



**SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES**

**Date:7.05.2017**

**From**

Dr.Ambigai meena,  
Professor and HOD,  
Department of Obstetrics and Gynaecology,  
Sri Lakshmi Narayana Institute of Medical Sciences,  
Bharath Institute of Higher Education and Research,  
Chennai.

**To**

The Dean,  
Sri Lakshmi Narayana Institue Of Medical Sciences,  
Bharath Institute of Higher Education and Research,  
Chennai.

**Sub: Permission to conduct value-added course: PSYCHIATRY IN OBSTETRICS**

Dear Sir,

With reference to the subject mentioned above, the department proposes to conduct a value-added course titled:  
**PSYCHIATRY IN OBSTETRICS** on JUL 2017 - DEC 2017. We solicit your kind permission for the same.

Kind Regards

Dr. Ambigai meena

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**FOR THE USE OF DEANS OFFICE**

Names of Committee members for evaluating the course:

The Dean Dr. Sugumaran

The HOD: Dr. Ambigai meena

The Expert The committee has discussed about the course and is approved.

**Dean**



**Subject Expert**



**HOD**





OFFICE OF THE DEAN

## **Sri Lakshmi Narayana Institute of Medical Sciences**

OSUDU, AGARAM VILLAGE, VILLIANUR COMMUNE, KUDAPAKKAM POST,  
PUDUCHERRY - 605 502.

[ Recognised by Medical Council of India, Ministry of Health letter No. U/12012/249/2005-ME ( P-II ) dt. 11/07/2011 ]  
[ Affiliated to Bharath University, Chennai - TN ]

15.06.2017

### **Circular**

**Sub: Organising Value-added Course: PSYCHIATRY IN OBSTETRICS- reg**

With reference to the above mentioned subject, it is to bring to your notice that Sri Lakshmi Narayana Institute of Medical Sciences, **Bharath Institute of Higher Education and Research**, is organizing “**PSYCHIATRY IN OBSTETRICS**”. The course content and registration form is enclosed below.”

The application must reach the institution along with all the necessary documents as mentioned. The hard copy of the application should be sent to the institution by registered/ speed post only so as to reach on or before 30.06.2017. Applications received after the mentioned date shall not be entertained under any circumstances.

Dean

**DEAN**  
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES  
OSUDU, AGARAM VILLAGE,  
KUDAPAKKAM POST,  
PUDUCHERRY - 605 502

## Course Proposal

Course Title: **Psychiatry in Obstetrics**

**Course Objective:**

- 1. Overview of Psychiatry in Obstetrics**
- 2. How can mental health be affected by pregnancy ?**
- 3. Prediction and Detection**
- 4. Mental disorders**
- 5. Depression**
- 6. Panic disorders**
- 7. Eating disorders**
- 8. Psychoses in pregnancy**
- 9. Schizophrenia**
- 10. Pharmacological medications**

**Course Outcome: knowledge about psychiatry in obstetrics**

**Course Audience: Final MBBS Undergraduates**

**Course Coordinator: Dr.DURGA**

**Course Faculties with Qualification and Designation:**

**Dr.Ambigai meena. Prof and HOD, OG**

**Dr.Durga, Associate Professor, OG**

**Course Curriculum/Topics with schedule (Min of 30 hours)**

	Date	Topic	Time	Hours
1	4.01.2018	Over view Psychiatry	4.00pm -5.00pm	1
2	8.01.2018	How can mental health be affected by pregnancy ?	4.00pm -7.00pm	3
3	20.01.2018	Prediction and Detection	4.00pm -8.00pm	4
4	5.02.2018	Mental Disorder	4.00pm -8.00pm	4
5	16.02.2018	Depression	4.00pm -8.00pm	4
6	3.03.2018	Panic disorders	4.00pm-8.00pm	4
7	12.03.2018	Eating disorders	4.00pm -6.00pm	2
8	16.04.2018	Psychoses in pregnancy	4.00pm -6.00pm	2
9	26.04.2018	Schizophrenia	4.00pm - 6.00pm	2
10	3.05.2018	Pharmacological Medications	4.00pm -6.00pm	2
			<b>Total Hours</b>	<b>30</b>

