

*Ravi Chandran*

*(IS1)*



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## 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.

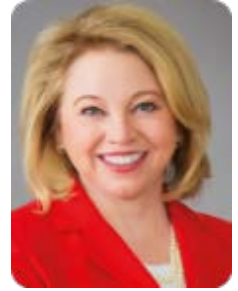
Over the last 15 years, he has been actively involved in the AOFOG and joined the Executive Board as Treasurer in 2009 during which time he streamlined the application process for scientific workshop grants. As Vice-President in 2013 – 2015, he played a leading role in the review of the AOFOG Constitution. 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, and Taiwan Association of Obstetrics and Gynecology in 2022.

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.

## COVID -19: A SILVER LINING?

The impact of the Covid-19 pandemic has gone far beyond the disease itself. In addition to the large number of Covid-19 related deaths, the pandemic has deepened social and economic inequalities. Amidst all this negativity surrounding us, there have been some positive consequences resulting from this pandemic. It has had a positive impact on physician well-being as well as our environment and stimulated changes in clinical medicine delivery. It has asked of us hard questions regarding equitable healthcare delivery and given us an opportunity to re-examine and re-visit the concept of Universal Health Care. Even as we transition to an "endemic" phase, it will no longer be "business as usual" . Phrases such as "thinking out of the box" and "thinking on your feet" have been oft repeated during this pandemic but it will stand us in good stead as we rise to the challenges of this pandemic and prepare ourselves for future disasters.

*Jeanne Ann Conry*  
*(IS2)*



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## CURRICULUM VITAE

### Jeanne Ann Conry, MD, PhD

President, The International Federation of Gynecology and Obstetrics

Past-President, American College of Obstetricians and Gynecologists

### Employment/Leadership Positions

2017-present    President, CEO and founder Environmental Health Leadership  
2021-2024        The Partnership for Maternal, Newborn and Child Health (PMNCH) ,WHO  
2016-2026        Chair, Women' s Preventive Services Initiative  
2013-2014        Past-President of the American College of Obstetricians and Gynecologists  
(ACOG).

### Education

1982-1986        Medical Degree, University of California, Davis

### Awards and Fellowships

2018-present    Honorary Fellow, Taiwan Association of Obstetrics and Gynecology

## OBGYNs as Leaders: Climate Change and Our Environment

*Jeanne A. Conry, MD, PhD*

*President of the International Federation of Gynecology and Obstetrics*

*Honorary Fellow of Taiwan Association of Obstetrics and Gynecology*

Climate change is one of the major global health threats to the world' s population. It is brought on by global warming due in large part to increasing levels of greenhouse gases resulting from human activity. Climate change results in extremes of weather, giving rise to floods, wildfires, air pollution, changing sea levels and ecology. These perturbations result in displaced populations, family disruptions, violence, shifts in vector-borne diseases and failures of our health system infrastructure. Women and children are particularly vulnerable to these stresses. Disadvantaged communities, and low-income countries are disproportionately impacted. Obstetrician gynecologists have a unique opportunity to educate and advocate on behalf of our patients. Climate change adversely impacts pregnancy outcomes with increase in preterm birth and low birth weight infants as a result of air pollution and heat. Climate change is both a social justice concern and a human rights issue.

FIGO brings attention to the increased risk to populations because of environmental toxics found in the air we breathe, the water we drink, the food we consume and the products we use. Toxics in the form of endocrine disruptors impact conception, pregnancy outcomes, newborn health, cancer, obesity and most certainly neurologic health. It is not enough to change one' s personal habits, but rather the need is to advocate for a cleaner and healthier planet so that the health of the next generation is preserved.

*Diana Ramos*  
(IS3)



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## CURRICULUM VITAE

### Diana E. Ramos, MD, MPH, MBA, FACOG

Dr. Diana E. Ramos is a well-recognized public health opinion leader and adjunct Associate Professor, at the Keck University of Southern California School of Medicine. She serves as chair for the American College of Obstetricians and Gynecologist, California & Ecuador (IX) District, secretary for the executive board of the National Hispanic Medical Association, and is Co-Chair for the Women's Preventive Service Initiative implementation committee.

She serves on many national and international women's health improvement and equity committees. Her areas of expertise include health disparities, social determinants of health, preconception/interconception health, preterm birth, contraception and quality improvement in health. Dr. Ramos has written and contributed numerous articles to the obstetrics and gynecology and public health literature and has lectured in Spanish and English, locally, nationally and internationally. She has received numerous innovation awards for her work in health, technology and communication. Dr. Ramos is the founder of: GamiFi-Health, a start-up that merges improving health and gaming.

