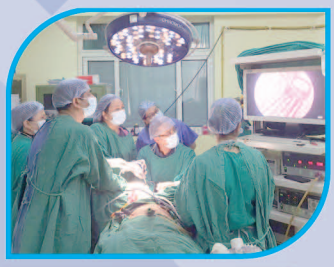
स्मारिका



६४औं वार्षिकोत्सव

परोपकार प्रसूति तथा स्त्रीरोग अस्पताल

थापाथली, काठमाण्डौ

२०८० भदौ २० गते बुधबार

श्रीकृष्ण जन्माष्टमी

राष्ट्रिय गान

सयौं थुँगा फूलका हामी, एउटै माला नेपाली
सार्वभौम भै फैलिएका, मेची-महाकाली । २

प्रकृतिका कोटी-कोटी सम्पदाको आँचल
वीरहरुका रगतले, स्वतन्त्र र अटल ।

ज्ञानभूमि, शान्तिभूमि, तराई, पहाड, हिमाल
अखण्ड यो प्यारो हाम्रो मातृभूमि नेपाल ।

बहुल जाति, भाषा, धर्म, संस्कृति छन् विशाल
अग्रगामी राष्ट्र हाम्रो, जय जय नेपाल ।

राष्ट्रपतिको कार्यालय

राष्ट्रपति भवन
महाराजगञ्ज, काठमाडौं, नेपाल ।

पत्र संख्याः-
चलानी नं.:-

शुभकामना सन्देश

सम्माननीय राष्ट्रपति श्री रामचन्द्र पौडलज्यूले परोपकार प्रसूति तथा स्त्री रोग अस्पतालले आफ्नो ६४औं वार्षिकोत्सवको उपलक्ष्यमा अस्पतालको जानकारी मूलक सन्देशहरू सहितको स्मारिका प्रकाशन गर्न लागेकोमा खुसी व्यक्त गर्नुभएको छ ।

सम्माननीय राष्ट्रपतिज्यूले यस अस्पतालद्वारा विगत लामो समयदेखि मुलुकभरका महिला तथा नवजात शिशुहरूलाई निरन्तर रूपमा प्रदान गरिदै आएको सेवा र मातृ तथा नवजात शिशु मृत्युदर घटाउन पुऱ्याएको योगदानको प्रशंसा गर्नुभएको छ । उहाँले अस्पतालको सेवालाई अझ प्रभावकारी र सर्वसुलभ बनाउन आवश्यक व्यवस्थापकीय एवं प्राविधिक सुधार गर्दै गुणस्तरीय सेवा प्रदान गर्न सफलता मिलोस् भन्ने शुभकामना व्यक्त गर्नुभएको छ ।

नेपालको संविधानको धारा ३५ मा व्यवस्था भएको स्वास्थ्य सम्बन्धी हक र धारा ३८ को २ मा व्यवस्था भएको प्रजनन स्वास्थ्य सम्बन्धी हक कार्यान्वयनको सिलसिलामा अस्पतालले संचालन गरेको वृहत स्तनपान व्यवस्थापन केन्द्र (Human Milk Bank),बाझोपना उपचारको लागि आइ. यु .आइ. /आइ. भि. एफ कार्यक्रम, एकद्वार संकट व्यवस्थापन केन्द्र (OCMC), आमा सुरक्षा कार्यक्रम तथा नवजात शिशु उपचार कार्यक्रम लगायत महिला प्रजनन स्वास्थ्य सम्बन्धी सम्पूर्ण सेवाहरूबाट आम महिला दिदी बहिनीहरूलाई प्रत्यक्ष सेवा पुगेको स्मरण गर्दै अस्पतालबाट प्रदान गरिने सेवालाई अझै प्रविधीमैत्री बनाउदै जनभावना अनुरुप प्रवाह गर्न आगामी दिनहरूमा थप प्रभावकारीता अभिवृद्धि तर्फ उन्मुख होस् भन्ने कामना गर्नुभएको छ ।

अन्तमा, सम्माननीय राष्ट्रपतिज्यूले यस स्मारिकामा प्रकाशित सामग्रीहरू सम्बद्ध क्षेत्रका पेशाकर्मी एवं आम पाठकका लागि समेत उपयोगी हुने विश्वास व्यक्त गर्नुहुँदै विषम परिस्थितिमा समेत कर्तव्यनिष्ठ भई निरन्तर रूपमा बिरामीको सेवामा समर्पित अस्पतालमा कार्यरत सबै चिकित्सक, नर्स, स्वास्थ्यकर्मी एवं कर्मचारीहरूको उत्तरोत्तर प्रगतिको कामना गर्नुभएको छ ।

धन्यवाद ।

आज्ञाले,

(डिल्ली राम शर्मा)
सचिव

२०८० साल, साउन २८ गते, आइतबार ।

फोन नं. ९७७-१-४४४६००३, ४४४६००४, ४४४६००७, ४४४६००८ फ्याक्स: ९७७-१-४४१६४९५
इमेलः mail@president.gov.np, वेवसाइटः www.president.gov.np

प्रधानमन्त्री

काठमाडौं, नेपाल

शुभकामना

वि.सं. २०१६ सालमा स्थापना भई निरन्तर सेवा प्रदान गरिरहेको परोपकार प्रसूति तथा स्त्रीरोग अस्पतालले स्थापनाको ६४ औं वार्षिकोत्सवको अवसरमा स्मारिका प्रकाशन गर्न लागेको जानकारी पाउँदा खुशी लागेको छु। यस अवसरमा अस्पतालका कर्मचारी तथा शुभेच्छुकहरू प्रति शुभकामना व्यक्त गर्न चाहन्छु।

नेपाल सरकारले लिएको स्वास्थ्य नीति अन्तर्गत महिला स्वास्थ्य सम्बन्धी अवलम्बन गरेका कार्यक्रमहरू सञ्चालन तथा मातृ मृत्युदर एवम् शिशु मृत्युदर कम गर्न यस अस्पतालले महत्वपूर्ण भूमिका खेलेको विश्वास लिएको छु। नेपाल सरकार स्वास्थ्य तथा जनसंख्या मन्त्रालयले महिलाले जीवनकालमा भोग्नुपरेका विविध प्रकारका प्रजनन् स्वास्थ्य समस्याहरूलाई ध्यानमा राखी प्राथमिकताका साथ विभिन्न कार्यक्रमहरू लागू गरिरहेको छ। जसमध्ये आमा सुरक्षा कार्यक्रम, नवजात शिशु उपचार, पाठेघरको मुखको क्यान्सर तथा पाठेघर खस्ने समस्याको रोकथाम तथा शल्यक्रिया गर्ने र विपन्न वर्गका महिलाहरूको निःशुल्क उपचार अत्यन्त प्रभावकारी रूपमा गरिरहेको तथा महिला प्रजनन् अन्तर्गत बाँझोपन उपचारका लागि प्रमुख सरकारी अस्पतालको रूपमा काम गरेको मैले पाएको छु।

हरेक प्रकारका प्रतिकूल परिस्थितिमा स्वास्थ्य सेवाको मर्म बुझ्दै सेवाभावका साथ स्वास्थ्य सेवामा खटिनुहुने सम्पूर्ण कर्मचारीहरूलाई धन्यवाद दिन चाहन्छु। आगामी दिनमा यस अस्पतालले दक्ष जनशक्तिको साथमा अझै प्रविधिमैत्री र आधुनिक यन्त्र तथा उपकरणहरू प्रयोग गर्दै गुणात्मक स्वास्थ्य सेवा प्रदान गरी सुरक्षित मातृत्व एवम् महिला स्वास्थ्य सेवामा सशक्त भई निरन्तर रूपमा मुलुकको स्वास्थ्य क्षेत्रमा महत्वपूर्ण योगदान पुऱ्याउँदै यात्रामा निरन्तर अगाडि बढ्नेछ भन्ने विश्वास लिएको छु।

अन्त्यमा, अस्पतालले मनाउन लागेको वार्षिकोत्सव र स्मारिका प्रकाशन दुबैको सफलताका लागि शुभकामना व्यक्त गर्दछु।

२३ साउन २०८०

पुष्पकमल दाहाल'प्रचण्ड'

मोहन बहादुर बस्नेत
Mohan Bahadur Basnet

स्वास्थ्य तथा जनसङ्ख्या मन्त्री
Minister for
Health and Population

नेपाल सरकार
Government of Nepal
स्वास्थ्य तथा जनसङ्ख्या मन्त्रालय
Ministry of Health and Population

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Ramshahpath, Kathmandu, Nepal

पत्र संख्या(Ref. No.): ०८०।८१ चलानी नं.(Dispatch No.): ४६ मिति(Date):.....

शुभकामना

परोपकार प्रसूति तथा स्त्रीरोग अस्पतालले ६४औं स्थापना दिवसका अवसरमा स्मारीका प्रकाशन गर्न लागेको जानकारी पाउँदा अत्यन्त खुसी लागेको छ। स्मारिकामा संग्रह गरिएका सामाग्रीहरुले प्रसूति गृहको गतिविधिहरुका बारेमा सर्वसाधारण समेतलाई जानकारी प्राप्त गर्ने अवसर मिल्नुका साथै महिला स्वास्थ्य सम्वन्धी खोज अनुसन्धान गर्ने व्यक्तिलाई सहयोग पुयाउने विश्वास लिएको छु ।

नेपाल सरकारको पहिलो स्त्री रोग अस्पतालको रुपमा वि.सं. २०१६ साल भाद्र १० गते कृष्णाष्टमीका दिन स्थापना भई निरन्तर रुपमा सञ्चालन भएको यस अस्पतालले सरकारले अवलम्वन गरेको सुरक्षित मातृत्व तथा प्रजनन् स्वास्थ्य सेवा एवम् नवजात शिशु सेवा प्रवाहको क्षेत्रमा पुऱ्याएको योगदान प्रशंसनीय रहेको छ। अस्पतालले सञ्चालन गरेको वृहत स्तनपान व्यवस्थापन केन्द्र (Human Milk Bank), बाँझोपना उपचारको लागि आइ.यु.आइ/आइ.भि.एफ कार्यक्रम, दुर्गम क्षेत्रका महिला गर्भवतीहरुको हवाई उद्दार गरी उपचार, एकद्वार संकट व्यवस्थापन केन्द्र (HEOC), आमा सुरक्षा कार्यक्रम तथा नवजात शिशु उपचार कार्यक्रम लगायत महिला प्रजनन स्वास्थ्य सम्वन्धी सम्पूर्ण सेवाहरुबाट महिला आमा दिदी बहिनीहरुले प्रत्यक्ष सेवा प्राप्त गरिरहनु भएको छ ।

नेपालको संविधानको धारा ३५मा व्यवस्था भएको स्वास्थ्य सम्वन्धी हक र धारा ३८ को २ मा व्यवस्था भएको प्रजनन् स्वास्थ्य सम्वन्धी हक कार्यान्वयन गर्न अस्पतालले खेलेको भुमिका प्रशंसनीय रहेको छ । अपतालवाट प्रदान गरिने सेवालाई अझै प्रविधिमैत्री वनाउँदै जनभावना अनुरुप सेवा प्रवाह गर्न आगामी दिनमा थप प्रभावकारीता अभिवृद्दि तर्फ सफलता मिलोस भन्ने शुभकामना दिन चाहान्छु ।

अन्त्यमा सदैव सेवा भावका साथ स्वास्थ्य सेवामा खटिनुहुने सम्पूर्ण कर्मचारीहरुलाई विशेष धन्यवाद दिँदै, स्थापना दिवशको हार्दिक शुभकामना सहित स्मारीकाको निरन्तरताको कामना गर्दछु।

धन्यबाद।

मोहन बहादुर बस्नेत
मन्त्री

२५ श्रावण, २०८०

नेपाल सरकार

राष्ट्रिय योजना आयोग

सिंहदरबार, काठमाडौं

पत्र संख्या:- २०८०/८१

चलानी संख्या:- ६१

सिंहदरबार, काठमाडौं

शुभकामना

वि.सं. २०१६ साल श्रीकृष्ण जन्माष्टमीका दिन स्थापना भई निरन्तर रुपमा सेवा प्रवाहमा कटिवद्ध रहेको परोपकार प्रसूति तथा स्त्रीरोग अस्पतालले आफ्नो स्थापनाको ६४ औं वार्षिक उत्सवको अवसरमा स्मारिका प्रकाशन गर्न लागेको जानकारी पाउँदा मलाई अत्यन्त खुसी लागेको छ । यस अवसरमा अस्पतालका कर्मचारी तथा शुभेच्छुकहरू प्रति शुभकामना व्यक्त गर्न चाहन्छु ।

पन्ध्रौं योजनाले परिलक्षित गरेका सामाजिक सूचकहरूको लक्ष्य प्राप्ति अन्तर्गत जन्म हुदाँको अपेक्षित आयु, किशोरी अवस्थाको प्रजनन दर, आमा सुरक्षा कार्यक्रम तथा नवजात शिशु उपचार कार्यक्रमहरूमा प्राप्त उपलब्धि सन्तोषजनक देखिएको छ ।

नेपालको संविधानले प्रदत्त गरेका स्वास्थ्यसम्बन्धी प्रत्याभूति, नेपाल सरकारले लिएको स्वास्थ्य नीति तथा राष्ट्रिय योजना आयोगको मार्गदर्शन बमोजिम महिला स्वास्थ्यसम्बन्धी कार्यक्रमहरू सञ्चालन गर्ने केन्द्रीय अस्पतालको रूपमा यस अस्पतालले खेलेको भूमिका जति प्रशंसा गरेपनि कमै हुन्छ ।

अस्पतालले सञ्चालन गरेको बृहत् स्तनपान व्यवस्थापन केन्द्र (Human Milk Bank), बाझो पना उपचारको लागि आइ.यु.आइ./आइ.भि.एफ. कार्यक्रम नमुना कार्यक्रमको रूपमा अघि बढेको र विदेशी दातृ निकायहरूले पनि महत्त्व दिएको देख्दा खुसी लागेको छ ।

हालै यस अस्पतालले सञ्चालन गरेको ४८९ वटा शैयाहरु मध्ये पाठेघरसम्बन्धी ६५ शैया सहित कुल ४५० शैयाहरु निशुल्क गरिएकोमा आम आमा दिदि वहिनिहरुले सो बाट प्रत्यक्ष लाभ प्राप्त गर्नुहुनेछ भन्ने विस्वास लिएको छु ।

कोभिडको महामारी लगायत हरेक प्रकारका प्रतिकूल परिस्थितिमा स्वास्थ्य सेवाको मर्म बुझ्दै सेवा भावका साथ स्वास्थ्य सेवामा खटिनुहुने सम्पूर्ण कर्मचारीहरूलाई विशेष धन्यवाद दिन चाहन्छु। आगामी दिनमा यस अस्पतालले दक्ष जनशक्तिको साथमा प्रविधि मैत्री आधुनिक यन्त्र तथा उपकरणहरू प्रयोग गर्दै गुणात्मक स्वास्थ्य सेवा प्रदान गर्दै जाने छ भन्ने विश्वास लिएको छु,धन्यवाद।

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प्रा.डा.आर.पी.विच्छा

सदस्य, राष्ट्रिय योजना आयोग

फोन: ०१-४२११०३२, ४२११९३२, ४२११००४, फ्याक्स: ०१-४२११७००, ईमेल: npc@npc.gov.np, वेब: www.npc.gov.np

नेपाल सरकार

स्वास्थ्य तथा जनसंख्या मन्त्रालय

(.....शाखा)

फोन नं. ४२६२५४०
४२६२८०२
४२६२७०६
४२६२४३५
४२६२८६२
४२२३५८०

रामशाहपथ,
काठमाडौँ, नेपाल ।

प्राप्त पत्र संख्या :-
पत्र संख्या :-
चलानी नं. :-

मिति : .....

शुभकामना

विषय :-

परोपकार प्रसूति तथा स्त्रीरोग अस्पतालले आफ्नो स्थापनाको ६४ औं बर्ष पुरा गरी अस्पतालले प्रवाह गर्ने सेवाहरु सबैमा जानकारी गराउने उद्देश्यले स्मारिका प्रकाशन गर्न लागेको थाहा पाउँदा मलाई खुशी लागेको छ ।

नेपाल सरकारले लिएको स्वास्थ्य निति अन्तर्गत महिला स्वास्थ्य सम्बन्धि अबलम्वन गरेका कार्यक्रमहरु संचालन तथा मातृ मृत्यूदर एवं शिशु मृत्युदर कम गर्न यस अस्पतालको भुमिका प्रशंसनिय रहेको छ ।

अस्पतालले आमा सुरक्षा कार्यक्रम तथा नवजात शिशु उपचार, पाठेघरको मुखको क्यान्सर उपचार, पाठेघर खस्ने समस्याको रोकथाम तथा शल्यक्रिया गर्ने तथा विपन्न बर्गका महिलाहरुको निशुल्क उपचार अत्यन्त प्रभावकारी रुपमा गरिरहेको र महिला प्रजनन अन्तर्गत बाझोपन उपचारका लागी प्रमुख सरकारी अस्पतालको रुपमा जिम्मेवारी वहन गरिरहेको छ ।

यस अस्पतालले आगामी दिनहरुमा गुणस्तरीय प्रजनन स्वास्थ्य सेवा प्रवाहमा अभिबृद्धि गर्दै उच्च सफलता हासिल गर्न सकोस्, मातृ तथा शिशु मृत्यूदर घटाउन विभिन्न उपचारात्मक पद्धति र अनुसन्धानात्मक कार्यको विकास गर्न सकोस् भन्ने शुभकामनाका साथ अस्पताललाई आजको यस स्थितिमा ल्याउन मद्दत पुऱ्याउनु हुने अस्पतालका सम्पूर्ण कर्मचारी वर्ग तथा सम्बद्ध सबैलाई बधाई तथा धन्यवाद दिंदै अस्पतालबाट प्रदान गरिने सेवाको स्तर अझ वढि स्तरीय र विश्वसनीय हुन सकोस् भन्ने शुभ-कामना व्यक्त गर्न चाहन्छु ।

डा. रोशन पोखरेल
सचिव

नेपाल सरकार

स्वास्थ्य तथा जनसंख्या मन्त्रालय

(.....शाखा)

फोन नं. ४२६२५४०
४२६२८०२
४२६२७०६
४२६२४३५
४२६२८६२
४२२३५८०

प्राप्त पत्र संख्या :-
पत्र संख्या :-
चलानी नं. :-

रामशाहपथ,
काठमाडौँ, नेपाल ।

मिति : .....

शुभकामना

विषय :-

परोपकार प्रसूति तथा स्त्रीरोग अस्पतालले आफ्नो स्थापनाको ६४ औं बर्षसम्ममा अस्पतालले गरेका सेवालाई सरोकारवाला समक्ष जानकारी गराउने स्मारिका प्रकाशन गर्न लागेको जानकारी पाउँदा मलाई खुशी लागेको छ ।

परोपकार प्रसुति तथा स्त्रीरोग अस्पतालले स्त्रीरोग सम्बन्धी आधारभूत साथै विशेषज्ञ सेवा प्रदान तथा स्वास्थ्य क्षेत्रको उच्च शिक्षा प्रदान गर्ने कार्यमा सदैव यस अस्पतालले प्रशंसनीय रुपमा अग्रणी भूमिका निर्वाह गर्दै आएको जानकारी पाएको छु । नेपाल सरकारको नीति अनुकुल अस्पतालले संचालन गरेका बृहत स्तनपान व्यवस्तथपन केन्द्र , बाझोपना उपचारको लागि आइ.यु.आइ/आइ.भि.एफ कार्यक्रम, दुर्गम क्षेत्रका महिला गर्भवतीहरुको हवाई उद्दार गरी उपचार एकद्वार संकट व्यवस्थापन केन्द्र,आमा सुरक्षा कार्यक्रम तथा नवजात शिशु उपचार कार्यक्रम लगायत महिला प्रजनन स्वास्थ्य सम्बन्धी सम्पूर्ण सेवाहरुबाट महिला आमा दिदी बहिनीहरुले प्रत्यक्ष सेवा प्राप्त गरिरहनु भएको छ ।

यस अस्पतलले आगामी दिनहरुमा गुणस्तरीय विश्वसनीय एवम् प्रवाहमा अभिबृद्धि गर्दै उच्च सफलता हासिल गर्न सकोस् मातृ तथा शिशु मृत्यूदर घटाउन विभिन्न उपचारात्मक पद्धति र अनुसन्धानात्मक कार्यको विकास गर्न सकोस् भन्ने शभुकामनाका साथ अस्पताललाई आजको यस स्थितिमा ल्याउन मद्दत पुऱ्याउनु हुने अस्पतालका सम्पूर्ण कर्मचारी वर्ग तथा सम्बद्ध सबैलाई बधाई दिदै अस्पतालबाट प्रदान गरिने सेवाको स्तरीय र विश्वसनीय हुन सकोस् भन्ने शभु-कामना व्यक्त गर्न चाहन्छु ।

२०८१०६।०८

श्री देव कुमारी गुरागाई

सचिव

नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
परोपकार प्रसूति तथा स्त्रीरोग अस्पताल
विकास समिति

फोन नं.
डाइरेक्टर : ४२६०४०५
कार्यालय : ४२६०२३१
रिसेप्सन : ४२५३२७६
पोष्ट बक्स नं. ५३०७
थपाथली, काठमाडौं

पत्र संख्या:-

मिति:- १२/०५/२०८०

शुभकामना सन्देश

आज नेपालको सबैभन्दा ठुलो यस परोपकार प्रसूति तथास्त्रीरोग अस्पताल प्रसूति, स्त्रीरोग तथा नवजात शिशुहरूको उपचारको केन्द्रको रूपमा परिचित रहि आएको छ।वि.सं. २०१६ साल भाद्र १०गते श्रीकृष्ण जन्माष्टमीको दिनमा ४० शय्याबाट परोपकार श्री ५ इन्द्र राज्य लक्ष्मी देवी प्रसूतिगृह तथा शिशु कल्याण केन्द्रको नाममा स्थापना भई वि.सं. २०६४ साल असोज १३ गतेबाट परोपकार प्रसूतितथा स्त्रीरोग अस्पतालको रूपमा सञ्चालित यस अस्पतालले६३ औवर्ष पार गरी ६४ औ वर्षमा प्रवेश गरेको सु-अवसरमा अस्पतालका समग्र गतिविधीहरु समेटेर स्मारिका प्रकाशन गर्न लागेकोमा आभार व्यक्त गर्न चाहन्छु ।

आफ्नो स्थापना दिवस को पावन खुशीयाली तथा श्रीकृष्ण जन्माष्टमीको शुभ उपलक्ष्यमा समस्त कर्मचारी परिवार, अध्ययनरत बिद्यार्थिहरु, सेवाग्राही तथा तिनका परिवार प्रति हार्दिक शुभकामना व्यक्त गर्न चाहन्छु ।मुलुकको एकमात्र प्रसुति सेवा प्रति सदा सर्वदा दत्तचित्त रहेको यस अस्पतालले ६४ बर्षे समयको अन्तरालमा विभिन्न बाधा-व्यवधान/आरोह-अवरोहका विचमा मातृशिशु स्वास्थ्यसँग सम्बन्धित अमिट छाप पार्न सफल भएको छ । नेपाल सरकारको मातृ तथा नवजात शिशु स्वास्थ्य सँग सम्बन्धित विभिन्न तालिमको लागी यस अस्पतालले केन्द्रविन्दुको भुमिका खेलेको विदितै छ ।

हालसालै अस्पतालले प्रसूति तथा नवजात शिशुहरूको नि:शुल्क उपचारगर्दै आएकोमा स्वास्थ्य तथा जनसङ्ख्या मन्त्रालयको निर्देशन अनुसार स्त्रीरोग सम्बन्धी उपचार गर्ने बिरामीहरूको लागि पनि ६५ बेड)पाठेघर) नि:शुल्क गरी हाल ४५० बेडहरू पुर्णरुपमा नि:शुल्क रूपमा सञ्चालनमा ल्याएको साथै नेपालको केन्द्रीय रिफरल र मुख्यत: आमा तथा नवजात शिशुहरूकोउपचार गर्ने यस अस्पतालले छुट्टै पहिचान बनाउन सफल भएको छ।हालसालैअस्पतालले विरामीहरुको चापलाई मध्यनजरगरीथपत्थअपभत ऋयगलतभच, एजबक्कबअथ अभलतभच को विस्तार,नवजात शिशुको स्वास्थ्यलाई मध्यनजर राख्दै १० वेड लक्ष्ऋग लाई २० वेड, रकम भुक्तानीमा सहज होस भनेर त्तच ऋयमभ बाटएबथभलततथा इलष्लिभ त्थअपभतष्लन सेवा उपलब्ध गराएको छ ।

यस अस्पतालको आगामी कार्यदिशा अन्तर्गत नवनिर्मित भवनलाई मुर्त रुपदिई उपकरण तथा प्रविधिहरुको प्रयोग सहित छिटो छरितो रुपमा सञ्चालनमा ल्याउनु, मन्त्रालयमा पेस भई विचाराधिन रहेका अस्पतालको :बकतभच एबिलभस्विकृति गराउनु, कार्यरत जनशक्तिहरुलाई इ ७ : मार्फत पुनर्संरचना गर्नु ,पुराना जिर्ण भवन विस्थापित गरी नयाँ भवन निर्माण गर्नुतथा:च्ध्ध मेशिन खरिद गरी सेवा सञ्चालन गर्नु रहेका छन ।

अन्त्यमा सीमित सेवा र सुविधाका बाबजुद पनि अहोरात्र अस्पतालतथा सेवाग्राहीको लागि खटिने सम्पुर्ण चिकित्सक, नर्सिङ कर्मचारी, प्राविधिक कर्मचारी, प्रशासनिक कर्मचारीहरु, सेवा र अध्ययन दुवैका लागी समर्पित विद्यार्थिहरु तथा यस स्मारिका प्रकाशनमा खटिनु भएका सम्पुर्ण सहयोगी कर्मचारीहरु प्रति ६४ औ बार्षिको त्सव का अवसरमा हार्दिक शुभकामना व्यक्त गर्दै आगामी दिनहरुमा अस्पताललको सेवा अभिवृद्दीमा प्रेरणा मिलोस भन्ने कामना गर्दछु ।

धन्यवाद

डा.श्रीप्रसाद अधिकारी
निर्देशक

स्मारिका प्रकाशन कमिटी

प्रकाशन कमिटीका सदस्यहरु

डा. तारा गुरुङ

डा. प्रज्वल पौडेल

डा. करिश्मा मल्ल वैध

श्री रानु थापा मानन्धर

डा. अतित पौडेल

श्री ढुण्डीराज दाहाल

डा. झुमा सिल्वाल

श्री राजकुमार श्रेष्ठ

प्रकाशक : परोपकार प्रसूति तथा स्त्री रोग अस्पताल विकास समिति
थापाथली, काठमाण्डौ, नेपाल, पो.ब.नं. ५३०७,
फोन : ४२५३२७६, ४२५३२७७, ४२६०२३१
फ्याक्स : ००९७७-०१-४२६०२७४
इमेल : info@pmwh.gov.np
वेबसाइट : www.pmwh.gov.np

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कम्प्यूटर लेआउट : गोमा प्रेश, बागबजार, ५३४०१९८

पूर्व अध्यक्षहरू

१. श्री गेहेन्द्र राजभण्डारी
२. श्री उदयप्रसाद उपाध्याय
३. डा. दिनेशानन्द वैद्य
४. डा. महेन्द्र प्रसाद
५. डा. यज्ञराज जोशी
६. डा. गौरी शंकरलाल दास
७. डा. भरतराज वैद्य
८. डा. नगेन्द्रध्वज जोशी
९. डा. लक्ष्मणप्रसाद पौडेल
१०. डा. नर्वदालाल मास्के
११. डा. द्वारकानाथ रेग्मी
१२. डा. योगेन्द्रमान सिंह प्रधान
१३. डा. कोकिला वैद्य
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डा. श्री प्रसाद अधिकारी

निर्देशक

आज यस अस्पतालले ६३ औं वर्ष पार गरी ६४ औं वर्षमा प्रवेश गरेको सु-अवसरमा सम्पुर्ण कर्मचारी परिवार तथा सेवाग्राहीहरूलाई हार्दिक मङ्गलमय शुभ-कामना व्यक्त गर्न चाहन्छु।

परोपकार प्रसूति तथास्त्रीरोग अस्पताल नेपालको सबै भन्दा ठुलो प्रसुती, स्त्रीरोग तथा नवजात शिशुहरूको उपचारको केन्द्रको रूपमा स्थापित छ। यस अस्पताल बि.सं. २०१६ साल भाद्र १० गते श्रीकृष्ण जन्माष्टमीको दिनमा ४० शैय्याबाट परोपकार श्री ५ इन्द्र राज्य लक्ष्मी देवी प्रसुतीगृह तथा शिशु कल्याण केन्द्रको नाममा स्थापना भई २०६४ साल असोज १३ गतेबाट परोपकार प्रसुतीतथा स्त्रीरोग अस्पतालको रूपमा सञ्चालित छ।

यस अस्पतालमा स्वीकृतबेड सङ्ख्या ४१५ भएता पनि अत्यधिक बिरामीहरूको चापलाई मध्यनजर गरी हाल ४८९ शैय्याबाट सेवा सञ्चालन गरिँदै आएको छ। उक्त बेड संख्याले पनि बिरामीहरूको उपचार गर्न कठिनाई भएको अवस्था भएको हुँदा सङ्गठन व्यवस्थापन संरचना (O&M) सर्भे गरी, बेड सङ्ख्या ७०० पुर्याचउनुका साथै थप जनशक्तिको लागि पनि पहल गरिएको अवस्था रहेको छ।

नेपालको केन्द्रीय रिफरल र मुख्यत: आमा तथा नवजात शिशुहरूकोउपचार गर्ने यस अस्पतालले छुट्टै पहिचान बनाउन सफल भएको छ।यस अस्पतालले प्रसुती तथा नवजात शिशुहरूको नि:शुल्क उपचारगर्दै आएकोमा स्वास्थ्य तथा जनसङ्ख्या मन्त्रालयको निर्देशन अनुसार स्त्रीरोग सम्बन्धी उपचार गर्ने बिरामीहरूको लागि पनि ६५ बेड नि:शुल्क गरी हाल ४५० बेडहरू पुर्णरुपमा नि:शुल्क रूपमा सञ्चालनमा ल्याएको छ।

यस अस्पतालको आ.ब.२०७९।८० मा कुल ओ.पी.डी बिरामी सङ्ख्या एक लाख अस्सी हजारमध्ये गर्भवती महिला ७१,२९६ जना, पाठेघर सम्बन्धी समस्या भएका ३५,४८९ जना,नवजात शिशु २३,१५८, निसन्तान ओ.पी.डी. ८,३०९ र अन्य बिरामीको सङ्ख्या ४२,६३८ रहेको छ। गत आर्थिक वर्ष यस अस्पतालमा कुल डेलिभरी हुने सङ्ख्या २४,६७२ मध्ये ९,८२१ लाई सिजरियन सेक्सन गरिएको थियो।

हाल दैनिक रूपमा ओ.पी.डी मा आउने बिरामीहरूको चापलाई मध्यनजर गर्दै क्यास काउण्टरर टिकट काउण्टर थप गरिएको तथाअनलाईन टिकट को पनि व्यवस्था गरिएको छ। गुणस्तरीय सेवा र सेवाग्राहीहरूको सन्तुष्टिलाई प्राथमिकतामा राखी यस अस्पतालका कर्मचारी तथा स्वास्थ्यकर्मीहरू धेरै जसो सार्वजनिक बिदाको दिनहरूमा पनि आधा दिन (Half Day) ओ. पी. डी. सञ्चालन गरिरहेको छ जसले गर्दा दुर-दराज बाट आउने सेवाग्राहीहरू ले सहज महसुस गरिरहेका छन्। २४ सै घण्टा इमरजेन्सी सेवा अन्तर्गत यस अस्पतालले कुनै पनि प्रसुतीतथा स्त्रीरोग सम्बन्धी बिरामीहरूलाई अस्पतालमा भएका साधन श्रोतको अधिकतम प्रयोग गरी उपचार गरिरहेको छ। सेवाग्राहीहरूलाई विशेष परिस्थिति बाहेक अन्य अवस्थामा बेड वा अन्य कारण देखाई रिफ़र गरिँदैन। विभिन्न सेवा अन्तर्गत यस अस्पतालमा आई.भि.एफ. (IVF) सेवा,पाठेघर तथा अण्डादानीको क्यान्सर (Gyne–Oncology) सेवा तथा

Uro–Gynecology सेवा सञ्चालित छन् ।

यस अस्पतालमा निःसन्तान उपचार केन्द्र (Sub–Fertility Clinic) २०३९ सालमा सुरु भएको थियो । देशकोएउटा मात्र सरकारी निःसन्तान उपचार केन्द्रको रूपमा स्थापित यस संस्थामा २०६३ सालबाट IUI सेवा सुरु गरियो र २०६८ सालबाट IVF सेवा सञ्चालन गरिएको थियो । २०७२ सालको भूकम्पको कारणले अवरुद्ध रहेको सेवा कुपन्डोल स्थित नयाँ संरचनामा व्यवस्थापन गरी पुनः सञ्चालनमा आएको छ । नेपाल सरकारको नीति तथा कार्यक्रम अन्तर्गत देशका विभिन्न सङ्घीय अस्पतालहरूमा नि-सन्तान उपचार केन्द्र (IVF Center)को सुरुवात गर्नका लागि यस अस्पतालले दक्ष जनशक्ति विकासको लागि तालिमको पनि सुरुवात गरेको छ ।

