



ASIA PACIFIC MATERNAL AND CHILD HEALTH CONFERENCE & INTEGRATED PLATFORM FOR RESEARCH IN ADVANCING MATERNAL & CHILD HEALTH OUTCOMES (IPRAMHO) INTERNATIONAL MEETING 2025

Integrated Platform for Research in Advancing Maternal & Child Health Outcomes (IPRAMHO)

28 & 29
March 2025

KK Women's and Children's Hospital, Singapore

Conference: Physical & Virtual Meetings
Scientific Posters Session

Jointly organised by:



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Asia Pacific Maternal & Child Health Conference & IPRAMHO International Meeting 2024



Launch of the Singapore Guidelines for Feeding and Eating in Infants and Young Children on 23 February 2024.
(Left to right) Prof Tan Hak Koon, A/Prof Chua Mei Chien, Prof Alex Sia, Senior Minister of State Dr Janil Puthucheary, Prof Tan Kok Hian, A/Prof Thoon Koh Cheng



Welcome Message

Dear Colleagues and Friends,

On behalf of the Organising Committee, I bid a warm welcome to all of you to the Asia Pacific Maternal & Child Health Conference and Integrated Platform for Research in Advancing Maternal & Child Health Outcomes (IPRAMHO) International Meeting 2025, hosted at KK Women's and Children's Hospital (KKH), Singapore. The Integrated Platform for Research in Advancing Maternal & Child Health Outcomes (IPRAMHO) has evolved from the original Integrated Platform for Research in Advancing Metabolic Health Outcomes of Women and Children, to focus comprehensively on various pressing issues (e.g., mental health, sexual health) in maternal and child care, besides metabolic health.



This meeting brings together doctors, nurses and allied healthcare professionals to discuss on diseases for women and children in our Asia-Pacific region. We had a successful meeting in 2018 where the College of Obstetricians and Gynaecologists, Singapore Guidelines on the Management of Gestational Diabetes was launched. Through the meeting, we have also achieved and published the AOFOG MFM Committee Consensus of GDM screening. We launched the Perinatal Society of Singapore Optimal Perinatal Nutrition Guidelines and published the Asia Pacific consensus in perinatal nutrition in 2019. In 2020, we launched the Perinatal Society of Singapore Guidelines on Physical Activity & Exercise in Pregnancy and published the Asia-Pacific consensus on physical activity and exercise in pregnancy and the postpartum period. In 2021 we launched Singapore Integrated 24-Hour Activity Guidelines for Children & Adolescents and published the Asia-Pacific Consensus Statement on integrated 24-hour activity guidelines for children and adolescents. In 2022, we launched the Singapore Integrated 24-Hour Activity Guidelines for Early Childhood with strong support from various colleges and societies in Singapore and SingHealth Duke-NUS Maternal & Child Health Research Institute. In line with RIE2025, these activities aim to translate our research findings for active dissemination and implementation and to improve the health of women and children, enhancing early life-course moments from preconception onwards and optimising the health and human potential of every child born in Singapore and our region. In 2023, the focus was on perinatal mental health and we developed Perinatal Mental Health Guidelines on Depression and Anxiety with the College of Obstetricians and Gynaecologists, Singapore. In 2024 we launched the Singapore Guidelines for Feeding and Eating in Infants and Young Children under the auspices of College of Paediatrics and Child Health, Singapore.

This year we focus on Sexual Health for Women of Reproductive Age and we will launch Singapore Guidelines on Sexual Health for Women of Reproductive Age under the auspices of the College of Obstetricians and Gynaecologists, Singapore. The conference on Day 1 will discuss management of Sexual Health in the morning session, followed in the afternoon by IPRAMHO Education and Training Session on Sexual Health for Women of Reproductive Age. On Day 2, the programme will invite the Asia Pacific experts to reach consensus on the sexual health management as well as discuss about future research studies to address the current gaps in perinatal mental health in Asia-Oceania. Asia Pacific experts from Malaysia, Indonesia, Korea, Taiwan, India, Sri Lanka, Cambodia, Bangladesh, China, Philippines, Brunei as well as practitioners and healthcare professionals from Singapore will be at consensus and also present their studies at this Conference.

We are happy again for the strong support for past seven years by members of several key organisations including Health Promotion Board, Perinatal Society of Singapore (PSS), College of Paediatrics and Child Health Singapore (CPCHS), College of Obstetricians & Gynaecologists Singapore (COGS), Obstetrical & Gynaecological Society of Singapore (OGSS), SingHealth Duke-NUS OBGYN Academic Clinical Programme (ACP) and SingHealth Duke-NUS Paediatrics Academic Clinical Programme. We are also grateful for the support given by the SingHealth Duke-NUS Maternal & Child Health Research Institute & Federation of Asia and Oceania Perinatal Societies (FAOPS). We thank the sponsors and the support of the NMRC (National Medical Research Council) collaborative centre grant – IPRAMHO involving KKH, SingHealth Polyclinics and National Health Group Polyclinics, KKH Centre Grant & OBGYN ACP grant. In particular, we thank Lee Foundation for their education grant support. We look forward to seeing you physically or virtually at this exciting the Asia Pacific Maternal & Child Health Conference and IPRAMHO International Meeting! We thank everyone for the support and wish everyone a fruitful learning experience.

A handwritten signature in blue ink, appearing to read 'KK Tan'.

Professor Tan Kok Hian

Chairperson, Organising Committee

Lead, NMRC/MCHRI Integrated Platform for Research in Advancing Maternal & Child Health Outcomes (IPRAMHO)

Head & Senior Consultant, Perinatal Audit & Epidemiology Unit, KK Women's and Children's Hospital

Benjamin Henry Sheares Professor in OBGYN, Duke-NUS

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Acknowledgments:

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Faculty, Panel and Speakers:

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Optimising Sexual Health for the Population

SCIENTIFIC PROGRAMME

Day 1 – 28 March 2025 (Friday), 9.00am to 5.00pm KKH Auditorium (Training Centre), Women's Tower, Level 1	
8.30am	Registration (Coffee and tea will be served at 8.30am)
9.00am	Welcome Address Professor Tan Kok Hian <i>Lead, IPRAMHO</i> <i>Organising Chairperson, Asia Pacific Maternal and Child Health Conference & IPRAMHO International Meeting 2025</i>
9.05am	SYMPORIUM I - Multi-disciplinary Approach in Sexual Health <i>Chairs:</i> <i>Associate Professor Tan Lay Kok</i> <i>Head and Senior Consultant, Department of Maternal Fetal Medicine,</i> <i>KK Women's and Children's Hospital, Singapore</i> <i>Dr Jean-Jasmin Lee Mi-Li</i> <i>Consultant, Family Medicine Service</i> <i>KK Women's and Children's Hospital, Singapore</i> <i>Presentations:</i> 1. Sexual Health in Women and Sexual Health Clinic (SHC) <i>Dr Tan Tse Yeun</i> <i>Senior Consultant, Department of Reproductive Medicine,</i> <i>KK Women's and Children's Hospital, Singapore</i> 2. Treatment of Sexual Pain <i>Ms Eng Feng Cai June</i> <i>Principal Physiotherapist, Physiotherapy Department,</i> <i>KK Women's and Children's Hospital, Singapore</i> 3. The Role of Psychologists in Supporting Women with Sexual Health Concerns <i>Ms Cheong Xinyi</i> <i>Principal Psychologist, Psychology Service,</i> <i>KK Women's and Children's Hospital, Singapore</i> 4. Male Sexual Dysfunction <i>Dr Ronny Tan</i> <i>Consultant Andrologist & Prosthetic Urologist,</i> <i>Advanced Urology Associates Pte Ltd, Singapore</i>
10.10am	Tea Break Scientific Posters Exhibition at Lecture Theatre

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SCIENTIFIC PROGRAMME

Day 1 – 28 March 2025 (Friday), 9.00am to 5.00pm KKH Auditorium (Training Centre), Women's Tower, Level 1	
10.30am	<p>SYMPOSIUM II – Interprofessional Session in Sexual Health</p> <p><i>Chairs:</i> Associate Professor Lim Geok Hoon <i>Head and Senior Consultant, KK Breast Department, KK Women's and Children's Hospital, Singapore</i></p> <p>Dr Wang Junjie <i>Head and Senior Consultant, Department of Gynaecological Oncology, KK Women's and Children's Hospital, Singapore</i></p> <p>Presentations:</p> <ol style="list-style-type: none">Importance of Relationship Counselling in Female Sexual Functioning in Women of Reproductive Age Ms Phyllis Wong <i>Couple & Family Therapist Singapore Counselling Centre</i>Management of Antenatal Women with Genito-Pelvic Pain/Penetration Disorder (GPPPDI) Ms Samantha Chia <i>Nurse Clinician, Division of Nursing KK Women's and Children's Hospital, Singapore</i>From Silence to Support: Navigating Sexual Health Inequities in Gynecology Oncology Ms Julia Eng <i>Director, Nursing Division, National Cancer Centre Singapore, Singapore</i>Sexual Health After Breast Cancer Treatment Dr Tan Qing Ting <i>Senior Consultant, KK Breast Department, KK Women's and Children's Hospital, Singapore</i>Sexual Rehabilitation for Individuals with Acquired Physical Disabilities Ms Shirlene Toh <i>Senior Principal Occupational Therapist, Tan Tock Seng Hospital, Singapore</i>
12.00pm	<p>Launch of the Singapore Guidelines on Sexual Health for Women of Reproductive Age</p> <p>Welcome Speech Professor Alex Sia <i>Chief Executive Officer, KK Women's and Children's Hospital, Singapore</i></p> <p>Opening Address by Guest of Honour Mdm Rahayu Mahzam <i>Minister of State Ministry of Health and Ministry of Digital Development and Information</i></p> <p>College Of O&G Singapore Initiatives For Women's Health Associate Professor Tan Lay Kok <i>President, College of Obstetricians and Gynaecologists Singapore (COGS)</i></p> <p>IPRAMHO Initiatives for Maternal, Women & Child Health Professor Tan Kok Hian <i>Lead, IPRAMHO Organising Chairperson, Asia Pacific Maternal and Child Health Conference & IPRAMHO International Meeting 2025</i></p> <p>Singapore Guidelines on Sexual Health for Women of Reproductive Age Dr Tan Tse Yeun and Dr Jean-Jasmin Lee Mi-Li <i>Co-chairpersons, Singapore Guidelines on Sexual Health for Women of Reproductive Age Workgroup</i></p> <p>Official Launch of the Singapore Guidelines on Sexual Health for Women of Reproductive Age</p>

Optimising Sexual Health for the Population

SCIENTIFIC PROGRAMME

<p style="text-align: center;">Day 1 – 28 March 2025 (Friday), 9.00am to 5.00pm KKH Auditorium (Training Centre), Women's Tower, Level 1</p>	
1.00pm	<p>Lunch Oral Scientific Posters Presentation at Lecture Theatre</p>
1.30pm	<p>SYMPORIUM III - Sexual Health and Fertility</p> <p><i>Chairs:</i> Associate Professor Sadhana Nadarajah <i>Head and Senior Consultant, Department of Reproductive Medicine, KK Women's and Children's Hospital, Singapore</i></p> <p>Dr Liu Shuling <i>Senior Consultant, Department of Reproductive Medicine, KK Women's and Children's Hospital, Singapore</i></p> <p>Presentations:</p> <ol style="list-style-type: none"> 1. Managing Female Sexual Dysfunction and Subfertility Dr Michelle Loh <i>Consultant, Department of Reproductive Medicine, KK Women's and Children's Hospital, Singapore</i> 2. Overview of Male Infertility Dr Chua Ka Hee <i>Consultant, Fertility Specialist Alpha IVF Centre, Singapore</i> 3. Managing Obesity for Optimal Reproductive and Sexual Health in Women Associate Professor Rukshini Puvanendran <i>Head and Senior Consultant, Family Medicine Service, KK Women's and Children's Hospital, Singapore</i>
2.20pm	<p>SYMPORIUM IV – IPRAMHO Education Session: Training Programme for Doctors and Residents on Sexual Health</p> <p><i>Chairs:</i> Associate Professor Suzanna Sulaiman <i>Head and Senior Consultant, Department of Obstetrics & Gynaecology, KK Women's and Children's Hospital, Singapore</i></p> <p>Associate Professor Manisha Mathur <i>Deputy Head and Senior Consultant, Department of Obstetrics & Gynaecology, KK Women's and Children's Hospital</i></p> <p>Presentations:</p> <ol style="list-style-type: none"> 1. Addressing Sexual Concerns in Women of Reproductive Age Dr Jean-Jasmin Lee Mi-Li <i>Consultant, Family Medicine Service, KK Women's and Children's Hospital, Singapore</i> 2. Neonatal Problems of Mothers with Sexual Health Issues Professor Victor Samuel Rajadurai <i>Senior Consultant, Department of Neonatology, KK Women's and Children's Hospital, Singapore</i> 3. Endocrine Aspects of Female Sexual Dysfunction Dr Thomas King <i>Senior Consultant, Endocrinology, Changi General Hospital, Singapore</i> 4. Chronic Diseases and Sexual Health Associate Professor Ang Seng Bin <i>Senior Consultant, Family Medicine Service, KK Women's and Children's Hospital, Singapore</i> 5. Psychiatric Disorders and Sexual Problems Dr Leonora Chiam <i>Associate Consultant, Department of Psychological Medicine, KK Women's and Children's Hospital, Singapore</i>

Optimising Sexual Health for the Population

SCIENTIFIC PROGRAMME

Day 1 – 28 March 2025 (Friday), 9.00am to 5.00pm KKH Auditorium (Training Centre), Women's Tower, Level 1	
3.40pm	Tea Break
3.55pm	Presentations: 1. Trauma and Sexual Dysfunction Ms Phyllis Phua <i>Senior Psychologist, Psychosocial Trauma Support Service, KK Women's and Children's Hospital, Singapore</i>
	2. Endometriosis and Dyspareunia: Understanding the Impact and Navigating Solutions Dr Michelle Lim <i>Consultant Obstetrician and Gynaecologist, Nobel Obstetrics, Gynaecology and Minimally Invasive Surgery Centre, Singapore</i>
	3. Post-partum Intimacy – An Asian Perspective Dr Huang Zhongwei <i>Consultant, Department of Obstetrics and Gynaecology, National University Hospital, Singapore</i>
	4. Urogynaecology for Sexual Health Dr Jill Lee <i>Consultant, Department of Urogynaecology, KK Women's and Children's Hospital, Singapore</i>
4.55pm	Closing Remarks Associate Professor Suzanna Sulaiman <i>Deputy Chairman, Division of O&G, KK Women's and Children's Hospital, Singapore</i>
5.00pm	- End of Programme Day 1 –

Optimising Sexual Health for the Population

SCIENTIFIC PROGRAMME

Day 2 – 29 March 2025 (Saturday), 9.00am to 2.00pm

The meeting will be conducted via Zoom.

Supported by Perinatal Society Singapore & Federation of Asia and Oceania Perinatal Societies (FAOPS)

9.00am	<p>SYMPOSIUM V - Sexual Health Studies and Consensus Management in Asia Pacific Countries</p> <p>Update on IPRAMHO Asia Pacific Collaborative Group 2025 – Collaborative Efforts in Promoting Asia Pacific Maternal, Women & Child Health</p> <p>Professor Tan Kok Hian <i>Lead, IPRAMHO</i> <i>Integrated Platform for Research in Advancing Maternal & Child Health Outcomes (IPRAMHO) Asia Pacific Maternal & Child Health Network</i></p> <p>Sexual Health in Women of Reproductive Age: Insights from surveys of Healthcare Professionals and Women</p> <p>Dr Elaine Quah Senior Research Fellow, Division of Obstetrics & Gynaecology, KK Women's and Children's Hospital, Singapore</p>
9.30am	<p>Asia Pacific Consensus Workshop on Guidelines on Sexual Health for Women of Reproductive Age</p> <p><i>Chairs:</i> Professor Tan Kok Hian <i>Lead, IPRAMHO</i> <i>Head and Senior Consultant, Perinatal Audit & Epidemiology Unit,</i> KK Women's and Children's Hospital, Singapore</p> <p>Dr Tan Tse Yeun <i>Co-Chairperson, Singapore Guidelines on Sexual Health for Women of Reproductive Age Workgroup</i></p> <p>Dr Jean-Jasmin Lee Mi-Li <i>Co-Chairperson, Singapore Guidelines on Sexual Health for Women of Reproductive Age Workgroup</i></p> <p>Asia Pacific Sexual Health for Women of Reproductive Age Collaborative Study Group:</p> <p>Singapore members; Dr Shivadev M, India; Dr Padmini Prasad, India; Professor Milind Shah, India; Dr Premitha Damodaran, Malaysia; Ms Neng Shahidah Sabullah, Malaysia; Associate Professor Dr Rosediani Muhamad, Malaysia; Ms Kay Lam, Brunei; Ms Lai Yu-Fen Betty, Taiwan; Ms Maureen Aleste, Philippines; Dr Diosdado V. Mariano, Philippines; Assistant Professor Panicha Chantrapanichkul, Thailand; Associate Professor Dittakarn Boriboonhirunsarn, Thailand; Professor Tiran Dias, Sri Lanka; Professor Laila Arjumand Banu, Bangladesh; Professor Sanjoy Kumer Dey, Bangladesh; Professor Dingyun You, China; Associate Professor Annastasia Ediati, Indonesia.</p>

Optimising Sexual Health for the Population

SCIENTIFIC PROGRAMME

Day 2 – 29 March 2025 (Saturday), 9.00am to 2.00pm

The meeting will be conducted via Zoom.

Supported by Perinatal Society Singapore & Federation of Asia and Oceania Perinatal Societies (FAOPS)

10.30am	<p>Sexual Health Studies and its Management in Asia Pacific Countries Presentations by various Asia Pacific Partners</p> <ol style="list-style-type: none"> 1. Navigating Women's Sexual Health: Holistic View – Mental Health, Society & More Dr Shivadev M Medical Director and Chief Consultant, <i>PassionFruit: Top-Notch Wellness, Koramangala, Bangalore, India</i> 2. "Where is My Orgasm"? Myths and Reality Dr Padmini Prasad Medical Director and Gynaecologist & Obstetrician & Sexual Health Consultant, <i>Ramamani Nursing Home & Institute of Sexual medicine, India</i> 3. Rekindling Postpartum Passion Dr Premitha Damodaran Consultant Obstetrician and Gynaecologist, <i>Pantai Hospital Kuala Lumpur, Malaysia</i> 4. Female Sexual Dysfunction: The Malaysian Scenario Associate Professor Dr Rosediani Muhamad Family Medicine Specialist, School of Medical Sciences, <i>Universiti Sains Malaysia, Malaysia</i> 5. Addressing Teenage Pregnancy Trends and Postpartum Sexual Health Challenges in Brunei Darussalam Ms Kay Lam Senior Physiotherapist, <i>Core Physiotherapy Clinic Brunei</i> 6. The Taiwan Experience of Comprehensive Physical Therapy for Pelvic Floor Dysfunction and Female Sexual Health Ms Lai Yu-Fen Betty Physical Therapist, Comprehensive Pelvic Floor Health Care Center, <i>Chung Shan Medical University Hospital, Taichung, Taiwan</i> 7. Prevalence of Sexual Health Dysfunction among Filipino with Cancer Ms Maureen Aleste Physiotherapist, <i>Prairie Mountain Health, Manitoba, Canada</i> 8. Reproductive Health Education in the Philippines Dr Diósado V. Mariano Assistant Medical Director, <i>Gat Andres Bonifacio Medical Center, Philippines</i> 9. Advancing Inclusive Sexual Health: Tailored Care for Lesbian, Gay, Bisexual, Transgender and Queer or Questioning (LGBTQ+) Communities in Thailand Assistant Professor Panicha Chantrapanichkul, Gynecologic Endocrinology Unit, Department of Obstetrics and Gynecology, <i>Faculty of Medicine Siriraj Hospital, Mahidol University, Thailand</i> 10. Sexual Health in Sri Lanka: Challenges and Progress Professor Tiran Dias Professor of Obstetrics and Gynaecology, Department of Obstetrics and Gynaecology, <i>Faculty of Medicine, University of Kelaniya, Sri Lanka</i> 11. Construction of a Large Database for Pregnancy Cohorts Professor Dingyun You <i>Kunming Medical University, China</i> 12. Addressing Sexual Dysfunction in Women – A Physiotherapist's Role Ms Neng Shahidah Sabullah Pelvic Health Physiotherapist <i>Prince Court Medical Centre, Kuala Lumpur, Malaysia</i> 13. TBC Professor Sanjoy Kumer Dey Pediatrics & Neonatology Specialist, Department of Neonatology, <i>Bangabandhu Sheikh Mujib Medical University, Bangladesh</i> 14. The Role of Psychologists in Supporting Sexual Health of Persons with Differences of Sex Development: Indonesia Experience Associate Professor Annastasia Ediati Psychologist, Faculty of Psychology <i>Diponegoro University, Indonesia</i>
1.30pm	Collaborative Studies in Asia Pacific for IPRAMHO Group – IPRAMHO Asia Pacific Collaborative Study on Sexual Health in Women of Reproductive Age 2025
1.55pm	Closing Remarks Professor Tan Kok Hian Lead, IPRAMHO Organising Chairperson, Asia Pacific Maternal and Child Health Conference & IPRAMHO International Meeting 2025
2.00pm	- End of Programme Day 2 -

Commentary

Enhancing Sexual Function in Singaporean Women: A Cornerstone of Population Health

Tan Tse Yeun

Senior Consultant, Department of Reproductive Medicine
KK Women's and Children's Hospital

Jean-Jasmin Lee Mi-Li

Consultant, Family Medicine Service
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Introduction

The World Health Organization (WHO) Constitution states that health is “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”¹ Sexual health, which is vital for overall health, includes the principles of autonomy, pleasure, freedom from coercion and violence, and a positive contribution to one’s overall well-being.² Conventionally, the term “sexual health” may include topics such as contraception and sexually transmitted infections. However, the focus of this commentary is on **healthy female sexual function**, which encompasses biological, psychological, and social components.³

The female sexual response cycle consists of four phases: sexual desire, arousal, orgasm, and resolution.^{4,5} Women with normal sexual function are typically able to respond sexually and feel satisfied with the frequency and quality of their sexual experiences. Conversely, disturbances in sexual function can adversely affect women’s interpersonal relationships and quality of life. Among women of reproductive age, unaddressed sexual issues can also hinder conception efforts.

Definitions and Classifications of Female Sexual Dysfunction

Female Sexual Dysfunction (FSD) encompasses various disorders related to desire, arousal, orgasm, and sexual pain. According to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, FSD includes:

- **Female Sexual Interest/Arousal Disorder (FSIAD):** A lack or significant reduction in sexual interest/arousal.
- **Female Orgasmic Disorder:** Difficulty in achieving orgasm or reduced orgasmic intensity.
- **Genito-Pelvic Pain/Penetration Disorder (GPPPD):** Marked pain, fear or anxiety, or tensing of pelvic floor muscles during intercourse or penetration attempts.

For a diagnosis of FSD, symptoms must cause significant distress, occur at least 75% of the time, and persist for a minimum of six months.⁶

Female Sexual Dysfunction in Singapore: Prevalence, Implications, Importance

Globally, the prevalence of sexual dysfunction in women of reproductive age is approximately 40.9% (95% CI 37.1–44.7).⁷ In Singapore, a 1982 survey of 1012 women (89% of whom were between 20 and 34 years of age) reported that 38.3% experienced sexual problems.⁸ A 2019 cross-sectional questionnaire study of female hospital allied health workers (92% <50 years old) found a 56.2% prevalence of sexual dysfunction.⁹

A recent 2024 survey by KK Women's and Children's Hospital revealed a high prevalence of low sexual function among women aged 21–45 years. In a sample of 598 participants, 52.5% had low sexual function (defined by a 6-item FSFI score of <19), while 47.5% had high sexual function (>19).¹⁰

Low female sexual function is associated with a longer time to achieve pregnancy. In 2021, a prospective cohort study of 513 women from the Singapore PREconception Study of long-Term maternal and child Outcomes (S-PRESTO) found that 58.9% had low sexual function, which was associated with a 27% reduction in fecundability.¹¹ A 2023 questionnaire study of 514 young women in Singapore examining body mass index, body image, and self-esteem found a 46.5% rate of sexual dysfunction.¹²

Collectively, these data suggest that female sexual dysfunction among young women in Singapore contributes to a significant health burden. Addressing sexual function issues in women is critical for their emotional and mental well-being, relationship satisfaction, and fertility. Ignoring sexual concerns can negatively affect a woman’s overall quality of life.

