CATALYST Consortium / TAHSEEN Project

Workshop Report

Workshop on FP/RH Standards of Practice

June 2004

Project funded by the United States Agency for International Development

CATALYST consortium

USAID

The CATALYST Consortium is a global reproductive health activity initiated in September 2000 by the Office of Population and Reproductive Health, Bureau for Global Health, U.S. Agency for International Development (USAID). The Consortium is a partnership of five organizations: the Academy for Educational Development (AED), Centre for Development and Population Activities (CEDPA), Meridian Group International, Inc., Pathfinder International and PROFAMILIA/Colombia.

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Workshop Report

Regular updating of national standards is essential to ensure a country's standards comply with the most current clinical knowledge and practices. The current *Standards of Practice for Family Planning and Reproductive Health* (FP/RH) date from 2000 and are currently under revision.

Over the past year, TAHSEEN has worked closely with the Ministry of Health and Population (MOHP) to update the national standards for FP/RH and integrate them with the national maternal and child health (MCH) standards to produce a *Standards of Practice for Integrated MCH/RH*. As an important step in the process of creating and building consensus on the integrated standards, a national level workshop was held to examine the previous national FP/RH standards and other current publications and studies including

- Improving Access To Quality Care In Family Planning: Medical Eligibility Criteria For Contraceptive Use, 2nd Edition, WHO 2000,
- Selected Practice Recommendations For Contraceptive Use, WHO, 2002,
- The Essentials Of Contraceptive Technology, JHPIEGO, 2001.

More than 20 Egyptian medical professionals from university medical schools and the MOHP reviewed the first and second drafts.

Prior to the workshop, participants were given an additional two weeks to read and record their detailed comments (See Annex 1 for full list or reviewers).

TAHSEEN held the two-day national workshop June 13th and June 14th at the Helnan Shepherd Hotel in Cairo to validate the final draft of the *Standards* (see Annex 2 for the workshop agenda).

Attendees included all MOHP FP sector staff; governorate FP directors; university OB/GYN department heads; clinical supervisors from Minia, Beni Suef and Fayoum; key personnel from the MOHP MCH sector, preventive and curative care sectors; training, private medical services, and quality departments; USAID, and other national and international partners including JSI, POLICY II, the Population Council, FHI, HSRP, CHL, CSI, RCT, UNFPA, EFCS, EFPA, UNICEF, UNFPA, Red Crescent, Ford Foundation, and the WHO (see Annex 2 for a full list of participants).

Eng Mohamed Abu Nar, TAHSEEN/CATALYST Dep. Country Director welcomed the participants on behalf of TAHSEEN/CATALYST. Dr Abdel Haleem Ragab, Director of Monitoring & Evaluation Unit, MOHP/FP, welcomed the participants on behalf of MOHP FP sector.

Dr Ton van der Velden, TAHSEEN/CATALYST Quality Improvement Specialist gave a short presentation on the document, its provenance and the workshop agenda.

Dr Amr Kandeel from the National Infection Prevention Committee gave a presentation on the new National Infection Control Standards.

After welcoming introductions, the 95 participants broke into ten different working groups (see Annex 4) to review the standards chapter by chapter, using additional key technical handouts as reference material. These handouts included:

- Selected Practice Recommendations For Contraceptive Use, WHO, 2002
- The Essentials Of Contraceptive Technology, JHPIEGO, 2001
- Reprints of pertinent journal articles.

Upon completion each group reported out, giving their suggestions and modifications. The ensuing discussions were engaging and lively. The sections on fertility/infertility care and menopause/post-menopausal care sparked a discussion on the level of expertise expected by primary health care physicians, their expected competency level and when it would be appropriate for them to refer patients to a higher level of care.

In particular, the recommendations included comments on the eligibility criteria for contraception, and how it applies to the Egyptian health care system (e.g. severe liver disease is contraindicated for some contraceptives); counseling services were edited for comprehension by clients, as opposed to providers; and the requirements for FP facilities were adapted to the new national standards for infection prevention. The inclusion of chapters on adolescents and premarital services, for the first time, was also welcomed by all participants. In an effort to make the information more user-friendly, the attendees suggested creating an electronic edition and a pocket-version of the standards.

At the end of the workshop, participants agreed that TAHSEEN should continue as secretary for the group to produce the revised document based on the collective recommendations. TAHSEEN will then present the completed standards to a small group of reviewers from MOHP/FP sector, which will review and submit the standards to Dr Yahia El Hadidi, First Undersecretary for Population and Family Planning, and a primary force behind the integration of the RH and MCH sectors. TAHSEEN will simultaneously continue to lead efforts to integrate the Standards of Practice for Family Planning and Reproductive Health with the MCH standards to develop the Standards of Practice for Integrated MCH/RH.