विशिष्टीकृत सेवा अन्तर्गत निः सन्तान उपचार बाहेक पाठेघर तथा अण्डादानी क्यान्सरको उपचार र युरोगाइनेकोलोजी तथा दुरविन द्वारा पाठेघरको शल्यक्रिया (Minimal Invasive Surgery) को सेवा पनि सञ्चालन गर्दै आएको छ ।

चिकित्सा विज्ञान राष्ट्रिय प्रतिष्ठान अन्तर्गत इन्फर्टिलिटी, युरो-गाईनोकालोजी, गाईनो-अङ्कोलोजीतथा पेडियाट्रिक न्युयोन्याटोलोजी विषयमा फेलोसिप सञ्चालन हुदै आएको छ।आगामी वर्ष देखि Minimal Invasive Surgery , High Risk Pregnancy तथा अन्य विषयमा समेत थप फेलोसिप कार्यक्रम संचालनको पहल गरिएको छ । यसको साथ साथै चिकित्सा विज्ञान राष्ट्रिय प्रतिष्ठान (NAMS) अन्तर्गत रही विभिन्न विषयमा स्नातकोत्तर (MD / MS) को पढाई भईरहेको छ । रेडियोलोजी, पेडियाट्रिक तथा एनेस्थेसिया अन्तर्गत रहेका चिकित्सा विज्ञान राष्ट्रिय प्रतिष्ठान अन्तर्गतका विद्यार्थीको पनि पोस्टिङ यस अस्पतालमा हुदै आएको छ । जसले गर्दा दक्ष जनशक्ति उत्पादन र सेवाग्राहीहरूलाई गुणस्तरीय उपचार दिन सफल भएको छ । यस अस्पताल मा २०७४ साल देखि विभिन्न व्यक्ति तथा संस्थाको लागि अनुसन्धान गर्न नेपाल स्वास्थ्य अनुसन्धान परिषद (NHRC) बाट Institutional Review Committee (IRC)को मान्यता पाई रिसर्च पब्लिकेशन को लागि स्वतन्त्र रूपमाअनुमति दिन योग्य भएको छ र स्वयं एक अनुसन्धान केन्द्र रूपमा विकसित भई आएको छ ।

दूर-दराज, गरिब, विपन्न तथा असहाय बिरामीहरूको उपचारको लागि सामाजिक सुरक्षा इकाई (SSU) बाट उल्लेखनीय सहयोग पुराइ आएको र आर्थिक अभावको कारण कुनै पनि बिरामीले उपचारबाट वञ्चित हुनुपरेको छैन। गत आ.ब.२०७९/०८० मा कुल १११५ जना महिलाले यो सुविधा उपभोग गरेका छन् । नेपाल सरकारको राष्ट्रपति महिला उत्थान हवाई उद्धार कार्यक्रम अन्तर्गत अति दुर्गम जिल्लाका गर्भवती महिला, सुत्केरी महिला तथा नवजात शिशुहरूको निःशुल्क उपचार सेवाबाट गत वर्ष ४० जना महिलाको उपचार गरिएको छ।

देशकै पहिलो सेवाको रूपमा अमृत कोष (Human Milk Bank) यस अस्पतालमा २०७९ साल देखि सञ्चालनमा आएको छ । सो सेवा सम्माननीय राष्ट्रपतिद्वारा उद्घाटन भई सञ्चालनमा ल्याइएको हो । यस अमृतकोषमा आमाको दूधलाई सङ्क्रमणमुक्त गरी ६ महिनासम्म भण्डारण गरेर राखी आवश्यकता अनुसार नवजात शिशुलाई उपलब्ध गराउने व्यवस्था छ । जसले गर्दा कुनै पनि नवजात शिशु आमाको दूधबाट वञ्चित हुनेछैन ।समय भन्दा अगाडी जन्मेको, आमाको दूध चुस्न नसक्ने बिरामी नवजात बच्चाको जीवन बचाउन यसले मद्दत पुर्याउदै आएको छ । जसले गर्दा नेपालको उच्च शिशु मृत्युदरमा कमी ल्याउन सहयोग मिल्ने छ ।

यस अस्पतालमा रहेको ब्लडबैंक २४ सै घण्टा संचालमा रहेर अस्पतालका बिरामीहरूलाई अति आवश्यक रगत आपुर्ति गर्न सफल भएको छ जसले गर्दा अत्यधिक रक्तस्राव भई ज्यान जोखिममा भएका बिरामीहरूलाई मद्दत पुगेको छ। यस अस्पतालको रक्त सञ्चार युनिटले पनि प्रशंसनीय रूपमा रगतको विभिन्न तत्वहरू (Component) को उत्पादन गर्दै आएको छ । यस युनिटले अस्पताल भित्र बाहिर विभिन्न स्थानहरूमा रक्तदान कार्यक्रम गरी अस्पतालमा रगतको अभाव हुन दिएको छैन ।

यस अस्पतालमा MICU, NICU, SCBU, KMC तथा Anesthesia अन्तर्गत सम्पूर्ण सेवाहरूनिरन्तररुपमा सञ्चालित छन् । नवजात शिशुको स्वास्थ्यलाई मध्यनजर गर्दै १० बेड NICU वाट यसै वर्ष थप १० बेड गरी कुल २० बेड सञ्चालनमाल्याइएको छ ।

यस अस्पतालको रेडियोलोजी डिपार्टमेन्ट द्वारा सि.टि स्क्यान, म्यामोग्राफी, अल्ट्रासाउण्ड सेवा २४ सै घण्टा सञ्चालनमा रहेकोछ । गर्भवती महिला तथा अन्य सेवाग्राहीहरूको गुणस्तरीय सेवाको लागि आगामी दिनहरूमा MRI सेवाको पनि विस्तार गर्नुपर्ने आवश्यकता छ । प्याथोलजी विभागले नियमित जाँच बाहेक Molecular Lab, Immuno–Histo Chemistry र भ्रूणको Screening Test सञ्चालन गरी गुणस्तरीय सेवा प्रदान गर्दै आएको छ ।

अस्पतालको फार्मेसी २४ सै घण्टा सञ्चालित छ,जसमा अस्पतालमा प्रयोग हुने सम्पूर्ण गुणस्तरीय औषधि तथा सर्किजल सामान अत्यन्त सुपथ मूल्यमा उपलब्ध गराइएको छ । साथै यस वर्ष देखि फार्मेसीमा थप काउन्टर सुरुगरिएको छ ।

यस अस्पताल विभिन्न सरकारी तथा निजी नर्सिङ कलेजहरूको लागि शिक्षण केन्द्रको रूपमा समेत स्थापित रहेको छ ।२०७३ साल देखि अस्पतालले नर्सिङ क्याम्पस सञ्चालन गर्दै आएको छ।हाल चिकित्सा विज्ञान राष्ट्रिय प्रतिष्ठान(NAMS) अन्तर्गत Bachelor in Midwifery Science (BMS) सञ्चालित रहेको र आगामी दिनहरूमा B.Sc Nursing सञ्चालनको लागि पहल गरेको छ । लैङ्गिक हिंसा सम्बन्धी एक द्वार सङ्कट व्यवस्थापन केन्द्र (OCMC) २०६९ साल असार २७ गते स्थापना भएको थियो । एक द्वार सङ्कट व्यवस्थापन केन्द्रले लैङ्गिक हिंसामा परेका महिला तथा बालबालिकाहरूलाई निःशुल्क रूपमा सेवा दिँदै आइरहेको र एक नमुना केन्द्रको रूपमा स्थापित रहेको छ ।

महिला प्रजनन स्वास्थ्यको अधिकारलाई सुरक्षित गर्दै अस्पतालले निःशुल्क सुरक्षित गर्भपतन तथा परिवार नियोजन सेवा उपलब्ध गराउँदै आएको छ । गत वर्ष सो सेवा १७७९ जनामहिलाहरूलाई उपलब्ध गराइएको थियो ।

नेपाल सरकारको मद्दतले हाल निर्माणको अन्तिम चरणमा रहेको कुपण्डोल स्थित नयाँ भवन आगामी ६ महिना भित्र निमार्ण कार्य सम्पन्न गरी IVF सेवा, स्त्रीरोग सेवा, परिवार नियोजन, निसन्तान उपचार तथा सुरक्षित गर्भपतन सेवा उक्त भवनमा संचालन गर्ने लक्ष्य राखेको छ । पुराना भवनलाई आवश्यक मर्मत सम्भार गरी थप सुविधा सहित गुणस्तरीय सेवा उपलब्ध गराउने लक्ष्य राखेको छ ।

उल्लेखित अस्पतालबाट प्रदान गरिँदै आएका सबै किसिमका सेवाहरू बाट आम महिला, आमा, दिदीबहिनीहरूले प्रत्यक्षरुपमा फाइदा उपभोग गरिरहनुभएको विश्वास गर्दै सेवालाई थप प्रभावकारी र गुणस्तरीय बनाउन हरसम्भव सबै किसिमका प्रयत्नहरू गरिने प्रण गर्दछु ।

धन्यवाद

My Journey In PMWH

Asha Laxmi Prajapati
Nursing Chief

Papopakar Maternity and Women's Hospital (PMWH) was established in 2016 B.S. with 40 bedded hospital, started with maternity services only. Now the hospital has grown not only in terms of physical infrastructure and number of beds but also in other dimensions of care such as training, research and management for providing high quality services to women and newborns.

I joined this hospital as a permanent nursing officer from hospital's development board on 2050/05/16. That was a time when our hospital did not have muchfacilities, programs and infrastructure. The following are few notable ones built before 2050 BS.

1. Outdoor service 2019 BS.
2. Baby unit 2024 BS.
3. Operation theatre 2037 BS.
4. Blood Bank 2041 BS.

After 2050 BS our hospital grew in terms of physical infrastructure, number of patients, usage of technology, number of departments, collaboration with national and international organizations etc. Some of the most notable changes are listed below in chronological order.

Post Abortion Care (PAC) 2052

A model PAC unit was established in 2052/02.14 with the help of JHPIEGO corporation. Manual Vacuum aspiration technique is used to manage cases of incomplete abortion. With this procedure, the risks of serious complications are reduced.

MICU and NICU

MICU was established in 2056 BS with the help of Government of India, in view to provide intensive care to critically ill patients. Approximately 800 cases, mostly pregnancy related are admitted in MICU per annum. This unit is under the supervision of anesthesia department.

Neonatal Intensive Care Unit(NICU) was also established in 2056 BS.Neonatal babies in critical conditions and requiring ventilators and other special services are kept here. There are 10 beds here. This neonatal unit has been providing level 3 care.

Comprehensive Abortion Care (CAC)

Abortion was legalized by government of Nepal in Falgun, 2060. Accordingly, CAC unit was established in Chaitra, 2060 in our hospital. Thus, PMWH became the first hospital in Nepal with clinical abortion facility.

Donation Of Land

On 2061/4/16, a couple Mrigendra Dixit and Shyama Dixit donated a 15 roomed house and a land of one ropani and eleven aana to our hospital. An OPD clinic is being operated there.

Prevention Of Mother To Child Transmission (PMTCT)

PMTCTprogram was started in Shrawan, 2063. PMTCT program helps mother and baby to receive antenatal services and HIV testing and have easy access to antiretroviral treatment without any discrimination.It not only give the service but also counselled parturient for safe childbirth practice, appropriate infant feeding and other postnatal healthcare services.

Intrauterine Insemination (IUI)

IUI unit was established on 2063/02/06. Any couple who has difficulties procreating children is provided quality IUI treatment at relatively affordable prices.

Birthing Center

Maternal and Newborn Service Center (MNSC) or

Birthing Center was established in 2064 BS. Pregnant Woman who are anticipated to be less likely to develop complications are admitted here. Patients are only received in active phase of labor as per protocol, with documentation of labor events in partograph a compulsory procedure. Nursing staff are entitled to perform intrapartum care, conduct normal delivery, vacuum delivery and provide postpartum care along with neonatal care. Obstetricians and pediatricians are informed when complications arise. It is ensured that skin to skin contact between mother and baby is maintained after delivery. 15-20 women are getting services everyday. Informed consent, respect for her choices and moral support for pregnant woman is provided. Companionship of family members, especially husband is encouraged.

Ama Surakshya Program

Amasurakshya program was an initiative by the government of Nepal, to provide free and quality maternity and reproductive health services to all mothers in the country. This was started in Magh, 2065.

Kangaroo Mother Care

Kangaroo Mother Care (KMC) is a technique practiced on newborn (especially preterm infant) where the infant is held skin to skin with mother when the incubator is unavailable or unreliable. It is effective and easy-to-use method and it's mainly used in premature and stable babies with low birth weight. Globally this technique has been very effective in minimizing neonatal mortality and morbidities. KMC program in PMWH started in 2067 in a separate room with 4 beds and progress of the babies is monitored by Special Baby Care Unit (SCBU).

In Vitro Fertilization (IVF)

IVF unit was established on 2068/05/04. Any couple who does not find success with IUI treatment is provided with IVF treatment at very affordable prices compared to the private hospitals.

One Stop Crisis Management Center (OCMC)

OCMC constitutes integrated and coordinated network of nursing staff and doctors with a goal to provide immediate health care, psychological counselling, security, legal support etc. to victims of gender based violence survivors. This unit of hospital has been operational since 27thAsadh, 2069.

Social Service Unit (SSU)

Social Service Unit was established in 2070 BS. This unit was built to provide free medical, healthcare service and also some financial assistance to the poor, needy or economically disadvantaged.

Management Of Hospital Waste In PMWH

Hospital waste, if not managed properly, can be hazardous to human health, as well as the health of surrounding ecosystem and biodiversity. PMWH sought the assistance of Health Care Foundation (HECAF) which commenced its waste management plan in PMWH since 1st of Mangsir, 2071. Now there is quality infrastructure for waste minimization, segregation, collection, storage, transportation, treatment and disposal.

Earthquake

A devastating earthquake hit the country on Baisakh 2072. At PMWH, this destroyed buildings containing the departments of MNSC, Blood bank, ANC B, Neonatal department, POW, Postnatal department, Gynecology department, CAC department and IUI/ IVF department. These had to be temporary shifted to F Block. After 2.5 years, JICA reconstructed these buildings.

Extended Health Services

Extended Health Services (EHS) or Paying Clinic has also been started in our hospital and since 1stBhadra, 2072, the number of people seeking these services has been increasing.

Pharmacy Department

Pharmacy Department was established onMagh 2073. This department was established in order to provide medicines to the patients and visitors at relatively cheap prices.

Paropakar Nursing Campus

Paropakar Nursing Campus was established on 2073/08/26 and is located on Kupondole, Lalitpur. The campus was established through memorandum of understanding between National Academy of Medical Sciences and PMWH. First batch comprised of 40 PCL nursing students.

COVID-19

Coronavirus disease (COVID-19) is a highly infectious

and contagious disease caused by SARS-CoV-2 virus took the world by storm on late 2019. Consequently, women and girls seeking maternity and reproductive health services were rendered even more vulnerable. In response to this global public health crisis, PWMH effectively rose to the occasion by not only sustaining all the hospital services but also adding many new services.

- PCR laboratory was established on 27/04/2077 that conducted regular PCR testing during the peak of the pandemic.
- Isolation center with 200 beds was established 0n 01/05/2077 for managing moderately positive women, and also infected hospital staff.
- An offsite COVID unit was established on Ashwin 2077 in order to provide quality maternity services to COVID positive women.
- A fully functional ICU with 10 beds and an HDU with 50 beds was set up in COVID dedicated block of PMWH on Baisakh 2078 with assistance from Ministry of Health and Population.
- A liquid oxygen plant was established on Bhadra 2078.
- COVID vaccination started on 14/10/2077. PMWH was the primary site and worked very closely with Family Welfare Division and District Health Office and has been considered one of the most well managed vaccination centers.
- While the pandemic made situation hectic for everyone, PMWH ensured uninterrupted delivery of our regular reproductive, maternity and newborn health care services.
- Inhouse training sessions were conducted for capacity building of staff.
- An Infection Prevention committee was formed to ensure strict and quality IP practices within the hospital.

Establishment Of Human Milk Bank (HMB)/ Comprehensive Lactation Management Center (CLMC)

Realizing the paramount importance of human breast milk in physical and intellectual development of a child and thereby, to control Infant Mortality Rate, Amritkosh, the first HMB in Nepal, was established in PMWH on 03/12/2077 with initiative by Breastfeeding Protection and Promotion Sub-Committee, Ministry of Health and Population, Department of Health Services/Family Welfare Division and technical support from UNICEF, Nepal. CLMC is the unit responsible for recruitment of breastmilk donors, and collection, processing, screening, storage and distribution of the milk to meet infants' specific needs for optimal health.

My Experience

During my tenure, I worked as ward in-charge in Post-Operative ward, labor unit, MICU and MNSC. Then, I was given supervisor responsibility. On 16/08/2073, I became college principal of Paropakar Nursing Campus for a year. Then, I came back to hospital and on Falgun, 2074 and became the Nursing Chief of PMWH.

Technological Advances

One of the major component of hospital development is the advancement of technologies in the field of healthcare all over the world. The equipment, machines and technologies used in the hospital like ECG machine, mammography, defibrillator, ventilators, anesthesia workstation, laparoscopic equipment etc.as well as advanced software used for tasks like diagnosis, imaging and scanning are a marvel of modern engineering. Even recording and attendance of staff has been digitalized. With further advances in science and technology, especially the emerging field of artificial intelligence, healthcare services will keep on improving in terms of quality, affordability, cost effectiveness and productivity.

Conclusion

During my three decades working in PMWH, the hospital has grown a lot in terms of physical infrastructure, number of departments, healthcare and other facilities and even in number of patients. Patients and visitors from all over the country come here for the services and the role our hospital plays in maternity, child health and reproductive health situation isone in the country. I hope the hospital continues to grow and improve in all disciplines and keeps on being the nationwide role model for child and female reproductive health.

Review of One Year of Operation of Comprehensive Lactation Management Center (CLMC)

Dr. Kalpana Upadhyay Subedi, Smriti Poudel and Team

Introduction

CLMC at Paropakar Maternity and Women's Hospital was officially inaugurated on 19th of August, 2022 by the former president Bidhya Devi Bhandari. CLMC along with Human Milk Bank(HMB) was established with the vision to promote breast feeding practices in the setting and fill the gap by providing donor human milk to newborns of mothers with breastfeeding difficulties - particularly preterm, low birthweight and other at-risk infants be able to receive the life-saving benefits of breast milk. Because of the demonstrated disadvantages of formula feeding relative to human milk for all infants, WHO recommends Donor Human Milk (DHM) as the next best infant feeding option when Mother's Own Milk (MOM) is unavailable.

Around 2000 neonates are admitted annually. Preterm admission rate is 35.65%. 49.23% of the admission were of low birth weight which includes low birth weight, very low birth weight and extremely low birth weight) in the year 2078 B.S. Average CS per day is around 20 to 35. The rate of NICU and SNCU admitted sick newborns who are not able to have access to mother's own milk and requiring Donor Human Milk is around 35-40%. These babies receives the DHM provided by the CLMC.

Services

Human Milk Banking

The Human Milk Bank (HMB) which lies in the premises of PBU is involved in recruiting breast milk donors, collect donated milk, and then process, screen, store, and distribute the milk to the sick newborns in SNCU and NICU. The HMB also receives milk from the mothers of babies admitted to SNCU and NICU, stores it and dispense for the feeding.

Lactation support and counselling to the post natal mothers in PNC wards

Post- natal mothers in PNC, post-operative wards, ANNEX, CABIN are attended round the clock on each shift by the lactation counselors and supported for the successful establishment of breast feeding. Lactation counselors on each shift assess mothers for lactation problems and provides support to them. Intensified interpersonal counseling, teaching sessions and demonstration of the correct BFT for the mothers is carried out each day.

Extended lactation management unit in PNC ward premises

For the feasibility of mothers in PNC wards, extended milk expression room is functional in PNC ward premises targeting primarily the mother with cesarean section. Also, lactation support is provided by the counselors.

Monthly Data from Jestha, 2079 to Asar, 2080

Months	Total volume of Donated Milk (ml)	Total no. of Donors	Total volume of Pasteurized milk(ml)	Total no. of Recipient	Total volume of Dispensed milk
Jestha 2079	5000	26			
Asar 2079	18,850	28	15,550		
Shrawan 2079	22,443	31	10,200	11	9,740
Bhadra 2079	35,000	36	24,565	36	23,225

Asoj 2079	38,420	35	40,165	69	29,370
Kartik 2079	23,156	31	46,960	70	46,325
Mangsir 2079	35,444	79	28,545	50	32,940
Poush 2079	42,500	119	33,515	98	44,220
Magh 2079	31,825	60	44,035	80	44,880
Falgun 2079	26,680	48	43,530	81	46,330
Chaitra 2079	27,590	85	33,150	55	27,415
Baisakh 2080	47,603	46	36,680	104	28,105
Jestha 2080	49,650	55	52,730	121	48,670
Asar 2080	52,435	70	39,259	98	48,479
Total	**456 liters**	**749**	**448.88 liters**	**873**	**429.69 liters**

Average Volume of Donated Milk and Dispensed Milk per Day		
Months	**Average Volume of Donated Milk per Day**	**Average Volume of Dispensed Milk per Day**
Bhadra	1,166	775
Asoj	1,200	980
Kartik	771	1,380
Mangsir	1,181	930
Poush	1,416	1,475
Magh	1,097	1,330
Falgun	890	1,545
Chaitra	920	1,050
Baisakh	1,535	906
Jestha	1,551	1,208
Asar	1,691	1,402
Total	**13.418 liters**	**12.981 liters**

Challenges

- Integration with newborn care and breastfeeding promotion programs
- Low awareness among service care providers
- Capacity Building
- Inappropriate/overuse of donor human milk may occur
- Constant motivation of the stakeholders, especially the mothers, time to time sensitization and awareness regarding donor human milk among mothers, healthcare workers and managers.

Way Forward

- Integration of breast feeding counselling in ANC OPD
- Early initiation of breast feeding practices in operation theatre
- Promotion of external donors through media engagement and other various promotional activities
- Milk dispense to the needful babies in other hospitals
- Generation of evidences for future practices through research activities

Hospital Acquired Infection Surveillance System at PMWH

Dr. Karishma Malla Vaidya
Focal person of HAI, PMWH

Hospital Acquired Infection (HAI) remains an important public health issue worldwide and has a major impact on patients' morbidity and mortality, as well as in healthcare cost. Low and Middle-Income Countries (LMICs) present the highest incidence of HAI, yet their occurrence is poorly documented; hence, their incidence and true extent of the negative outcomes on patients as well as their financial burden remains unclear. The World Health Organization (WHO) reported on the burden of endemic HAI world is markedly higher in Intensive Care Units (ICU), where incidences of up to 88.9% and a pooled cumulative incidence density rate of 42.7 episodes per 1,000 patient-days.

In our country, till now we don't have a national HAI surveillance system. Although we have an active Antimicrobial resistance (AMR) national surveillance reporting network where several laboratories and hospitals report information regarding anti microbial resistance of ten selected organisms, several of which are commonly associated with HAI.

To address some of these issues, Ministry of health of Nepal step forward in collaboration of Foundation innovation of new diagnostic (FIND)to start a HAI Surveillance pilot project at Paropakar Maternity and Women's Hospital (PMWH). The implementation of HAI surveillance at PMWH will serve as proof of concept to the Ministry of Health for creation of a National HAI surveillance network.

In this process, at first a memorandum of understanding between PMWH and FIND was signed. Then the hospitalselecteda technical working group (TWG) from different departments which will work as HAI-TWG for the hospital. The Infection prevention committee (IPC) is the body within the hospital that has the mandate to conduct HAI surveillance and act upon data findings. While the TWG has been established with mandate to implement and sustain the conduct of the HAI surveillance system at PMWH with support of FIND along with cooperation and close collaboration with hospital's IPC. After draft of HAI protocol developed, it was also shared with the IPC team for suggestion and feedback which will be needed to act upon the findings of data generated by hospital's HAI surveillance group.

Here are the names of HAI technical working group of the hospital Dr. Karishma Malla Vaidya, Dr. Tara Gurung, Dr. Sunil Sharma Acharya, Dr. Deepti Shrestha Dwa, Dr.Madhu Shakya, Dr. Neelam Gupta, Sukrity Khadka, Srijana Bhattarai, Subash Thakur, Krishna Kumar Yadav and Raj Kumar Shrestha

Initially these TWG team were trained by FIND's expert; Dr. Ana Belen Ibarz about surveillance system and HAI protocol was developed as per feasibility of the hospital set up. This protocol has been shared with the IPC team to provide their opinion on the protocol formed. Finally, "Protocol for the Surveillance of Catheter-Associated BSI (Blood Stream Infection) and UTI (Urinary Tract Infection) in Paropakar Maternity and Women's Hospital" selected three specific wards for the surveillance i.e., Maternal Intensive care unit, Neonate Intensive care Units and Annex II.

After development of protocol of Surveillance of Catheter-Associated BSI and UTI in Paropakar Maternity and Women's Hospital, TWG members are trained to keep record and fill denominator and case registration forms from the surveillance wards. In the protocol the mission, vision, and goal of the HAI surveillance system were mentioned. The hospital management team is regularly informed about every step and progress of the project's work.

The surveillance system has clearly defined to set up a digital surveillance system, which will be implemented supervised and maintained by PMWH's HAI-TWG. So, before starting the digital surveillance system in the hospital, the respective wards doctors, nurses, and staff are manually trained to fill in the denominator and case registration forms. HAI surveillance TWG of PMWH will regularly monitor and guide the staff where necessary to ensure an accurate and proper way to fill in the forms. This is being done to guide and support the surveillance's process and for the successful transition to digital system. The respective wards'staffwill be responsible for filling in the forms which will be monitored by TWG. TWG's Focal person shared this filled form on a weekly basis with the FIND's expert.

Recently, there was a visit from the Geneva team led by Cecilia, AMR Director of FIND aimed to understand the work processes, information flow, and data collected within three specific wards at the PMWH. This included studying the workflows, documentation practices by the clinicians and nurses, and the data management technology in three surveillance wards. This teamalso meets with the Director and is informed about the surveillance goal and objective. They also got information about the projects from the TWG, surveillance's ward staff and understand their perspectives, and identify areas for improvement and potential better solutions for HAI surveillance system.

At present collaborative contract agreement between FIND and D-Code (Nepal's software company) has been made and hospital management were informed and TWG got preliminary orientation about digital software system.

The use of surveillance information of HAI is an important initiative to improve patient safety.

Caesarean Section

- Dr. Alan Amatya
MBBS, MD Anaesthesiology, NAMS
Department of Anaesthesiology, PMWH

In a sterile room, doctors prepare,
For a delicate procedure with utmost care,
A Caesarean section, a miracle to unfold,
Bringing life into the world, a story yet untold.

Anaesthesia whispers, gently it calls,
Comforting the mother as tension falls,
The fears and worries start to subside,
As she places her trust in this delicate stride.

A numbing sensation begins to spread,
As the surgeon's hand moves above her head,
With skilled precision, a confident grace,
A new journey begins at a rapid pace.

Through an incision, a window is made,
Into the realm where a life's been laid,
Muffled voices blend in a symphony,
Of medical words dancing with harmony.

Beneath the veil of anaesthesia's care,
A life is coming, the air filled with prayer,
The mother breathes in, feeling soothed and calm,
As doctors bring her baby into their arms.

From darkness to light, a tiny cry resounds,
Melting hearts and erasing all frowns,
A Caesarean section, a remarkable feat,
Anaesthesia's magic, making it complete.

With grateful hearts, the family gazes in awe,
For this miracle of life, they stand in awe,
Anaesthesia, the silent guardian of birth,
Enabling love to flourish on this Earth.

Forever treasured, this moment so grand,
A Caesarean section, carefully planned,
Anaesthesia, the hero, in this tale we weave,
Helping miracles like this one come to believe.

Little About Self Leadership

Ranu Thapa
Deputy Administrator

Self-leadership is a technique to know oneself. It is a process to address one's ability and strength to get motivated to achieve our dream or happiness of the life. Self-leadership is a self derived cognitive strategy to control self behavior, motivate oneself and influence others by being proactively effective to stand for something. It is important to be a self leader to lead others in the society. Only self motivated proactive person with the positive attitude can be an effective leader who is needed everywhere. Self leaders are responsible for their own capabilities, their own happiness and opportunities in their lives. Leaders can control their thoughts, speech and action that are within their inside zone. So, they must not try to control or change their outer zone or environment rather they should adjust themselves in it.

We can map the self leadership through their quality of self motivation and quality of lives they live. In present context technology, entertainment and design of life style have affected the quality of life of people. These things attain to increase happiness in life but it should be full of positive emotions which is the main characteristic of leader.

Self leadership strategies can be drawn by focusing on behavior. Strategies should be made by setting up SMART goals. Leader should set a specific goal, review it regularly and develop a self regulation to implement those strategies connecting with one's satisfaction or core value. Self awareness is also to be considered while making strategy. You must know who you are, what is your knowledge and what you can do? You should think yourself as a leader and try to reach out clearly about strength and weakness. You must learn from your experiences and use it for better tomorrow.

If you do the work that you love, it will bring you happiness or rewards and success. You must be a self expert, aware of your unique strength, set a value or frame work smartly and learn from experiences to become successful. Leaders should make their strategies based on constructive thought. They should get out of negative thoughts for any situation and better to stick with upsides or perceive the good things around them. Leaders should focus on team building process, creating value for team rather than a group. Team leadership is achieved only by building relationship with each other, caring for each other and ensuring the feeling of safety and trust upon each other in a team. Self leadership must lead to happiness, better health and well being of oneself. All individuals have their uniqueness and own way to think and practical application of their skill. Different leaders show their leadership in diverse ways. Self leaders can be defined on the basis of their personality traits such as extraversion, agreeableness, conscientiousness, emotional stability, openness to experience. These personality traits describe about their nature and their effectiveness to be a good leader.

Practically, every self leader should make self regulation and learn to lead oneself first to reach the destination and lead others to influence themselves. Everyone has to be a self leader once in their life time. It may be as a manager to lead a team in an organization or as a head of the family by playing the role of leader to feed, protect, guide and nurture younger ones. Or actively participating in the leading role of the community for social well being and upliftment.