Perspectives of Women and Healthcare Professionals on Female Sexual Health in Singapore

Globally, there is growing recognition that female sexual concerns constitute legitimate health issues with far-reaching impacts on quality of life and relationships.¹³ However, in Singapore, gaps remain in education, research, and the provision of evidence-based services for female sexual health.

In the 2024 KK Hospital survey, fewer than half of the women surveyed (42%) were aware of the symptoms of female sexual health issues, although the majority (>95%) believed that being aware of these issues was important. Moreover, 92% agreed

there were positive benefits to being educated on female sexual health. Among the participants, 39% stated that healthcare professionals (HCPs) are their main source of sexual health knowledge, and 94.4% felt it was useful for HCPs to be aware of and educate patients about female sexual health.¹⁰ Concurrently, a survey of 477 HCPs found that 89% agreed on the importance of educating women about sexual health.¹⁴

Addressing Female Sexual Health Issues & Current Challenges

1. Provision of Care in Sexual Health – The Need for an Inclusive Approach

The 2024 survey indicates that only 14.7% of reproductive-age women have seen an HCP for sexual health issues, and just 18.4% reported that their HCP had ever discussed or provided information about sexual health.¹⁰ Improving the identification, assessment, and management of female sexual issues is therefore paramount. Culturally sensitive care—accounting for local nuances and safe, stigma-free spaces for patients—is essential. HCPs should use open-ended, non-assumptive language regarding gender, sexual orientation, identity, and relationship status, and be prepared to address the unique needs of marginalized groups, including LGBTQ+ individuals.¹⁵

A retrospective review of new cases seen at the Sexual Health Clinic (SHC) in KK Women's and Children's Hospital (2022–2024) showed that the majority of patients were married women (65%), aged 30–39 years (62%). The most common diagnosis was primary Genito-Pelvic Pain/Penetration Disorder (GPPPD). Most of these patients sought pain-free vaginal intercourse and/or were trying to conceive. Although GPPPD was predominant, many other factors—such as gynecological conditions, cancer treatment,¹⁶ chronic diseases,¹⁷ autoimmune conditions,¹⁸ premature ovarian insufficiency,¹⁹ mental health or cognitive issues, and disabilities²⁰—can affect sexual function. A holistic, inclusive approach ensures that all women with sexual concerns can consult HCPs and receive appropriate care.

2. HCP Education and Training – The Need for Evidence-Based Best Practices and Continual Improvement

While the 2024 KKH survey showed that most HCPs believe educating women about sexual health is important, many also reported significant barriers.¹⁴ Specifically, 62.3% had received no formal training in taking a female sexual health history, and 64.2% cited a lack of training and knowledge as primary obstacles to managing sexual health issues. Only 19% were aware of available screening tools for sexual health, and just 10.7% and 12.4% felt confident in diagnosing and managing these conditions, respectively. A separate survey of Singapore Obstetrics & Gynaecology and Family Medicine residents found that 83% were not confident managing female sexual problems.²¹

These findings highlight deficiencies in both undergraduate and postgraduate training for medical, nursing, and allied health professionals regarding women's sexual health. Continued, evidence-based education and improved communication skills are crucial to optimize care. Complex sexual health issues often require a multidisciplinary approach spanning fields beyond conventional medical training (e.g., physiotherapy, mental health).

3. HCP Network and Resources – The Need for a Multidisciplinary Approach and Interprofessional Collaboration

According to the 2024 KKH survey, among women experiencing sexual health issues, only 7.6% would consult a general practitioner, 34.9% would see an obstetrician-gynaecologist, and 35.3% would seek information online.¹⁰ From the HCP perspective, 84.5% believed that multiple professionals should be involved in supporting women with sexual health issues, and 67.5% identified general practitioners as key.¹⁴ This discrepancy underscores the need for a more robust referral network, as well as reliable, evidence-based online resources that can bridge knowledge gaps. A multidisciplinary, interprofessional approach can improve outcomes for female sexual dysfunction by minimizing care fragmentation and providing comprehensive, coordinated support.²²

Development of Singapore Guidelines on Sexual Health for Women of Reproductive Age

Up to 82% of Singapore HCPs surveyed agreed that standardized sexual health guidelines for reproductive-age women would be useful.¹⁴ In line with these needs, a workgroup comprising clinicians, mental health professionals, and physiotherapists led by KK Women's and Children's Hospital—and supported by the College of Obstetricians and Gynaecologists, Singapore—has developed new guidelines focusing on female sexual function. This initiative is under the NMRC Integrated Platform for Research in Advancing Maternal & Child Health Outcomes (IPRAMHO), now part of the SingHealth Duke-NUS Maternal & Child Health Research Institute.

Additional input was sought from stakeholders such as the College of Obstetricians and Gynaecologists Singapore, the Obstetrical and Gynaecological Society of Singapore, the College of Family Physicians Singapore, the Health Promotion Board, the Society of Andrology and Sexology Singapore, the Singapore Physiotherapy Association, the SingHealth Psychology Committee of Practice, the Singapore Urological Association, and the Singapore Medical Association. A consensus meeting was held on 13 January 2024 to refine the guidelines, which have been endorsed by key stakeholders. Efforts were made to keep language straightforward so that non-professionals and the public can also benefit from these recommendations.

In summary, the guidelines emphasize the importance of identifying, addressing, and managing sexual concerns in the following areas:

1. Screening, Assessment, Education, and Optimization of Sexual Function
2. Preconception Considerations
3. Antenatal Considerations
4. Postnatal Considerations
5. Special Considerations: Abuse and trauma; LGBTQ+ individuals; Cancer survivors; Special Populations

Conclusion

By integrating sexual health care into routine clinical practice and adopting a biopsychosocial, patient-centred, multidisciplinary, and interprofessional approach—supported by these new guidelines—we hope to optimize sexual health for women. Ultimately, improvements in female sexual function will contribute to better population health outcomes in Singapore.

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SINGAPORE GUIDELINES ON SEXUAL HEALTH FOR WOMEN OF REPRODUCTIVE AGE

The College of Obstetricians & Gynaecologists Singapore (COGS) Sexual Health Guidelines for Women of Reproductive Age in Singapore Work Group:

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INTRODUCTION

Sexual health is a fundamental aspect of overall health and well-being. According to the World Health Organization (WHO)¹, sexual health is defined as “a state of physical, emotional, mental, and social well-being related to sexuality; it is not merely the absence of disease, dysfunction, or infirmity.” Achieving sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of pleasurable and safe sexual experiences, free from coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all individuals must be respected, protected, and fulfilled.

Healthy sexual expression of sexuality offers inherent physical and mental health benefits, contributing to emotional intimacy, relationship satisfaction, and overall quality of life². Female sexual function is also a vital component of this holistic understanding of sexual health. It plays a significant role in fertility and reproductive health, which is especially pertinent when trying to conceive, during pregnancy, and after childbirth³⁻⁵.

Despite its importance, sexual dysfunction in women is often underrecognized and undertreated. Studies worldwide report varying prevalence rates of sexual dysfunction among women of reproductive age, with figures ranging from 27% to over 50%^{4,5}. Common issues include low sexual desire, arousal difficulties, orgasmic disorders, and sexual pain^{4,5}. The variability in definitions and diagnostic criteria for sexual concerns, difficulties, disorders, and dysfunctions (SCDDDD) contributes to the challenges in identifying and addressing these issues effectively⁴.

Many women do not perceive their sexual health concerns as medical issues or may feel hesitant to discuss them with healthcare professionals (HCPs)⁶. Barriers include uncertainty about initiating the conversation, confusion about which clinician to consult, and societal stigmas surrounding sexual topics^{7,8}. Moreover, HCPs may avoid addressing sexual health due to personal discomfort, lack of training, time constraints, or concerns about professional boundaries⁷⁻⁹.

Addressing female sexual health is essential for improving overall health, relationships, and reproductive outcomes¹⁰. HCPs are well-positioned to enhance the quality of care for women by integrating sexual health into routine practice^{10,11}. This requires a multidisciplinary approach and should be considered a legitimate and important aspect of clinical care throughout a woman’s reproductive life^{12,13}.

DEFINITIONS AND CLASSIFICATION

Female Sexual Dysfunction (FSD) encompasses various disorders related to desire, arousal, orgasm, and sexual pain. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)¹⁴, FSD includes:

- **Female Sexual Interest/Arousal Disorder (FSIAD):** A lack or significant reduction in sexual interest/arousal.
- **Female Orgasmic Disorder:** Difficulty in achieving orgasm or reduced orgasmic intensity.
- **Genito-Pelvic Pain/Penetration Disorder (GPPPD):** Pain during intercourse or penetration attempts, fear or anxiety about pain, or tensing of pelvic floor muscles.

For a diagnosis of FSD, symptoms must cause significant distress, occur at least 75% of sexual events, and persist for a minimum of six months.

These guidelines aim to provide HCPs with an overview of sexual health issues in reproductive-age women and to help them develop the knowledge and comfort necessary to identify and manage women with sexual concerns. The goal is to offer guidance on screening, education, management, and referral for women experiencing sexual problems.

TARGET AUDIENCE

These guidelines are intended for all HCPs who interact with reproductive-age women in their daily practice, including general practitioners, family physicians, obstetricians and gynaecologists, nurses, midwives, pelvic health physiotherapists, and mental health professionals such as psychiatrists, psychologists, counsellors, and social workers.

GUIDELINES OVERVIEW

The guidelines are divided into the following sections:

1. Screening
2. Assessment
3. Education
4. Optimization
5. Preconception Considerations
6. Antenatal Considerations
7. Postnatal Considerations
8. Special Considerations

1. Screening

Recognizing the importance of sexual health is the first step in addressing sexual concerns among reproductive-age women. Sexual health is integral to overall health and is closely intertwined with physical, emotional, and mental well-being^{1,2,4}. It encompasses not only medical topics such as contraception and sexually transmitted infections but also includes sexual functioning, which involves desire, arousal, orgasm, and satisfaction^{3,4}.

Women should be made to feel comfortable as much as possible when discussing sexual health, including sexual functioning, with HCPs^{4,15}. Many women expect HCPs to initiate discussions when appropriate about sexual health⁹. Therefore, it is important for HCPs to proactively engage patients in conversations about their sexual well-being^{4,9,15}. Incorporating questions about sexual activity, contraceptive use, sexually transmitted infections, pregnancy planning, sexual function, and sexual concerns into routine history-taking can facilitate these discussions when appropriate within the clinical context^{4,7}.

HCPs who may be consulted by women regarding sexual health include doctors, particularly gynaecologists and primary care providers such as general practitioners and family physicians^{4,7,13,16}. Nurses, midwives, physiotherapists specializing in women's and pelvic health, psychiatrists, psychologists, and counsellor also play significant roles in addressing women's sexual health concerns^{7,12,13}.

It is essential for HCPs to regard the identification and management of a woman's sexual health issues as important and legitimate elements of her clinical care^{7,16}. By normalizing discussions about sexual health and demonstrating openness and sensitivity, HCPs can create a safe environment for women to express their concerns¹⁷.

2. Assessment

Assessment of female sexual dysfunction can be undertaken using brief questionnaires such as the Female Sexual Function Index-6 (FSFI-6)¹⁸. These tools help to identify specific areas of concern and facilitate more targeted interventions.

Involving the woman's partner in addressing sexual concerns can be beneficial when it is appropriate and safe to do so^{4,19}. Male sexual issues can also affect the female partner's sexual function and vice versa^{4,19}. Communication within the couple has been linked to various aspects of sexual functioning, including sexual desire, arousal, lubrication, orgasm, satisfaction, erectile function, and the experience of pain²⁰.

The **PLISSIT** (Permission, Limited Information, Specific Suggestions, Intensive Therapy) model²¹ can be used for preliminary screening and intervention. This approach starts with giving the patient permission to express sexual symptoms or concerns, offering information about how certain changes can affect sexuality or sexual functioning, providing specific suggestions to address these issues, and referring for intensive therapy if necessary²¹.

HCPs should distinguish between sexual concerns or difficulties and sexual dysfunction. Many sexual problems are transient and may resolve with basic education or minor interventions²². Early and appropriate intervention may allow resolution of sexual concerns and prevent further progression to sexual dysfunction²².

It is also important to consider the implications of medical conditions and their treatments on women's sexuality⁴. Chronic illnesses such as hypertension, coronary heart disease, diabetes, and thyroid dysfunction can cause physical and emotional changes that affect sexual functioning^{4,23}. Clinicians caring for women with chronic illnesses should integrate information about sexual care into their medical therapy or offer a referral to specialist sexual health services when appropriate²³.

3. Education

HCPs should encourage women to use condoms consistently and to take other steps to promote sexual health and prevent sexually transmitted infections, such as receiving the human papillomavirus (HPV) vaccination if they are sexually active^{4,23}. It is

important to educate patients about normal fluctuations in sexual function response due to factors such as the menstrual cycle, stress, or relationship dynamics^{4,23}. For instance, patients should be informed that it is common to experience changes in sexual function related to the menstrual cycle, periods of stress, or interpersonal conflict⁴. Sexual frequency may also change with age and the duration of the relationship²³.

Changes in sexual functioning should be treated only if the woman expresses distress about these changes and desires treatment^{4,23}. HCPs should offer information about the availability and efficacy of treatments and respect the patient's preferences and autonomy in decision-making.

4. Optimization

A holistic approach to optimizing sexual health involves addressing medical, psychological, sociocultural and relational factors that can affect sexual function.

Medical conditions such as hypertension, coronary heart disease, diabetes, obesity, and thyroid dysfunction can affect sexual functioning^{4,24}. HCPs should be aware of these implications and integrate information about sexual care into their treatment plans^{23,24}. Optimizing the management of these conditions can improve overall well-being and sexual function.

Gynaecological conditions like endometriosis and adenomyosis can also affect sexual functioning²⁵. Early diagnosis and multidisciplinary management can prevent impairment of sexual quality of life^{11,13}. Symptoms such as menstrual irregularities, pelvic pain, dyspareunia, dysmenorrhea, and subfertility are common²⁶. Encouraging patients to communicate sexual problems as part of the assessment and referring them to a gynaecologist for further evaluation and treatment is important.

HCPs should inquire about the presence of any sexual dysfunction in male partners, when possible, as male sexual issues can affect the female partner's sexual function^{4,19}. Providing resources for andrology services can help address these concerns.

HCPs should recommend regular physical exercise²⁷⁻³⁰ and appropriate pelvic floor muscles training³¹⁻³⁵ to enhance overall well-being and sexual function. Referrals to pelvic health physiotherapy should be provided as needed and may be appropriate for co-managing pelvic floor disorders such as overactive bladder, urinary incontinence, prolapse, and pelvic pain³⁵⁻³⁷.

Sexual concerns that do not respond to first-line interventions or cases of sexual dysfunction should be referred to HCPs who specialize in sexual health³⁸. Establishing a list of clinical sexual health resources in the community can facilitate timely referrals when necessary.

Oral contraceptives can cause sexual dysfunction in reproductive-age women. HCPs should inquire about sexual function before prescribing oral contraceptives and assess sexual function at initiation and at regular intervals thereafter³⁹. This approach allows contraceptive-related sexual dysfunction to be managed early, such as by switching the patient to newer-generation contraceptives or other forms of contraception⁴⁰.

Maintaining good mental health is associated with optimal sexual functioning⁴¹. The experience of psychosocial and interpersonal factors, such as daily life stressors, caregiver duties, family responsibilities, or major life events, can negatively impact sexual functioning⁴¹. HCPs should explicitly ask about the experience of stressors⁴² or use brief screeners such as the Depression Anxiety Stress Scales (DASS-10)⁴³ to screen for chronic or prolonged stress. Referral to counselling or psychology services should be offered as desired.

Relationship factors like poor communication about sexual issues, conflict, and dissatisfaction can negatively influence sexual functioning⁴⁴. Addressing these issues and offering referrals to couples counselling or psychology services can be beneficial.

Mental disorders (e.g., depressive or bipolar disorder, anxiety disorder, posttraumatic stress disorder, psychotic disorder) along with their treatments, can affect sexual functioning⁴⁵. HCPs should inquire about the presence of any mental health condition and obtain specific information about psychotropic treatments⁴⁵. Informing patients of the link between mental health conditions, their treatment, and sexual dysfunction, and offering referrals to specialist sexual health services for further management, is important.

In cases where poor sexual functioning is linked to past or ongoing sexual or physical trauma, the healthcare provider should consider a referral to agencies that specialize in trauma-focused assessment or support¹⁷.

5. Preconception Considerations

When trying to conceive, sexual concerns can increase due to heightened stress⁴⁶. HCPs should ask about stress related to the process of trying to conceive or use brief screeners like the DASS-10⁴³ to assess for chronic stress. Infertility, defined as the failure to achieve pregnancy after 12 months or more of regular unprotected intercourse (or six months for women aged 35 and older), can cause distress and affect sexual functioning²⁵. Early evaluation and treatment may be warranted based on medical history and age.

In assessing sexual health concerns, HCPs should involve the woman's partner when appropriate. Administering questionnaires like the FSFI-6¹⁸, can provide more information about sexual concerns.

Preconception counselling on sexual function is important⁴⁷. Couples trying to conceive are encouraged to have regular intercourse, and reproductive efficiency is highest with intercourse every one to two days during the fertile window⁴⁷. However, the optimal frequency of intercourse is best defined by the couple's preference within that context⁴⁷.

Patients should be informed that coital position does not affect fecundability, and remaining supine after intercourse does not facilitate sperm transport⁴⁷. Although some lubricants may affect sperm parameters in vitro, their use does not significantly impact fertility in practice⁴⁷. HCPs should inform patients that sexual functioning may be affected as routines become ritualized and stress increases during efforts to conceive⁴⁷. Support should be offered if desired⁴⁷.

Optimizing preconception sexual health involves addressing medical conditions that can affect sexual function, such as chronic illnesses and their treatments^{24,27-29}. Inquiring about male partner's sexual dysfunction and providing resources for andrology services can be helpful^{4,19}.

Maintaining good mental health is crucial⁴². HCPs should ask about psychosocial and interpersonal factors that may impact sexual functioning, such as stress and relationship issues^{41,42,44,45}. Addressing mental health conditions and offering referrals to counselling or psychology services is important^{4,19}.

6. Antenatal Considerations

Pregnancy introduces biological, psychological, and social changes that may alter sexual health^{48,49}. Sexual function often declines during pregnancy⁴⁹ and may not return to baseline levels during the postpartum period⁴⁸. Factors such as hyperemesis in the first trimester, fear of causing obstetric complications, physical changes, difficulty with coital positioning, changes in body image, fatigue, and urinary complaints contribute to this decline⁴⁸.

HCPs should screen for sexual functioning during antenatal visits in any trimester. Questions about sexual well-being should be part of routine medical health questioning. Using the PLISSIT²¹ approach can facilitate discussions.

Proactively informing patients and their partners that HCPs are available to address concerns about sex during pregnancy is important^{50,51}. Sexual functioning should be discussed early in prenatal care, before hospital discharge postpartum, and at postnatal check-ups^{50,51}. Patients should be educated that their baseline for comparison is sexual activity before pregnancy^{50,51}.

If there are no medical or obstetric complications, couples can be reassured that they can continue sexual activity if they desire⁵². Education about common changes in sexual function and frequency across pregnancy trimesters should be provided⁵¹. Advice on adapting coital positions and using lubricants to address dyspareunia can support sexual adjustment⁵¹.

Assessment for sexual functioning can be conducted with questionnaires like the FSFI¹⁸. Including the partner's sexual functioning in the assessment can provide a comprehensive understanding^{4,19}. Diagnosing sexual dysfunction is important if difficulties have persisted for six months.

Addressing issues like vulvar pain involves advising women to avoid irritants and providing symptomatic treatment⁵³. Referral to pelvic health physiotherapy can prepare women with GPPPD for normal vaginal delivery⁵³. Recommending the use of lubricants or vaginal moisturizers for vaginal dryness can alleviate discomfort^{4,52}.

Treating medical, psychological, and relationship problems, and addressing sociocultural issues can help women and their partners deal with low desire and orgasm difficulties during pregnancy⁵⁴. Encouraging exercise⁵⁵ and pelvic floor strengthening exercises^{33,56} can improve well-being and maintain sexual function during pregnancy⁵⁷.

HCPs should screen for antenatal depression and anxiety using tools like the Edinburgh Postnatal Depression Scale⁵⁸. Referrals to mental health professionals should be made when necessary.

7. Postnatal Considerations

Postpartum women often experience significant changes in sexual function, including dyspareunia, lack of lubrication, difficulty reaching orgasm, vaginal bleeding, and loss of desire⁸. Sexual dysfunction prevalence rates are high in the postpartum period and can significantly impact quality of life⁸.

Screening for sexual functioning should occur during postpartum medical reviews. Questions about resumption of sexual activity and sexual difficulties should be incorporated into routine health questioning, using the PLISSIT²¹ approach to facilitate discussions.

Assessment can include using the FSFI¹⁸ to ascertain sexual dysfunction. Ensuring that perineal injuries have healed and addressing any bladder or bowel difficulties is essential⁵⁸. Referral to specialists may be necessary for managing complications.

Education about resuming sexual intercourse, typically recommended at least four to six weeks postpartum when healing is complete, is important.⁵⁹ Explaining how hormonal changes, breastfeeding, contraception, and fatigue can affect sexual functioning helps women understand and manage these changes⁶⁰.

Optimizing sexual health involves referring women to pelvic health physiotherapy for management of post-delivery trauma and pelvic floor rehabilitation^{61,62}. Addressing lifestyle factors, such as stress and fatigue, can improve sexual desire and arousal^{59,63}. Advising women to make time for themselves can promote well-being^{59,63}.

Holistic management includes recommending gradual exercise introduction based on postpartum physical activity guidelines⁶⁴ and screening for postpartum depression using tools like the Edinburgh Postnatal Depression Scale⁵⁷. Addressing mental health is crucial, as postpartum depression can present with sexual difficulties⁶⁰.

8. Special Considerations

Women who have a history of abuse, including physical, emotional, or sexual abuse are more likely to experience sexual dysfunction^{17,65,66}. It's important to consider the impact of adverse events, such as signs of post-traumatic stress disorder (PTSD), as PTSD is associated with poorer sexual functioning^{17,65,66}. Referrals to agencies that provide specialized trauma-focused support should be considered¹⁷.

In cases where patients present with high-risk concerns such as ongoing suicidal ideations, referrals to psychiatrists for risk management are necessary.

HCPs should be inclusive and sensitive to the needs of Lesbian, Gay, Bisexual, Trans, Queer or Questioning+ (LGBTQ+) individuals, by acknowledging that they may face unique sexual health concerns⁶⁷. Providing appropriate resources and referrals is important⁶⁷.

Women who have undergone cancer treatments may face specific sexual health challenges due to the effects of chemotherapy, radiation, or surgery on hormonal levels, physical function, and emotional well-being.⁶⁸ Addressing these challenges and providing referrals for specialized support is essential.⁶⁸

There are women who have other unique sexual health concerns associated with specific physical, cognitive and/or medical challenges. It is important to recognise these concerns and provide referrals for specialized support as needed.⁶⁹

CONCLUSION

Female sexual health is a critical aspect of women's overall well-being and quality of life¹⁻³. HCPs have a vital role in identifying, addressing, and managing sexual health concerns^{10,11}. By integrating sexual health into routine clinical practice and adopting a patient-centred approach, HCPs can enhance the care provided to reproductive-age women.

These guidelines serve as a comprehensive resource to support HCPs in delivering effective sexual healthcare. Ongoing education, interdisciplinary collaboration, and the establishment of referral networks are essential for providing holistic care.

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Note to HCPs: Stay updated with the latest research and recommendations in sexual health to provide evidence-based care. Regular training and professional development opportunities can enhance your skills and comfort in addressing sexual health concerns. Establishing a supportive network among colleagues can facilitate shared learning and improve patient outcomes.

Disclaimer: These guidelines are intended to support, not replace, clinical judgment. Individual patient circumstances may require tailored approaches. Always consider the patient's preferences, cultural background, and specific health needs when applying these guidelines.