Recent awards include 2021 March of Dimes Volunteer of the Year, 2020 UCI Latino Excellence and Achievement Award, 2019 UC Irvine Dynamic Womxn Award for Academic Achievement, 2018 National Hispanic Medical Association Fellow of the Year, Let's Get Healthy California's 2017 Innovation Challenge Finalist, 2017 Global Health& Innovation: Semifinalist for Choose Health LA MOMs 2016 Health Officers Association of California Public Health Communications Award and 2016 American Congress of Obstetricians and Gynecologists District Service Award.

Dr. Ramos received her medical degree from the University of Southern California with honors and completed her residency training in obstetrics and gynecology at Los Angeles County-University of Southern California Medical Center. She received her MBA from the UCI Paul Merage School of business with an emphasis in entrepreneurship and innovation and her master's in public health from the University of California, Los Angeles. Dr. Ramos completed her undergraduate degree, a BA in Communications, Arts & Science from the University of Southern California.

## Telehealth expansion as a result of covid

*Dr. Diana Ramos*

The COVID pandemic changed the way we lived and obtained healthcare. Prior to COVID, the provision of healthcare was limited to in-person. Provision of healthcare to rural, remote and those with transportation or childcare difficulty was disproportionately unavailable. But with innovation and technology various modalities of telehealth were implemented. For women' s health in particular, prenatal care, gynecologic visits and post-surgical evaluations have been incorporated into telehealth delivery. This session will review the various types of telehealth, adoption and how telehealth has improved access and healthcare quality.

*Pisake Lumbiganon*  
(IS4)



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**CURRICULUM VITAE**

**Pisake Lumbiganon**

Pisake Lumbiganon is a Professor of Obstetrics and Gynecology, Convenor of Cochrane Thailand and Director of the WHO Collaborating Centre on Research Synthesis in Reproductive Health based at Faculty of Medicine, Khon Kaen University, Thailand. He is currently the President Elect of the Asia Ocenia Federation of Obstetrics and Gynecology. He has published more than 150 papers in various international journals including many Cochrane reviews. He was a dean of the Faculty of Medicine at Khon Kaen University from 2009 to 2013 and the President of the Royal Thai College of Obstetricians and Gynecologists from 2016 to 2018. In 2019 he received Fellow ad eundum from the Royal College of Obstetricians and Gynaecologists. His main areas of interest includes maternal and perinatal health, evidence based practices, systematic review and meta-analysis.

## COLLABORATIVE EFFORT TO REDUCE UNNECESSARY CESAREAN SECTION IN THAILAND

*Lumbiganon Pisake, MD, MS, FRCOG (ad eundem)  
Faculty of Medicine, Khon Kaen University  
President-Elect, Asia Oceania Federation of Obstetrics and Gynecology,*

Caesarean section (CS) is a surgical procedure that can effectively prevent maternal and newborn mortality when used for medically indicated reasons. CS rates have been rising globally in recent decades. The overall annual CS rate in Thailand increased significantly from 23.2% in 2009 to 32.5% in 2017. In December 2017, The Royal Thai College of Obstetricians and Gynaecologists and Ministry of Public Health signed a memorandum of understanding to reduce unnecessary CS. In January 2020, Thailand joined the research project “appropriate use of caesarean section through QUALity DECision-making by women and providers (QUALI-DEC project). This research project is co-funded by the European Commission (H2020 program) and WHO. Eight hospitals in Thailand are participating in this project. From 2020 to 2021, a team of social scientists from three faculties of nursing conducted formative research to assess barriers and facilitators for the implementation of four main interventions in QUALI-DEC project. A meeting was organized to disseminate these findings to all stakeholders. We also conducted a 5-day training workshop for opinion leaders, data collectors, and antenatal care and labour room nurses to plan for appropriate implementation of QUALI-DEC interventions. In March 2022, we started the implementation phase of the project that will run for two years. We will monitor CS rates in these eight participating hospitals using Robson Ten Group Classification during this implementation and one year after. Additionally, we are providing Knowledge Transfer (KT) regarding appropriate use of CS using various platforms, e.g., social media, booklets, webinars, etc.

