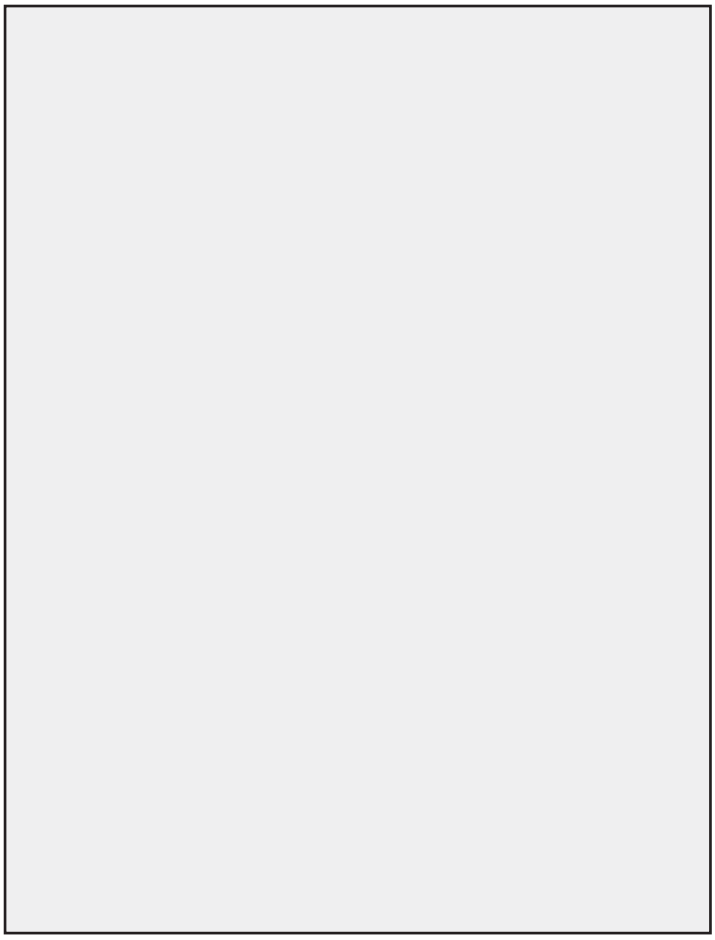


Annual Report

July 2024 - June 2025

Department of Obstetrics & Gynaecology
Rangpur Medical College Hospital

Date of Publication : September 2025
Edition : First

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Printed by : United Printers, Dhap, Rangpur
01915-458055

“We dedicate this report to all mothers and women whose health and wellbeing guide our purpose and to the devoted team of caregivers who strive everyday to make safe motherhood a reality.”

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Principal
Ranpgur Medical College

MESSAGE

It gives me immense pleasure to see the publication of the Annual Report (July 2024 – June 2025) by the Department of Obstetrics and Gynaecology, Rangpur Medical College Hospital. This comprehensive report highlights the department's academic, clinical and other activities over the past year. It not only showcases their achievements but also highlights on the challenges faced—serving as an important guide for future planning and development.

I deeply appreciate the sincere efforts of all faculty members who contributed to the preparation of this well-documented publication. Such dedication is a reflection of the department's commitment to excellence in maternal and reproductive healthcare. Their continued pursuit of quality service stands as an example for other departments to follow.

I sincerely hope this department will reach even greater heights and continue to play a significant role in advancing women's health in Bangladesh. Congratulations to the entire team for compiling this valuable and inspiring report.

Prof. Dr. Md. Nazrul Islam



Director
Ranpgur Medical College Hospital

MESSAGE

I am extremely happy to witnessed the Annual Report (July 2024 – June 2025) of the Department of Obstetrics and Gynaecology, Rangpur Medical College Hospital. This publication not only demonstrates the department's clinical, academic and research accomplishments but also serves as a valuable benchmark for assessing progress and guiding future initiatives.

Despite various resource constraints, the department has continued to demonstrate remarkable dedication and professionalism in ensuring quality care for women and mothers. The successful compilation of this report alongside the demanding clinical workload is truly commendable. During my tenure, I have had the opportunity to observe and appreciate their commitment to patient care, academic advancement and teamwork.

I extend my sincere thanks to the entire team of the Department of Obstetrics and Gynaecology for their tireless efforts. I wish the department continued success and excellence in the years ahead.

Brigadier General Ashiqur Rahman



Vice-Principal
Ranpgur Medical College

MESSAGE

In the name of Allah, the Most Gracious, the Most Merciful.

I am truly delighted to know that the Department of Obstetrics and Gynaecology, Rangpur Medical College Hospital is publishing its Annual Report (July 2024 – June 2025). This significant initiative is a testament to the dedication, commitment and professionalism of the department.

The volume of patients served in both indoor and outdoor facilities over the past year reflects the breadth and impact of their tireless efforts. I take this opportunity to extend my heartfelt gratitude to all the physicians of the department for their sincere service and my special appreciation goes to those who have worked diligently to bring this report to fruition.

I wish the department continued academic progress and excellence in the years ahead. May Allah guide and bless us all.

Prof. Dr. Md. Anowar Hossain



Head of the Department (In-Charge)
Obstetrics & Gynaecology
Ranpgur Medical College Hospital

PREFACE

It is our great pleasure to present the Annual Report (July 2024 – June 2025) of the Department of Obstetrics & Gynaecology, Rangpur Medical College Hospital (RpMCH). The primary objective of this publication is to highlight and analyse disease patterns while evaluating our clinical and academic activities over the past year.

This report documents the key developments, accomplishments and milestones achieved by our department during this period. We hope it will help not only to guide our department's agenda in the years ahead but also to provide valuable insights to colleagues across other departments and to policymakers.

Significant progress has been made in various aspects of the department during this tenure.In addition to our inpatient services, we have newly established a High-Risk Pregnancy Clinic and an Infertility Clinic held every Saturday and Tuesday respectively, to further improve and maintain the quality of patient care. We are proud to have maintained a vibrant academic environment, supported by well-equipped facilities including classrooms, a library, computers, multimedia projectors and a quality sound system. Both undergraduate and postgraduate teaching, training and research are being conducted efficiently. Our record-keeping practices have also improved significantly compared to previous years.

We express our sincere gratitude to the administration of both the hospital and the college for their continuous cooperation in ensuring the smooth operation of our academic and clinical activities. We are equally thankful to all our colleagues and departmental members for their unwavering support in compiling this report.

We are pleased to share this report with our fellow departments and welcome their valuable suggestions for improving the quality of future publications. Our ultimate aim is to enhance the services provided to the patients of Rangpur Division.

Despite our best efforts, there may still be inadvertent errors or inconsistencies in the data presented. We acknowledge this possibility and remain open to constructive feedback. Such observations, however, do not undermine the integrity and core purpose of this report.

With humility and hope, we look forward to presenting even more refined and comprehensive reports in the years to come. May Allah (SWT) bless and guide us in this noble endeavor.

We, the Obstetrician & Gynaecologist Family of RpMCH, remain dedicated and bound by our pledge—to serve our patients with compassion, excellence and a commitment to building a better tomorrow.

Dr. Most. Safura Khatun

Former Head of the Department



Dr. Abdul Bayes Bhuyan
Associate Professor
1975 to Mar. 1977
Nov. 1977 to Dec. 1982

Prof. Zubaid Hossain
April 1977 to Oct. 1977

Prof. Altaf Hossain Talukdar
01-01-1983 to 14-02-1987



Prof. T.A Chowdhury
15-02-1987 to 07-04-1987



Dr. Nurjahan Begum
Associate Professor (c.c)
08-04-1987 to 15-08-1987

Dr. AKM Shahab Uddin
Associate Professor
16-04-1987 to Mar. 1993



Prof. Azizul Islam
22-06-1994 to 17-01-2010



Prof. Ferdousi Sultana
18-01-2010 to 19-03-2010
12-02-2011 to 19-06-2018



Prof. Farhana Dewan
20-03-2010 to 11-02-2011



Prof. Mst. Kamrun Nahaer
20-09-2018 to 04-02-2019
29-05-2019 to 22-09-2022



Prof. Anisa Begum (c.c)
05-02-2019 to 28-05-2019



Prof. Sharmin Sultana
23-09-2022 to 19-01-2025

The Obstetrics & Gynaecology Family
Rangpur Medical College Hospital



Department of Obstetrics & Gynaecology



Obstetric Department



Gynaecology Department



Gynaecology Ward

Department of Obstetrics & Gynaecology
Rangpur Medical College Hospital

ACTIVITIES AT A GLANCE

Academic Activities

1. Undergraduate (MBBS)
- Lecture Class
- Clinical Class
- Assessment Examination (Ward Ending)
- Seminar

2. Postgraduate (FCPS / MS)
- Morning Session (Daily)
- Clinical Class
- Clinical Meeting
  Multidisciplinary Seminar
  Case Presentation
  Topic Presentation
  Statistics Review
  Mortality Review
  Journal Club
- Assessment Examination

3. Working Doctors
- Morning Session
- Ward Round
- Statistics Review
- Mortality Review

4. Others
- Teaching Nurses, midwife & FWV

Patients Care

1. Inpatient
- Round the clock care of admitted patients
- Operation: Routine, elective & emergency cases

2. Outpatient
- ANC
- PNC
- Immunization
- Screening carcinoma Cervix (VIA , Colposcopy), HPV DNA test, CBE (Breast)
- Treatment
- Admission
- Follow-up
- Special center for Infertility & High risk pregnancy

One Stop Crisis Centre (OCC)

3. Model Family Planning Clinic
- ANC
- PNC
- Immunization
- Treatment
- Follow-up

Training

1. Intern Doctors Training
→ Assessment by -
Log - Book & OSCE

2. Postgraduate Training
- Assistant Registrar
- Indoor Medical Officer
- MS Course Student
- Non-Government FCPS Trainee Doctor (NGTD)