The members of the Sexual Health Guidelines for Women of Reproductive Age in Singapore Work Group are:

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APPENDIX 1 FEMALE SEXUAL FUNCTION INDEX

Adapted from Isidori.18

Over the past 4 weeks:

Question	Response Options
1. How would you rate your level (degree) of sexual desire or interest?	5 = Very high 4 = High 3 = Moderate 2 = Low 1 = Very low or none at all
2. How would you rate your level of sexual arousal ("turn on") during sexual activity or intercourse?	0 = No sexual activity 5 = Very high 4 = High 3 = Moderate 2 = Low 1 = Very low or none at all
3. How often did you become lubricated ("wet") during sexual activity or intercourse?	0 = No sexual activity 5 = Almost always or always 4 = Most times 3 = Sometimes 2 = A few times 1 = Almost never or never
4. When you had sexual stimulation or intercourse, how often did you reach orgasm?	0 = No sexual activity 5 = Almost always or always 4 = Most times 3 = Sometimes 2 = A few times 1 = Almost never or never
5. How satisfied have you been with your overall sexual life?	5 = Very satisfied 4 = Moderately satisfied 3 = About equally satisfied and dissatisfied 2 = Moderately dissatisfied 1 = Very dissatisfied
6. How often did you experience discomfort or pain during vaginal penetration?	0 = Did not attempt intercourse 5 = Almost never or never 4 = A few times 3 = Sometimes 2 = Most times 1 = Almost always or always

Total score:

Note: Total score is the sum of the ordinal responses to the 6 items; the score can range from 2-30 with lower scores corresponding to worse sexual functioning. A cut off score of 19 is indicative of high probability of sexual dysfunction.

Appendix 2 PLSSIT Model

Table 2. PLISSIT Model.¹⁹

The First Level of Treatment
Permission
Encourage patients to express sexual concerns
The Second Level of Treatment
Limited Information
Educate on how changes (e.g., menstrual cycle) can affect sexuality
The Third Level of Treatment
Specific Suggestions
Recommend practical solutions (e.g., lubricants, new intimacy methods)
The Fourth Level of Treatment
Intensive Therapy
Refer for specialized treatment if necessary

Annex A – Summary Statements of Singapore Guidelines on Sexual Health for Women of Reproductive Age

1. Screening of Sexual Health

- 1.1 Recognise the importance of sexual health
- 1.2 Initiate the conversation
- 1.3 Identify appropriate healthcare providers
- 1.4 Legitimise sexual health in clinical care

2. Assessment of Sexual Health

- 2.1 Differentiate between concerns and dysfunction
- 2.2 Use validated tools
- 2.3 Apply the PLISSIT model.
- 2.4 Consider medical and psychological factors
- 2.5 Consider the role of the partner

3. Education of Sexual Health

- 3.1 Provide information on normal sexual response and function
- 3.2 Address patient concerns
- 3.3 Promote safe sexual practices

4. Optimisation of Sexual Health

- 4.1 Manage health conditions affecting sexual function
- 4.2 Address gynaecological conditions
- 4.3 Promote physical health
- 4.4 Support psychological well-being
- 4.5 Consider partner's sexual health
- 4.6 Monitor contraceptive impact
- 4.7 Refer when necessary

5. Preconception Assessment, Education & Optimisation

- 5.1 Use validated questionnaires to assess sexual concerns.
- 5.2 Screen for infertility, defined as failure to conceive after 12 months of regular unprotected intercourse (or six months if over the age of 35).
- 5.3 Provide preconception counselling
- 5.4 Address lubricant use
- 5.5 Discuss sexual function during conception efforts
- 5.6 Apply holistic approaches to optimise medical, psychological, and relational factors affecting sexual health

6. Antenatal Screening, Education, Assessment & Optimisation

- 6.1 Incorporate questions about sexual well-being during antenatal visits in all trimesters if appropriate.
- 6.2 Use the PLISSIT model for preliminary screening.
- 6.3 Initiate discussions early
- 6.4 Inform about common changes
- 6.5 Provide reassurance
- 6.6 Offer practical advice
- 6.7 Utilise tools like the FSFI-6 to assess sexual function.
- 6.8 Evaluate for sexual dysfunctions, including Genito-Pelvic Pain/Penetration Disorder (GPPPD), which may affect delivery and persist postpartum.
- 6.9 Refer to sexual health practitioners (section 4.7) for conditions like GPPPD.

Screen for and address antenatal depression and anxiety, which can adversely affect sexual function.

7. Postnatal Screening, Education, Assessment & Optimisation

- 7.1 Address sexual function during postpartum medical reviews.
- 7.2 Use the PLISSIT model to facilitate discussions.
- 7.3 Use tools such as FSFI-6 to assess for sexual dysfunction.
- 7.4 Evaluate healing of perineal injuries and address any bladder or bowel difficulties.
- 7.5 Advise on resumption of sexual activity
- 7.5 Discuss postpartum changes
- 7.6 Consider a multi-disciplinary approach in managing sexual issues.
- 7.7 Refer to pelvic health physiotherapy for management of perineal trauma and pelvic floor rehabilitation.
- 7.8 Address lifestyle factors to alleviate stress and fatigue.
- 7.9 Screen for postnatal depression and anxiety, providing referrals as needed.

8. Special Considerations: Abuse and trauma; LGBTQ+ individuals; Cancer survivors & Special populations

- 8.1 Recognise that a history of physical, emotional, or sexual abuse can negatively impact sexual function. Consider referrals to specialised services that can provide trauma-informed support, when appropriate.
- 8.2 Be inclusive and sensitive to the needs of LGBTQ+ individuals, acknowledging that they may face unique sexual health concerns.
- 8.3 Address the specific sexual health challenges faced by women who have undergone cancer treatments and provide specialised support and referrals as needed.
- 8.4 Recognise that there are women who have unique sexual health concerns associated with specific physical, cognitive and/or medical challenges and provide specialised support and referrals as needed.

Annex B – Expanded Summary Statements of Singapore Guidelines on Sexual Health for Women of Reproductive Age

1. Screening of Sexual Health

- 1.1 Recognise the importance of sexual health
 - Sexual health is integral to overall health. A crucial aspect is sexual function- encompassing desire, arousal, orgasm, and satisfaction.
 - Women should be made to feel comfortable as much as possible when discussing sexual health, including sexual functioning, with healthcare professionals (HCPs).
- 1.2 Initiate the conversation
 - Many women expect HCPs to initiate discussions when appropriate about sexual health.
 - Incorporate questions about sexual activity, contraception, sexually transmitted infections (STIs), pregnancy planning, and sexual concerns into routine history-taking when appropriate.
- 1.3 Identify appropriate healthcare providers
 - Acknowledge that women may consult various HCPs regarding sexual health, including doctors (especially gynaecologists), primary care providers, nurses, physiotherapists specialising in women's health and mental health professionals.
- 1.4 Legitimise sexual health in clinical care
 - HCPs should view the identification and management of sexual health issues as essential components of patient care.

2. Assessment of Sexual Health

2.1 Differentiate between concerns and dysfunction

- Distinguish between temporary sexual concerns/difficulties and persistent dysfunction requiring intervention.

2.2 Use validated tools

- Utilise brief questionnaires for assessing female sexual dysfunction (FSD), such as: Female Sexual Function Index-6 (FSFI-6)

2.3 Apply the PLISSIT model

- Use the PLISSIT (Permission, Limited Information, Specific Suggestions, Intensive Therapy) model for preliminary screening and intervention:
 - Permission: Encourage patients to express sexual concerns.
 - Limited information: Educate on how changes (e.g., menstrual cycle) can affect sexual function.
 - Specific suggestions: Recommend practical solutions (e.g., lubricants, new intimacy methods).
 - Intensive therapy: Refer for specialised treatment if necessary.

2.4 Consider medical and psychological factors

- Be aware of medical conditions, medications, psychological and social issues that may affect sexual function (bio-psycho-social).

2.5 Consider the role of the partner

- Involve the woman's partner when assessing sexual concerns, as sexual function can be influenced by both partners' health and communication.

3. Education of Sexual Health

3.1 Provide information on normal sexual response and function

- Educate patients about normal fluctuations in sexual function response due to factors like the menstrual cycle, stress, or relationship dynamics.

3.2 Address patient concerns

- Offer treatment options if concerns in sexual function are linked to significant distress and the patient desires intervention.

3.3 Promote safe sexual practices

- Encourage consistent barrier methods use and preventive measures against STIs.

4. Optimisation of Sexual Health

4.1 Manage health conditions affecting sexual function

- Manage sexual health issues such as vulva pain with appropriate treatments.
- Address medical conditions (e.g., high blood pressure, diabetes, thyroid disorders) and their treatments that may impact sexual health.

4.2 Address gynaecological conditions

- Early diagnosis and multidisciplinary management of conditions like endometriosis and adenomyosis can prevent impairment of sexual quality of life.

4.3 Promote physical health

- Recommend regular physical exercise to enhance overall well-being and sexual function. Optimise pelvic floor health and provide referrals to pelvic floor physiotherapy as needed.

4.4 Support psychological well-being

- Screen for stress, mental health conditions, and relationship factors that may impact sexual function.
- Provide referrals to counselling or psychological services when appropriate.

4.5 Consider partner's sexual health

- Assess and address any sexual dysfunction in male partners, as it can affect the woman's sexual function.

4.6 Monitor contraceptive impact

- Be aware that oral contraceptives may affect sexual function; monitor and adjust contraceptive methods as needed.

4.7 Refer when necessary

- Establish a network of clinical sexual health resources for referrals when first-line interventions are insufficient.
- Consider a multi-disciplinary approach in managing sexual issues.

5. Preconception Assessment, Education, & Optimisation

Women trying to conceive may experience increased stress, which can negatively impact sexual function. Infertility itself is associated with distress and can negatively impact sexual function.

Assessment

5.1 Use validated questionnaires to assess sexual concerns.

5.2 Screen for infertility, defined as failure to conceive after 12 months of regular unprotected intercourse (or six months if over the age of 35).

Education

5.3 Provide preconception counselling

- Advise on optimal frequency and timing of intercourse to increase reproductive efficiency.
- Inform that coital position and post coital routines such as remaining supine after intercourse have not been shown to affect conception rates.

5.4 Address lubricant use

- Reassure that while some lubricants may affect sperm in vitro, their use does not significantly impact fertility in practice.

5.5 Discuss sexual function during conception efforts

- Acknowledge that trying to conceive can affect sexual routines and increase stress.
- Offer support and resources for managing sexual concerns and stress during this time.

Optimisation

5.6 Apply holistic approaches to optimise medical, psychological, and relationship factors affecting sexual health.

6. Antenatal Screening, Education, Assessment & Optimisation

Pregnancy introduces biological, psychological, and social changes that may alter sexual function.

Screening

6.1 Incorporate questions about sexual well-being during antenatal visits in all trimesters if appropriate.

6.2 Use the PLISSIT model for preliminary screening.

Education

6.3 Initiate discussions early

- Proactively inform patients that HCPs are available to address concerns about sex during pregnancy.

6.4 Inform about common changes

- Educate on typical changes in sexual function and frequency throughout pregnancy due to factors like physical and body image changes, fatigue, and hormonal shifts.

6.5 Provide reassurance

- If no medical or obstetric complications are present, reassure couples that sexual activity can continue safely if desired.

6.6 Offer practical advice

- Suggest adaptations for coital positions to accommodate physical changes.
- Address sexual concerns such as dyspareunia with lubricants.

Assessment

6.7 Utilise tools like the FSFI-6 to assess sexual function.

6.8 Evaluate for sexual dysfunctions, including Genito-Pelvic Pain/Penetration Disorder (GPPPD), which may affect delivery and persist postpartum.

Optimisation

6.9 Refer to sexual health practitioners (section 4.7) for conditions like GPPPD.

Screen for and address antenatal depression and anxiety, which can adversely affect sexual function.

7. Postnatal Screening, Education, Assessment & Optimisation

Postpartum women often experience significant changes in sexual function.

Screening

7.1 Address sexual function during postpartum medical reviews.

7.2 Use the PLISSIT model to facilitate discussions.

Assessment

7.3 Use tools such as FSFI-6 to assess for sexual dysfunction.

7.4 Evaluate healing of perineal injuries and address any bladder or bowel difficulties.

Education

7.5 Advise on resumption of sexual activity

- Recommend waiting at least four to six weeks postpartum for healing and readiness before resuming sexual activity.

7.6 Discuss postpartum changes

- Educate on how hormonal changes, breastfeeding, contraception, and fatigue can affect sexual desire and function.

Optimisation

7.7 Consider a multi-disciplinary approach in managing sexual issues.

7.8 Refer to pelvic health physiotherapy for management of perineal trauma and pelvic floor rehabilitation.

7.9 Address lifestyle factors to alleviate stress and fatigue.

7.10 Screen for postnatal depression and anxiety, providing referrals as needed.

8. Special Considerations: Abuse and trauma; LGBTQ+ individuals; Cancer survivors & Special Populations

8.1 Abuse and trauma

- Recognise that a history of physical, emotional, or sexual abuse can negatively impact sexual function.
- Consider referrals to specialised services that can provide trauma-informed support, when appropriate.

8.2 Lesbian, Gay, Bisexual, Trans, Queer or Questioning+ (LGBTQ+) individuals

- Be inclusive and sensitive to the needs of LGBTQ+ individuals, acknowledging that they may face unique sexual health concerns.

8.3 Cancer survivors

- Address the specific sexual health challenges faced by women who have undergone cancer treatments.
- Provide specialised support and referrals as needed.

8.4 Special Populations

- Recognise that there are women who have unique sexual health concerns associated with specific physical, cognitive and/or medical challenges.
- Provide specialised support and referrals as needed.

Faculty Biographies – Chairpersons, Panel Members & Speakers (list is in order of appearance at the conference)

Professor Tan Kok Hian

Professor Tan Kok Hian is Head of Perinatal Audit & Epidemiology and a Senior Consultant in Maternal Fetal Medicine at KK Women's & Children's Hospital (KKH), Singapore. He holds active teaching appointments in three medical schools—serving as Professor at Duke-NUS Medical School, and as Adjunct Professor at both the NUS Yong Loo Lin School of Medicine and the NTU Lee Kong Chian School of Medicine. Since 2019, he has been the Benjamin Henry Sheares Professor in Obstetrics and Gynaecology, NUS.



Professor Tan is the Lead Principal Investigator for the NMRC Integrated Platform for Research in Advancing Maternal & Child Health Outcomes (IPRAMHO), now operating under the SingHealth Duke-NUS Maternal and Child Health Research Institute (MCHRI). He currently serves as Vice President of the Perinatal Society of Singapore, is a Past President of the Obstetrical & Gynaecological Society (OGSS) of Singapore, and chairs the OGSS Congress Trust Fund.

Professor Tan initiated and led the implementation of universal screening for gestational diabetes mellitus (GDM), introducing the new International Association of the Diabetes and Pregnancy Study Groups (IADPSG) criteria at KKH and Singapore General Hospital starting in January 2016. Under his leadership, universal GDM screening has since been adopted in all hospitals in Singapore with obstetric services. As Chairperson of the College of Obstetricians & Gynaecologists Singapore (COGS) GDM Committee (2017–2018) and the Expert Group on the GDM Appropriate Care Guide of the Agency for Care Effectiveness (ACE), Ministry of Health (2017–2018), he was instrumental in advancing national GDM management. He also led the Asia Oceania Consensus in Gestational Diabetes (January 2018). Through IPRAMHO, Professor Tan facilitated the development of eight obstetric and perinatal guidelines in Singapore and eight consensus statements for the Asia Pacific region.

He is currently Principal Investigator for the Integrated Hyperglycaemia Incentivised Postnatal Surveillance Study (IHIPS), a randomized controlled trial (RCT) examining the impact of lifestyle interventions and wearable technology on preventing postpartum diabetes in Asian women with a history of GDM. This study is supported by Singapore's NMRC (2021–2025 Large Collaborative Grant).

Professor Tan has received numerous accolades for his academic and clinical contributions, including the World Health Organization–UAE Health Foundation Prize (2009) as Team Leader for the KKH Integrated Perinatal Care Project, which was recognized for innovative and outstanding efforts in training and education. In 2010, he received the inaugural Singapore National Outstanding Clinical Quality Activist Award. He also serves as a WHO consultant for patient safety and initiated the Global Action for Leaders & Learning Organizations on Patient Safety (GALLOPS) program and led Global Knowledge Sharing Platform for Patient Safety (GKPS) to support the WHO Global Patient Safety Action Plan 2021–2030. In 2020, he was honoured with the Duke-NUS Golden Apple Generativity Award for his role in shaping the academic medicine culture at the SingHealth Duke-NUS Academic Medical Centre and fostering a culture of learning and mentorship across institutions and professional groups.

Associate Professor Tan Lay Kok

Clinical Associate Professor Tan Lay Kok is a senior consultant obstetrician and gynaecologist with a special interest in obstetric medicine and high-risk pregnancy. He did his fellowship with Professor Michael de Swiet at Queen Charlotte's Hospital. He has developed several multidisciplinary obstetric services caring for mothers with diabetes, cardiac, rheumatological, hematological, kidney and other medical conditions at the Singapore General Hospital. He has peer reviewed publications and book chapters in these areas, and organizes regular courses and meetings in maternal medicine and peripartum management. He has also been actively involved, either as chair or committee member, in holding international congresses in O&G for the Obstetrical & Gynaecological Society of Singapore, including the 2018 RCOG World Congress held in Singapore. He is also a regular invited speaker at both local and regional meetings.



Since 2021, he has been the head of the Maternal Fetal Medicine department at the KK Women's and Children's Hospital (KK Hospital) which oversees almost 12 thousand deliveries annually. He has since further developed Maternal Medicine in KK Hospital and also established a Maternal Medicine Network for the health cluster SingHealth. He is also actively involved in undergraduate and postgraduate teaching and is also the Vice Chair of Education for the SingHealth OBGYN Academic Clinical Programme. He has been President of the College of Obstetricians and Gynecologists since 2021, and oversaw the publication of guidelines on the management of COVID-19 in pregnancy and COVID-19 vaccination in pregnancy.

Dr Jean-Jasmin Lee Mi-Li

Dr Jean-Jasmin Lee is a Consultant Family Physician at the KK Women's and Children's Hospital. She is a Clinical Assistant Professor with Duke-National University Singapore and a Visiting Consultant at National Cancer Centre Singapore Primary Care Oncology. Dr Lee is a Fellow of the College of Family Physicians (CFPS) as well as a Fellow of the European Committee in Sexual Medicine.



Dr Lee has been working in women's health for more than a decade and is mainly focused on menopause, osteoporosis, obesity, and sexual dysfunction. Her teaching appointments include Physician Faculty Member in the SingHealth Family Medicine (FM) Residency program, Clinical Teacher with the Lee Kong Chian Medical School and teaching faculty for the CFPS Masters in Family Medicine program.

She has a broad international experience both as a published researcher and conference presenter in the areas of menopause, osteoporosis, obesity, sexual medicine, and innovation. Dr Lee is also a volunteer and trainer for the Singapore Emergency Medical Team (SGEMT).

Dr Tan Tse Yeun

Dr Tan Tse Yeun is a Senior Consultant with the Department of Reproductive Medicine at the KK Women's and Children's Hospital (KKH). She is an accredited IVF (in-vitro fertilisation) specialist and a Fellow of the European Committee of Sexual Medicine. Dr Tan's sub-specialties are in assisted reproductive medicine, reproductive surgery and female sexual dysfunction. KKH Sexual Health Clinic is a subspecialty clinic under Department of Reproductive Medicine which Dr Tan was instrumental in its establishment. The clinic is an inter-professional, multi-disciplinary clinic, offering holistic care to women with female sexual dysfunction.



As an avid educator, Dr Tan teaches at all three medical schools in Singapore. She is a Clinical Lecturer at the Yong Loo Lin School of Medicine, Clinical Faculty Member of the Lee Kong Chian School of Medicine, as well as Adjunct Instructor at the Duke-NUS Medical School. Dr Tan is also a Physician Faculty Member for the Obstetrics and Gynaecology Residency Programme in SingHealth. As an advocate of Inter-Professional Education (IPE), she has delivered lectures to nurses/ midwives and allied health professionals and have collaborated with the KKH interprofessional task force to design and deliver a series of educational workshops on sexual health communication for healthcare students from inter-professional backgrounds.

Ms Eng Feng Cai June

I am a physiotherapist with more than 10 years experience in the area of women's health physiotherapy. In 2022, I completed postgraduate training in continence and pelvic health and is awarded the Masters in Clinical Physiotherapy degree from Curtin University (Australia). I am also a member of the European Society of Sexual Medicine. I am passionate about women's health issues and hope to empower women with skills to manage their health through different life stages.



Ms Cheong Xinyi

Ms Cheong Xinyi is a Principal Psychologist at KKH, Psychology Service. She completed her training in the area of Clinical Psychology and has worked with populations ranging from children to adults who present with complex emotional, behavioral and mental health conditions. She has an interest in working with women with sexual health difficulties as well as in research related to this. She has trained with the European Society for Sexual Medicine (ESSM), School of Sexual Medicine and is an EFS-ESSM certified Psycho-Sexologist (ECPS). She is also a registered psychologist with the Singapore register of Psychologists. She also lectures at various post graduate Clinical Psychology and Counselling programmes, also being involved in the training and supervision of provisional psychologists.



Dr Ronny Tan

Dr Ronny Tan is a Specialist Urologist and Andrologist who is locally trained and board certified by the Specialists Accreditation Board. He sub-specializes in Andrology, Male subfertility, Sexual Medicine and Prosthetic Surgery and is the first Singaporean to be fellowship trained in USA in this niche specialty. He started the LiESWT (for erectile dysfunction) service when he was Director of Andrology at Tan Tock Seng Hospital prior to starting his private practice. He was also among the first to place the Coloplast Genesis as well as Titan Touch Penile Prosthesis in Singapore. He did the first UroLift procedure for BPH on 19 October 2019 in Singapore at Mount Elizabeth Hospital and is currently the Teleflex proctor for this procedure in the region. He serves as the President of the Society for Men's Health Singapore and is Member-At-Large for the Asia-Pacific Society for Sexual Medicine and is on the Audit Committee for the International Society for Sexual Medicine.



Associate Professor Lim Geok Hoon

Lim Geok Hoon is the Head and Senior Consultant of Breast Department, KK Women's and Children's Hospital and Clinical Associate Professor with Duke-NUS Medical School. She is an oncoplastic breast surgeon and has several publications focusing on the surgical techniques most applicable to Asian women. She also has a special interest in genetic breast cancer. She founded the Singapore Breast Oncoplastic Surgery Symposium (SBOSS) in 2015 to increase regional awareness of oncoplastic surgery. She pioneered the minimal scar mastectomy technique and is the inventor of the world's first virtual breast oncoplastic surgery simulator (VBOSS) used for oncoplastic surgery training.



Dr Wang Junjie

Dr Wang Junjie is the Head and Senior Consultant of the Department of Gynaecological Oncology, KK Women's and Children's Hospital. Dr Wang underwent overseas training in the Inselspital in Bern, Switzerland and Oscar Lambret Cancer Centre in Lille, France. His fellowship training had a strong focus on advanced laparoscopic surgery for gynaecological cancers.

**Ms Phyllis Wong**

Ms Phyllis Wong is a professional couple and family therapist who received her Master training in London, United Kingdom.

She has two decades of diverse experiences working with individual adults across the lifespan, families, couples, adolescents and children in a crisis, trauma and healthcare setting.

Phyllis has also published a chapter on "Women's Health in Medical Settings" in "Medical Social Work in Singapore: Context and Practice", which is primarily a reference book for local social work undergraduates. She is also a member of the Association for Family Therapy & Systemic Practice, UK.

**Ms Samantha Chia**

Samantha is a Nurse Clinician at KK Women's and Children's Hospital with 17 years of experience in obstetric nursing with the last 15 years practicing as a midwife. Her care for women spans through the continuum of maternity care, including the antenatal, intrapartum, and postnatal phases. In her current role as a Nurse Clinician in Ward 81, Samantha is involved in clinical care, staff training and development. She is part of the team of midwives who run the Midwife-Led Clinic in KKH where women with low-risk pregnancies are cared for. Samantha's interest is in improving maternity care practices to enhance maternal and child health outcomes.

**Ms Julia Eng**

Julia is currently Director, Nursing in National Cancer Institute and Director (APN Development) Singhealth. She began her career in gyn-onco since 1998 in KK Women's and Children's Hospital and worked as a Gyn-onco nurse coordinator before she pursue her Master in Oncology in Melbourne University in 2002. During her course of work as a coordinator, she recognized sexual health as one major concern among her patients. Hence, she took up the topic of female sexual dysfunction as her research thesis. Now as an Advanced Practice Nurse in Gynaecology Oncology, she continued to speak with her patients for any sexual health concerns and provide essential knowledge and education to other nurses.