Keywords: optimizing, caesarean section, Thailand



*Tadashi Kimura*  
(IS5)



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**CURRICULUM VITAE**

**Tadashi Kimura, MD.,Ph.D.**

Professor and Chairperson, Department of Obstetrics and Gynecology, Osaka University Graduate School of Medicine/Chairperson of the Executive Board, Japan Society of Obstetrics and Gynecology

**Positions**

1985	Medical Doctor, Osaka University, Faculty of Medicine
1991	Assistant Professor, Osaka University Graduate School of Medicine
1995-1997	Visiting Scientist, Institute for Hormone and Fertility Research, University of Hamburg
1997-2006	Assistant Professor, Osaka University Graduate School of Medicine
2007	Lecturer, Osaka University Graduate School of Medicine
2008	Professor and Chairperson, Osaka University Graduate School of Medicine
2018-2020	Director, Osaka University Hospital
2019-Present	Chairperson of the Executive Board, Japan Society of Obstetrics and Gynecology

**Publications**

523 papers appeared in PubMed. Representative papers are as follows. Cancer 1989, Nature 1992, PNAS 2005, 2011, 2017, Endocrinology 1993, 1996, 2019, J Clin Invest 1994, J Biol Chem 1994, J Natl Cancer Inst 2014, Lancet Oncol 2016, 2018, JAMA New Open 2020,

## **Electrophysiological determination of uterine receptivity (EDUR) system: for detection of unfavourable cycle for embryo transfer**

Implantation failure has long been considered a major problem of assisted reproductive technology (ART) treatment. Even though the implantation period is short, the uterus goes through many complexes, orchestrated changes to prepare for it. To investigate this complex system, we developed a transient and local in-vivo gene transfer system to murine uterine cavity using haemagglutinating virus of Japan envelope (HVJ-E) vector [1]. Using this system, we established an infertile mouse model with approximately 50% suppression of signal transducer and activator of transcription-3 (STAT-3) activity during implantation, resulting in < 30% implantation with normal hormonal milieu resembling human implantation failure [2].

We know that uterine receptivity is associated with various glycosylation changes that affect charge density at the luminal epithelium. We hypothesized uterine receptivity could be evaluated electrophysiologically. We analysed STAT-3 suppressed infertile mouse model via in-vivo intrauterine oxidation-reduction potential (ORP) [3] and vaginal bioelectrical impedance (Z) [4] and noticed the alterations of ORP and Z reflected prospective uterine receptivity. Receiver-operator characteristic (ROC) curve analysis of each ORP and Z as a predictor of non-conception showed an area under the ROC curve of 0.96 [0.92-1.00], and 0.91 [0.83– 0.99], respectively.

We then developed a probe for human uterus for simultaneous detection of ORP and Z. A prospective cohort study was conducted for patients who received a frozen-thawed single embryo transfer (ET) in a programmed, hormonally controlled cycle. The in-vivo intrauterine ORP and Z were measured at 3 points during the treatment cycle, at cycle days 9-10, 1 day before progesterone administration and immediately before ET. ORP and Z at 9-10 days were significantly lower in successful ET group than in failure ET group. ROC curve analysis of the ORP and Z at days 8-10 as a predictor of ET-failure showed an area under the curve of 0.80, and 0.88, respectively [5]. We chose intrauterine Z as a parameter, because the sensor for ORP was too expensive for market. In order to detect the unfavourable cycle for ET in daily practice, we collaborate with two Japanese companies for developing commercially available intrauterine probe and detector for Z and got an approval from Japanese authority. We are planning novel clinical trial with this device, and collaboration with TAOG members to use this device to detect unfavourable ET cycle during IVF-ET procedure is highly welcome.

[1] *Mol Hum Reprod.* 2003;9(10):603-9.

[2] *FEBS Lett.* 2006;580(11):2717-22.

[3] *Reprod Fertil Dev.* 2018;30(4):619-623.

[4] *Hum Reprod.* 2018;33(12):2241-2248.

[5] *Reprod Med Biol.* 2018;17:255– 261.

*Joong Shin Park*  
(IS6)



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**CURRICULUM VITAE**

**Joong Shin Park, MD, PhD**

Professor & Chairman

Department of Obstetrics and Gynecology

Seoul National University College of Medicine

Seoul National University Hospital

**Education**

Seoul National University College of Medicine (M.D.)

Seoul National University Graduate School (M.S.)

Seoul National University Graduate School (Ph.D.)