" Our Life is what our thoughts make it"

"See Life As It Is But FOCUS On The Good Bits"

आर्थिक मार्गचित्र भित्रको प्रसुतिगृह

- ढुण्डीराज दाहाल
लेखा अधिकृत

यस अस्पतालको स्थापनाको ६४ औ दिवस मनाई रहेको शु-अवसरमा अस्पतालको समृद्धिको कामना गर्दछु । अस्पतालको ६४ बर्षे यात्रामा आर्थिक व्यवस्थापनको महत्वपुर्ण पक्षको हामीले सदैव स्मरण गर्नुपर्दछ। कुनै पनि संस्था पर्याप्त पुंजी भएको अवस्थामा मात्रै सक्रियरुपमा संचालन हुन सक्दछ। संगठित संस्थाको रुपमा स्थापना भई संचालन भई रहेको यो अस्पताल नेपालको संविधान २०७२ को भावना लाई आत्मसाथ गर्दै अस्पताल विकास समिति गठन आदेशअनुसारसंचालित छ ।

हाल ४८९ शैया संचालनमा रहेको यस अस्पतालमा प्रसुति सेवाको अतिरिक्त परिवार नियोजन, पाठेघर खस्ने समस्या, पाठेघर मुखकोक्यान्सर, SBA, CAC, PAC, बच्चाको खोप तथा स्याहार, बाझोपना उपचार सम्बन्धि (IVF),HumanMILK Bank ,लैङ्गिक हिंसा सम्बन्धि एकद्वार संकट व्यवस्थापन, आमा सुरक्षा कार्यक्रम, नवजात शिशु उपचार कार्यक्रम लगायत विभिन्न सेवाहरु संचालनमा रहेको तथा महिला स्वास्थ्य सम्बन्धि विशिष्टिकृत सेवाहरु प्रदान भईरहेको छ। अस्पतालबाट सेवा संचालन भएको ३ बर्षको तुलनात्मक विवरण तपसिल बमोजिम रहेको छ ।

तपसिल

सि.नं.	विवरण	२०७७/०७८	२०७८/०७९	२०७९/०८०
१	स्वीकृत शैया संख्या	४८९	४८९	४८९
२	ओ.पि.डी. दर्ता (जना)	१२५४६१	१६५१९४	१८०८९०
३	आड खस्ने रोग	७७	२२६	२९८
४	ईन पेसेन्ट डिस्चार्ज (जना)	२३२९३	२६२९२	३३९७३
५	प्रसुति सेवा	२२०१४	२४३६९	२४३४८
६	शैया उपभोग दर	५०	७४	७८
७	रेफरल केस	०	१३	५५
८	PAC सेवा	६००	६३५	४०६
९	CAC सेवा	९१६	१४८६	१७७९
१०	जम्मा भर्ना विरामी ईन्डोर	२८५९८	३३८५५	३४१८५
११	सामाजिक सेवा	८४०	८२९	१११५

उपरोक्त बमोजिम सेवा सञ्चालन भई रहँदा सेवा व्यवस्थापन कोआर्थिक पक्ष चर्चा गर्नु आवश्यक देखिन्छ । नेपाल सरकार तर्फको कुल स्थायी दरबन्दी ६८ र समिति तर्फको कुल दरबन्दी ५६० गरी जम्मा ६२८ जना कर्मचारी तथा ११० जना सरसफाइ जनशक्ति र ३२ जना सेक्युरिटी गार्डहरू रहेको अस्पतालको प्रमुख खर्च शीर्षक पारिश्रमिक तथा समिति तर्फका अवकाश हुने स्थायी कर्मचारीको औषधि उपचार तथा उपदानर कम हो । अस्पतालका नियमित कार्यक्रमहरूका लागी औषधि खरिद उपकरण खरिद ल्याब केमिकल तथा रिएजेन्टस तथा कार्यालय संचालन खर्च नै अस्पतालका उल्लेख्य खर्च शिर्षकहरु हुन ।

उल्लिखित खर्चका सन्दर्भमा अस्पतालको आम्दानीको पाटो पनि चर्चाको महत्वपुर्ण पक्ष रहेको छ। अस्पतालको आम्दानी को तुलनात्मक विवरण तपसिल बमोजिम रहेको छ ।

तपसिल

सि.नं.	विवरण	२०७७/०७८	२०७८/०७९	२०७९/०८०
१	नेपाल सरकार अनुदान	५३,८१,०२,५०६/-	५०,०९,९९,५६०/-	५३,२९,५४,०००/-
२	विकास सिमित तर्फ	२९,८०,९०,९८०/-	३८,९३,२१,०५६/-	३०,४६,५०,१६९/-

उपरोक्त अनुसार अस्पतालको लागी नेपाल सरकारबाट सन्तोषजनक रुपमा रकम प्राप्त भई रहेता पनि चालु आ.व.२०८०/८१मा सिलिङ घटाएर रु. ३८,९३,००,०००।०० मात्र प्राप्त भएको हुदा जस अनुसार आ.व. २०७९/८० भन्दा चालु आ.व.मा १४,३६,५४,०००।०० कमी वजेट

प्राप्त भई कार्यालय सञ्चालनमा असहजता हुने अवस्था देखिएको छ।अर्थतन्त्रमा सुधारको सङ्केत संगै अस्पतालमा प्राप्त हुने नेपाल सरकार तर्फको अनुदानवृद्दीहुने आशा गर्न सकिन्छ ।अस्पतालको सीमित आर्थिक स्रोतको परिधि भित्र रहेर हरेक क्रियाकलाप सञ्चालन गर्नुपर्ने हुन्छ। अस्पतालमा भएका खर्चहरू मध्य प्रमुख रूपमा भएका खर्चहरूको तुलनात्मक विवरण तपसिल बमोजिम रहेको छ।

तपसिल

	विवरण	२०७७/०७८	२०७८/०७९	२०७९/०८०
१	तलव भत्ता/ पारिश्रमिक	१९,००,००,०००/-	२५,७८,६१,३०९/-	२५,७८,६१,३०९/-
२	उपदान/ औषधि उपचार	१,५०,३२,१८३/-	१,३६,९८,८१४/-	७,१८,१९,९८७/-
३	छपाई/मसलन्द/ कार्यालय संचालन	१,६६,७२,६२६/-	१,७६,६५,२१०/-	१,७६,६५,२०९/-
४	आमा सुरक्षा कार्यक्रम	६,१४,६९,७४२/-	९,२४,३८,३०७/-	१९,२१,६२,३००/-
५	फार्मेसी	३,५५,३१,३१६/-	४,३२,३४,५२२/-	
६	Milk Bank	--	१,०५,००,०००/-	१,५१,००,०००/-
७	IVF बाझोपना उपचार	--	१,०३,००,०००/-	१०,००,०००/-

उपरोक्त अनुसार प्रमुख खर्चहरुको अवस्थाबाट अस्पतालको आर्थिक चित्र प्रष्ट हुन्छ। उल्लेखित खर्च शिर्षकहरु अन्तर्गत नेपाल सरकारको एक प्रमुख कार्यक्रमको रुपमा रहेको आमा सुरक्षा कार्यक्रमको आ.व.२०७९/८० को अवस्था तपसिल बमोजिम रहेको छ।

तपसिल

सि.नं.	महिना	ND-नर्मल डेलिभरी	CD-जटिल	CS-सिजर
१	श्रावण	११०४	२५२	७६३
२	भदौ	११४४	३०८	७९८
३	असोज	१२००	३०४	६८१
४	कार्तिक	१०७४	२९२	७३७
५	मंसिर	१०५४	२६३	७८८
६	पौष	१०१९	२४८	८३७
७	माघ	९६३	२४४	७६६
८	फाल्गुण	१०३७	२१६	७८४
९	चैत्र	९१४	२०१	७५२
१०	बैशाख	८६१	१७६	८०७
११	जेठ	९३८	१७०	७७१
१२	असार	९७२	१८४	७२६
कुल जम्मा उपचार २४३४८ जना				

आमा सुरक्षा कार्यक्रम अन्तर्गत उपचार भएका २४३४८ आमाहरूलाई प्रति व्यक्ति प्रथम पटक अस्पताल आई प्रसुती सेवा लिएबापत रु २००० र चार पटक गर्भवती जांचसमेत भए रु २८०० का दरले यातायात खर्च उपलब्ध गराइएको छ। उपरोक्त बमोजिमका खर्चका मार्गचित्रहरू अनुसार अस्पतालका नियमित खर्चहरुमै उलपब्ध सम्पुर्ण स्रोत व्यय हुने हुँदा चालु आ.व.२०८०/८१ का लागी तपसिल बमोजिमका शीर्षकहरूमा स्रोत जुटाउनु पर्ने चुनौती रहेको छ।

तपसिल

	विवरण	सम्पादन हुने कार्य	आवश्यक वजेट
१	निर्माणाधिन भवनको अन्तिम किस्ता भुक्तानी	सेवा विस्तारका लागी भवन निर्माण	७ करोड
२	नव निर्मित भवनमा उपकरण/ फर्निचर/ सञ्चालन खर्च	भवन सञ्चालनको लागी अति आवश्यक	५ करोड
३	नवजात शिशुको निशुल्क उपचार NICU को विस्तार	थप १० वेड विस्तार गर्ने	५० लाख
४	एकिकृत सफ्टवेयर निर्माण	सबै सेवाहरु प्रभावकारी वनाउने	५० लाख
५	फार्मेसी सेवा विस्तार	औषधि वितरण सहजता	२५ लाख
७	IVF बाझोपना उपचार	निसन्तान उपचारलाई गुणस्तरीय वनाउने	१५० लाख
८	ल्याप्रोस्कोपि टावर खरिद	सेवालाई गुणस्तरिय वनाउने	४ करोड

नेपाल सरकारबाट प्राप्त हुने अनुदान १४ करोड घटी भई रहेको र अस्पतालको अत्यावश्यक खर्चहरूमा वृद्धि भई रहेको वर्तमान अवस्थामा आर्थिक व्यवस्थापनको पक्ष सम्बन्धित सरोकारवालाहरूका लागी मननिय रहेको छ। अस्पतालको दिर्घकालिन Vision अन्तर्गत Master एबिलतयार भई स्विकृतिको प्रकृयामा रहेको छ। Master Plan अनुसार हालको पुरानो भवनलाई भत्काई पार्किङ सहितको आधुनिक भवन निर्माण हुने र MRI मेशिन स्थापना गर्ने उदेश्य राखिएको छ। त्यस्तै हाल कार्यरत जनशक्तिहरुलाई O & M मार्फत पुन:संरचना गरि समितितर्फका कर्मचारीहरुका लागी योगदानमा आधारित सामाजिक सुरक्षा, संचयकोष, ना.ल. कोष, विमा, उपदान तथा औषधि उपचार लगायतका सुविधाहरु प्रदान गरिने नीति दिर्घकालिन Vision अन्तर्गत रहेको छ।अस्पतालमा हुने सबै किसिमका रोग निदान तथा उपचार्हरुमा अत्याधुनिक उपकरण र पद्दति लागु गर्ने लक्ष्य रहेको छ। समग्रमा अस्पतालको दिर्घकालिन सोच र लक्ष्यलाई पुरा गर्न आवश्यक पर्ने वजेटको समुचित व्यवस्थापनको लागी नेपाल सरकार, दातृ निकाय, सरकारी तथा गैर सरकारी संघ संस्था, निजि क्षेत्र तथा आम नागरिक समाज लगायत सरोकारवाला सबैको ध्यान जानु आवश्यक देखिएको छ।

Twisted Adnexal Mass: A Case Report

Dr. Smeena Pradhananga
SHO

ABSTRACT:

Background: Torsion involves the twisting of adnexal components. It is the fifth common cause of acute gynaecological presentation, accounting for 3% of gynaecologic emergencies.

Case report: An 18 yearsold nulligravida presented to emergency department of Paropakar Maternity and Womens' Hospital with chief complains of pain in lower abdomen and vomiting since 2 days. There was a cystic mass of 18 weeks uterine size on examination, which was tense and tender and ultrasonography revealed right twisted ovarian cyst for which emergency laparotomy with right salphingo-oophorectomy was done.

Conclusion: Clinical detection of adnexal torsion with perfect accuracy remains a challenge in emergency. Early recognition and prompt surgical management is required for salvage of adnexa. Oophorectomy is still commonly performed for adnexal torsion with necrosis.

Keywords: Twisted adnexa, Twisted ovary, Twisted tubo-ovarian mass

INTRODUCTION:

Adnexal torsion is the partial or complete rotation of adnexal structure on its ligamentous support[1],. Most often, the ovary and fallopian tube rotate as a single entity. Infrequently, ovary, fallopian and para-ovarian mass may also rotate independently. In 50-80 percent of cases unilateral ovarian masses are identified. The incidence of adnexal torsion is 3%.1It is the fifth commonest gynaecologicalemergency[2]. Adnexal torsion commonly occurs in women of reproductive age group1 but may occur in females of all ages[3].

In this study we present a case of a young woman with ovarian torsion who subsequently underwent successful surgical management.

CASE REPORT:

18 years old married nulligravida with regular menstrual cycle was referred to the emergency of Paropakar Maternity and Womens' Hospital with chief complains of pain abdomen, nausea and vomiting since 2 days. The pain was acute in onset, colicky in nature, localized to right lower abdomen with no aggravating factors and mildly relieved on taking analgesics. There was no history of fever, diarrhoea, anorexia, urinary symptoms or vaginal discharge. She was ill-looking with pulse of 104 beats per minute and blood pressure of 100/70 mm Hg. On abdominal examination, there was generalized tenderness over abdomen with guarding. A mass of 18 weeks uterus size was palpable which was tense, tender, with smooth surface and non-mobile. On per vaginal examination, mass of 18 weeks uterine size could be felt with right and anterior fornix fullness. Her urine pregnancy test was negative and ultrasonography revealed right twisted ovarian cyst. Emergency ultrasonography was done and intraoperatively there was a right tubo-ovarian mass measuring 15*12 cm which was twisted thrice at the cornua of uterus along right mesosalpinx, utero-ovarian ligament. The tubo-ovarian mass was untwisted along its pedicle. Since the complex was congested, haemorrhagic, necrotic and non-salvageable, right salphingo-oophorectomy was done and specimen was sent for histopathological evaluation. Post-operative period was uneventful. The final histopathological report was right ovarian hemorrhagic cyst and congested and hemorrhagic right fallopian tube with ischemic and necrotic changes secondary to torsion.

DISCUSSION:

Adnexal torsion, including torsion of a normal or pathologic ovary, torsion of fallopian tube, paratubal cyst, or a combination of these conditions occurs as a result of twisting of the ligamentous supports.[2,3,4]It

can occur in women of any age group, but is more common in women of reproductive age .[1,3,5]Premenarchal patients are more likely to have torsion without an adnexal mass and are at higher risk of ovarian necrosis.[6]

Normal adnexa can twist, but in 50 to 80 percent of cases unilateral ovarian masses are identified.[1] Congenitally long utero-ovarian ligaments, excessive laxity of pelvic ligaments and relatively small uterus size raises the risk of torsion for normal adnexa.[1,2]Cysts>5 cm were at greater risk for torsion[2,5].Sixty-four percent of torsion occurs in the right side[2], likely due to thefact that the right utero-ovarian ligament is longer than the left[4] and the proximity of left ovary to the relatively fixed sigmoid colon compared with the hypermobility of the cecum and ileum on the right.[5] In this patient, there was torsion of right tubo-ovarian mass along tubo-ovarian axis involving the right mesosalphinx and utero-ovarian ligament.

The most common symptom of adnexal torsion is sudden onset abdominal pain (90%) that is intermittent and non-radiating, nausea and vomiting (47-70%) and low grade fever (2-20%) with clinical sign of abdominal tenderness and adnexal mass (86-95%).[2,3]Trans-abdominal ultrasonography is the imaging modality of choice with a sensitivity of 92% and specificity of 96%.[2,4]A transvaginal approach is most commonly used; in pregnant, young, or virginal patients, a transabdominal approach is acceptable, but it may limit visualization of the ovarian vessels.[5]Sonographic findings however, can vary widely depending on the degree of vascular compromise, presence of intraovarian or intratubal mass, and the presence of adnexal hemorrhage. Multiple follicles(ie, "string of pearls" or "peripheralization of the follicles") may be present peripherally rimming an enlarged ovary reflecting ovarian congestion and edema. As the arterial blood supply is compromised, hemorrhage and infarction occur, and the infarcted ovary may appear with an anechoic halo. Torsion should not be discounted on the basis of a normal Doppler study alone, especially with clinically suggestive signs and symptoms since preservation of flow can be attributed to incomplete occlusion, intermittent torsion, and collateral blood supply.[1,3]The twisted pedicle may also appear as a bull's-eye target, whirlpool, or snail shell, that is, a rounded hyperechoic structure with multiple, inner, concentric hypoechoic rings.[1,3,5]In this patient, ultrasonography showed bulky right ovary with volume of approximately 40 cc and multiple cystic lesions within with echogenic rim which was variable in size. Right ovary was located high up, adjacent to anterior abdominal wall, without vascularity, suggestive of ovarian torsion. Pelvic magnetic resonance imaging and computed tomography scan are not routinely ordered for evaluation of adnexal torsion.

When torsion occurs, there is compression of vessels and compromise of lymphatic and venous outflow and arterial inflow.Numerous variables (eg. number of twists of the blood vessels, tightness of the twists) affect the flow. Initially the arterial supply is not interrupted to the same degree as the venous drainage since the muscular arteries are less compressible than the thin walls of the veins.Continued arterial perfusion in the setting of blocked outflow leads to edema with marked enlargement and further vascular compression. Ischemia then occurs and can result in necrosis and local hemorrhage.[3]This patient had three twists of the pedicle and the mass was grossly haemorrhagic, congested and necrotic.

Traditionally, the management of ovarian torsion has been resection of twisted adnexa because of (1) fear of embolic phenoma on detorsion, (2) fear of leaving a malignancy behind, or (3) the belief that leaving an untwisted ovary behind would leave dead tissue.7However according to recent studies, pulmonary embolism following detorsion is a rare occurrence (0.2%) and is associated with adnexal excision and not untwisting of the pedicle. Also, there is no increased morbidity in women undergoing untwisting of the adnexa compared with those undergoing adnexectomy. Hence, detorsion of the adnexa is generally recommended. Within minutes following untwisting, congestion is relieved, and ovarian volume and cyanosis typically diminish. A persistently black-bluish ovary is not pathognomonic for necrosis, and the ovary may still recover.1 With venous occlusion, twisted adnexa appears enlarged, hemorrhagic and congested but necrosis usually doesnot

ensue. Torsion in such cases can be conservatively managed with detorsion and occasionally oophoropexy. Rapid operative intervention is believed to improve the likelihood of ovarian conservation.[1,4]

Because adnexal necrosis may still occur, conservative management requires postoperative vigilance for fever, leukocytosis, and peritoneal signs. Following detorsion, management of the adnexa is individualized. Specific ovarian lesions ideally are excised for pathologic diagnosis of the original mass and to prevent repeat torsion. However, cystectomy in a hemorrhagic, edematous ovary may be technically difficult. Therefore, cystectomy is recommended if the mass persists for 6 to 8 weeks after primary intervention, without the technical difficulties of an edematous and hemorrhagicovary.[1,7]

If torsion is prolonged, the adnexa can become necrotic, infected, and patient may exhibit signs of peritonitis.[5]Findings of adnexal necrosis, rupture with significant hemorrhage, or suspicion of malignancy may necessitate removal of adnexal structures. Hence in our case, right salphingo-oophorectomy was done. Salpingo-oophorectomy is reasonable in postmenopausal women with ovarian torsion.[1]Questionnaire revealing absence of unilateral pain, presence of leukorrhea or metrorrhagia, and absence of ovarian pain, unbearable pain, and vomiting excluded patients at low risk without torsion (negative predictive value, 99.7%) but was unable to differentiate patients with torsion from those with other diagnoses when all of these findings were met (positive predictive value, 52%).[3,9]

In case a necrotic adnexa is left behind, the necrotic tissue may involute over time, form pelvic adhesions,cause pelvic pain, tubal infertility, hemorrhage and peritonitis, although hemorrhage requiring blood transfusion and sepsis are rare.[8]Also recurrent torsion can occur in the same "salvaged ovary" or the other ovary(2-12%).[2,3]Women who experienced first episode of torsion with a morphologically normal-appearing ovary are more likely to experience recurrence (60%) than those with pathological adnexa (8%).[3,5]To minimize these rates, unilateral or bilateral oophoropexy may be considered.[1,3]Contralateral oophoropexycould prevent the risk of asynchronous torsion.[3,5]Also suppression of ovarian cysts with low-dose estrogen-progestin contraceptives can be used to suppress the formation of new ovarian cysts in postmenarchalpatients[2].

According to a retrospective cohort study, with the current guideline of ovarian salvage, although there was a modest, statistically significant trend toward fewer oophorectomies, there was no observable decrease in oophorectomy or increase in ovarian preservation.[9,10]

Figures:

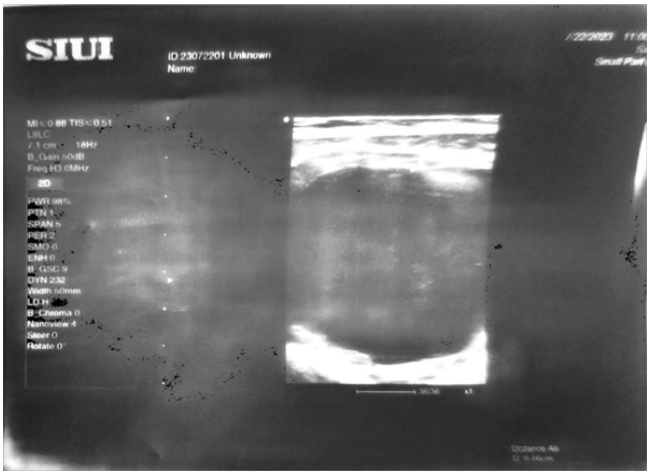

Figure 1. Right ovarian mass

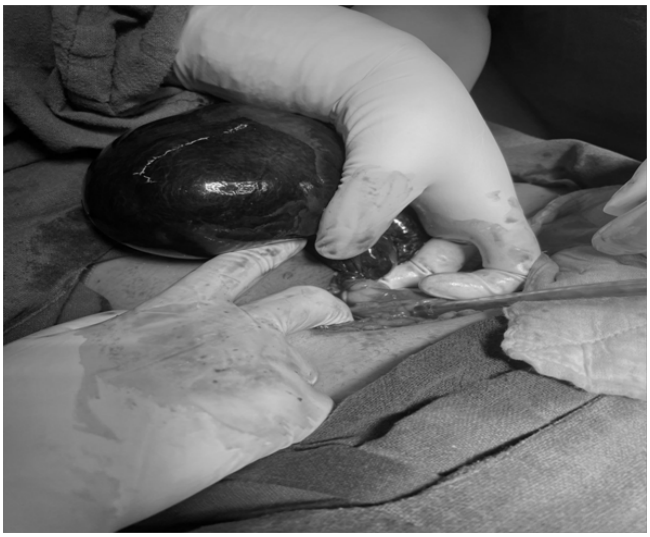

Figure 2. Twisted right tubo-ovarian mass at right cornua

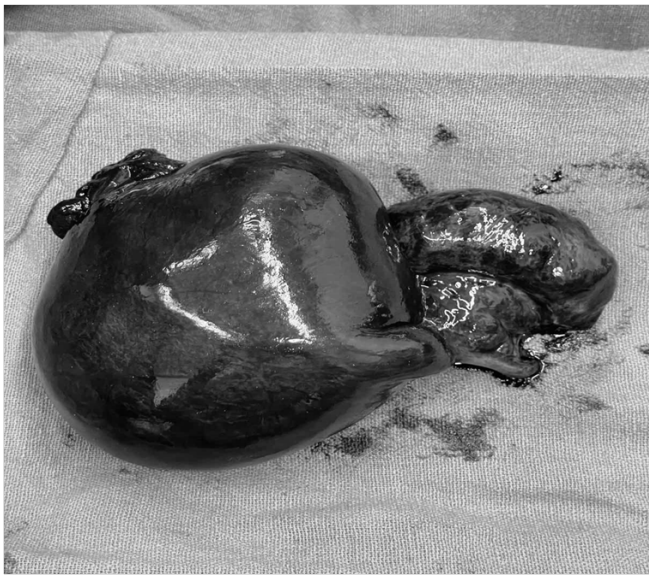

Figure 3. Congested and haemorrhagictubo-ovarian mass

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Maternal and Newborn Service Center: At a glance

- MNSC Department

Background

Maternal and Newborn Service Ce nter (MNSC), as the name explains itself that this unit provides care to pregnant women and newborn babies. Every mother's need is given the first and foremost priority. This center not only offers comfortable companions during maternity care but also provides care according to her choices and preferences. In Paropakar Maternity and Women's Hospital, MNSC or Birthing Center was established on 21st Mangshir 2064. It consists of total 18 beds of which 8 beds are dedicated for delivery and 10 beds for postnatal women. Each bed is separated by a wall along with a curtain to maintain privacy and to make women comfortable during labor and at the time of giving birth. Even though, we say every pregnancy itself is a high risk, but basically pregnant women who anticipate low risk or least likely to develop complication delivers in MNSC. As per protocol, pregnant women are received only in active phase of labor. Maternal and fetal conditions are monitored through partograph. Antepartum, intrapartum and postpartum care is provided.

On average, 15 to 20 women are getting services every day. Women from different districts of Nepal come here to get services. Without discrimination regarding age, religion and caste, healthcare providers are delivering quality services to the optimum level. MNSC provides its services with adequate number of health personnel. This department have 1 Ward Incharge, 9 Staff Nurses and Midwives, ward attendants and helpers. We have three Midwives in our ward, they also helps in delivering services. We believe in inter-department collaboration. If any problem arises, the Department of obstetrics and gynecology and pediatrics work together for better maternal and newborn outcomes.

Activities of MNSC

➢ Assisting Birth in Different Positions

To be a mother is a choice of women aswell as choosing their birthing position. There are four different types of birthing positions. Most of the women feel comfortable in all four positions. Some of them choose squatting positions, though it is very tiring and exhausting. Also, side lying and lithotomy position are preferred by some women. In upright position, gravity can help bring the baby down and out easily besides that, there is less risk of compressing the mother's greatvessels which means better oxygen supply to fetus. Upright position also helps uterus contract more strongly and efficiently. Magnetic resonance imaging studies have shown that compared to back lying position; pelvic outlet becomes wider in squatting and kneeling positions. Besides this, we are practicing delay cord clamping, skin to skin contact and initiation of breastfeeding within 1 hour or as soon as possible.

➢ Training activities

Skilled Birth Attendant (SBA)

In 2064/10/02, SBA training program was started in Paropakar Maternity and Women's Hospital. This training was designed to strengthen knowledge and skill of nursing personnel. This is competency based training, in which participants become competent in 27 core skills along with condom tamponade. The training is of 60 days, out of which 21 days is for theoretical session and 39 days for clinical session. Evaluation of participant's knowledge is done through questionnaire and skill is evaluated by checklist. This year, hospital conducted 10 batches of Skilled Birth Attendant and 4 batches of Advanced Skilled Birth Attendant training.

At MNSC, separate area is available for the trainees where they can utilize their leisure time by practicing on module.

➢ **Postpartum Intrauterine Contraceptive Device Program (PPIUCD)**

PPIUCD training has been started in PMWH in 2068/04/02. The copper bearing IUCD (380A) can be inserted immediately after delivery of placenta up to 48 hours of postpartum as long as woman has no contraindications. PPIUCD can also be inserted after cesarean deliveries.

➢ **Labor analgesia**

MNSC has been providing the facility of labor analgesia service for the woman willing for painless delivery, which is done by Anesthesiologists in collaboration OB-GYN team.We have 2 patient monitors for the procedure and we tend to include more patients for labour analgesia.

Birthing Center has been providing following Services

- Receive pregnant women in active phase and monitored by partograph.
- Companionship especially husband is encouraged during labor and delivery.
- Provide Respectful Maternity Care including the rights of child bearing woman and newborn.
- Encourage for physiological birth and use of birthing ball actively.
- Provide antepartum care and assist in birth (conducting delivery).
- Provide fourth stage care (immediate postpartum care) to women.
- Maintain skin to skin contact with mother immediately after delivery.
- Initiate breastfeeding within one hour of delivery.
- PPIUCD service: Post placenta IUCD service and follow up service at 45 days has been providing at MNSC.
- Newborn resuscitation: Babies who need to be resuscitated are receiving resuscitation service within golden minute.
- Provide practicum field for Skilled Birth Attendant/ Advanced Skilled Birth Attendant and for trainees of Comprehensive Newborn Care training.

The following tables reflects performances of MNSC for last one year (Fiscal year- 2079/80)

Total Deliveries: 5418

Normal Deliveries: 5120

Table 1: Abnormal Deliveries

SN	Abnormal Deliveries	Total
1	Vacuum Deliveries	33
2	ForcepsDeliveries	38
3	Preterm Deliveries	68
4	Breech Deliveries	9
5	Twins	6
6	IUFD	3
7	Still birth	3
	Total	160

Table 2: Complications

SN	Complications	Total
1	Vaginal deliveries with PPH	100
2	Retained Placenta	8
3	3rd degree tear	14
4	4th degree tear	6
5	Cervical tear	7
6	Shoulder Dystocia	3
	Total	138

Table 3: Parturient Transferred to Operation

Theater (OT)

3A. No. of Parturient Transferred to OT for LSCS

SN	Indication for LSCS	Frequency
1	Fetal Distress	158
2	Fetal tachycardia	15
3	Fetal bradycardia	31
4	Cephalopelvic Disproportion	86
5	Non progress of labor	69
6	Deep transverse arrest	24
7	Arrest of decent	57
8	Prolong II stage of labor	5
9	Failed instrumental delivery	4
10	Chorioamnionitis	1
12	Breech presentation	1
	Total	451

3B. No. of Parturient Transferred to OT after delivery for other reasons

SN	Complication	Frequency
1	Retained placenta	8
2	3rd degree tear	14
3	4th degree tear	6
5	Cervical tear	7
6	Exploration	1
	Total	36

Table 4: No. Babies Transferred to Neonatology Ward

Indication	Frequency
Birth Asphyxia	104
Down Syndrome	1
Hypoglycemia	1
Grunting	62
Poor cry	7
Congenital Anomalies	1
Observation	24
Poor sucking	2
Tachypnea	2
Delay cry	23
Low birth weight	14
Fever	1
Peripheral cyanosis	1
Total	243

Table 5: No. of Postpartum IUCD Inserted

Service	Frequency
Post placental IUCD	288

Issues and challenges:

1. Difficulty in controlling visitors.
2. Providing continue in service education.

References:

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3. Retrivement from https:// evidencebasedbirth.com/evidence-birthing-positions

Antenatal Care Ward: At a Glance

Sr. Hospital Nursing Supervisor **Champa Maharjan**
Nursing Officer **Bishnu Kumari Gurung**
& ANC Family

Introduction

Antenatal Care is the systematic supervision and care given to the parturient during the period between conception and the onset of labor. It includes monitoring the progress of pregnancy, providing appropriate support to the woman and providing information.

Objectives of Antenatal care

1. To promote, protect and maintain the health of parturient
2. To detect high risk case and give them special attention
3. To foresee complications and prevention
4. To remove anxiety associated with pregnancy
5. To reduce maternal and infant mortality and morbidity
6. To teach elements of child care, nutrition, hygiene and sanitation
7. To sensitize parturient regarding family planning

Components of Antenatal care

- History taking
- Antenatal examinations (general and obstetrical)
- Laboratory investigations
- Health Education

ANC visit (According to Nepal Government)

8 Visit	Week of gestation (WOG)
First visit	12
Second visit	16
Third visit	20-24
Fourth visit	28
Fifth visit	32
Sixth visit	34
Seventh visit	36
Eighth visit	38-40

Antenatal Care Ward

Antenatal care ward provides care to pregnant woman. Every pregnant woman's need is given first priority. It consists of 41 beds (10-50 bed number) of which 22 beds are for augmentation of labor (Block A, B, C) and 19 beds for high risk and not in labor (Block D, E, F). Most of the parturients, received from emergency and some received from other wards. Pregnant women who are in active phase of labor and anticipate low risk and are least likely to develop complication shifts to MNSC (Maternal and Neonatal Service Center) however the high risk cases, fully cervical dilated cases shifts to Labor room and according to the need may shifts to Operation Theatre.

Maternal and fetal condition are monitored through partograph in active phase of labor and CTG is also monitored. Antenatal cares are provided without any discrimination with adequate number of SBA trained health personnel. This department consists of total 19 nursing staffs (1 nursing in-charge, 1 nursing officer and 17 staff nurses) and 10 supportive staffs. We provide quality services to pregnant women with interdepartmental collaboration (Obstetricians, Anesthesiologists and Neonatalogist).

ANC ward data FY 2079/080

Month	Trans In	Trans Out	Labor Room	OT	MNSC	Normal Delivery	Dis charge
Shrawan	1391	1311	578	383	323	9	23
Bhadra	1387	1377	660	372	294	13	29
Asoj	1323	1271	601	360	277	9	29
Kartik	1262	1309	621	320	315	17	30
Mangsir	1260	1282	608	344	294	21	25
Poush	1309	1315	599	415	249	9	34
Magh	1195	1175	551	359	231	16	29
Falgun	1288	1248	546	352	300	12	22
Chaitra	1210	1202	519	358	272	16	22
Baishakh	1229	1210	537	377	253	12	14
Jestha	1236	1230	533	358	278	33	34
Asadh	1305	1274	613	306	290	29	48
Total	15395	15276	6966	4304	3376	196	339

Importance of Oil Massage in NICU/SCBU admitted preterm babies

Laxmiswori Prajapati
NICU Incharge

Preterm birth denotes to babies born before 37 completed weeks of pregnancy. Globally, an estimated 13.4 million babies were born preterm in 2020. Across countries, the rate of preterm birth ranges from 4–16% of babies born in 2020. Preterm birth complications are the leading cause of death among children under 5 years of age, responsible for approximately 900 000 deaths in 2019. Three-quarters of these deaths could be prevented with current, cost-effective interventions. (WHO 2023)

In low-income settings, half of the babies born at or below 32 weeks (2 months early) die due to a lack of feasible, cost-effective care such as warmth, breastfeeding support and basic care for infections and breathing difficulties. In high-income countries, almost all these babies survive. Suboptimal use of technology in middle-income settings is causing an increased burden of disability among preterm babies who survive the neonatal period.

In our hospital, preterm deliveries are 11%-12 % among total hospital deliveries. Whereas 42% babies are premature among total admitted babies in Newborn units. Preterm babies need special care and support to survive.

Infant massage has been a potentially effective intervention providing a form of environmental enrichment combined with other forms of stimulation such as kinesthetic stimulation (e.g. passive extension/ flexion movements of the arms and legs), talking or eye contact.Baby massage is the gentle, rhythmic stroking of baby's body using care provider's hands. As part of a massage routine, care provider might gently manipulate the baby's ankles, wrists and fingers. Talking softly, hum or sing for the child while massaging can create a sense of calm and reassure the baby.

Baby massage was introduced about 30 years ago in neonatal wards to support the development of premature babies in intensive care units. A study in 2004 found that babies in intensive care units who were massaged spent less time in hospital, had slightly better scores on developmental tests and slightly fewer postnatal complications. Infant massage by the mother in Very Pre Term (VPT) infants reduces maternal depression, anxiety and stress associated with preterm birth.

A study among sixty VPT infants, born at 28 to 32 weeks gestational age, who are stable, off supplemental oxygen therapy and have normal cranial ultrasounds wererandomized to an intervention (infant massage) group or a control (standard care) group. The intervention group receive standardized massage therapy administered by the mother from recruitment, until term equivalent age (TEA). The control group receive care as usual (CAU)12 months and 24 months corrected age (CA), with a battery of clinical, neuroimaging and electrophysiological measures, as well as structured questionnaires, psychoanalytic observations and neurodevelopmental assessments.

Infant massage in the preterm infant has shown positive effects on weight gain and reduced length of hospital stay. There is however, limited current evidence of improved neurodevelopment or improved attachment, maternal mood or anxiety.