**REFERENCE BOOKS: (Minimum 2)**

**Willaims Obstetrics Edition 21**

**Williams Gynaecology Edition 18**

## VALUE ADDED COURSE

1. **Name of the programme & Code** Psychiatry in Obstetrics , OBGY 7
2. **Duration & Period** 30 hrs & Jul 2017 - Dec 2017
3. **Information Brochure and Course Content of Value Added Courses**  
*Enclosed as Annexure- I*
4. **List of students enrolled** *Enclosed as Annexure- II*
5. **Assessment procedures:** Multiple choice questions- *Enclosed as Annexure- III*
6. **Certificate model** *Enclosed as Annexure- IV*
7. **No. of times offered during the same year:** 1- Jul 2017 - Dec 2017
8. **Year of discontinuation:** 2017
9. **Summary report of each program year-wise**

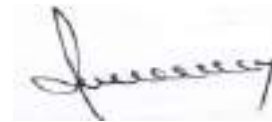
Value Added Course					
Sl. No	Course Code	Course Name	Resource Persons	Target Students	Strength & Year
1	OBGY 7	Psychiatry in Obstetrics	Dr. DURGA	FINAL YEAR MBBS	Jul 2017 - Dec 2017

10. **Course Feed Back** *Enclosed as Annexure- V*



**RESOURCE PERSON**

ASSOCIATE PROFESSOR  
DEPT. OF OBSTETRICS & GYNAECOLOGY  
Sri Lakshmi Narayana Institute of  
Medical Sciences  
OSUDU, PUDUCHERRY.



**COORDINATOR**

DEAN  
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES  
OSUDU, AGARANA VILLAGE,  
POODARAKKAM POST,  
PUDUCHERRY - 605 002

Psychiatry in obstetrics

# **PARTICIPANTS HAND BOOK**

**le family! !**

lers during pregnancy and the postnatal period can have serious  
for the health and wellbeing of a mother and her baby, as well as for her  
er family members.

health be affected by pregnancy?

health during pregnancy.

g a mental illness when they get pregnant.

al health problems in the past.

top medication when they get pregnant have a high risk of getting ill again  
every 10 women who stop antidepressants in early pregnancy become

health problems for the first time in pregnancy.

n?

es, Depression,

monitoring for high risk patient should be at all times.

disorder.

h complications/Miscarriage.

W.

e.  Social status.

e.



ection

to assess mental wellbeing of high risk patients by medical professional

ions should be asked to all patients:

you been feeling about yourself lately? Q2: during the past month, have  
n bothered by feeling down, depressed or hopeless? (23: during the past  
you often been bothered by having little interest or pleasure in doing

d be delivered by perinatal mental health network, consisting of perinatal  
specialist, obstetrician, social worker and safeguarding team if needed.

ld be a multidisciplinary decision involving the psychiatrist, obstetrician

order or mental illness is a psychological or behavioural pattern that occurs  
al and is thought to cause distress or disability that is not expected as part of  
pment or culture"

s of mental disorders:

ers: Phobia

anxiety disorder

ty disorder

er

a

ompulsive disorder Post-traumatic stress disorder

Bipolar disorders: Major depressive

orders

orders.

orders:

order

e disorder

s: Anorexia nervosa

sa

# ssion

disorder characterized by episodes of all-encompassing low mood  
by low self-esteem and loss of interest or pleasure in normally enjoyable

to 70% of women report some negative mood symptoms during  
prevalence of women who meet the diagnostic criteria for depression  
to be between 13.6% at 32 weeks gestation and 17% at 35 to 36  
n. Peak through first and third trimester.

that is left untreated in pregnancy, either because symptoms are not  
because of concerns regarding the effects of medications, can lead to a  
negative consequences, including lack of compliance with prenatal care  
ions, poor nutrition and self-care, self-medication, alcohol and drug use,  
ants and thoughts of harming the fetus, and the development of postpartum  
er the baby is born.

# ssion

at examined 1123 mother-infant pairs reported that infants of mothers pregnancy showed less frequent positive facial expressions and and that these infants were also harder to console.