Dr Tan Qing Ting

Dr Tan Qing Ting is a senior consultant oncoplastic breast surgeon at the Breast Department of KK Women's and Children's Hospital and Clinical Assistant Professor at Duke-NUS Medical School. She has worked with the Menopause Clinic and Sexual Health Clinic to introduce bone health and sexual health services for breast cancer patients. She also represents KKH for the SingHealth young women with breast cancer team (YoWo).

Dr Tan is active in clinical research and has presented at various conferences both locally and internationally. She is continually developing her skills in advanced, minimally invasive and novel techniques in breast cancer surgery to achieve optimal outcomes for her patients.



Ms Shirlene Toh

Ms Shirlene Toh is a Senior Principal Occupational Therapist at Tan Tock Seng Hospital Rehabilitation Centre. She completed the Master of Health Science (Sexual Health) with University of Sydney in Dec 2007. Currently, she practices as an occupational therapist specialising in Spinal Cord Injury at TTSRH Rehabilitation Centre. She is also the main champion for the TTSRH Rehabilitation Centre's Sexual Wellness for the Disabled programme. She addresses sexuality issues with people with disabilities (such as Spinal Cord Injury, Stroke, etc). Ms. Toh had conducted workshops at various local conferences and training related to sexuality for health care professionals within TTSRH as well as in other hospitals. She has been keeping abreast with development in sexuality management for the disabled population.



Professor Alex Sia

Prof Alex Sia graduated from the Faculty of Medicine, National University of Singapore in 1989. He pursued specialty training in Anaesthesia and Intensive Care Medicine at KK Women's & Children's Hospital (KKH) and Singapore General Hospital, and received his Master of Medicine in Anaesthesia in 1994, and Certificate of Specialist Accreditation in Intensive Care Medicine in 2012. He earned his Master in Business Administration in 2015 from Singapore Management University, under the Ministry of Health Holdings Hospital Administration Scholarship Scheme. Prof Sia assumed the role of Chief Executive Officer, KKH, on 1 May 2017. Prior to that he was Chairman, Medical Board, KKH, and Senior Associate Dean (KKH Campus), SingHealth Duke-NUS Medical School, Singapore, from 2012-2017. Prof Sia was Director, KK Research Centre, from 2009 to 2013 and Deputy Group Chairman Medical Board of Singapore Health Services Pte Ltd, from 2016-2017.

Prof Sia is Professor, Duke-NUS Medical School, Singapore, and since 2013, Prof Sia has been Clinical Professor, Yong Loo Lin School of Medicine. He is also Adjunct Professor, Engineering Design & Innovation Centre, at the National University of Singapore. Trained in Anaesthesia and Intensive Care Medicine, Prof Sia is concurrently Senior Consultant in the Department of Women's Anaesthesia, KKH.

As CEO, Prof Sia spearheaded the establishment of the Maternal and Child Health Research Institute (MCHRI) in 2021, and saw KKH being ranked, for the first time, as one of the Top 10 Best Children's Hospital in Asia Pacific by Newsweek-Statista in 2024. Apart excellent outcomes and experience, the establishment of KKH Offices for Population and Global Health under his charge has enhanced the mindshare and market-share for KKH. During his tenure, KKH became one the Singapore's Best Employer (Ranked 30 in 2024 by The Straits Times-Statista) for the first time in history.

Prof Sia's pursuit of advancement in the safety and reliability of patient care includes the development of closed-loop, automated and computer integrated administration of medications. He has been granted as Inventor of three SingHealth-owned patents by USPTO (United States Patent & Trademark Office) in this area of healthcare development and advancement. Leveraging this, he helped co-found two start-up med-tech/deep tech companies; one of these, HiCURA Pte Ltd, was named by Forbes Asia as one of the 'Top New 100 companies to watch in Asia' in 2022. He is also involved in research on the pharmacogenomics of pain, particularly in relation to the use of opioids.

Prof Sia has authored more than 150 peer reviewed journal articles and book chapters. He has edited two text books and has a H-index of 51 (Google Scholar, 2024).



Associate Professor Sadhana Nadarajah

Dr Sadhana Nadarajah is Head and a Senior Consultant in Department of Reproductive Medicine in KK Women's & Children's Hospital (KKH). She is also the Head to Adolescent Gynaecology Unit in KKH.

**Dr Liu Shuling**

Dr Liu Shuling is currently the Director of KKIVF Centre and National Sperm Bank at KK Women's and Children's Hospital. She is an experienced IVF doctor and has a passion for helping couples achieve their dream of starting a family. Dr Liu is also the Clinical Lead at KK Hospital's Recurrent Pregnancy Loss Service. In addition to her clinical work, Dr Liu is actively involved in both undergraduate and post-graduate education. Her research interests include subfertility and recurrent pregnancy loss.

**Dr Michelle Loh**

Dr Michelle Loh is a consultant at the Department of Reproductive Medicine in KK Women's and Children's Hospital.

She believes in holistic care to improve the lives of her patients. As a fertility specialist, she understands that a couple's journey of having a child may be uncertain and arduous. Hence, she finds it especially meaningful and is committed in helping couples attain their dream of parenthood.

**Dr Chua Ka Hee**

Dr Chua Ka Hee graduated from National University of Singapore School of Medicine in 2006. He undertook the Singhealth Obstetrics & Gynaecology Residency programme, and after graduating as a MOH accredited Obstetrics & Gynaecology specialist, he joined KK Hospital Department of Reproductive Medicine as a Consultant, where he was the resident Andrology Specialist. He specialises in both female and male fertility and their treatments, including assisted reproductive techniques (ART), minimally invasive reproductive surgery (MIS) and surgical sperm retrieval.

**Associate Professor Rukshini Puvanendran**

Clinical Associate Professor Rukshini Puvanendran is Head and Senior Consultant Family Medicine Service and Co Director of Menopause Centre at KK Women and Children's Hospital. She is the clinical lead for the Women's Weight Management Centre in KK Women and Children's Hospital, the only Women specific Weight Management Centre in Singapore's Restructured Hospitals.



Associate Professor Suzanna Sulaiman

A/Prof Suzanna Sulaiman is passionate clinician and educator who takes pride educating patients about health and also about pregnancy care. She also does this by training junior staff in enabling optimal care for patients. She is a dedicated teacher and has helped students and residents achieve poster/oral presentations during electives. She believes that nurturing at an early stage as early as medical school years will produce good doctors. In this capacity, A/Prof Suzanna also oversees the teaching sessions for the junior doctors. As a mentor/senior, she is approachable, caring, has vast experience, and her positivity in life has touched many juniors to improve and be better doctors in serving the public.

Clinically, A/Prof Suzanna continues to embark in obstetrics and general gynaecology. Her patients regard her as their pillar of strength at all stages of pregnancy. She places an element of motivation to even patients inclusive of encouraging them to attempt exclusive breastfeeding. On another hand, she also helps run CARE – Clinic for the Teenage Pregnant Single Girls. She believes in providing support and guidance to improve their lifestyle and be better mothers and possibly to return to school.

Her collaboration with SingHealth Community Nurses & Community Partners such as MSF, MUIS, Temasek Foundation and Kids 0-3 in her role as KKH lead in Project ARIF, a novel programme which aims to improve Muslim family and child outcome by enhancing mosque's capability. This project had garnered support from Minister of State A/Prof Faishal Ibrahim and Senior Parliamentary Secretary Mdm Rahayu Mahzam



Associate Professor Manisha Mathur

A/Prof Manisha Mathur is the Head of Ambulatory Service and Deputy Head & Senior Consultant with the Department of Obstetrics & Gynaecology at KKH. She is also the Program Director of the SingHealth OBGYN Residency Programme and the Deputy Vice Chair of Education (postgraduate) for OBGYN ACP.

A/Prof Mathur graduated with honours in her Bachelor of Medicine and Surgery and her Master of Surgery (Obstetrics & Gynaecology) from the S.M.S Medical College in India. She subsequently trained in the United Kingdom, advanced herself with Certificate of Completion of Training for Specialist from the General Medical Council, United Kingdom in 2010. She has been a Member of Royal College of Obstetrics & Gynaecology, London, United Kingdom since 2004, obtaining the Fellowship of Royal College of Obstetrics & Gynaecology, London, United Kingdom in 2017. She is also a fellow of the American Congress of Obstetrics & Gynaecology since 2016. Her main areas of interest are antenatal and peri-partum care and medical education. She is highly regarded as a caring and dedicated doctor who is very meticulous in ensuring that all her patients receive the best available care. Her excellent knowledge of clinical practice is up to date with local and international protocols that widely benefits women who seek for care and treatment.

She is passionate about teaching and was awarded the prestigious AM.EI Golden Apple Award in 2019. Apart from the clinical commitment, her passion in teaching and educating junior doctors is unparalleled. As the Program Director of the SingHealth OBGYN Residency Program for last 8 years, A/Prof Mathur has been patiently training and mentoring OBGYN residents. She is also actively involved in teaching and training of the medical students of Yong Loo Lin, Duke-NUS, and Lee Kong Chian Medical schools. In recognition of her teaching contributions she was awarded the prestigious AM.EI Golden Apple Award in 2019 and the SingHealth Distinguished educator award in 2021.

She is also active in clinical research related to her areas of interest and has over 50 publications in peer reviewed journals with significant impact factor. She has been a recipient of many research grants.

In recognition of her excellent service to patients throughout the years, she was also awarded the SingHealth Quality Service Gold Award in 2014, the SingHealth Quality Service Star Award in 2015 & 2024 as well as the SingHealth Quality Service Superstar Finalist Winner in 2017.



Professor Victor Samuel Rajadurai

Professor Samuel Rajadurai is a Senior Consultant in the Department of Neonatology at the KK Women's and Children's Hospital, Singapore. He is a Clinical Professor of Paediatrics at Duke-NUS and also a visiting Professor to Tianjin Central Hospital, China. He has had extensive experience in Neonatology for more than 35 years. Currently, he is the current President of the Perinatal Society of Singapore and immediate past President of the FAOPS Organization. In the past he has served as President of the College of Paediatrics and Child Health. He was the founding Director of the National Expanded Newborn Screening Programme in Singapore. Prof Sam's research interests are perinatal asphyxia, PPHN, late preterm infants, chronic lung disease of prematurity, infant nutrition, hypoglycaemia, and newborn screening.



Prof Sam has participated as a collaborator in several international multicenter randomized control trials including the OSECT trial, RAST study, UKOS trial, N3RO trial, PROTECT study, OPTIMIST-A trial, TORPIDO 3060 Study and the PLUSS trial. He is also an IPRAMHO investigator. He has been invited to speak at several national and international conferences and has also conducted Seminars / Workshops in Malaysia, Indonesia, Bangladesh, India, Japan, Cambodia and Myanmar. As a visiting Professor to People's Republic of China, he has been invited to lecture in several cities including Beijing, Shanghai, Guangzhou, Tianjin, Shijiazhuang, Shenzhen, Chengdu and Yinchuan for the past 15 years. His publications include 6 chapters in books, 160 abstracts and over 160 articles in journals.

Dr Thomas King

Dr King graduated from the Royal College of Surgeons in Ireland in 2003 and completed specialist training in both endocrinology and general internal medicine in Ireland. He undertook research investigating the link between birth weight and cardiovascular disease was conferred with a Medical Doctorate (MD) in 2012. He went on to pursue a fellowship in Reproductive Medicine at the Institute for Women's Health, University College London, UK in 2014. In 2016 he moved to Changi General Hospital and is a visiting consultant at the department of reproductive medicine in KKH. His areas of interest include PCOS, disorders of sex development, hypogonadism, infertility, gender and osteoporosis.



Associate Professor Ang Seng Bin

A/Prof Ang Seng Bin is a Family Physician, Senior Consultant of Family Medicine Service at KKH. He has been active in undergraduate and postgraduate teaching and has several teaching appointments which include Director (Innovation) of SingHealth Duke-NUS Family Medicine Academic Clinical Programme (FM ACP), Associate Programme Director of SingHealth Family Medicine (FM) Residency Program, Faculty for the Fellowship programme for CFPS, Physician Faculty for the SingHealth Obstetrics & Gynaecology (OBGYN) Residency Program, Clinical Associate Professor in O&G, Paediatric as well as FM clerkships for Duke-NUS Medical School. His research interests include osteoporosis, menopause, sexual health, healthcare innovations and dermatology.



Dr Leonora Chiam

Dr Leonora Chiam is an associate consultant psychiatrist at KK Women's and Children's Hospital. She is a Fellow of the Royal Australian and New Zealand College of Psychiatrists. Having completed advanced training in consultation-liaison psychiatry, she has special interests in women's mental health and working across systems.



Ms Phyllis Phua

Phyllis is a clinical psychologist with Psychosocial Trauma Support Service (PTSS) at KK Women's and Children's Hospital. She provides assessments and interventions with adults, youths, children and families who had experienced psychological trauma from adverse events, including sexual abuse, physical abuse, road traffic accidents, and near-drownings. She also provides trainings and consultations to various community partners as part of PTSS' efforts to widen and strengthen the network of providers of trauma-informed care in Singapore.



Dr Michelle Lim

Dr Michelle Lim is a Consultant Obstetrician Gynaecologist currently practicing at Nobel Obstetrics, Gynaecology & Minimally Invasive Surgery Centre in Mount Elizabeth Novena Hospital.

She graduated from the Yong Loo Lin School of Medicine, Singapore with the Bachelor of Medicine and Bachelor of Surgery before going on to attain her Membership of the Royal College of Obstetricians and Gynaecologists, United Kingdom.

Besides looking after all Obstetric and Gynaecological concerns of her patients, Dr Michelle has expertise in Minimally Invasive Surgery, including complex gynaecological laparoscopic surgery and the surgical management of endometriosis. She was awarded the Health Manpower Development Plan (HMDP) Scholarship for "Advancement of Minimally Invasive Surgical Skills in Complex Gynaecological Surgeries and Endometriosis" and completed her surgical fellowship under the esteemed Professor William Lin in Taiwan.

Prior to leaving for the private sector, Dr Michelle was a Consultant at the Minimally Invasive Surgery Unit, Obstetrics and Gynaecology in KK Women's and Children's Hospital, Singapore, and has had more than 15 years of experience in the field. She ran dedicated clinics at the KKH Minimally Invasive Surgery and Endometriosis Centre and to date has performed more than 800 advanced minimally invasive surgical procedures.

In addition to her clinical role, Dr Michelle has been actively engaged in education and surgical training and has been invited as a speaker and surgical trainer in both local and regional conferences and workshops.

Dr Michelle firmly believes in placing her patients' ideas, concerns and expectations at the core of her counselling and management. She is at heart an empathetic clinician and has received numerous awards for providing quality healthcare service and championing patient safety.



Dr Huang Zhongwe

Adjunct Assistant Prof Huang Zhongwei is Clinician-Scientist and Consultant at the Department of Obstetrics and Gynaecology, Division of Reproductive Endocrinology and Infertility, National University Hospital, Singapore. He is the Deputy Director of NUS Bia-Echo Asia Centre for Reproductive Longevity and Equality (ACRLE), specialising in research for women's reproductive health, ageing, digital medicine, and leading the conversation in women's reproductive longevity and equality. Adjunct Assistant Prof Huang supports couples with fertility and sexual issues holistically as an integral part of his clinical practice. He also cares for mothers throughout their pregnancy and women in their post reproductive years.



Dr Jill Lee

Dr Jill Lee is a Consultant Obstetrician, Gynaecologist and Urogynaecologist at KK Women's and Children's Hospital (KKH) and Clinical Assistant Professor at Duke-NUS Medical School and Lee Kong Chian School of Medicine. She is the clinical lead for the multidisciplinary combined pelvic floor and perineal clinics at KKH which she helped to establish in 2020 and 2022 respectively. Through these services, women with complex pelvic floor disorders and obstetric anal sphincter injuries receive more holistic care and improved access to relevant tertiary care services not just at KKH but also at partner SingHealth institutions.



Alongside her clinical commitments, she is actively involved in health professions education with special interest in curriculum development, wellbeing and resilience and technology-enhanced learning. She completed her Masters of Science in Clinical Education at University of Edinburgh in 2014 and is presently Associate Programme Director to the SingHealth Obstetrics and Gynaecology Residency Programme and Co-Chairs the Technology Enhanced Learning sub-committee at SingHealth Academy. Her passion in this area has led to the development of AM Buddy, a clinical reference app for local guidelines for SingHealth Obstetrics and Gynaecology and Paediatric Medicine ACPs.

She has published more than 20 papers in both clinical and education related research in indexed journals with her current main research interests dedicated to pelvic floor dysfunction and obstetric anal sphincter injuries.

Dr Elaine Quah Phaik Ling

Dr Quah serves as an Assistant Professor at Duke-NUS Medical School and holds the position of Senior Research Fellow in the Division of Obstetrics & Gynecology at KK Women's and Children's Hospital (KKH). Her research primarily focuses on improving the metabolic health of mothers during pregnancy and the postpartum period, as well as examining the effects of nutrition and behavioral nutrition on child health outcomes. With a portfolio of over 40 publications in internationally peer-reviewed journals, Dr. Quah has made substantial contributions to the fields of maternal and child health. In addition to her research, Dr. Quah has been actively involved in various multidisciplinary committees at KKH. Notably, she was a key member of the team that developed the Singapore 24-Hour Activity Guidelines for Children (2021-2022) and the Singapore Feeding and Eating Guidelines for Infants and Young Children (2024).



Dr Shivadev M

I am a Psychiatrist and Sexual Health Specialist with over a decade of experience in mental health, psychosexual wellness, and clinical research. As the Co-Founder and Medical Director of PassionFruit Relationship & Sexual Wellness Centre in Koramangala, I focus on addressing a wide spectrum of psychosexual concerns; including relationship challenges, trauma, and sexual dysfunction, while integrating evidence-based, culturally sensitive approaches.



With extensive training and global exposure, I am a Fellow of the prestigious European Society for Sexual Medicine (ESSM) and have held leadership roles, including serving on the ISSM Communication Committee. My professional practice emphasizes the intersection of mental and sexual health, with a deep understanding of how societal and cultural factors influence well-being.

In addition to clinical practice, I have substantial experience in clinical research, contributing to Phase II-IV trials in schizophrenia, bipolar disorder, major depressive disorder, and adolescent mental health. My work has involved protocol design, subject assessment, adverse event reporting, and adherence to ICH GCP guidelines. I have served as a Sub-Investigator in multiple trials and as a member of a Data Monitoring Committee, ensuring safety and ethical compliance.

Throughout my career, I have consulted at leading institutions such as Unity Lifeline Hospital and HealthCare Global (HCG), where I provided inpatient and outpatient care, focusing on integrative psychiatry and oncology.

As a speaker and educator, I am passionate about advancing conversations on mental and sexual health. My talks blend clinical expertise with practical strategies, aiming to empower individuals and professionals to address these often-overlooked areas of well-being.

Dr Padmini Prasad

Obstetrician, gynaecologist, sexologist, marriage counsellor, medical writer, health columnist, television health awareness influencer and a household name in Karnataka, India. She has received gold medal in MD(OBG). She has held various positions as President, Vice President, Secretary etc., in National & International Sexual Medicine & OBG Societies. A passionate doctor with extensive experience in sexual & and reproductive health. She is kind, empathetic and provides best care to the patients.



She is a self-motivated, reliable, responsible and hard-working doctor who gives free treatment to poor and needy.

She is hailed as the First Qualified woman sexologist in Karnataka.

She is responsible for a “silent revolution” in the field of sexual health.

She has prevented suicides, divorces, mended broken homes and removed myths and misconceptions through her counselling and treatment.

She is a sought-after faculty and speaker in National and International conferences. Her areas of interest include Sexual Health, Infertility and Mid Life Health. She is the Founder President of “BHARAVASE CHARITABLE FOUNDATION”.

She believes in “Health is everyone’s right and Health care should reach each and every Individual in the society” and no one should be denied access to diagnosis and treatment of diseases. Her massages reach various cities and villages.

She is the recipient of many awards and felicitation from Govt and Non-Governmental organizations.

Professor Milind Shah

Professor Milind Shah is a distinguished obstetrician and gynaecologist whose career spans decades of dedicated service, research, and leadership in reproductive health across India and the Asia-Oceania region.



After completing his medical degree (MD) and obtaining diplomas in Gynaecology and Obstetrics (DGO) and Family Planning (DFP), Professor Shah further honed his expertise, earning fellowships from the Indian College of Obstetricians and Gynaecologists (FICOG) and the Indian Association of Gynaecological Endoscopists (FIAOG).

Professor Shah's commitment to advancing maternal and reproductive health is evident in his establishment of two significant medical facilities: the Naval Maternity & Nursing Home in Solapur, which includes the Ashakiran Sperm Bank and an Endoscopy & Infertility Center, and a similar facility in Sion, Mumbai. These centres have become beacons of hope for countless individuals seeking specialised reproductive care.

Throughout his career, Professor Shah has held numerous prestigious positions in professional organisations. He served as the President of the Indian Society of Perinatology & Reproductive Biology (ISOPARB) from 2016 to 2018 and as Vice President of the Federation of Obstetric and Gynaecological Societies of India (FOGSI) in 2011. His leadership extends to international bodies, where he currently serves as the Honorary Secretary General of the Federation of Asia Oceania Perinatal Societies (FAOPS) and is a member of the Maternal & Fetal Medicine Committee of the Asia Oceania Federation of OBGYN (AOFOG).

Professor Shah's influence in the medical community is further exemplified by his roles as President of the Indian Medical Association's Solapur Branch (2021-22) and Chairman of the Safe Motherhood Subcommittee for IMA Maharashtra State. He is also the Founder President of the Infertility & High Risk Foundation (IHRF) and the President-Elect of the Indian Society of Prenatal Diagnosis & Fetal Therapy (ISPAT) for 2019-21.

In academia, Professor Shah has served as Professor and Head of Department of Obstetrics and Gynaecology at Gandhi Natha H. Medical College. His contributions to medical literature include authoring books on "Hypertensive Disorders in Pregnancy" and "Pelvic Organ Prolapse", as well as contributing over 20 chapters to various medical texts. He has also published numerous scientific papers in national and international journals and serves as a peer reviewer for the Journal of Obstetrics and Gynaecology of India.

Professor Shah's expertise is sought after globally, having been invited to deliver lectures on various topics in obstetrics and gynaecology in over 25 countries across six continents. This international exposure has allowed him to bring cutting-edge practices and knowledge back to his patients and students in India.

Beyond his medical practice, Professor Shah is an active Rotarian, demonstrating his commitment to community service and global understanding.

Through his clinical work, research, leadership in professional organisations, and educational efforts, Professor Milind Shah continues to shape the field of obstetrics and gynaecology, improving maternal and reproductive health outcomes across India and beyond.

Dr Premita Damodaran

Dr Premita Damodaran is a distinguished Consultant Obstetrician and Gynaecologist based in Kuala Lumpur, Malaysia. She obtained her MBBS from the University of Delhi in 1989, laying the foundation for a career dedicated to women's health.



Following her initial medical training, Dr Damodaran pursued further specialisation, earning her Masters in Obstetrics and Gynaecology (MMed) from the University of Malaya in 1995. Her commitment to continuous professional development is evident in her recent achievements, including obtaining a Fellowship of the Academy of Medicine, Malaysia (FAMM) in 2022 and a Certificate in Cognitive Behavioural Therapy (CBT) in 2024.

Dr Damodaran's expertise extends beyond her clinical practice. She currently serves as the President of the College of Obstetrics and Gynaecology, Academy of Medicine, Malaysia for the 2024-2026 term. Her influence in the field of women's health is further exemplified by her position on the Board of Trustees of the International Menopause Society for the same period.

With a particular interest in menopause and midlife women's health, Dr Damodaran chairs the relevant subcommittee of the Obstetrical and Gynaecology Society of Malaysia. She is also a passionate menopause health advocate, sharing her knowledge through her Facebook page, "Mend-the-Pause".

Throughout her career, Dr Damodaran has played pivotal roles in developing clinical practice guidelines in Malaysia. She has contributed her expertise to guidelines on diverse topics including osteoporosis, endometriosis, anemia in pregnancy, and menopause management. Most recently, she chaired the development of the Clinical Practice Guidelines for Management of Menopause in Malaysia in 2022.

Dr Damodaran maintains a busy clinical practice at Pantai Hospital Kuala Lumpur while also serving as a Visiting Clinical Specialist at the University Malaya Medical Centre. Her multifaceted career demonstrates her commitment to advancing women's health through clinical practice, education, and policy development.

