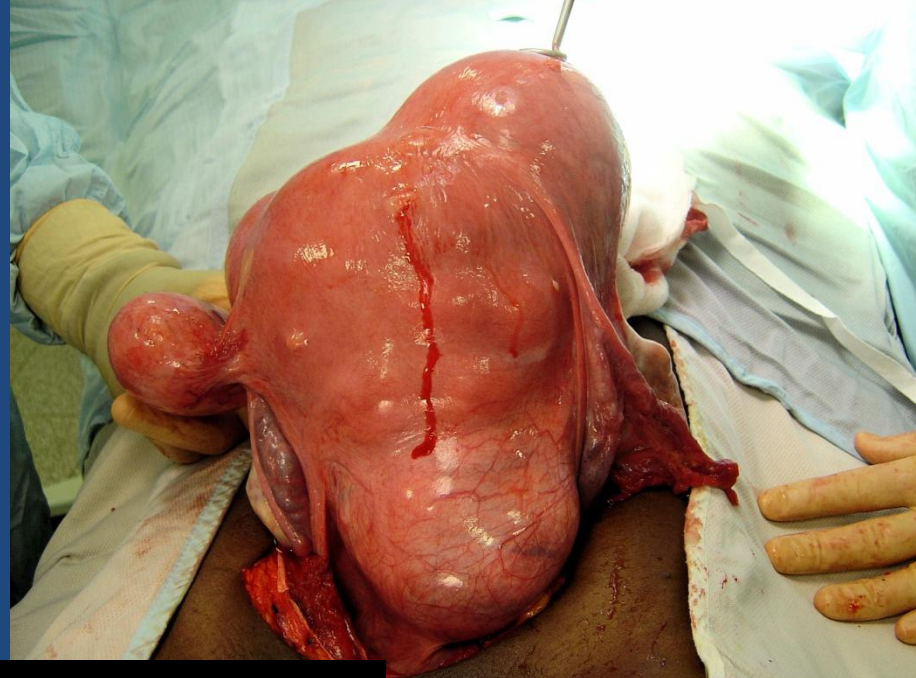
No role of vaginal swab culture and oral antibiotics

Fibroids

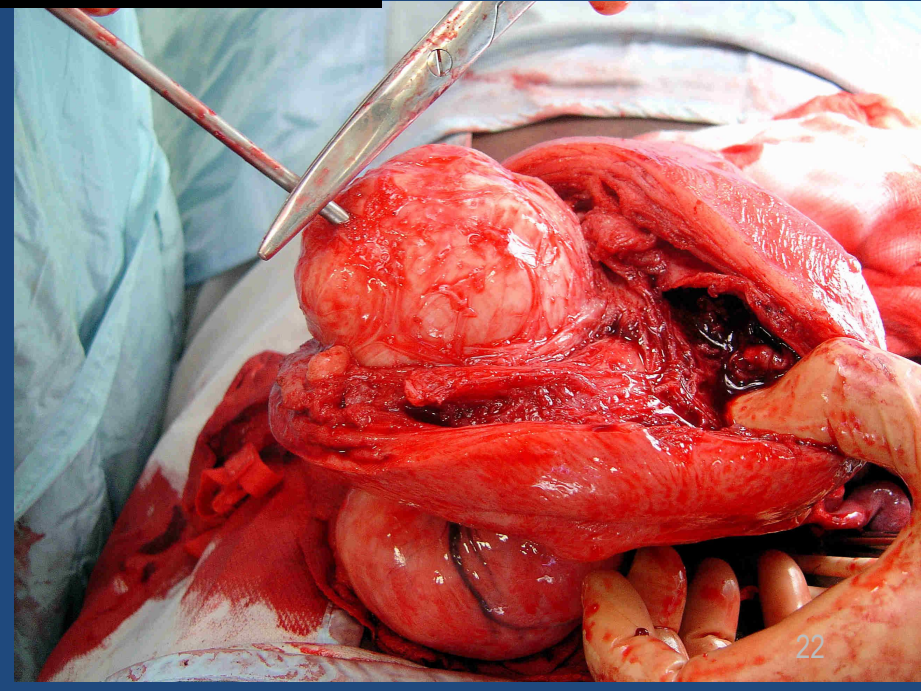
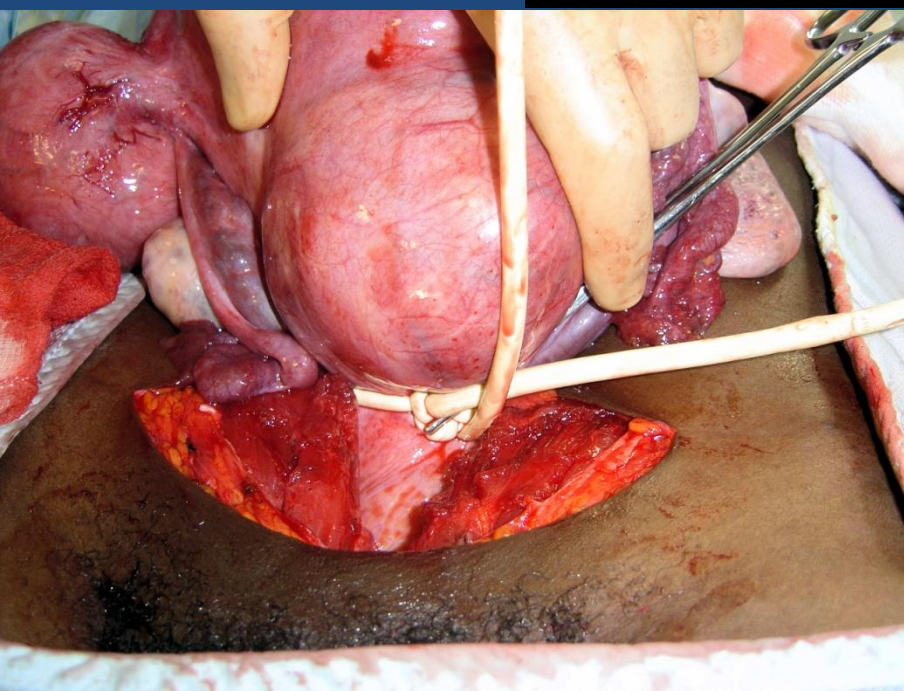


