

John David Tait
(IS1)



CURRICULUM VITAE

John David Tait

Education

University Monash University, Melbourne, Victoria - MBBS

Professional Employment

Feb 1986-Present Part time Specialist in Obstetrics & Gynaecology
Wellington Woman' s Hospital
Clinical Senior Lecturer
Wellington Medical School, University of Otago

Positions of Responsibility

2012-Present NZ representative AOFOG
2016-Present Member ACC N.E. Taskforce
2016-Present Member Waikato Maternity Services Task Force
2019-2022 AOFOG Vice President
2022-Present AOFOG President Elect
2017-Present Chair of Perinatal Maternal Mortality Review Committee (PMMRC)
2017-Present Executive member responsible for the development and
implementation of Taurite Ora Maori Health Strategy and Action Plan
2017-Present Member of the Health Practitioner Disciplinary Tribunal
2021-Present Chair, COVID Independent Safety Monitoring Board

Intimate Partner Violence

John David Tait
AOFOG President Elect, New Zealand

Incidence.

Consequences.

What can we do as Obstetricians and Gynaecologists?

Rohana Haththotuwa
(IS2)



CURRICULUM VITAE

Rohana Haththotuwa

- Founder Chairman, Ninewells CARE Mother & Baby Hospital
- Secretary General AOFOG
- President South Asian Federation of Obstetrics & Gynaecology (SAFOG)
- President, South Asian Federation of Menopause Societies
- President, World Gestoses Organisation
- Past Chair, Menstrual Disorders Committee FIGO
- Past President Sri Lanka College of O &G
- Past President Sri Lanka Menopause Society
- Founder Chairman, Ninewells CARE Mother & Baby Hospital
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Respectful Maternity Care

*Rohana Haththotuwa
Secretary General of AOFOG, Sri Lanka*

Respectful maternity care (RMC) refers to care organized for and provided to all women in a manner that maintains their; dignity, privacy, confidentiality, ensuring freedom from harm and mistreatment, enabling informed choice and providing continuous support during labour and childbirth. It is being increasingly recognised as a critical element of strategies to improve the quality of maternity care, and all women need and deserve respectful care.

Major component of global efforts of WHO to reduce maternal mortality is to ensure that all women have access to skilled care before, during, and after childbirth. But access to quality services is not guaranteed for many women, especially in low- and middle-income countries. Even when services are available, care may be compromised by mistreatment during childbirth, including abusive, neglectful, or disrespectful care. Mistreatment may be presented as: physical, sexual, or verbal abuse, stigma and discrimination, failure to meet professional standards of care, poor rapport between women and providers, health system dysfunctions and constraints.

By an evidence- based approach to determine what constitutes during childbirth in health facilities for RMC, 12 domains were synthesized by analysing sixty-seven studies from 32 countries. The 12 domains are, being free from harm and mistreatment, maintaining privacy and confidentiality, preserving women' s dignity, prospective provision of information and seeking informed consent, ensuring continuous access to family and community support, enhancing quality of physical environment and resources, providing equitable maternity care, engaging with effective communication, respecting women' s choices that strengthens their capacities to give birth. availability of competent and motivated human resources, provision of efficient and effective care & continuity of care, based on these WHO developed, WHO recommendations on intrapartum care for a positive childbirth experience. Further WHO developed the WHO labour care guide to monitor labour. Promoting RMC ill help to create a positive impact on child birth experiences, encourage women attending health care facilities for child birth and reduce near miss maternal deaths.

Ravi Chandran

(IS3)



CURRICULUM VITAE

CHANDRAN, Ravi

Dr. Ravi Chandran is currently Consultant Obstetrician and Gynaecologist at the prestigious Gleneagles Medical Centre in Kuala Lumpur Malaysia. He obtained his Membership of the RCOG UK in 1988 followed by sub-speciality training in Maternal Fetal Medicine at King' s College Hospital London and the John Radcliffe Hospital at Oxford University. He pursued an academic career at the National University of Malaysia and during his tenure as Associate Professor, was involved in research activities culminating in publications in leading journals including the BJOG, AJOG and Lancet. In 1998 he was made a Fellow of the Royal College of Physicians of Ireland and in 2001 was elevated to the Fellowship of the RCOG UK.

Over the last 15 years, he has been actively involved in the AOFOG and joined the Executive Board as Treasurer in 2009 during which time he streamlined the application process for scientific workshop grants. As Vice-President in 2013 – 2015, he played a leading role in the review of the AOFOG Constitution. In June 2017, he was elected as President of AOFOG. During his tenure, he made it his mission to make the AOFOG a more efficient and pro-active organisation and one that is relevant to all member National Societies. Under his leadership, the AOFOG has promoted more scientific activity in the less fortunate National Societies including Bangladesh, Nepal, Pakistan, Myanmar, Cambodia, Laos, Mongolia, Fiji and Papua New Guinea whilst tapping into the knowledge and expertise of our more developed National Societies from Japan, Korea, Taiwan, Hong Kong and India. He has also been instrumental in fostering a better working relationship with both regional and international organisations such as the SAFOG, RCOG, ACOG and FIGO. In recognition of his work, he was awarded an Honorary Fellowship of the Indian College of Obstetricians & Gynaecologists in 2019.

He was a member of the Strategic Planning Committee of FIGO and played an active role in mapping the road ahead for FIGO. In October 2021, he was elected to the Board of Trustees of FIGO. He is thus ideally placed to align the aspirations of both FIGO and AOFOG in an efficient and cost-effective manner for the betterment of women' s health in the Asia Oceania region.

Caesarean Delivery on Maternal Request (CDMR): The Continuing Controversy

*Ravi Chandran
Past President of AOFOG, Malaysia*

CDMR is primary prelabour caesarean section on maternal request in the absence of any maternal or fetal indication. It has been well documented that caesarean section rates have increased exponentially worldwide and although accurate data is not available, it is clear that the rate of CDMR is also on the rise. The absolute proportion of CDMR was 11-fold higher in upper middle-income countries than high-income countries. The Middle East had the highest CDMR rates followed closely by East Asia. This increasing rate of CDMR not only reflects changing medical practice but also the shift in the attitude of both healthcare providers and patients. This paper explores the underlying reasons for maternal requests for caesarean sections and the available evidence for the potential risks and benefits of CDMR. The potential risks of operative morbidity, neonatal respiratory problems and greater complications in subsequent pregnancies including scar rupture and placenta accreta spectrum need to be balanced against the potential short-term benefits on the pelvic floor and sexual function. CDMR raises the specter of ethical dilemmas for healthcare providers and their response to such requests will be addressed. Healthcare providers in this region need to equip themselves to face this rising tide from both the medical and ethical perspective.