Ms Neng Shahidah Sabullah

Ms Neng Shahidah Sabullah is an experienced pelvic health physiotherapist with fellowship training in Malaysia and Singapore. She has extensive experience in pelvic floor rehabilitation, patient education, and professional training.



As the Leader of the Women's Health Physiotherapy Group (SIG) under the Malaysian Physiotherapy Association (MPA), she has spearheaded initiatives to advance pelvic health education, clinical training, and advocacy. The group's efforts have been supported by esteemed experts, including Dr. Margaret Sherburn, further strengthening its role in promoting evidence-based physiotherapy practices in women's health. Ms. Neng has also organized pelvic health workshops attended by participants from Brunei and Singapore, fostering regional collaboration and knowledge exchange in pelvic health care. Through these workshops, she has contributed to developing skills and awareness among healthcare professionals across Southeast Asia.

Her clinical work focuses on personalized rehabilitation programs to enhance quality of life and improve outcomes for individuals with pelvic health concerns. Passionate about advancing clinical guidelines and multidisciplinary collaboration, Ms. Neng continues to contribute to the development of best practices in pelvic and sexual health physiotherapy, ensuring improved patient care and professional education across the region.

Associate Professor Dr Rosediani Muhamad

Associate Professor Dr Rosediani Muhamad holds medical qualifications in Family Medicine from Universiti Sains Malaysia (MD and Master of Medicine) and a PhD in Public Health from La Trobe University, Australia. She previously served as the Head of the Family Medicine Department at USM and currently leads the Quality Assurance Unit for the medical school.



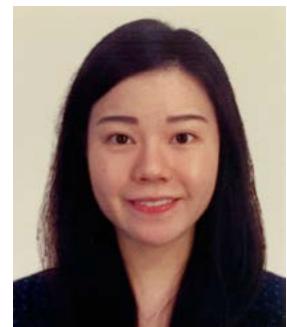
Her research and clinical services focus on women's health, family medicine, cardiovascular diseases, and sexual health. She has published approximately 77 peer-reviewed articles, employing both qualitative and quantitative methodologies. Additionally, she has completed over 10 pharmaceutical clinical trials related to diabetes and hypertension medications and two are still ongoing.

Dr Rosediani has successfully supervised 37 master's students and five PhD candidates, and she is currently mentoring three PhD students, six MSc and 10 master of Medicine. She serves as a reviewer for multiple indexed journals and is an assistant editor for the Asia Pacific Journal of Public Health.

She is also the President of the Asia-Oceania Federation for Sexology (AOFS) and an Executive Committee member of the World Association for Sexual Health (WAS).

Ms Kay Lam

Kay holds a Bachelor of Physiotherapy from The University of Melbourne and a Master's in Women's Health Medicine from the University of New South Wales in Australia. With 17 years of clinical experience, she is passionate in postpartum recovery, pelvic health, and maternal wellness. As one of the few women's health physiotherapists based in Brunei, she works closely with obstetricians and gynaecologists in both the public and private sectors to support efforts in improving women's health services.



Ms Lai Yu-Fen Betty

Ms Lai Yu-Fen Betty is a highly experienced Physical Therapist specialising in pelvic floor rehabilitation. She holds a master's degree in Medical Science and has been an integral part of the Chung Shan Medical University Hospital (CSMU) in Taichung, Taiwan, since 1995.



In 2011, Ms Lai's expertise led her to join the Comprehensive Pelvic Floor Health Care Center at CSMU, where she continues to provide cutting-edge conservative treatments. Her approach includes behavioural modification, biofeedback training, individualised pelvic floor muscle exercises, electrical stimulation, and neuromodulation for patients with pelvic floor dysfunction.

Throughout her career, Ms Lai has contributed significantly to the field of pelvic health through her research. She has co-authored several important studies, including a pilot study on bladder rehabilitation for patients with neurogenic lower urinary tract dysfunction, published in the Taiwanese Journal of Physical Medicine and Rehabilitation in 2015.

Ms Lai's research interests span various aspects of pelvic health. She has investigated the efficacy of electromagnetic stimulation compared to electrostimulation plus biofeedback in treating male refractory chronic pelvic pain syndrome. Her work has also explored the effects of far-infrared radiation on perineal wound pain and sexual function in women who have undergone episiotomies.

Most recently, Ms Lai contributed to a study examining the impact of early postpartum biofeedback-assisted pelvic floor muscle training on sexual function and lower urinary tract symptoms in women with second-degree perineal laceration. This research, published in the Taiwanese Journal of Obstetrics and Gynecology, further demonstrates her commitment to improving patient outcomes in pelvic health.

With over two decades of clinical experience and a strong research background, Ms Lai continues to be at the forefront of pelvic floor rehabilitation, making significant contributions to patient care and the broader field of physical therapy.

Ms Maureen Aleste

Maureen Aleste received her Bachelor's degree in Physical Therapy in the Philippines and her Master's degree in Applied Gerontology from Nanyang Technological University, Singapore. At present, she works as a physiotherapist for Prairie Mountain Health (PMH), Manitoba, Canada. Prior to joining PMH, she worked in both private and public hospitals in Singapore from 2006 to 2024.



Maureen developed a special interest in pelvic floor rehabilitation while working at KK Women's and Children's Hospital (KKH), where she became a member of the sexual health clinic's multidisciplinary team. In 2022, Maureen joined the Women and Children Centre and Mount Elizabeth Hospital as a principal physiotherapist specializing in women's health. In private practice, she had the opportunity to work with OB-GYNs at a fertility clinic, supporting and guiding patients who experienced difficulty conceiving due to vaginismus.

To stay current with evidence-based practice, Maureen has taken additional courses related to pelvic health education, including Advanced Pelvic Health-Level 3 with Women's Health Training Associates and Postpartum Rehabilitation through the Herman and Wallace Pelvic Rehabilitation Institute.

Outside of her clinical work, Maureen was involved in research. She served as the principal investigator for the IPRAMHO study on structured exercise in pregnant women with gestational diabetes mellitus (I-EXERCISE), a randomized controlled trial.

Dr Diosdado V. Mariano

Dr Diosdado V. Mariano is the Country Representative of the Philippines to the Federation of Asia and Oceania Perinatal Societies. He is the former Chairman of the Department of Obstetrics and Gynecology at the De los Santos Medical Center for 18 years. He was also the former Assistant Medical Director of the Gat Andres Bonifacio Medical Center.



He has been working on women's health for many years especially on the advocacy on Teenage Pregnancy and Sexual Health. He was assigned by the Philippine Obstetrical and Gynecological Society to Chair a Task Force on Reproductive Health Education for Adolescents.

Dr Mariano has broad local and international experience as Speaker, Researcher and conference presenter in the areas of Gut Microbiome, DHA and the Brain, Recurrent Pregnancy loss and Sexual Health for Adolescents

Assistant Professor Panicha Chantrapanichkul

Assistant Professor Panicha Chantrapanichkul is an accomplished medical professional who has dedicated her career to advancing reproductive and transgender medicine. As an Assistant Professor in the Gynecologic Endocrinology Unit at Siriraj Hospital, Mahidol University in Bangkok, she brings over a decade of specialized medical expertise to her field.



After completing her Doctor of Medicine degree from the Faculty of Medicine at Siriraj Hospital, Mahidol University in 2010, Assistant Professor Panicha Chantrapanichkul pursued further specialisation in Obstetrics and Gynecology, earning her Thai Board certification in 2014. She then obtained her Diploma in Reproductive Medicine from the Thai Sub-board in 2016, solidifying her expertise in this specialized field.

Her professional journey at Siriraj Hospital began as a Clinical Instructor in the Gynecologic Endocrinology Unit in 2017, where she combined clinical practice with academic teaching. In recognition of her contributions and expertise, she was appointed as an Assistant Professor in 2021, a position she continues to hold today. Throughout her tenure, she has served as an attending Gynecologic Endocrinologist, providing specialized care to patients while advancing medical knowledge in her field.

Assistant Professor Panicha Chantrapanichkul has made significant contributions to medical literature, authoring numerous peer-reviewed articles in the areas of reproductive endocrinology, infertility, and transgender health. Her research has particularly focused on hormonal therapy and metabolic outcomes, demonstrating her commitment to advancing understanding in these crucial areas. She has also contributed her expertise to major medical textbooks, co-authoring chapters on endometriosis, infertility, and benign gynecologic diseases.

Based at the prestigious Siriraj Hospital in Bangkok, Assistant Professor Panicha Chantrapanichkul continues to focus her practice and research on reproductive medicine and transgender medicine, working to improve patient care and medical knowledge in these vital areas of healthcare.

Professor Dittakarn Boriboonhirunsarn

Associate Professor Dittakarn Boriboonhirunsarn is an obstetrician at the Department of Obstetrics and Gynaecology, Faculty of Medicine Siriraj Hospital. He is also an administrative member and the chairperson of Subcommittee on Research of The Royal Thai College of Obstetricians and Gynaecologists.



A/Prof Dittakarn and his colleagues are the pioneer in setting up a clinical practice guideline for GDM and a GDM patient care team in Siriraj Hospital. He and his team was involved in GDM care in Siriraj Hospital for almost 20 years. He is also a member of Siriraj Center of Excellent on Diabetes as a representative for the obstetric team.

A/Prof Dittakarn and his colleagues have regularly published researches related to GDM in national and international journals. Majority of the researches on GDM are related to clinical practice, including baseline clinical information, screening and diagnosis, risk identification, prevention and prediction of clinical outcomes, and care process improvement. He is an IPRAMHO International investigator.

Professor Tiran Dias

Tiran Dias MD (Obs & Gyn) MD (London) FRCOG Advanced Diploma in Fetal Medicine (UK)



Board certified consultant in Obstetrics and Gynaecology. Merit Professor in Fetal Medicine and Chair Professor of Obstetrics and Gynaecology at the University of Kelaniya.

Graduated in 2002 from the Faculty of Medicine, University of Colombo, and completed postgraduate training in 2010 from the University of Colombo.

I completed a two-year fellowship in fetal medicine at the fetal medicine unit at St George's University of London. I completed advanced training and fetal skills module (ATSM) in Fetal Medicine and maternal medicine, RCOG/London deanery.

Obtained advanced Diploma in Fetal Medicine from Fetal Medicine Foundation UK.

Recognized as a subspecialist in Fetal Medicine by the European Association of Perinatal Medicine (EAPM) and Fetal Medicine Foundation United Kingdom.

Obtained an MD from the University of London.

Research interests are in preterm labour management/ twin pregnancy and fetal growth restriction.

Clinical interests are in fetal cardiology, and the management of monochorionic twin pregnancies.

Has published several peer-reviewed original research papers and reviewed scientific papers for reputed journals.

Professor Laila Arjumand Banu

Professor Laila Arjumand Banu is a distinguished figure in the field of obstetrics and gynaecology in Bangladesh and South Asia. She currently serves as the Chief Consultant and Head of the Department of Obstetrics and Gynaecology at Lab Aid Specialized Hospital in Dhaka, Bangladesh.



Prof. Banu holds several prestigious leadership positions in her field. She is the current President of the Bangladesh Perinatal Society (BPS), the Gynaecological Endoscopy Society of Bangladesh (GESB), and the PCO Society of Bangladesh. Her influence extends beyond national borders, as she is the President-Elect of the Federation of Asia Oceania Perinatal Society (FAOPS).

Her past roles include serving as the President of the Obstetrical & Gynaecological Society of Bangladesh (OGSB) and as the Chairman of OGSB Hospital & IRCH. On a regional level, Prof. Banu has contributed as the Vice President of the South Asian Federation of Obstetrics & Gynaecology (SAFOG).

Currently, she continues to shape her field as an Advisor to the Endoscopy Committee of SAFOG and as the Chair of the WSRR Committee at SAFOG.

Prof. Banu's extensive experience and leadership roles reflect her significant contributions to obstetrics and gynaecology, particularly in Bangladesh and the broader South Asian region.

Professor Sanjoy Kumer Dey

Prof Dr. Sanjoy Kumer Dey working as Professor of Neonatology in the Department of Neonatology, Bangabandhu Sheikh Mujib Medical University (BSMMU) since 2020. Born in year 1969 he was graduated from Sher E Bangla Medical College, Barishal in 1995. Dr Dey achieved his Diploma in Child Heal (DCH) degree from BSMMU, FCPS in Pediatrics from BCPS and MD in Neonatology from BSMMU.



Prof Sanjoy has done his fellowship in Neonatology from National University Hospital Singapore. After joining in the department of Neonatology, BSMMU in the year 2010, Prof Dey was involved closely in patient care, academic and research activities.

Along with above mentioned activities Prof Sanjoy is involved with professional bodies. He is serving as Secretary General, Bangladesh Neonatal Forum; Organizing secretary (Central) Bangladesh Perinatal Society, Member secretary; Pediatric Faculty, BCPS. Prof Sanjoy is working as Co-Chair of IRB of Child Health Research Foundation (CHRF), Dhaka, Bangladesh.

Prof Dey is working as academic editor, PLOS ONE journal, Editor, Bangladesh Journal of Child Health; Section editor, BSMMU journal; member, editorial board, BCPS journal. He is life member of World Association of Medical Editors (WAME) and Asia Pacific Association of Medical Editors (APAME). He guided thesis of 15 MD (neonatology) residents, FCPS (neonatology and General Pediatrics) students as supervisor.

Prof Sanjoy has awarded grant to carry out research activities from BMRC, Ministry of Science and Technology, UGC. He is involved with multicenter multicounty research activities like EMBRACE trial, HELIX trial, ACS implementation trial, iKMC, fungal infection surveillance in newborn funded by WHO, BMGF, Thechers foundation in collaboration with Imperial College London, PRF, icddr,b. He has 79 publications in national and international peer reviewed journals like PLOS ONE, Lancet, Frontier Pediatrics, Global Pediatric Health. Dr Dey is reviewer of PLOS ONE journal, BMC, Global Pediatric Health, Medicine, journal of Neonatology as well as many national journals.

Prof Dey was invited as co-chair in APAME conference 2016 at Manila, had participated as speaker and panelist in conferences in home and abroad like NEOCON, APAME, WAME.

Professor Dingyun You

You Dingyun, born in 1985, holds a PhD. and serves as a doctoral supervisor and was exceptionally promoted to research professor in 2021 and now acts as Vice Dean of the School of Public Health at Kunming Medical University. Since 2019, he has led multiple national-level research projects, securing total funding exceeding 10 million yuan. As first or corresponding author (including co-authorship), he has published over 30 research papers in journals such as "The Lancet Child & Adolescent Health", "EBioMedicine", "JAMA Network Open", "BMC Medicine", "EClinicalMedicine", and "Science Bulletin", including 10 papers in CAS Tier 1 journals. His prior work focused on healthcare big data, establishing Yunnan Province's most comprehensive pregnancy cohort with nearly 20,000 structured questionnaires and over 100,000 biological samples. His research centered on bio-markers for preterm birth prediction, predictive modeling, and causal inference. Future studies will investigate associations between critical environmental factors in Yunnan and maternal-child health, causal inference, and underlying mechanisms.



Associate Professor Annastasia Ediati

Associate Professor Annastasia Ediati is a distinguished psychologist who has dedicated her career to psychology, with particular expertise in gender studies and rare developmental conditions. Her journey in academia began at the prestigious Gadjah Mada University, Indonesia, where she completed both her Bachelor's degree and professional qualification in Psychology.



Following her early education in Indonesia, Associate Professor Annastasia Ediati pursued advanced studies in the Netherlands, earning her Master's degree from Universiteit Twente. Her academic pursuit culminated in a PhD in Medical Psychology from Erasmus University Rotterdam.

Since 1999, Associate Professor Annastasia Ediati has been serving as a lecturer, researcher, and professional psychologist at Universitas Diponegoro, Indonesia. A significant portion of her professional work has focused on gender-related healthcare, particularly through her involvement with the Gender team for management of DSD patients at Kariadi Hospital. In this role, she collaborates with the Center for Biomedical Research and the Faculty of Medicine at Universitas Diponegoro, providing crucial services in gender assessment, psychological assessment and intervention, and family counselling for DSD patients.

Her expertise in this specialised field is further evidenced by her membership in several prestigious international bodies, including the International Registries for Rare Conditions Affecting Sex Development & Maturation, and the Digital Network for Providers of Psychosocial Care in DSD. She also serves on the Clinical Discipline Group for Psychosocial Care in DSD.

In recognition of her professional standing, Associate Professor Annastasia Ediati holds the position of Vice Chair of the Indonesia Association of Clinical Psychologist (IPK HIMPSI) chapter in Central Java. Throughout her career, Associate Professor Annastasia Ediati has demonstrated a commitment to combining academic excellence with practical clinical work, particularly in supporting individuals and families affected by rare developmental conditions. Her work bridges the gap between psychological theory and clinical practice, making her a valued member of both the academic and medical communities.

SPEAKER ABSTRACTS

Asia Pacific Maternal & Child Health Conference & IPRAMHO International Meeting 2025

SYMPORIUM I – MULTI-DISCIPLINARY APPROACH IN SEXUAL HEALTH

Sexual Health in Women and Sexual Health Clinic (SHC)

Dr Tan Tse Yeun

Senior Consultant, Department of Reproductive Medicine, KK Women's and Children's Hospital, Singapore

Sexual health is an umbrella term that encompasses many facets of a person's well-being in relation to sexual activity and sexuality. It is intertwined with physical, emotional, mental and social health, and an integral component of overall health and well-being. Consequences of poor sexual health can lead to a host of adverse health complications and negative relationship consequences. A crucial aspect of sexual health includes being able to function sexually. This refers to the ability to experience desire, arousal, orgasm, and satisfaction from sexual activity. Sexual function is influenced by a myriad of factors, including physical and mental health, socio-cultural influences and partner's factors.

Issues with female sexual function includes impaired sexual response (desire, arousal, orgasm), reduced satisfaction or pain. Female sexual dysfunction (FSD) is defined as a persistent or recurrent problems with sexual function that causes significant distress, lasting for 6 months or more, and occurring more than 75% of the time. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) divides FSD into 3 categories; Female sexual interest/arousal disorder, Orgasmic disorder and Genito pelvic pain and penetration disorders. However, most sexual concerns do not constitute dysfunctions. Reported FSD prevalence varies widely amongst different geographic regions, countries within each region, races, age groups and subpopulations. However, irrespective of age, the prevalence of women who report at least one manifest sexual dysfunction is in the order of approximately 40% to 50% which contributes to a significant public health problem.

Studies in Singapore evaluating female sexual function includes a 2021 study on a preconception cohort which reported 58.9 % with low sexual function with 27% reduction in fecundability. This demonstrates the importance of sexual function in fertility which is especially pertinent when trying to conceive.

The KKH Sexual Health Clinic (for women) is a subspeciality clinic under Department of Reproductive Medicine which employs an inter-professional and bio-psycho-soc approach offering holistic care to women with female sexual dysfunction. The most common type of presentation to clinic are reproductive age women with Genito pelvic pain and penetration disorder.

Treatment of Sexual Pain

Ms Eng Feng Cai June

Principal Physiotherapist, Physiotherapy Department, KK Women's and Children's Hospital, Singapore

The KKH Sexual Health Clinic adopts a multi-disciplinary approach in the treatment of female sexual dysfunction. Through clinical case studies, I will demonstrate the use of the biopsychosocial model to highlight the roles of the physician, psychologist and pelvic floor physiotherapist in the assessment and treatment of female sexual pain conditions.

The Role of Psychologists in Supporting Women with Sexual Health Concerns

Ms Cheong Xinyi

Principal Psychologist, Psychology Service, KK Women's and Children's Hospital, Singapore

There is a role for Psychologists in working with patients to explore and manage psychological factors involved in sexual dysfunction. This is because an individual's subjective sexual experience, thoughts, emotions and behaviour can often play a role in contributing to their difficulties. This presentation showcases how psychological interventions can be used to support patients in working through their distress, learn helpful coping strategies and modify negative beliefs about sexual functioning and sexuality.

Male Sexual Dysfunction

Dr Ronny Tan

Consultant Andrologist & Prosthetic Urologist, Advanced Urology Associates Pte Ltd, Singapore

Treatment of sexual dysfunction should not be just targeted at the individual as the patient's partner should also be evaluated since as cliché as it may sound, it takes 2 to clap. Common male sexual dysfunction include erectile dysfunction, premature ejaculation and penile deformities. It has been shown that involvement of the male patient's partner in the treatment journey yields far better outcomes when compared to treating the duo separately. Male sexual dysfunction is also a common cause of subfertility for obvious reasons.

SYMPORIUM II – INTERPROFESSIONAL SESSION IN SEXUAL HEALTH

Importance of Relationship Counselling in Female Sexual Functioning in Women of Reproductive Age

Ms Phyllis Wong

Couple & Family Therapist, Singapore Counselling Centre

Relationship counselling plays a crucial role in providing insights into the multiple layers that contribute to the complexities surrounding female sexual functioning in women of reproductive age. Relationship counselling or couple therapy can provide a safe space to explore cardinal psychological factors which may be impacting on the individual's sexual health, including communication and relationship issues with their partner, body image concerns, sex discourses, stress, past experiences, etc., which can significantly contribute to their sexual and relationship well-being.

Management of Antenatal Women with Genito-Pelvic Pain/Penetration Disorder (GPPPD)

Ms Samantha Chia

Nurse Clinician, Division of Nursing, KK Women's and Children's Hospital, Singapore

Genito-Pelvic Pain/Penetration Disorder (GPPPD) is a complex condition affecting women's physical, psychological and social well-being. This presentation will provide an overview of the condition, focusing on its clinical presentation, contributing factors and management strategies. Multidisciplinary interventions such as physical therapy, psychological therapies, and patient education is needed to improve care planning for women experiencing GPPPD. This session aims to encourage collaboration among healthcare professionals and emphasise on the importance of patient-centred care, focusing on individualised, empathetic and holistic management to optimise outcomes and enhance the quality of life for women facing this condition.

From Silence to Support: Navigating Sexual Health Inequities in Gynecology Oncology

Ms Julia Eng

Director, Nursing Division, National Cancer Centre Singapore, Singapore

Sexual health is a vital yet often overlooked component of survivorship for patients with gynecologic cancer. Beyond the physiological effects of treatment, social determinants of health – including racial and ethnic disparities, LGBTQ consideration, health literacy gaps, and cultural influences – significantly impact access to care, patient-provider communication, and overall sexual well-being. This session will emphasize on the need for multidisciplinary, culturally competent care to address these disparities, with the aim to improve intimacy, and quality of life for all oncology patients.

Sexual Health After Breast Cancer Treatment

Dr Tan Qing Ting

Senior Consultant, KK Breast Department, KK Women's and Children's Hospital, Singapore

Sexual health is a vital, yet frequently overlooked, survivorship issue among breast cancer patients. This talk is an introduction to how breast cancer diagnosis and treatment can impact sexual function and how we can improve management and support for our patients.

Sexual Rehabilitation for Individuals with Acquired Physical Disabilities

Ms Shirlene Toh

Senior Principal Occupational Therapist, Tan Tock Seng Hospital, Singapore

Societal perceptions often mistakenly intertwine asexuality with disability, assuming that individuals with disabilities are inherently asexual or lacking sexual desires. This stigmatization can lead individuals to internalize concepts of asexuality and may negatively impact confidence, desire, and ability to find a partner while distorting one's overall sexual self-concept. By acknowledging and understanding their sexual needs, and providing access to accurate information, we can change these misconceptions. Hence, this presentation will focus on shared challenges faced by individuals with acquired physical disabilities and appropriate recommendations to overcome these challenges.

LAUNCH OF SINGAPORE GUIDELINES ON SEXUAL HEALTH FOR WOMEN OF REPRODUCTIVE AGE

IPRAMHO Initiatives for Maternal, Women & Child Health

Professor Tan Kok Hian

Lead, IPRAMHO Organising Chairperson, Asia Pacific Maternal and Child Health Conference & IPRAMHO International Meeting 2025

Integrated Platform for Research in Advancing Maternal & Child Health Outcomes (IPRAMHO) is a research platform to develop a seamless integrated model of care through optimal translation, implementation and evaluation of effective population prevention strategies. It evolved from the original Integrated Platform for Research in Advancing Metabolic Health Outcomes of Women and Children. IPRAMHO started as a Singapore National Medical Research Council (NMRC) funded joint collaborative centre grant awarded to KK Women's and Children's Hospital (KKH), SingHealth Polyclinics (SHP) & National Healthcare Group Polyclinics (NHGP). This is a unique collaborative centre grant where both Singapore public primary health care providers (SHP & NGHP) have come together to work with KKH, the largest tertiary and main referral center for Paediatrics, Obstetrics and Gynaecology in Singapore, on collaborative health research in women and children, aligning with national goals. IPRAMHO have worked on metabolic health and mental health for women and children.