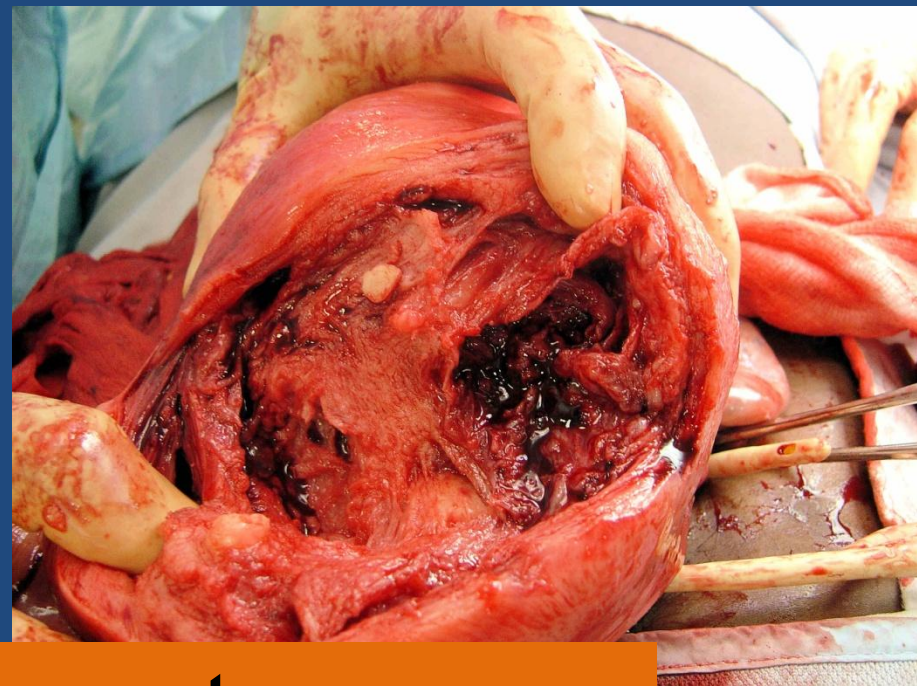
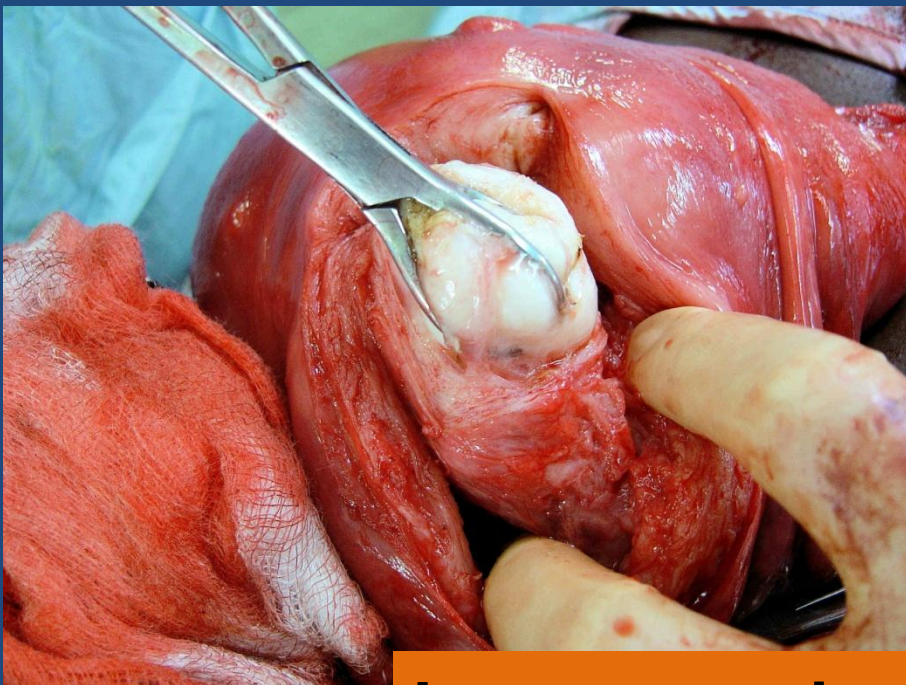
Fibroid uterus

