

Guidelines
for
Competency Based Training Programme
In
FNB - High Risk Pregnancy & Perinatology



NATIONAL BOARD OF EXAMINATIONS

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PROGRAMME GOAL

The goal of Fellowship in High Risk Pregnancy is to examine the full range of challenges in general obstetrics, medical complications of pregnancy, prenatal diagnosis, fetal disease, and management of labor and delivery.

PROGRAMME OBJECTIVES

The objective of this fellowship is to train a specialist in the maternal and fetal aspects of High-Risk Obstetrics with skills and expertise to function as a consultant for general obstetricians and physicians from other disciplines that deal with complicated pregnancies.

The trainee will obtain the skills to diagnose complicated pregnancies and to manage these pregnancies with other specialists (such as anesthetists and neonatologists) and care-providers from other disciplines.

The specialist in High-Risk Obstetrics is expected to be able to function in a tertiary centre and to have the relevant clinical, academic and administrative responsibilities of a specialist in such a centre.

This fellowship in Obstetrics and Gynecology includes hands-on training in the diagnosis and management of high-risk pregnancies and perinatology

Upon successful completion of training, the fellow will demonstrate the following:

- Knowledge of basic sciences and clinical sciences as applied to Maternal-Fetal medicine, understanding of the different research areas in the field and the methodology applied to these areas. The fellow should have the ability to learn and to acquire new skills and apply them to practice.
- The clinical skills of history taking, physical examination, laboratory test interpretation, ultrasound diagnosis, and genetics as applied to High-Risk Obstetrics .

- Perform and /or assist advanced diagnostic and therapeutic fetal procedures such as amniocentesis, CVS, amnio reduction, fetal blood sampling and laser ablation of placental anastomoses [optional].
- The ability to manage patients with complex medical and surgical diseases as well as patients with major obstetrical problems and fetal diseases and anomalies. To be able to provide comprehensive care in concert with other specialists and care providers. To be able to provide care in consultation antenatally as well as intrapartum and to provide prenatal diagnosis, fetal assessment and therapy together with planning postdelivery management both for mother and child.
- Have empathic and sensitive attitudes to patients, their families and other members of the medical team. To incorporate ethical approach to clinical problems. To develop communication skills enabling discussion of complex issues with patients and families as well as the ability to present complex patients and issues formally as presentation and informally to colleagues.
- Have an understanding of the organization of advanced obstetrics on all its levels (national, provincial, regional and hospital based) and to be able to take part in planning and administration of perinatal care.
- Formulate a relevant scientific clinical question and transform it into a research plan, perform the research and analyze the data obtained in a meaningful fashion resulting in scientific publication.
- Antenatal Care : High Risk Pregnancy and Team Concept,
- Insight into ICU / HDU Care – What It Means,
- Electronic Fetal Monitoring: Antepartum and Intrapartum Use, Intrapartum Management of Labour – Use of a Partogram,
- Role of Neonatal Team in Optimizing Outcomes,
- Importance of a Holistic Approach – Physician's Perspective.

ELIGIBILITY CRITERIA FOR ADMISSIONS TO THE PROGRAMME

(A) FNB High Risk Pregnancy & Perinatology Course:

1. Any medical graduate with ***DNB/MS Obstetrics & Gynecology*** qualification , who has qualified the ***Entrance Examination*** conducted by NBE and fulfill the eligibility criteria for admission to **FNB** courses at various NBE accredited Medical Colleges/ institutions/Hospitals in India is eligible to participate in the Centralized counseling for allocation of FNB High Risk Pregnancy & Perinatology seats purely on merit cum choice basis.
2. Admission to 2 years Fellowship course is through Entrance Examination conducted by NBE and Centralized Merit Based Counseling conducted by National Board of Examination as per prescribed guidelines

Duration of Course : 2 Years

Every candidate admitted to the training programme shall pursue a regular course of study on whole time basis in the concerned recognized institution under the guidance of recognized post graduate teacher for assigned period of the course.

TEACHING AND TRAINING ACTIVITIES

Institutional Teaching Programme over 2 years should cover complete curriculum in following format (minimum no of sessions)

1. Multidisciplinary Case discussion
 - Maternal Medicine- 5
 - Fetal Medicine – 5
2. Basic Sciences Lectures- 5
3. Seminars - 6
4. Journals Clubs- 4
5. CTG meetings- 4
6. Clinical Audits- 4
7. Grand Rounds – 20

8. Clinical Risk Management - 1 per candidate
9. Maternal Mortality Review - 1 per candidate
10. Perinatal Mortality Review- 1 per candidate

In addition to these FNB classes, FNB students should also attend relevant PG classes in the institution.