Annex 1 List of Reviewers of FP/RH Standards of Practice

Dr Yahia El Hadidi	
Dr Abdel Haleen Ragab	
Dr Esasam Fasieh	
Dr Ibrahim Gamal El Din	
Dr Hassan Nabieh	
Prof. Dr. Mohamed El Meligny	Cairo University
Prof Dr. Omima Edrees	Cairo University
Prof Dr Omar Abdel Aziz	Cairo University
Prof. Dr Ali Alian	Ain Shams University
Prof. Dr Amr Nadeem	Ain Shams University
Prof Dr. Alaa El Triby	Ain Shams University
Prof Dr Ahmed Amin Saleh	Al Azhar University for Boys
Prof. Dr. Ahmed Fattouh	Al Azhar University for Girls
Prof Dr Mohsen Khairy	Banha University
Prof Dr. Mohamed Nabih El Gharib	Tanta University
Prof Dr. Abdoallh Abd El Salam	Zagazig University
Prof Dr Ahmed Adel El Saied	Menoufia University
Prof Dr. Fawzy Saleh	Alexandria University
Prof Dr Mohamed El Shafie	Mansoura University
Prof Dr Galal Lotfy	Suez Canal University
Prof Dr. Kamal Abdel Hamid	Minia University
Prof Dr. Housam Thabit	Assiut University
Prof Dr Osman Abdel Kareem	Souhag University

Annex 3 Workshop Agenda

Agenda for the
Workshop on FP/RH Standards of Practice
Helnan Shepherd Hotel – Cairo
June 13th and 14th, 2004

June 13th

13:30-15:00	Lunch buffet and registration
15:00-15:45	Opening Ceremony
15:45-16:00	Overview of Workshop
16:00-16:30	Presentation of the FP/RH Standards of Practice
16:30-17:00	Introduction to working groups
17:00-20:00	Technical discussions in 10 working groups
20:00	Dinner

June 14th

9:00-9:15	Opening
9:15-14:00	Two Parallel Sessions. FP: group presentations and discussion RH: group presentations and discussion Coffee break from 11:15-11:45
14:00-14:30	Closing ceremony
14:30-16:00	Lunch

Annex 2 Workshop Invitees

FP/RH Department MOHP

Dr. Yehia El Hadidi	General Director of FP and POP sector, MOHP
Dr. Hassan Nabih	Head of Quality Unit MOHP/FP
Dr. Ahmed Gasser	Quality Unit MOHP/FP
Dr. Rawya Shaban	Quality Unit MOHP/FP
Dr. Hossam Abbas	Executive Director, Reproductive Health Project
Dr. Mahmoud Darwish	Acting General Manager for Planning & Training Affairs
Dr. Tarek Morsi	Executive Director, Mobile Clinics
Dr. Azza El Hussiny	Chief of Central Department for Health Development Researches
Dr. Zainab Abdelfattah	Curriculum Specialist
Dr. Mohamed Ibrahim	Training Unit Manager
Dr. Elham Ghobara	Governorates Affairs Director
Dr. Essam Faseih	Training Unit
Dr. Maha Hemeida	NGO's Responsible
Dr. Atef El Sheetany	Executive Director, Egypt Population Project
Mr. Saber Lawindi	Statistics Responsible
Dr. Afaf Abu El Ela	Women's Clubs
Dr. AbdelHaleem Ragab	Director of Monitoring & Evaluation Unit
Dr. Mohsen Fathy	MIS Director
Dr. Salah Hassan	IEC Officer
Dr.Samia El Shafey	Communication & IEC Consultant
Mrs. Josphine Kamel	Consultant, Financial Mang./Sust.
Ms. Safaa Khatab	Financial Manager
Dr. Hamdy Shahin	Governorates Affairs
Dr. Amal Zaki	Raidat Rifiat Unit Director
Dr. Ibrahim Gamal El Din	Training Unit

Dr.Rawya Shaban	Quality Unit
Dr. Magda Soliman	Quality Unit
Dr. Omaima Zakria	Raidat Rifiat Unit

Governorate FP Directors

Dr. Amira Kamal Kasem	Alexandria
Dr. Ahmed Galal	Assiut
Dr.Barakat Sayed Ahmed	Aswan
Dr. Nagwa Mahmoud Sultan	El Bahira
Dr. Mohamed Eid	Beni Suef
Dr. Ahmed Farghaly	Cairo
Dr. Elsayed Osama El Attar	Dakahlia
Dr. Gamal Abul Ata	Demietta
Dr.Mona Aziz	Fayoum
Dr.Mohamed Reyad	Gharbia
Dr. Salwa Nada	Giza
Dr. Hala Abdel Motey	Ismalia
Dr.Salwa Yasin	Kafr El Sheikh
Dr. Khaled Mahmoud Hafez	El Kaliubia
Dr. Mahmoud Hegazy	Luxor
Dr.Ahmed Younis	Matrooh
Dr. Atef Ezzat Georgey	Minia
Dr. Afaf Soliman	Menoufia
Salah Atef	El Waddi El Gadeed
Dr.Mona El Naggar	North of Sinai
Dr.Essam El Sayed	Port Said
Dr. Abbas Mostafa Mahmoud	Qena
Dr. Mohamed Eid	Red Sea
Dr. Abdel Hamid El Borie	El Sharkia
Dr. Abdel Baset Abdel Hamid	Sohag
Dr. Shahira Moris	South of Sinai

Dr. Mahmoud Abdel Karim	Suez
Dr. Mostafa El-Shahed	Minia
Dr. Achaia	

MCH Department MOHP

Dr Esmat Mansour	Head of Central Department for Integrated Care
Dr Khaled Nasr	Dep. Director of HM/HC Project
Dr Ahmed Metwaly	General Director of MCH
Dr Laila Soliman	Director of the PHC Department, Family Medicine Program
Dr Mohamed Fakhry Al Gabry	Director of national Projects, PHC Department
Dr Ahmed El Henawy	Director of PHC Department, Implementation of PHC services

Preventive Care Department MOHP

Dr Nassr El Sayed	General Director of Preventive care sector
Dr Amr Kandeel	Director of the Infection control department

Curative Care

Dr Said Abdel Hafez	MOHP Deputy General Director of the Hospitals.