- ▣ Not all fibroids need surgery
- ▣ Only consider surgery if large enough to give pressure symptoms, pain, menorrhagia and sole cause of a womans symptoms or infertility
- ▣ Medical treatment not curative
- ▣ Proper counseling about side effects, complications, success rate, recurrence rate and need of re-surgery



Open Abdominal Myomectomy





**Laparoscopic myomectomy.....
Value of adhesion prevention ?**



Lower Abdominal Pain/Backache




Lower Abdominal Pain/Backache

- ▣ USG lower abdomen and pelvis to rule out TO masses or any gynecological cause
- ▣ Repeated courses of antibiotics not effective
- ▣ Do not treat vaginal discharge as reason for backache
- ▣ Refer to back surgeon or orthopedician or physiotherapist
- ▣ Laparoscopic evaluation of pelvis: r/o endometriosis

Infertility

Man has regarded infertility as the supreme curse and prayer remained man's principle resort for relief from infertility,



until he began to understand the physiological factors involved in reproduction.



Social outcast.....



Woman became the symbol of bad omen?

In today's rapidly developing era

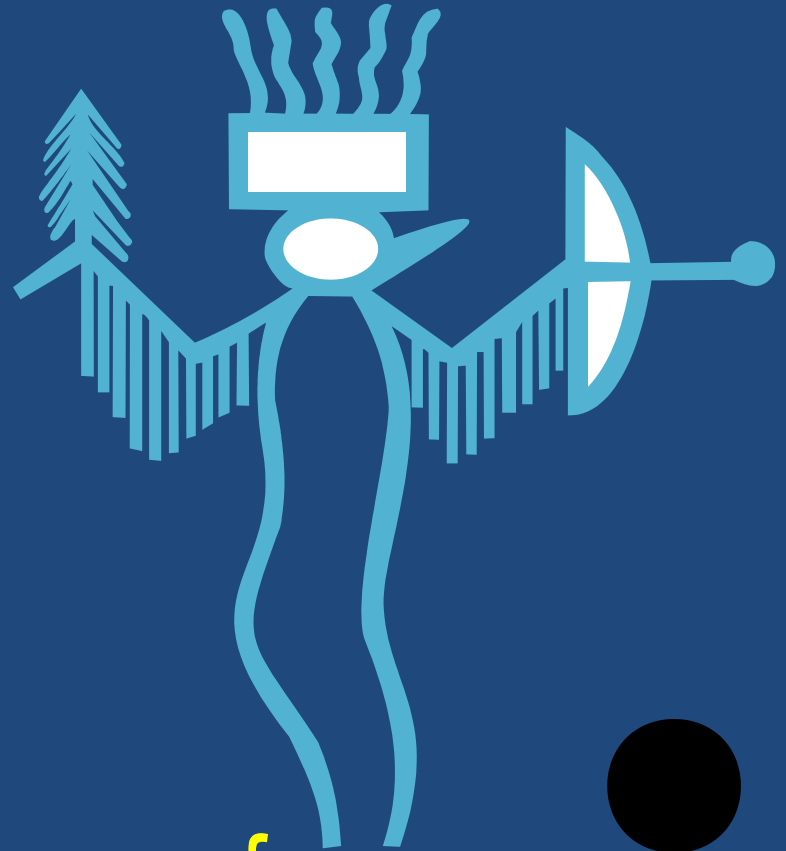
- 👉 an unhappy woman makes
- 👉 an unhappy couple
- 👉 an unhappy family

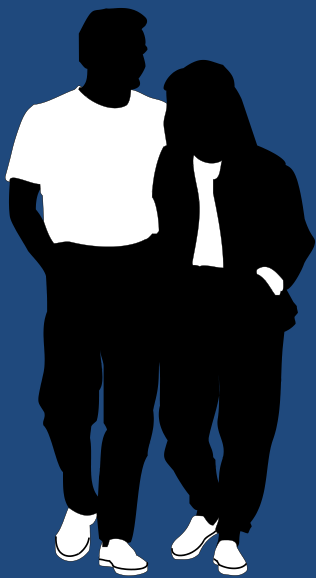
hindrance to social development





It is our national
responsibility
to provide help to this group of
women by treating
their infertility