Research Project

Candidate must carry out a research project under the guidance of designated teacher and write a project report of 50 pages which should be targeted to learn research methodology followed by presentation / publication.

Timeline for Project:

1. Topic Allocation - 1st 6 months
2. Project Completion – 6 months prior to completion of tenure
3. Project report of 50 pages to be submitted along with the logbook at the time of exam.

20 marks of logbook may be divided into 15 marks for logbook + 5 marks for research project.

He/ she would also be given opportunity to take part in the research projects going on in the departments to learn their planning, methodology and execution so as to learn various aspects of research

SYLLABUS

Curriculum will be covered under following 7 modules [this is indicative and not limited only to following] :

Module 1 : Maternal Medicine

1. Hypertension [HT]-chronic HT, preeclampsia, eclampsia, others
2. Renal disease-Chronic Kidney disease, Acute Renal failure, Others
3. Cardiac Disease - congenital Heart Disease [corrected, uncorrected], Rheumatic Heart Disease [Operated, unoperated], postpartum cardiomyopathy, others

4. Obstetric cholestasis, Acute fatty liver of pregnancy, hepatitis, preexisting liver disease, others.
5. Gastrointestinal disease-Preexisting GI disease, Hyperemesis Gravidarum, Appendicitis, others
6. Neurology-seizure disorders, Migraine, Others
7. Connective Tissue Disease-SLE, APS, others
8. Hematological-Anemia, hemoglobinopathies, thrombocytopenia, others
9. Thromboembolic disease-Previous VTE, Thrombophilia [with and without previous VTE] , Acute DVT, Pulmonary embolism, Others
10. Psychiatric Disease- Post natal depression, Puerperal psychosis, maniac Depressive Disorders,
11. Legal issues, Others
12. Diabetes-Gestational diabetes mellitus, Type I DM, Type II DM, Others
13. Other endocrinological diseases-Thyroid disorders [Hypothyroidism, Hyperthyroidism], Others
14. Pregnancy after ART
15. Skin diseases in pregnancy
16. Substance abuse-Smoking/ Tobacco/ Alcohol, Others
17. Neoplastic diseases -Before/ During pregnancy
18. Infections –HIV, Hepatitis, Other Viral Infections, Urinary Tract Infections, Pulmonary infections, Genital tract infections, vector borne diseases [Malaria, dengue]
19. Acute Abdomen and other surgical problems during pregnancy
20. Domestic violence
21. Others

Competencies / Skills

- ABG Interpretation / Severity Scoring,
- Patient Evaluation / Stabilization of the High Risk Parturient.

- Fetal Surveillance in High Risk Pregnancies,
- ECG Interpretation
- Chest X-Ray interpretation
- Insertion CVP Catheter
- Others

Module 2 : Antenatal Complications

1. Miscarriages / Fetal death - Recurrent early pregnancy losses [RPL], Intrauterine death, Trophoblastic diseases, Cervical incompetence, Others
2. Antepartum haemorrhage-Placental abruption, Placenta previa, Others
3. Preterm birth-Prior history of preterm/PROM, Preterm labour, PROM [< 24, weeks, >24 Weeks], Elective preterm delivery
4. Multiple pregnancy [MP]-Complications in MP, Single fetal demise, Co-twin demise after 12 weeks, Malpresentation. Any complication in MP, delivery planning, higher order multiple pregnancies.
5. Breech presentation at term/ other malpresentation
6. Postdate pregnancy
7. Pregnancy with prev CS
8. Polyhydramnios
9. Abdominal/ Gynecological problems-Acute abdomen, Ovarian mass, Fibroid uterus, Others

Competencies & Skills

- Ultrasound
 - First trimester scan
 - Screen for preterm birth - cervical length
 - Growth scan
 - Doppler studies-Uterine artery, Middle cerebral artery , Ductus venosus Doppler, other

- Biophysical profile
- Ultrasound assessment placental site (TVS)
- Morbid adherence of Placenta
- Ultrasound assessment of chorionicity
- Cervical cerclage
 - Elective
 - Resue
- External Cephalic version