Body massage has traditionally been used as a part of infant care throughout the world. Application of oil can enhance massage's beneficial effects.A study among healthy preterm infants with a gestational age of 30–36 weeks receiving body massage with sunflower oil and the control group receiving only routine NICU care. The massage was performed three times per day, each session including three consecutive five-minute stages, for five days. The findings suggest that even

a short course of body massage with sunflower oil for only five days' increases preterm infants' weight gain and decreases their duration of NICU stay significantly

In another study, newborns received massage for 10 days and 3 times for 15 min daily; neonatal weight gain in the infants with the oil massage was 21 g daily in average, whereas the increase in weight in infant massage without oil was 7 g. (Nigerian medical Journal, 2016). Some studies examined neonates admitted to NICU with gestational age of 33-37 weeks and birth weight of 1500-1999 g, without birth asphyxia and medically stable. Sunflower oil massagewas used as an effective and safe intervention for weight gain in LBW preterm neonates. (Early Human Development, 2013)

Massage therapy has led to weight gain in preterm infants when moderate pressure massage was provided. In studies on passive movement of the limbs, preterm infants also gained significantly more weight, and their bone density also increased. The use of oils including coconut oil and sunflower oil enhanced the average weight gain. The weight gain was associated with shorter hospital stays and, thereby, significant hospital cost savings. Despite these benefits, preterm infant massage is only practiced in 38% of neonatal intensive care units. (Infant Behaviour& Development, 2010)

Mustard oil massage of newborns is an integral component of traditional care practices in many Nepalese communities. Approximately 99 per cent of newborns are massaged at least once with mustard oil in the 2 weeks after birth, and 80 percent were massaged at least twice daily. Promotion of strength, maintenance of health, and provision of warmth were the most commonly cited reasons for application of mustard oil.

Benefit of oil massage to babies

Bonding: Massage encourages positive bonding between parent care provider and baby at an early stage. Spending intimate one on one time with the little one can help to get to know each other.

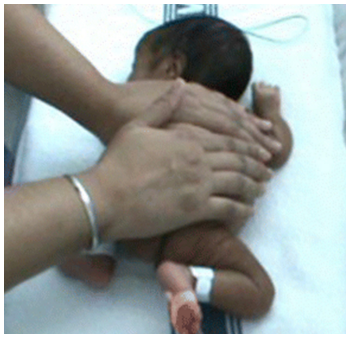
Health: Physiological benefits of massage include better breathing for the baby, improved lymph and blood circulation and gastrointestinal function.Hormonal and immune systems, coordination and balance, learning and concentration, muscular development and growth and even their mind and body awareness

Calming: Massage is calming on the nervous system and is excellent for colic and improves sleep. Massaging raises levels of the 'feel-good' hormone oxytocin in both parents and their baby, helping them both feel calmer and relaxed.

Relaxing: The baby's muscles relax, breathing becomes deeper and the massage oil nourishes the child's skin. Skin stimulation also provides a vital trigger to the nervous system.

Relief: It can also provide relief – massaging the baby's tummy, for example, can help ease colic, constipation or trapped wind.

Confidence: Interaction between parent and child during massage may promote bonding and secure attachment, verbal/non-verbal communication, development of trust and confidence, and feelings of love and being valued, for both parties, becoming more confident in handling their child and better at recognizing their needs.



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"सुरक्षित खोप सेवा"

– महानन्द भट्ट
अ.हे.व., खोपशाखा

आमा बन्छिन् गर्भवती पेटमा बच्चा जम्छ
आमा बच्चा ज्यान बचाउने टि.डि सुईमा दम्छ ।

नौलो संसार जीवनलिला सुरु हुन्छ जात्रा
जन्मने बित्तिकै दिन्छ बि.सि.जि खोप मात्रा ।

डि.पि.टि र निमोनिया खोप, छ हप्तामा लाइन्छ
रोग बिरुद्ध लड्ने शक्ति इमुनि टिपाइन्छ ।

दया लाग्छ बालबच्चाको जीवनभरि रुँदा
पोलियो थोपा खुवाउनु पर्छ डेड महिनाको हुँदा ।

एफ.आई.पि.भि सुई आयो पोलियो रोग भगाउने
नौं महिना पुरा हुँदा दादुरा खोप लगाउने ।

बाह्र महिना पुरा हुँदा एक मात्रा जे.ई
दिमागि रोग लाग्न दिन्न नछुटाऔं कोई ।

पन्ध्र महिना टाइफाइड खोप दादुरा रुबेला
आफ्ना बच्चा खोप लगाउन ल्याउनु बेला बेला ।

नि:शुल्क खोप सरकारी नछुटाऔं कोई
खोप छुटेर रोगी बनी बाच्नु पर्ला रोई ।

खोप छुटेमा सरकारलाई जानकारीदिनु
पाँच बर्ष मुनिका बच्चा खोप लगाई लिनु ।

कोभिड खोप उपलब्ध छ सेवा लिन आउनु
ज्यान बच्छ प्रमाण बन्छ क्यू. आर. कोड बनाउनु ।

महामारि रोग बिरुद्ध कोभिड खोप लगाऔं
डेंगि अनि एच. पि. भि भ्याक्सिन मगाऔं ।

नहराउनु खोप कार्ड जतातै चाहिन्छ
खोप पुरा भयो भने पुर्ण खोप कार्ड बन्छ ।

देशी बिदेशी संघ सस्था र सरकारको टेवा
सुरक्षित र भरपर्दो छ हाम्रो खोप सेवा ।

The Vital Role of Biomedical Engineers in Central Government Maternity Hospitals of Nepal

Er. Amrit Prasad Bhandari Upadhay
Biomedical Engineer, PMWH

Introduction:

Maternal health is a critical aspect of any nation's development, and Nepal is no exception. Central Government Maternity Hospitals play a crucial role in ensuring the well-being of expectant mothers and their infants. Among the numerous professionals contributing to the efficient functioning of these hospitals, Biomedical Engineers stand out for their indispensable role in maintaining and advancing healthcare technology. This article explores the vital role of Biomedical Engineers in Central Government Maternity Hospitals of Nepal and highlights the impact they have on improving maternal health outcomes.

Ensuring Functional Medical Equipment:

Biomedical Engineers play a key role in ensuring that medical equipment used in maternity hospitals is in optimal working condition. They are responsible for the maintenance, calibration, and repair of a wide range of medical devices, including ultrasound machines, ventilator machines, patient monitors, fetal monitors, incubators, and neonatal care equipment. Their expertise ensures that healthcare providers can rely on accurate and reliable data from these devices, leading to better diagnosis and treatment options for expectant mothers.

Equipment Procurement and Evaluation:

The role of Biomedical Engineers extends to the procurement of medical equipment as well. Biomedical Engineers collaborate closely with hospital administrators and healthcare professionals to identify the most suitable devices based on technical specifications, usability, and budget constraints. By evaluating vendors, conducting comparative analyses, and considering the unique requirements of maternity care, Biomedical Engineers ensure that the hospital acquires the most appropriate and advanced equipment, empowering healthcare providers to deliver quality care to expectant mothers.

Technology Upgrades and Innovations:

As healthcare technology evolves, it is essential for maternity hospitals to keep pace with the latest advancements. Biomedical Engineers are instrumental in implementing technology upgrades and integrating innovative medical devices into hospital workflows. By embracing cutting-edge equipment, hospitals can enhance patient care and safety, ultimately reducing maternal and infant mortality rates.

Patient Safety and Quality Assurance:

Patient safety is of paramount importance in maternity hospitals. Biomedical Engineers contribute significantly to this aspect by conducting regular safety inspections and quality assurance checks on medical equipment. They ensure that devices adhere to industry standards and comply with regulatory requirements. By maintaining a stringent quality control process, they minimize the risk of medical errors and enhance the overall safety of maternal care.

Training and Support:

Biomedical Engineers not only handle the technical aspects of medical equipment but also play a role in training healthcare professionals to use these devices effectively. They provide workshops and training sessions for doctors, nurses, and support staff, empowering them to utilize the technology efficiently and safely. Such training sessions contribute to a more skilled and confident healthcare workforce, which is vital for ensuring successful maternal health outcomes.

Research and Development:

Innovative medical solutions tailored to the specific needs of Nepal's population are crucial for improving maternal healthcare. Biomedical Engineers often collaborate with medical professionals, researchers, and academia to develop indigenous healthcare technologies. These solutions can range from low-cost medical devices to telemedicine platforms that enable remote consultations, especially in rural and underserved areas.

Telemedicine and Virtual Education:

In Nepal, the future of telemedicine in maternity hospitals envisions wearable remote monitoring, AI-assisted diagnosis, and virtual education. Biomedical engineers will drive these upgrades, developing wearable devices for real-time maternal vital signs, enhancing AI algorithms for precise diagnosis, and creating immersive virtual experiences. Therole of Biomedical Engineers extends to securing data transmission and training healthcare workers. These advancements promise to transcend geographical barriers, offering comprehensive maternal care and reducing healthcare disparities. These upgrades can bridge healthcare gaps, empowering expectant mothers with essential knowledge, while enhancing maternal and child health outcomes across the nation.

Conclusion:

Biomedical Engineers play a vital role in Central Government Maternity Hospitals of Nepal. Their expertise in maintaining medical equipment, introducing advancedtechnology, ensuring patient safety, and providing training support significantly impacts maternal healthcare. By collaborating with healthcare professionals and actively participating in research and development, Biomedical Engineers contribute to the advancement of healthcare technology specifically tailored to the needs of Nepal's population. Their unwavering dedication and technical prowess are invaluable assets in the nation's efforts to improve maternal health and reduce maternal mortality rates, ultimately working towards a healthier and more prosperous Nepal.

"जहाँ मानव विज्ञानले प्रविधिलाई भेट्छ"

Overview of SAS and Family Planning In PMWH

Sr. Consultant **Dr Shanti Shrestha**
Nursing Incharge **Sagun Thapa and Team**

Globally Unsafe Abortion is considered as a one of the major cause of maternal mortality and is identified as a major Public health issue by World Health Organization (WHO). Among the 25 million unsafe abortion, 8 million were carried out in the least – safe or dangerous conditions. Over half of all estimated unsafe abortions globally were in Asia.

The government of Nepal (GoN) is committed to achieving the sustainable development goals of reducing Maternal Mortality Ratio (MMR) to less than 70/100000 live births by the end of 2030. Nepal has been able to reduce Maternal Mortality Ratio from 539/100000 live births in 1996 to 239/100000 live births in 2016 to 151/100000 live births in 2021. A study (Hendersen et at, 2013) assessing the changes in Nepal Pre – and – Post abortion legalization demonstrated that this policy change has contributed to a reduction in the national MMR.

The Safe Motherhood and Reproductive Health Act – 2018 states that a pregnant woman has the right to get safe abortion service on her will up to 12 weeks of gestation and up to 28 weeks in certain circumstances. This Act also declares that every person has the right to get information, make choices and get services for Family Planning without any discrimination. GoN is committed to provide Basic Health service as defined by Public Health Service Act 2018 and Public Health Service Regulations 2020 to all its citizens at free of cost in public sector.

Following abortion legalization in 2002 by GoN,MOHP approved Nepal's safe abortion policy, and set Norms and Standards to implement the abortion Laws in the country in 2004. Comprehensive Abortion Care (CAC) services were first initiated at Paropakar Maternity & Women's Hospital (PMWH) from March 2004, as well as a CAC training was developed to train providers in 2061 BS. Later on, Second Trimester abortion and Medical Abortion (MA) services and trainings were also implemented.

Since then, PMWHhas been continuously providing safe abortion services (SAS) and it related trainings. When Government of Nepal made safe abortion services free of cost among the health facilities in 2nd Kartik, 2073 BS, from that day onwards all clients come to PMWH are getting freeservices. Furthermore,when the integration of SAS service and Family Planning service started in 2072 BS, the clients can receive both services in same setting. It also increases the acceptance of post abortion family planning services.

In PMWH, Family Planning service was started in 2021 BS. Now the modern methods of family planning services and trainings currently provided in PMWH are female and male sterilization for permanent and temporary methods are long acting reversible contraceptive like, IUCD and Implant, as well as short acting like, Inj. Depo, OCP, and Condom.

Strengths and Challenges:

Strengths:

- Providing woman's centered safe abortion and family planning services.
- Conducting even more abortion and family planning related trainings.
- Providing services six days a week, at 9-4pm.
- It's an opportunity for the clients to get two types of services in one door.
- Supervision and monitoring has been done frequently, its ensured quality of services.
- Referral center for other health centers.

Challenges:

- Needs USG machine
- Needs renovation
- Congestedprocedure and training area for safe abortion
- Insufficient staffs

Conclusion:

Paropakar Maternity and Women Hospital is the biggest national maternity and women'sservice delivery hospital, as well as an excellent site for different pre-service and in-service training programs.

In spite of many challenges, SAS and F/P department has played important role for preventing of unintended pregnancies and decreasing on unsafe abortion, providing quality services and its related trainings.

Annual Activities of Safe Abortion and Family Planning

F. Year 2078/079:

F. Year 2079/080:

Table No. 1 Safe Abortion Service			
S No.	**Description**	**FY 078/079**	**FY 079/080**
1.	MA	796	900
2.	MVA	333	540
3.	MI	311	360
4.	D&E	33	21
	Total	**1473**	**1821**

Table No. 2 Post Abortion Contraceptive Service		
Description	**FY 078/079**	**FY 079/080**
Long acting F/P	302	277
Short acting F/P	805	979

Table No. 3 Family Planning Services			
S No.	**Description**	**FY 2078/079**	**FY 2079/080**
1.	Minilap	19	19
2.	N.S.V	37	46
3.	I.U.C.D	273	216
4.	Implant	1251	1076
5.	Inj. Depo	548	455
6.	OCP	365	377
7.	Condom	314	301
	Total	**2807**	**2490**

Table No.4 SAS Training		
Description	**2078/079**	**2079/080**
MVA	2 Batches (14 participants)	6 Batches (47participants)
MA	4 Batches (23 participants)	9 Batches (59participants)
2nd Trimester	1 Batch (6 participants)	2 Batches (10participants)
Pre-Service for (MD Residents)	1 Batch (14 participants)	1 Batch (14participants)

Table No.5 Family Planning Training		
Description	**2078/079**	**2079/080**
F/P Pre-Service (MD Residents)	1 Batch (14paticipants)	1 Batch (14participants)
I.U.C.D	3 Batch (14participants)	1 Batch (5participants)
Implant	3 Batch (12participants)	23 Batch (138participants)

रक्त संञ्चार सेवाको इतिहास र गुणस्तरीयता

- परशु रामदाहाल
रक्त संञ्चार इन्चार्ज

रगत मानव शरीरमा पाईने अत्यन्त महत्वपूर्ण रातो तरल पदार्थ हो मुख्यतया रातो रक्तकोष प्लाज्मा र प्लेटलेट मिलेर बन्ने रगतको प्रमुख काम अक्सिजन तथा पोषक तत्वहरुको परबहन एवं ढुवानी गर्न, रगत जमाउने काम गर्न, शरीरमा पानीको मात्रा सन्तुलित गर्न र रोगसंग लड्नु नै हो । शरीरमा चोट लाग्दा निस्कने बिशेष खालको अपारदर्शी रातो तरल पदार्थ नै रगत हो । मुटुबाट विभिन्न नलीहरु जस्तै शीरा,धमनी र अन्य शुष्म रक्तनलीहरु हुदै मानव तथा अन्य मेरुदण्डयुक्त प्राणीहरुको शरीर भरी घुमिरहने तन्तु युक्त रातो तरल पदार्थलाई Whole Blood अर्थात पूर्ण रगत भनिन्छ यो पानी भन्दा बाक्लो र केही गाढा हुन्छ ।

यस अस्पतालमा बि.स.२०४१ सालमा रात्री सेवाबाट रक्त संञ्चार सेवाको स्थापना भई बि.स. २०४६ सालबाट २४ सै घण्टा सेवा संञ्चालन हुदै आएको छ । यस अस्पतालको रक्त संञ्चार सेवाको स्थापनार्थ मार्गदर्शनको भुमिका प्रदान गर्नुहुने सम्पुर्ण अग्रजहरुलाई हार्दिक र्कतज्ञता ब्यक्त गर्दछु ।

यसै गरि अस्पतालमा बि.स.२०६५ मा बिरामीलाई सहज रगत व्यवस्थापनको निकाशको लागि तत्कालिन निर्देशकज्यूको पहलमा अस्पतालको रक्त संचार केन्द्रलाई पुर्ण जिम्मेवारी प्रदान गरी बिरामीलाई सहज रुपमा रगत उपलब्ध गराउन निर्देशन जारी भयो । सोहि पहल कदमीले अस्पतालमा रगतको अभाव खड्किन छाड्यो । परोपकार प्रसुतितथा स्त्रीरोग अस्पताल (प्रसूति गृह) रगत पाउने अस्पतालको नामले परिचित भयो।

बि.स.२०७४ माघ ८ गते देखि Blood Component सेवा समेत सुचारु भयो । यस संगसंगै नेपाल रेडक्स सोसाइटी, केन्द्रिय रक्त संञ्चार सेवामा सहकार्य गरी रक्तदान कार्यक्रममा सहभागी भई अस्पताललाई आवश्यक मात्राको रगतको व्यवस्थापन गरिन्थ्यो । बि.स.२०७२ सालको महाभुकम्प पश्चात नेपाल रेडक्स सोसाइटी, केन्द्रिय कार्यलयको सहयोगमा आवश्यक सामाग्री लिई यस केन्द्र आफै रक्तदान कार्यक्रम संचालन गरि रगत संकलनको लागितयार भयौ । तत् पश्चात अस्पतालबाट आवश्यक सम्पूर्ण समानहरु खरिद गरी निरन्तर रुपमा घुम्ति रक्त संकलन शिविरमा गई रगत संकलन गर्ने काम यथावत नै छ ।

हाल अन्य अस्पतालहरुमा रगत नपाए यस अस्पतालमा पाईन्छकी भनी अन्यत्र अस्पतालका बिरामीका आफन्तहरु Cold ChainBox बोकेर भरोसा सहित आउनुहुने सेवाग्राहीहरु लाई पनि रगत व्यवस्थापन गरेका छौ यस बर्ष अन्यत्र अस्पतालमा ८८० युनिट रगत उपलब्ध गराएका छौ ।

आ व २०७९।८० मा संकलित रगतको विवरण

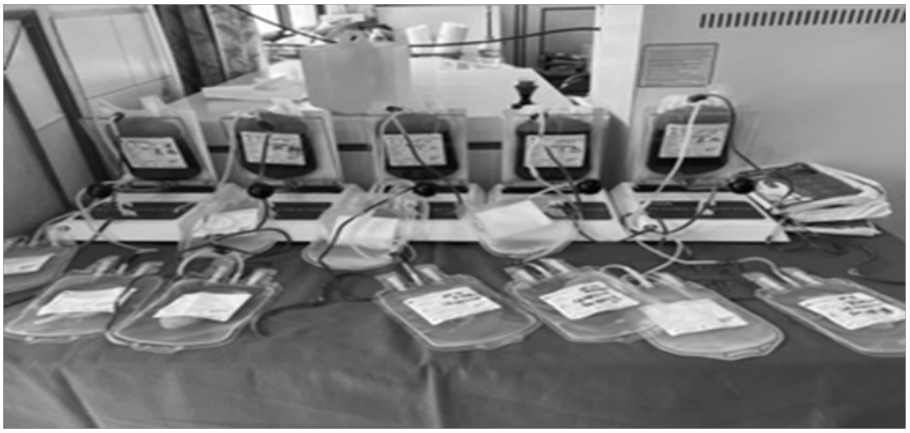
अस्पताल भित्रबाट	९९४ युनिट
ब्लोदान टिकाथली, ललितपुर	५७० युनिट
सामुदायिक सेवा केन्द्र तथा सामुदायिक प्रहरी सेवा केन्द्र, बागबजार	१६६ युनिट
बिक्रम श्रेष्ठज्यूको समन्वयमा	१६३ युनिट
सिद्देश्वर योग साधना केन्द्र	८४ युनिट
जम्मा	१९७७ युनिट

यसरी अस्पताल भित्र १५ वटा र अस्पताल बाहिर १७ रक्तदान शिविर संञ्चालन गरीयो र यस आ.व. मा एउटै रक्तदान कार्यक्रममा २१ प्वाइन्ट इनभेष्ट प्रा.लि.काठमाण्डौ बाट १०४ युनिट रगत संकलन भयो । साथै नेपाल रेडक्रस सोसाइटी लगायत अन्य रक्त संञ्चार सेवाबाट ३०४६ युनिट रगत व्यवस्थापनको लागि नेपाल रेडक्रस सोसाइटी, केन्द्रिय रक्त संञ्चार सेवा रअन्य रक्त सञ्चार सेवा प्रति पनि बिशेष आभारी छौ ।

अस्पतालमा भर्ना भएका बिरामीलाई जुनसुकै बेलापनि ताजा रगत प्लेटलेट, प्लाज्मा लगायत व्यवस्थापन गर्नु सक्नु हाम्रो बिशेषता हो । एउटै बिरामीलाई २०-२२ युनिट रगत सहजै उपलब्ध गराउनु, MICU/ OT मा उपचारार्थ बिरामीहरुलाई हरेक प्रकारको रगत र हरेक परिमाणमा रगततत्व समयमै उपलब्ध गराउन र NICU मा उपचारार्थ नवजात शिशुहरुलाई अत्याधिक मात्रामा आवश्यक रगत उपलब्ध गराउन सक्नु पनि यस अस्पतालको प्रमुख बिशेषता हो । हाल सम्म यस अस्पतालमा भर्ना भएका बिरामीलाई रगतको अभावमा अपरेशन सार्नु परेको छैन र रगतको कमी भएको बिरामीलाई रगत उपलब्ध गराउनुबाट कहिल्यै बञ्चित हुनु परेको छैन । यसै बर्षमात्र यस रक्त संचार केन्द्रबाट बभ्राङ्ग, कर्णाली र गोरखाका रक्त संञ्चार सेवामा कार्यरत जनशक्तिलाई तालिम उपलब्ध गराइएको छ । यसरि विविध बिशेषताले भरिएको गौरवमय यस अस्पतालको रक्त संञ्चार सेवाकोशत प्रतिशत लक्ष्य सेवाग्राहीलाई आवश्यक पर्ने सम्पुर्ण रगतको ब्यवस्थापन यसै अस्पतालबाट गर्नु नै हो ।

अन्यत्र रगत नपाएपनि प्रसुति गृहमा पाईन्छ भन्ने सकारात्मक सोचको विकास अस्पतालको लागि निक्कै गौरव र प्रेरणादायी उपलब्धी हुनआएको छ । अन्तमा सम्पूर्ण सहयोग गर्ने व्यक्ति सामाजिक संस्था र ब्लो दानका मित्रहरुका साथ अस्पतालका रक्तदाता कर्मचारी महानुभावको यो अमुल्य मानविय सेवाले पक्कै पनि बिरामीको मुहारमा चमक आएको छ । रक्त संञ्चार सेवाका २४ सै घण्टा खटिई दत्तचित्त भई सेवामा समर्पित हुने जनशक्ति प्रति कृतज्ञ छौ पूर्व निर्देशकज्यूहरु, उप निर्देशक ज्यूहरु प्रति कृतज्ञ छौ । अस्पतालका चिकित्सक, पारा मेडिकल, नर्सिङ्ग, प्रशासन तथा लेखाका कर्मचारीहरु हाम्रो प्रेरणाको श्रोत हुनुहुन्छ । सम्पुर्णको निरन्तर साथर सहयोग पाए आगामी दिनमा झन उर्जा साथ सेवा गर्न उत्पेरणा मिल्ने छ ।

Blood Component Preparation



ParopakarMaternity & Women's Hospital
Thapathali, Kathmandu
Blood Transfusion Service Annual Data 2079/080

Months	Cross-Match	Total Patients	MT Donor	NRS BTS	A +ve	B +ve	AB +ve	O +ve	A -ve	B -ve	AB -ve	O -ve	Trans-fusion	Re-action	Expiry Blood	HIV, HBsAg, HCV, VDRL	Group /Rh	D C T	I C T	Other Hospital Blood Supply
Shrawan	1781	1669	144	338	557	516	133	517	17	16	3	22	540	1	23	144x4=576	1294	91	36	94
Bhadra	1848	1517	190	365	545	495	171	578	15	16	8	20	620	3	21	190x4=760	1233	76	49	96
Ashoj	1488	1139	128	249	471	367	149	436	20	19	8	18	413	1	47	128x4=512	1110	78	34	85
Kartik	1473	1125	131	256	411	350	224	444	21	8	2	13	403	-	81	131x4524	1110	76	41	105
Mansir	1668	1388	185	121	536	437	129	516	14	14	3	19	360	3	22	185x4=740	1064	79	47	109
Poush	1611	1380	158	229	440	408	190	523	21	14	3	12	457	2	20	158x4=632	1052	64	51	98
Magh	1613	1424	212	280	464	446	167	470	26	21	6	13	595	1	19	212x4=848	1132	60	30	8
Falgun	1589	1314	121	187	541	408	137	448	23	17	5	10	353	2	20	121x4=484	1137	66	54	48
Chaitra	1660	1354	161	342	529	387	242	454	13	14	5	16	523	5	29	161x4=644	1144	58	66	48
Baishakh	1718	1421	201	153	500	421	185	572	10	9	5	16	410	2	17	201x4=804	1013	66	46	71
Jesth	1850	1522	213	267	621	456	164	543	15	20	4	27	533	3	27	213x4=852	1189	75	51	70
Asadh	1728	1296	133	259	561	396	280	431	24	10	6	20	403	1	25	133x4532	1143	94	56	48
Total	20027	16549	1977	3046	6176	5087	2171	5932	219	178	58	206	5610	24	351	7908	13621	883	561	880

Blood Component Preparation: -

PRBC:-1010 UNIT

FFP:- 708UNIT

PRP:-262 UNIT

Platelets Concentrate :- 74 UNIT

पुस्तकालय र यसको महत्व

- शर्मिला शाक्य
लाईब्रेरी

सुचना तथा सञ्चार प्रविधिको विकासले गर्दा आधुनिक पुस्तकालयहरु एउटा पर्खाल भित्र मात्र सिमित नरही भुमण्डलीकृत भइसकेको छ। त्यसैले पुस्तकालय स्वयम् खुल्ला विश्वविध्यालयका रुपमा स्थापित हुदै आएको छ । यस स्वरुपमा हेर्ने हो भने यो सूचना तथा ज्ञान समाग्रीहरुको व्यवस्थित भण्डार नै हो भन्न सकिन्छ । पुस्तकालय प्रयोग र उपयोग गर्न सकिने ज्ञान समाग्रीहरुको विशाल भण्डारण हो भन्दा पनि सायद फरक पर्दैन ।

यस आलेखमा मुख्य गरी ज्ञान सामग्री उत्पादन गर्ने क्रममा कसरी पुस्तकालयमा परिवर्तन हुदै आएको छ , पुस्तकालयका सामग्रीहरुको संकलन र व्यावस्थापनको आधारमा पुस्तकालयको विकासक्रम साथै डिजिटल ईलाईब्रेरी किन आवश्यक छ भन्ने विषयमा छोटो प्रकाश पार्न खोजिएको छ ।

आजको समयमा यो पुरानो र असन्दर्भिक भएको आकलन गर्न सकिन्छ । पुस्तकालयको मुख्य कार्य भने को आवश्यकता र मागअनुसार विभिन्न सूचना तथा ज्ञान सामग्रीहरुको छनोट, संकलन, व्यवस्थापनतथा संरक्षण गरी पाठकलाई सहि सूचनाउपलब्ध गराउनु नै हो । सूचना प्रविधि विकासले हरेक क्षण लाखौ लाख ज्ञान सामग्रीहरुको सिर्जना भईरहेको अवस्थामा त्यस्ता सामाग्रीहरुको छनोट संकलन, व्यवस्थापन गर्ने कार्य पुस्तकालयको जिम्मामा रहेको निर्विवाद छ । त्यसमा पनि परम्परागत पुस्तकालय भन्दा डिजिटल पुस्तकालय प्रतिको आकर्षण बढदै गएको देखिएको छ ।

आजको डिजिटल युगमा समयानुकुल पुस्तकालय व्यवस्थापनमा पुस्तकालयमा रहेको सामाग्रीहरु खोज्न सजिलो होस भनी डिजिटल लाईब्रेरी हुन जरुरी रहेको छ । यस पुस्तकालयलाई अझै व्यवस्थित तुल्याउन बार्षिक रुपमा पुस्तकालयको बजेटलाई अनुसार राख्दै आवश्यक पुस्तकहरुको संख्या बढाउदै लगिएको छ ।

पुस्तकालयलाई एक मन्दिरको रुपमा लिईन्छ किनकि आजको युगमा यसको धेरै महत्व छ । आज मानिसहरु समयको उपयोग गर्न किताव पढ्ने गर्दछन् । यसले मानिसहरुलाई सही र सत्य बाटो पहिल्याउन मद्दत गर्दछ । यसको अर्थपूर्ण ज्ञानबाट लक्ष्य र आकांक्षा पूरा गर्न सक्छौ । यसमा रहेको सम्पूर्ण ज्ञानलाई सहि ढंगले प्रयोग गर्नाले भविष्यमा राम्रो नाम कमाउन सकिन्छ । किताबको ज्ञानले विश्वलाई परिवर्तन गर्न सकिन्छ । यसले हाम्रो मानसिक विकासमा पनि सहयोग पुग्छ । पुस्तकालयको महत्व मानिसका लागि समय झै महत्वपूर्ण हुन्छ । पुस्तकको पढाईले विभिन्न क्षेत्रका ज्ञान प्राप्त गर्न सकिन्छ । यसको महत्व नजान्नेले सफलता र कुनै क्षेत्रमा अगाडी बढ्न सक्दैन । पुस्तकालयले हाम्रो जीवनलाई अर्थ दिने गर्दछ आज सबै मानिसले पढेका छन् ।

सामाजिक समस्यालाई पुस्तकको ज्ञानले हटाउन सकिन्छ । पुस्तकको पढाईले देश विकास र सुधार गर्न सकिन्छ । पुस्तकालयमा रहेको पुस्तकहरु पढि आज धेरै मानिसहरु वैज्ञानिक अल्वर्ट आईस्टाईन जस्तै प्रसिद्द बनेका छन् ।

पुस्तकालयको महत्व पढाइको हरेक क्षेत्रमा हुन्छ विकास र विज्ञानले बैज्ञानिक बन्नको लागि किताव पढी लक्ष्यलाई सत्यतामा परिणत गर्न सकिन्छ । यसको महत्वबुझने मानिस नै अहिले अगाडी बढेको उदाहरण पाईन्छ । पुस्तकालयको निमार्णका अग्रज व्यक्ति जोन उड हुन् । यस आधुनिक युगमा पुस्तकालयको धेरै नै महत्व रहेको छ । पुस्तकालय ज्ञानको सागर हो । हामीले यसमा रहेको अर्थपूर्ण ज्ञानलाई मनले धारण गर्न सक्यो भने लक्ष्य र सफलता प्राप्त गर्न सक्छौ ।

Infection and Pregnancy

Deepankar Thakur

Blood Transfusion Service Center

Pregnancy and postpartum period can be complicated by various infections which have adverse effect on mother and fetus. The fetus is protected from various environmental factors including pathogenic organism. There are immunologic alterations during pregnancy which alter severity and susceptibility to infectious diseases during pregnancy. As pregnancy progresses, hormone levels change dramatically and are considerably higher than at any other time. The interplay between sex hormones and the immune system is complex and multifactorial, and it affects many organ systems.Pregnant women are more severely affected by infections with some organisms, including influenza virus, hepatitis E virus (HEV), herpes simplex virus (HSV), and malaria parasites.

The immune system is functional only after several month of birth, the immunoglobulin that crosses the placenta i.e. IgG protect the neonates from many infection. Prenatal infection can be acquired hematogenous route)or from ascending genital route. If the mother has bloodstream infection the fetus is susceptible to the infection by crossing the placenta. The organism can also reach to the fetus from vagina through breach in fetal membrane. Chorioamnionitis is an infection of the uterus and its content during pregnancy, which is commonly acquired when organism spread from the vagina or cervix after premature or prolonged rupture of the membrane or during labor. The maternal infection associated with adverse pregnancy outcome that are not sexually transmitted include that of parvovirus, rubella virus and Listeria monocytogenes.Infections known to produce congenital defects have been described with the acronym TORCH (Toxoplasma,Rubella, Cytomegalo virus, Herpes Simplex Virus).

Pregnant women are susceptible to infection by Group B streptococcus, since GBS can be found as part of normal vaginal, rectal, and oral flora. Intrapartum transmission occurs via ascending spread or at the time of delivery, in pregnant women, GBS causes cystitis, amnionitis, endometritis, and stillbirth; occasionally, GBS bacteremia leads to endocarditis or meningitis, in postpartum women, GBS can cause urinary tract infections (UTIs) and pelvic abscesses. Asymptomatic bacteriuria develops in 10-15% of pregnant women and can lead to complications such as pyelonephritis and premature labor. Listeria monocytogenes causes listeriosis which is bacteremiaoften asymptomatic.Symptomatic pregnant women often have a febrile illness similar to influenza with fever, muscle aches, and, occasionally, nausea or diarrhea during the bacteremic phase of the disease. Although maternal symptoms may be mild, listeriosis can lead to amnionitis and result in either premature labor with delivery of an infected baby, or even stillbirth. Syphilis is also common in pregnant women during the first and second stages of disease. Infection by Gardenellavaginalis can be transmitted via the placenta to the fetus and can cause intrauterine fetal death.Viral infections in pregnancy are major causes of maternal and fetal morbidity and mortality. Infections can transmitted to fetus and neonate via transplacental,contact with vaginal secretions or blood during intrapatum or postpartum(from breast milk or other sources). The clinical manifestations of neonatal infections vary depending on thepathogens and gestational age at exposure. The risk of infection is usually inversely related to gestational age at acquisition, some resulting in a congenital malformation syndrome.