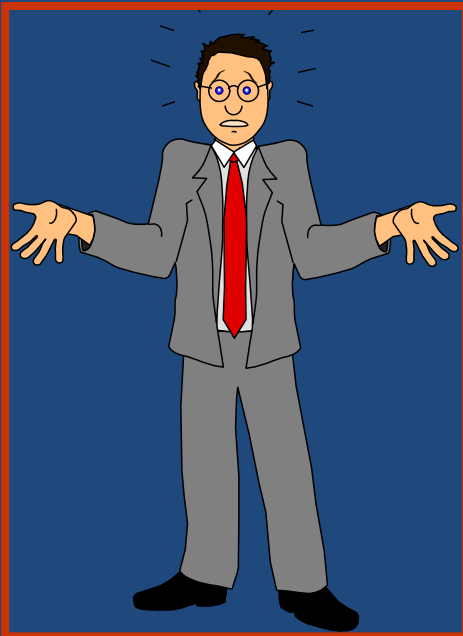


Our problem- Infertile group

Female causes	40 to 45%
Male causes	40 to 45%
Unexplained causes	10 to 15%

The female bears all the social anguish even though more than half the cases are due to male partner or unexplained reasons.

Who is responsible the man or the woman?



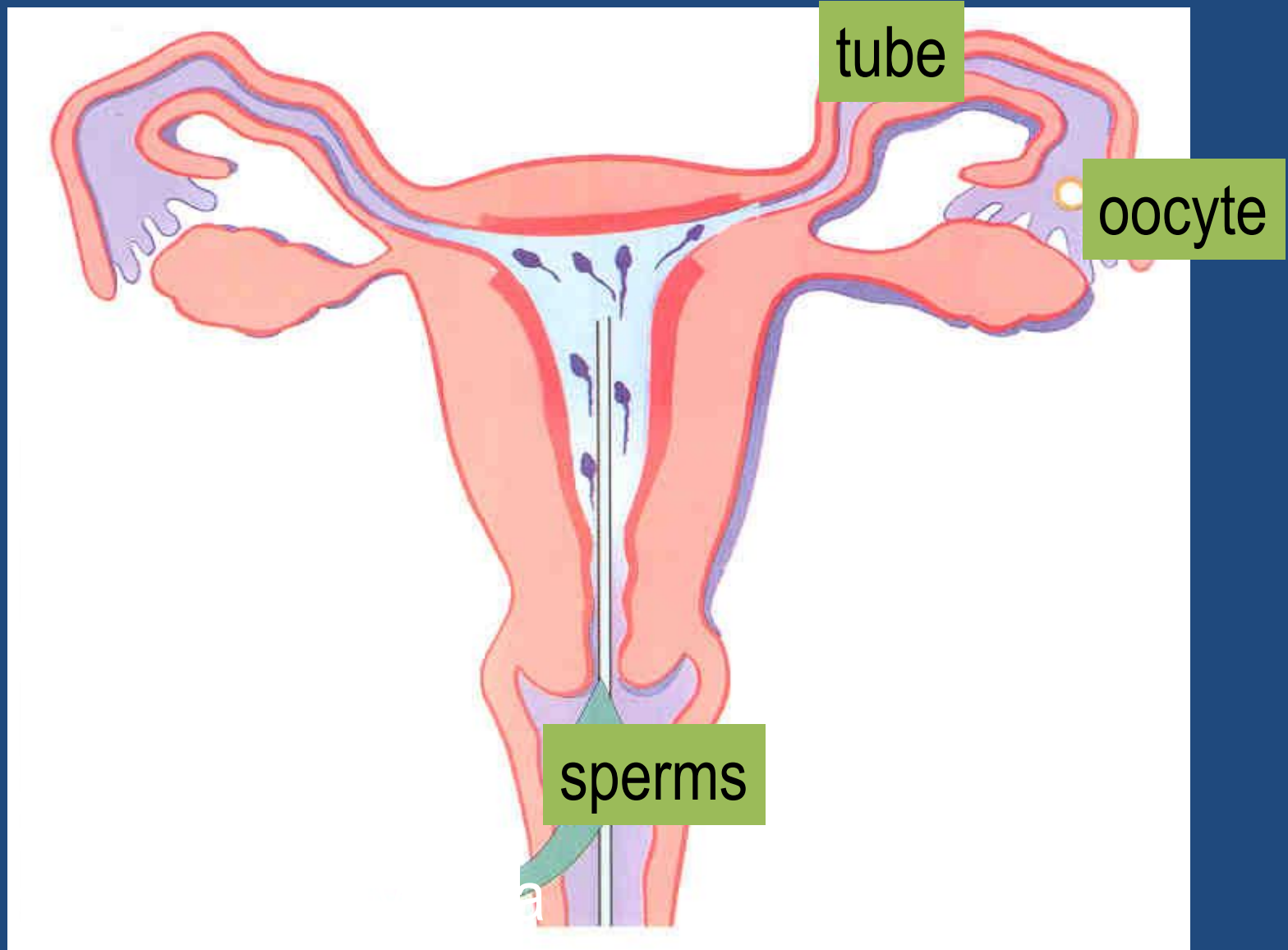
Both partners should be
evaluated simultaneously
3 basic investigations:

- ☐ Mid luteal progesterone
- ☐ Semen analysis
- ☐ HSG

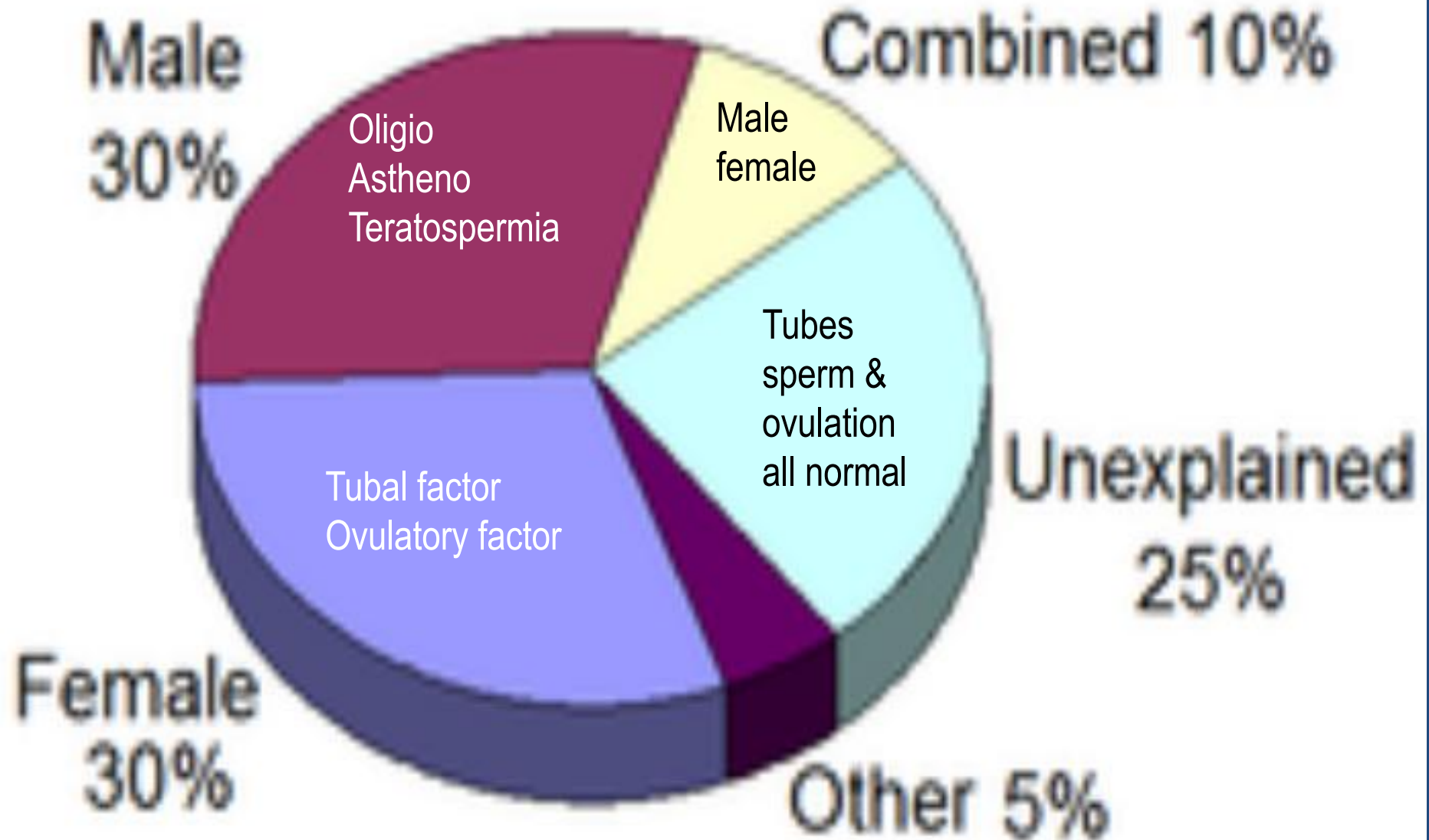


Infertility is not the problem of an individual
but of a couple

Fertilization in vivo i.e. inside the body



Infertility causes

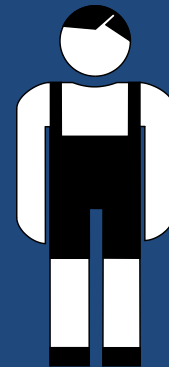


Indications of IVF (In vitro fertilization)