→ Assessment by -
Log-Book/ e-log Book and Written Examination, OSCE & Viva

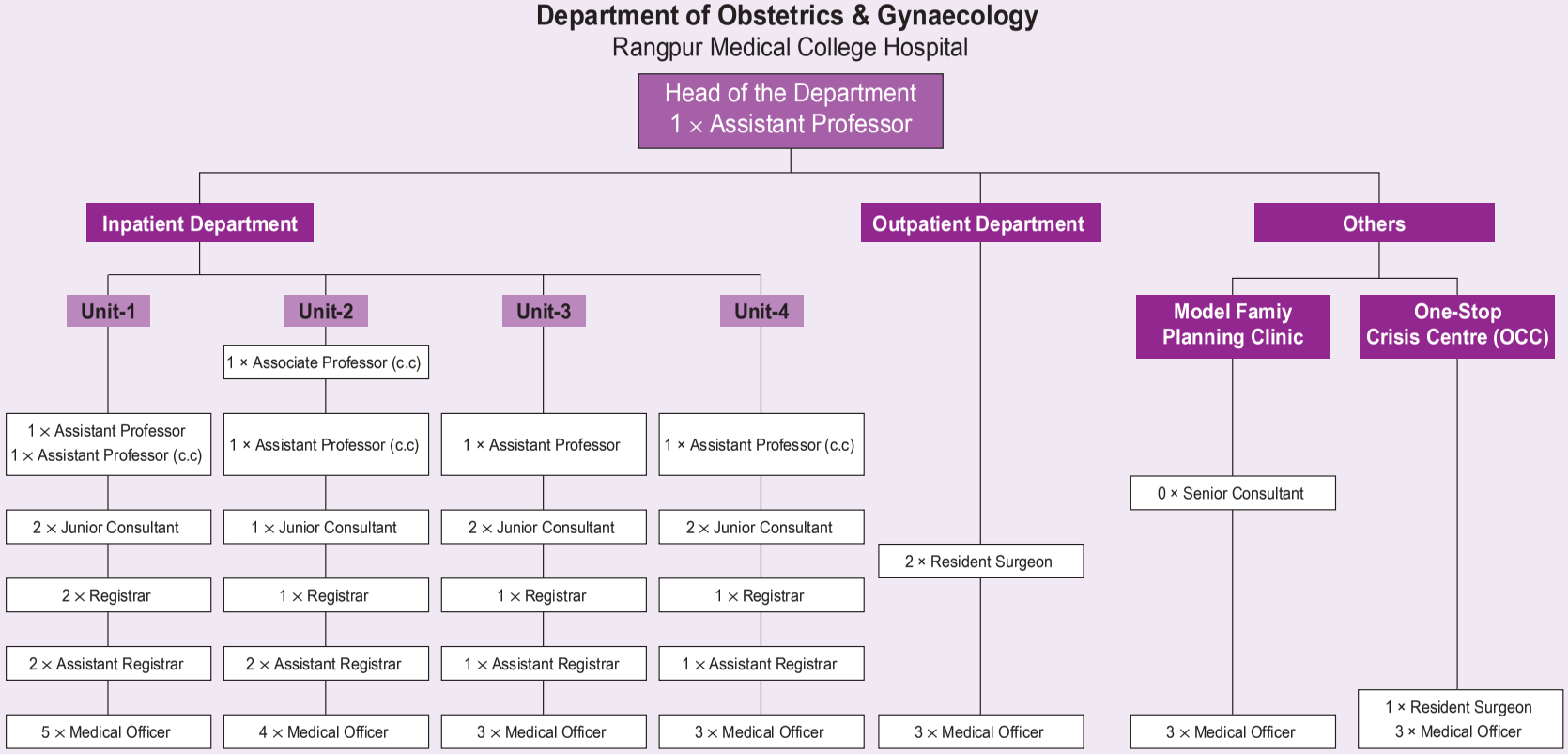
3. Training Programmes
- Labour Room Protocol
- PPH Bundle Approach
- Ending Eclampsia
- HBB (Helping Babies Breath)
- Life Saving Skills

Research

1. Internal
- Thesis
- Dissertation
- Others

2. Collaborative
- Agencies
- Other Department

ORGANOGRAM



Apart from the aforementioned organogram, a total number of 33 trainee doctors are currently engaged in training activities in the department. Among them, 13 doctors enrolled in MS Courses (Government and Non-Government) have been assigned by the BMU, while 20 Non-Government Trainee Doctors (NGTD) have been assigned by the BCPS for FCPS Part-2 training under direct supervision of their respective Unit Head / Designated Supervisor. Additionally, 01 Honorary Doctor (HD) is also currently receiving training in the department.

INPATIENT DEPARTMENT

A BRIEF ACCOUNT OF HOSPITAL BEDS

Total Beds in RpMCH	1000
Total Beds in Obstetrics & Gynaecology Department	**140 (14%)**
Obstetrics Ward: 70	
• General beds	62
• Paying beds	8
Gynaecology Ward: 70	
• General beds	60
• Paying beds	10
Labour Room	**5**

NB: Most of the time bed occupancy remains 100% in ward. Extra patients are provided with extra bed. Sometimes they are kept on the floor.



Obstetric Ward



Gynaecology Ward

The Inpatient Department is situated at the 3rd floor of four storied building comprised of four units. Patient can get admission round the clock.

STAFFING PATTERN

Indoor Setup

Head of the Department (In-Charge):	Dr. Most. Safura Khatun	
Associate Professor:	Dr. Mst. Rawshon Ara Begum (c.c)	
Assistant Professors:	Dr. Most. Safura Khatun Dr. Mahabuba Khatun Dr. Mst. Khodeza Khatun (c.c) Dr. Miratul Jesmin (c.c) Dr. Iffat Ara (c.c)	
Consultants:	Dr. Most. Mahfuza Khanam Dr. Nusrat Hossain Laz Dr. Israt Jahan Lopa Dr. Sufia Khatun Dr. Assamsunnahar Begum Dr. Nilufar Akter Dr. Nasrin Sultana	
Resident Surgeons:	Dr. Soheli Sultana Dr. Tahsnin Ferdoues	
Registrars:	Dr. Yeasmin Dil Jannat Dr. Meher Nigar Sultana Dr. Tanjin Ara Parvin Dr. Most. Lailun Nahar	
Assistant Registrars:	Dr. Monira Aktar Jemi Dr. Habiba Sultana Asa Dr. Miftahul Jannat Shusmita Dr. Arifa Begum Promi Dr. Piya Chowdhury Dr. Umma Hafsa	(U-1) (U-1) (U-2) (U-2) (U-3) (U-4)
Indoor Medical Officers:	Dr. Najneen Akhter Happy Dr. Waresa Zaman Biva Dr. Marina Akter Dr. Maliha Samiha Shoshi Dr. Sumaiya Akter Dr. Wara Sarwer Dr. Zakia Sultana Rumi Dr. Mariom Nesa Bithy Dr. Amina Khatun Dr. Siratul Zannat Dr. Nahida Hoque Smrity Dr. Hosne Ara Dr. Sushma Chakrobortty Dr. Esrat Jahan Dr. Eshika Roy Dr. Israt Jahan SP	(U-1) (U-1) (U-1) (U-1) (U-1) (U-1) (U-2) (U-2) (U-2) (U-3) (U-3) (U-3) (U-4) (U-4) (U-4) (U-4)
Honorary Doctor:	Dr. Habiba Binte Touhid	(U-3)

MS Students	Non-Govt. FCPS Trainee Doctors (NGTD)
Dr. Jannatul Ferdausi (Govt.)	Dr. Jui Roy
Dr. Sailama Binte Meftahur Monika (Govt.)	Dr. Asmaul Husna Smrity
Dr. Umme Kulsum (Govt.)	Dr. Ruhama Siddika Munni
Dr. Mousumi Akter Rikta (Govt.)	Dr. Israt Jahan Happy
Dr. Mst. Shajeda Begum (Govt.)	Dr. Khadiza Khatun Jerin
Dr. Romana Hoque	Dr. Priyanka Modok
Dr. Ismat Nigar Shapna	Dr. Jannatul Ferdaus Munny
Dr. Shuchita Islam	Dr. Luna Parvin
Dr. Shahnaj Pervin	Dr. Most. Mukta Banu
Dr. Samsuddin Ahmed Rubel (Govt.)	Dr. Ashratun HoqueTithy
Dr. Dity Adhikary (Govt.)	Dr. Jobeda Jannat Jui
Dr. Mouly Sarkar	Dr. Israt Jahan Sarker
Dr. Umme Hani	Dr. Rudra Md.Yeasir Arafat
	Dr. Tanjina Akhter Bithy
	Dr. Farhana Yesmin
	Dr. Atia Tasnim Chamok
	Dr. Mahmuda Akter
	Dr. Jannatun Ferdousi Dipi
	Dr. Mim Kobir
	Dr. Sirajum Monira Moni

NURSING STAFF (IN-CHARGE)

Name of the Post	Ward No.	Name of the Staff
Senior Staff Nurse	11	Akter Jahan
	12	Aktara Khatun
	13	Sabina Yeasmin
	Operation Theatre	Towhida Akter

OVERVIEW OF THE UNITS

Unit No.	Name of Unit Head
I	Dr. Most. Safura Khatun
II	Dr. Mst. Rawshon Ara Begum
III	Dr. Mahabuba Khatun
IV	Dr. Mst. Khodeza Khatun



Dr. Most. Safura Khatun
Assistant Professor
Department of Obstetrics & Gynaecology



Dr. Mst. Rawshon Ara Begum
Associate Professor (c.c)
Department of Obstetrics & Gynaecology



Dr. Mahabuba Khatun
Assistant Professor
Department of Obstetrics & Gynaecology



Dr. Mst. Khodeza Khatun
Assistant Professor (c.c)
Department of Obstetrics and Gynaecology

UNIT-I





UNIT-II





UNIT-III





UNIT- IV







Registrars



Assistant Registrars and Indoor Medical Officers

Department of Obstetrics & Gynaecology

Rangpur Medical College Hospital, Rangpur

Weekly Activities Schedule

Day	8:30 am - 10:00 am	10:00 am - 11:00 am	11:00 am - 12:30 pm	12:30 pm-1:30 pm	7:00 pm-9:00 pm
Saturday Sunday Monday	1. Post admission review 2. Case Presentation by Midlevel Doctors	1. Clinical class of 4th & 5th year MBBS 2. Ward round 3. OT activities	Phase - A Resident class	Phase-B FCPS P-II HD class	Evening Clinical class of 4th & 5th year (MBBS)
Tuesday	**8:00 am - 9:00 am** Multi disciplinary seminar in college - Participation - Presentation by rotation	**9:30 am - 11:00 am** ✓ 1st week - Monthly statistics ✓ 2nd week - Morality discussion ✓ 3rd week - WIT (Ward Improvement Team) Meeting ✓ 4th week - Presentation from - a. Standard Clinical Management Protocols and Flowcharts on Emergency Obstetric and Neonatal Care 2019. b. Recent Advancement Discussion c. Journal Presentation			
Wednesday	1. Post admission review 2. Case presentation by midlevel doctors	1. Clincal class of 4th & 5th year MBBS 2. Ward round 3. OT Activities	Phase - A Resident class	Phase- B FCPS - P-II HD class	
Thursday	1. Post admission review 2. Case presentation of Intern doctors	1. Clincal class of 4th & 5th year MBBS 2. Ward round 3. OT Activities	Phase - A Resident class	Phase- B FCPS - P-II HD class	
Friday	Specific admission day's work of different unit as per pre structured schedule				



Ward round by Unit Head



Ward round by Unit Head



Ward Imporovement Team (WIT) Meeting



Senior Staff Nurses (Incharge)

LABOUR ROOM

Lobour Room Facilities:

- ✓ Continuous central oxygen supply
- ✓ Newborn care and resuscitation facilities
- ✓ Ultrasonography (USG) machine
- ✓ Cardiotochography (CTG) machine
- ✓ Instrumental delivery support (eg. forceps, ventouse)
- ✓ Sterile episiotomy kits
- ✓ Postpartum hemorrhage (PPH) management kits
- ✓ Eclampsia management kits
- ✓ Emergency response team on stand by
- ✓ Round-the-clock availability of doctors, nurses and midwives
- ✓ Other essential obstetric and neonatal support equipment.