Cytomegalovirus (CMV) infection requires intimate contact through saliva, urine, and/or other body fluids. Possible routes of transmission include sexual contact, organ transplantation, transplacental transmission, transmission via breast milk, and blood transfusion (rare). Primary, reactivation, or recurrent CMV infection can occur in pregnancy and can lead to congenital CMV infection. Transplacentalinfectionlead to sensorineural hearing loss, intracranial calcifications, microcephaly, hydrocephalus, hepatosplenomegaly, delayed psychomotor development, and/or optic atrophy.Vertical transmission of CMV can occur at any stage of pregnancy; however, severe sequelae are more common with infection in the first trimester, while the overall risk of infection is greatest in the third trimester.

Congenital rubella syndrome (CRS) is characterized by intrauterine growth restriction, intracranial calcifications, neurologic disease (with a broad range of presentations, from behavior disorders to meningoencephalitis), osteitis, and hepatosplenomegaly.

VZV is a common virus that carries risks for both the mother and fetus during pregnancy. Morbidity and mortality rates associated with VZV infection are much higher in adults than in children. Primary varicella infection during pregnancy is considered a medical emergency.

Department of Anaesthesiology Annual Report 2079/2080

Department of Anaesthesiology

Introduction

In order to better serve expectant mothers and women, Paropakar Maternity & Women's Hospital (PMWH) was founded in 2016 BS with a focus on the female population. Since its founding, the hospital has offered a variety of OPD, inpatient, and surgical facilities. The provision of anaesthesia services is a crucial and integral component of surgical service delivery.In 2037 BS, the first modern operating rooms were established. Although fully functional operating rooms were available, the majority of anaesthesia services were still provided by visiting anaesthesiologists and medical staff who had undergone anaesthesia training until the end of 2042 BS. The provision of anaesthesia services by permanent anaesthesiologists of PMWH began only after the deputation of the first qualified anaesthesiologists in 2043 BS.Since then, the hospital authority has come to understand the value of having qualified anaesthesiologists on staff and has begun hiring additional visiting qualified anaesthesiologists for the 24-hour service. We currently employ ten full- time anaesthesiologists.

First postgraduate training in anaesthesia was started in 1985AD with DA (Diploma in Anaesthesia) under PGMCC, a joint program of Government of Nepal and TU, Institute of Medicine. Later the DA course phased out and M.D. Anaesthesiology programme was started from 1996 AD.Residents of both instituteswere posted in this hospital for training in specialized obstetric anaesthesia. Now,NAMS (National Academy of Medical Sciences) iscontinuing the MD anaesthesia programme and MD anaesthesia residents are posted for one month obstetrics anaesthesia posting in first year and three months in second year. From last year Karnali Academy of Health Sciences (KAHS) started sendingtheir 2nd year anaesthesia residents on one month posting for an exposure Obstetric Anaesthesia in our hospital.

The Anaesthesia Assistant Course (AAC) under NAMS for HA, OA and Staff Nurses started in this hospital from 2063 BS especially targeting to reduce the maternal mortality and morbidity by providing anaesthesia services for BEOC and CEOC in various health institutions of the country. This AAC training of one year under NAMS has been running in our hospital along with other 2 hospitals in Kathmandu.

An essential component of anaesthesia is pain management. Our department's clinical objectives are to improve patient care by concentrating on intraoperative, postoperative, and labour pain management. When caring for sick mothers or women in the MICU (Maternal Intensive Care Unit), we place a strong emphasis on patient safety.

The education of medical students, anaesthesia assistants, medical officers, MD residents, and Advanced SBA trainees is something we constantly strive to excel at. We accomplish this goal by consistently putting to use our fundamental educational principles: Every student is entitled to the BEST.

We have established labour analgesia in MNSC especially for those patients who needed the service, and we tend to include more patientsfor labour analgesia.

In addition to our improvements in clinical treatment and research over the past year, we have continued to give students the most thorough and educational experience possible, with a focus on regional anaesthesia in obstetric patients as well as other forms of anaesthesia in gynaecological and obstetric patients.

The Department of Anaesthesiology at our hospital conducts various academic activities as part of ongoing medical education, particularly in the areas of analgesia, anaesthesia, pain management, and the care of sick and critically ill mothers. In the near future, we intend to improve the care given to sick mothers in MICU.

Health sector is ever evolving. We believe in keeping

ourselves up-to-date with recent advances. The anaesthesiologists of our department also participate and attend different conferences, seminars and workshop conducted in Nepal and aboard.

Department Activities

Clinical:

- Preanaestheticcheck-up daily for elective surgeries as an outdoor services.
- Anaesthesia for elective surgeries 6 days a week.
- Anaesthesia for EHS cases.
- Anaesthesia for emergency surgeries round the clock, 7 days a week.
- Labour analgesia for demanding parturient.
- Maternity Intensive Care.
- Resuscitation in acute emergencies including advanced cardiac life support to parturient and sick mothers.
- Ultrasound guided Transversus Abdominis Plane block (TAP block) for postoperative pain management.
- Ultrasound Guided Spinal Anaesthesia.
- Providing anaesthesia for patients in IVF wing.

Academic:

- MD Anaesthesiology: Theory subject discussion classes on Obstetrics anaesthesia every Sunday and Wednesday throughout the year
- Bedside teaching to residents, medical officers, AAC and MD OB/GYN and trainees of different categories
- Anaesthesia techniques for minor cases and resuscitation for BEOC/CEOC/SBA trainees
- Active participation in regular CME conducted on every alternate Wednesday

Physical Facilities:

- 2 major, 1 laparoscopic and 1 minor operation theatre in Gynaecology building
- 3 Obstetric including Emergency operationtheatres in new obstetric building
- 1 Operation Theatre for IVF procedure in separate building in Kupondole
- 1 Pre-anaestheticcheck-up room
- Well-equipped class room for theory classes

Human Resources:

- Senior Consultant- 2
- Consultant –1
- Registrar – 3
- Junior Registrar- 4
- Medical Officers– 4
- Anaesthesia Assistants– 6

Training/Courses/Meetings:

- Dr.Tara Gurung, Dr.Sangeeta Shrestha and Dr.Pramee Bajracharya attended SAARC AA 2022-14th International Congress of Anaesthesiologists conference in Kochi, Kerala (2079/04/26-2079/04/29)
- Implementation of WHO surgical safety checklist
- Active participation of department anaesthesiologists as trainers in ACLS training conducted in NAMS (14- 25 Bhadra 2079)
- Dr. Ujjwal Basnet presented at SAN CME on "001 Emergency Code: A Clinical Audit" (2079/08/24)
- Dr.Pramee Bajracharya presented at SAN CME on "Enhanced Recovery after Caesarean Section" (2079/08/24)& in regular CME (2079/08/28) at PMWH

- Dr. Tara Gurung ,Dr. Sangeeta Shrestha, Dr. Ujjwal Basnet, Dr. Akshay Psd. Pradhan andDr. Aashish Dhital participated as trainers in 22nd Annual SANCON preconference "Ultrasound Guided regional Anaesthesia in Nepal (URAN)" workshop (2079/12/10) which was held in our hospital.
- Active participation of all department members in 22nd Annual SANCON (2079/12/11)
- Active participation by department Anaesthesiologists in one day simulation based post conference workshop on "Perioperative Critical Events in Obstetrics" organized by Society of Anaesthesiologists of Nepal(SAN) (2079/12/12) which was held in Paropakar Nursing College, Kopundole.
- Dr. Sangeeta Shrestha and Dr.Pramee Bajracharya participated as trainers in SAFE Obstetric Anaesthesia Course conducted by WFSA and NSI at National Simulation Lab, NAMS, Bir hospital (2080/02/17- 2080/02/19).
- Dr. Aashish Dhital participated as trainee in SAFE Obstetric Anaesthesia Course conducted by WFSA and NSI at National Simulation Lab, NAMS, Bir hospital (2080/02/17- 2080/02/19).
- Dr Alan Amatya presented on "Perioperative fluid management"on2080/02/31 in regular CME at PMWH

Ongoing Researches:

- Maternal and Neonatal Effect of Mephentermine, Ephedrine and Phenylephrine for Treatment of Hypotension during Spinal Anaesthesia for Caesarean Section
- Incidence of Bacterial Colonization from Epidural Catheter Tip for Postoperative Analgesia in Elective Gynaecological Surgery
- Prevalence of Maternal Near Miss Cases in Intensive Care Unit in a Tertiary Hospital of Nepal: A Retrospective Study.
- Awareness and Acceptance of Epidural Labour Analgesia among Parturients at a Tertiary Care Hospital.
- Preoperative Anxiety and Associated Sociocultural Factors in Pregnant Patient Undergoing Caesarean Section.

Movements of the year

1. Dr.Pramee Bajracharya, Dr. Aashish Dhital and Dr. Mukesh Kumar were appointed as Registrar
2. Dr. Manju Maharjan joined department as Anesthesiologist in Bhadra 2079
3. Dr. Basanta Koirala has left the department as in Kartik 2079
4. Dr Anisha Budhathoki resigned from her post of medical officer in Kartik 2079
5. Dr Rajesh Prajapati, Dr. Alan Amatya, Dr.RajeshDesar joined as an Anaesthesiologist in 2079
6. Dr. Akshay Prasad Pradhan, Senior Registrar resigned after 5.5 years (7th Jestha 2080)
7. Chief Consultant Prof.Dr.Amir Babu Shrestha retired after 17 years of service at PMWH (7th Asar 2080)
8. Medical Officers Dr. Rojina Shrestha, Dr. Deepak Maharjan, Dr.Ujala Maharjan, and Dr.Ibeja Tiwari resigned from their posts
9. Dr Bhumika Raut, Dr Khem Chandra Joshi and Dr Rukmani Kharel have joined our department from 1stShrawan 2080.

Future plans

- Continue to conduct Basic Life Support training to hospital staffs

- Upgrade Maternal Intensive Care Unit (MICU)
- Continue to provide Critical Care Training to hospital staffs
- Continue to provide simulation based Perioperative Critical Events in Obstetrics
- Increase awareness of labour analgesia facilities and provide labour analgesia facility effectively
- Fellowship training in Obstetric Anaesthesiology
- Digitization of the department with Clinical data base system
- Continuity with implementation of WHO Surgical Safety Checklist
- Obstetrics Surgical Safety Checklist implementation

Clinical Audit:

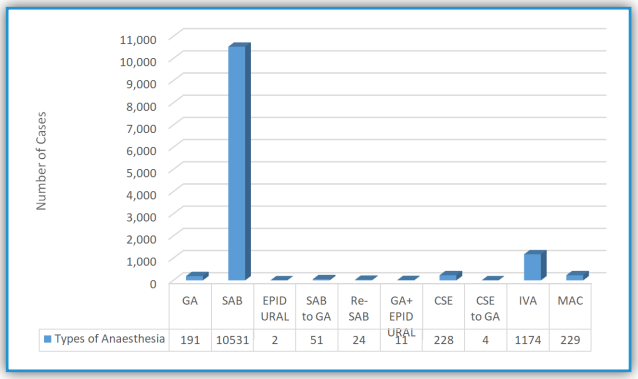


Figure 1: Types of Anaesthesia

Total numbers of cases operated were 12445 in the year 2079/2080

Figure 2: Monthly distribution of LSCS

Total number of LSCS done in 2079/2080 were 9757

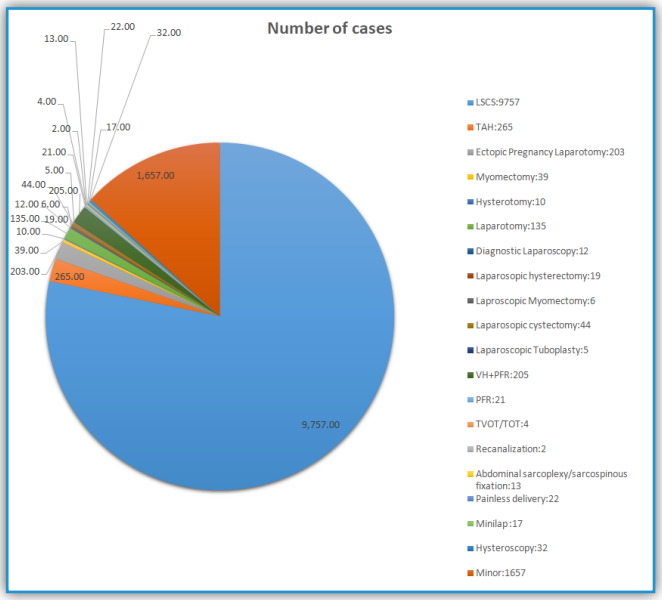


Figure 3: Types of Surgery

Total number of surgeries done were 12445

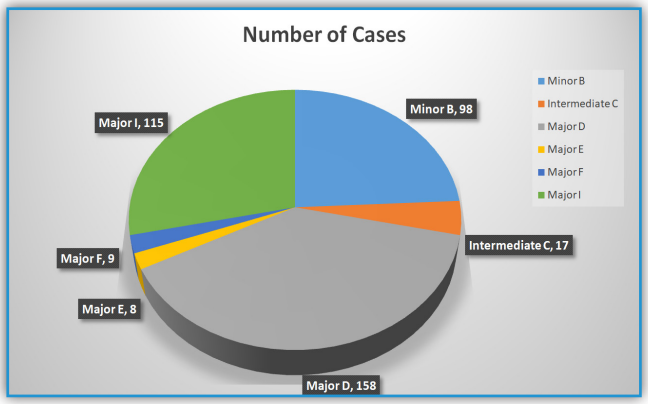


Figure 4: EHS Surgeries

Total cases done in EHS were 405

Clinical Pathology, Laboratory & Molecular Medicine

HOD, Sr. Consultant **Dr. KarishmaMalla Vaidya**
Consultant: **Dr. BibhutiDahal, Dr. Dipti Shrestha, Dr. Ratan Shah**
Dr. Sunisha Vaidya, Dr. Yashmin Shrestha

Pathology is the medical discipline that provides diagnostic information to patients and clinicians. It impacts nearly all aspects of patient care, from diagnosing to managing diseases through accurate laboratory testing.

Laboratory in Paropakar Maternity and Women's Hospital has been serving patients presenting at obstetric andgynecological OPD as well as patients with neonatal disorders. Tests to aid in fertility workup are also done.We havebeen running pre-natal screening tests including double test, triple test and quadruple test in our department since last few years.

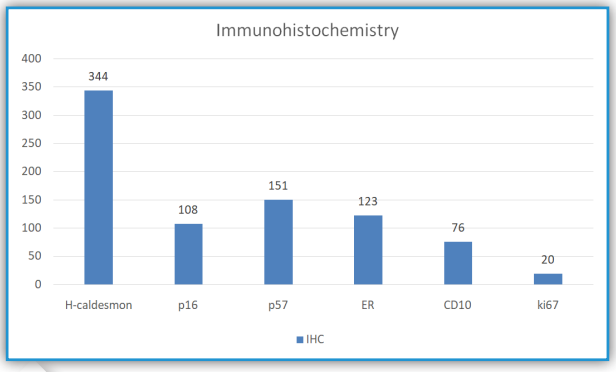
Our routine services include hematology, biochemistry, parasitology, microbiology, hormone assays, immunology, blood bank, cytology and histology. Along with routine histopathology, a panel of immunohistochemistry (IHC) testsare also performed that helps to guide treatment and provide information regarding disease prognosis in some cases. Provision for quick aid in diagnosis via imprint cytology is also provided by our laboratory.

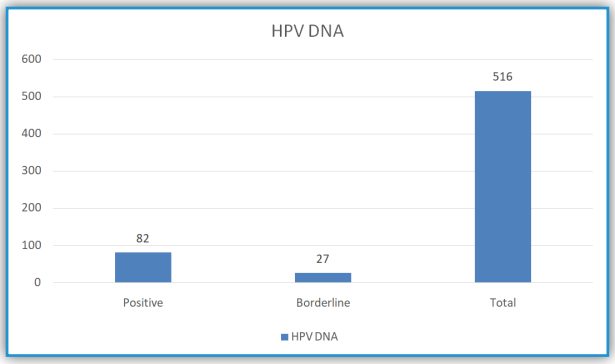
Ourmolecular laboratory performs PCR test for COVID-19. To screenfor various gynecological malignancies,different tests including liquid based cytology, tumor marker analysis and high-risk Human Papilloma virus (HPV) DNA detection test is also done. HPV DNA detection is done by both PCR as well as FDA approvedhybrid DNA capture method.

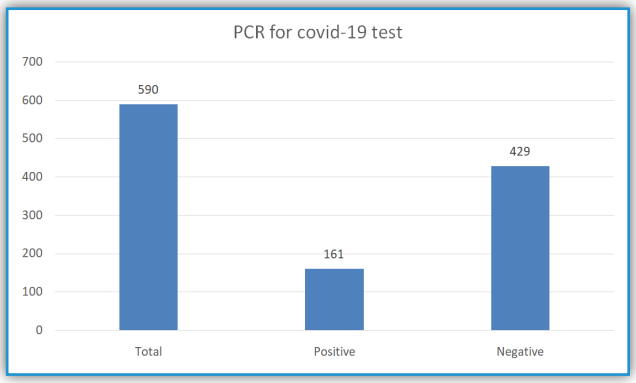
Our lab also runs different external quality assurance (EQA) that plays an important role in the quality management and improvement of our laboratory services.

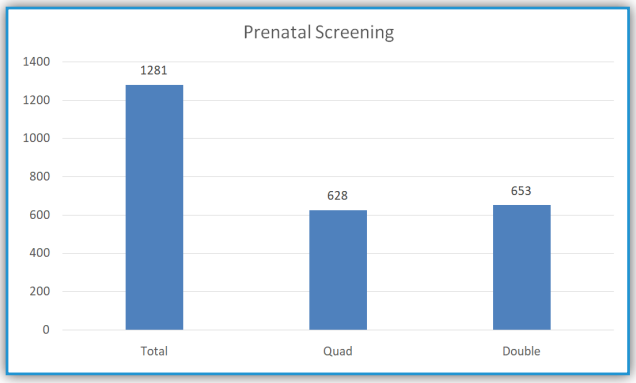
We are a team of 38 laboratory staffs working in various sub-specialtieswithin the laboratory. The laboratory team consists of pathologists, technologists, technicians, microbiologist, lab assistants andlab boy. We provide a range of routine and specialized laboratory tests along with 24 hours emergency lab services and blood transfusion services in our hospital.Provision of training for laboratory assistant, laboratory technician, laboratory technologist and medical microbiologist and residents from Gynecology and Obstetricsare also conducted.

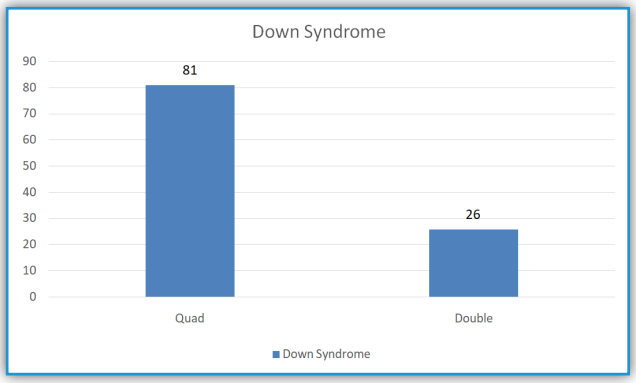
Graphical representation of annual testsperformed in Pathology department at PMWH 2079/2080 are shown below:

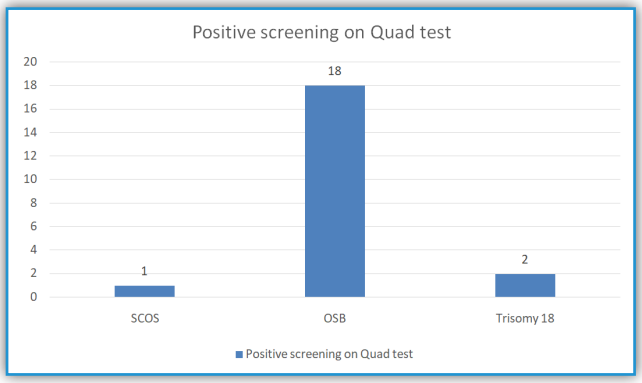


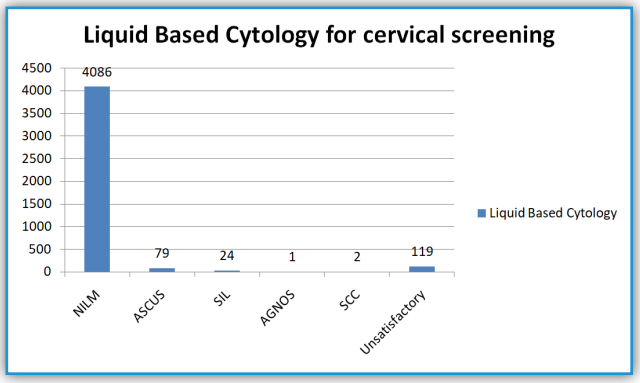


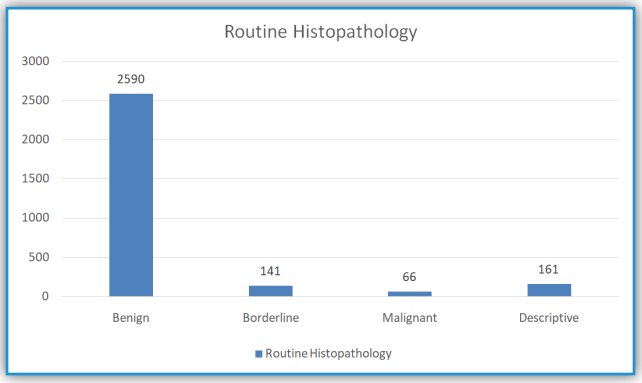

PCR for covid-19 test
700
600
500
400
300
200
100
0
590
161
429
Total
Positive
Negative

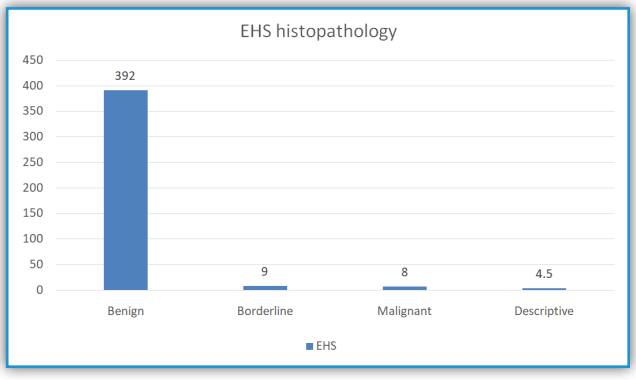

Prenatal Screening
1400
1200
1000
800
600
400
200
0
1281
628
653
Total
Quad
Double

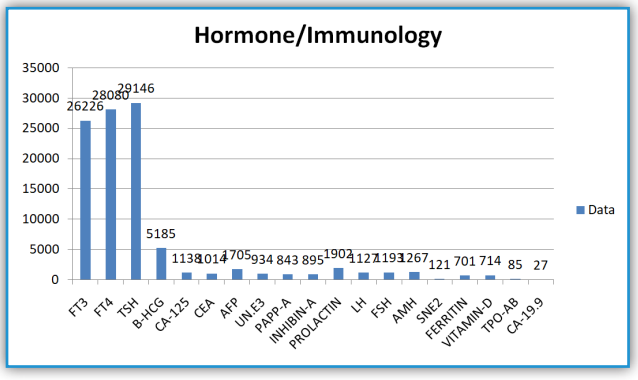

Down Syndrome
90
80
70
60
50
40
30
20
10
0
81
26
Quad
Double
Down Syndrome

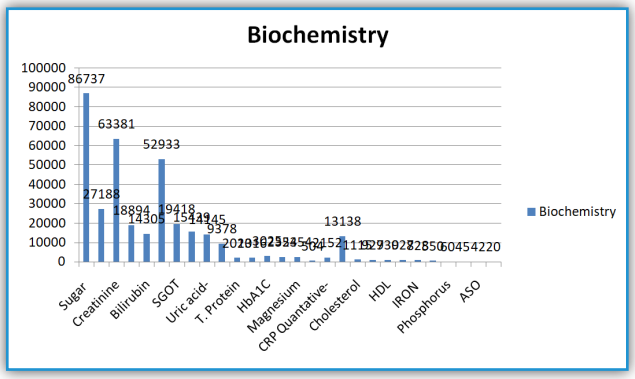

Positive screening on Quad test
20
18
16
14
12
10
8
6
4
2
0
1
18
2
SCOS
OSB
Trisomy 18
Positive screening on Quad test

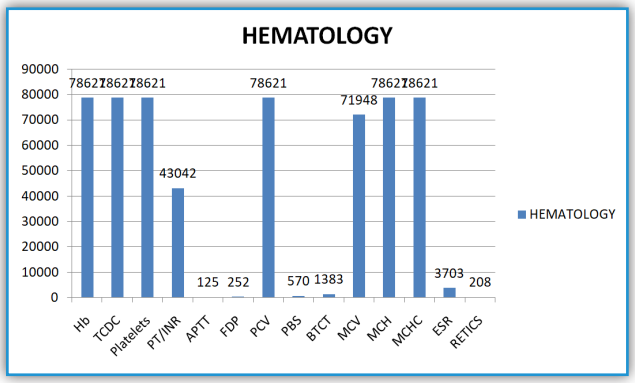

Liquid Based Cytology for cervical screening
4500
4000
3500
3000
2500
2000
1500
1000
500
0
4086
79
24
1
2
119
NILM
ASCUS
SIL
AGNOS
SCC
Unsatisfactory
Liquid Based Cytology

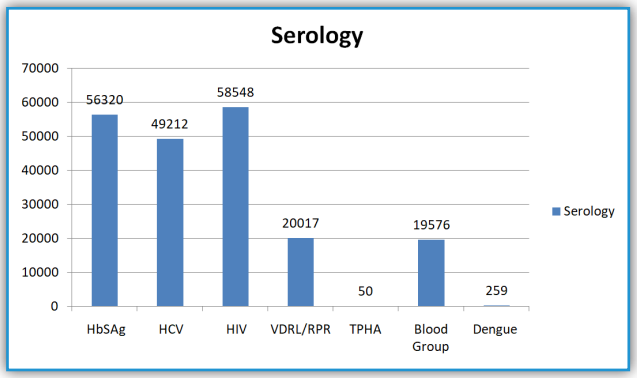

Routine Histopathology
3000
2500
2000
1500
1000
500
0
2590
141
66
161
Benign
Borderline
Malignant
Descriptive
Routine Histopathology

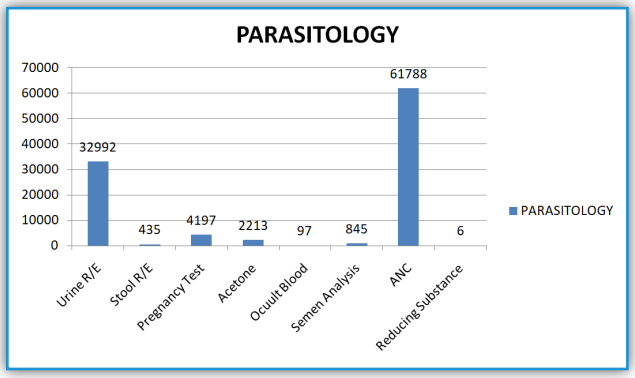

EHS histopathology
450
400
350
300
250
200
150
100
50
0
392
9
8
4.5
Benign
Borderline
Malignant
Descriptive
EHS

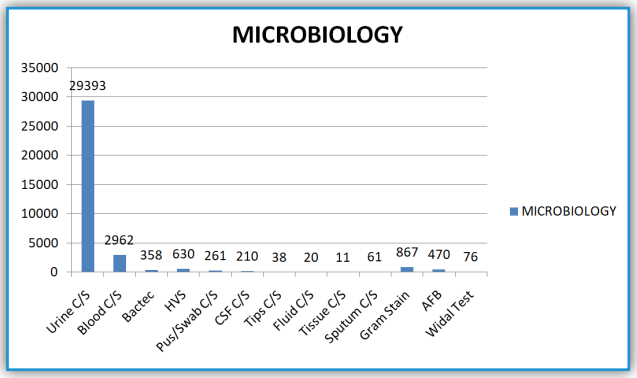

Hormone/Immunology
35000
30000
25000
20000
15000
10000
5000
0
26226
28080
29146
5185
1138
1014
1705
934
843
895
1902
1127
1193
1267
121
701
714
85
27
FT3
FT4
TSH
B-HCG
CA-125
CEA
AFP
UN.E3
PAPP-A
INHIBIN-A
PROLACTIN
LH
FSH
AMH
SNE2
FERRITIN
VITAMIN-D
TPO-AB
CA-19.9
Data

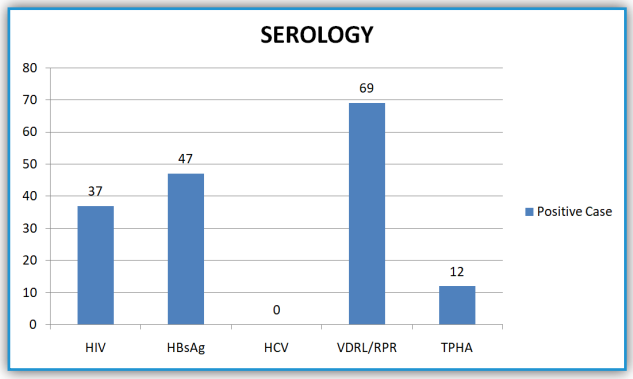












Annual Activities in Department of Neonatology

[1]Dr Kalpana Upadhyay Subedi,[2]Dr Shailendra Bir Karmacharya,[2] Dr. Prajwal Paudel,[3]Dr.Megha Mishra[4]Dr Needa Shrestha,[4]Dr Shraddha Shrestha and,[4]Dr. Neelam GuptaTeam.

([1]Head of Department, Chief Consultant & Professor, [2]Senior consultant,[3]SeniorRegistrar[4]Registrar)

The neonatal period refers to the first 4 weeks of life of baby. It is one of the most crucial phases in the survival and development of a child and also prone to infections.

According to UN IGME's (United Nations Inter-Agency Group for Child Mortality Estimation) report in 2021, the neonatal mortality rate in the world is 17 per 1000 live births, it is down by 45.9% from 37 deaths per 1000 in 1990. NMR in Nepal has been decreasing gradually from 28.5 deaths per 1000 live births in 2009 to 21 deaths per 1000 live births in 2022. Nepal's Safe Motherhood and Newborn Health (SMNH) Road Map 2030 aims to ensure a healthy life for, and the well-being of, all mothers and newborns. The Road Map is aligned with the Sustainable Development Goals (SDGs) to reduce the Newborn Mortality Rate (NMR) less than 12 deaths per 1,000 live births. Nepal is committed to achieving the targets set by the Global Strategy for Women's, Children's, and Adolescents' Health (2016–2030), which are in line with the SDGs.

PMWH has been recognized as one of the centers for both maternal and newborn health services by government of Nepal. Department of Neonatology in PMWH bears large responsibility to produce human resources by developing various trainings & academic activities. We have strong determination to give quality care to inborn newborns at PMWH and constant effort is being made by both hospital & department.

Department of neonatology

The neonatology department is currently running NICU, SCBU and KMC. We have 10 bedded NICU, 26 bedded SCBU and 6 bedded KMC. Currently we are operating NICU with, 10 radiant warmers with bed side monitors in each bed,5 ventilators, CPAP machines, incubators. Our unit has ABG machine, portable X-RAY machine, portable USG machine, phototherapy machines. We have daily portable ultrasound andthrice a week echocardiography service for sick newborn admitted in NICU and SCBU.

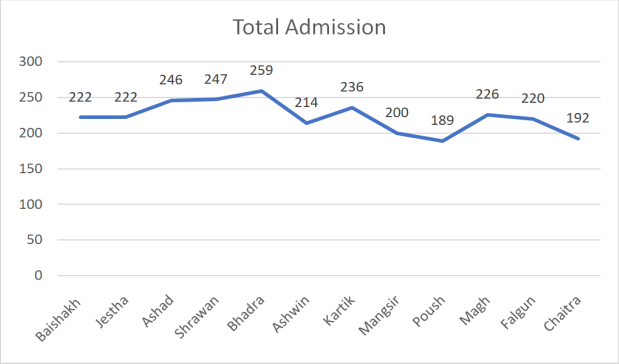
The department of neonatology consists of one Chief Consultant, 2 Senior Consultants, 1 Senior Registrar, 3 Registars, 7 Medical officers and 2 paediatric residents from NAMS are posted to our department for 3 months in rotation for Perinatal training. Apart from Paediatric resident 1 Gynae and obs resident is posted for 15 days for comprehensive newborn care and resuscitation training. The department has 1 Nursing in-charge & 20 nursing staffs, 10 Nurse Aids & attendants & 5 cleaning staffs to run NICU and SCBU.