Training Department

Dr Said Madkour	Director of Training Department

Private Medical Services Department

Dr Assem Abdel Nasser	Undersecretary Private Medical Services Department

Quality Department MOHP

Dr Bassiuni Zaki	Director of the Quality department

USAID

Ms Katherine Panther	Director Health and Population, USAID
Ms Brenda Doe	FP/RH Team Leader USAID

Dr Nahed Matta	HM/HC Team Leader, USAID
Dr Shadia Attia	Research, Monitoring and Evaluation Advisor, USAID
Dr Ali Abdel Meguid	Health Workforce Development Team Leader
Dr Emad Yanni	Team Leader IDSR

TAHSEEN / POLICY II Project

Dr. Hussin Abdel Aziz	Country Representative
Ms. Manal El Fiky	Deputy Director
Ms. Fatma El Zahraa	Training Coordinator

JSI

Dr Reginald Gipson	Chief of Party, JSI
Mr. Tom Coles	Training coordinator

CHL

Dr. Ron Hess	Country Representative
Dr Samir El Alfy	Deputy Country Representative

FHI

Dr Cherif Soliman	Country representative, FHI

Population Council

Dr Nahla Abdel Tawab	Country representative Frontiers, Population Council

Health Sector Reform Project

Dr Nadwa Rafee	Country Representative PHR+
Dr Hassan Salah	

University Faculty

Prof. Dr. Mohamed El Meligy	Cairo University
Prof Dr. Omima Edrees	Cairo University
Prof Dr Omar Abdel Aziz	Cairo University

Prof Dr Ali Alian	Ain Shams University
Dr Amr Nadeem	Ain Shams University
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Prof Kamal Abdel Hamid	Minia University
Prof Dr. Housam Thabit	Assiut University
Prof Dr Osman Abdel Kareem	Souhag University

CSI

Dr Mohamed Edrees	Executive Director CSI
Dr Afaf El Gohary	Training director CSI

RCT

Dr Safaa El Baz	Executive Director, RCT
Dr Osama Refaat	Deputy Executive Director, RCT

EFCF

Dr Ezz Eldin Osman	Executive Director EFSF

UNFPA

Dr. Faisal Abdel Kader Mohamed	UNFPA Rep.
Dr Mona Khalifa	Deputy Representative UNFPA

EFPA

Dr Mohamed Sweed	Executive director EFPA

UNICEF

Ms. Shadia Azfar	UNICEF Representative

WHO

Dr. Abdel Halim Jookhdar	Regional Advisor / Health Education
Dr. Ramez Mehaini	Regional Advisor / Women and Reproductive Health

National Population Council

Dr. Manal Atwa	Director of Biomedical Research Unit, RMU

Ford Foundation

Dr Maha El Adawy	Human Development & HR Program Officer

Red Crescent

Dr Nabil Negm	FP/RH Projects Manager

Medtech

Dr Khaled Abdel Aziz	General Manager

Annex 4 List of Working Groups

Group 1:
- Chapter 1: client flow
- Chapter 2 IEC general
- Chapter 6, page 38-40
- Chapter 3 General medical screening
- Chapter 4: medical records
- Chapter 5: RH check up

Group 2:
- Chapter 6, Oral contraceptives

Group 3
- Chapter 6, Injectable contraceptives

Group 4:
- Chapter 6, Implants and IUDs

Group 5
- Chapter 6, Condoms, Diaphragms, Spermicide, LAM and Tuba ligation for medical reasons

Group 6:
- Chapter 6, coitus interrruptus, Fertility awareness methods, post-partum contraception, emergency contraception, vasectomy, contraception for special groups.