History taking in labour room



Labour room

INPATIENT PROFILE OF THE YEAR
(July 2024 - June 2025)

Total Number of Admission	**365**	
Total Admitted Patients:	**10,386**	
	Obstetric Ward	6222
	Gynaecology Ward	4164

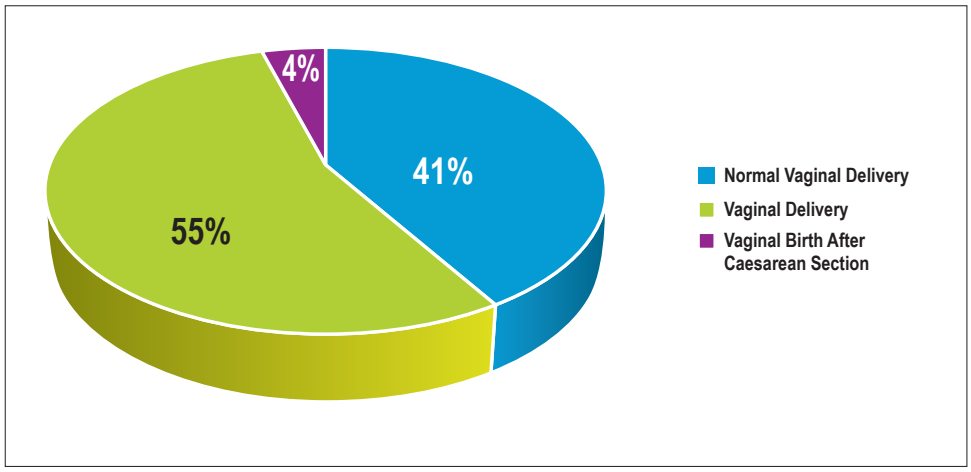
OBSTETRIC PATIENT PROFILE

Total Patients	**6222**	
Antenatal	**4881**	
	Primigravida	1143
	Multigravida	3738
Postnatal	**1341**	
	Primipara	476
	Multipara	865

TOTAL DELIVERY

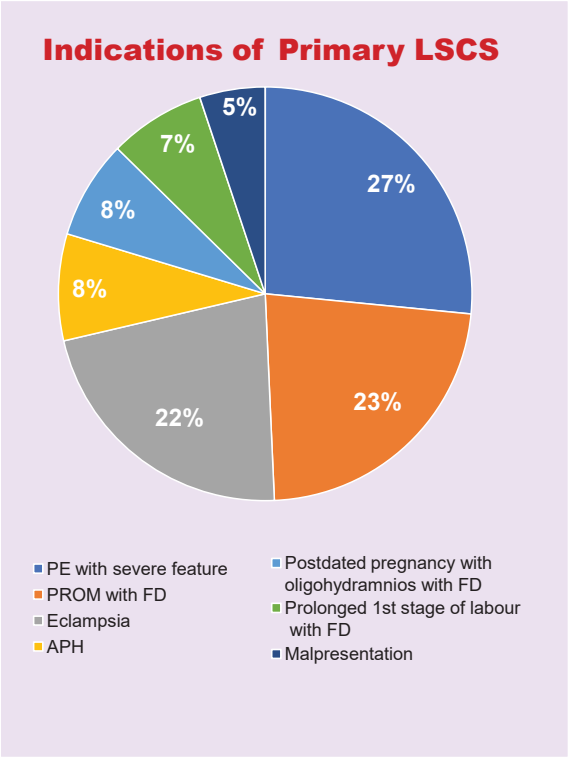
Total Delivery	**3851**	
Vaginal Delivery	**2300**	
NVD		949
VD		1254
VBAC		97
Lower Segment Caesarean Section (LSCS)	**1551**	
Primary LSCS		822
Repeat LSCS		729

Vaginal Delivery



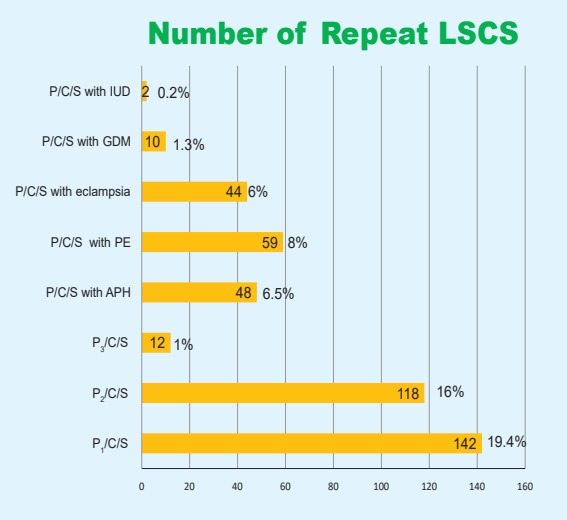
Primary LSCS : 822

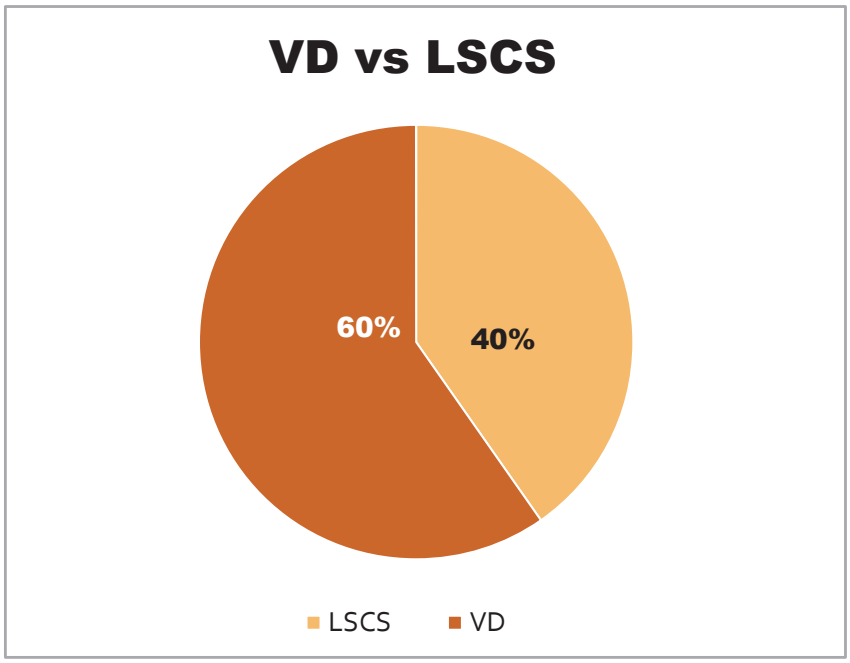
S/L	Indication	No.
01	Pre-eclampsia with severe feature	166
02	Eclampsia	138
03	PROM with Fetal distress (FD)	142
04	Antepartum hemorrhage (APH)	28
05	Post dated pregnancy with FD	48
06	Prolonged 1st stage with FD	47
07	Obstructed labor	28
08	Malpresentation	32
09	Severe oligohydramnios	18
10	Twin pregnancy	12
11	Pregnancy with heart disease	12
12	IUD with failed induction	05
13	Hand prolapse	04
14	Others	90



Repeat LSCS : 729

S/L	Indication	No.
1.	P_1/C/S with scar tenderness	142
2.	P_2/C/S	118
3.	P_3/C/S	12
4.	P/C/S with PE	59
5.	P/C/S with APH	48
6.	P/C/S with Eclampsia	44
7.	P/C/S with GDM	10
8.	P≥$_2$/C/S IUD	02
9.	P/C/S with Twin Pregnancy	02
10.	Others	292

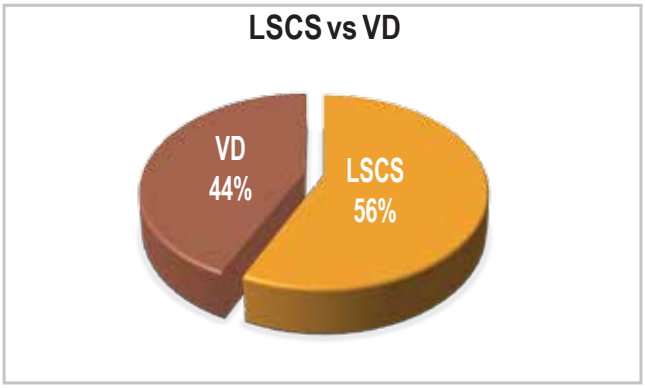




At present, the rate of vaginal delivery and caesarean section are 60% and 40% respectively, which is relatively high. The main reason is that many complicated cases are referred here from the surrounding district hospitals. Nevertheless, our target is to reduce the caesarean section rate < 30%–35%.

ECLAMPSIA OUTCOME

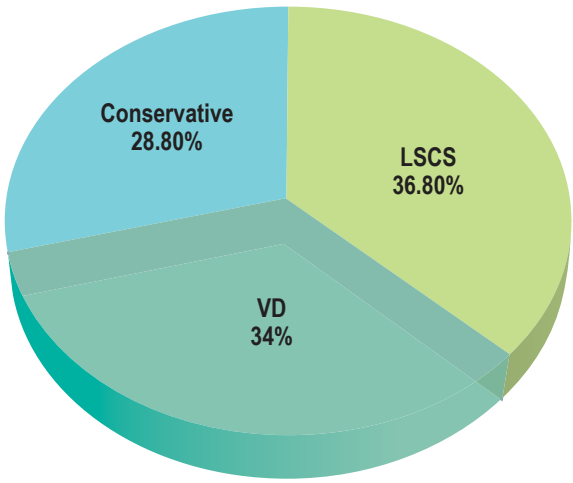
Total Patients	Antepartum Cases		Postpartum Cases	Maternal Outcome		Fetal Outcome	
525	322		203				
	LSCS	183		Good	507	Good	269
	VD	139		Dead	18	Dead	53



The number of eclampsia patients is significant, so antenatal care should be included as priority.