Last year august 19 2022, former president Bidhya Devi Bhandari inaugurated, Nepal first Comprehensive Lactation Management Centre (CLMC)/Human Milk Bank in Paropakar Maternity and Women's Hospital under department of neonatology run by one CLMC manager, 5 lactational support staffs, one lab technician, one office assistant and 3 cleaning staffs,Human milk bank has counselling and expression room, Pasteurization room, cleaning room, storage area.

Paediatric and Neonatology OPD: OPD services are being given from Sunday to Friday at 9am to 1pm.We provide services through our well baby clinic, high risk newborn follow up clinic, childhood immunizations and prenatal counselling for high risk and complicated pregnancies. Both newborn and older children are examined in OPD.

Annual Data of the year 2079

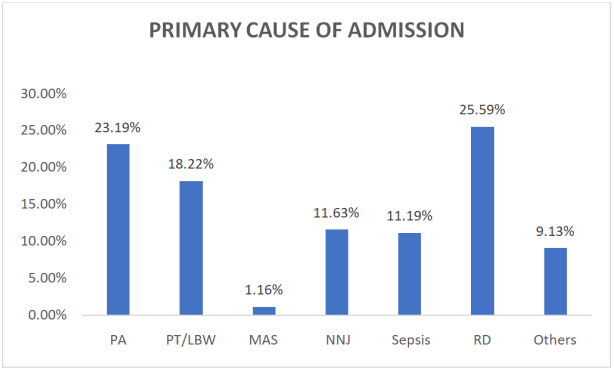
In year 2079 (Baisakh to Chaitra) 2673 babies were admitted in Department of Neonatology out of 24681 live births in the hospital. The admission rate 10.83% percent, which is more than last year by 1.38%. The peak month for admission was Bhadra followed by shrawan and Kartik.

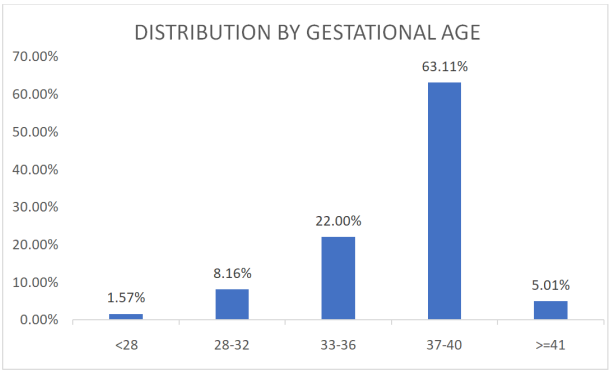


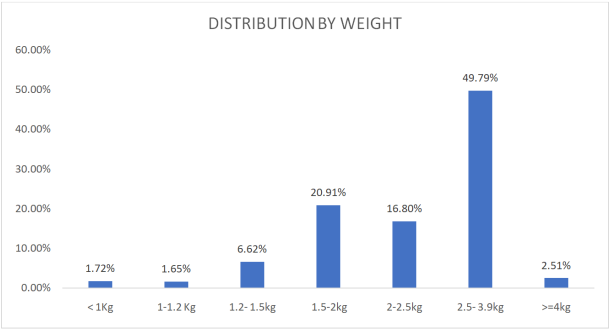
Most of the neonates that were admitted were within 72 hours of life, comprising of 81.33% of the total admission, and among that 18.2% were admitted more than 72hours. The admission this year comprised of 63.11% term babies, 31.72% of preterm and 5.01% post term babies, however 47.69% of the admission were of low birth weight which includes 37.71%low birth weight, 8.27% very low birth weight and 1.72%extremely low birth weight), 49.79% comprising of normal weight babies whereas only 2.50% comprising of large for gestational age babies. Among the total admissions there is male predominance with male: female ratio of 1.27:1

CAUSES OF ADMISSION

Over the year, most common cause of admission was respiratory distress comprising of 25.5% of the total cases followed by perinatal asphyxia (23.19%) and then preterm/low birth weight (18.21%). Respiratory distress includes both respiratory distress syndrome and Meconium aspiration and other aspiration syndrome, transient tachypnoea of Newborn (TTN). The preterm cases have increased from that seen in last year. The number of perinatal asphyxia case admissions have increased compared to the admissions seen in previous years. The number of sepsis cases have increased from previous years.Other cause of admission comprising of 9.12% including IUGR,Congenital heart disease(CHD),congenital anomalies and for routine care of babies whose mothers are in MICU and from OCMC. Few babies this year were also admitted in the isolation section for observation for Covid positive or suspected positive mothers and discharged after results were negative and babies were asymptomatic.

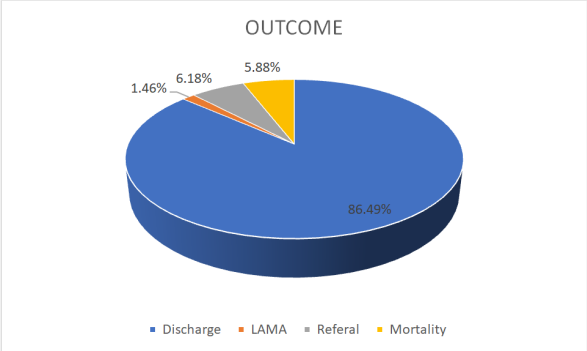


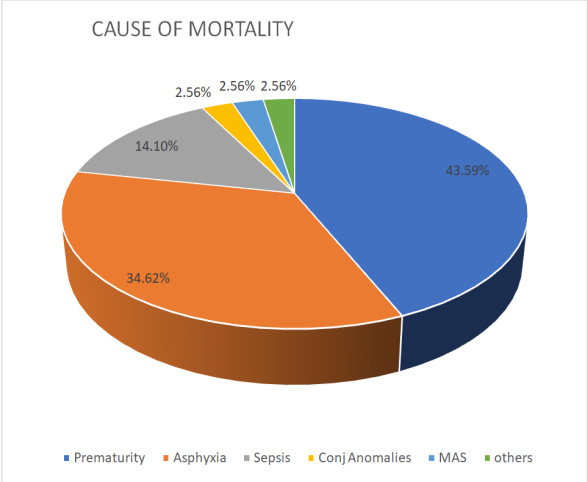




OUTCOME:

In the year 2079, among the 2673 admitted cases, 86.49% recovered and were discharged, 1.46% left against medical advice, 6.18% were referred due to unavailability of ventilators or for surgical interventions and 5.88% of the neonates expired.





Approximately 62.5% of the total babies that were admitted were discharged within 3 days, 22.5% of them discharged within 3-7 days and 14.7 % discharged after 7 days

Out of the total mortality, 34.62% due to perinatal asphyxia, 43.59% babies were lost due to prematurity and its complications, 14.10% due to sepsis, 2.56% due to congenital anomalies and 2.56% due to meconium aspiration syndrome and 2.56% due to other causes.

The neonatal mortality rate in our hospital is around 6.3 per 1000 live birth which is 38.8% less than the NMR recorded for the country in the year 2021.

The overall outcome of neonates has been improved this year as compared to last year (6.3% vs 11%). This may be the result of following interventions we are practising.

- Quality improvement intervention to prevent sepsis by regular cultures of environmental specimens(tap water, sink drains, liquid medications, respiratory therapy equipment, handsof staffs etc) ,
- use of disposable items of the NICU,
- hand hygiene compliance,
- discarding opened IV fluids in each nursing shift,
- promote enteral feeding especially with EBM/BF,
- Providing a donated human milk(DHM) which is lifeline for infants who cannot receive their mother's milk especially for preterm and sick babies.
- monitoring/surveillance of nosocomial infection,
- regular cleaning of ward and fumigation of NICU,SCBU,Labour room,MNSC, OTwhenever indicated.
- Perinatal audit done regularly,
- Timely referral of needy sick neonates and for surgical interventions.

Another explanation may be covid cases has been decreased as compared to last year.

ACTIVITIES:

- Comprehensive newborn care training for level 2 nurses has been regularly going on.
- CLMC orientation done to all the hospital staffs.

ACADEMICS:

- Regular classes conducted twice a week in the department for NAMS residents and medical officers.
- Bedside teaching of residents every day during morning rounds.
- Practical teaching of Umbilical vein catheterization, Lumbar puncture, Intubation and ventilation, Surfactant therapy, Exchange transfusion and blood drawing procedures during posting of NAMS residents.

ACHIEVEMENTS

- Improvement in Infection Prevention and practice Management

- New oxygen blenders and CPAP machines have been added
- Paropakar Maternity and Women's Hospital is established as Comprehensive Lactation Management Centre(CLMC) where Nepal's first Human Milk Bank (HMB) is runningand providing safe donorhuman milk to small and vulnerable neonates.

CHALLENGES

1. We have insufficient human resources especially nurses and nurse aids, not fulfilling the standard criteria (very low nurse: patient ratio) to run NICU (1:3 to 1:5) and SCBU (1:10 to 1:15).
2. Lack of 24 hours X-ray service.
3. Unavailability of physiotherapist.
4. Sepsis control

Next Step

From this year we are going to start 20 bedded NICU,20 bedded SCBU, including observation cots and 6 bedded KMC with 6 running ventilators for extremely sick newborn.

We are extremely proud to have a team of dedicated, experienced staffs who are available in house, 24 hours a day,7 days a week taking care of the very vulnerable, sick neonates.

"मेरोचाहना"

– निश्चल थापा
रक्तसंचार सेवा केन्द्र

देखेको छु सपना मैले
भविष्यमा डाक्टर बन्ने
राखेको छु चाहना मैले
दिनदुखिको सेवा गर्ने ।

धेरै छन् देशमा पिडित मान्छे
रोग र व्यथा देखि
दुर्गम ठाउँमा भएको कारण
टाढा छ स्वस्थ चौकी ।

अकालमै मर्ने गर्छन
गरिब मान्छेहरु
खल्तीमा पैसा हुदैन
उपचार गर्नको लागि ।

यो देश स्वार्थी छ
धन पैसामा रमाउने
गरिब मान्छेहरु लाई
सधै कष्टमा डुबाउने ।

मेरो सपना पुरा भयो भने
दुखि पिडितको सेवा गर्छु
स्वार्थी मान्छेहरु संग
बिरोध अनि युद्ध गर्छु ।

लडाईमा पनि हार्ने छैन
चाहना पुरा नगरी
विलासी जीवन जिउने छैन
दुखिलाई सहारा नदीई ।

मेरा धारणाहरु धेरै छन्
म आफ्नै धारणा राख्न चाहन्छु
मैले जीवनमा धेरै प्रकारका मान्छेहरु देखेँ
त्यसैले त उनीहरुको पिडामा जान्न चाहन्छु ।

चहाना मेरो परिश्रम गर्ने
धर्तिमा रहुन्जेल सम्म
चहाना मेरो संघर्षगर्ने
मुटुको धड्कनले साथ दिएसम्म ।

Department of Radiology & Medical Imaging Annual Report 2079/80

Dr. Abhishek Shah
HOD, Sr. Consultant Radiologist

Radiology and Medical Imaging has been an integral part of Modern Medical since Wilhelm Conrad Roentgen discovered X-ray in 1895. It has been a long way to incorporate various diagnosticas well as therapeutic procedures including Image Guided Minimally Invasive surgeries, being performed nowadays. In PMWH, Ultrasonography (USG) is the most frequently performed radiological investigation for maternal, fetal and neonatal problems. We also perform X-ray based procedures like Hysterosalpingogram (HSG) & Intravenous Urogram (IVU). We also provide CT scan imaging facility.

In this department, we are conducting Radiology resident, OBS & Gynae resident and pediatric fellowship posting. We are also giving space for enhancing the skills of radiologist byproviding platform to new Radiologist as OJT, for training and observership in Women's Imaging.

In the year 2079/80 BS, we added one USG room equipped with USG machine and required accessories. Two radio-technicians were sent to Bir Hospital (Dept. of Radiology) for 15dayson rotation, for their skill enhancement training in CT scan. We also established a Radiology department and reporting room (Under-construction/work in progress) [Pic 1], which was missing since long time in our hospital.

Approximately 300 patients visit daily for their USG scan including 20 plus anomaly scan. For the patient comfort and easiness, department is running Extended Health service on regular basis. Considering patient health, we are also proving 24 HRS emergency services.

Facilities:

- USG-Abdomen& pelvis scan, Obstetric Scan, Superficial parts (Neck, Breast & Axilla etc), Joints, Neuro-sonography(Neonates),Fetal Anomaly scan, Doppler study, Trans-vaginal scan(TVS), USG guided procedures(Aspiration,FNAC, Biopsy etc.)
- X-Ray-Digital X-ray, Portable X-ray,HSG, IVU etc.
- Mammography- Digital.
- CT scan- Head, Neck, Chest, Abdomen & Pelvis, KUB, IVU etc.

Annual data:

- USG: We performed total 72506 ultrasound examinations in Fiscal year 2079/80, among which 64554 were abdomen & pelvis scans including Obstetrics scan, 4972 fetal anomaly scans, 2115 Doppler studies including fetal Doppler scan,785 TVS and 80cases are of Breast USG.
- X-ray: Total 4813 X-ray and related procedures were done.
- Mammography: Total 42 mammograms were performed.
- CT scan: Total 163cases of CT scan were performed.
- HSG: Total 696 cases of HSG were performed.

Challenges& Suggestions:

- Lack of proper and adequate space in USG room to accommodate the large number of patients visiting on daily basis.
- Lack of skill enhancing training for radiologists and radiographers.It's must be continuous process on rotation for short term (Two weeks) by sending in various Government hospital for exposure and skill enhancement. By sending to our Government hospital there won't be any financial burden.

- Lack of MRI services. And in today's time it is must and required modality especially for women's hospital.
- Lack of Fluoroscopy services for real time imaging like HSG, Fistulogram ,MCUG&IVU etc.
- Lack of Interventional Radiology (IR) set-up.

Pic 1: Radiology department reporting room (work in progress / under construction)

F.Y.	Total X-ray	Total HSG	Total Mammogram	Total CT-scan	Total USG
2076-2077	2639	283	27	150	54542
2077-2078	3649	257	48	159	53834
2078-2079	4530	649	17	116	64007
2079-2080	4813	696	42	163	72506

Month	USG Abdomen and pelvis including OBS and GYN	Anomaly USG	Doppler USG	TVS USG	Breast USG	Total USG
Shrawan	5061	471	185	60	8	5785
Bhadra	5580	460	170	55	7	6272
Asoj	4228	394	145	50	9	4826
Kartik	4295	395	165	45	5	4905
Mangsir	4944	472	165	45	5	5631
Poush	6064	441	175	52	6	6738
Magh	5619	423	180	60	7	6289
Falgun	5153	388	155	75	5	5776
Chaitra	5361	380	195	80	6	6022
Baishakh	5891	328	180	80	7	6486
Jestha	6385	400	205	95	9	7094
Ashad	5973	420	195	88	6	6682
Total	**64554**	**4972**	**2115**	**785**	**80**	**72506**

Month	X-RAY (portable +IVU)	HSG	CT-SCAN	Mammogram
Shrawan	439	65	22	0
Bhadra	438	76	0	0
Asoj	366	27	0	2
Kartik	398	35	11	3
Mangsir	371	56	11	4
Poush	354	66	9	6
Magh	265	76	6	3
Falgun	456	51	13	3
Chaitra	424	64	19	6
Baishakh	442	50	27	2
Jestha	469	63	31	3
Ashad	391	67	14	10
Total	**4813**	**696**	**163**	**42**

Unit A Audit of FY 2079/080

Chief Consultant Prof. **Dr. Shree Prasad Adhikari**
Sr. Consultant **Dr. Nisha Rai**
Consultant **Dr. Alka Shrestha**
Sr. Registrar **Dr. Snigdha Rai**
Reg **Dr. NesumaSedhai**
SHO **Dr. Sabina, Dr. Smeena, Dr. Himadrija, Dr. Sachin**
MD Residents

Group A, of PMWH is a team of fifteen members who has weekly schedule as below:

- Sunday: 24 hour duty
- Monday: Post duty
- Tuesday: Gynae OPD
- Wednesday: Grand round, bedside class, comprehensive abortion care, family planning and co-duty
- Thursday: Surgery day (Major and Minor)
- Friday: ANC OPD
- Saturday: Ward Rounds+ 24 hour duty on rotation basis

The unit consists of Hospital Director as Unit chief, one senior consultant, one consultant, senior registrar, registrar, senior house officers and residents of Gynae/ Obs from National Academy of Medical Sciences. Apart from regular schedule duty from Sunday to Friday, the team is also involved in teaching and learning activities of post graduate students and is always eager to be part of research activities.

Procedures performed by group A in FY 2079/80 in Elective OT

Major Surgeries Open Surgeries		
SN	**Procedure**	**Number**
1	Laparotomy	5
2	TAH with BSO/USO	55
3	VH with PFR	25
4	SSF	2
5	Staging Laparotomy	5
6	Myomectomy	7
7	TOT	2
8	PFR	1
9	Laparotomy and Cystectomy	11
10	Radical hysterectomy	1
11	Recanalization	2
12	Fothergill operation	1
	Total	117

Laparoscopic Surgeries		
SN	**Procedure**	**Number**
1	Total Laparoscopic Hysterectomy	5
2	Laparoscopic Cystectomy	10
3	Laparoscopic Salpingectomy for ectopic pregnancy	1
4	Laparoscopic septal resection for complete septate uterus	1
5	Diagnostic laparoscopy	1
6	Diagnostic hysterolaparoscopy (DHL)	6
7	Diagnostic hysteroscopy	4
8	Lap Myomectomy	4
9	Lap recanalization	1
	Total	33

Minor Procedures		
SN	**Procedure**	**Number**
1	MVA	35
2	IUCD Removal	9
3	Hysteroscopy guided IUCD removal	5
4	D and C	2
5	Vulval Biopsy	6
6	Cervical biopsy	2
7	EUA	3
8	Polypectomy	7
9	Resuturing	9
10	I and D	1
11	Suction and evacuation	8
12	Endometrial biopsy	49
13	Marsupialization	2
14	Minilap	3
15	VVF Dye test	1
16	Cervical cerclage	1
17	LEEP	3
18	Punch biopsy	1
19	Old perineal tear repair	3
	Total	150

LSCS (Cesarean Section)		
Type	**Lr**	**Mnsc**
Nd	188	99
Nd with 1st degree tear	393	243
Nd with 2nd degree tear	188	136
Nd with 3rd degree tear	0	1
Nd with 4th degree tear	3	2
Nd with epi	297	206
Preterm delivery	188	15
Vacuum delivery	5	2
Forceps delivery	3	9
Breech	7	1
Twin	5	1
Vbac	6	0
Cervical tear	2	4
Pph	124	8
Iufd	22	0
Face to pubis	0	1
Retained placenta	0	1
Total	1431	829

Delivery	
Type	**Number of deliveries**
Normal	1750
Abnormal	410
C/S	1350
Total	3510

VAGINAL DELIVERY		
SN	**Indication**	**Number**
1	PREV CS	350
2	PREV 2 CS	11
3	MSL	264
4	FETAL DISTRESS	191
5	NRCTG	86
6	OLIGO	55
7	CPD	43
8	CPD IN SSOL	17
9	IUFD	2
10	FAILED IOL	72
11	NPOL	20
12	BREECH	82
13	DTA	21
14	APH	27
15	SEVERE PE	34
16	CORD PROLAPSE	5
17	TWIN	21
18	RUPTURED UTERUS	1
19	PLACENTA ACCRETA HYSTERECTOMY	2
20	MISC	46
	TOTAL	1350

Unit B Audit of FY 2079/080

Prof. **Dr. Madhu Shrestha**
Prof. **Dr. Beemba Shakya**
Sr. Registrar **Dr. Shree Ram Khadka**
Reg **Dr. Babita Shah**
SHO **Dr. Sanam, Dr. Anamika, Dr. Yangji, Dr.Rashmi**
MD Residents

Group B, of Paropkar Maternity and Women's Hospital is a team of fifteen members who has weekly schedule as below:

- **Sunday:** ANC OPD
- **Monday:** 24 Hours Duty
- **Tuesday:** Post Duty
- **Wednesday:** Gynae OPD
- **Thursday:** Grand round, bedside class, comprehensive abortion care, family planning and co-duty
- **Friday:** OT Day
- **Saturday:** Ward Rounds+ 24 hour duty on rotation basis

Procedures performed by group B in FY 2079/80 in Elective OT

Major Surgeries		
SN	**Procedure**	**Number**
1	TAH with BSO/USO	52
2	VH with PFR	33
3	Myomectomy	8
4	DHL	1
5	Abdominal Sarcocolpopexy	1
6	PFR	7
7	Laparoscopic Salphingoopherectomy	2
8	Laparoscopic Cystectomy	9
9	Cystectomy	2
10	Adheolysis	1
	Total	116

Deliveries	
Type of delivery	**Number of deliveries**
Normal deliveries	1412
Abnormal deliveries	222
C/S	2094
Total	3728

Minor Procedures		
SN	**Procedure**	**Number**
1	MVA	61
2	CuT Removal	15
3	Hysteroscopy guided polypectomy	1
4	D and C	1
5	Cervical biopsy	7
6	EUA	6
7	Polypectomy	11
8	Resuturing	14
9	I and D	7
10	Suction and evacuation	13
11	Endometrial biopsy	45
12	Marsupialization	4
13	Minilap	2
14	VVF Dye test	1
15	Keloid Excision	1
16	LEEP	1
17	Anterior Colporrhaphy	2
18	Vault Biopsy	1
20	Exploration	23
21	Perineal Tear Repair	6
	Total	222

Indication of cesearean section		
Sn	**Prev cs**	**Number**
1	Prev cs	642
2	Fetal distress	624
3	Cpd	82
4	Aph	22
5	Oligo	126
6	Breech	134
7	Failed iol	141
8	Npol	71
9	Dta	33
10	Active genital warts	6
11	Advanced maternal age	14
12	Severe pe with unfavourable cervix	35
13	Twin pregnancy	23
14	Chorioamnionitis	36
15	Cord prolapse	6
16	Nrctg	75
17	Boh	5
18	Transverse lie	5
19	Face presentation	11
20	H/o myomectomy	3
	Total	2094

Vaginal Delivery	
Type	**No.**
ND	312
ND with 1st degree tear	320
ND with 2nd degree tear	265
ND with 3rd degree tear	16
ND with epi	330
ND with laceration	75
ND with mucosal tear	110
Preterm delivery	105
Forceps delivery	3
Breech	9
Twin	5
Vbac	7
Pph	55
Iufd	32
Total	1634

Unit C Audit of FY 2079/080

Sr. Consultant **Prof. Dr Meena Jha**
Sr Consultant Assoc. **Prof. Dr SapanaAmatya Vaidya**
Sr Consultant Assist **Prof Dr Jwala Thapa**
Reg **Dr Unnati & Dr Sony**
SHO **Dr Pramisha, Dr Bhawani, Dr Goma**
MD Residents

Group C of Paropkar Maternity and Women's Hospital is a team of sixteen members who has weekly schedule as below:

- Sunday: Surgery day (Major and Minor)
- Monday: ANC OPD
- Tuesday: 24 hour duty
- Wednesday: Post duty
- Thursday: Gynae OPD
- Friday: Comprehensive abortion care, family planning, pre-op rounds and bed side classes for residents
- Saturday: holiday+ 24 hour duty on rotation basis

The unit consists of unit chief, senior consultants, registrars and residents of Gynae/Obs from National Academy of Medical Sciences. Apart from regular schedule duty from Sunday to Friday the team is also involved in teaching and learning activities of post graduate students and is always eager to be part of research activities.

Unit C Statistics (Shrawan 2079 to Asadh 2080)

SN	List of Gynae Minor Procedure	
1	Endometrial Biopsy	50
2	MVA	184
3	Cervical Polypectomy	15
4	Suction and Evacuation	18
5	Resuturimg	13
6	Marsupialization	8
7	Copper T Removal	22
8	Exploration	21
9	LEEP	4
10	Minilap	4
11	Tear Repair	11
12	Hematoma Evacuation	2
13	Abscess Drainage	3
14	MRP	4
15	Misc	25
	Total	384

SN	List of Major Gynae Procedure	
1	TAH with BSO	70
2	Laparotomy for ectopic	8
3	Laparotomy for ovarian cystectomy	12
4	VH with PFR	35
5	Staging Laparotomy	8
6	Diagnostic Laparoscopy	5
7	Hysteroscopy	8
8	Myomectomy	11
9	TLH	9
10	Colporrhaphy	5
11	Emergency Laparotomy	34
	TOTAL	205
13	Abscess Drainage	3
14	MRP	4
15	Misc	25
	Total	384

Deliveries	
Type	**Number of deliveries**
Normal	2066
Abnormal	242
C/S	1484
Total	3792

SN	Total Deliveries	MNSC	LR	
1	ND	228	301	529
2	ND with Episiotomy	216	368	584
3	ND with 1st degree tear	209	390	599
4	ND with 2nd degree tear	147	207	354
5	ND with 3rd degree tear	2	7	9
6	ND with 4th degree tear	1	1	2
7	Preterm	18	66	84
8	PPH	21	37	58
9	IUFD	1	15	16
10	Vacuum	7	11	19
11	Forcep	7	6	13
12	Breech	1	7	8
13	Twin	2	12	14
14	Cervical tear	3	6	9
15	VBAC	2	8	10
	TOTAL			2308

SN	Indication of CS (Total CS)	
1	Previous CS	409
2	Previous 2 CS	25
3	Fetal Distress	204
4	NRCTG	71
5	MSL	270
6	Oligohydramnios	63
7	CPD	66
8	IUGR	7
9	Failed IOL	57
10	Non-progress of Labor	28
11	Breech	77
12	Deep Transverse Arrest	24
13	APH	38
14	Severe PE	34
15	Chorioamnitis	5
16	Cord Prolapse	6
17	Twin Pregnancy	20
18	Ruptured Uterus	1
19	Misc	79
	TOTAL	1484

Unit D Audit of FY 2079/080

Chief Consultant **Dr Sandesh Poudel, Dr Praveen Mandal**
Senior Consultant **Dr Anamika Jha**
Senior Registrar **Dr Reeka Pradhan**
Registrar **Dr Madhu Shakya**
SHO: **Dr Suprava, Dr Sujita, Dr Aparna, Dr Renuka**

Unit D is one among six group of PMWH obstretics and gynaecology team. It is a team of enthusiastic ad energetic members working in harmony to serve the needful. The team includes 2 chief consultants, 1 senior consultant, 1 senior registrar, 1 registrar, 4 Senior House Officers, 6 residents from NAMS. Apart from regular schedule of OPD, duties the team is also involved in teaching and learning activities.

The unit services are as

Antenatal OPD on Tuesdays

Gynaecology OPD on Fridays

24 hour duties on Wednesdays

Gynaecological OT on Mondays

Comprehensive abortion services on Sundays

The unit basically focuses on minimally invasive surgeries, and is committed to improve the skill and services and contribute to betterment of women's health.

List of major gynaecological procedure		
SN	**Procedure**	**No.**
1	Total Laporoscopic Hysterectomy	19
2	Total Abdominal Hysterectomy	48
3	Vaginal hysterectomy	37
4	Myomectomy	8
5	Sacro spinal fixation	5
6	TOT	1
7	Cystectomy	23
8	Staging laparotomy	2
9	Colporrhaphy	8
10	Vaginoplasty	2
11	Laporotomy	21
12	Laporoscopic colposcopy	2
	Total	176

List of minor gynaecological procedure		
SN	**Procedure**	**No.**
1	Suction and Evacuation	12
2	Manual vaccum aspiration	29
3	Examination under anesthesia	8
4	Exploration	6
5	Hematometra Drainage	2
6	Endometrial biopsy	30
7	Cervical biopsy	5
8	Incision and Drainage	1
9	LEEP	2
10	Minilap	3
11	Tear repair	1
12	Copper T removal	12
13	Dilatation and curettage	3
14	Cervical Polypectomy	5
15	Vulvar biopsy	1
16	Pyometra drainage	2
17	Resuturing	7
18	FB removal	1
	Total	130

Deliveries	
Type	**Number of deliveries**
Normal	1663
Abnormal	351
C/S	1226
Total	3240

List of Cesarean section		
SN	**Indications**	**No.**
1	Previous Cesarean section	284
2	Previous 2 cesarean section	26
3	Previous 3 cesarean section	1
4	Fetal distress	580
5	Antepartum hemorrhage	21
6	Cephalopelvic disproportion	84
7	Deep transverse arrest	22
8	Non progress of labor	18
9	Failed induction of labor	73
10	Breech	68
11	Oligohydramnios	30
12	Twins	14
13	Cord prolapse	3
14	Transverse lie	1
15	Compound presentation	1
	Total	1226

List of abnormal vaginal deliveries		
SN	**Conditions**	**No.**
1	VD with PPH	42
2	Vaccum delivery	23
3	Forceps delivery	13
4	Preterm vaginal delivery	148
5	Cervical tear	20
6	IUFD	46
7	Vaginal breech delivery	25
8	IIIrd degree tear	6
9	Shoulder dystocia	3
10	Retained placenta	2
11	VBAC	11
12	Twins	9
13	Cord prolapse	1
14	Compound presentation	2
	Total	351

Unit E Audit of FY 2079/080

Sr.Consultants **Dr. Shanti Shrestha, Dr. Jasmine Shrestha**
Sr. Registar **Dr Anita Maharjan**
Registrar **Dr Ekta Jaiswal**
SHO **Dr Sumita Thapa, Dr Anita Shrestha, Dr.Babina Rayamajhi**
Residents **Dr Santoshi Thapaliya Dr Anju Aryal Dr Sujan Sharma Dr Kamal Karki Dr Ranjit Kumar Shah, Dr Naincy shah, Dr Siyasharan Yadav**

Among the 6 units, Unit E has been providing services on daily basis following below mentioned schedule:

Sunday: Gynecological OPD

Monday:Grand round, Safe abortion and family planning services

Tuesday: Surgery day

Wednesday: Antenatal OPD

Thursday: 24 hours duty

Friday : Post duty

Saturday: Morning and evening rounds

This unit peforms minimally invasive surgeries such as laparoscopic procedures for conditions like hysterectomy, removal of fibroids, cystectomy and treatment of endometriosis. It also focuses on urogynecological issues including pelvic organ prolapse and urinary incontinence.

UNIT E STATISTICS (Shrawan 2079 to Asadh 2080)

List of major and minor gynecological procedures	
Type of surgeries	**Total cases**
VH WITH PFR	34
PFR	9
SSF	3
TAH	3
TAH with BSO	56
Laparotomy with cystectomy	22
Laparotomy for ectopic pregnancy	32
TOT	2
Staging laparotomy	2
Fothergill operation	1
Sub-total hysterectomy	3
Polypectomy	9
Suction and evacuation	9
Cu-t removal	15
MVA	23

Endometrial biopsy	51
Re suturing	5
MRP	3
Miscellaneous	18
Total	**300**

Laparoscopic procedure	
TLH	8
Lap cystectomy	10
Lap tubal ligation	2
Laparoscopic burch	1
Hysteroscopic	8
DLH	1
Total	**30**

Total vaginal deliveries: 2208	
Type of vaginal deliveries	**Number of vaginal deliveries**
ND	318
ND with 1st degree tear	830
ND with 2nd degree tear	825
VD with 3rd degree tear	4
Preterm	118
Breech	10
Twin	5
IUFD	17
Forceps	15
Vaccum	4
VD with PPH	60
Shoulder dystocia	1
VBAC	1
VD with retained placenta	1
Total	**2208**

Deliveries	
Type	**Number of deliveries**
Normal delivery	1973
Abnormal vaginal delivery	236
Cesarean section	1539
Total	**3748**

Indications of Ceserean Section		
S.No	**Indication**	**Number**
1.	Previous CS	455
2.	MSL	312
3.	CPD	77
4.	Persistent Fetal tachycardia	73
5.	NRCTG	113
6.	Failed IOL	94
7.	Oligohydraminos	81
8.	Breech presentation	108
9.	Transverse lie	3
10.	Fetal bradycardia	94
11.	Twin pregnancy	21
12.	Big baby	19
13.	APH	20
14.	Placenta previa	3
15.	Severe Pre-eclampsia	38
16.	Cord prolapse	4
17.	IUGR	11
18.	BOH	13
Total		**1539**

Unit F Audit of FY 2079/080

Sr.Consultants **Dr. AtitPoudel,Dr Jhuma Silwal**
Consultant **Dr Deepti Shrestha**
Registrars **Dr Tripti Shrestha, Dr. Manisha yadav**
SHO **Dr Meeta Thapa, Dr Barun Rai, Dr. Ashwini Gupta, Dr. Srijana Shrestha**
Residents **Dr Vidhya Pokhrel Dr Pabitra Shrestha Dr Prasansa Sharma Dr Karuna Bajracharya Dr kalpanaBajracharya Dr noorikumari shah**

Paropakar Maternity and Women's Hospital is the largest national referral center providing care for pregnant women and women's reproductive health. It has been offering a full range of services including early pregnancy care, labour and delivery, postpartum care,gynecological conditions, surgical procedures, infertility treatment, neonatal intensive care unit, family planning and contraception and safe abortion. Hospital also engages in research and training activities to advance the field of obstetrics and gynecology and improve patient care. It provides educational program being affiliated with National Academy of Medical Sciences (NAMS).