Module 3 : Intrapartum Care

1. normal labour and partogram
- 2 Failure to progress-First stage of labour, Second stage of labour
2. Intrapartum fetal monitoring
3. Multiple pregnancy
4. Malpresentations
 - Breech labour and delivery
5. Shoulder dystocia-Prior history of shoulder dystocia, Shoulder dystocia
6. Instrumental delivery- Forceps/ vacuum
7. Prevention and management of PPH- Massive PPH[with/ Without laparotomy], DIC
8. Genital tract trauma-Prior history of 3rd/4th degree perineal tear, OASI, Uterine scar rupture, Others
9. Caesarean Section
10. Anaesthesia/Analgesia- Assessment and counseling high risk case
11. Maternal Collapse-Massive haemorrhage, Amniotic fluid embolism, Cerebrovascular accidents,
12. Assessment & transfer and management of critically ill woman in HDU/ICU

Competencies and skills-

- Plotting and interpretation of partogram
- CTG interpretation
- Digital Fetal scalp stimulation test/vibroacoustic stimulation test
- Cesarean section- all types
- Versions-External cephalic and internal podalic
- Assisted vaginal delivery- Forceps/ vacuum/ breech vaginal delivery
- Managing shoulder dystocia
- Repair of OASI
- Cephalocentesis / craniotomy [optional]
- Surgical management of PPH, genital trauma

Module 4: Family Planning: Contraception + Termination of Pregnancy[

TOP]

- Contraceptive methods-temporary, permanent
- Termination of pregnancy [TOP] -medical and surgical
- MTP act, PC PNDT Act

Competencies and skills-

- Contraceptive counseling
- IUCD insertion
- Sterilization operation-male/female
- Surgical methods of TOP

Module 5 : Fetal Medicine-

1. CNS Anomalies-Anencephaly, Spina bifida, Ventriculomegaly, Dandy walker malformations/variant, Holoprocencephaly, Others
2. Cardiac Anomalies-4 chamber abnormalities, Outflow tract anomalies, Arrhythmia, Others

3. Renal anomalies-Renal agenesis, Hydronephrosis, Polycystic Kidney (AR/AD), Megacystic/ LUTO, Others
4. Pulmonary anomalies-CCAM, Diaphragmatic hernia, Others
5. Face & Neck anomalies-Cystic hygroma, Facial cleft, Others
6. Abdominal wall & gastrointestinal anomalies-Gastroschisis, Exomphalos, Others
7. Skeletal anomalies-Talipes, Skeletal dysplasias, Others
8. Assessment of fetal growth & growth abnormalities
9. Hydrops –Nonimmune, Alloimmunization [Red cell alloimmunization], Others
10. Multiple pregnancy-establishing chorionicity, complications of monochorionic twins
11. Fetal Infections-TORCH, Parvovirus, others
12. Liquor abnormalities-Oligo, Polyhydramnios

Competencies & Skills

- USG diagnosis of fetal anomalies [TIFFA]
- Foetal echocardiography
- Preconception counselling
- Counseling for prenatal invasive procedures
- Amniocentesis
- Chorion villus sampling
- Cordocentesis
- Intrauterine fetal blood transfusion
- Amnioreduction
- Counselling for termination of pregnancy for fetal anomalies
- Selective fetal reduction
- Fetal pathology
- Ultrasound screen for fetal anaemia

- Fetal red cell intravascular/intraperitoneal transfusion
- Counseling for Neonatal surgery-Abdominal wall defect, Diaphragmatic hernia, Bowel atresia, Spina bifida, Others
- Coordination with paediatric physician/surgeon for postnatal management.