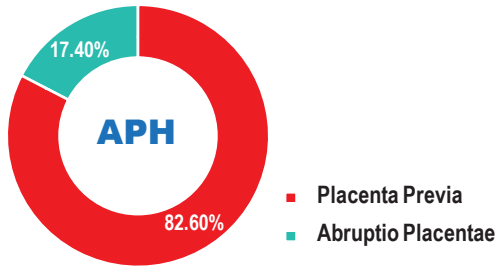
PRE-ECLAMPSIA OUTCOME

Total Patients	Mode of Delivery		Maternal Outcome		Fetal Outcome	
527	LSCS	194	Good	525	Good	337
	VD	181	Dead	02	Dead	38
	Conservative	152				



ANTEPARTUM HEMORRHAGE OUTCOME

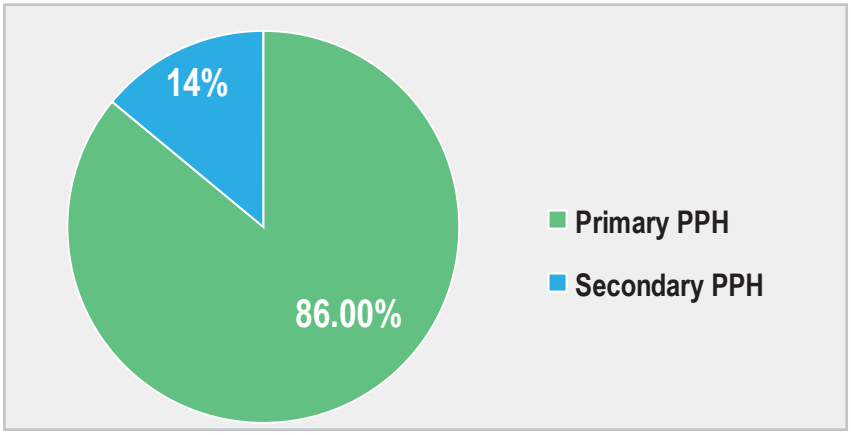
Total No. of Patients	381
Placenta Previa	315
Abruptio Placentae	66



Although the incidence of placenta previa and abruptio placentae is generally similar. But in our practice, placenta previa is observed more frequently than abruptio placentae. The possible contributing factors may include a higher number of caesarean section performed by unskilled surgeons, repeated dilatation and curettage (D&C) and prior myomectomy.

POSTPARTUM HEMORRHAGE OUTCOME

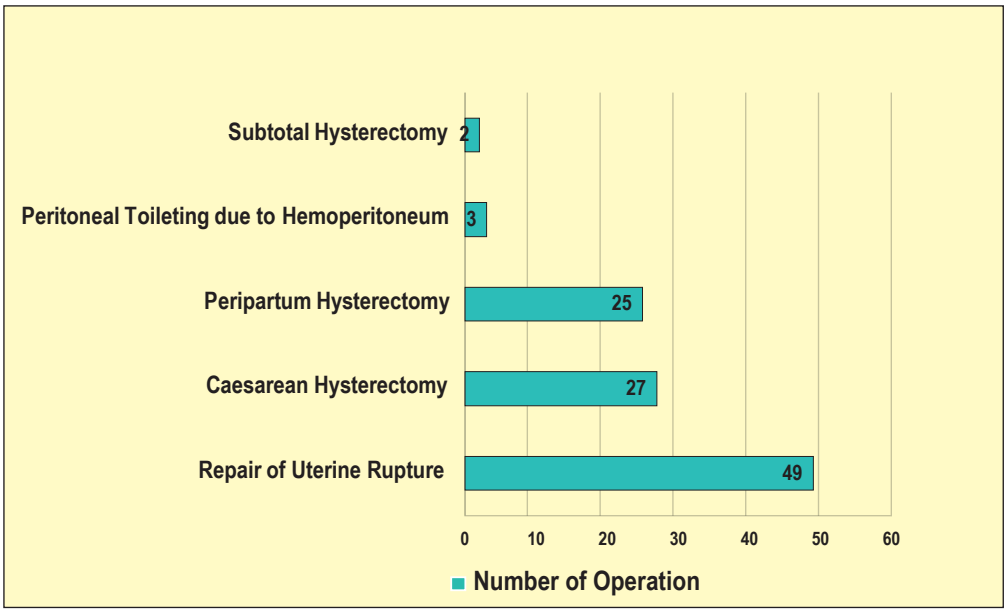
Total Patients	Primary PPH		Secondary PPH
654	561		93
	Retained Placenta	349	
	Tear (Cervical/Vaginal/Perineal)	128	
	Uterine Atony	84	



The majority of maternal deaths are still caused by postpartum hemorrhage. This issue needs to be addressed by strengthening antenatal, intranatal and postnatal care under the close supervision of trained birth attendants.

LAPAROTOMY

Total No. of Laparotomy in obstetric patients	106



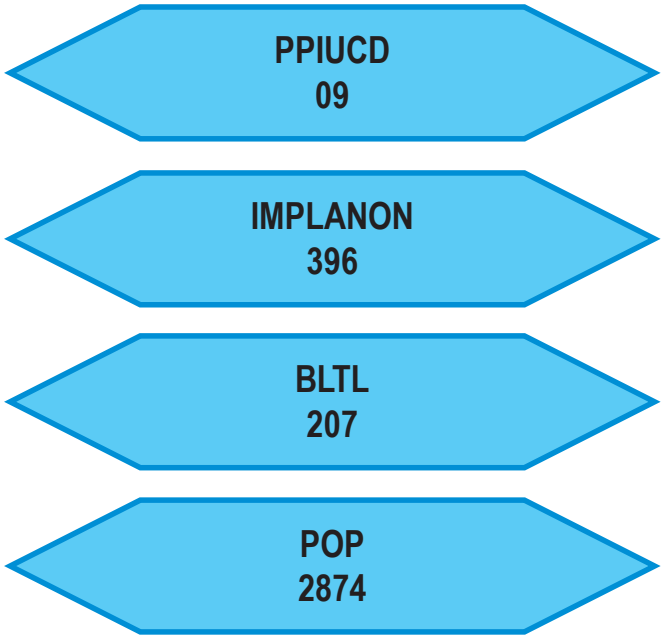
MEDICAL AND SURGICAL DISEASES IN PREGNANCY

Sl. No.	Pregnancy with Diseases	No. of Patients	Percentage of Total Antepartum Patients
01	Gestational Diabetes Mellitus	72	1.4%
02	Thyroid Disorder	60	1.2%
03	Heart Disease	48	1%
04	HbE Trait	42	0.86%
05	Diabetes Mellitus	42	0.86%
06	Urinary Tract Infection	36	0.73%
07	Bronchial Asthma	32	0.65%
08	Jaundice	22	0.45%
09	β-Thalassemia	22	0.45%
10	Severe Anaemia	16	0.32%
11	Respiratory Tract Infection	10	0.2%
12	Systemic Lupus Erythematosus	10	0.2%
13	Hepatic Parenchymal Disease	07	0.14%
14	Acute Kidney Injury	06	0.12%
15	Acute Stroke	02	0.04%
16	Idiopathic Thrombocytopenic Purpura	02	0.04%
17	Chicken Pox	02	0.04%

BABY NOTE

Total Number of Delivered Baby		**3851**
01	Take home baby	3412
02	Twin delivery	24
03	Congenital anomaly	36
04	Still born	78
05	Intrauterine Fetal Death	223
06	Perinatal death	138

POSTPARTUM FAMILY PLANNING METHOD

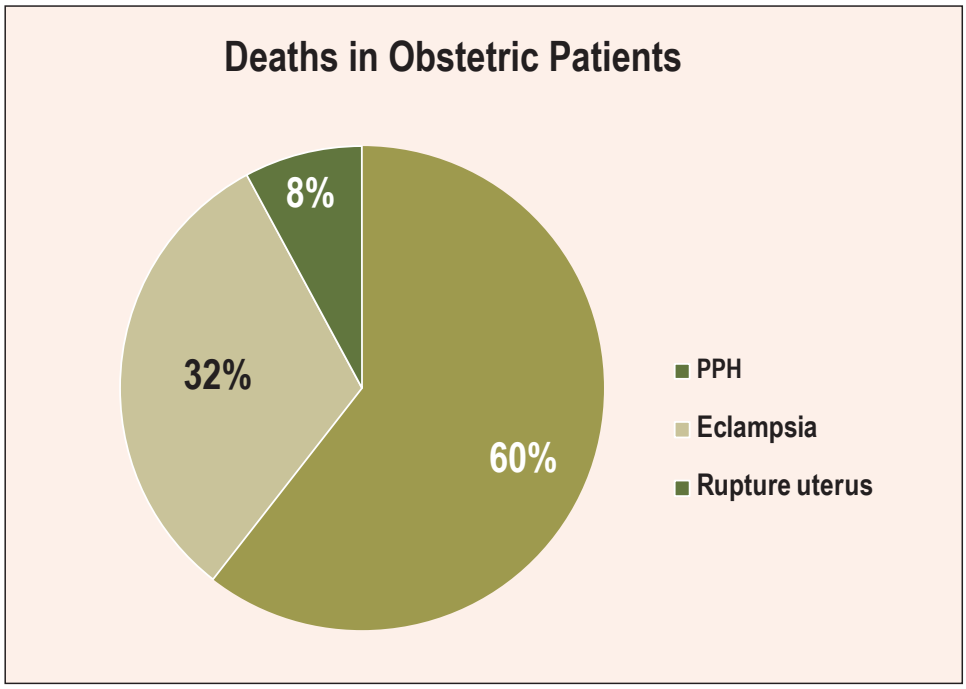


PPIUCD : Postpartum Intrauterine Contraceptive Device
BLTL : Bilateral Tubal Ligation
POP : Progesterone Only Pill

MORTALITY RATE AMONG OBSTETRIC PATIENTS

Total Number of Deaths in Obstetric Patients: 48

S/N	Diagnosis	No. of Deaths	Percentage
01	Postpartum haemorrhage	23	3.5% of total PPH
02	Eclampsia	12	2.2% of total Eclampsia
03	Rupture of uterus	03	5.4% of total Rupture of uterus
04	Antepartum haemorrhage	03	0.78% of total APH
05	Others	07	0.1% of total Obstetric patients



In RpMCH, postpartum hemorrhage is identified as the leading cause of maternal death with 23 deaths, accounting for 3.5% of all admitted PPH cases. Eclampsia ranks as the second major cause with 12 reported deaths, representing 2.2% of all patients diagnosed with eclampsia.