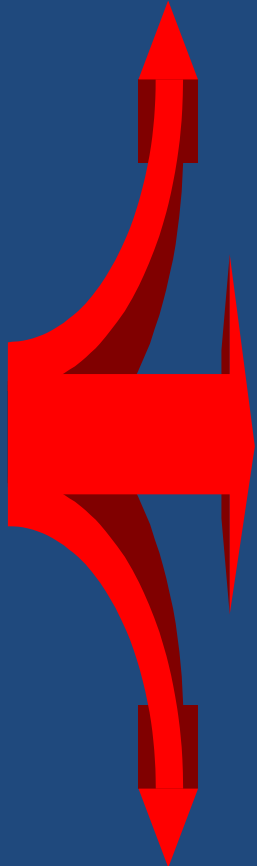
Blocked or non functional tubes



Poor sperm parameters



Unexplained infertility

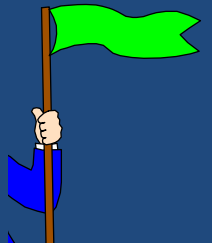


Till 1978 all conceptions always occurred in Vivo

“Louise Brown” the 1st IVF child was born in July 1978 in England by In Vitro Fertilization

In Vitro Fertilization “ IVF “ revolutionized the treatment of infertility

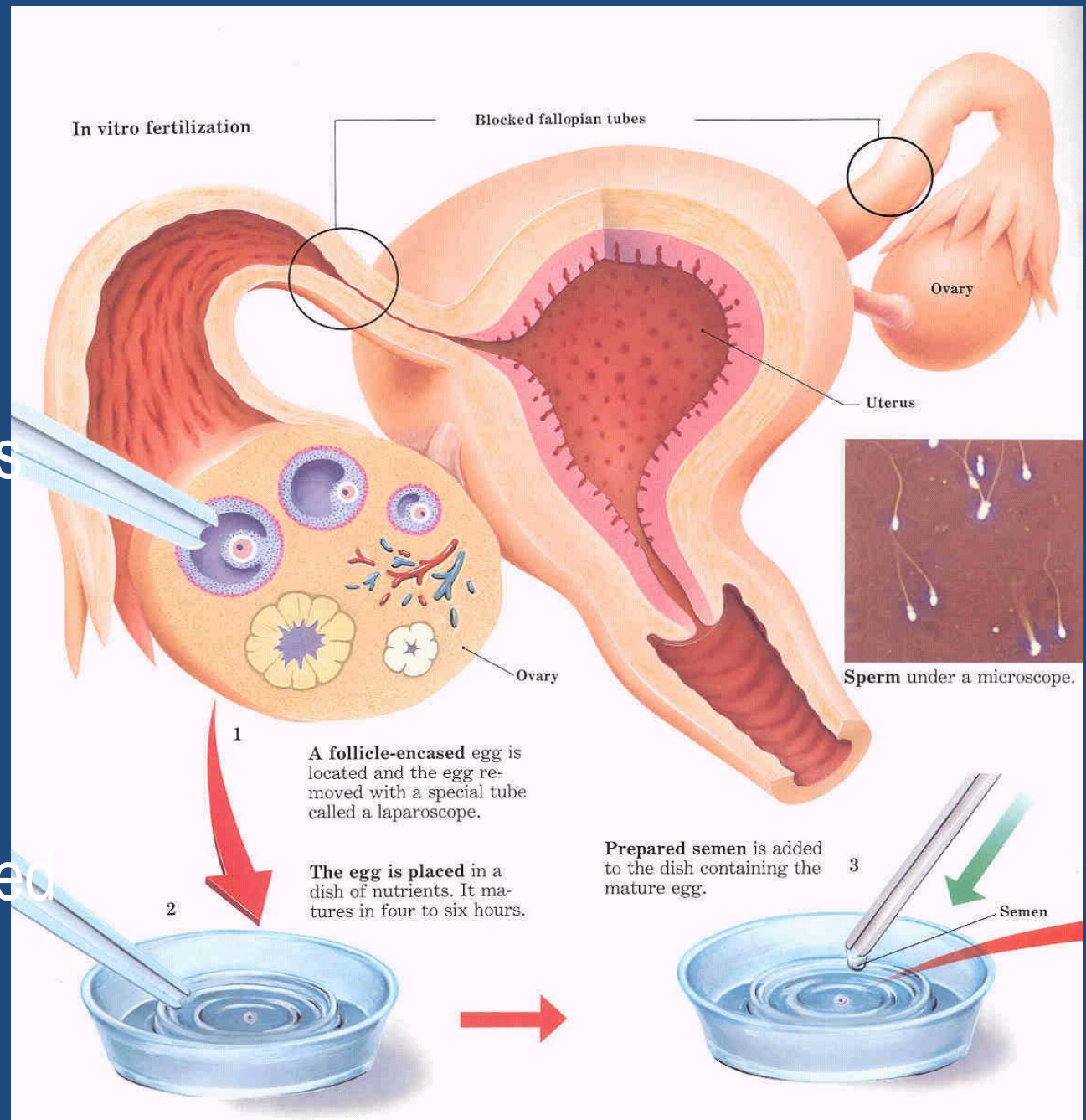
This was the opening up of a new era of scientific advancement.