Group 7
- Chapter 7: Adolescent health and
- Chapter 8: Premarital services

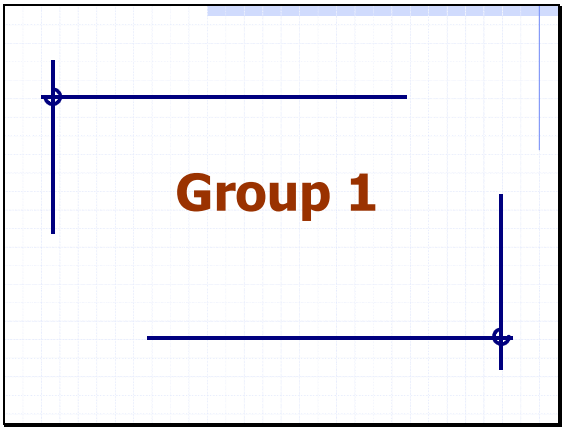
Group 8:
- Chapter 9: Infertility and
- Chapter 10: Post abortion care

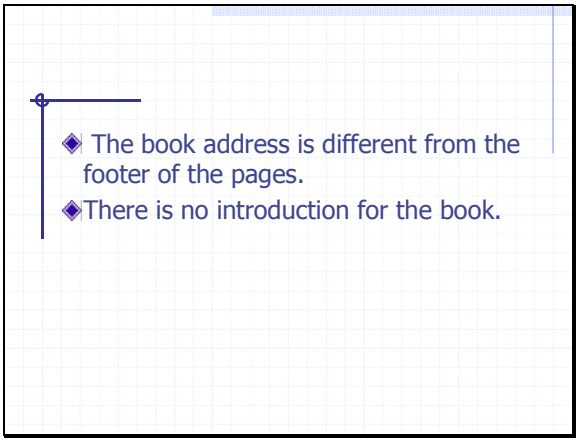
Group 9
- Chapter 11:Menopauze and HRT
- Chapter 12: Early detection of genital malignancy

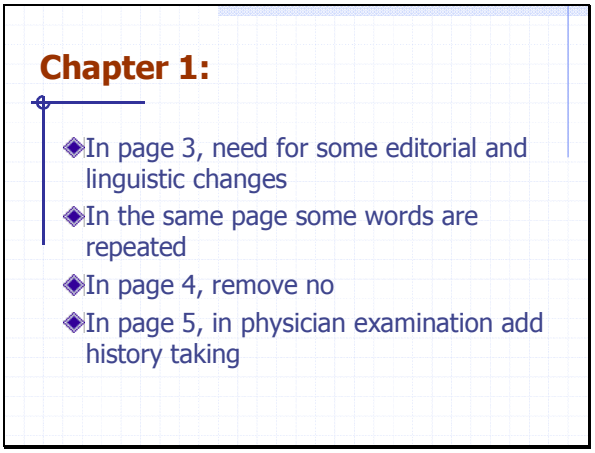
Group 10
- Chapter 13: Infection Control
- Chapter 14: Physical requirements

Group 11
- Chapter 15: Reproductive Tract infections

Annex 5 Recommendations







- Page 6: in the flowcharts, remove the word "when ever needed"

Chapter 2:

- Add a definition for counseling
- General counseling should be before specific counseling

Chapter 3:

- General medical screening
  or
  General medical assessment?
- Page 15: replace young clients with patients
- Page 15, 21, 23 are repeated (Reproductive Health Data)
- Page 16:add obesity for risk assessment
- Page 16: replace nutritional status with physical examination.

Chapter 3:

- Page 17: explain to client: procedures, purpose and consent.
- Page 17 and 23: repeats for the laboratory and we have to add blood sugar

Chapter 4:

- Reproductive health data is different from page 15
- Page 22: explain date of last menstrual period
- Page 24: didn't mention all the methods.

Chapter 5:

- Page 29: change reproductive biology with body changes.
- Page 29: change reproductive health conditions with risk or problem.
- Page 33: too much investigations required.
- Page 37: remove nurse from medical judgment.

Chapter 6:

- Page 39: explain what will happened during visit.
- Remove compositions from general counseling

Group 2

Group 2

- Alaa El Etyreby, ASU
- Amr Nadim, ASU
  Abdel Halim Ragab, MOHP
- Magdy Zein, JSI
- Alaa El Shenawy, EFPA
- Wafaei El Sakkary, JSI

Combined contraceptive pills

- Failure rate: put in perfect use & typical use[p41]
- Method use: put the different options for start describe the role of tricyclic use with monophasic pills.[p44]
- Advantages: the non contraceptive benefits of the pills[p45]
- The risk factors for venous& arterial diseases[p46]

- The table is not convenient& difficult to follow[p49]. The risk factor should be clear & in the same raw& not as a title.

Risk factors for venous thrombosis

Risk factor	Category 4	Category 3
1-Family history	Clotting abnormality	Clotting factors done, normal.
2-Over weight	BMI>39	BMI 30-39
3-Varicose veins&immobility	Confined to bed Past thrombosis	Wheelchair life Extensive varicose veins

Risk factors for arterial diseases

Risk factor	Absolute contra.	Relative contra,
1-Family history Of art.disease.	Known atherogenic lipid profile	Normal blood lipid profile.
2-Cigrette smoking	30+cigarettes/ day	5-30/day
3-Diabetes	Severe or complicated	Labile& no complications.

Risk factors cont.

Risk factors	Grade 4	Grade 3
4-Hypertension	BP>160/95 on repeated testing	BP140-159/ 90-95
5-Overweight-	BMI>39	BMI30-39

Indications for tricyclic regimes

- Headache or migraine occurring in the withdrawal week.
- Unacceptably heavy or painful withdrawal bleeding.
- Premenstrual syndrome.
- Epilepsy due to sustained level of administered hormones.

Indications cont.

