

*John Tait*  
*(IS1)*



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## CURRICULUM VITAE

### John Tait

(New Zealand)

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| 2024-2026    | President of AOFOG   |
| 2022         | Officer New Zealand Order of Merit ONZM<br>Chair of the Perinatal and Maternal Mortality Review Committee<br>Member of the National Maternity Monitoring Group |
| 2015-2021    | Vice President RANZCOG   |
| 2015-2022    | Chief Medical Officer CCHVd  |
| 1986-present | Obstetrician and Gynaecologist   |

## How Legislative Change Has Affected Abortion Services in NZ

*John Tait,  
President of AOFOG*

History of abortion law in NZ.

The change in law and the effect in NZ and Australia.

The rise in medical abortion

*Pisake Lumbiganon*  
*(IS2)*



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**CURRICULUM VITAE**

Pisake Lumbiganon, MD, MS(Penn), FRCOG(ad eundem)

- Immediate Past President, Asia Oceania Federation of Obstetrics and Gynecology (AOFOG)
  - 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.
  - Received research grants from many international organizations including IDRC, WHO, Wellcome Trust, European Commission, Thailand Research Fund.
  - He has published more than 200 papers in various international peer-reviewed journals including many Cochrane reviews.
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- 2009-2013     Dean of the Faculty of Medicine at Khon Kaen University.
  - 2016-2018    President of the Royal Thai College of Obstetricians and Gynecologists.
  - 2019           Fellow ad eundem of the Royal College of Obstetricians and Gynaecologists.  
Main areas of interest include maternal and perinatal health, evidence based practices, systematic review and meta-analysis.

## Implementation of evidence-based medicine in reproductive health: A role of Cochrane systematic review

*Pisake Lumbiganon, MD, MS (Penn),  
FRCOG (ad eundem)*

Evidence-Based Medicine (EBM) is the process of finding, appraising and using Research findings as the basis for clinical decisions. EBM involves making decisions about the care of individual patients based on the best research evidence available rather than personal opinions or common practices which may not always be evidence based.

The results of a particular research study cannot be interpreted with any confidence unless they have been considered together with the results of other studies addressing the same or similar questions. Research synthesis is the process through which two or more research studies are assessed with the objective of summarizing the evidence relating to a particular question. Research synthesis is needed not only to reflect the cumulative nature of science, but also because the volume of research is overwhelming, the quality of research is very variable, access to reports of research is haphazard, and often biased and most studies are too small. Research synthesis consists of two important steps, systematic review with or without meta-analysis. Research synthesis is now widely considered to be the highest quality of evidence.

Cochrane, previously known as the Cochrane Collaboration, was founded in 1993 under the leadership of Iain Chalmers in response to Archie Cochrane's call for up-to-date, systematic reviews of all relevant randomized controlled trials in the field of healthcare. Cochrane produces systematic reviews of primary research in human health care and policy and publishes them in the Cochrane Library. Each Cochrane Review addresses a clearly formulated question. Cochrane work is internationally recognized as the benchmark for high-quality information about the effectiveness and harm of health care interventions.

HRP (the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction) is the main instrument within the United Nations system for research in human reproduction. HRP is based at the WHO headquarters in Geneva, Switzerland. It supports and coordinates research on a global scale, synthesizes research through systematic reviews of literature, builds research capacity in low-income countries and develops dissemination tools to make efficient use of ever-increasing research information. HRP regularly produces and updates WHO Recommendations on various sexual and reproductive issue, e.g. antenatal care, intra-partum care, postpartum care, postpartum haemorrhage, etc. Research syntheses mainly from Cochrane Systematic review are usually the main sources of evidence for these recommendations.

*Rohana Haththotuwa*  
(IS3)



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CURRICULUM VITAE

Rohana Haththotuwa

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

## Redefining Intrapartum Care Based on Recent Evidence

*Rohana Haththotuwa, Secretary General AOFOG*

Recent evidence has highlighted the need to redefine intrapartum care to improve maternal and fetal outcomes. This can be achieved through three key objectives:

1. **Enhancing the Management of Labor** to improve clinical outcomes.
2. **Strengthening Fetal Surveillance and Neonatal Resuscitation.**
3. **Improving the Prevention and Management of Postpartum Hemorrhage (PPH).**

### Intrapartum Care Bundle

To ensure better maternal and fetal outcomes, an intrapartum care bundle has been recommended. This includes:

- Continuous presence of a **birth companion** during labor.
- Utilizing the **WHO Intrapartum Care Guide** for labor management.
- Practicing **intelligent intermittent auscultation** with a graphic display Doppler rather than continuous cardiotocography.
- Administering **prophylactic heat-stable oxytocin** to manage the third stage of labor.
- Implementing **active neonatal resuscitation** when needed, followed by early breastfeeding and **Kangaroo Mother Care**.

### Advancements in the Prevention and Management of Postpartum Hemorrhage (PPH) Key Findings from Recent Studies

The CHAMPION trial identified **late detection of PPH** as a major challenge. Even when blood loss reached **500 ml**, only **26% of women received a uterotonic drug**. Shockingly, among those who lost **1 liter of blood**, **30% did not receive auterotonic treatment**.

To address this, a **Care Bundle Approach** was recommended by the WHO Technical Consultation Group in 2019, moving away from the traditional sequential management of PPH.

### The E-MOTIVE Trial: Early Detection and Rapid Response

Professors Arri Coomaraswamy and Ioannis Gallos from the University of Birmingham conducted the **E-MOTIVE trial**, which focused on **early detection of PPH** and treatment using the **WHO MOTIVE "first response" bundle**.

- Conducted across **80 health facilities**, with **40 using the E-MOTIVE approach** and **40 continuing standard care**.
- Results showed a **65% reduction in laparotomies for bleeding** and a significant decrease in **maternal mortality due to hemorrhage**.

### Challenges with Oxytocin and the Role of Heat-Stable Carbetocin

In resource-limited settings, Oxytocin has been found to be **ineffective** due to challenges in maintaining a **cold-chain transport and storage system**.

- A **new formulation of Carbetocin** has been developed, which is **stable at room temperature** with a **shelf life of 24 months at 30°C and 75% humidity**.
- The **WHO CHAMPION study** concluded that **heat-stable, long-acting Carbetocin** is as **effective as Oxytocin** in preventing PPH.
- In 2018, WHO recommended the use of **Carbetocin (100 mcg IM/IV)** for the **prevention of PPH** in all births.

### The WOMAN Trial: Impact of Tranexamic Acid on PPH

The **WOMAN trial** investigated the effects of **early administration of Tranexamic Acid (TXA)** for PPH and found:

- Administering TXA **within 3 hours of delivery** reduced **maternal deaths by 30%**.
- Other causes of maternal mortality, such as **pulmonary embolism, sepsis, and organ failure**, were similar between the TXA and placebo groups.

Additionally, the trial analyzed **483 maternal deaths following PPH** and concluded that while **Tranexamic Acid significantly reduces bleeding-related mortality**, but achieving survival rates comparable to high-income countries requires:

- **Early recognition and treatment of PPH.**
- Addressing **maternal anemia** before delivery.
- **Ensuring availability of blood transfusion services.**
- **Strengthening healthcare infrastructure.**

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### Conclusion

Recent advancements in intrapartum care and PPH management highlight the importance of **early detection, standardized treatment approaches, and the use of effective uterotonic drugs**. The adoption of an **intrapartum care bundle, heat-stable Carbetocin, and timely administration of Tranexamic Acid** can significantly improve maternal and neonatal survival rates, especially in resource-limited settings.