In Vitro Fertilization

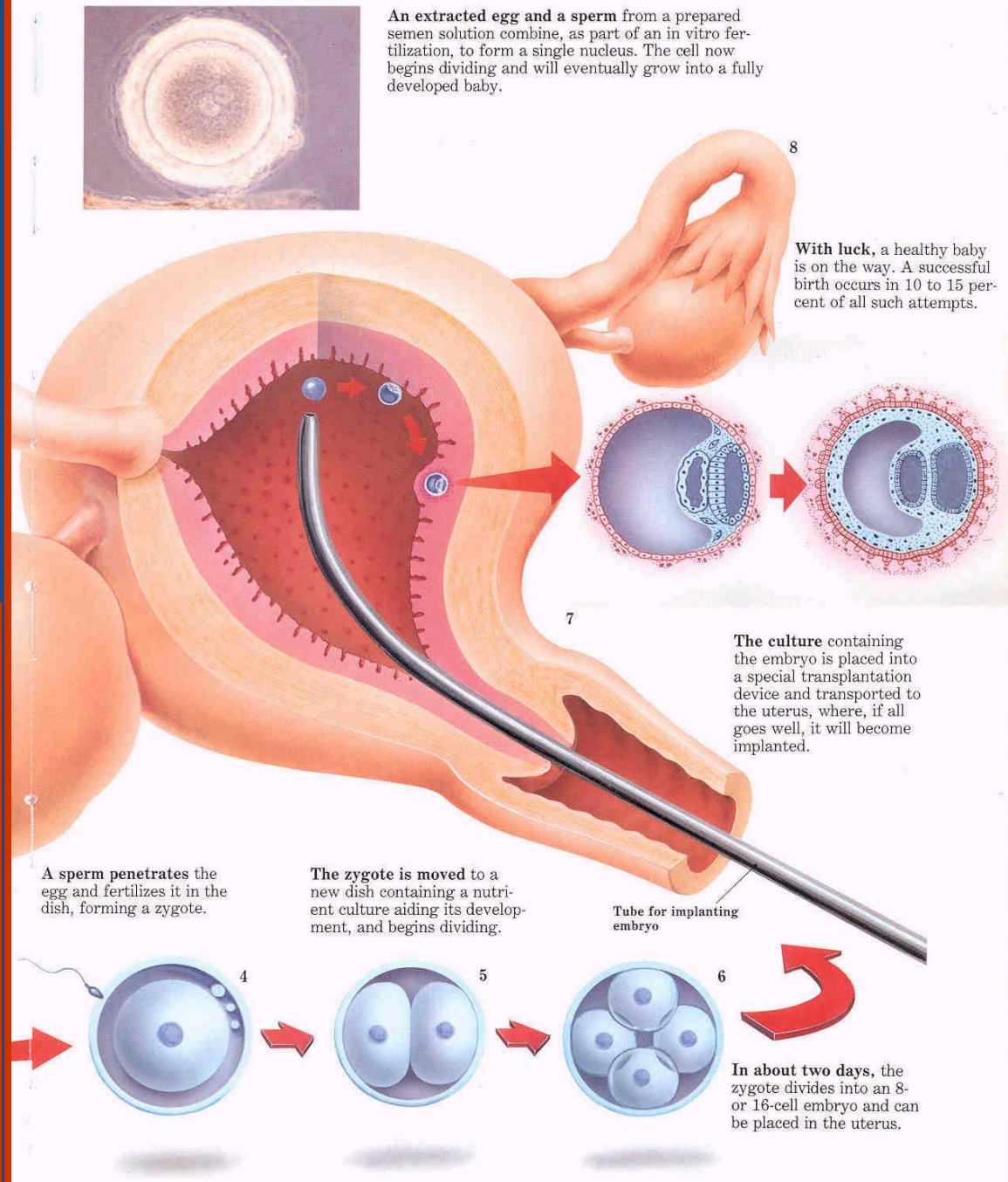
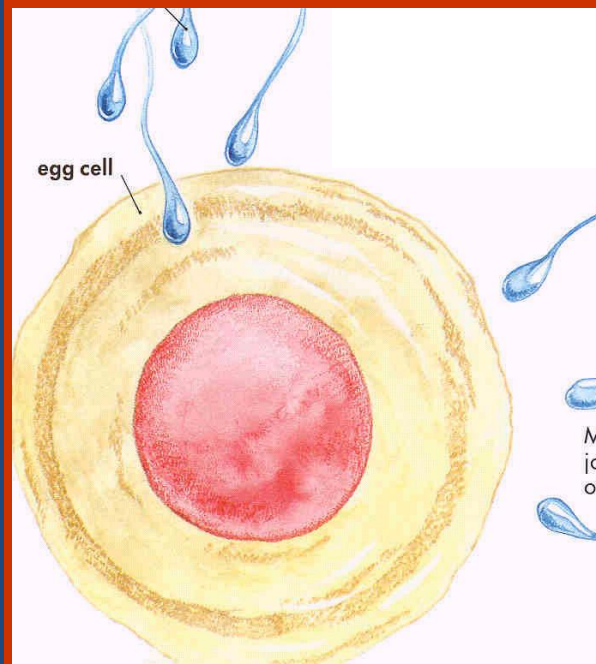
Aspirating oocytes from the ovary