Besides seeding grants to generate pilot data and nurturing healthcare research and implementation science professionals, IPRAMHO has been leading in building consensus for Singapore to improve health of mothers and children. Six local guidelines initiated by IPRAMHO on GDM; Perinatal Nutrition; Physical Activity & Exercise in Pregnancy; 24-Hour Activity for Early and Late Childhood and Perinatal Mental Health are available:

1. Guidelines for the Management of Gestational Diabetes Mellitus. Tan KH, Tan T, Chi C, Thian S, Tan LK, Yong TT. College of Obstetricians and Gynaecologists, Singapore. *Singapore Journal of Obstetrics & Gynaecology*. 2018; 49(1):9-13
2. Guidelines for Optimal Perinatal Nutrition. Chua MC, Tan T, Han WM, Chong MFF, Ang SB, Rajadurai VS, Khin LW Chi C, Lee J, Tan KH. Perinatal Society of Singapore. *Singapore Journal of Obstetrics & Gynaecology*. 2019; 50(1):10-12
3. Guidelines on Physical Activity & Exercise in Pregnancy. Lee R, Thain S, Tan KH, Ang SB, Tan EL, Tan B, Aleste MN, Lim, I Tan LK. Perinatal Society of Singapore. *Singapore Journal of Obstetrics & Gynaecology*. 2020; 51(1):9-16
4. The Singapore Integrated 24-Hour Activity Guidelines for Children & Adolescents (7-18 Years). College of Paediatrics & Child Health of Academy of Medicine Singapore, January 2021. Integrated 24-Hour Activity Guidelines for Children and Adolescents Study Group. *Ann Acad Med Singap*. 2022 May;51(5):292-299. doi: 10.47102/annals-acadmedsg.202141.
5. The Singapore Integrated 24-Hour Activity Guidelines for Early Childhood (Infants, Toddlers and Preschoolers). College of Paediatrics & Child Health of Academy of Medicine Singapore, January 2022. *Ann Acad Med Singap* 2023;52:310-20 <https://doi.org/10.47102/annals-acadmedsg.2022315>
6. Perinatal Mental Health Guidelines on Depression and Anxiety. College of Obstetricians and Gynaecologists, Singapore February 2023. Consensus statement on Singapore Perinatal Mental Health Guidelines on Depression and Anxiety. *Ann Acad Med Singap* 2023;52:467-75 <https://doi.org/10.47102/annals-acadmedsg.2023148>
7. Singapore Guidelines for feeding and eating in infants and young children. College of Paediatrics and Child Health Singapore (CPCHS) Guidelines 2024

In addition, the IPRAMHO was involved in 7 Asia Pacific consensus statements correspondingly, of which 5 have been published:

1. Asia & Oceania Federation of Obstetrics and Gynaecology, Maternal Fetal Medicine Committee's consensus statements on screening for hyperglycemia in pregnancy. Tan TYT; Hyperglycemia in Pregnancy Consensus Working Group, Ounjai Kor-anantakul. *J Obstet Gynaecol Res*. 2018 Nov;44(11):2023-2024. doi: 10.1111/jog.13813. Epub 2018 Sep 19. PMID: 30230130.
2. An Asia Pacific Consensus on Perinatal Nutrition and Breastfeeding. Tan KH, Tan TYT, Chua MC, Kor-Anantakul O, IPRAMHO Study Group. *Ann Nutr Metab*. 2019;75(1):86-87. doi: 10.1159/000501192. Epub 2019 Jun 25. PMID: 31238321.
3. Asia-Pacific consensus on physical activity and exercise in pregnancy and the postpartum period. Lee R, Thain S, Tan LK, Teo T, Tan KH; IPRAMHO Exercise in Pregnancy Committee. *BMJ Open Sport Exerc Med*. 2021 May 17;7(2):e000967. doi: 10.1136/bmjsem-2020-000967. PMID: 34055384; PMCID: PMC8130752.
4. Asia-Pacific Consensus Statement on Integrated 24-hour Activity Guidelines for Children and Adolescents. Loo BKG, Okely AD, Pulungan A, Jalaludin MY; Asia-Pacific 24-Hour Activity Guidelines for Children and Adolescents Committee. *Br J Sports Med*. 2021 Nov 8:bjssports-2021-104527. doi: 10.1136/bjssports-2021-104527. Epub ahead of print. PMID: 34750119.
5. Asia-Pacific Consensus Statement on Integrated 24-Hour Activity Guidelines for Early Childhood. Asia-Pacific 24-Hour Activity Guidelines for Early Childhood Committee. *The Lancet Regional Health - Western Pacific*, 2022. 100641, ISSN 2666-6065, <https://doi.org/10.1016/j.lanwpc.2022.100641>.
6. Asia-Pacific Consensus Statement on Perinatal Mental Health (Depression and Anxiety) Feb 2023
7. Asia Pacific Guidelines for feeding and eating in infants and young children. Feb 2024

There has been interest on sexual health of the population. A recent IPRAMHO initiative in 2024/5 was conducted on Sexual Health in Women of Reproductive Age looking at insights from surveys of Healthcare Professionals and Women. Findings from the surveys showed high prevalence of low sexual function amongst women of reproductive age; and sub-optimal female sexual health literacy amongst women of reproductive age and healthcare providers. It also showed that the development of Singapore guidelines on Sexual Health for Women of Reproductive Age is important for the Singapore population.

Singapore Guidelines on Sexual Health for Women of Reproductive Age developed under the auspices of The College of Obstetricians & Gynaecologists, Singapore (COGS) is indeed timely and well positioned to tackle the challenges of sub-optimal sexual health awareness and practices in Singapore. The College of Obstetricians & Gynaecologists, Singapore (COGS) & IPRAMHO workgroup committee was timely convened and ably chaired by Dr Tse Yeun Tan & Dr Jean-Jasmin Mi-Li Lee. The dissemination, ownership & implementation of these guidelines can improve and make a positive impact on the overall health for our population.

Singapore Guidelines on Sexual Health for Women of Reproductive Age

Dr Tan Tse Yeun and Dr Jean-Jasmin Lee Mi-Li

Co-chairpersons, Singapore Guidelines on Sexual Health for Women of Reproductive Age Workgroup

Sexual health is an umbrella term that encompasses many facets of a person's well-being in relation to sexual activity and sexuality. It is intertwined with physical, emotional, mental and social health, and an integral component of overall health and well-being. A crucial aspect of sexual health includes being able to function sexually, referring to the ability to experience desire, arousal, orgasm, and satisfaction from sexual activity. Sexual function plays a significant role in fertility and reproductive health, which is especially pertinent when trying to conceive, during pregnancy, and after childbirth.

Healthcare professionals (HCPs) play a vital role in identifying, addressing, managing sexual function issues and concerns as well as patient education. However, there are no local guidelines on best practice recommendations for female sexual function screening and management. This is the gap we hope to address. The Singapore Guidelines on Sexual Health for Women of Reproductive Age addresses female sexual function in the categories of screening, assessment, education and optimization. Key periods of consideration include preconception, antenatal and postnatal.

These guidelines aim to provide HCPs with an overview of sexual health issues in reproductive-age women and to help them develop the knowledge and comfort necessary to identify and manage women with sexual concerns. The goal is to offer guidance on screening, education, management, and referrals for women experiencing sexual problems. These guidelines are intended for all HCPs who interact with reproductive-age women in their clinical practice.

By integrating sexual health care into routine clinical practice and adopting a bio-psycho-social, patient-centered, multi-disciplinary and inter-professional approach, together with the guidelines serving as a comprehensive resource, we hope that sexual health for women will be optimized and in turn translate to improved population health in Singapore.

SYMPORIUM III – SEXUAL HEALTH AND FERTILITY

Managing Female Sexual Dysfunction and Subfertility

Dr Michelle Loh

Consultant, Department of Reproductive Medicine, KK Women's and Children's Hospital, Singapore

An intricate relationship exists between one's sexual health and subfertility – sexual dysfunction can interfere with sexual intercourse, contributing to subfertility; while anxiety and stress from subfertility can in turn significantly impact one's sexual health. Women may not seek help readily, which further perpetuates the cycle, causing frustration and disappointment. Multiple factors are usually at play, and a multidisciplinary approach should be adopted to improve both sexual intimacy and fertility in couples.

Overview of Male Infertility

Dr Chua Ka Hee

Consultant, Alpha IVF Centre, Singapore

Compared to the female, male infertility has been relatively understudied. Most sperm problems can be overcome with IVF/ICSI, an assisted reproductive technique, without looking deeper into the cause. My talk will be an overview of male infertility, causes, treatment, and recent updates in the field of male fertility problems.

Managing Obesity for Optimal Reproductive and Sexual Health in Women

Associate Professor Rukshini Puvanendran

Head and Senior Consultant, Family Medicine Service, KK Women's and Children's Hospital, Singapore

Obesity is a global health problem that affects reproductive and sexual health in both genders. This talk will explore the effects of obesity on the sexual health of women and the lifestyle and pharmaceutical options that can be offered.

SYMPORIUM IV – IPRAMHO EDUCATION SESSION: TRAINING PROGRAMME FOR DOCTORS AND RESIDENTS ON SEXUAL HEALTH

Addressing Sexual Concerns in Women of Reproductive Age

Dr Jean-Jasmin Lee Mi-Li

Consultant, Family Medicine Service, KK Women's and Children's Hospital, Singapore

Sexual health is fundamental for a person's overall well-being and quality of life and requires a biopsychosocial approach. Healthcare providers (HCP) are in an excellent position to provide a safe environment in which women and their partners can consensually discuss issues related to sex and sexuality across their life span. Intimacy and healthy sexuality are important for young couples' well-being as they go through different stages in the reproduction phase which includes when they are trying to conceive, during pregnancy and post-partum.

HCPs should be proactive in addressing sexual issues that these couples may experience during these stages. This talk highlights a practical approach HCPs can use in a proactive, integrated, patient-centric, and couple-centric approach to broach sexual health issues in their practice. This talk covers a brief overview of the sexual response cycle as well as common sexual health concerns and sexual changes of women when they are trying to conceive, during pregnancy and post-partum. Practical tips will be shared on how to overcome barriers in discussing sexuality-related issues, how to address specific concerns and how to identify more complicated issues that require additional assessment or treatment.

Endocrine Aspects of Female Sexual Dysfunction

Dr Thomas King

Senior Consultant, Endocrinology, Changi General Hospital, Singapore

Dr King will be speaking about the endocrine aspects of female sexual dysfunction. This will include the management of sexuality in hypogonadism in women of reproductive age, and the utility of androgens in female sexual dysfunction

Chronic Diseases and Sexual Health

Associate Professor Ang Seng Bin

Senior Consultant, Family Medicine Service, KK Women's and Children's Hospital, Singapore

WHO defined Sexual health as the integration of the emotional, intellectual and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication, and love. Sexual activity has been estimated to be equivalent to walking 3-4miles per hour on the treadmill and those with chronic disease that affect their cardiovascular and respiratory systems may be affected due to decreased effort tolerance. Other chronic diseases like Parkinson's disease, chronic renal disease, chronic pain such as osteoarthritis, etc, may affect sexual activity in other ways. Studies have shown that healthy, fulfilling sexual life lead to better health and most importantly better couple's relationship. We will explore the impact of chronic diseases on sexual health and how we can manage the sexual health of the couple.

Psychiatric Disorders and Sexual Problems

Dr Leonora Chiam

Associate Consultant, Department of Psychological Medicine, KK Women's and Children's Hospital, Singapore

Psychiatric disorders and sexual problems are often inter-linked. Mental health issues can significantly impact sexual health. Conversely, sexual dysfunction can negatively affect mental wellbeing. Psychotropic medications can also cause sexual problems such as reduced libido or erectile dysfunction. Healthcare professions should be aware of the bidirectional association between psychiatric disorders and sexual problems, as well as potential contributions of psychotropics to pathology.

Trauma and Sexual Dysfunction

Ms Phyllis Phua

Senior Psychologist, Psychosocial Trauma Support Service, KK Women's and Children's Hospital, Singapore

Trauma is one of the risk factors associated with the development of sexual dysfunction, specifically sexual abuse or assault. When we work with patients with trauma, it will be important to integrate treatment approaches to target both the sexual dysfunction and post-traumatic stress symptoms. Providing trauma-informed care throughout the patients' healthcare journey can also help to alleviate their distress from these very difficult experiences and instill a sense of hope that they are not alone, and recovery is possible.

Endometriosis and Dyspareunia: Understanding the Impact and Navigating Solutions

Dr Michelle Lim

Consultant Obstetrician and Gynaecologist, Nobel Obstetrics, Gynaecology and Minimally Invasive Surgery Centre, Singapore

Endometriosis is a chronic gynaecological condition where endometrial cells get ectopically implanted outside of the uterus, leading to inflammation, scarring and a whole host of pain symptoms. Amongst its many clinical presentations, dyspareunia is a significant yet often overlooked consequence, affecting both the physical and emotional well-being of our patients. As healthcare providers, recognizing and addressing dyspareunia in endometriosis is crucial for improving patient outcomes. Dyspareunia is not just a symptom but also a key indicator of disease severity and progression. Understanding the mechanisms behind endometriosis-related dyspareunia allows for more effective diagnosis, treatment and patient support. A multidisciplinary approach – including pain management, pelvic floor therapy, hormonal treatments and surgical intervention, can help patients regain control over their intimate health.

Post-partum Intimacy – An Asian Perspective

Dr Huang Zhongwei

Consultant, Department of Obstetrics and Gynaecology, National University Hospital, Singapore

Existing studies established that social and cultural influences exert a significant role in the return of pre-pregnancy sexual behaviours post-partum, rather than physiological changes pre- and post-delivery. Globally there is a lack of professional recognition of sexual function after childbirth. Existing knowledge and information of post-partum changes and return to pre-pregnancy sexual behaviours were collected from largely white population in the United States, Canada and United Kingdom where Southeast Asian populations are not represented even in larger systematic reviews. The drastic differences in culture and gender roles between the western and eastern populations, especially concerning sexual behaviours, remain unexplored and unique perspectives and concerns need to be addressed in the Southeast Asian population. Hereby, we conduct a longitudinal follow up of Asian women to determine if pre-pregnancy sexual behaviours and functions before and during pregnancy and to understand the sociodemographic factors which will affect the resumption of SI immediately post-partum in Asian women.

Urogynaecology for Sexual Health

Dr Jill Lee

Consultant, Department of Urogynaecology, KK Women's and Children's Hospital, Singapore

Dr Jill Lee is a Consultant Urogynaecologist at KK Women's and Children's Hospital and is the clinical lead for the multidisciplinary combined pelvic floor and perineal clinics at KKH which she helped to establish in 2020 and 2022 respectively. She will be presenting today on urogynaecological conditions which commonly affect the sexual health and function in women, namely pelvic organ prolapse, urinary incontinence and recurrent urinary tract infections.

SYMPORIUM V – SEXUAL HEALTH STUDIES AND CONSENSUS MANAGEMENT IN ASIA PACIFIC COUNTRIES

Update on IPRAMHO Asia Pacific Collaborative Group 2025 – Collaborative Efforts in Promoting Asia Pacific Maternal, Women & Child Health

Professor Tan Kok Hian

Lead, IPRAMHO Integrated Platform for Research in Advancing Maternal & Child Health Outcomes (IPRAMHO) Asia Pacific Maternal & Child Health Network

IPRAMHO Asia Pacific Maternal & Child Health Network was first initiated in 2017 when plan was made towards having annual international IPRAMHO meetings on maternal metabolic health. The representative members & investigators are from various Asia Pacific countries including Singapore, Malaysia, Thailand, Indonesia, Philippines, Myanmar, Vietnam, Japan, China, India, Sri Lanka & Australia. This is a unique network where Asia Pacific experts and partners in maternal health have come together to work on collaborative maternal and metabolic health research for the region, supplementing global WHO efforts.

This IPRAMHO network has been leading in building consensus for Asia Pacific region to improve metabolic health of mothers and children. Seven Asia Pacific consensus statements have been achieved, of which 5 have been published:

1. Asia & Oceania Federation of Obstetrics and Gynaecology, Maternal Fetal Medicine Committee's consensus statements on screening for hyperglycemia in pregnancy. Tan TYT; Hyperglycemia in Pregnancy Consensus Working Group, Ounjai Kor-anantakul. *J Obstet Gynaecol Res.* 2018 Nov;44(11):2023-2024. doi: 10.1111/jog.13813. Epub 2018 Sep 19. PMID: 30230130.
2. An Asia Pacific Consensus on Perinatal Nutrition and Breastfeeding. Tan KH, Tan TYT, Chua MC, Kor-Anantakul O, IPRAMHO Study Group. *Ann Nutr Metab.* 2019;75(1):86-87. doi: 10.1159/000501192. Epub 2019 Jun 25. PMID: 31238321.
3. Asia-Pacific consensus on physical activity and exercise in pregnancy and the postpartum period. Lee R, Thain S, Tan LK, Teo T, Tan KH; IPRAMHO Exercise in Pregnancy Committee. *BMJ Open Sport Exerc Med.* 2021 May 17;7(2):e000967. doi: 10.1136/bmjsem-2020-000967. PMID: 34055384; PMCID: PMC8130752.
4. Asia-Pacific Consensus Statement on Integrated 24-hour Activity Guidelines for Children and Adolescents. Loo BKG, Okely AD, Pulungan A, Jalaludin MY; Asia-Pacific 24-Hour Activity Guidelines for Children and Adolescents Committee. *Br J Sports Med.* 2021 Nov 8:bjssports-2021-104527. doi: 10.1136/bjssports-2021-104527. Epub ahead of print. PMID: 34750119.

5. Asia-Pacific Consensus Statement on Integrated 24-Hour Activity Guidelines for Early Childhood. Asia-Pacific 24-Hour Activity Guidelines for Early Childhood Committee. *The Lancet Regional Health - Western Pacific*, 2022. 100641, ISSN 2666- 6065, <https://doi.org/10.1016/j.lanwpc.2022.100641>.
6. Asia-Pacific Consensus Statement on Perinatal Mental Health (Depression and Anxiety) Feb 2023
7. Asia Pacific Guidelines for feeding and eating in infants and young children. Feb 2024

Some studies are still ongoing and there were 5 published studies from the network. These include:

1. Clinical practice in diabetic pregnancy screening in Asia-Pacific Countries: a survey review. *Acta Diabetol*. 2019 Jul;56(7):815-817
2. Comparing Different Diagnostic Criteria for Gestational Diabetes Mellitus in Relation to Birthweight in Sri Lankan Women. *Frontiers in Endocrinology*. 2018 Nov 15;9:682
3. Exploring Abnormal Glucose Metabolism in Pregnancy among Australia Chinese Migrants. *BMJ Open Diab Res Care* 2020;8:e000903.
4. 24 h Activity Guidelines in Children and Adolescents: A Prevalence Survey in Asia-Pacific Cities. Quah PL, Loo BKG, Mettananda S, Dassanayake S, Chia MYH, Chua TBK, Tan TSZ, Chan PC, But BW, Fu AC, Wong SM, Nagano N, Morioka I, Kumar S, Nair MKC, Tan KH. *IPRAMHO Group. Int J Environ Res Public Health*. 2023 Jul 19;20(14):6403. doi: 10.3390/ijerph20146403. PMID: 37510635; PMCID: PMC10379132.
5. Clinical Practice of Vitamin D Screening and Supplementation in Pregnancy in Asia-Pacific Countries: a Survey Review. Asia Pacific IPRAMHO Group. *Heliyon* 2023 <https://doi.org/10.1016/j.heliyon.2023.e21186>

It is hoped that our efforts can give greater awareness and knowledge to help improve population health of mothers, women and children, enhancing and optimise the potential of women and every child born in our region. This year our focus is on Sexual Health and we hope to form an active Asia Pacific Collaborative Group on Sexual Health for research for this year.

Sexual Health in Women of Reproductive Age: Insights from surveys of Healthcare Professionals and Women

Dr Elaine Quah

Senior Research Fellow, Division of Obstetrics & Gynaecology, KK Women's and Children's Hospital, Singapore

Female sexual dysfunction (FSD) is a widespread yet often overlooked issue, affecting up to 41% of reproductive-aged women worldwide. Healthcare professionals play a crucial role in identifying, managing, and treating sexual health concerns, yet many feel unprepared to do so effectively.

Local research remains limited. A 2021 study on Singaporean women from the Singapore Preconception Study found that 58.9% had low sexual function, which was associated with a longer time-to-pregnancy. Additionally, a survey of obstetrics and gynaecology (OBGYN) and family medicine (FM) residents revealed that while 25% encountered patients with sexual health concerns at least monthly, over 80% lacked confidence in managing these issues.

This talk will present contemporary data collected between September-December 2024 on women's sexual health, highlighting the prevalence of low sexual function and examining healthcare professionals' knowledge, attitudes, and practices in addressing female sexual health issues.

Navigating Women's Sexual Health: Holistic View – Mental Health, Society & More

Dr Shivadev M

Medical Director and Chief Consultant, PassionFruit: Top-Notch Wellness, Koramangala, Bangalore, India

Headline: Exploring the journey of Women's Sexual Health through Developmental stages, Society Pressures, trauma and mental health.

As a Psychiatrist and Mental Health Specialist, I will focus and delve deeper into the intricate and complex interplay between women's mental health & sexual health, with focus on unique challenges from India and South Asia region. This talk will highlight:

- Developmental Stages: How adolescence, early relationship experiences & marriage influence mental and sexual wellbeing.
- Societal pressures: The impact of cultural norms, around virginity, motherhood and intimacy.
- Mental Health: Unpacking the impact of trauma, mental health issues, affecting sexual health & its manifestation on vaginismus and low desire

Drawing from my clinical experiences, I will highlight the above and present practical and sensitive approaches to empower women, integrating mental health, trauma focused and sexual health care and holistic solutions, to improve their mental and sexual health across lifespan.

“Where is My Orgasm”? Myths and Reality

Dr Padmini Prasad

Medical Director and Gynaecologist & Obstetrician & Sexual Health Consultant, Ramamani Nursing Home & Institute of Sexual medicine, India

There have been lots of myths & misconceptions as far as “The orgasm” is concerned, varying from ignorance, inadequate knowledge, unrealistic expectation etc among women. It is difficult to study orgasm. Whole body is a wonderland which is described as having triggering points for orgasm, though Clitoris has been described as the only organ for orgasm. Various terminologies like pre orgasm, anorgasmia, faking orgasm, sleep orgasm, exercise orgasm have been described. Newer terms like Enhanced orgasm & Expanded orgasm have come up. Further Research & Scientific studies are needed in this field. Four nerve, six pathways theory of female orgasm has been described.

Female orgasm itself has been comprehensively defined as “a variable, transient peak sensation of intense pleasure creating an altered state of consciousness, usually accompanied by involuntary, rhythmic contractions of the pelvic striated circumvaginal musculature, often with concomitant uterine and anal contractions and myotonia that resolves the sexually-induced Vaso congestion (sometimes only partially), usually with an induction of well-being and contentment.” It is a total body response.

Female Orgasmic Disorder is characterized by “a persistent or recurrent, distressing compromise of orgasm frequency, intensity, timing, and/or pleasure, associated with sexual activity for a minimum of 6 months”.

There is considerable variation in the prevalence of FOD. FOD is due to organic & non organic causes. Proper history, physical examination & lab work up are needed for diagnosis. Orgasms need to be interpreted through biological, psychological, sociological & historical trends. Treatment is available for FOD.

Orgasm is great, but feeling pressure to have an orgasm, or a certain type of orgasm at a certain time, can make sex stressful and unpleasant.

Intimacy

Sexual Pleasure

Sexual Satisfaction

Do not depend on “Orgasm” always

Rekindling Postpartum Passion

Dr Premitha Damodaran

Consultant Obstetrician and Gynaecologist, Pantai Hospital Kuala Lumpur, Malaysia

Welcoming a baby is often accompanied by challenges in rekindling intimacy. Hormonal shifts—decreased estrogen and progesterone, coupled with increased prolactin from breastfeeding—can suppress libido. This is compounded by sleep deprivation, bodily changes, and emotional exhaustion. Mothers may struggle with self-image and might feel disconnected from their sensuality.

Physical recovery from childbirth, whether from stitches after a vaginal birth or a cesarean section, can bring pain and discomfort that affects closeness. Open communication between partners is crucial to navigate these feelings and support one another.