- Enzyme inducer therapy or suspicion of decreased activity due to any reason.
- Endometriosis& PCOs for maintenance treatment after primary therapy.
- At the woman choice.

COCs starting routines

1-menstruating: -day3 or later
-day1 or 2

2-postpartum:
a-no lactation -day21 postpartum
b-lactation - not recommended.

3-postabortion: -same day/day2

4-post higher dose COC:
instant switch.

COCs starting routines

5-Post-POP: -First day of period.

6-PostDMPA: -Any day.

7-Secondary amenorrhea: -Any day[no pregnancy]

8-After emerg. contraception: -Day 1 or 2 when sure flow is normal,

Missing Pills

- Missing one pill
- Missing more than one pill
  - Seven ore more Pills left in the pack
  - Fewer than seven pills left in the pack
    - Take one pill now
    - Take the rest as usual
    - Start another pack after the last pill (NO pill free interval)- She may miss a period-
    - Use a backup method for seven days

The important drug interactions with COCs

- Drugs witch reduce COC efficacy:
  - Anticonvulsants [barbiturates,phenytoins]
  - Antibiotics (antitubercle,antifungal,penicillins,tetracyclines,cephalosporines)

Drug interactions cont.

- Drugs which increase COC efficacy:
  - Cotrimoxazole (sutrim)
  - Erythromycins
  - Paracetamol

Drug interactions

1- Anticonvulsants.Antitubercle,Antifungal act by induction of liver enzymes increasing their ability to metabolize both COC steroids.

2- Antibiotics change bowel flora, reducing enterohepatic circulation of estrogen only.

Drug interactions

- Cotrimoxazole inhibits estrogen metabolism
- Paracetamol competes in bowel wall for conjugation to sulphate.Hence more estrogen available for absorption.

Indications for stopping COCs

- Onset of any sudden major symptoms
- A sustained BP above 160/90
- Appearance of new risk factor(s)
- Onset of jaundice(due to COC or not)
- Before elective surgery
- For 4 weeks before & 4 weeks after completion of treatment of varicose vein.

Group 3:

Injectable Contraceptives

Page 54

- Title: Method Function
- Recommendation: Non breastfeeding women can start after 6 weeks postpartum.

Page 54

- Title: Method Use
- Recommendation: the sequence of action of the method is
  - (1) Thickening of cervical mucous.
  - (2) Atrophy of the endometrium.
  - (3) Inhibition of ovulation.

Page 55

- Title: Follow Up
- Recommendation: is it essential to measure the blood pressure and weight every injection.

Page 57

- Title: Clinical and technical
- Recommendation: why it is preferable to start injection in the menstruating women within the 1st 7 days of the menstrual cycle and we think that it is too late and we prefer staring within the 1st 5 days.

Page 57

- Title: Clinical and technical procedures
- Recommendation: pelvic examination should be done for all users.

Page 58

- Title: Management of clinical problems with the use of DMPA
- Problem excessive bleeding or unpredictable bleeding.
- Recommendation:
  - Role of anti-prostaglandin in the management.
  - Dose of ethinyl estradiol why 20 ugm instead of 50 – 100 ugm as usual.

Page 58

- Title: Problem increase in weight
- Recommendation: limit of weight for both initiation, maintenance of use and storage of use.

Page 59

- Title: Problem headache and dizziness
- Recommendation: measuring blood pressure.

Page 60

- Title: Problem clients developed hypertension.
- Recommendation: if diastolic BP exceed 110 not 100 as written before should be stopped. If 100 – 109 strict follow up.

Page 61

- Title: Once a month combined injectable.
- Recommendation: write the traditional name of injectable like DMPA.

Page 61

- Title: Method use
- Recommendation: why it is written that the woman can start injection within the 1st 5 days of menstrual cycle not 7 days like DMPA.

Page 63

- Title: Clinical and technical procedures
- Recommendation:
  - Pelvic examination must be done for all users.
  - This method must be available in family planning health services.

Group 4

Norplant Method Function:

- Occasionally prevents ovulation
- The correct is mostly prevents ovulation.

Method use:

- Insert Norplant at any time with the use of backup method.
  - Failure rate = Method effectiveness: less than 1%
  - Problems: less then 1%

يجب توحيد النسب

Problem:

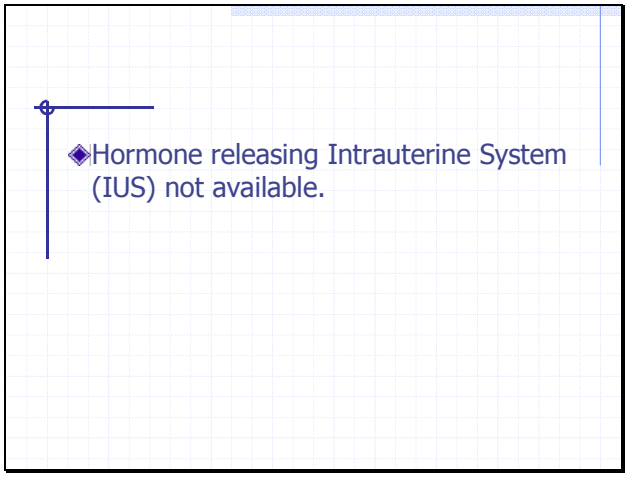
- expulsion of one or more rods not solved by insertion of one or more couple but we must remove the remaining.