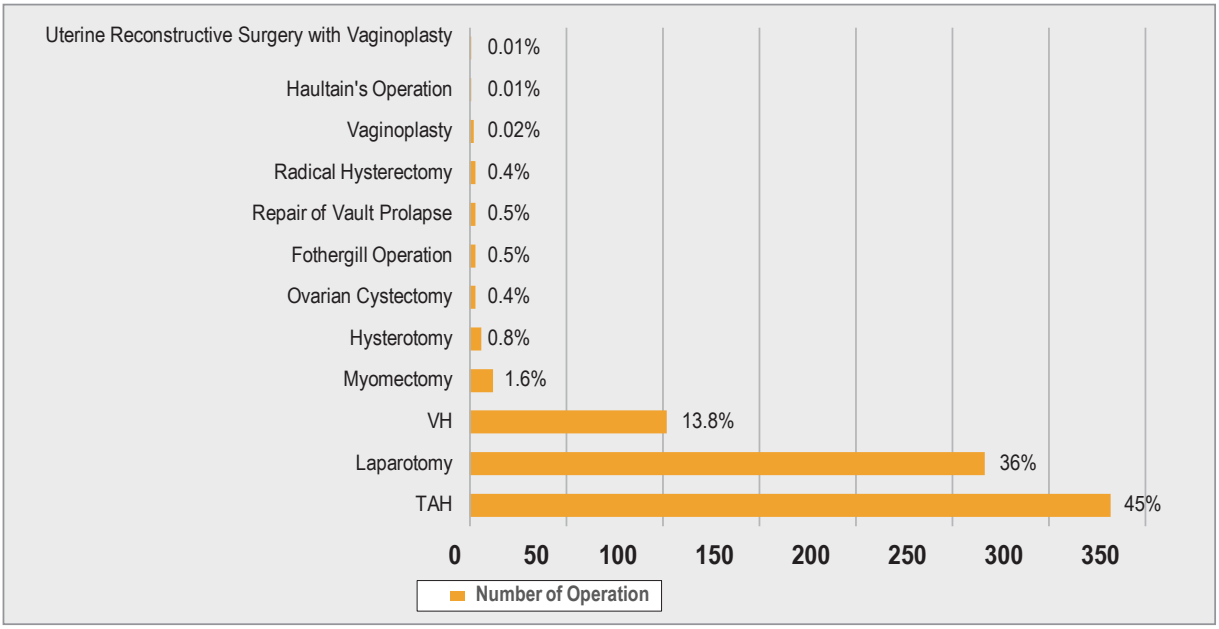
GYNAECOLOGICAL PATIENTS PROFILE

Total Number of Patients in Gynae Ward	4164
Major Operations	736
Minor Operations	1128
Minimal Access Surgery	59
Conservatively treated	2191

MAJOR OPERATIONS

Totat Number of Major Operations: 736

S/N	OPERATIONS	No.
01	Totat Abdominal Hysterectomy (TAH)	332
02	Laparotomy	257
03	Vaginal Hysterectomy	102
04	Myomectomy	12
05	Repaire of complete perineal tear	15
06	Hysterotomy	06
07	Ovarian Cystectomy	03
08	Repair of Vault Prolapse	03
09	Fothergill Operation	04
10	Radical Hysterectomy	03
11	Haultain's Operation	01
12	Vaginoplasty	02
13	Reconstructive Surgery with Vaginoplasty	01



MINOR OPERATIONS

Totat Number of Minor Operations: 1128

S/N	OPERATIONS	NO.
01	Manual Vacuum Aspiration (MVA)	105
02	Evacuation and Curettage	386
03	Dilatation and Curettage	206
04	Suction and Evacuation	76
05	Cervical Biopsy	177
06	Secondary wound closure	52
07	Repair of post coital tear	38
08	Polypectomy with D&C	14
09	Pelvic Floor Repair	04
10	Abscess Drainage	16
11	Hymenectomy	12
12	Others (Wide local excision, Cauterization etc.)	27

CONSERVATIVE MANAGEMENT

Number of patients received conservative management: 2191

Post Abortion Care (PAC) given by Misoprostol
722

GYNAECOLOGICAL NEOPLASIA

Sl. No.	NEOPLASM		NO.
01	Fibroid Uterus		132
02	Carcinoma Cervix		
	Early	03	
	Advanced	98	101
03	Ovarian Tumor		
	Benign	62	
	Malignant	32	94
04	Hydatidiform Mole		71
05	Endometrial Carcinoma		10
06	Choriocarcinoma		09
07	Vault Carcinoma		08
08	Vulval Carcinoma		06
	Total (10% of total Gynae Patients)		431

MORTALITY RATE IN GYNAECOLOGY WARD

Totat Number of Deaths: 16

S/N	Cause of Death	No.
01	Persistent Gestational Trophoblastic Neoplasia with shock	04
02	Malignant ovarian tumor	03
03	Ruptured ectopic pregnancy with shock	03
04	Incomplete abortion with shock	03
05	1st POD of Vaginal Hysterectomy with acute MI	02

Most deaths in gynae ward are caused by malignancy. It remains the leading contributor to mortality in this field.



Obstetrics & Gynaecology Operation Theatre



Laparoscopy done by Dr. Mst. Rawshon Ara Begum



Laparoscopy done by Dr. Mst. Khodeza Khatun

OUTPATIENT DEPARTMENT

OPD

STAFFING PATTERN		
Name of the Post	**Number**	**Name of the Staff (s)**
Resident Surgeon	02	Dr. Soheli Sultana
		Dr. Tahsnin Ferdoues
Medical Officer	03	Dr. Rabeya Khatun
		Dr. Effat Zahan Abdullah (Eva)
		Dr. Shamima Akter Shimu
Nurse In-Charge	01	Most. Tajnur Begum



Gynae outdoor

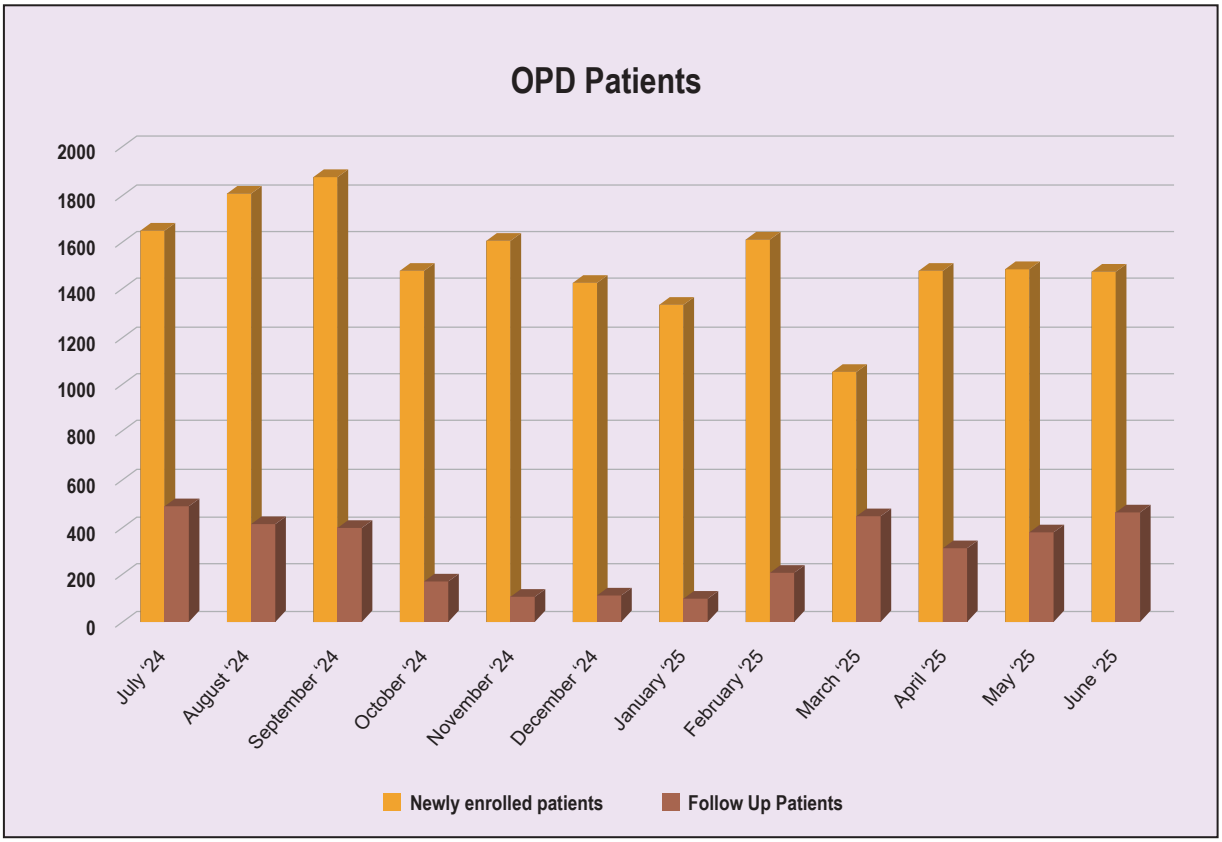


Outdoor service

OUTPATIENT PROFILE OF THE YEAR
(July 2024- June 2025)

Year	Month	Newly Enrolled Patients	Patients for Follow Up	Total Patients
2024	July	1648	485	2133
	August	1807	412	2219
	September	1870	393	2264
	October	1478	167	1645
	November	1596	104	1700
	December	1416	112	1528
2025	January	1333	94	1427
	February	1609	207	1816
	March	1043	443	1486
	April	1472	312	1784
	May	1484	378	1862
	June	1477	456	1933

Total = 21,797



SCREENING TEST (BOTH PREVENTIVE AND CURATIVE)

S/N	SCREENING TEST	NO.
1.	Breast Examination (CBE)	2511
2.	Visual Inspection of cervix with Acetic acid (VIA)	2051
3.	Colposcopy	461
4.	Cold Coagulation	90
5.	Punch Biopsy	55
6.	Loop Electrosurgical Excision Procedure (LEEP)	22
7.	HPV DNA Test (Temporarily stopped)	-



Colposcopy Room

OUTDOOR SPECIALIZED CLINIC

Day	Time	Specialized Clinic
Saturday	10:00 am to 2:30 pm	High Risk Pregnancy Clinic
Tuesday	10:00 am to 2:30 pm	Infertility Clinic







Obstetrics & Gynaecology Department has inaugurated the specialized clinic on 8 March 2025. However, the activities have not yet been launched in full scale. At present due to space constraints, we could not run the Infertility Clinic and the High-Risk Pregnancy Clinic at their full capacity.