Residency, Dept. of Obstetrics and Gynecology, Seoul National University Hospital

Fellowship, Dept. of Obstetrics and Gynecology, Seoul National University Hospital

**Postgraduate position**

2012~2014 Director, Dept. of Education and Training, Seoul National University Hospital

2014~2016 Associate Dean for Public Relations, Seoul National University College of Medicine

2014~2016 Director of Medical Library, Seoul National University

2015~2018 Director of Graduate Medical Education, Korean Academy of Medical Sciences

2015~2017 President, Korean Society of Ultrasound in Obstetrics and Gynecology

2016~2017 Associate Dean for Academic Affairs, Seoul National University College of Medicine

2018~2021 Director of Specialty Examination, Korean Academy of Medical Sciences

2018~2020 Chair of Scientific Committee, Korean Society of Maternal Fetal Medicine

2018~2021 Chair of Scientific Committee, Korean Society of Obstetrics & Gynecology

**Current position**

1998~Present Assistant Professor, Associate Professor, Professor, Dept. of Obstetrics & Gynecology, Seoul National University College of Medicine & Seoul National University Hospital

2018~Present Chairman, Dept. of Obstetrics & Gynecology, Seoul National University College of Medicine & Seoul National University Hospital

2019~Present Director of Medical Museum, Seoul National University Hospital

2020~Present Vice President, Korean Society of Maternal Fetal Medicine

2020~Present Vice President, The Korean Society of Medical Education

2020~Present Director of Headquarters of Research Administration & Coordination, Seoul National University Hospital

2021~Present Vice President, Korean Academy of Medical Sciences

2021~Present Chairman, Council for Graduate Medical Training, Ministry of Health & Welfare, Korea

2021~Present Chairman of the Board, Korean Society of Obstetrics & Gynecology

2022~Present Treasurer, Asia & Oceania Federation of Obstetrics & Gynecology

## **Nonalcoholic Fatty Liver Disease (NAFLD) as an early manifestation of metabolic syndrome during pregnancy**

*Joong Shin Park, MD, PhD*

*Department of Obstetrics and Gynecology, Seoul National University College of Medicine, Seoul, Korea*

Non-alcoholic fatty liver disease (NAFLD) is often referred to as the hepatic manifestation of metabolic syndrome. Pregnancy and NAFLD are both insulin-resistant states, and their impact on maternal and neonatal outcomes is of great interest. However, the clinical significance of NAFLD in pregnant women has not been well determined. To determine whether NAFLD during pregnancy confers adverse risks for maternal or perinatal outcomes, a multicentre, prospective cohort study and its secondary analysis were conducted. In the study, singleton pregnant Korean women were assessed for NAFLD at 10–14 weeks using liver ultrasound, fatty liver index and hepatic steatosis index. Maternal plasma adiponectin, selenoprotein P (SeP) and free fatty acid (FFA) concentrations were measured. Pregnancy and neonatal outcomes were evaluated such as gestational diabetes (GDM), pregnancy-associated hypertension, large for gestational age (LGA) and other abnormal pregnancy outcomes. The risk of developing GDM was significantly increased in participants with NAFLD and was positively correlated with the severity of steatosis. This relationship between NAFLD and GDM remained significant after adjustment for metabolic risk factors, including measures of insulin resistance. Maternal plasma adiponectin and SeP levels were also correlated with both NAFLD severity and the risk of developing GDM. Grade 2–3 steatosis was a significant predictor of pregnancy-associated hypertension, even after adjustment for metabolic risk factors. Circulating levels of SeP were significantly higher in women with versus those without NAFLD ( $P = .001$ ) and was significantly higher also in women who subsequently developed pregnancy-associated hypertension compared with those who did not ( $P < .005$ ). The relationship between Grade 2–3 steatosis and LGA remained significant after adjustment for maternal age, pre-pregnancy BMI, GDM, and maternal serum triglyceride levels. The concentration of maternal blood adiponectin at 10–14 weeks was significantly lower in cases with LGA than non-LGA, but the maternal blood FFA concentrations were not different between the groups. In summary, NAFLD in early pregnancy is an independent risk factor for GDM, hypertensive disorders and other pregnancy adverse outcomes. These data support that pregnant women with NAFLD may need careful care to improve their pregnancy outcomes. The addition of screening for NAFLD to the existing prenatal care is expected to improve predictive performances for adverse pregnancy outcomes.