- It is not mentioned "Implanon the problems and the actions"

IUD method effectives:

- IUD should not be replaced before 10 years

- يجب توضيح هذه النقطة فهي تعتبر كأمر غير قابل للمناقشة، و يجب توضيح أن المنتفعة عليها نزعه قي حالة رغبتها في ذلك أو حدوث أي مضاعفات جدية


Hormone releasing Intrauterine System (IUS) not available.

Group 5

Group 5:

- Dr. Osama Refaat
- Dr. Amera Kassem
- Dr. Nafisa Ahmed
- Dr. Ranya Shaaban
- Dr. Magda Husein

Condom

- Counseling:
  - Difficult to demonstrate
- Method effectiveness:
  - Not very effective
  - Not reliable
- Advantages:
  - Not hormonal involved
  - Does not interfere with lactation
- Disadvantages:
  - Proper counseling for mal partner
  - Prevent inflation for testing before use

Diaphragm:

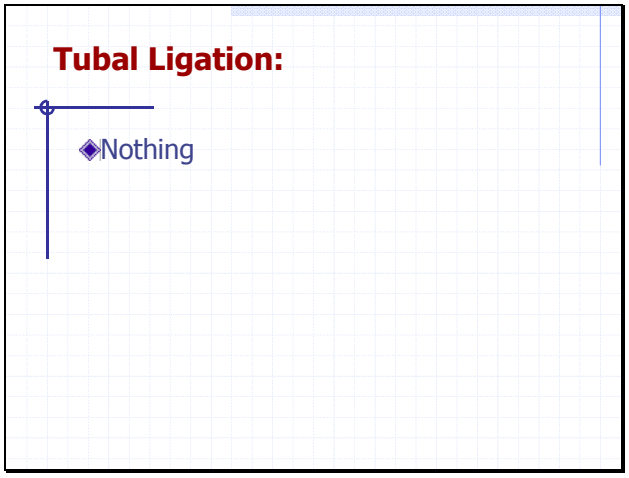
- Not available in MOHP centers
- Needs special training for application
- High percentage of failure

Spermicids:

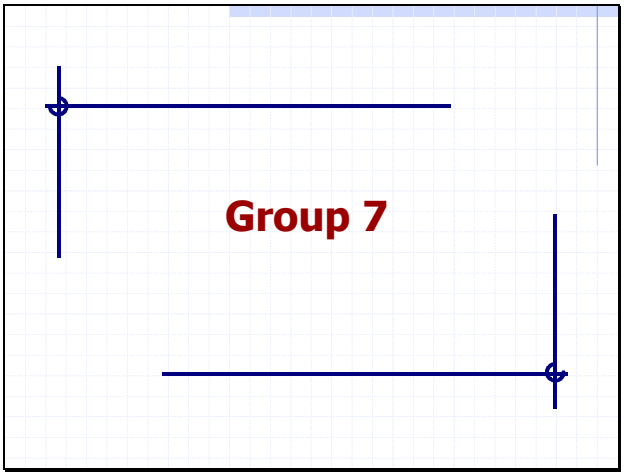
- Not available in MOHP centers.

Lactation:

- Must be limited for 6 months only because food supplementation usually starts.

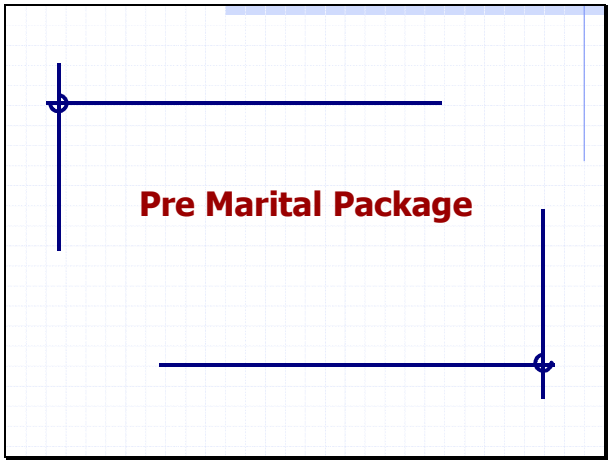


No recommendations were given for group 6.



Group 7:

- Dr. Essam Fassyh
- Dr. Mohamed Ibrahim
- Dr. Hala El-Laboudy
- Dr. Hamdy Shahin
- Dr. Azza El-Hanafy
- Dr. Ahmed Farghaly
- Dr. Attef Rzzat
- Dr. Ahmed Younes
- Dr. Nabil Negem
- Dr. Manal Atwa
- Mrs. Josphien Kamal



- Establishment and setting of pre martial services centers all over the country.
- Mass media and IEC campaigns should be implemented on pre marital services.
- Development of a checklist including all procedures, tests and investigations required for couples before marriage and to be disseminated through out MOHP centers and units

Addition of

Outreach premarital services:

- Agricultural technicians and irrigation technicians advocate engaged men to perform premarital examination and investigation
- RR and Morshidat of NGOs advocate engaged women to perform pre marital examination and investigations
- Advocacy by community leaders for premarital care.