SERVICES

High Risk Pregnancy Clinic
23 Patients

Infertility Clinic
40 Patients

From March - June 2025

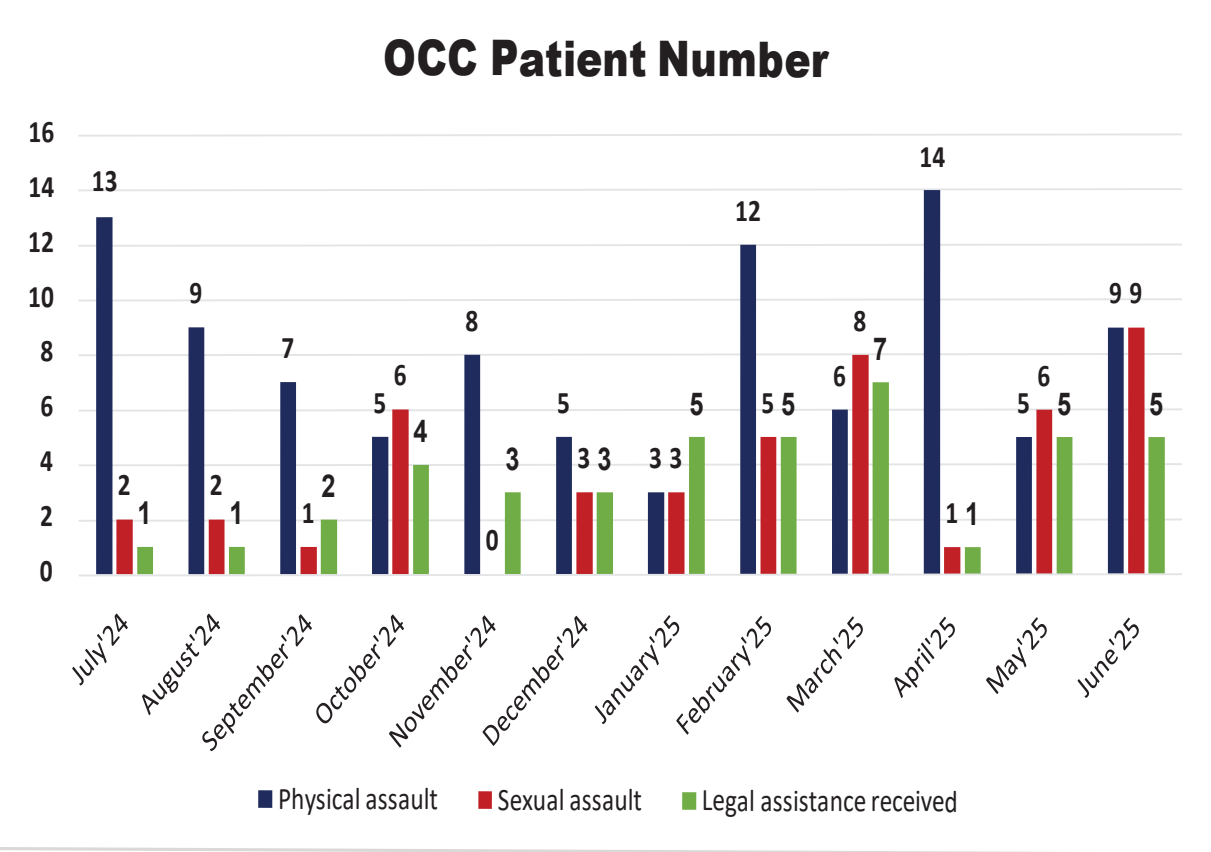
ONE-STOP CRISIS CENTER (OCC)

STAFFING PATTERN

Name of the Post	Number	Name of the Staff (s)	Status
Resident Surgeon	01	Dr. Tahsnin Ferdoues	On additional duty from Gynae OPD
Medical Officer	03	Dr. Rabeya Khatun	
		Dr. Effat Zahan Abdullah (Eva)	
		Dr. Shamima Akter Shimu	

OCC PATIENT PROFILE

Total Number of Patients	**120**
Physical assault	74
Sexual assault	46
Legal assistance received from OCC	42





One Stop Crisis Center



Resident surgeon providing medical services to assault patients



Divisional DNA screening laboratory in one stop crisis center



Patient receiving legal assistance

MODEL FAMILY PLANNING CLINIC

STAFFING PATTERN

Name of the Post	Number	Name of the Staff
Medical Officer	02	Dr. Rajiya Begum Mukta
		Dr. Nur E Mina Rabeya Siddika
Nurse In-charge	02	Fatema Yasmin
		Rahena Yasmin



Model family planning clinic building



Model family planning clinic service

SERVICES

Type of Service	Number of Patients
Antenatal Care (ANC)	9956
Postnatal Care (PNC)	116
Vaccination:	
EPI	9972
TT	2165
Contraceptive Methods:	
Barrier	504
OCP	228
Injections	178
Implant	05
Sterilization	149



Vaccination service



ANC service

CLINICAL AND ACADEMIC ACTIVITIES

UNDERGRADUATE MEDICAL EDUCATION

Obstetric and Gynaecology teaching starts from 4th year and continues through 5th year MBBS course in RpMCH as follows:

1. Lecture classes
2. Bedside clinical- in small groups
3. Assessment by SOE and Clinical examination.

Lectures:

A total of 50 hours of lecture classes have been scheduled across the two clinical years- 4th and 5th year. In 4th year, students receive 24 hours of lectures on every Saturday and Tuesday. In 5th year, 26 hours of lectures are delivered on Saturdays, Mondays and Thursdays. The curriculum comprehensively covers the common obstetric and gynaecological disorders including their pathophysiology, clinical manifestations, diagnostic approaches and evidence-based management.

Ward Placement:

Clinical ward placement is organized for students of 4th and 5th year. Each batch is divided into two groups with scheduled teaching sessions conducted in the ward classroom by senior faculty members. Students attend the ward for three hours daily, which includes interactive sessions facilitated by senior teachers and registrars. Additionally, bedside clinical teaching is arranged everyday from 7:00 p.m. to 9:00 p.m. conducted by registrars.

During 5th year block placement, students receive structured training in history taking, obstetric and gynaecological examination and clinical management of common conditions. They also gain exposure to various clinical procedures including conduct of vaginal delivery, episiotomy and perineal tear repair, as well as observation of both emergency and elective obstetric and gynaecological surgeries.



Undergraduate teaching at lecture gallery.



Undergraduate teaching at ward classroom



Assessment Examination



Bedside clinical class



Ward ending programme of 5th year students

POST GRADUATE EDUCATION

In the current year, total trainee doctors are 57 including Assistant Registrars, Indoor Medical Officers (IMO), MS students (both Govt. and Non-Govt.) and Non-Government FCPS Trainee Doctors (NGTD). They all work sincerely under the supervision of senior teachers. They participate in patient management as well as academic activities with their regular duty roster including evening and night roster (24/7).

Post graduate courses:

In Rangpur Medical College Hospital post graduate courses are in 2 categories:

✓ 5 years Master's course (MS) in Obstetrics and Gynaecology under Bangladesh Medical University (BMU) and

✓ 5 years FCPS training under Bangladesh College of Physicians and Surgeons (BCPS).

- Every year, 4 students get admitted in MS course (Obstetrics and Gynaecology). After completing phase-A, MS students are placed in the department for clinical attachment and training.
- Post graduate trainee doctors are joined to this department after completion of FCPS part-1 as an Assistant Registrar or Indoor Medical Officer to obtain training in Obstetrics and Gynaecology, which is a prerequisite to appear in FCPS part-2 examination. In addition, Non-Government FCPS Trainee Doctors are also allocated twice a year by BCPS. Assigned teachers, Assistant Professor or equivalent and above supervise their activities. During the period, they have to complete a log book properly signed by the supervisor. One teacher supervises 8 trainee doctors. Besides these, Honorary Doctors (HD) are also recruited for training twice a year.



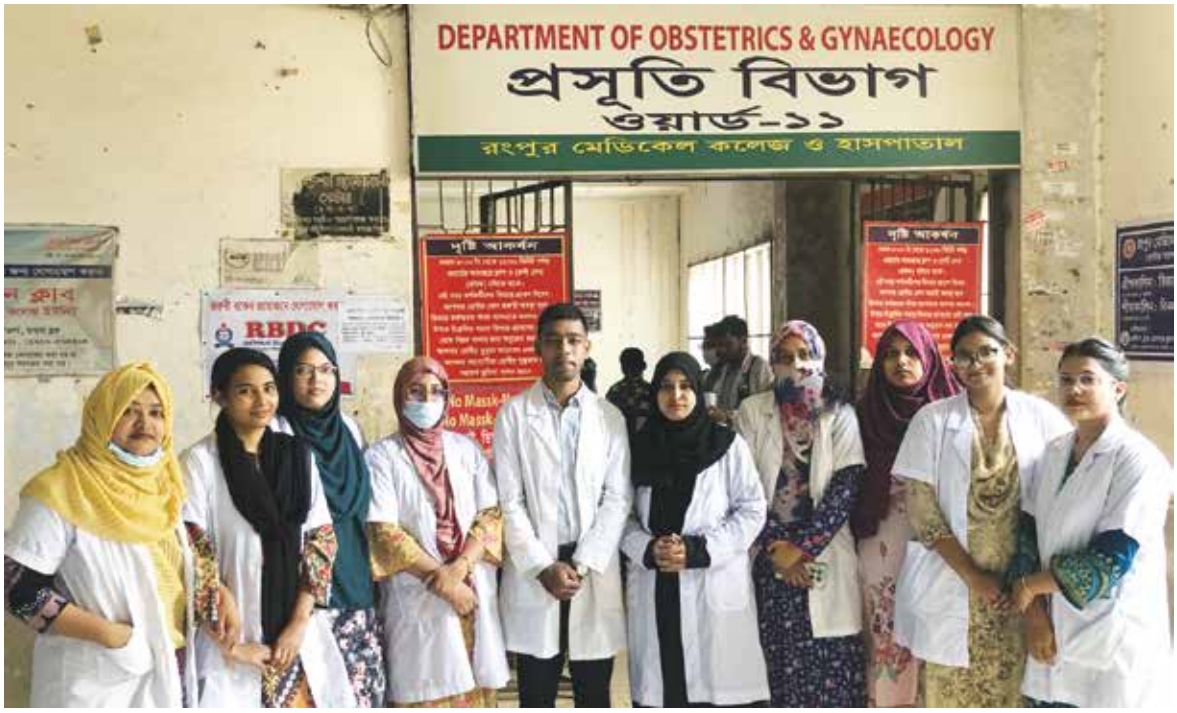
Assistant Professor conducting class for post graduate students

Intern doctors:

They are placed in the department for 10 weeks. During the training period, they are trained to manage patients admitted into the ward. Likewise, they present cases in the morning session once a week. They also attend the academic sessions of the department. Besides these, they are also given the opportunity to assist in emergency and elective operations. After all these they have to complete a log book properly, which is signed by the respective unit head and given remarks for overall activities.