Among the 6 units, Unit F has been providing services on day to day basis following below mentioned schedule:

Sunday: Morning Inpatient rounds

Monday: Gynecological OPD

Tuesday: Family Planning and preoperative rounds, Safe abortion services

Wednesday: Routine Surgical day (Major/Minor)

Thursday: Antenatal OPD

Friday: 24 hours duty

Saturday: Morning and evening rounds

This unit performsminimally invasive surgeries such as laparoscopic procedures for conditions like hysterectomy, removal of fibroids,cystectomy and treatment of endometriosis. It also focuses on urogynecological issues including pelvic organ prolapse and urinary incontinence.

UNIT F STATISTICS (Shrawan 2079 to Asadh 2080)

List of major and minor gynaecological procedures	
Type of surgeries	**Total cases**
VH WITH PFR	33
PFR	9
SSF	2
TAH	19
TAH with BSO	55
Laparotomy	8
TOT	2
Staging laparotomy	5
Open myomectomy	3
Radical hysterectomy	3

Polypectomy	15
Suction and evacuation	20
Leep	4
Cu-t removal	10
Cervical biopsy	2
Vulval biopsy	2
Marsupilization	4
Endometrial biopsy	86
Re suturing	8
Total	**290**

Laparoscopic	
TLH	14
Lap myoemctomy	4
Lap cystectomy	11
TLH followed by TAH with BSO	1
Laparoscopic burch	1
Hysteroscopic cu-t removal	1
Total	32

Deliveries	
Type	**Number of deliveries**
Normal	2065
abnormal	381
C/S	1469
Total	**3915**

Total number of vaginal deliveries	
ND	400
ND with episiotomy	615
ND with 1st degree tear	550
ND with 2nd degree tear	400
VD with 3rd degree tear	5
VD with 4th degree tear	1
ND with laceration	100
Preterm	250
Breech	33
Twin	15
Iufd	25
Forceps	18
Vaccum	16
VD with pph	12
Shoulder dystocia	2
VBAC	2
VD with retained placenta	2
Total	**2446**

Indications of Ceserean Section		
S.No	**Indications**	**Number**
1.	Previous CS	456
2.	Fetal distress	200
3.	CPD	68
4.	MSL	300
5.	NRCTG	40
6.	Failed IOL	40
7.	Oligohydraminos	68
8.	Breech presentation	85
9.	Chorioamnionitis	10
10.	NPOL	35
11.	Twin pregnancy	24
12.	APH	35
13.	Severe Pre-eclampsia	46
14.	Cord prolapse	3
15.	IUGR	10
16.	Miscellaneous	49
Total		**1469**

Institutional Review Committee of PMWH

Dr. Sapana Amatya Vaidya
Member Secretary PMWH

Institutional Review Committee of Paropakar Maternity and Women's' hospital, a pluralistic and multidisciplinary team was established in 2008 as per Nepal Health Research Council (NHRC) guideline, 2005. Officially recognized in May 11th 2017 (2074.1.28) by Nepal Health Research Council (NHRC) and renewed the license in June 24th 2022 (2079. 3. 10). The IRC committee of PMWH footholds the following objectives and IRC-SOP guides both researchers and institution itself for the purpose of research. However Clinical trial, Interventional and multicenter research need to be referred to NHRC for approval.

The objectives:

1. To verify the safety, integrity, rights, privacy and confidentiality of research participants
2. To assure a scientifically sound research by reviewing proposals and monitoring its conduct
3. To evaluate the appropriateness of research topic and methodology to match with institutional dynamics

The updated IRC SOP (2079) was endorsed by the hospital director and in consultation with NHRC, the Institutional cost for the research proposal submitted to IRC PMWH for doing research at PMWH is as follows

Institution cost for researcher/student for doing research/study in PMWH

Designation	Amount
Staff of the Hospital doing research for our hospital/ NAMS affiliation	Rs.500
Researcher with self-funded from other institution (single center)	Rs.5000
Staff of the Hospital with International / External fund (more than 2 lakh)	2% of the total budget
Nepali Students (Bachelor, Master, PhD level)	Rs.1000/student
Any researcher/international student who have to take approval from NHRC*	10000 or 1% of total budget which is more

Documents required for submission of research proposal in IRC PMWH:

1. Submission/Application letter to the institute by the Principle investigator
2. Research Proposal
3. Information for Participants Page
4. Consent Form
5. Questionnaire/Pro Forma

Activities OF IRC PMWH

- Workshop on Ethics and research conducted on October 17th and 18th 2022 in collaboration with NHRC for updating knowledge on the ethical issues for IRC members and hospital staffs. Total participants were 26
- Good Clinical Practice on line training for all IRC members as well as PI and CO-PI as per NHRC guideline
- Working on website update

Total research received for approval from 2074 till date

- 2074/75- 37 research; Withdraw 1
- 2075/76- 50 research; Withdraw 1
- 2076/77- 39 research; Withdraw 3
- 2077/78- 99 research; Withdraw 2
- 2078/79- 7 research;
- 2079/80- 55research;
- NHRC approval: 1
- Thesis (NAMS): 47

This FY 079/80 Researches

PMWH Doctors					
SN	**Date**	**Name of researcher**	**Institute**	**Faculty**	**Topic**
1	079.4.10	Dr.Snigdha Rai	PMWH	OBGYN	Factors associated with delayed presentation of patients with cervical cancer in a tertiary care center
2	079.5.7	Dr.Manisha Yadav	PMWH	OBGYN	The prevalence of pelvic floor dysfunction in postpartum Nepalese women
3	079.5.13	Dr.Deepti Shrestha Dwa	PMWH	OBGYN	The prevalence of adhesions in previous caesarian section cases in Tertiary level hospital
4	079.5.19	Dr.Shree Ram Khadka	PMWH	OBGYN	Trend of laparoscopic gynecological surgery at PMWH at tertiary care center: Five years retrospective study
5	079.10.29	Dr.Shreeram Khadka	PMWH	OBGYN	Peripartum hysterectomy: A five-year review at a tertiary care center
6	079.11.12	Dr.Manju Maharjan	PMWH	Anesthesiology	Preoperative anxiety and sociocultural factors in women undergoing cesarean section
7	2080.2.7	Dr.Sandesh /Dr.Shree/ Dr.Prajwal/Dr.Niramika/ Pratiksha Bhattarai	PMWH	OBGYN/ Pediatrics	Factors associated with Perinatal mortality in a tertiary level maternity hospital: A descriptive cross-sectional study
8	2080.3.6	Dr.Aashish Dhital	PMWH	Anesthesiology	Awareness and Acceptance of Epidural Labor Analgesia Among Parturients at a Tertiary Care Hospital
9	2080.3.10	Dr.Snigdha Rai	PMWH	OBGYN	Massive vulvar edema in pregnancy: 2 case report
10	2080.3.12	Dr.Abhishek Shah	PMWH	Radiology	Importance of Anomaly Scans in Developing Countries Like Nepal: A Retrospective Study
11	2080.3.21	Dr.Shreeprasad Adhikari	PMWH	OBGYN	Perforated Transverse Vaginal Septum with primary infertility: A Case Report
12	2080.3.25	Dr.Pramee Bajracharya	PMWH	Anesthesiology	Prevalence of maternal near miss case in intensive care unit in a tertiary hospital of Nepal: A retrospective study

Doctors Different Hospital & Institute				
SN	**Date**	**Name of researcher**	**Institute**	**Topic**
1	079.4.16	Sushila Regmi/ Dr.Shreeprasad Adhikari	BP Memorial	Knowledge, Attitude and Practice About Healthcare Waste Management Among Healthcare Personnel
2	079.4.29	Ashok Bhurtyal/DrAruna Upreti	Institute of Medicine, Tribhuvan University	User -provider experiences in maternity care at selected birthing facilities in Nepal
3	079.5.23	Dr.Genanath Baral	OBGYN	Evaluation of service standards in secondary prevention of ovarian cancer
4	079.8.18	Dr.Marina Vaidya Shrestha / Dr.DeeptiDwa Shrestha	Kathmandu Medical College	Maternal dietary patterns and infant birth outcome among Nepalese mother and child in Tertiary Hospital: A birth Cohort Study
5	079.9.22	Dr.Sushil Chandra Baral/ Dr.NaomiMargart Saville	Institute for Women's Health University College London	
6	079.10.20	Dr.Binisha Gongal	NAMS	Hemodynamic changes to two different doses of oxytocin in parturient undergoing Caesarean Delivery under Spinal anesthesia

7	079.10.20	Dr.Parbati Gautam	NAMS	Perfusion index as a predictor of postspinal hypotension in lower segment cesarean section
8	079.10.20	Dr.Alish Mishra	NAMS	Phenylephrine as a prophylactic measure for prevention of post spinal hypotension
9	080.3.15	Dr.Shakti Sharma	BDS/KHCM , National Open College, Pokhara University	Maternal Periodontitis and Adverse Pregnancy Outcome
10	080.4.4	Dr.Abhiyan Gautam/Dr.Ram Haru Chapagain	Department of Health Service/ Kanti Children's Hospital/ PMWH	Antenatal Vaccination against RSV: Factors Affecting Acceptance among Pregnant Women in Nepal towards Routine Implementation

PMWH Nursing					
SN	**Date**	**Name of researcher**	**Department/Institute**	**Faculty**	**Topic**
1	079.6.9	Roshana Shilpakar	CLMC Counselor	HMB	Donor Milk Volume and Characteristics of Donors and Their Children at PMWH a tertiary care center
2	079.10.27	Jenny Bipra	PMWH	Neonatal	Knowledge Regarding Human Breast Milk Donation Among Post-natal Mother at Paropakar Maternity & Women's Hospital
3	079.10.27	Jasmine Tamrakar	PMWH	GYN	Nurses Knowledge Regarding Importance of Human Milk and Milk Banking

Nursing different Institute & hospital				
SN	**Date**	**Name of researcher**	**Department/Institute**	**Topic**
1	079.5.22	Durgeshori Kisi/Maiya Shova/Sharada Acharya	NAMS	Perception of women regarding respectful maternity care during childbirth in tertiary level Hospital
2	079.5.30	Babita/Purna Devi/ Saraswati/Kalpana	NAMS	Knowledge & Practice on Covid 19 Infection among Postnatal Mothers attending Vaccination Clinics in Kathmandu
3	079.6.4	Sangam Shrestha	NAMS	Postnatal Depression in Men
4	079.6.4	Ajita Silwal	B & B College	Dietary Diversity and its Association with Anemia in Pregnancy
5	079.6.2	Puja Pant	Asian College	Awareness regarding human milk bank among lactating mother admitted to postnatal ward of Government hospital of Kathmandu
6	079.6.12	Sunita Kadel	Asian College	Knowledge regarding exclusive breastfeeding among pregnant women at ANC OPD of Paropakar Maternity & Women's Hospital
7	079.6.12	Sneha Maharjan	Asian College	Knowledge regarding breast related disorder among postnatal mothers
8	079.6.12	Sarmila Ingnam	Asian College	Knowledge on Neonatal Hyperthermia among postnatal mothers at Paropakar Maternity & Women's Hospital
9	079.6.12	Usha Maharjan	Asian College	Factors contributing to caesarean section among postnatal mother admitted in Paropakar Maternity & Women's Hospital
10	079.6.24	Sarjina Baniya	Asian College	Knowledge regarding postpartum depression among antenatal women in ANC OPD of Paropakar Maternity & Women's Hospital

11	079.6.24	Sonika Rana Magar	Asian College	Knowledge regarding Per-eclampsia among antenatal mother in OPD of PMWH
12	079.7.15	Shreya Kumari Yadav	B & B Medical Institute	Knowledge regarding milk baring among nurses
13	079.7.29	Anu Lama	B & B Medical Institute	Awareness and attitude regarding prevention of mother to child transmission of HIV among pregnant women attending antenatal clinic in Maternity Hospital of Kathmandu
14	079.7.30	Rupa Subedi	Hope International College	Awareness Regarding Postnatal Care Among Mothers in Selected Government Hospital of Kathmandu
15	079.7.30	Deepika Chaulagain	Hope International College	Awareness Regarding Breast Engorgement Among Postnatal Mother of Paropakar Maternity & Women's Hospital
16	079.8.2	Simran Chauhan	NAMS	Experiences of respectful maternity care among postnatal mother admitted at Paropakar Maternity & women's Hospital
17	079.8.14	Sochan Sapkota	Padma Kanya College	Patient safety culture among nurses at tertiary level Hospital in Kathmandu, Nepal
18	079.8.19	Kajol Joshi	Padma Kanya College	Factors Associated with post-partum depression among mothers attending Paropakar Maternity & Women's Hospital of Kathmandu valley
19	097.8.18	Basundhara Tamang	Hope Internation College	Knowledge Regarding Human Milk Banking Among Antenatal Mothers to OPD ward of Paropakar Maternity & Women's Hospital of Kathmandu
20	079.8.27	Pranisha Thapa	Innovative College	Knowledge regarding sepsis among nurses in selected Hospital, Kathmandu
21	079.8.27	Sujita Gurung	Innovative College	Knowledge regarding human milk banking among lactating mothers admitted in selected Hospital, Kathmandu
22	079.8.27	Sabitra Pun	Innovative College	Knowledge regarding hypothyroidism among women in selected hospital Kathmandu
23	079.8.27	Pushpa Devkota	Innovative College	Impact of Bullying among nurses working at selected Hospital of Kathmandu
24	079.8.27	Nisha Karki	Innovative College	Knowledge regarding postpartum depression among postnatal mother in selected hospital Kathmandu
25	079.9.14	Kranti Mukhiya Sunuwar	NAMS	Awareness and attitude Regarding Human Breast Milk Bank among Postnatal Mother Visiting Tertiary Level Hospital
26	079.10.03	Bina Shiwa	NAMS	Maternity Blues among Postnatal Mother in a Tertiary Hospital
27	079.10.10	Sangita Cholekho	Nagarik College	Perceived stress among postpartum mothers with their newborn admitted to the NICU
28	079.11.3	Bhagwati Adhikari	TU Central Department of Home Science	Characteristic of Human Milk Donors and Donor Human Milk Recipients
29	080.2.29	Nita Basnet	Kantipur Academy of Health Science	Prevalence of Respectful Maternity Care among Postnatal Mother in Selected Hospital, Kathmandu

Microbiology				
SN	**Date**	**Name of researcher**	**Institute/Department**	**Title**
1	079.8.12	Anu Maharjan	St.Xavier's College	Detection of extended spectrum beta lactamase and metallo beta lactamase producing gram negative pathogens from clinical specimens

1st year Final Thesis Proposal Presentation

National Academy of Medical Sciences
Subject Committee Meeting(Obstetrics and Gynecology)
20th BatchMD (Obstetrics and Gynecology)
Thesis Topic

SN	Roll	Name	Guide Name	Co-Guide Name	Final topics
1	183	Dr. Karuna Bajracharya	Prof. Dr. Madhu Shrestha	Sr. Consultant Dr. Atit Poudel	Fetomaternal Outcome of instrumental vaginal delivery
2	184	Dr. Ranjusingh	Prof. Dr. BeembaShakya	Asst. Prof. Dr. Snigdha Rai	Serum CA-125 and CEA in determining malignancy risk in epithelial ovarian tumor
3	185	Dr. Aliza Bhattarai	Prof. Dr. Ganesh Dangal	Asst. Prof. Dr. Kabin Bhattachan	Fetomaternal outcome of decreased fetal movement in term pregnancy
4	186	Dr. Basant Raj Joshi	Assoc. Prof. Dr. Sandesh Poudel	Asst. Prof. Dr. Tripti Shrestha	Factor associated with surgical site infection in emergency lower segment cesarean section.
5	187	Dr. Kamal Deep Joshi	Prof. Dr. Sunil Mani Pokhrel	Asst. Prof. Dr. Snigdha Rai	Clinical profile of symptomatic women with fibroid uterus
6	188	Dr. Kamal Karki	Assoc. Prof. Dr. Hema Kumari Pradhan	Asst. Prof. Dr. Ranjana Shrestha	Comparison of fetomaternal outcome of elective versus emergency cesarean section in term breech presentation
7	189	Dr. Pranish Pokhrel	Prof. Dr. Jitendra Pariyar	Asst. Prof. Dr. Arun Prasad Joshi Sr. Consultant Dr. Karishma Malla Vaidya	Effect of pre-evacuation serum B-hCG levels on post evacuation of B-hCG regression in molar pregnancy.
8	190	Dr. Prasansa Sharma	Assoc. Prof. Dr. Sapana Amatya Vaidya	Asst. Prof. Dr. Jwala Thapa	Clinical spectrum of near miss cases at PMWH
9	191	Dr. Ranjit Kumar Shah	Prof. Dr. BeembaShakya	Sr. Consultant. Dr. Jasmine Shrestha Joshi	Intraoperative complications in repeat cesarean section
10	192	Dr. SamimaKhatun	Prof. Dr. Sunil Mani Pokhrel	Dr. Manisha Yadav, Registrar	Gestational diabetes mellitus and fetomaternal outcome at term pregnancy
11	193	Dr. Shreya Lakshami Shah	Prof. Dr. Meena Jha	Sr. Consultant Dr. Abhishek Shah	Antenatal scar thickness by sonography and its intraoperative findings in previous cesarean section at term pregnancy
12	194	Dr. Sujan Sharma	Prof. Dr. Jitendra Pariyar	Asst. Prof. Dr. Isha Shrestha	Sonographic and histopathological correlation in case of abnormal uterine bleeding in perimenopausal women
13	195	Dr. Sunita Silwal	Assoc. Prof. Dr. Shree Prasad Adhikari	Dr. Ekta Jaiswal, Registrar	Correlation of non-reassuring CTG with intraoperative findings and neonatal outcome
14	196	Dr. Yashu Malla	Prof. Dr. Bhakta Batsal Raut	Dr. Manisha Yadav, Registrar	Role of partograph in labor at term pregnancy

Hospital Records of F/Y 2079/080

(Established in 10th Bhadra 2016)

Juna Tamang
Kamala Chaudhary
Mandira Shrestha
Bimala Poudel

Sanction Bed	415
Service Bed	74
Total Running Bed	**489 (From 2075/3/27)**

Hospital Services Milestone

S.N.	Services	Date of Commencement
1	Outdoor Service	2019
2	Baby Unit	2024
3	Operation Theater	2037
4	Post Abortion Care (PAC) Unit	2052 Jestha 14
5	MICU & NICU	2056 Bhadra 24
6	Comprehensive Abortion Care (CAC) Unit	2061 Chaitra 6
7	IUI Section	2063 Jestha 8
8	Birthing Center (MNSC)	2064 Mangsir 20
9	Ama Suakshya Program	2065 Magh 1
10	IVF	2068 Bhadra 8
11	Social Service Unit (SSU)	2070 Bhadra 12
12	Paying Clinic	2072 Ashadh 1
13	Waste Managment	2072 Bhadra 1
14	Nursing Campus	2073 mangsir 26

In Patient Surgeries

S.N.	Surgery Cases (Operation)	2079/80	Percentage (%)
1	Total Surgery (OBS-GYN)	13375	
a.	Major Surgery (OBS-GYN)	11104	83.02%
b.	Minor Surgery (OBS-GYN)	2271	16.98%
2	Total Obstetrics Surgery	10429	
a.	Major Surgery (LSCS)	9821	94.17%
b.	Minor Surgery (OBS)	608	5.93%
3	Total Gynecological Surgery	2946	
a.	Major Surgery	1283	43.55%
b.	Minor Surgery	1663	56.45%

Admission & Discharge (Indoor)

S.N.	Indicator	2079/80
1	Total Admission	34185
a.	OBS Admission	26947
b.	GYN Admission	5046
c.	Neonates Admission	2192
2	Total Discharge	33973
a.	Obs. Discharge	26844
b.	Gyne. Discharge	5002
c.	Neonates Discharge	2127
3	Recovered Patients	31476
a.	OBS Recovered Pts	26593
b.	GYN Recovered Pts	4883
4	Left Against Medical Advice (LAMA)	327
a.	OBS	230
b.	GYN	97
5	Absconded	32
a.	OBS	12
b.	GYN	20
6	Referred in	572
a.	OBS	544
b.	GYN	28
7	Maternal Death	3
8	Helicopter Rescue	40
9	Bed Occupancy Rate	93.00%

Delivery Records			
S.N.	**Diagnosis**	**2079/80**	**Percentage (%)**
1	Total Obstetrics Cases	26844	
2	Total Delivery	24672	91.91%
a.	Normal Delivery	12193	49.42%
b.	Abnormal Delivery	2658	10.77%
c.	LSCS	9821	39.81%

Birth Records (Fetal Outcome)		
S.N.	**Indicators**	**2079/80**
1	Total Birth	24915
a.	Male Birth	13338
b.	Female Birth	11577
2	Total Live Birth	23509
a.	Male Live Birth	13124
b.	Female Live Birth	11385
3	Total Perinatal Death	549
4	Still Birth	406
a.	Macerated	369
b.	Fresh	37
5	Neonatal Death	168
6	Early Neonatal Death	143
7	Low Birth Weight Babies (<2.5kg)	2842
8	Baby Admitted in Neonatal Unit	2536
9	MICU Admission	483

Top Ten Indications For Gynecological Admission		
S. N.	**Diseases**	**2079/80**
1	Total Abortion	2001
2	Fibroid Uterus	249
3	Menstrual Disorder	397
4	Hyperemesis Gravidarum	291
5	Hydatidiform Mole	173
6	Uterovaginal Prolapse	298
7	Ectopic Pregnancy	244
8	Blighted Ovum	145
9	Adnexal Cyst	209
10	Cancer Cases	51

Cause of Maternal Mortality		
S.N.	**Date of Death**	**Cause of Death**
1	2079/05/16	Ruptuer Uterus, PPH with Hypovolemic Shock
2	2079/10/07	Abruptio Placenta with DIC
3	2080/01/05	Rupture Uterus , PPH with Hypovolemic Shock

Abnormal Delivery		
S.N.	**Diagnosis**	**2079/80**
1	Total Obs Discharge	26844
2	Total Delivery	24672
3	LSCS	9821
4	Total Abnormal Delivery	2658
5	Forceps Delivery	91
6	Vaccum Delivery	89
7	Premature Delivery	1860
a.	Preterm Del.	752
b.	LBW	1108
8	Breech Delivery	89
9	Twin Delivery	243
a.	Vaginal Twin Del.	98
b.	LSCS With Twin	145
10	Home Delivery Retained Placenta	40
11	3rd degree tear	38
12	4rth degree tear	18
13	Post Partum Hemorhage (PPH)	1066
a.	Vaginal Del. With PPH	335
b.	LSCS with PPH	731
14	Rupture Uterus	5

Abortion Related Service		
S. N.	**Indicator**	**2079/80**
1.	MVA Cases in OT	434
2.	D & C Cases OT	32
3.	Total PAC Service in Emergency	406
4.	Total CAC Service	1779

Outdoor Services		
S. N.	**Particulars**	**2079/80**
1	Total Antenatal Cases	71296
a.	New Visit	20074
b.	Follow-Up	51222
2	Early Pregnancy	36572
3	Total Gyne Cases	35489
4	STD	1341
5	Sub-Fertility	4758
6	Paediatrics	23158
7	Family Planning	3068
8	Paying EHS Service	14172
9	USG	65824
10	X-RAY	4916
11	CT	158
12	ECG	1335
13	Mamography	31
Total OPD Cases		**180890**

Social Service Unit (SSU)	
Free Service	2079/80
Total	**1115**

Subfertility Unit	
Cases	**2079/80**
Total Pateints	8309
IUI	254
TVS	3415
Number of IVF performed	27
Success Rate	22.50%

Maternal Mortality			
Year	**Maternal Death**	**Total Live Birth**	**MMR/100,000 Live Birth**
2079/80	3	23509	12.76%

Perinatal Mortality						
Year	**Still Birth**	**Neonatal Death**	**Early Neonatal Death**	**Perinatal Death**	**Total Birth**	**PMR/1000 Birth**
2079/80	406	168	143	549	24915	22

Comparative Data of 5 Years					
Cases	2075/76	2076/77	2077/78	2078/79	2079/80
Total Admission	30627	29934	28598	33855	34185
Total Obstetrics Cases	24147	24219	23293	26292	26844
Total Delivery	22147	22461	22014	24369	24672
Total Gyne Cases	4904	4037	3252	32869	5002
Total Major Operation	8387	8716	8757	10434	11104
Total Minor Operation	2521	2261	2204	2180	2271
Total LSCS	7318	7975	8723	9118	9821
C/S Rate	33.00%	36.00%	39.62%	37.00%	39.81%
Total CAC Service	1266	1114	916	1483	1779

COVID Vaccination	Number
Pfizer	4018
Verocell	196
Janssen	135
Covishield	230
Total	**4579**

Paying Clinic (Extended Health Services)

Hajir Man Rai
OT Incharge

Paropakar Maternity and Women's Hospital (PWMH) was established in 2016 B.S. While the hospital has celebrated its 64thanniversary, in addition to the existing services, this hospital has also extended the service in the form of Extended Hospital Service (EHS) paying service; 9 years has already been completed, since this service has been started. From 1st Bhadra 2072 to till date, the patient entitled to such services are increasing consistently. Furthermore, EHS in itself is the first of its kind provided by Government of Nepal and Ministry of Health and Population.

Category	Procedure	Anesthesia
A-Minor	Biopsy, MVA, Polypectomy	Local
B-Minor	CAC, MVA, Evacuation, Marsupialization	IVA
C-Intermediate	LEEP, 2nd Tri- Abortion, Diagnostic Hysteroscopy, Hysteroscopic CU T removal & endo Biopsy	SAB/ Saddle/ IVA
D-Major	Hysterectomy, Recanalization, Laparotomy, Myomectomy, POP (Except Vault prolapse)	SAB/GA
	Major operative Hysteroscopy (Myomectomy/polypectomy) Diagnostic Hystero Laparoscopy (DHL, Diagnostic Laparoscopy)	
E-Major	Surgery for Vault prolapse	GA
F-Major	Radical Oncosurgery, Fistula surgery	Epidural/ GA/ SAB
I-Major	Laparoscopy (Operative) TLH, Lap Myomectomy, Lap. Burch colposuspension	GA
H-Obstetrics (Free Scheme)	CS, Laparotomy (Ectopic)	SAB/GA

Starting from 3 p.m. onwards, Consultant Doctors and Senior Registrar will conduct the check up and provide the services through paying clinic. EHS (O.T) Case services would be provided before 9 am and after 3 pm. The OPD ticket price is Rs 450 which is less expensive than other private hospital and the enquiry regarding the services could be made from the hotline no. 015353278. Running lab investigations and diagnostic imaging is also less expensive compared to other clinic outside as well.

FY 2079/080 EHS OPD and surgeries statistics are given below:

Month	OPD (case)	A-Minor	B-Minor	C-Intermediate	D- Major	E-Major	F-Major	I-Major
Sharwan	4164	14	14	2	25	0	2	15
Bhadra	1347	10	6	3	13	0	0	5
Ashwin	1034	11	5	2	0	0	0	2
Kartik	1068	2	6	0	9	0	1	5
Mangsir	1068	7	7	0	14	1	0	6
Poush	1149	9	9	2	12	2	0	8
Magh	1011	13	8	2	12	3	2	9
Falgun	1224	10	3	1	13	0	1	15
Chaitra	1256	13	11	1	10	2	0	14
Baishakh	1148	11	7	0	13	3	0	11
Jestha	1190	7	14	1	12	1	3	12
Ashad	1291	15	16	1	15	0	3	11
Total	16950	122	106	15	148	12	12	113

In this way, all the staffs that are involved in providing this service, directly or indirectly, is provided the portion of the revenue generated as per the required proportion.

Activities of PMWH Library Hall Fiscal Year 2079/080

Mrs. Sharmila Shakya
Library Incharge

In this fiscal year 079/080 done various interesting topics were presented by faculty members in the library hall of Paropakar Maternity & Women's Hospital. Along with that regular presentations were on Maternal & Mortality Death Reviews, several guests were invited for lectures and conducted CME activities, fellowship class & OB-GYN, besides that. These activities have immensely supported hospital personnel and other stakeholders. The following information's have been obtained:

MD Residents

S. N.	Date	Topic	Speaker	Moderator
1.	079.04.2	Interactive class on management of PPH	Dr. Manoj Kurma Chaudhary	Asst Prof. Dr. Snigdha Rai
2.	079.04.3	Approach to Chronic pelvic pain	Dr. Subash Rai	Prof. Dr. Beemba Shakya
3.	079.04.9	Approach to on infertile couple	Dr. Anju Aryal	Assoc Prof. Dr. Shreeprasad Adhikari
4.	079.04.10	Stress urinary incontinence	Dr.Chiranjivi Khadka	Prof.Dr. Madhu Shrestha
5.	079.04.16	Endometrial Carcinoma	Dr. Ngo Prasad Upadhyaya	Prof. Dr.Jitendra Pariyar/Asst Prof.Dr.Kabin Bhattachan
6.	079.04.23	Pre-operative evaluation	Dr. Rachana Thapa	Prof. Dr. Beemba Shakya
7.	079.04.24	Screening for fetal abnormality in fibroid	Dr. Bijay Ranabhat	Assoc Prof.Dr. Hema Pradhan/ Asst Prof.Dr.Kirtipal
8.	079.04.30	Bleeding & pain in early pregnancy	Dr. Nisha Rai	Prof. Dr. Madhu Shrestha
9.	079.04.31	Perineal repair & pelvic floor injury	Dr. Hari Shankar Karki	Prof. Dr. Madhu Shrestha/Asst Prof. Dr.Arun Joshi
10.	079.05.01	Journal club	Dr. Sheela Dhakal	Prof. Dr. Ganesh Dangal
11.	079.05.06	Renal physiology & renal disease in pregnancy	Dr. Priti Yadav	Prof. Dr. Meena Jha/Asst Prof. Dr.Isha Shrestha
12.	079.05.07	Myomectomy history & recent advances	Dr. Sachin Yadav	Assoc Prof. Dr. Sapana Amatya Vaidya
13.	079.05.13	Principle of chemotherapy & it's uses on gynecology	Dr. Anu Shrestha	Prof. Dr. Beemba Shakya
14.	079.05.20	Renal pregnancy	Dr. Sangita Pudasani	Asso. Prof. Dr.Shreeprasad Adhikari
15.	079.05.21	Recent Advance in AUB	Dr. Dinesh Sharma	Asst. Prof. Dr. Snigdha Rai
16.	079.05.28	Hyperemesis gravidarum	Dr. Anamika Karn	Asst prof Dr. Jwala Thapa
17.	079.06.04	Ovarian Malignancy	Dr. Anju Aryal	Asst. Prof. Dr. Snigdha Rai
18.	079.06.11	Vulval intraepithelial neoplasia	Dr. Bijaya Kumar Ranabhat	Assoc Prof. Dr. Sapana Amatya Vaidya

19.	079.06.24	Dengue & COVID infection is pregnancy	Dr. Tushar Kumar	Prof. Dr. Beemba Shakya
20.	079.06.25	Hysteroscopy	Dr. NGO Prasad Upadhaya	Assoc. Prof. Dr. Sandesh Poudel
21.	079.08.06	Menopause	Dr. Sheela Dhakal	Assoc Prof. Dr. Sapana Amatya Vaidya
22.	079.08.12	Hormone replacement therapy	Dr. Pabitra Shrestha	Prof Dr. Madhu Shrestha
23.	079.08.13	Aortic compression & bimanual compression	Dr. Bipin Jaishwal	Assoc. Prof. Dr. Shreeprasad Adhikari
24.	079.08.19	Multiple pregnancy	Dr. Chiranjivi Khadka	Assoc. Prof. Dr. Sandesh Poudel
25.	079.08.20	Interactive class Shoulder dystocia	Dr. Bijay Ranabhat	Asst prof Dr. Jwala Thapa
26.	079.08.26	Fibroid uterus	Dr. NGO Psd Upadhyaya	Assoc Prof. Dr. Sapana Amatya Vaidya
27.	079.08.27	Ovarian Carcinoma	Dr. Nisha Rai	Prof. Dr. Jitendra Pariyar/Asst Prof. Dr. Isha Shrestha
28.	079.09.04	Hormonal contraception	Dr. Rachana Thapa	Assoc Prof. Dr.Sapana Amatya Vaidya/Asst. Prof.Dr.Arun Ku Joshi
29.	079.09.05	Polycystic ovarian syndrome	Dr. Vaidya Pokhrel	Assoc.Prof Dr. Shreeprasad Adhikari/Assoc Prof.Dr. Hema Pradhan
30.	079.09.11	Pelvic organ prolapse	Dr. Subash Rai	Assoc. Prof. Dr. Sandesh Poudel
31.	079.09.12	Thyroid disorder in pregnancy	Dr. Shantoshi Thapaliya	Prof.Dr. Beemba Shakya/Asst Prof.Dr. Kabin Bhattachan
32.	079.09.18	Malpresentation	Dr. Manoj Ku Chaudhary	Asst Prof Dr. Snigdha Rai
33.	079.10.07	Anemia in pregnancy	Dr. Hari Shanka Karki	Asst Prof Dr. Snigdha Rai
34.	079.10.23	1st trimester bleeding	Dr. Bijaya Ranabhat	Asst Prof.Dr. Jwala Thapa
35.	079.11.02	Heart disease in pregnancy	Dr. Rachana Thapa	Prof Dr. Madhu Shrestha/Asst Prof.Dr. Isha Shrestha
36.	079.11.08	Symposium on pre eclampsia	Dr. Chiranjeevi Khadka	Prof.Dr. Beemba Shakya/Prof. Dr. Kabin Bhattachan
37.	079.11.15	Infection disease in pregnancy	Dr. Subash Rai	Prof.Dr. Meena Jha/Assoc Prof. Dr. Sapana Amatya
38.	079.11.16	Antenatal fetal surveillance	Dr. Kamal Deep Joshi	Assoc Prof.Dr.Sangeeta Mishra/ Asso.Prof.Dr.Shreeprasad Adhikari
39.	079.11.23	Abnormalities of amniotic fluid	Dr. Sheela Dhakal	Asst.Prof.Dr. Ranjana Shrestha/ Asst Prof.Dr.Arun Joshi
40.	079.11.29	Female factor infertility	Dr.Vidya Pokhrel	Assoc Prof.Dr. Hema Pradhan/ Asst Prof.Dr.Jwala Thapa
41.	079.11.30	Stress urinary incontinence	Dr. Prasannsha Sharma	Prof Dr. Madhu Shrestha/ Assoc. Prof.Dr.Sandesh Poudel
42.	079.12.06	Journal club	Dr. Santoshi Thapaliya	Prof.Dr. Jitendra Pariyar/Asst Prof.Dr.Snigdha Rai
43.	079.12.04	Primary Amenorrhea	Dr. Anju Aryal	Assoc Prof.Dr.Hema Pradhan/ Asst.Prof.Dr.Tripti Shrestha
44.	079.12.20	Pelvic Anatomy	Dr. Sujan Sharma	Assoc Prof.Dr.Sandesh Poudel/ Asst Prof.Dr.Ranjana