Oocyte transferred to petri dish

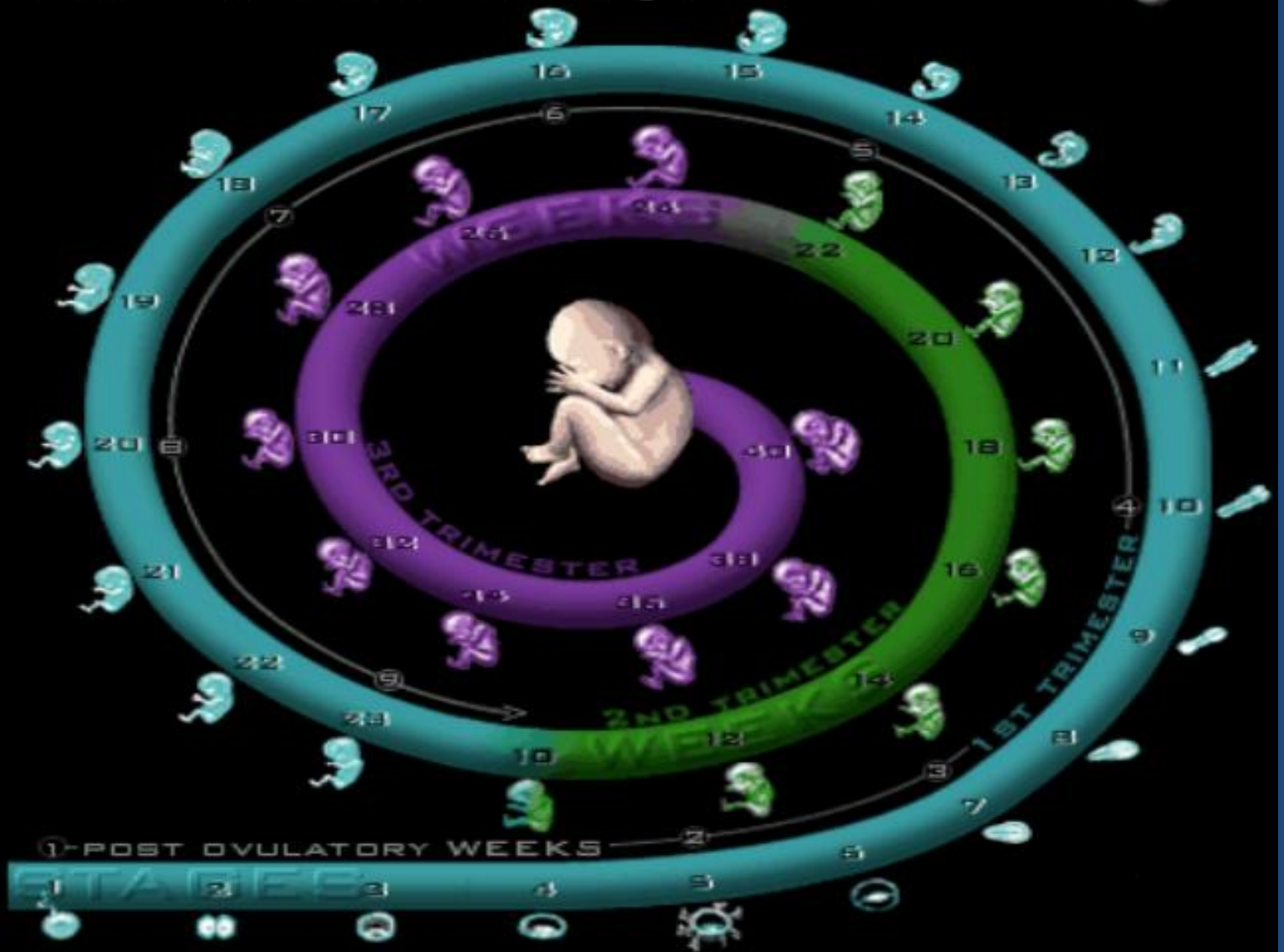


In Vitro Fertilization

Sperms entering the oocyte



The Visible Embryo



For problems in women Simple solutions.....

👍 *A happy woman makes*
👍 *a happy couple*
👍 *and a happy family*



*Thank you for
giving me this
opportunity to be
with you*

abha majumdar