MS Students



Non-Government FCPS Trainee Doctors



Daily routine schedule of case presentation by post graduate trainee doctor



Clinacal class of postgraduate trainee doctors by Associate Professor



Post graduate library room, distinguished for its vast collection of books

THESIS AND DISSERTATION OF POST GRADUATE STUDENTS

S/N	Thesis Title	Status	Researcher
01	Association of maternal serum iron profile with pre-eclampsia.	Complete	Dr. Md. Moniruzzaman
02	Association of Human Chorionic Gonadotropin Hormone with pre-eclampsia.	Complete	Dr. Mahfuza Akter Lopa
03	Association of serum vitamin B level with GDM.	Complete	Dr. Sumaiya Sarkar
04	Association of serum calcium level with primary PPH.	Complete	Dr. Nasrin Jahan
05	Association of thyroid hormone status with pre-eclampsia.	Complete	Dr. Most. Farhana Akter
06	Status of lipid profile in pre-eclampsia.	Ongoing	Dr. Umme Kulsum
07	Association of serum iron profile with GDM.	Ongoing	Dr. Nazneen Nahar
08	Association of serum vitamin D level with pelvic organ prolapse in post menopausal women.	Ongoing	Dr. Most. Monzuara Khatun
09	Association of serum magnesium level with pre-eclampsia and eclampsia.	Ongoing	Dr. Shailama Binte Meftahur
10	Correlation of CA-125 level with severity of pre-eclampsia.	Ongoing	Dr. Most. Jannatul Ferdousi
11	Association of serum calcium level with pre-eclampsia.	Ongoing	Dr. Monira Sultana
12	Evaluation of thyroid function status in gestational diabetes mellitus.	Ongoing	Dr. Mst. Roksana Parveen
13	Fetomaternal outcome in different types of palacenta previa in a tertiary care hospital.	Ongoing	Dr. Meher Nigar Sultana
14	Episiotomy wound repair: continuous versus interrupted suture.	Ongoing	Dr. Kaniz Fatima
15	Fetomaternal outcome in patients with SLE admitted in a tertiary care hospital.	Ongoing	Dr. Siratul Zannat
16	In hospital maternal outcome in postpartum eclampsia.	Ongoing	Dr. Kamiaby Dristy
17	Neonatal outcome in oligohydramnios at term pregnancy.	Ongoing	Dr. Nahida Hoque Smrity





In the current year our MS pass rate is 100% and on this occasion creasts are being conferred upon the students



Teachers are congratulating the students for passing FCPS



Newly FCPS passed students

ARTICLES

GENE Therapy



The development of gene transfer to mammalian cells in vitro and in vivo started more than a decade ago. But human gene therapy was initiated recently. Within short time, it has moved from the conceptual stage to technology development and laboratory research to clinical trials for a variety of diseases.

What is gene therapy?

It is a technique for correcting defective genes responsible for disease development. According to GTAC (Gene Therapy Advisory Committee) "The deliberate introduction of genetic material into human somatic cells for therapeutic, prophylactic or diagnostic purposes."

Genes :

- Are carried on a chromosome
- The basic unit of heredity
- Encode how to make a protein
- DNA > RNA > Proteins
- Proteins carry out most of life's function
- When altered causes dysfunction of a protein. Genetic disorders can result.

How does gene therapy work?

A normal gene is inserted into the genome to replace an "abnormal" disease causing gene. A carrier molecule called a vector must be used to deliver the therapeutic gene to the patients target cells. The most commonly used vector is a virus that has been genetically altered to carry normal human DNA. All viruses bind to their hosts and introduce their genetic material into the host cell as a part of their replication cycle. This genetic material contains basic "instructions" of how to produce more copies of these viruses hijacking the body's normal production machinery to serve the needs of the virus. The host as will carry out these instructions and produce additional copies of the virus, leading to more and more was becoming infected. Scientists have tried to take advantage of this capability and manipulate virus genome to remove disease causing genes and insert therapeutic genes.

Viral vectors :

- Retrovirus
- Adenovirus
- Adeno-associated virus
- HSV type-I

Approaches for correcting faulty genes:

- A normal gene may be inserted into a nonspecific location within the genome to replace nonfunctional gene.
- An abnormal gene could be swapped for a normal gene through homologous recombination.
- The abnormal gene could be repair through selective reverse mutation.
- Change the regulation of gene pairs.

Applications of gene therapy:

- Severe combined immune deficiency.
- Chronic granulomatous disorders.
- Hemophilia
- Sickle cell diseases.
- Cancer
- Neuro degenerative diseases.

The beginning:

- In 1980, Scientists began gene therapy. They insert human genes into a bacterial cell.
- In human- the first gene therapy was performed on September 14th 1990. Ashanti De Silva who was treated for-SCID (Severe combined immunodeficiency diseases).

Current status:

Although, Chinese FDA approved Gendicine as the first commercial gene therapy product worldwide in 2003. But American FDA has not approved any human gene therapy product for sale.

Conclusions:

The outlook for gene therapy looks very promising. But still needs many improvements. Areas for improvement include:

- Selecting appropriate patient.

Evaluating side effects.

- Methods for delivering gene.
- Selecting and ensuring the safety of the genetic material deliver.

Dr. Most. Safura Khatun
Assistant Professor
Department of Obstetrics & Gynaecology
Rangpur Medical College Hospital

Pregnancy Outcome in Fetal Malpresentation in Rangpur Medical College Hospital (100 Cases Study)



Malpresentation during pregnancy is a very common obstetrical problem in Bangladesh. Among 100 cases, 58% pregnant women were breech presentation, 26% were shoulder presentation, 11% were transverse lie and rest 5% were either face, brow or cord prolapse. Most of the patients aged between 20-30 years illiterate and coming from very low socio-economic status and admitted into hospital as a complication of malpresentation e.g. hand prolapse, cord prolapse, foot prolapse. During this emergency, cases should be managed by lower segment caesarean section. Although now a days, health care service reached at door-to-door level but most of women were neglected in our country. So, delivery should be completed either by untrained dai or village physician and when complication arises e.g. hand prolapse, foot prolapse then they are sent to the central hospital.

As this study deals with the outcome of pregnancy in malpresentation, so maternal & perinatal morbidity & mortality is an important issue. To get rid of complication due to malpresentation, people should be aware about health education proper nutrition, family planning, antenatal check-up, literacy and removal of superstition. Vehicle opportunity must be improved. Family planning plays an important role to reduce family size, thereby decrease chance of malpresentation by: a) Reducing 'small premature baby' which is a risk factor for malpresentation b) Preventing deformity of the maternal pelvis c) Improved maternal nutrition, which prevents osteomalacia and small for date fetus.

Among 100 cases of study population 72% were from very low socio-economic status. 24% were low socio-economic status and only 4% were average socio-economic status.

All the patients we had to manage in the hospital either by LSCS or vaginal delivery or sometimes required internal podalic version & breech extraction.

Complications of malpresentation can be prevented by regular antenatal check-up to detect all mispresented pregnant women and advise them to deliver in well-equipped hospital. Improvement of nutritional status and awareness of the patients could be developed by means of motivation and extension of the appropriate health service at field levels. Thus, maternal and perinatal mortality and morbidity due to malpresentation and its complications can be reduced.

Dr. Mst. Rawshon Ara Begum
Associate Professor
Department of Obstetrics & Gynaecology
Rangpur Medical College Hospital

Raising Awareness of Endometrial Carcinoma: Understanding the Silent Threat



Endometrial carcinoma, also known as cancer of the uterine lining, is the most common gynaecologic cancer in developed countries. Despite this, many women remain unaware of its symptoms, risk factors and the importance of early detection. Increasing awareness can empower women to seek timely care, improving outcomes and saving lives.

Endometrial cancer is a disease that affects women after menopause, with most cases diagnosed in women over 50. However, it can also occur in younger women, especially those with risk factors like obesity, polycystic ovary syndrome (PCOS), tamoxifen use or endometrial hyperplasia due to a long-term exposure to unopposed estrogen. Women with Lynch syndrome, a genetic condition are also at significantly increased risk.

One of the most important signs of endometrial carcinoma is abnormal uterine bleeding, especially bleeding after menopause. In premenopausal women, unusually heavy or prolonged periods or bleeding between periods, could be a symptom. Other possible signs include pelvic / lower symptoms as part of normal hormonal changes, leading to delays in seeking medical attention.

Raising awareness means encouraging women to recognize when bleeding is abnormal and to seek immediate medical advice. Early detection and treatment of endometrial carcinoma are crucial. Endometrial cancer, when detected early, is often curable with treatment at an early stage. Endometrial carcinoma often has an excellent prognosis with five-years survival rates exceeding 90% for localized disease.

Lifestyle factors also play a crucial role. Obesity is a major risk factor because excess body fat leads to higher estrogen level which can overstimulate the endometrium. Promoting a healthy diet, regular exercise and maintaining a healthy weight can lower the risk and improve health.

Awareness campaigns should also address misconceptions. Many women believe gynaecologic cancers are limited to cervical or ovarian cancer, overlooking the uterus as a possible site. Educating communities about endometrial cancer, its symptoms and risk factors are key to promoting early detection.

Healthcare providers can support awareness by discussing endometrial cancer risks during routine visits, especially with women who have obesity, diabetes or a family history of cancer. Community organizations and advocacy groups play an important role in spreading awareness and information widely.

By increasing awareness of endometrial carcinoma, we can break the silence around this common yet underrecognized cancer, promote early diagnosis and reduce preventable deaths. Remember if you or someone you know experiences abnormal uterine bleeding, don't ignore it – early evaluation can save lives.

Dr. Mahabuba Khatun
Assistant Professor
Department of Obstetrics & Gynaecology
Rangpur Medical College Hospital

Inception of Gynaecological Laparoscopy in Rangpur Medical College Hospital



Gynaecological Laparoscopy has transformed the landscape of women's healthcare by offering a minimally invasive solution to many complex reproductive issues. At Rangpur Medical College Hospital, we are proud to integrate this modern surgical technique into our routine gynaecological practice, reflecting our commitment to innovation and to improve women's reproductive health, reduce recovery time and minimize surgical complications.

Laparoscopy allows for diagnosis and treatment of conditions such as ovarian cysts, uterine fibroids, ectopic pregnancies, endometriosis and infertility. Unlike traditional open surgery, it requires only small incisions, resulting in less postoperative pain, shorter hospital stays, faster recovery and reduced scarring.