Module 6 : Genetics

1. Chromosomal anomalies-Previous history/family history/ Affected fetus
2. Genetic anomalies - Previous/family history/current pregnancy
3. Syndromic anomalies - Previous/family history/current pregnancy
4. Index child workup
5. Modes of Inheritance
6. Preimplantation genetic diagnosis [PGD]

Competencies & Skills

- Ultrasound screen for aneuploidy
- Genetic counseling – Pedigree charting
- Biochemical screening
- Lab investigations- use and interpretation of genetic tests and post test counselling
- Others

Module 7 : Neonatal Care : Medical & Surgical

- Neonatal resuscitation
- Birth asphyxia
- Meconium aspiration syndrome
- Birth trauma
- Small for gestational age

- Assessment of Newborn
- Newborn with gross congenital anomaly
- Evaluation of Antenatally diagnosed structural anomaly
- Birth trauma
- Cord Blood ABG
- Others

Competencies & Skills

- Essential care of Newborn
- Sick newborn care
- Newborn resuscitation
- IV canulation
- Palade feeding
- Kangaroo mother care\
- Gestational age assessment

Minimum Expected Competencies for FNB HRPP Trainees during two year of Training

Name of Clinical/ Surgical Procedures	Number of Procedures		
	Observed Year 1/2	Assisted Year 1/2	Performed (Under Supervision) Year 1/2
Cesarean Section	100/-	50/50	25/25
CS hystetrectomy	5/5	3/3	-/1
Morbidly adherent Placenta	3/2	2/3	-/1

Balloon Tamponade for PPH	5/5	3/3	1/3
Compression sutures for PPH	10/5	5/5	1/3
Cerclage Cervical/Abdominal	5/3	2/2	1/1
Surgical management of ectopic preg	10/5	5/5	3/5
External cephalic version	5/5	3/3	0/1
USG [all types]	500/500		200/200
Prenatal Genetic Counseling	25/10	25/10	10/20
Prenatal invasive procedures CVS, Amniocentesis, IUT	25/25	10/10	-/3
Family planning procedures	50	10	10

Module for Obstetric Ultrasound for FNB (HRPP)

All FNB students are expected to perform at least 500 obstetric ultrasounds during their 2 year tenure. At least 20% of these scans (in each group) shall be supervised by FNB faculty before students perform them independently. The minimum expected number of different types of ultrasound to be performed is as follows:

S.No.		Number of scans Performed	Number of scans to be documented
1.	First Trimester		
	Early Pregnancy	50	2
	NT scans	50	2
2.	Second Trimester		

	Level 2 scans/soft markers/cervical length	100 (including – 10 scans with different anomalies)	3
3.	Third Trimester scans	150	3
4.	Fetal Surveillance	100	2
5.	Multifetal pregnancies	25	3
6.	Rh immunized pregnancies	10	2
7.	Fetal Echo	10	

- The above ultrasound should be performed as per the Fetal medicine Foundation (FMF-UK) and ISUOG guidelines.
- Name and registration number of all the scans performed should be written in logbook with details of some interesting 15-20 scans to be documented with images and diagnosis.

SCHEDULE OF ROTATION POSTINGS FOR TWO YEARS

S.No.	Posting Details	Duration of Posting
1.	Induction	2 weeks
2.	OPD / speciality clinics & IPD	7 months [4 months-1 st year + 3 months- 2 nd year]
3.	Fetal Medicine [6 months] & Genetics [1 month]	7 months [4 months-1 st year + 3 months- 2 nd year]

4.	Labour Room	4 months [2 months each in <i>1st and 2nd year</i>]
5.	Obstetric Emergency / Triage	1 month
6.	Neonatology	1 month
7.	Anaesthesia	1 month
8.	Extramural training including academic leave	1.5 months
9.	Elective posting	1 month

LOG BOOK

A candidate shall maintain a log book of cases managed, operations (assisted / performed), academic activities undertaken by him/her during the training period which should be certified by the concerned post graduate teacher, programme coordinator and Head of the institution.

This log book shall be made available to the board of examiners for their perusal at the time of the final examination along with project report.

The log book should show evidence following-

1. Name of course, centre, duration of course
2. Educational qualification/Professional data
3. Rotational postings completed (with dates and the name of teacher(s))
4. Record of cases seen (module wise)
5. Procedures learnt (module wise)
6. Record of participation in academic activities,
7. Training , conferences attended, papers presented and
8. Any other outstanding achievement [as decided by teacher]

Every candidate, at the time of practical examination, will be required to produce performance record (log book) containing details of the work done by him/her during the entire period of training as per requirements of the log book. It should be duly certified by the **supervisor** as work done by the candidate and countersigned by the administrative **Head of the Institution/ Programme coordinator**

Logbook should reflect the total number of case mix seen [in suggested format given below], case summaries of few interesting/special cases of each module & should be signed by supervising faculty at the end of each posting.

Logbook should not exceed 150 pages.