Cultural confinement practices can inadvertently create emotional distance, making shared moments essential to maintaining connection. Rebuilding intimacy is a personal journey without a set timeline. Begin with small gestures: affectionate non-sexual touch, honest conversations, and finding joy in the chaos of parenthood. While intimacy may take on a different shape, it can remain deeply rewarding.

Addressing Sexual Dysfunction in Women – A Physiotherapist’s Role

Ms Neng Shahidah Sabullah

Pelvic Health Physiotherapist, Prince Court Medical Centre, Kuala Lumpur, Malaysia

Sexual health is a fundamental aspect of overall well-being, yet it remains under-discussed and often overlooked in clinical practice. This presentation will explore key challenges and advancements in sexual health management, focusing on the role of physiotherapy in addressing sexual dysfunction, postpartum recovery, and pelvic health rehabilitation. Drawing from clinical experience and evidence-based approaches, this session aims to enhance healthcare providers’ understanding of sexual health within maternal and reproductive care, fostering a more inclusive and proactive approach to patient management.

Female Sexual Dysfunction: The Malaysian Scenario

Associate Professor Dr Rosediani Muhamad

Family Medicine Specialist, School of Medical Sciences, Universiti Sains Malaysia, Malaysia

Introduction: Female Sexual Dysfunction (FSD) affects desire, arousal, orgasm, and pain, significantly impacting women's quality of life. In Malaysia, cultural norms, religious values, and societal expectations further complicate its experience, reporting, and management. This review synthesizes findings on FSD prevalence, associated factors, and healthcare provider challenges.

Methods: A comprehensive review of Malaysian studies on FSD was conducted, focusing on postpartum, menopausal, and medically affected women. Literature on healthcare providers' experiences was also examined. Data on prevalence, contributing factors, doctors' perspectives, and quality-of-life impact were extracted.

Results: FSD prevalence varies across populations, affecting around 30% of the general female population. Among postpartum women, it was 52.4% at six months, linked to an older husband and reduced sexual frequency. Postmenopausal women reported a prevalence of 51.2%, with chronic diseases and longer marriage duration as key factors. Endometriosis and breast cancer survivors exhibited rates as high as 90%, often with marital dissatisfaction. Family medicine doctors faced challenges in managing FSD due to patients' reluctance, lack of training, discomfort in discussing sexual health, and limited resources.

Discussion: FSD is a prevalent concern among Malaysian women, shaped by biological, psychological, and sociocultural factors. Healthcare providers struggle with stigma, communication barriers, and inadequate sexual health education.

Conclusion: The high prevalence of FSD in Malaysia highlights the need for routine screening, culturally sensitive interventions, and specialized training for healthcare providers to facilitate open discussions and effective management.

Addressing Teenage Pregnancy Trends and Postpartum Sexual Health Challenges in Brunei Darussalam

Ms Kay Lam

Senior Physiotherapist, Core Physiotherapy Clinic Brunei

Teenage pregnancy is a rising concern in Brunei, reflecting gaps in sexual education and access to reproductive health services. Postpartum women also face significant challenges, including engaging in sexual activity too soon after childbirth due to cultural expectations, which can lead to physical complications and emotional distress. Limited contraceptive use, influenced by perceptions of conflict with religious values, further exacerbates poor family planning outcomes and affects both teenage mothers and postpartum women. This presentation examines these issues and proposes culturally sensitive strategies to improve reproductive health outcomes in Brunei.

The Taiwan Experience of Comprehensive Physical Therapy for Pelvic Floor

Dysfunction and Female Sexual Health

Ms Lai Yu-Fen Betty

Physical Therapist, Comprehensive Pelvic Floor Health Care Center, Chung Shan Medical University Hospital, Taichung, Taiwan
The Comprehensive Pelvic Floor Health Care Center at Chung Shan Medical University Hospital in Taichung, Taiwan offers physical therapy for pelvic floor dysfunction (PFD) and experience in issues related to female sexual dysfunction.

Develop treatment strategies through clinical practice and interprofessional collaboration, and explain how biofeedback and electrical stimulation therapy can help postpartum and menopausal women restore pelvic floor muscle function and relieve sexual dysfunction and chronic pelvic pain in women. It also shows Taiwan's present educational and clinical promotion model aimed at enhancing awareness and engagement in pelvic floor health through community education and clinical partnerships.

This presentation seeks to convey the Taiwanese experience and engage in dialogues with global medical experts to foster progress in worldwide female sexual health and pelvic floor dysfunction treatment.

Prevalence of Sexual Health Dysfunction among Filipino with Cancer

Ms Maureen Aleste

Physiotherapist, Prairie Mountain Health, Manitoba, Canada

Sexual health-related problems are highly prevalent among Filipino women following breast cancer and gynecological cancer treatments. Studies report that up to 97.6% of breast cancer patients and 77.36% of gynecological cancer survivors have these issues. Although sexual dysfunction is a common concern among cancer patients, studies show that healthcare providers often fall short in delivering adequate sexual health care. This inadequacy can negatively affect patients' quality of life.

Barriers to the adequate provision of sexual health care include a lack of time, knowledge, and training among medical professionals. Furthermore, Filipino cancer patients often do not actively seek help for sexual health-related issues. This reluctance is partly because the Philippines is one of the Asian countries where discussing sexual topics is a taboo for many people. Filipino religious beliefs also hold a significant influence, further hindering open discussions and education about sexual health.

Given the high prevalence of sexual dysfunction among Filipino cancer survivors, the inclusion of sexual health management in routine cancer care plans and treatment is important. Collaboration between healthcare providers—including doctors, physiotherapists, psychologists, counselors, and sex therapists—may be necessary to provide a holistic approach to sexual health care, with the goal of promoting a better quality of life.

Reproductive Health Education in the Philippines

Dr Diosdado V. Mariano

Assistant Medical Director, Gat Andres Bonifacio Medical Center, Philippines

Reproductive health education in the Philippines has been a contentious topic due to cultural, religious and political factors. The passage of the Responsible Parenthood and Reproductive Health Act of 2012 commonly known as the RH Law marked a significant milestone in promoting reproductive health education and services across the country.

While government agencies, Muslim religious groups, Protestants, academics and university students declared support for the bill, there was strong resistance by the Catholic Church in the Philippines, to which more than 80% of the population subscribe. The Catholic Church oppose contraception and artificial family planning based on beliefs, and are also worried that access to contraception would increase the instance of premarital sex. Moreover, the Filipino society is conservative on matters of sexuality, so the citizens are uncomfortable with sex-related topics being taught in schools. Therefore, even those who agreed on the necessity of RHE insisted that RH is a family matter rather than one to be handled by schools and. Strong opposition impeded the bill when first proposed to Congress in 2001.

Therefore, various approaches should be adopted for successful implementation of RHE. The contextual factors such as socio-cultural background are not the only obstacles. Teacher training on CSE can be the first step to overcome the problem of teachers delivering their own narrow concept of RH based on their personal values. In addition, culturally relevant RHE curricula that has the endorsement of local stakeholders should be developed.

Advancing Inclusive Sexual Health: Tailored Care for Lesbian, Gay, Bisexual, Transgender and Queer or Questioning (LGBTQ+) Communities in Thailand

Assistant Professor Panicha Chantrapanichkul,

Gynecologic Endocrinology Unit, Department of Obstetrics and Gynecology, Faculty of Medicine Siriraj Hospital, Mahidol University, Thailand

Sexual health is a vital aspect of overall well-being, yet LGBTQ+ individuals often face unique challenges and disparities in accessing inclusive, affirming, and comprehensive care. These challenges can stem from societal stigma, discrimination, and a lack of healthcare providers trained in addressing the specific needs of this diverse population. This presentation provides a holistic framework for addressing the sexual health needs of LGBTQ+ patients, focusing on creating safe and welcoming clinical environments, promoting STI prevention and regular screenings, and supporting gender-affirming care. Additional topics include mental health's critical role in sexual well-being, personalized fertility and family planning options, and effective communication about consent, relationships, and sexual satisfaction.

In Thailand, the importance of addressing the healthcare needs of LGBTQ+ individuals is gaining significant recognition, reflecting broader societal shifts toward inclusivity and equity. Efforts have been made to ensure that this population can access accurate, affirming, and comprehensive medical care. Notably, Siriraj Hospital has taken a pioneering role by establishing dedicated clinics designed to cater to LGBTQ+ individuals. These clinics aim to provide specialized services, including gender-affirming treatments, counseling, STI prevention, and reproductive health support. By prioritizing the physical and mental well-being of LGBTQ+ individuals, these initiatives mark an essential step toward reducing health disparities and promoting equity.

This session underscores the importance of dismantling stigma, challenging common misconceptions, and empowering healthcare providers to deliver culturally competent and patient-centered care. By understanding the specific needs and experiences of LGBTQ+ patients, healthcare systems can advance toward fostering a more inclusive and supportive environment, ensuring optimal health outcomes for all.

Sexual Health in Sri Lanka: Challenges and Progress

Professor Tiran Dias

Professor of Obstetrics and Gynaecology, Department of Obstetrics and Gynaecology, Faculty of Medicine, University of Kelaniya, Sri Lanka

Sexual health in Sri Lanka is shaped by cultural, religious, and socio-economic factors, presenting both obstacles and opportunities for advancement. Although the country has made strides in healthcare, access to sexual health education and services remains inadequate due to stigma and conservative societal norms. The lack of comprehensive sexuality education in schools leads to widespread misinformation and limited awareness among young people.

Sri Lanka has a well-established maternal and reproductive healthcare system; however, access to contraception and safe abortion services remains restricted. Strict abortion laws contribute to a high prevalence of unsafe abortions, posing a significant public health risk. Additionally, sexually transmitted infections (STIs), including HIV, are often underreported due to insufficient testing and awareness.

Both governmental and non-governmental organizations work to enhance reproductive health services, promote safe sex practices, and combat gender-based violence. However, discrimination against LGBTQ+ individuals continues to limit their access to essential healthcare services.

Improving sexual health outcomes in Sri Lanka requires policies that support comprehensive sex education, expand access to contraceptive services, and reduce stigma around reproductive health. Strengthening youth-friendly services and increasing awareness programs can foster a more informed and healthier society. Addressing these challenges is crucial for advancing public health and ensuring reproductive rights for all.

Construction of a Large Database for Pregnancy Cohorts

Professor Dingyun You

Kunming Medical University, China

This presentation primarily introduces the governance framework of the pregnancy cohort database in Kunming City, Yunnan Province, China, along with the development of specialized databases. Key aspects include the fundamental design of multi-center pregnancy cohorts, biosample collection protocols, and the overall framework for establishing big-data pregnancy cohorts leveraging clinical data resources.

The Role of Psychologists in Supporting Sexual Health of Persons with Differences of Sex Development: Indonesia Experience

Associate Professor Annastasia Ediati

Psychologist, Faculty of Psychology, Diponegoro University, Indonesia

Differences of Sex Development (DSD) encompass a variety of congenital conditions where the development of chromosomal, gonadal, or anatomical sex is atypical. Individuals with DSD often face unique challenges related to their sexual health, which can impact their overall well-being. Psychologists play a crucial role in providing support and promoting positive sexual health outcomes for these individuals, but the number of psychologists working with family affected with DSD is scarce. This presentation aims to explore the multifaceted role of psychologists in supporting the sexual health of persons with DSD, particularly in women with partial androgen insensitivity syndrome (PAIS) and women with congenital adrenal hyperplasia (CAH). PAIS is the most prevalent of XY,DSD whereas CAH is the most prevalent type of XX,DSD. Female-to-male gender change were most reported among PAIS. Infertility impaired individuals with DSD particularly women with DSD. Psychologist also play important in promoting family support for mothers of children with DSD. The presentation will highlight key interventions and best practices in Indonesia setting that might be applicable for other LMICs.

List of Poster Abstracts

APMCH001 Exploring Singaporean Doctors' Attitudes and Beliefs towards Transgender care via the Transgender Attitudes and Beliefs Scale (TABS)

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²NUS Bio-Echo Asia Centre for Reproductive Longevity and Equality (ACRLE), Yong Loo Lin School of Medicine, National University of Singapore, Singapore

APMCH002 Effects of a culturally relevant, holistic lifestyle intervention programme for ethnic-minority women in Singapore

Shariffa Syahidah Chishty, Bibi Jan Mohamed Ayyub, Mahima Dharanipragada

Family Medicine, SATA CommHealth, Singapore

Bay's Training and Consultancy, Singapore

APMCH003 Treating sexual dysfunction in post-menopausal women in Singapore using a multidisciplinary approach: - A Case Report

Jean-Jasmin ML Lee¹, Farah Safdar¹, Seng Bin Ang¹

¹KK Women's and Children's Hospital, Family Medicine Service, Singapore

APMCH004 Sexual Health Clinic: Patient Profile And Results In A Two-Year Period

ENG Feng Cai June¹, LEE Jean-Jasmin ML²

¹Physiotherapy, KK Women's and Children's Hospital, Singapore

²Family Medicine Service, KK Women's and Children's Hospital, Singapore

APMCH005 A description of multidisciplinary telehealth intervention to address sexual issues in Gynaecological Cancer patients in a tertiary hospital in Singapore

Jean-Jasmin ML Lee¹, Julia Eng²

¹Family Medicine Service, KK Women's and Children's Hospital, Singapore

²Nursing, National Cancer Centre, Singapore

APMCH006 Prevalence of Perinatal Depression and Anxiety – Comparison between two hospitals in Singapore and Thailand

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APMCH007 First Trimester Mean Glucose Level on Continuous Glucose Monitoring is Associated with Infant Birth Weight

Phaik Ling QUAH^{1,2}, Lay Kok TAN³, Serene Pei Ting THAIN³, Ngee LEK^{2,4} Shephali TAGORE³, Bernard Su Min CHERN⁵, Seng Bin ANG⁶, Ann WRIGHT³, Michelle JONG^{7,8}, Kok Hian TAN^{1,2}

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APMCH008 Caregiver Feeding Practices and Eating Behaviors in Infants and Toddlers in Singapore

Phaik Ling QUAH^{1,2}, Daniel CHAN^{2,3,4}, See Ling LOY^{2,5}, Chengsi ONG^{2,6}, Chai-Hoon Nowel TAN⁷, Michael Yong Hwa CHIA⁸, Terence Buan Kiong CHUA⁸, Fabian YAP^{2,3,4}, Mei Chien CHUA^{2,4,9}, Kok Hian TAN^{1,2}

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APMCH009 Healthcare Professional's knowledge, attitudes and perceptions of female sexual health in the reproductive age

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APMCH010 Prevalence of female sexual function and knowledge, attitudes and practices in women of reproductive age

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APMCH011 A risk factors of low female sexual dysfunction in women of reproductive age group in Singapore

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APMCH012 A comparison of the prevalence of female sexual dysfunction in women with and without medical issues

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APMCH013 Sexual Health in Women of Reproductive Age: Insights from surveys of Healthcare Professionals and Women

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APMCH014 Physical Activity Trends Across Pregnancy: The Moderating Effects of Maternal Age and Pre-pregnancy Body Mass Index – Insights from a Wearable Smart Ring

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APMCH015 Sleep Trends Across Pregnancy: The Moderating Effects of Maternal Age and Pre-pregnancy Body Mass Index – Insights from a Wearable Smart Ring

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APMCH016 Characteristics and Outcomes of Obstetric Anal Sphincter Injury (OASI) Patients in a Combined Perineal Clinic

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APMCH017 A case report- Primary Vaginismus: Predisposing factors in Singapore

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APMCH018 Multidisciplinary Approach to managing Genito-Pelvic Pain/Penetration Disorder

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APMCH019 Exploring Nurses' Perceptions of Continuous Glucose Monitoring in Paediatric High-Dependency Care: A Case Formulation Approach

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APMCH020 'Care to CARE'- a visual guide in Clinic for the Adolescent in pREGnancy

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APMCH021 Addressing the Topic of Sexuality Among Patients with Cancer: Practice and Perceptions of Oncology Healthcare Professionals

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APMCH022 Enhancing Female Sexual Dysfunction Management through Interprofessional Collaboration: Insights from Singapore

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APMCH023 Training undergraduates and entry-level healthcare professionals in sexual history taking through an interprofessional education approach

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APMCH024 Evaluation of Chromosomal Microarray Results in a Tertiary Hospital: An Audit of Diagnostic Yield and Clinical Impact

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APMCH025 Changes in Chrononutritional Behaviours Among Preconception Women with Overweight and Obesity: The TEMPO Study

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APMCH026 Effectiveness of Physical Activity Counselling in Improving Physical Activity Participation in Postnatal Women With Prior Gestational Diabetes Mellitus

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APMCH027 Correlations between perceived stress, erectile function, and semen quality

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APMCH028 Preliminary findings from a survey-based study on sexual health issues in Singaporean breast cancer patients

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APMCH029 Enhancing Self-Efficacy in First-Time Parents: The Community-Enabled Readiness for the First 1,000 Days Learning Ecosystem (CRADLE)

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Poster Abstracts

APMCH001 Exploring Singaporean Doctors' Attitudes and Beliefs towards Transgender care via the Transgender Attitudes and Beliefs Scale (TABS)

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Background

Transgender individuals face significant healthcare disparities in comparison to their cisgender counterparts, including being at higher risk of adverse health outcomes and greater barriers to care including refusal of treatment by healthcare providers. Existing studies on healthcare attitudes toward transgender persons have largely focused on Western populations, with limited research in Singapore's culturally and religiously diverse setting.

Objectives

The study aims to evaluate the attitudes of Singaporean doctors toward transgender individuals across six key specialties involved in transgender care using the Transgender Attitudes and Beliefs Scale (TABS). We sought to determine sociodemographic factors influencing these attitudes, and explore correlations between doctors' knowledge, comfort, and experience in transgender care.

Methods

128 doctors responded to an online self-administered survey. TABS consisted of 29 items rated on a 7-point Likert scale, assessing three key factors: Interpersonal Comfort, Sex/Gender Beliefs, and Human Value. The survey also included three other questions to evaluate levels of self-reported knowledge, comfort, and experience in transgender care. Descriptive and regression analyses were conducted to identify significant predictors of TABS scores.

Results

The mean TABS score was 163.85 (SD = 27.21), reflecting generally positive attitudes. Overall, female doctors demonstrated more positive attitudes than male doctors. A correlation between religion and transgender attitudes was found in this study, with Christians scoring lower than other religion groups. Higher TABS scores correlated with greater comfort and knowledge in transgender care provision. Despite these positive attitudes, most doctors reported inadequate formal training in transgender-specific care.

Conclusions

While Singaporean doctors generally exhibit positive attitudes toward transgender care, there is a significant gap in knowledge and training for the provision of transgender care. Addressing these gaps through structured LGBTQ+ health education in medical curricula is key to improving transgender healthcare delivery. Tailored training programs could improve doctors' level of competency and foster a more inclusive healthcare environment in Singapore.

APMCH002 Effects of a culturally relevant, holistic lifestyle intervention programme for ethnic-minority women in Singapore

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Background and Objectives

Health disparities within ethnic-minority communities in Singapore are apparent. Few existing lifestyle programmes accommodated cultural specificities. We curated a culturally nuanced, lifestyle intervention programme for such women to improve their health and financial literacy.

Primary objective: whether a multi-dimensional approach to a culturally relevant program can influence health and financial literacy and sustain these changes.

Methods

A mixed-methods study assessing the effectiveness of an integrative intervention programme tailored specifically for women was conducted. We intentionally selected a small sample size (n=13), for the 8-week programme.

Knowledge, attitudes and beliefs were assessed pre and 3 months post-programme via surveys. We used a Likert scale and open-ended questions to obtain quantitative and qualitative information to assess shifts in knowledge and attitude. We conducted weekly sessions of lectures and home exercises. Pillars of nutrition, physical activity, stress management and social connections were targeted. Additionally, we addressed financial health. Participants' progresses were tracked using digital platforms.

Results

An improvement in knowledge, attitude and beliefs across all pillars were demonstrated. Participants increased at least 3 points on overall level of health (6-8, with 10 being most optimal health). 40% felt 7/10 likely to sustain their improvement post-programme. From 0%, 40% have begun and are confident of reading nutritional labels. 40% also continued their physical activities post-programme. On average, feelings of stress were rated 1 (no stress at all) post-programme. Participants were also actively more budget conscious.

Consistent attendance was attributed to the camaraderie formed. However, the importance of mindset in sustaining momentum was recognised as a barrier, including time constraints and a lack of motivation, which participants believed could be mitigated through social connections established. Participants appreciated that interventions were culturally relevant to their lifestyles.

Conclusion

In conclusion, the program effectively enhanced health literacy and sustained behaviour changes. Participants valued the social connections and cultural relevance of the program.

APMCH003 Treating sexual dysfunction in post-menopausal women in Singapore using a multidisciplinary approach: - A Case Report

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Background and Objectives

This case highlights the multidisciplinary approach used in managing sexual dysfunction in post-menopausal women.

A 52-year-old woman presented with worsening dyspareunia, low libido, and secondary anorgasmia for six months. She was already on menopause hormone therapy (MHT) that was initiated 2 years prior.

Her initial presenting complaints of hot flushes, sleep disruption, vagina dryness and mood instability were resolved with MHT. Her sexual symptoms were contributed by stressors that perpetuated the sexual dysfunction cycle. Predisposing factors included mild stress incontinence and work-related stress. Psycho-social factors identified included anxiety about her inability to satisfy her husband's sexual needs.

Methods

The couple were jointly managed by a family physician, psychologist, and physiotherapist in a Sexual Health Clinic in a restructured hospital.

Examination revealed vagina muscle hypertonicity, poor pelvic floor tone and absence of vulvo-vaginal atrophy. Desensitisation therapy reduced sexual pain due to secondary vaginismus. Pelvic floor muscle training improved incontinence and anorgasmia symptoms.

Poor communication dynamics were identified and couples counselling was paired with sensate focus therapy to improve communication and sexual intimacy. Cognitive re-structuring techniques enabled her to identify irrational cognitions, beliefs, and self-dialogue to challenge and reframe.

Results

Couples counselling improved couple communication. Cognitive restructuring moderated the patient's stressful self-expectations and sensate focus led to improved intimacy. She enjoyed better work life balance after decreasing her work hours which improved her libido. Vaginal intercourse and increased relationship satisfaction was achieved subsequently.

Conclusion

We recommend a tailored, multi-disciplinary approach in managing sexual dysfunction. Biological and psychological mechanisms affecting sexual performance need to be identified. Physical therapies such as vaginal wall stretching, pelvic floor training and trigger point massage should be incorporated where relevant. Psychological interventions used involved elements of cognitive behavioural therapy. Through this, we achieved her goals of pain-free and satisfying sexual activity.

Consent for publication

Verbal informed consent was obtained from the patient. Written informed consent requirement was waived due to the complete anonymity of the patient and complete de-identification of any patient data published in association with this case report.

APMCH004 Sexual Health Clinic: Patient Profile And Results In A Two-Year Period

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Background

Female sexual dysfunction is a multifactorial condition requiring a biopsychosocial approach for holistic management. At KK Women's and Children's Hospital in Singapore, a multi-disciplinary team consisting of a physician, a psychologist and a physiotherapist provides care for this population at the Sexual Health Clinic (SHC).

Objectives

This study aims to provide an overview of the distribution of female sexual dysfunction conditions, patient goals and outcomes in a 2-year period.

Methods

Retrospective review of clinic attendance for new cases seen at SHC between 1 January 2022 and 31 December 2023 was conducted. Demographic details, diagnosis, patient goals, and results were analysed.

Results

A total of 349 new cases were seen in the two-year period. 86 patients (24.6%) defaulted subsequent follow-up. 64.8% were married, 14.0% were single or in a committed relationship, 1.4% were divorced and 19.8% preferred not to share their relationship status. 60% of patients were in the 30-39 age group. Primary Genito-pelvic pain penetration disorder (GPPPD) is the most common diagnosis. 5 patients presented with decreased libido and 5 patients had orgasm issues. Patient goals are to achieve pain-free vaginal intercourse, achieve pregnancy and ability to tolerate pelvic examination, which include vaginal examination, transvaginal ultrasound, and assisted reproduction (ART) procedures. For patients that continued follow-up at SHC, 22 women achieved pregnancy, 17 underwent ART procedures.

Conclusion

This study has provided some insight into the profile of women seeking care at an outpatient sexual health clinic. Majority of patients that presented to SHC are married and in the 20-39 age group. The most common diagnosis is GPPPD. Authors were unable to establish success rate of couples achieving their goals due to limitations of data collection and non-attendance rate. Further studies need to be conducted to understand reasons for patients discontinuing follow-up and factors that can predict treatment success.