The Department of Obstetrics and Gynaecology at Rangpur Medical College Hospital has been proactive in adopting this technology. In the past 6 months (January 2025 to June 2025), we have successfully performed numerous laparoscopic surgeries, including diagnostic procedures and advanced operative interventions.

A total of 22 procedures were performed, of which 10 were diagnostic, 5 were therapeutic and 7 served both diagnostic and therapeutic purposes. The success rate was 100% and overall patient satisfaction was reported as good.

Our operation theatres have been upgraded with advanced laparoscopic systems and strict sterilization and safety protocols are maintained throughout all procedures.

Preoperative counseling sessions help patients understand the benefits and risks of laparoscopy, encouraging informed decisions and reducing anxiety.

Postoperative follow-up is closely maintained, with special attention to pain management, wound care and reproductive outcomes.

In parallel, we've focused on capacity building. Training programs, hands-on workshops and regular CME sessions have been conducted to enhance the skills of our residents and faculty members, our medical officers, postgraduate trainees, intern doctors and nursing staffs.

Rangpur Medical College Hospital continues to strive toward becoming a center of excellence in gynaecological laparoscopy. With continuous improvements in training, infrastructure and patient care, we are advancing women's health across northern Bangladesh.

As we look ahead, Rangpur Medical College Hospital remains committed to advancing women's health through innovation, education and compassionate care.

We aim to establish ourselves as a regional center of excellence in gynaecological laparoscopy.

Dr. Mst. Khodeza Khatun
Assistant Professor
Department of Obstetrics and Gynaecology
Rangpur Medical College Hospital

Importance of TVS in Gynaecology



Transvaginal Sonography (TVS) is a valuable imaging technique that provides detailed visualization of the female pelvic organs including the uterus, ovariesand fallopian tubes, using high-frequency sound waves. It's crucial for diagnosing and monitoring various gynaecological conditions, assessing early pregnancy and guiding certain procedures.

Importance of TVS:

- **Enhanced Visualization:** TVS offers a clearer and more detailed view of pelvic structures compared to transabdominal ultrasound due to the close proximity of the ultrasound probe to the organ.
- **Early Pregnancy Assessment:** TVS is essential for confirming pregnancy, determining gestational age and monitoring early pregnancy, including detecting potential complications like ectopic pregnancies or miscarriages.
- **Diagnosis of Gynaecological Conditions:** It aids in diagnosing conditions like uterine fibroids, ovarian cysts, pelvic inflammatory disease and other abnormalities that may cause pelvic pain, abnormal bleeding or infertility.
- **Monitoring Treatment Response:** TVS can be used to monitor the effectiveness of treatments for various gynaecological conditions, including those related to infertility.
- **Guiding Procedures:** It plays a crucial role in guiding procedures like ovarian follicle aspiration for in vitro fertilization (IVF), biopsies and other minimally invasive interventions.
- **Interventional Procedures:** TVS can be used to guide procedures like drainage of ovarian cysts or biopsies, offering a minimally invasive approach to diagnosis and treatment.

What is the difference between an ultrasound and a transvaginal ultrasound?

Transvaginal ultrasounds are sometimes called "esndovaginal ultrasounds" because the device that records images of the pelvic cavity (transducer) is inserted inside the vagina. The process is different from a traditional abdominal ultrasound, where the provider moves the transducer across your belly to record images.

A transvaginal ultrasound provides a more detailed visual of your organs and the soft tissue inside your pelvic cavity than an abdominal ultrasound. But an abdominal ultrasound is an option if a transvaginal ultrasound cannot be done. For instance, if you're pregnant and the placenta is near your cervix, a TVS may cause unnecessary bleeding.

How does a transvaginal ultrasound work?

A transvaginal ultrasound uses sound waves to record pelvic cavity and organs and project these images onto a screen. A wand-like instrument called a transducer is inserted into the vagina, where it releases sound waves that bounce off the various structures inside the pelvis. The sound waves travel back to the transducer, where they're converted into electrical signals. These signals project a real-time visual image of the pelvic organs onto a screen that the technician performing the procedure can view.

The ultrasound captures still images of the visuals on screen too, so that our provider can examine them later. The image produced during an ultrasound is called a "sonogram''.

What are the risks of a transvaginal ultrasound?

Transvaginal ultrasounds are safe. The sound technology used to record images of the pelvis doesn't pose risks to the pt or her fetus if she is pregnant. She may feel slight discomfort or pressure from the transducer. And she may have a slight vaginal discharge from the lubricating gel used during the procedure that should disappear after 24 hours.

What type of results do you get after a transvaginal ultrasound?

If our provider performs the procedure, they may discuss results with us that same day. Or, they may send the images to a certified physician sonologist for analysis. The sonologist will examine the ultrasound images and type up a report communicating their findings to the provider.

The test results may provide enough information for a definitive diagnosis. Alternatively, our provider may request additional testing if there's uncertainty. Ask the provider about how the results will affect our care plan.

Dr. Nusrat Hossain Laz
Assistant Professor
Department of Obstetrics & Gynaecology
Rangpur Medical College Hospital

A Retrospective Study on Maternal Mortality in Rangpur Medical College Hospital



Background:

Despite steady global progress in reducing maternal mortality, Bangladesh continues to face major challenges in lowering its maternal mortality ratio (MMR), which stood at 136 per 100,000 live births in 2022. While this figure reflects a gradual decline compared to past decades, it remains unacceptably high, especially in the context of the Sustainable Development Goal 3 (SDG-3), which targets reducing MMR to less than 70 per 100,000 live births by 2030. Persistent socioeconomic disparities, limited healthcare access in rural and marginalized communities, insufficient antenatal care coverage and disruptions from the COVID-19 pandemic have hindered the country's progress. To accelerate improvements in maternal health outcomes, it is essential to identify the root causes of maternal deaths and address the structural gaps in maternal care services.

Objective:

This study aims to analyse the patterns and determinants of maternal mortality at Rangpur Medical College Hospital. Specifically, it evaluates sociodemographic characteristics, parity status, antenatal care (ANC) attendance and primary causes of death among affected cases.

Methods:

This retrospective descriptive study reviewed hospital records of 4,741 births that occurred at Rangpur Medical College Hospital during 2024. Among these, 83 maternal deaths were identified and systematically analysed with regard to age, socioeconomic status, parity, ANC coverage and cause of death.

Results:

Of the 83 maternal deaths recorded, the majority (41%) occurred among women aged 16–25 years. A significant proportion (72.2%) were from low socioeconomic backgrounds and nearly half (49.39%) had 1–2 previous births. Alarmingly, 73.4% of the deceased women had received no antenatal care. Eclampsia (37.35%) emerged as the leading cause of death, followed by obstetric hemorrhage (26.50%).

Conclusion:

The findings highlight critical gaps in maternal healthcare delivery, particularly for younger and economically disadvantaged women. Strengthening ANC coverage, enhancing emergency obstetric care, and implementing equitable healthcare policies are essential steps towards achieving SDG-3. Targeted interventions must prioritize at-risk populations to effectively reduce preventable maternal deaths in Bangladesh.

Dr. Iffat Ara
Assistant Professor
Department of Obstetrics & Gynaecology
Rangpur Medical College Hospital

Prevalence and Management of CIN by Colposcopy among VIA Positive Cases in a Tertiary Level Hospital of Bangladesh



Objective: To evaluate the prevalence of CIN among the VIA positive cases and performance of the clinic for Colposcopic management of CIN.

Materials and Methods: This retrospective observational study was conducted in Rangpur Medical College Hospital, Bangladesh. Study period was 1 year from January to December, 2022. All data were collected from 'Colposcopy register'of Colposcopy clinic, RpMCH.

Result: A total of 2088 VIA tests were done. VIA positive were 224 (10.72%). Colposcopy was done in 512 cases. Among them 130 (25.3%) were low grade squamous intraepithelial lesion (CIN – I) and 07 (1.36%) were high grade squamous intraepithelial lesion (CIN – II and III). Treatment was given in 117 (22.8%) colposcopicaly diagnosed CIN cases. Treatment procedures included Thermocoagulation (109 cases) and Loop Electrosurgical Excision Procedure (08 cases).

Conclusion: From this study, we found the prevalence of CIN among VIA positive cases. We adapted 'See and treat' protocol for management, which is well accepted, feasible and useful in Bangladesh.

Keywords: Cervical Intraepithelial Neoplasia (CIN), Visual Inspection with Acetic Acid (VIA), Colposcopy, Loop Electrosurgical Excision Procedure (LEEP).

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MEMORABLE MOMENTS



9th International Society of Obstetric Fistula Surgeons (ISOFS) conference was held on 12-13 December 2024 at BICC. Presenter was Dr. Nusrat Hossain.



Poster presentation on “Pregnancy with non cirrhotic portal hypertension: A case report” by Dr. Iffat Ara on OGSB 32nd International Scientific Conference.

IFTAR PARTY







HENNA MEHEDI EID FESTIVAL







BOSHONTO BORON UTSHAB







POHELA BOISHAKH







ANNUAL PICNIC 2025









FAREWELL PROGRAMME



Farewell Programme of Prof. Sharmin Sultana





Farewell Programme of Assistant Registrars & Indoor Medical Officers

SOCIAL ACTIVITIES



Free medical camp by the department



Winter garments distribution in collaboration with OGSB



Polycystic Ovarian Syndrome (PCOS) Awareness Month celebration in collaboration with OGSB



World Menopause Day celebration in collaboration with OGSB

CERVICAL CANCER AWARENESS MONTH CELEBRATION









ENDOMETRIOSIS AWARENESS MONTH CELEBRATION







SAFE MOTHERHOOD DAY CELEBRATION







FUTURE PLANS

- ✓ The department envisions establishing a state-of-the-art Skill Lab, equipped with modern technology and trained manpower, to provide timely and effective responses to emergency obstetric & gynaecological cases.
- ✓ To develop a comprehensive digital library to support education, research and clinical practice.
- ✓ To establish three subspecialty departments in Gynaecological oncology, Fetomaternal Medicine and Infertility.
- ✓ To establish a 5-bed Obstetric Intensive Care Unit (Under construction).
- ✓ To open an obstetrics labor operation theatre.
- ✓ A fully equipped Eclampsia Unit which will ensure prompt and comprehensive management of obstetric emergencies.
- ✓ Plans are also underway to set up a dedicated VVF (Vesicovaginal Fistula) Corner to offer specialized care and rehabilitation services.
- ✓ Furthermore, we aim to implement a website-based data documentation system to enhance record-keeping, support research and ensure effective patient follow- up.