B, Bauchner H, Parker S, et al.  
ressive symptoms during pregnancyj  
rritability. J DevBehavPediatr

mild or moderate depression;

thdrawal of antidepressants

psychological therapy (CBT, IPT) If history of

pressive episodes or new moderate/severe

structured psychological treatment.

sant treatment.

on treatment if no response.

esistant patients; consider different single drug

or ECT before considering combination



# disorder

disorder characterized by recurring severe panic attacks".

panic disorder during pregnancy is variable and remains unclear.

reports of pregnant women with pre-existing panic disorder have  
increase in symptoms during pregnancy, large-scale studies have reported  
decrease in symptoms for women with preexisting panic disorder.

panic disorder during pregnancy is reported.

effects of anxiety and panic on the course of the pregnancy and the health  
are not well understood.

showed a correlation between increased anxiety and increased resistance in  
blood flow.

more research should be performed.

# disorder

biological therapies (CBT, supportive psychotherapy, relaxation, sleep hygiene, and dietary counseling) should be considered before pharmacological therapies (benzodiazepines, antidepressants).

in the treatment of panic disorder; paroxetine should not be started and a safer drug should be considered.

# disorder

y  
e prevalence or course of generalized anxiety disorder (GAD) through

ferentiate from normal anxiety during pregnancy.

reatment for GAD, switching to CBT should be considered.

sive

isorder characterized by thoughts that cannot be controlled (obsessions)  
behaviours or rituals that cannot be controlled (compulsions) in  
ese thoughts".

the disorder include excessive washing or cleaning; repeated checking;  
ing; preoccupation with sexual, violent or religious thoughts; relationship-  
ions; aversion to particular numbers; and nervous rituals, such as opening



# disorder

sive

ts suggest that women may be at an increased risk for the onset of OCD  
ncy and the postpartum period.

f women with diagnosed OCD, 39% of the participants reported that their  
ring a pregnancy.

ted normally, as usually on psychological therapy.

ation of more than one antidepressant.

Prevalence of eating disorders in pregnant women is approximately 4-9%.

It is suggested that the severity of symptoms may actually decrease during pregnancy.

Bulimia nervosa reduces a woman's fertility.  Women with bulimia nervosa are more likely to have a planned pregnancy.

Psychological treatment rather than antidepressants.

Caution with breastfeeding if on fluoxetine.

Pregnancy

Psychoses are less fertile, partly as a result of hyperprolactinaemia. With antipsychotic drugs, the newer atypical drugs such as clozapine and risperidone do not have this effect.

The occurrence of newly-discovered episodes of psychosis during pregnancy is rare.

With a history of psychosis, the relapse rates are high.

pregnancy

a number of systematic reviews that women with psychotic disorders are at a higher risk of obstetric complications and stillbirths.

Common manifestations being bipolar illness, followed by psychotic depression and schizophrenia.

disorder

diagnosis for a mood disorder; usually of alternating episodes of mania and depression.

The risk is the same in pregnancy as at any other time.

The use of treatment in unplanned pregnancies increases the risk.

disorder



men who are stable on antipsychotic, should be maintained on  
with monitoring of weight gain and diabetes.

um as a prophylactic treatment, consider antipsychotics.

e while on medication consider increase of dose or change to another

# Psychosis

Psychosis is a disorder characterized by a breakdown of thought processes and by a loss of contact with reality, often resulting in abnormal emotional responses".

Symptoms include auditory hallucinations, paranoid or bizarre delusions, or disorganized speech and thinking, and it is accompanied by significant social or occupational dysfunction.

It affects about 0.3—0.7% in general population.

Psychosis during pregnancy can have devastating consequences for both the mother and the fetus, including failure to obtain proper prenatal care, negative pregnancy outcomes such as low birth weight and prematurity, and neonaticide or suicide.

Women with a history of psychosis require close monitoring by health care professionals during pregnancy.

# schizophrenia

schizophrenia who are planning a pregnancy or pregnant, should be treated according to guidelines except switch from atypical to typical antipsychotics should be considered.

schizophrenia who are breastfeeding, should be treated according to guidelines except that women receiving depot medication should be advised that their children may develop extrapyramidal symptoms.