In the absence of production of log book, the result will not be declared.

Sample format of Logbook for recording exposure to case mix-

S.No.	Name	Age	CR No.	DOA	DOD	Diagnosis	Faculty Signature

Leave Rules

1. There is no provision of maternity or paternity leave during the FNB tenure. However, if a FNB trainee avails maternity (90 days) or paternity (7 days) leave during the FNB tenure, her or his tenure will be extended by an equal number of days.
2. FNB trainees are required to complete their training by a prescribed cut off date (as per information bulletin of Exit exam) for being eligible to FNB Exit examination. Trainees whose FNB tenure is extended beyond this cut off date only due to the maternity/paternity leave availed by them shall be permitted to take exit examination, if otherwise eligible, with other registered candidates of same session.
3. No kind of study leave is permissible to FNB candidates. However, candidates may be allowed an academic leave of 15 days across the entire duration of training program to attend the conferences/CMEs/Academic programs/Examination purposes.
4. Under normal circumstances, leave of one year should not be carry forward to next year, however, in exceptional cases like prolonged illness or any meritorious ground the leave across the training program may be clubbed together with prior approval of NBE.
5. Any other leave which is beyond the above stated leave is not permissible and shall lead to extension/cancellation of FNB course.
6. Any extension of FNB training for more than 2 months beyond scheduled completion date of training is permissible only under extraordinary circumstances with prior approval of NBE. Such extension is neither automatic nor shall be granted as a matter of routine.
7. Unauthorized absence from FNB training for more than 7 days may lead to cancellation of registration and discontinuation of the FNB training and rejoining shall not be permitted.

MEDICAL LEAVE

1. Leave on medical grounds is permissible only for genuine medical reasons and NBE should be informed by the concerned Institute/hospital about the same immediately after the candidate proceeds on leave on medical grounds.
2. The supporting medical documents have to be certified by the Head of the Institute/hospital where the candidate is undergoing FNB training and have to be sent to NBE.
3. The medical treatment should be taken from the Institute/hospital where the candidate is undergoing FNB training. Any deviation from this shall be supported with valid grounds and documentation.
4. In case of medical treatment being sought from some other Institute/hospital, the medical documents have to be certified by the Head of the Institute/hospital where the candidate is undergoing FNB training.
5. NBE reserves its rights to verify the authenticity of the documents furnished by the candidate and the Institute/hospital regarding Medical illness of the candidate and to take a final decision in such matters.
6. Total leave period which can be availed by FNB candidates is $40+10 = 50$ days. This includes all kinds of eligible leave including academic leave. Any kind of leave including medical leave exceeding the aforementioned limit shall lead to extension of FNB training. It is clarified that prior approval of NBE is necessary for availing any such leave.
7. The eligibility for FNB Exit Examination shall be determined strictly in accordance with the criteria prescribed in the respective information bulletin.
8. Extension of training due to maternity leave shall not be affected while deciding the cutoff date of FNB training

EXAMINATION

FORMATIVE ASSESSMENT

Formative assessment includes various formal and informal assessment procedures by which evaluation of student's learning, comprehension, and academic progress is done by the teachers/ faculty to improve student attainment. Formative assessment test (FAT) is called as "Formative" as it informs the in process teaching and learning modifications. FAT is an integral part of the effective teaching. The goal of the FAT is to collect information which can be used to improve the student learning process.

Formative assessment is essentially positive in intent, directed towards promoting learning; it is therefore part of teaching. Validity and usefulness are paramount in formative assessment and should take precedence over concerns for reliability. The assessment scheme consists of Three Parts which has to be essentially completed by the candidates.

The scheme includes:-

Part I:- Conduction of theory examination

Part-II :- Feedback session on the theory performance

Part-III :- Work place based clinical assessment

Scheme of Formative assessment

PART – I	CONDUCT OF THEORY EXAMINATION	Candidate has to appear for Theory Exam and it will be held for One day.
PART – II	FEEDBACK SESSION ON THE THEORY PERFORMANCE	Candidate has to appear for his/her Theory Exam Assessment Workshop.
PART – III	WORK PLACE BASED CLINICAL ASSESSMENT	After Theory Examination, Candidate has to appear for Clinical Assessment.