- Referral system in premarital care package: If any disease has ever discovered the patient should be referral to specialist with an official referral letter.

Changes:

Page 140:

- "FGC as format" this statement should be deleted to be gender-based…etc

Page 150:

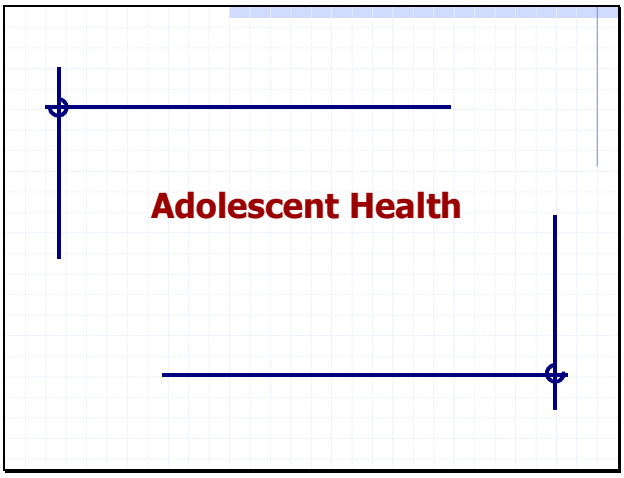
- Addition of female hygiene

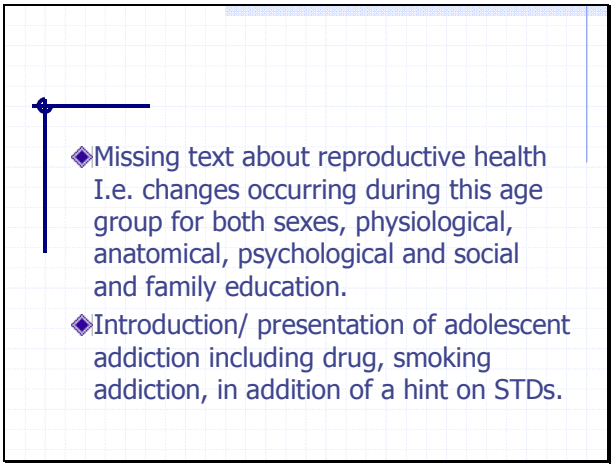
Page 151:

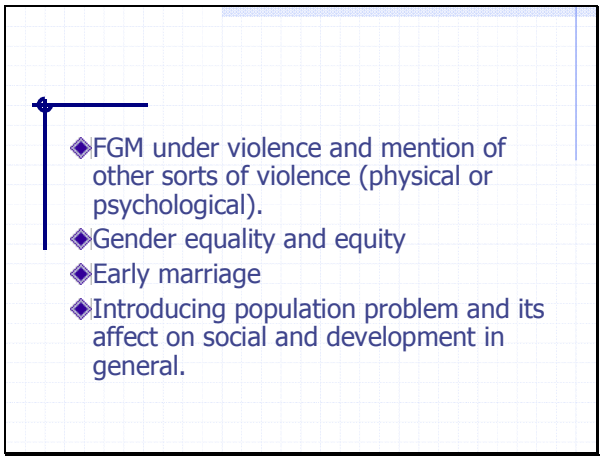
- Note: replace vaginal examination with PV.

Page 151:

- Addition of the following in pre martial investigations:
  - Semen analysis for male
  - Ultra sound and hormonal profile for female
  - Blood and urine analysis
  - Chest x ray for TB


Adolescent Health


Missing text about reproductive health I.e. changes occurring during this age group for both sexes, physiological, anatomical, psychological and social and family education.
Introduction/ presentation of adolescent addiction including drug, smoking addiction, in addition of a hint on STDs.


FGM under violence and mention of other sorts of violence (physical or psychological).
Gender equality and equity
Early marriage
Introducing population problem and its affect on social and development in general.

Group 8

In the definition of sterility:

- We add in absence of contraceptive use

In the treatment of sterility

- Semen analysis must be number 1
- Tubal potency is detected by histrosalbengraphy
- Progesterone level on the day 21
- Laparscope is a standard must be erased.
- Post coital unreliable

- History taking from the wife we add period of actual marriage and number of marriages.
- In coital history add abnormal coital positions

In the examination of wife:

- we must only say obesity and erase abnormal obesity.
- We must add breast examination and general examination, examination of head and neck, eye examination for exophthalmoses, thyroid examination, vital signs and heart examination.

In pelvic examination:

- Add vaginal discharge before female circumcision.
- Add vaginal examination, vaginal tightness etc....

Habits:

- Must put habits in both Male and female.

In personal history of the couples:

- Occupation of the husband is important and also age of occupation.
- General and systematic examination must be added in examination of husband.

In semen analysis:

- Sexually absence of three days only. Also semen is preferably collected by masturbation.
- Laparoscopy: may be needed but should be done by expert

- There is no universally accepted definition for unexplained infertility.

Post-Abortive Care

Definition of spontaneous abortion:

- It is spontaneous corruption and all termination of pregnancy before viability of the feeds.