# Pharmacological medication

ts

clics have a higher fatal toxicity index than selective serotonin reuptake (SSRI's)

is the SSRI with the lowest known risk during pregnancy

nortriptyline and sertraline are present in breast milk at relatively low (fluoxetine)

r 20 weeks gestation may be associated with an increased risk of persistent hypertension in the neonate

taken in the first trimester may be associated with foetal heart rate defects

pressants carry the risk of withdrawal or toxicity in neonates — in most effects are self limiting.

nes

t be routinely prescribed for pregnant women, except for short term of extreme anxiety and agitation.

tus cleft palate

onate — floppy baby syndrome

# Pharmacological medication

neural tube defects

convert to another drug (e.g. for bipolar disorder convert to antipsychotic)

daily limit to max 1 gram per day in divided doses in slow release format.

(5 mg per day folic acid)

should not be routinely prescribed for women who are pregnant

due to risk of foetal agranulocytosis in the Infant

— risk factors for gestational diabetes should be taken into account

antipsychotics and anticholinergic drugs should not be routinely prescribed to

women because they may show extrapyramidal side effects several months after

initiation.

Lithium and Lamotrigine

Lithium increased risk of neural tube defects (6 to 20 per 1000), also risk of

central tract problems and cardiac abnormalities - Lamotrigine carries risk of

9 per 1000 exposed fetuses. - Stop if possible



# Pharmacological medication

First trimester and during breast feeding

at high risk of relapse — gradual withdrawal over 4 weeks

converting to antipsychotic

stopping for first then restarting in second trimester if not planning to breast

ing check levels every 4 weeks, then weekly from 36 weeks and within 24

childbirth. Adjust dose to keep at the lower end of the therapeutic range

fluid balance in labour risk of dehydration and lithium toxicity

necessary to check lithium levels

ective therapy (ECT)

ce available on risk of harm to foetus.

ers in pregnancy may be under-diagnosed and under-estimated.

ders affect the mother, the baby and the whole family and can have  
quences on the pregnancy.

nary team should be involved.

on is associated with better outcome.

l therapy is superior to pharmacological therapy during pregnancy and  
g. (it always the balance of advantages against disadvantages)

Thank's

(7)

Value Added courses  
**PSYCHIATRY IN OBSTETRICS**

List of Students enrolled Jul 2017 – Dec 2017

SL. NO	ROLL NO.	NAME	Signature
1.	U14MB261	KARTHIKA PRIYA. S.K	Karthika Priya
2.	U14MB262	KAVYA. K	Kavya
3.	U14MB263	KAVYASHREE.P	Kavyashree
4.	U14MB264	KEERTHI.R	Keerthi
5.	U14MB265	KELHOUNEIR TSEIKHANUO	Lifer
6.	U14MB266	KIRTHICK SARAN RAJA. V	Kirthick Saran
7.	U14MB267	KISHORE KANNA.A	Kishorekanna
8.	U14MB268	LINGABARATHAN.A	Lingabarathana
9.	U14MB269	LITHIGA. M	Lithiga
10.	U14MB270	LOHISHVAR.A	Lohishvar
11.	U14MB271	LOKESHKUMAR. B	Lokeshkumar
12.	U14MB272	MADIMCHETTY SATHYA AASHEERV	Madimchetty
13.	U14MB273	MAHANMAHARAJA	Mahammud Raja
14.	U14MB274	MANOJ. R	Manoj. R
15.	U14MB275	MANOJ. S	Manoj. S
16.	U14MB276	MEGAVANNAN. T	Megavannan
17.	U14MB277	MOHAN RAJ. K	Mohan Raj
18.	U14MB278	MONISHA. M	Monisha
19.	U14MB279	MURALIPRASATH. V	Muraliprasath
20.	U14MB280	NANDHA KUMAR. V	Nandha Kumar