45.	079.12.21	Endometrial Cancer	Dr. Hari Shankar Karki	Prof.Dr.Beemba Shaky/Asst Prof. Dr.Kabin Bhattachan
46.	079.12.27	Ectopic Pregnancy	Dr. Manoj Kumar Chaudhary	Prof.Dr. Madhu Shrestha
47.	079.12.27	Physiological Changes in Pregnancy	Dr. Pranish Pokhrel	Assoc Prof.Dr. Sapana Amatya / Asst Prof.Dr.Isha Shrestha
48.	080.01.05	Symposium on Cervical Cancer	Dr. Yashu/Dr. Subash/ Dr. Bijaya	Prof.Dr.Jitendra Praiyal/Asst Prof.Dr.Snigdha Rai
49.	080.01.06	Journal Club	Dr. Vidya Pokhrel	Prof.Dr. Ganesh Dangal
50.	080.01.11	Polycystic Ovarian Syndrome	Dr. NGO Prd Upadhyaya	Assoc Prof.Dr .Shreeprasad Adhikari
51.	080.01.18	Overactive Bladder	Dr. Chiranjivi Khadka	Asst Prof.Dr. Sandesh Poudel
52.	080.01.19	Menstrual Cycle	Dr. Sheela Dhakal	Prof.Dr. Madhu Shrestha
53.	080.01.23	Labor Dystocia	Dr. Samima Khatoon	Asst Prof.Dr. Jwala Thapa
54.	080.01.26	Interactive Class on Instrumental Delivery	Dr. Ranju Singh	Asst Prof. Dr.Tripti Shrestha
55.	080.02.02	Overactive Bladder	Dr. Chiranjivi Khadka	Assoc Prof.Dr.Sandesh Poudel/Asst Prof.Dr.Ranjnan Shrestha
56.	080.02.08	Management of Cervical Cancer	Dr. Bijay Ranabhat	Prof Dr. Jitendra Pariyar/ Asst Prof.Dr.Snigdha Rai
57.	080.02.09	Nausea and Vomiting in Pregnancy	Dr. Sujan Sharma	Prof.Dr. Madhu Shrestha/ Asst Prof.Dr.Isha Shrestha
58.	080.02.16	Approach to Infertility	Dr. Nisha Rai	Assoc Prof.Dr. Shreeprasad Adhikar/Assoc Prof. Dr.Hema Pradhan
59.	080.02.22	CTG	Dr. Aliza Bhattarai	Assoc Prof.Dr.Sapana Amatya/Asst Prof.Dr.Anju Joshi
60.	080.02.23	Clinical Pelvimetry	Dr. Anju Aryal	Asst Prof.Dr.Snigdha Rai/ Asst Prof.Dr.Tripti Shreatha
61.	080.02.29	Puereprium	Dr. Rachana Thapa	Asst Prof.Dr.Jwala Thapa/Asst Prof.Dr.Kain Bhattachan
62.	080.02.30	Gestational Trophoblastic Disease	Dr. Santoshi Thapaliya	Prof Dr.Beemba Shakya
63.	080.03.04	Journal Club	Dr. Manoj Kumar Chaudhary	Prof.Dr.Meena Jha
64.	080.03.05	Embryogenesis	Dr. Shreya Laksmi Shah	Asst Prof.Dr.Tripti Shrestha/ Asst Prof.Dr.Isha Shrestha
65.	080.03.11	Management of Male Infertility	Dr. Pabitra Shrestha	Assoc Prof Dr.Shreeprasad Adhikari/Dr.Hema Pradhan

66.	080.03.12	Approach to Amenorrhea	Dr. Vidya Pokhrel	Assoc Prof.Dr.Sapana Amatya/Dr.Kabin Bhattachand
67.	080.03.18	Renal Failure in Pregnancy	Dr. Sheela Dhakal	Prof.Dr. Madhu Shrestha
68.	080.03.19	Urodynamic	Dr. Subash Rai	Prof.Dr. Madhu Shrestha
69.	080.03.25	HIV in Pregnancy	Dr. Bijay Ranabhat	Asst Prof.Dr. Snigdha Rai
70.	080.03.26	Surgical Anatomy of Pelvis	Dr. Basanta Raj Joshi	Prof.Dr. Beemba Shakya

MD Residents (Clinical Bed Side Class)

SN	Date	Topic	Speaker	Moderator
1.	079.04.26	PROM	Dr. Chiranjivi Khadka	Assoc Prof.Dr. Sapana Amatya Vaidya
2.	079.05.02	IUGR	Dr. Krishna Khanal	Assoc Prof.Dr. Shreeprasad Adhikari
3.	079.05.09	Pre-eclampsia	Dr. Basanta Shah	Asst Prof Dr. Snigdha Rai
4.	079.05.10	Gestational Diabetes mellitus	Dr. Mariyam Shazma	Prof Dr. Madhu Shrestha
5.	079.05.16	P1L1 9th POD following E6 LSCS for FD with wound gaping	Dr. Amitabh Thakur	Prof.Dr. Meena Jha
6.	079.05.27	Placenta previa	Dr. Bipin Jaisawal	Assoc.Prof. Dr. Sandesh Poudel
7.	079.05.23	PGTT	Dr. Nitu Jha	Assoc Prof. Dr. Sapana Amatya Vaidya
8.	079.05.30	GDM with Rh-ve Status	Dr. Manjila Ghimire	Asst Prof. Dr. Jwala Thapa
9.	079.05.30	Nulligravid with Adnexal mass	Dr. Pritee Yadav	Prof. Dr. Beemba Shakya
10.	079.06.06	Breech Presentation	Dr. Sachin Yadav	Prof. Dr. Beemba Shakya
11.	079.06.07	G2P1, 40+2 who with SGA with short stature	Dr. Bipin Jayaswal	Prof. Dr. Meena Jha
12.	079.06.13	Twin pregnancy	Dr. Sangita Pudasaini	Asst. Prof.Dr. Snigdha Rai
13.	079.06.14	Rh Negative pregnancy	Dr. Priti Yadav	Assoc. Prof. Dr. Sandesh Poudel
14.	079.06.27	Intrauterine fetal death (IUFD)	Dr. Anamika Karna	Assoc Prof. Dr.Shreeprasad Adhikari
15.	079.06.28	Obstetric Cholestasis	Dr. Nitu Jha	Prof. Dr. Madhu Shrestha
16.	079.07.03	GDM	Dr. Tushar Kunwar	Assoc. Prof. Dr.Sandesh Poudel
17.	079.07.04	Post term pregnancy	Dr. Hari Shankar Karki	Assoc Prof. Dr.Sapana Amatya Vaidya
18.	079.07.24	GHTN	Dr. Nisha Rai	Prof. Dr. Madhu Shrestha
19.	079.07.25	Previous Caesarean section	Dr. Rachana Thapa	Prof.Dr. Meena Jha
20.	079.08.02	Gestational diabetic mellitus	Dr. Basanta Kumar Shah	Assoc.Prof. Dr. Sandesh Poudel
21.	079.08.08	PROM	Dr. Bipin Jayaswal	Assoc Prof. Dr. Sapana Amatya Vaidya
22.	079.08.09	Hydrominos with breech	Dr. Sachin Yadav	Asst Prof. Dr. Jwala Thapa
23.	079.08.15	G2P1L1 at 36+6 WOG with Obstetric cholestasis NIL	Dr. Pabitra Shrestha	Prof Dr. Madhu Shrestha
24.	079.08.16	Primi at 41+weeks	Dr. Manoj Choudhary	Asst Prof.Dr. Snigdha Rai
25.	079.08.23	Primi at 35+5 WOG with breech presentation	Dr. Vidya Pokhrel	Assoc Prof.Dr. Shreeprasad Adhikari
26.	079.08.29	G2P1L1 at 40+3 WOG with RH negative	Dr. Santoshi Thapaliya	Assoc Prof.Dr. Sapana Amatya Vaidya
27.	079.09.01	AUB-L	Dr. Anju Arya	Prof.Dr. Beemba Shakya
28.	079.09.07	Antepartum Hemorrhage	Dr. Bijaya Ku Ranabhat	Asst Prof.Dr. Snigdha Rai
29.	079.09.08	Previous caesarean section	Dr. Chiranjivi Khadka	Assoc.Prof.Dr. Sandesh Poudel

30.	079.09.14	Breech presentation	Dr. Hari Shankar Karki	Asst Prof.Dr. Snigdha Rai
31.	079.09.21	PPROM	Dr. Nisha Rai	Assoc Prof.Dr. Sapana Amatya Vaidya
32.	079.09.22	24 year Primi at 36 WOG with APH	Dr. Rachana Thapa	Assoc.Prof.Dr. Sandesh Poudel
33.	079.09.29	45 yr P2L2 with abdominal pelvic mass	Dr. Sheela Dhakal	Prof.Dr. Beemba Shakya
34.	079.10.19	Previous caesarean section	Dr. Manoj Ku Chaudhary	Prof.Dr. Meena Jha
35.	079.10.20	36 yr G3P1L1 at 38+4 WOG with G non	Dr. Subash Rai	Prof.Dr. Meena Jha
36.	079.10.26	primigravida at 27+6 of gestation with chronic HTN	Dr. Tusar Kunwar	Prof. Dr. Madhu Shrestha
37.	079.10.29	29 yr G3P2L2 at 35 week of gestation with GDM	Dr. Pabitra Shrestha	Assoc Prof.Dr. Shreeprasad Adhikari
38.	079.11.04	28 yr G3P2L2 at 34 week of polyhydramnios NIL	Dr. Vidya Pokhrel	Assit.Prof Dr. Jwala Thapa
39.	079.11.11	Gestational trophoblastic neoplasia	Dr. Sheela Dhakal	Assoc Prof.Dr. Sapana Amatya Vaidya
40.	079.11.12	IUGR	Dr. NGO Prasad Upadhyaya	Assoc Prof.Dr. Shreeprasad Adhikari
41.	079.11.18	Prolonged pregnancy	Dr. Bijaya Kumar Ranabhat	Assoc.Prof.Dr. Sandesh Poudel
42.	079.11.19	Preterm labor	Dr. Anju Aryal	Assoc.Prof.Dr. Sandesh Poudel
43.	079.11.25	G2P1L1 at 39 week with Hypothyroidism NTL	Dr. Hari Shankar Karki	Prof.Dr. Madhu Shrestha
44.	079.11.26	21 yr with adrenal mass	Dr. Rachana Thapa	Prof.Dr. Beemba Shakya
45.	079.12.02	50 yr P4L3 with AUB with Hypothyroidism	Dr. Pabitra Shrestha	Prof.Dr. Beemba Shakya
46.	079.12.03	24 yr P1L1 with adnexal term with premature CS	Dr. Mariyam Shazna	Assoc Prof.Dr. Sapana Amatya Vaidya
47.	079.12.09	22 yr Primigravida at 36 WOG	Dr. Tusar Kumar	Asst Prof Dr. Snigdha Rai
48.	079.12.10	34+1 WOG with GOM under medication NTL	Dr. Nisha Rai	Assoc.Prof. Dr.Sandesh Poudel
49.	079.12.16	G2 P1L2 @ 33+3 WOG with GHTN	Dr. Subash Rai	Prof.Dr. Madhu Shrestha
50.	079.12.23	20 Yr G2 P1L1 40+3 WOG with PRM X 2 hrs	Dr. Santoshi Thapaliy	Asst.Prof.Dr. Jwala Thapa
51.	079.12.24	30 Yr G2 P1L1 30+6 WOG with HTN with IUGR	Dr. Vidya Pokhrel	Assoc Prof.Dr. Shreeprasad Adhikari
52.	079.12.30	Placente previa	Dr. Sheela Dhakal	Asst Prof Dr. Tripti Shrestha
53.	080.01.07	Adnexal mass	Dr. Manoj Kumar Chaudhary	Prof.Dr. Beemba Shakya
54.	080.01.08	G2 P0L1 @ 37+3 WOG with Pre-eclampsia	Dr. Anju Aryal	Assoc Prof.Dr. Sapana Amatya Vaidya
55.	080.01.14	Post term Pregnancy	Dr. Hari Shankar Karki K.C.	Assit.Prof Dr. Jwala Thapa
56.	080.01.15	Pregnancy with G10 recurrent Pregnancy Loss	Dr. Radha Thapa	Assoc Prof.Dr. Shreeprasad Adhikari
57.	080.01.21	Gestational Diabetic mellitus	Dr. Bijaya Kumar Ranabhat	Assoc.Prof. Dr. Sandesh Poudel
58.	080.01.28	Profits cesarean section	Dr. NGO Upadhyaya	Prof.Dr. Madhu Shrestha
59.	080.01.20	Pursuitis Guaridarum	Dr. Chiranjivi Khadka	Prof.Dr. Meena Jha
60.	080.02.05	Primi at 39+6 of gestational with Rh negative	Dr. Pabitra Shrestha	Assoc Prof.Dr. Sapana Amatya Vaidya
61.	080.02.12	Primi with 31+2 WOG with APH NIL	Dr. Subash Rai	Assoc Prof.Dr. Shreeprasad Adhikari

62.	080.02.18	32 Yr G3 P2L2 @ 38+6 WOG NIL with Twin Preg	Dr. Santoshi Thapaliya	Prof.Dr. Madhu Shrestha
63.	080.02.19	G2 P2L1 @ WOG NIL	Dr. Nisha Rai	Prof.Dr. Madhu Shrestha
64.	080.02.24	25 Yr Primi @33+WOG with GHTN with Obesity	Dr. Vidya Pokhrel	Asst Prof Dr. Tripti Shrestha
65.	080.02.26	20 Yr Primi @ 40+5 WOG with SGA NIL	Dr. Sheela Dhakal	Asst Prof.Dr. Snigdha Rai
66.	080.02.32	26 Yr 39+2 with GHTN	Dr. Manoj Kumar Chaudhary	Assoc.Prof.Dr. Sandesh Poudel
67.	080.03.01	G2 P1L1 @ 25 WOG with IUFD NIL	Dr. Rachana Thapa	Assit.Prof Dr. Jwala Thapa
68.	080.03.07	Adnexal mass	Dr. Ngo Prasad Upadhyaya	Prof.Dr. Beemba Shakya
69.	080.03.08	G2 P1L1 @ 38+4 WOG with Obstetric Cholestasis	Dr. Hari Shankar Karki	Assoc Prof.Dr. Shreeprasad Adhikari
70.	080.03.21	29 yr primi at WOG Nil with Rh-negative status	Dr. Chiranjivi Khadka	Asst.Prof.Dr Tripti Shrestha
71.	080.03.22	G3 P2L2 @ 41+2 WOG with breech presentation	Dr. Pabitra Shrestha	Asst.Prof.Dr. Snigdha Rai
72.	080.03.28	G2 P0+1 @ 34+5 WOG with IUFD	Dr. Tusar Kunwar	Prof.Dr. Madhu Shrestha

Uro-gynecology Fellow Class

SN	Date	Topic	Speaker	Moderator
1.	079.05.17	Anatomy related to urogynecology	Dr.Maryada Malla	Prof.Dr. Meena Jha
2.	079.05.31	Physiology Related to Urogynecology	Dr.Anjana Adhikari	Assoc Prof.Dr. Sandesh Poudel
3.	079.06.14	Natural History & Prevention of Urinary Incontinence & Urogenital Prolapse	Dr.Maryada Malla	Sr.Consultant Dr. Atit Poudel
4.	079.06.28	History Taking & Examination in Urogynecology	Dr.Anjana Adhikari	Consultant Dr. Alka Shrestha
5.	080.02.03	Anal Sphincter Injuries	Dr.Maryada Malla	Prof.Dr. Meena Jha
6.	080.02.17	Experience as International Observer in Urogynecology at AIIMS	Dr.Anjana Adhikari	Assoc Prof.Dr. Sandesh Poudel
7.	080.03.31	Bladder pain syndrome	Dr.Maryada Malla	Prof.Dr. Meena Jha

Gyne-Onco Fellow Class

SN	Date	Topic	Speaker	Moderator
1.	079.05.18	Cervical Cytology and HPV DNA	Dr. Sapana Amatya Vaidya	Prof.Dr.Meena Jha
2.	079.05.29	Epithelial Ovarian Cancer	Dr. Beemba Shakya	Asst Prof.Dr.Snigdha Rai
3.	079.06.23	Anatomy Related to Gyne-Oncology	Dr. Sapana Amatya Vaidya	Prof.Dr.Meena Jha
4.	079.06.30	Hallmarks of Cancer	Dr. Beemba Shakya	Asst Prof.Dr.Snigdha Rai
5.	080.02.24	Preinvasive Disease of Vulva & Vagina	Dr. Sapana Amatya Vaidya	Prof.Dr.Meena Jha
6.	080.03.13	Invasive Vulvar Cancer	Dr. Beemba Shakya	Asst Prof.Dr.Snigdha Rai
7.	080.04.01	Genital and its association with Gynecology Malignancies	Dr. Sapana Amatya Vaidya	Prof. Dr. Meena Jha
8.	080.04.03	Targeted Therapy in Gynecologic Malignancies	Dr. Beemba Shakya	Asst Prof. Dr. Snigdha Rai

Infertility Fellow Class

SN	Date	Topic	Speaker	Moderator
1.	27/05/2079	Role of hormone in infertility	Dr Hema Pradhan	Dr.Uma Shrivastav Pokhrel
2.	13/06/2079	Anatomy of female & male reproductive system	Dr. Shreeprasad Adhikari	Dr. Meena Jha
3.	24/06/2079	Physiology of menstrual cycle	Dr. Hema Pradhan	Dr. Jwala Thapa
4.	09/08/2079	Ovulation induction drugs	Dr. Shreeprasad Adhikari	Dr. Meena Jha
5.	21/08/2079	Adjuvant drugs in Infertility	Dr. Hema Pradhan	Dr. Binita Thapa
6.	05/09/2079	Approach to infertile couple	Dr. Shreeprasad Adhikari	Dr. Uma Shrivastav Pokhrel
7.	22/09/2079	Ovarian Hyperstimulation syndrome	Dr Hema Pradhan	Dr. Jwala Thapa
8.	11/01/2080	Experience Sharing AIIMS	Dr. Hema Pradhan/Dr. Shreeprasad	Dr. Meena Jha
9.	05/02/2080	Counselling in Infertility	Dr. Hema Pradhan	Dr. Uma Shrivastav Pokhrel
10.	04/03/2080	Unexplained Infertility	Dr. Hema Pradhan	Dr. Jwala Thapa
11.	28/03/2080	Male Infertility	Dr. Shreeprasad Adhikari	Dr. Uma Shrivastav Pokhrel

Doctors CME

SN	Date	Topic	Speaker
1.	079.4.4	Antenatal Corticosteroid therapy	Dr. Sujita Prajapati (Unit-A)
2.	079.4.11	Case presentation post operation sepsis	Dr. Prerna Bhattarai
3.	079.4.18	Case report on placenta accrete spectrum	Dr. Shelisha Upreti
4.	2079.4.25	Pregnancy of unknown location	Dr. Rachana karn
5.	079.5.8	Uterine rupture: case service	
6.	079.5.15	Thyroid disorder in pregnancy	Dr. Abishek Tiwari
7.	079.5.22	Peripartum Cardiomyopathy	Dr. Alisha Rayamajhi (Group – F)
8.	079.05.29	Postoperative pain management for caesarean section An update	Dr. Akshya Pradhan (Anesthesiology)
9.	079.6.5	Rational use of blood and blood products	Dr. Bipin Pradhan
10.	079.6.12	Enoxaparin in Neonates	OB-GYN & Pediatric Department
11.	079.6.26	Pregnancy in a rudimentary horn: A rare case	Dr. Radhika Kunwar (Group -A)
12.	079.7.2	HELLP Syndrome	Dr. Aswini Gupta (Group B)
13.	079.7.16	Pregnancy with immature teratoma: A rare case report	Dr. Sabin Shrestha
14.	079.7.30	Robson's Classification (Implementation in PMWH)	Dr. Sandesh Poudel
15.	079.8.7	Overview on antimicrobial resistance	Dr. Karishma Malla Vaidya
16.	079.8.21	Perinatal asphyxia	Dr. Sona Awal
17.	079.8.28	Enhanced recovery after cesarean section	Dr. Pramee Bajracharya (Anesthesiology)
18.	079.10.18	Prenatal ultrasonography & its interpretation	Dr. Muru Mahat
19.	079.11.10	MSS discussion	Dr. Atit Poudel/Dr.Nirmika
20.	079.11.17	Laparoscopic surgery technique & electrosurgery principal	Dr. Atit Poudel
21.	079.12.01	Retinopathy of prematurity	Asst Prof. Priya Bajgain, Eye Hospital
22.	079.12.29	Twin pregnancy with SIUFD	Dr. Himadriya Moktan
23.	080.01.13	Germ cell tumors of ovary	Dr. Ratan Shah
24.	80.02.17	Bladder Trauma Following Vaginal Hysterectomy	Dr. Soni Dwa (Group – A)

25.	080.2.31	Perioperative IV fluid management	Dr. Alan Amatya, (Anesthesiology)
26.	080.03.13	Interstitial Ectopic pregnancy	Dr. Apran Shankar Yogaracharya
27.	080.03.27	Thyroid disorder in pregnancy	Dr. Sarita Shrestha

Nursing CME

SN	Date	Topic	Speaker
1.	2079.4.5	Roles & responsibility of nurses regarding mi of 2nd trimester abortion	Sagun Thapa –Nursing Incharge
2.	079.4.12	Normal labour	Rama Manandhar – Nursing Incharge
3.	079.4.19	नेपाल किशोर किशोरी यौन तथा स्वास्थ्य कार्यक्रम	Leena Maharjan – Nursing Incharge
4.	079.4.26	Respectful maternal care	Prajeeta Shankhadev
5.	079.8.29	Promoting delay card clamping	Prasana Budha Lama
6.	079.9.14	Labour analgesia	Srijana
7.	079.9.28	Nursing CME	
8.	079.10.19	Robson's classification & recommendation for safe prevention of unnecessary CS	Rajani Malla /Sushrita K c
9.	079.10.26	Prevention of child birth related perineal trauma	MS Malina Basnet (BMS 3rd yr, NAMS)
10.	079.10.26	MSS discussion	Dr. Atit Poudel/Dr.Nirmika
11.	079.12.2	Protocol of HAI PMWH	Dr. Karishma Malla Vaidya
12.	079.12.09	Shoulder dystocia	Sabitri Dahal
13.	080.03.28	Pre & Post operative care	Amala Maharjan – Nursing Incharge

GOSON CME

SN	Date	Topic	Speaker
1.	079.9.19	Gynecological oncology	- GOSON

Other Activities

SN	Date	Topic	Speaker
1.	2079.4.13	Staff Farewell – Ganesh Lasiwas	- PMWH
2.	2079.4.30	६३ औ जन्माष्टमी अन्तरक्रिया	- PMWH
3.	2079.5.5	Staff farewell (Shanty Devkotta)	- PMWH
4.	2079.5.8	Staff farewell & welcome (Dr.Nisha Rai/Dr.Neelima Amatya/ Dr. Kirtipal Subedi)	- PMWH
5.	079.5.17-19	Infection prevention training	- Asha Laxmi Prajapati Matron
6.	079.5.19	Staff Farewell – Mr. Anil Krishna Shrestha	- PMWH
7.	079.5.20	Welcome & orientation BMS 1st batch	- Nani Kaway, Campus Chief
8.	079.5.20	Maternal Mortality Case presentation	- Dr. Shree Ram Khadka
9.	079.05.27	Welcome Director Dr. Pawan Jung Rayamajhi	- PMWH
10.	079.5.29	Hospital orientation	- Asha Laxmi Prajapati Matron
11.	079.6.4	Thanks giving and data dissemination program	- MN 1st year IOM
12.	079.6.14	Blood donation program	- PMWH
13.	079.6.31	Training workshop on ethics in Health Research	- PMWH
14.	079.7.14	RDS in Neonates	- Dr. Prakriti

15.	079.7.17	Introduction to non-invasive ventilation	- Dr. Prakash Sharma
16.	079.7.22-25	Pediatric essential care training (PECCT)	- PMWH, NHTC
17.	079.7.27	Hospital orientation	- Asha Laxmi Prajapati Matron
18.	079.8.1	Prematurity	- PMWH
19.	079.8.8	Neonatal hypoglycemia	- Dr. Grishma Legal
20.	079.8.8	Phlebotomy	- Dr. Karishma Malla Vaidya
21.	079.8.12	Common dermatological manifestable	- Dr. Nirmal Nagarkoti
22.	079.8.14	Hospital orientation	- Indira Dhungel Supervisor
23.	079.8.15	Deep Condolence (Chandra Maya)	- PMWH
24.	079.8.19	Strengthening the development & implantation of maternal & perinatal death surveillance	- PMWH
25.	079.8.19	Retinopathy of prematurity	- Dr. Prakash Sharma
26.	079.8.24	SAN CME	- Dept of Anesthesiology
27.	079.9.12	Leadership & management class	- BMS 3rd yr, NAMS
28.	079.9.29	Hospital orientation	- Asha Laxmi Prajapati Matron
29.	079.10.6	Farewell program (Sachita Panthi/Meena Acharya)	- PMWH
30.	079.10.6	MPDSR	- PMWH
31.	079.11.12	Perinatal Audit	- Dr. Niramika Pathak
32.	079.11.18	Hospital management class	- Asha Laxmi Matron /Indira Dhungel Supervisor
33.	079.11.19	Thanksgiving program	- MN 1st year IOM
34.	079.11.29	Hospital orientation, GPMNC	- Supervisor Laxmi Rijal
35.	079.12.06	Dissemination Program Newborn Screening	- UNICEF/PMWH
36.	079.12.22	Mortality Presentation	- Dr. Niramika Pathak
37.	080.01.04	Farewell program (Sushila Karki)	- PMWH
38.	080.01.12	Maternal mortality Presentation	- Dr. Niramika Pathak
39.	080.01.17	MPDSR	- PMWH
40.	080.01.29	Hospital orientation	- Asha Laxmi Prajapati Matron
41.	080.02.01	Hospital orientation, Sushma Koirala Memorial College	- Indira Dhungel, Supervisor
42.	080.02.02	MSS (Minimum Service Standard) Meeting	- Dr. Atit Poudel
43.	080.02.03	Cefazolin: Single agent prophylaxis elective pelvic surgery	- Dr. Sumita Silwal
44.	080.02.05	Farewell (Shanta Lamichhane/Goma Mahat)	- PMWH
45.	080.02.10	Awareness and Early Detection of Childhood eye cancer	- Rotary Club/Open Eyes Nepal
46.	080.02.18	;'/lIft dft[Tj tyf k|hgg\ :jf:Yo clwsf/ P]g @)&%	- Nani Kaway, Campus Chief
47.	080.03.31	World Blood Donation Day	- PMWH
48.	080.03.06	Farewell program (Dr. Amir Babu Shrestha)	- PMWH
49.	080.03.10	Hospital MPDSR activities progress meeting	- Save The Children/USAID-MCGL
50.	080.03.21	MSS External evaluation presentation	- Dr. Niramika Pathak
51.	080.03.24	Janmasthami Meeting	- PMWH
52.	080.03.29	Farewell program (Sita Ale Magar, Ward Attendant)	- PMWH

बिशिस्कृत अस्पतालहरु मध्य न्युनतम सेवा मापदण्ड (MSS) मा सर्वाधिक अंक प्राप्त गर्ने अस्पताल

Flag Hoisting Ceremony on Democracy Day

HAI Project Kickoff Program

Breastfeeding Week CME

Breastfeeding Week Program

Ethical Guidelines Training to PMWH Staffs

प्रो डा दिव्य श्री मल्ल द्वारा एन डि मेडल हस्तारण

Mactobind Dissemination Program

Laproscopy Surgery

Covid Vaccination Team

Department of Anesthesiology

Department of Neonatology

Department of Pathology

Department of Radiology

Administration and Account Team

Nursing Chief with Ward Incharge

CLMC

Gynae Ward

Library and Faculty

OT Farewell Program

PBU

SSU

ANC Ward

MNSC FAMILY

Unit A

Unit B

Unit C

Unit D

Unit E

Unit F

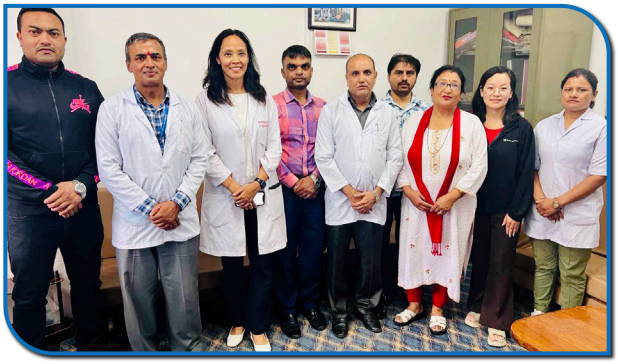
PCL 3rd Year 2080

BMS student 1st Batch

Department of OCMC

Hospital Records Team

HAI Technical Working Group

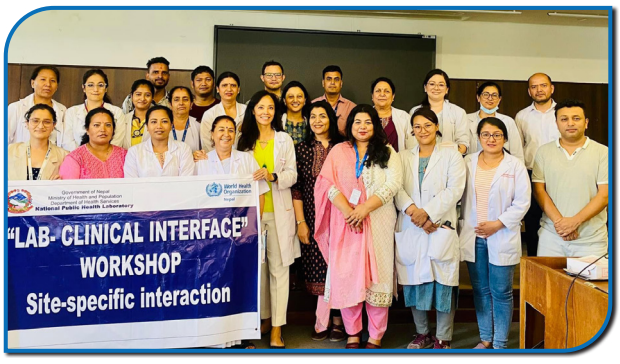


Blood Transfusion Service Group

CAC & Family Planning

Reception

Molecular Lab PMWH

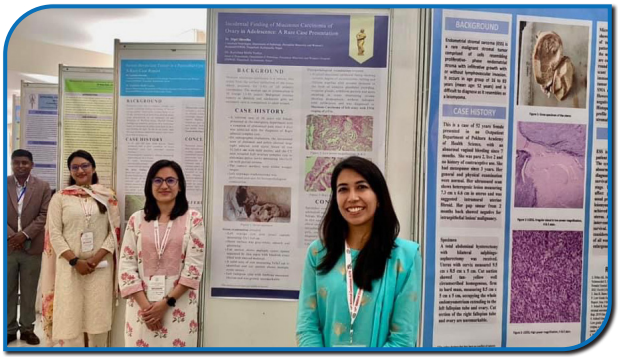


LAB-Clinical Workshops Organized byNPHL, WHO

An interaction on Robson Classification With Professor Micheal Robson at PMWH

Blood Donor Day Celebration

Training for IUI skill development At PMWH for provincial lab.



Poster Presentation of PMWH at ACPN Conference

CME Retinoblastoma @ PMWH

Blood donation program at PMWH on auspicious occasion of 64th anniversary

Medicine Unit

Smarika Team Activites

Institutional Review Committee,PMWH

Pharmacy Department

ब्लोदानद्वारा आयोजित कार्यक्रममा का.म.न.पा. का उप मेयरज्यू द्वारा उत्कृस्ट सेवा गरे बापत अस्पतालको रक्त संचार सेवालाई कदर पत्र प्रदान

Bhaisepati Clinic

Paropakar Maternity and Women's Hospital

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सुनिल क्यान्टिन तथा खुड्रा कपडा पसल

-प्रोप्राइटर सुनिल शाह

:j:Yo vfgf, :j:Yo lhjg

यहाँ विरामी तथा भिजिटरहरुको लागि २४सै घण्टा खाना/खाजा उपलब्ध छ ।

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