Definition of induced abortion:

- Is planned termination of pregnancy before viability of the fetus (whether therapeutic or illegal.)

- We should not advice long acting contraceptives in postaportive care before the female complete her family size and after proper counseling.

General comments:

- There is no mission for these standard.
- What is the intended learning out comes from these workshop.
- What are the teaching strategy from these standards.
- How can you assess the outputs?

Group 9

Group 9:

- Prof. Dr. Ezz El-Din Osman
- Prof. Dr. Sameh Saad El-Din
- Dr. Atef Abul Ela
- Prof. Dr. Mohamed El-Nesiri
- Prof. Dr. Ibrahim Hashish

General Remarks and Recommendations

- Separate method specific counseling (written in simple language) from technical information about contraceptive methods).
- Need for some editorial and linguistic changes e. "method Compositions: to be changed to "what" is the method". "Method function" change to how the method work".

- Delete the word" Contraindications"
- Counseling should be mentioned after creation of a medical record and examination or make it clear that counseling is first done by nurses.
- Need to elaborate on Female genital cutting (mentioned only in 2 lines in page 149"

- Adolescents health and nutrition need to be stated in a simpler language and not in a lecture format.
- Vasectomy is not a method used in the Egyptian Family Planning Program.

- Need for meticulous revision to eliminate incorrect statements e.g. "IUDs can be used in case of Bacterial vaginosis but not in case of cervical discharge (Page 136)
- Table on vaginal discharge (page 206)
- Remove treatment of STIs during pregnancy.

- Knowledge in some of the presentations that reached too late are written in a lecture format rather than a national guide form.
- Lastly, need for a "user friendly" electronic version and to a "pocket edition" of the standards.

Specific Remarks on Menopause

- Page 167 add to the definitions the climacteric.
- A small comments of problem of menopause should be added, page (181) of the past version of National standards.

- As regards HRT we should delete counseling as the physician in the primary health center will not prescribe the drug (the counseling of the HRT is different from menopause counseling"
- Add a comment on the balance between benefit and risks of HRT

- Page (169) message to clients about HRT "woman should not use HRT" 6 items not 4 items.
- Page 168 remove estrogen ovules or change it to estrogen cream.

Comments on early detection of malignancy

- The title should be changed into early detection of breast and cervical malignancy.
- No need for pap smear to be put in the method of detection. Depend only on visual inspection after adding acetic acid and painting by iodine.

Group 10

Page 197

Facilitates for a family planning services

- Sink for hand washing inside the examination room
- Sink for instruments in or out of examination room
- Separated area to do minor lab procedures
- Waste storage area (closed room with door, provided with water supply and sewage

Page 197

Requirements for physical conditions

- Mopped at least once a day with water and disinfectant (eg chlorine releasing substance)
- Be well lit (natural and artificial)
- Well ventilated (natural and artificial)
- Exam room taps must be washed with disinfectant solution after each exam
- Safety measures must be taken into consideration such as fire exits and fire extinguishers

Page 198

Equipment and supplies

- Thermometer to be used only through the axilla
- Drums for
  - One for 2 UD instruments
  - One for linen supplies
  - One for other instruments

Page 198

- Cancel sterilizable rubber surgical gloves
- Cancel disposable cellophane gloves
- Add sterile surgical gloves
- Add clean latex gloves
- Waste baskets (two in each room and one safety box in each room
- Disinfecting solutions (chlorine, hydrogen peroxide, glutareldehyde, paracetic acid)

Page 198

- Autoclave a hot air oven
- Boiler with lid ……. To accommodate instruments
- Soap, antiseptic handwashing solution (e.g. Betadine, alcohol), detergent
- Hand dry material (single small reusable trends or Kleenex papers)
- Brush for cleaning instruments

Page 199

- In table 14.1, remove columns of glove
- In domestic supplies, remove brushes and soap
- Put subdermal implants instead of Norplant or Implanon
- Put antiseptic solution e.g. Betadine contact time from 2-3 minutes

Page 200

- In screening cervical cancer add Ayre's spatula.

Group 11

Group 11:

- Dr. Maha Hemida
- Dr. Shierif Soliman
- Dr. Khaled Hafez
- Dr. Rasha Aziz
- Dr. Madeha Said

- (1) Introduction and Definitions
  - GTIs:
  - STIs
  - STDs
  - RTIs
  - Vaginosis
  - Cervicitis
  - General Systematic diseases
  - Others
- (2) Magnitude of RTIs I Egypt.

Classifications of RTIs & STDs

- Disease
- Causative agent.
- Made of infections
- Complications

All presented in single table.

Identification of the at risk groups

- Age
- Socio-economic
- Morbidity
- Medications
- others

Case Taking

- Complaint
- History
  - Medical history…. ex. DM
  - History of medications:
    - Corticosterodis
    - Antibiotics
    - Allergy to antibiotics and chemo therapeutics.
- Sexual history
- Menstrual history
- Obstetric history
- History of contraceptive use

- Diagnosis – Differential diagnosis and treatment
- Management of special cases

Counseling – Follow Up

Thank you