# PSYCHIATRY IN OBSTETRICS

## MCQs

- 1. ....is the SSRI with the lowest known risk during pregnancy**  
a) Fluoxetine b) Citalopam c) Sertraline d) Vilazodone
- 2. ....increased risk of neural tube defects**  
a) Lamotrigene b) Carbamazepine c) Clozapine d) nortriptyline
- 3. ....reduces a woman's fertility**  
a) Anorexia nervosa b) Schizophrenia c) Mania d) Depression
- 4. floppy baby syndrome is caused by.....**  
a) Anti Depressants b) Anti Convulsants c) Anti Anxiety d) SSRIs
- 5. Olanzapine risk factors for.....**  
a) PIH b) GDM c) ACP d) HELLP syndrome
- 6. What is the ratio of risk of Neural Tube Defect, while the patient is on Carbamazepine ?**  
a) 2-4 0/100 b) 5-70/100 c) 6-20/100 d) 3-10/100
- 7. Which anti - psychotic has high risk of Oral Cleft defect ?**  
a) Lamotrigene b) Clozapine c) nortriptyline d) Vilazodone
- 8. ....% of participants reported that their OCD began during pregnancy**  
a) 34 b) 39 c) 47 d) 37
- 9. Prevalence of eating disorder in pregnant women..... %**  
a) 9-12 b) 10-20 c) 4-9 d) 2-9
- 10. All are present in breast milk relatively low levels EXCEPT**  
a) Imiprimine b) Nortriphyline c) Sertaline d) Fluoxetine

## PSYCHIATRY IN OBSTETRICS

7

8/10

## MCQs

1. ....is the SSRI with the lowest known risk during pregnancy

- a) Fluoxetine b) ~~Citalopam~~ c) Sertraline d) Vilazodone

2. ....increased risk of neural tube defects

- a) Lamotrigene b) ~~Carbamazepine~~ c) Clozapine d) nortriptyline

3. ....reduces a woman's fertility

- ~~a) Anorexia nervosa~~ b) Schizophrenia c) Mania d) Depression

4. floppy baby syndrome is caused by.....

- a) Anti Depressants b) Anti Convulsants c) ~~Anti Anxiety~~ d) SSRIs

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- a) PIH b) ~~GDM~~ c) ACP d) HELLP syndrome

6. What is the ratio of risk of Neural Tube Defect, while the patient is on Carbamazepine ?

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7. Which anti - psychotic has high risk of Oral Cleft defect ?

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8. ....% of participants reported that their OCD began during pregnancy

- a) 34 b) 39 c) ~~47~~ d) 37

9. Prevalence of eating disorder in pregnant women..... %

- ~~a) 9-12~~ b) 10-20 c) 4-9 d) 2-9

10. All are present in breast milk relatively low levels EXCEPT

- a) Imiprimine b) ~~Nortriphyline~~ c) Sertaline d) Fluoxetine



# Sri Lakshmi Narayana Institute of Medical Sciences

Affiliated to Bharath Institute of Higher Education & Research  
(Deemed to be University under section 3 of the UGC Act 1956)



## CERTIFICATE OF MERIT

This is to certify that KISHORE KANNA has actively participated in the Value Added Course on **Psychiatry in Obstetrics** held during Jul 2017 – Dec 2017 Organized by Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry- 605 502, India.

**RESOURCE PERSON**

ASSISTANT PROFESSOR  
DEPT. OF OBSTETRICS & GYNAECOLOGY  
Sri Lakshmi Narayana Institute of  
Medical Sciences  
OSUDU, PUDUCHERRY.

**COORDINATOR**

**DEAN**  
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES  
OSUDU, AGARAM VILLAGE,  
KODAPAKKAM POST,  
PUDUCHERRY - 605 502





# Sri Lakshmi Narayana Institute of Medical Sciences

Affiliated to Bharath Institute of Higher Education & Research  
(Deemed to be University under section 3 of the UGC Act 1956)



## CERTIFICATE OF MERIT

This is to certify that MANOJ. S has actively participated in the Value Added Course on **Psychiatry in Obstetrics** held during Jul 2017 – Dec 2017 Organized by Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry- 605 502, India.

**RESOURCE PERSON**

ASSISTANT PROFESSOR  
DEPT. OF OBSTETRICS & GYNAECOLOGY  
Sri Lakshmi Narayana Institute of  
Medical Sciences  
OSUDU - PUDUCHERRY.