The performance of the resident during the training period should be monitored throughout the course and duly recorded in the log books as evidence of the ability and daily work of the student

1. Personal attributes:

- **Behavior and Emotional Stability:** Dependable, disciplined, dedicated, stable in emergency situations, shows positive approach.
- **Motivation and Initiative:** Takes on responsibility, innovative, enterprising, does not shirk duties or leave any work pending.

- **Honesty and Integrity:** Truthful, admits mistakes, does not cook up information, has ethical conduct, exhibits good moral values, loyal to the institution.
- **Interpersonal Skills and Leadership Quality:** Has compassionate attitude towards patients and attendants, gets on well with colleagues and paramedical staff, is respectful to seniors, has good communication skills.

2. Clinical Work:

- **Availability:** Punctual, available continuously on duty, responds promptly on calls and takes proper permission for leave.
- **Diligence:** Dedicated, hardworking, does not shirk duties, leaves no work pending, does not sit idle, competent in clinical case work up and management.
- **Academic ability:** Intelligent, shows sound knowledge and skills, participates adequately in academic activities, and performs well in oral presentation and departmental tests.
- **Clinical Performance:** Proficient in clinical presentations and case discussion during rounds and OPD work up. Preparing Documents of the case history/examination and progress notes in the file (daily notes, round discussion, investigations and management) Skill of performing bed side procedures and handling emergencies.

3. Academic Activity: Performance during presentation at Journal club/ Seminar/ Case discussion/Stat meeting and other academic sessions. Proficiency in skills as mentioned in job responsibilities.

FELLOWSHIP EXIT EXAMINATION

The summative assessment of competence will be done in the form of Fellowship Exit Examination leading to the award of the degree of Fellow of National Board in High Risk Pregnancy & Perinatology . The FNB final is a two-part examination comprising the theory and practical part

Theory Examination:

- 1. The Theory examination comprises of one paper with maximum marks of 100.**
- 2. There are 10 short notes of 10 marks each in the Theory paper**
- 3. Maximum time permitted is 3 hours.**

Practical Examination:

- 1. Maximum marks : 300**
 - 2. Comprises of Clinical Examination and viva**
- The candidate has to score a minimum of 50% marks in aggregate i.e. 200 out of total 400 marks (Theory & Practical) with at least 50% marks in theory examination to qualify in the Fellowship Exit Exam. i.e. separate passing in theory & practical.
 - The Theory and Practical of Fellowship Exit Examination shall be conducted at the same examination centre of the concerned specialty.

Declaration of FNB Results

1. Fellowship Exit Examination is a qualifying examination.
2. Results of Fellowship Exit Examination (theory & practical) are declared as PASS/FAIL.
3. FNB degree is awarded to a FNB trainee in the convocation of NBE.

RECOMMENDED TEXT BOOKS AND JOURNALS

Reference Study Material (Books / Journals)

1. Creasy and Resnik's Maternal-Fetal Medicine: Principles and Practice:, sixth edition
2. High Risk Pregnancy: Management options, 3rd edition, Steers, James
3. De Swiet's Medical Disorders in Obstetric Practice, 3rd Edition
4. Hand book of Obstetric Medicine, 4th edition, Catherine Nelson Pierce
5. Critical Care Obstetrics, 5th edition, Michael Belfort, George Saade
6. Hand book of Family Planning and Reproductive Healthcare, 5th Edition, Anna Glasier and Ailsa Gebbie
7. Introduction to Research Methodology for Specialists and Trainees, 2nd Edition, P M Shaughn O Brien and Fiona Broughton Pipkin
8. The Fetal Medicine Foundation / The 11-13 weeks scan (www.fetalmedicine.com)
9. Ultrasonography in Obstetrics and Gynecology, Peter W. Callen MD 4th Edition
10. Diagnostic Imaging of Fetal Anomalies, David A. Nyberg (Author), John P. , McGahan (Author), Dolores H. Pretorius Gianluigi Pilu
11. Practical Genetic Counseling by Peter Harper
12. Management of High-Risk Pregnancy A practical approach paper back – 2016 by Trivedi Shubha Sagar

Journals

1. FOGSI Journal
2. British Journal of Obstetrics & Gynaecology (BJOG)
3. Journal of International Society of Ultrasound in Obstetrics & Gynaecology (ISUOG)
4. The Journal of Obstetric Medicine
5. International Journal of Obstetrics / Gynaecology, FIGO
