Role of professional societies in NSOAPs

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What should Asia/Pacific ministers be reaching out to your organization for in the NSOAP process

How can we ensure inclusion of other healthcare professionals in the NSOAP developments (midwives, nurses, non-MD anesthesia providers)
11% of Global Burden of Disease can be treated with surgery

- Injuries (38%)
- Malignancies (19%)
- Cataract (5%)
- Preg complications (6%)
- Congenital anomaly (9%)
- Perinatal conditions (4%)

WHO, 18
Pregnancy related

FISTULA

Cesarean Delivery

Others

Cesarean hysterectomy
2.5-3 million women live with obstetric Fistula
50,000-100,000 new cases/yearly

Lack of health services for safe delivery and emergency obstetric care.

Severe shortage of trained skills fistula surgeons

Unavailability holistic treatment units

Unavailability of family planning, ANC, SAB

Poor access to public health services

Poor women education, inequality and low empowerment
FIGO Fistula Surgery Training Initiative - ambitious multi-year fistula training program for surgeons and multidisciplinary teams

Only 1 woman in 50 has access to fistula treatment

FIGO’s Fistula Fellows have collectively performed more than 8,000 repair operations in 19 countries across the globe, helping thousands of women recover and regain their lives from this devastating condition
Trainings take place in acknowledged Training Centers

FIGO Trainers coaching visits to Fellows’ home facilities

First, standardized, evidence-based FIGO and partners Global Competency Based Fistula Surgery Training Manual

FIGO & Medical Aid International, supplies much needed fistula equipment to Fellows, including a FIGO Specification Fistula Instrument Set

“FIGO-MedAid Fistula Equipment Alliance” make quality fistula equipment accessible to all partners, ensuring women receive the best quality care.
End Fistula Campaign Target countries
"Obstetric fistula is finally ‘out of the shadows,’ and will not go back under any circumstances."

Gillian Slinger
Senior Project Manager,
FIGO Fistula Surgery Training Initiative
Post Partum Hemorrhage

- Hemorrhage leading direct cause of maternal mortality, accounting for 27.1% of maternal deaths worldwide

| INTERVENTIONS WHICH REDUCE MATERNAL MORTALITY FROM HEMORRHAGE INCLUDE:
|-----------------|-----------------|-----------------|-----------------|
| *Institutional delivery/skilled care before, during and after childbirth*
| *Use of Active Management of Third Stage of Labor (AMTSL)*
| *Use of uterotonics (including oxytocin and misoprostol)*
| *Use of manual methods to manage or provide temporising measures for PPH* (including uterine massage, intrauterine balloon tamponade, bimanual compression, external aortic compression, anti-shock garment)*
| *Accurate estimation of blood loss/use of shock index to trigger action*
| *Functional referral system providing access to comprehensive emergency obstetric care when needed*
Post Partum Hemorrhage

- Developed international guidelines on prevention and treatment of PPH with Misoprostol in low-resource settings
- Produced international guidelines, advocated for the inclusion of misoprostol for PPH treatment to be included on WHO’s 2015 Essential Medicines List
- Developed FIGO’s Misoprostol only recommended dosage chart (2012), updated in 2017
- Conducted more than 40 expert panel sessions to disseminate the latest clinical information on PPH management
- Launched a survey with 130 member societies to find out about the current status of country-level guidelines on PPH management
- FIGO guided Advocacy initiation for better PPH management
Guidelines by region as per FIGO

- Has guidelines on PPH
- Guidelines include misoprostol to prevent PPH
- Guidelines include misoprostol to treat PPH

Africa-Eastern Med: 15, 14, 11
Asia-Oceania: 14, 6, 10
Europe: 17, 7, 15
Americas: 10, 10, 10
Effective strategies for PPH prevention

• PPH simulation training showed to be effective in resolving problems: delay in diagnosis, poor communication, insufficient teamwork, and lack of adequate education and skills
Table 1. Risk of Placenta Accreta and Hysterectomy by Number of Cesarean Deliveries Compared With the First Cesarean Delivery

<table>
<thead>
<tr>
<th>Cesarean Delivery</th>
<th>Placenta Accreta (%)</th>
<th>Odds Ratio (95% CI)</th>
<th>Hysterectomy (%)</th>
<th>Odds Ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First*</td>
<td>0.2</td>
<td>—</td>
<td>0.7</td>
<td>—</td>
</tr>
<tr>
<td>Second</td>
<td>0.3</td>
<td>1.3 (0.7–2.3)</td>
<td>0.4</td>
<td>0.7 (0.4–0.97)</td>
</tr>
<tr>
<td>Third</td>
<td>0.6</td>
<td>2.4 (1.3–4.3)</td>
<td>0.9</td>
<td>1.4 (0.9–2.1)</td>
</tr>
<tr>
<td>Fourth</td>
<td>2.1</td>
<td>9.0 (4.8–16.7)</td>
<td>2.4</td>
<td>3.8 (2.4–6.0)</td>
</tr>
<tr>
<td>Fifth</td>
<td>2.3</td>
<td>9.8 (3.8–25.5)</td>
<td>3.5</td>
<td>5.6 (2.7–11.8)</td>
</tr>
<tr>
<td>Six or more</td>
<td>6.7</td>
<td>29.8 (11.3–78.7)</td>
<td>9.0</td>
<td>15.2 (6.9–33.5)</td>
</tr>
</tbody>
</table>

Abbreviation: CI, confidence interval.
*Primary cesarean delivery.

FIGO Consensus Guidelines for Placenta Accreta Spectrum Disorder

- Prenatal diagnosis and screening
- FIGO Consensus Guidelines on
- Conservative management
- Non conservative surgical management
Surgical needs

NSOAP
National societies

PGSSC
Partners
Policy/skill/advocacy