**COORDINATOR**

**DEAN**  
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES  
OSUDU, AGARAM VILLAGE,  
KODAPAKKAM POST,  
PUDUCHERRY - 605 502



**Annexure 4**

**Course/Training Feedback Form**

**Course:**

**Date:**

**Name:**

**Reg NO.**

**Department: Obstetrics and Gynaecology**

**Q 1:** Please rate your overall satisfaction with the format of the course:

- a. Excellent    b. Very Good    c. Satisfactory    d. unsatisfactory

**Q 2:** Please rate course notes:

- a. Excellent    b. Very Good    c. Satisfactory    d. unsatisfactory

**Q 3:** The lecture sequence was well planned

- a. Excellent    b. Very Good    c. Satisfactory    d. unsatisfactory

**Q 4:** The lectures were clear and easy to understand

- a. Excellent    b. Very Good    c. Satisfactory    d. unsatisfactory

**Q 5:** Please rate the quality of pre-course administration and information:

- a. Excellent    b. Very Good    c. Satisfactory    d. unsatisfactory

**Q 6:** Any other suggestions:

**Comments:**

**Thank you for taking the time to complete this survey, your comments are much appreciated.**

**OPTIONAL Section:** Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Course: **PSYCHIATRY IN OBSTETRICS**

Date:

Name: **KAVYA K**

Reg NO. **U14MB262**

Department: **Obstetrics and Gynaecology**

**Q 1:** Please rate your overall satisfaction with the format of the course:

a. Excellent     b. Very Good    c. Satisfactory    d. unsatisfactory

**Q 2:** Please rate course notes:

a. Excellent    b. Very Good    c. Satisfactory    d. unsatisfactory

**Q 3:** The lecture sequence was well planned

a. Excellent     b. Very Good    c. Satisfactory    d. unsatisfactory

**Q 4:** The lectures were clear and easy to understand

a. Excellent    b. Very Good    c. Satisfactory    d. unsatisfactory

**Q 5:** Please rate the quality of pre-course administration and information:

a. Excellent     b. Very Good    c. Satisfactory    d. unsatisfactory

**Q 6:** Any other suggestions:

**Comments:**

**Thank you for taking the time to complete this survey, your comments are much appreciated.**

**OPTIONAL Section:** Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



Course/Training Feedback Form

Course: **PSYCHIATRY IN OBSTETRICS**  
Date:  
Name: **KEERTHI, R**  
Reg NO. **U14 MB 264**  
Department: **Obstetrics and Gynaecology**

Q 1: Please rate your overall satisfaction with the format of the course:

a. Excellent     b. Very Good    c. Satisfactory    d. unsatisfactory

Q 2: Please rate course notes:

a. Excellent    b. Very Good    c. Satisfactory    d. unsatisfactory

Q 3: The lecture sequence was well planned

a. Excellent    b. Very Good    c. Satisfactory    d. unsatisfactory

Q 4: The lectures were clear and easy to understand

a. Excellent     b. Very Good    c. Satisfactory    d. unsatisfactory

Q 5: Please rate the quality of pre-course administration and information:

a. Excellent    b. Very Good    c. Satisfactory    d. unsatisfactory

Q 6: Any other suggestions:

Comments:

**Thank you for taking the time to complete this survey, your comments are much appreciated.**

OPTIONAL Section: Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Date: 24.12.2017**

**From**

Dr.Durga  
Assistant Professor,  
Obstetrics and Gynaecology,  
Sri Lakshmi Narayana institute of Medical sciences,  
Bharath Institute of Higher Education and Research,  
Chennai.

Through Proper Channel

**To**

The Dean,  
Sri Lakshmi Narayana institute of Medical Sciences,  
Bharath Institute of Higher Education and Research,  
Chennai.

**Sub: Completion of value-added course: Psychiatry in Obstetrics**

Dear Sir,

With reference to the subject mentioned above, the department has conducted the value-added course titled: **Psychiatry in Obstetrics** on Jul 2017 - Dec 2017 . We solicit your kind action to send certificates for the participants, that is attached with this letter. Also, I am attaching the photographs captured during the conduct of the course.

Kind Regard



**Dr.DURGA**

ASSOCIATE PROFESSOR  
DEPT. OF OBSTETRICS & GYNAECOLOGY  
Sri Lakshmi Narayana Institute of  
Medical Sciences  
OSUDU, PUDUCHERRY.

**Encl: Certificates**

**Photographs**

**VALUE ADDED COURSES**

**OBGY 7 PSYCHIATRY IN OBSTETRICS**