APMCH005 A description of multidisciplinary telehealth intervention to address sexual issues in Gynaecological Cancer patients in a tertiary hospital in Singapore

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Background

Early diagnosis and treatment of cancer have improved the treatment rate and survival rate of gynecological cancer (GC) patients. GC patients often experience high levels of uncertainty during treatment, turbulent emotions, low mood, body image issues and unmet supportive care needs. GC survivors often undergo early menopause after treatment. Sexual concerns and difficulties resuming intimacy results in relationship stressors. Current traditional clinic models result in fragmented care. Patients must take frequent leave of absences from work to attend appointments face-to-face with various providers.

Objectives

Studies have shown that early intervention and support should include medical treatment of symptoms, psychological interventions, and nurse-led support. A multidisciplinary approach is key to help GC patients address these issues. Our team consisting of a family physician, mental health professionals and nurses developed a telehealth intervention to support GC patients who are undergoing treatment.

Methods

Quarterly telehealth workshops were conducted via zoom for GC patients from Jan-October 2023. Each cohort of six to eight participants attended two sessions spaced one month apart. The interactive sessions include discussion of medical treatment of symptoms, behavioral modifications, psycho education, psychosocial and psychosexual interventions. Survey forms were administered to participants after completing the workshop.

Results

85% of participants strongly agreed that the content was relevant to issues they were experiencing, 90% of participants agreed that the topics covered were adequate. 75% of participants agreed that the topics covered sufficed. 80% of participants concurred that they had a better understanding of what they are or will be experiencing. 90% felt they were able to apply what they learnt during the workshops in their current situation and 95% reported overall satisfaction with this intervention.

Conclusion

This multidisciplinary telehealth workshop was successful in addressing comprehensively GC survivors' unmet needs. Creation of this new service also provides opportunities for the various professionals to meet and coordinate care plans to provide a tailored, individualized treatment plan.

APMCH006 Prevalence of Perinatal Depression and Anxiety – Comparison between two hospitals in Singapore and Thailand

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Introduction

There are limited studies comparing the prevalence of antenatal anxiety and depression between Singapore and Thailand.

Methods

Participants were recruited from Singapore and Thailand, specifically from the KK Women's and Children's Hospital outpatient Obstetrics and Gynaecology Clinic in Singapore and the Faculty of Medicine at Siriraj Hospital, Mahidol University, in Thailand. Using an online survey, data was collected from six hundred mothers during pregnancy, or between 0-12 weeks post-delivery from those who participated in the Asia Pacific Integrated Maternal Perinatal Mental Health Care (A-MUM) study. The mothers self-reported their baseline characteristics, obstetric history, and filled in a 10-item Edinburgh Postnatal Depression Scale (EPDS) embedded within the survey. The surveys also assessed the knowledge, attitudes, perceptions and practices of perinatal mental health. Pregnant women with antenatal EPDS score ≥ 15 was considered as having probable depression during pregnancy, whereas postnatal EPDS score ≥ 13 indicated probable depression postnatal. Subclinical depressive symptoms were defined by EPDS score between 9-14. Items 3, 4, and 5 from the EPDS was used for calculating anxiety scores, and the EPDS score ≥ 5 was considered probable antenatal or postnatal anxiety. Descriptive data was presented as mean and standard deviation (SD), or frequency and percentages.

Results

Among the 739 participants, 592 (80%) were from Singapore and 147 (20%) from Thailand. The Singapore cohort had a significantly higher mean antenatal EPDS score (9.03 ± 4.84) compared to Thailand (5.92 ± 4.81 , $p < 0.05$). Probable antenatal depression was more prevalent in Singapore (11.9%) than in Thailand (7.5%). Similarly, probable antenatal anxiety was significantly higher among Singaporean women, compared to their Thai counterparts (48.3% vs 20.4%, $p < 0.05$).

Conclusion

Significant differences exist in the prevalence of perinatal mental health issues between Singapore and Thailand. Future research should explore the factors contributing to these disparities.

APMCH007 First Trimester Mean Glucose Level on Continuous Glucose Monitoring is Associated with Infant Birth Weight

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Introduction

Comparisons between continuous glucose monitoring (CGM) metrics during the first and second trimesters and conventional mid-pregnancy oral glucose tolerance test values in pregnant women without pre-existing diabetes for predicting infant birth weight are scarce.

Methods

In a longitudinal observational study, 113 participants had first and second trimester CGM data collected over a 7–14-day period, as well as three-point oral glucose tolerance testing (fasting, 1-hour and 2-hour) performed at mid-pregnancy (24–28 weeks). Multinomial logistic regression, adjusting for maternal ethnicity, education level, age, pre-pregnancy BMI, parity, GDM diagnosis, gestational age at delivery, and type of CGM sensor was used to analyse the relationship between CGM metrics, OGTT glucose values and infant birth weight tertile.

Results

In the univariate analysis, CGM-derived metrics including higher mean glucose in the first trimester, higher % time above range (TAR) in the second trimester, and higher % time in range (TIR) and lower % time below range (TBR) in both the first and second trimesters were associated with infants in the highest birth weight tertile. After adjusting for confounders, a 1-SD increase in mean glucose level during the first trimester was significantly associated with the likelihood of the neonatal birthweight being in the highest tertile [Adjusted odds ratio [AOR] 3.11 (95% CI 1.18–8.21), $p=0.022$]. No significant associations were found between OGTT glucose values and infant birth weight outcomes.

Conclusion

CGM-derived mean glucose levels in early pregnancy may be a better predictor of an infant's birth weight within the highest tertile, compared to mid-pregnancy OGTT glucose values.

APMCH008 Caregiver Feeding Practices and Eating Behaviors in Infants and Toddlers in Singapore

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Introduction

Research on early childhood caregiver feeding practices and eating behaviors is limited, especially within Asian populations. This study examined these practices across key feeding domains of variety, autonomy, and mealtime setting and timing, stratified by three age groups: 0 to <7 months, 7 to <13 months, and 13 to <36 months.

Methods

A cross-sectional survey of 1,307 caregivers from a multi-ethnic population in Singapore captured demographic data, feeding practices, child eating behaviors, and caregivers' knowledge, attitudes, and practices. One-way analysis of variance (ANOVA), independent T-tests and the chi-square test were used to assess feeding practices and eating behaviors across age groups.

Results

Regarding dietary variety, 14.8% and 6.1% of infants aged 7 to <13 months were offered three or fewer food groups frequently and daily, respectively. Additionally, 11.9% of infants were receiving processed foods often. At this age, only 1.0% of infants were consuming sugar-sweetened beverages (SSBs) often, while 2.0% consumed them daily. Among older children (aged 13 to <36 months), 8.1% were offered a limited variety of three food groups, while 4.5% were offered fewer than three. In contrast, a significantly higher proportion frequently consumed processed foods (24.0%) and sugar-sweetened beverages (25.2%) ($p < 0.05$). In terms of autonomy, only 75.4% of infants (7–<13 months) and 89.5% of older children (13–<36 months) were able to self-feed. Caregivers of older children (13–<36 months) were less likely to recognize hunger and satiety cues compared to those of infants (0–< 13 months) ($p < 0.05$). Older children (13–<36 months) also more frequently required special mealtime settings (36.6%), viewed screens during meals (29.9%), and were less likely to be offered post-midnight meals nightly (22.6% compared to infants (70.3%) (0–<13 months) ($p < 0.05$).

Conclusion

These findings underscore the need for culturally tailored educational interventions to improve suboptimal feeding practices in children under three in Singapore's multiethnic population.

APMCH009 Healthcare Professional's knowledge, attitudes and perceptions of female sexual health in the reproductive age

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Introduction

Frontline healthcare professionals (HCPs) who provide regular care to all women in their reproductive ages play a critical role in the identification, treatment and management of sexual health in women of reproductive age. This study aimed to assess the knowledge, attitudes, perceptions and practices of HCPs towards sexual health in women of reproductive age.

Methods

Using an online survey, data was collected from 477 who participated in the Healthcare Professional's knowledge, attitudes and perceptions of female sexual health (SH-HCP) study. The survey questions assessed the knowledge, attitudes, perceptions and practices of sexual health in women in their reproductive ages amongst healthcare professionals. Descriptive data was presented as mean and standard deviation (SD), or frequency and percentages.

Results

Among survey respondents, 44.6% were doctors, 43.4% nurses, and 12% allied health professionals. The average age was 41 years (SD: 0.5), with 80.5% female and 90.0% Singapore citizens or permanent residents. Most worked in obstetrics and gynecology (39.0%) or family medicine (33.3%), predominantly in the public sector, with over 10 years of clinical experience. A majority (62.3%) reported no formal training in female sexual health communication, while 74.2% of those trained received it through lectures. A lack of training and knowledge was cited as the main challenge by 64.2% of respondents when treating sexual health issues (SHIs). Regarding sexual health issue (SHI) screening, 23.9% never screened, and 62.5% did so rarely or sometimes. Only 19% were aware of available screening tools used for screening women for sexual health issues. Of the 268 (56.2%) managing SHIs, 21% never counseled patients on lifestyle behaviors for sexual health, and 62.8% did so rarely or only sometimes do. Most patients reporting SHIs were trying to conceive or experiencing subfertility (66.3%), with painful penetration being the most common issue (41.2%). A majority (67.5%) selected "general practitioners" as the HCPs to be supporting women with sexual health issues. There were 84.5% that have selected more than one HCP to be involved in supporting women with sexual health issues. Less than 15% felt confident in diagnosing or managing SHIs, and only 3% were aware of existing sexual health guidelines. The majority supported creating standardized guidelines (82.0%) and educating women (88.9%) on sexual health.

Conclusion

These findings highlight the need for a multidisciplinary approach to addressing sexual health issues in women of reproductive age. Establishing Sexual Health Guidelines for healthcare professionals can enhance their knowledge, confidence, and skills in identifying, treating, and managing these issues effectively.

APMCH010 Prevalence of female sexual function and knowledge, attitudes and practices in women of reproductive age

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Introduction

Addressing sexual health is particularly important when trying to conceive, during pregnancy and after childbirth. This study aimed to assess the female sexual dysfunction, and knowledge, attitudes, and practices towards sexual health in women of reproductive age.

Methods

Data were collected via an online survey was conducted among 787 women aged 21–45 years as part of the Sexual Health in Reproductive-Aged Women (SH-Women) study. This survey evaluated women's sexual function using the 6-item Female Sexual Function Index (FSFI) and examined their knowledge, attitudes, and practices related to sexual health. Sexual function was categorized based on the FSFI score: <19 indicated low sexual function, while >19 indicated high sexual function. Descriptive statistics were reported as means with standard deviations (SD) or frequencies with percentages.

Results

Among women surveyed, 75.6% were of Chinese ethnicity, with a mean age of 32.1 years (SD: 6.4). Most had at least a university education (68.6%) and were married (60.9%). Overall, 54.0% were categorized as having low sexual function, while 46.0% had high sexual function. Across the six sexual function domains, 56.5% reported low desire, 50.3% experienced low arousal, and 49.4% rarely experienced lubrication. Additionally, 43.9% rarely had orgasms, 40.8% reported experiencing pain consistently, and 15.2% expressed dissatisfaction. Only 39.3% women responded that HCPs are their main source of sexual health knowledge, only 14.4% have seen a HCP for sexual health issues. There 18.4% of women who responded "yes" to a HCP discussing or providing them information about sexual health issues. If experiencing sexual health issues, only 7.62% reported that they would consult a GP, 34.9% would see an obstetrics and Gynecologist (O&G) specialist, and 35.32% would seek online information. Additionally, 57.3% were unaware of symptoms of female sexual health issues. Most agreed that guidelines would be useful for healthcare professionals (91.0%), that HCPs should proactively discuss female sexual health (90.5%), and that raising awareness and education on female sexual health issues is important (94.4%).

Conclusion

These findings underscore the high prevalence of low sexual function, with more than half of the women reporting low desire and arousal, as well as suboptimal sexual health literacy among women of reproductive age. The Singapore Guidelines on Sexual Health for Women of Reproductive Age play a crucial role in addressing these issues within the Singapore population.

APMCH011 A risk factors of low female sexual dysfunction in women of reproductive age group in Singapore

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Introduction

The risks associated with in low sexual health function in women are less known. The purpose of this study was to explore the risk factors for Female Sexual Dysfunction (FSD) in women of reproductive age.

Methods

Data were collected via an online survey in 787 women aged 21–45 years as part of the Sexual Health in Reproductive-Aged Women (SH-Women) study. This survey evaluated women's sexual function using the 6-item Female Sexual Function Index (FSFI). Sexual function was categorized based on the FSFI score: <19 indicated low sexual function, while >19 indicated high sexual function. Descriptive statistics were reported as means with standard deviations (SD) or frequencies with percentages.

Results

Among the women surveyed, 425 (54.0%) were categorized as having low sexual function, while 362 (46.0%) had high sexual function. A higher proportion of women with low sexual function were of Chinese ethnicity compared to those with high sexual function [345 (81.2%) vs. 250 (69.1%), p=0.001]. Women with low sexual function were also younger [31.6 (SD: 6.5) vs. 32.7 (SD: 6.1) years, p=0.02], had a lower BMI [23.5 (SD: 4.8) vs. 24.3 (SD: 5.6) kg/m², p=0.03], and were more likely to have spouses or partners with lower educational attainment [27 (9.7%) vs. 16 (4.8%), p=0.023], compared to those with high sexual function. Additionally, a greater proportion of women not planning to conceive reported low sexual function compared to those with high sexual function [291 (68.5%) vs. 216 (59.7%), p=0.01]. Women with a history of antenatal or postnatal anxiety and depression were also more likely to have low sexual function [24 (5.7%) vs. 15 (4.1%), p=0.05].

Conclusion

Low sexual function is highly prevalent among women of reproductive age, particularly those of Chinese ethnicity, younger age, lower BMI, and with partners of lower educational attainment. It is also more common among women not planning to conceive and those with a history of antenatal or postnatal anxiety and depression. These findings highlight the need for improved sexual health awareness, education, and targeted interventions, with the Singapore Guidelines on Sexual Health for Women of Reproductive Age playing a key role in addressing these gaps.

APMCH012 A comparison of the prevalence of female sexual dysfunction in women with and without medical issues

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Introduction

The differences in sexual health functions in women with and those without medical health conditions are less known. The purpose of this study was to explore the prevalence for Female Sexual Dysfunction (FSD) in women of reproductive age in women with known medical conditions.

Methods

Data were collected via an online survey was conducted among 787 women aged 21–45 years as part of the Sexual Health in Reproductive-Aged Women (SH-Women) study. This survey evaluated women's sexual function using the 6-item Female Sexual Function Index (FSFI) Sexual function was categorized based on the FSFI score: <19 indicated low sexual function, while ≥19 indicated high sexual function. The women with medical conditions were categorized as those with self-reported cancer, hypertension, diabetes, gynaecological issues, infertility and mental health issues. Descriptive statistics were reported as means with standard deviations (SD) or frequencies with percentages.

Results

Among women surveyed, 197 (25%) has self-reported medical conditions. The women with reported medical conditions have a significantly higher BMI at 24.7 kg/m² [SD:6.1] than those without [23.5kg/m²(SD:4.9)], and were older [33 years (SD:6.1) vs 31.8 years (SD:6.5), p<0.05]. There were also a higher proportion of women diagnosed with antenatal or postnatal anxiety and depression [18 (9.1%) vs 21 (3.6%), p<0.05 in the group of women with health problems. The prevalence of low sexual function is higher in the group of women with medical conditions [116 (58.9%)] versus those in the health group [309 (52.4%)], however this difference was not statistically significant (p=0.112). There were significant differences in any of the six sexual function domains between women who were categorized as health and those with medical conditions.

Conclusion

More than half of the women experienced low sexual function, with an even higher prevalence among those with medical conditions.

APMCH013 Sexual Health in Women of Reproductive Age: Insights from surveys of Healthcare Professionals and Women

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Introduction

Addressing sexual health is essential when trying to conceive, during pregnancy, and postpartum, with healthcare professionals playing a key role in supporting female sexual health. This study aimed to assess the prevalence of sexual dysfunction in women of reproductive age, and evaluate both women's and healthcare professionals' knowledge, attitudes, and perceptions related to female sexual health in the reproductive age.

Methods

Data were collected via an online survey from 477 healthcare professionals participating in the Sexual Health in Healthcare Professionals (SH-HCP) study. The survey assessed their knowledge, attitudes, and perceptions regarding female sexual health in women of reproductive age. Additionally, a separate online survey was conducted among 787 women aged 21–45 years as part of the Sexual Health in Reproductive-Aged Women (SH-Women) study. This survey evaluated women's sexual function using the 6-item Female Sexual Function Index (FSFI) and examined their knowledge, attitudes, and perceptions related to sexual health. Sexual function was categorized based on the FSFI score: <19 indicated low sexual function, while >19 indicated high sexual function. Descriptive statistics were reported as means with standard deviations (SD) or frequencies with percentages.

Results

Among healthcare professionals, 44.6% were doctors, 43.4% nurses, and 12% allied health professionals. Their mean age was 41 years (SD: 0.5), with 80.5% being female and 90.0% Singapore citizens or permanent residents. Most worked in obstetrics and gynecology (39.0%) or family medicine (33.3%), primarily in the public sector, with over 10 years of clinical experience.

A majority (62.3%) reported they had received no formal training in female sexual health history taking skills, and among those trained, 74.2% received it through lectures. Lack of training and knowledge was reported as the primary challenge by 64.2% of respondents when treating patients with sexual health issues (SHIs). Regarding sexual health issue (SHI) screening, 23.9% of HCPs never screened, while 62.5% did so rarely or sometimes. Only 19% were aware of available screening tools for assessing women with sexual health issues. Fewer than 15% felt confident/very confident in diagnosing or managing SHIs, and only 3% were aware of existing sexual health guidelines. Most supported developing standardized guidelines (82.0%) and enhancing education on female sexual health (88.9%). Among women surveyed, 75.6% were of Chinese ethnicity, with a mean age of 32.1 years (SD: 6.4). Most had at least a university education (68.6%) and were married (60.9%). Overall, 54.0% were categorized as having low sexual function, while 46.0% had high sexual function. Additionally, 57.3% were unaware of symptoms of female sexual health issues. Only 7.6% would consult a general practitioner, and 34.9% would consult a gynecologist for sexual health concerns, and 35.3% would seek for information online that could help them. Most agreed that guidelines would be useful for healthcare professionals (91.0%), that HCPs should proactively discuss female sexual health (90.5%), and that raising awareness and education on female sexual health issues is important (94.4%).

Conclusion

These findings highlight the need for Sexual Health Guidelines to enhance healthcare professionals' confidence and skills in identifying, treating, and managing sexual health issues. Additionally, such guidelines could help women of reproductive age recognize the signs and symptoms of sexual health issues and encourage them to seek professional care when needed.

APMCH014 Physical Activity Trends Across Pregnancy: The Moderating Effects of Maternal Age and Pre-pregnancy Body Mass Index – Insights from a Wearable Smart Ring

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Background

Objective physical activity (PA) trends throughout pregnancy, moderated by maternal age and pre-pregnancy body mass index (ppBMI), remain understudied.

Objective

To examine PA trends across pregnancy with a wearable smart ring and the moderating effects of maternal age and ppBMI.

Methods

Twenty-four pregnant women at KK Women's and Children's Hospital (KKH), Singapore wore the Oura ring which tracked daily PA metrics including PA score, step count, active calorie expenditure, durations of low- (LPA) and moderate-to-vigorous-intensity PA (MVPA). Multivariable linear mixed-effects models analysed trends stratified by maternal age and ppBMI.

Results

Compared to trimester 1 (T1), women with ppBMI $\geq 23\text{kg}/\text{m}^2$ experienced a greater decline in overall PA score in trimester 2 (T2) ($\beta = -18.8$, 95% CI [-30.1, -7.43], $p < 0.05$) and trimester 3 (T3) ($\beta = -21.0$, 95% CI [-32.6, -9.47], $p < 0.05$). Stratification revealed that this group also experienced declines in PA scores in T2 ($\beta = -14.8$, 95% CI [-22.9, -6.61], $p < 0.001$) and T3 ($\beta = -14.1$, 95% CI [-22.3, -5.99], $p = 0.001$), compared to T1. Women with ppBMI $< 23\text{kg}/\text{m}^2$ experienced an increase in the duration of low-intensity activity in T2 ($\beta = 2.95$ hours/week, 95% CI [0.898, 4.99], $p = 0.005$) and T3 ($\beta = 3.25$ hours/week, 95% CI [1.13, 5.38], $p = 0.003$) compared to T1. Maternal age was not found to significantly moderate any PA metrics.

Conclusion

Women with ppBMI $> 23\text{kg}/\text{m}^2$ were less active as pregnancy progressed. Wearable devices capture pregnancy-related PA trends, offering insights into the effects of maternal age and ppBMI.

APMCH015 Sleep Trends Across Pregnancy: The Moderating Effects of Maternal Age and Pre-pregnancy Body Mass Index – Insights from a Wearable Smart Ring

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Background

Objective sleep trends throughout pregnancy, moderated by maternal age and pre-pregnancy body mass index (ppBMI), remain understudied.

Objective

To examine sleep trends across pregnancy with a wearable smart ring and the moderating effects of maternal age and ppBMI.

Methods

Twenty-four pregnant women at KK Women's and Children's Hospital, Singapore wore a smart ring which tracked sleep score, sleep efficiency, restlessness, total sleep time (TST), sleep stages, sleep onset latency (SOL), and awake duration nightly. Multivariable linear mixed-effects models analysed trends stratified by maternal age (< 35 years and ≥ 35 years) and ppBMI ($< 23\text{kg}/\text{m}^2$ and $\geq 23\text{kg}/\text{m}^2$).

Results

Maternal age moderated the association between trimester 2 (T2) and awake duration. ppBMI moderated the association between trimester 3 (T3) and light sleep proportion. Stratification revealed that only women aged ≥ 35 years had a longer awake duration ($B = 0.240$ hours/night, 95% CI [0.059, 0.421], $p = 0.009$) and lower sleep efficiency ($B = -2.44\%$, 95% CI [-3.91, -0.982], $p = 0.001$) in T3 compared to trimester 1 (T1). Only women with ppBMI $< 23\text{kg}/\text{m}^2$ had lower TST ($B = -0.560$ hours/night, 95% CI [-1.08, -0.038], $p = 0.035$) and deep sleep proportion ($B = -2.33\%$, 95% CI [-4.52, -0.142], $p = 0.037$) in T3 compared to T1.

Conclusion

Sleep quality declined as pregnancy progressed, particularly among women aged ≥ 35 years and with ppBMI $< 23\text{kg}/\text{m}^2$. Wearable smart ring devices capture pregnancy-related sleep trends, offering insights into the effects of maternal age and ppBMI.

APMCH016 Characteristics and Outcomes of Obstetric Anal Sphincter Injury (OASI) Patients in a Combined Perineal Clinic

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Background

Obstetric anal sphincter injuries (OASIs) affect 6% of nulliparous women and 2% of parous women, with Asian race being a recognised risk factor. In 2022, Singapore's largest maternity hospital established a perineal clinic staffed by a dedicated urogynaecologist and pelvic floor physiotherapist to provide comprehensive post-OASI care.

Objectives

This study aims to characterise patients seen at the new perineal clinic and assess short- to medium-term outcomes, with a particular focus on sexual dysfunction, including dyspareunia, following OASI.

Methods

This retrospective study analyses data from 62 patients seen at the clinic between January 2022 and December 2023. Patient demographics, OASI severity, and postpartum symptoms were evaluated.

Results

Characteristics and distribution of OASI severity of the patients seen in the perineal clinic are shown in Table 1.

Table 1: Characteristics of patients seen at the Perineal Clinic (N=62)

Characteristic	N (%)	Characteristic	N (%)
Age (years)			
21-25	7 (11.3%)	P1	46 (74.2%)
26-30	20 (32.3%)	P2	11 (17.7%)
31-35	25 (40.3%)	P3	4 (6.5%)
36-40	9 (14.5%)	P4	1 (1.6%)
40-45	1 (1.61%)	Multiparous	16 (25.8%)
≥35 (AMA)	14 (22.6%)		
Parity (P status)			
BMI		Ethnicity	
Range	17.5-37.3 (19.8)	Chinese	21 (33.9%)
Mean, SD	25.3 ± 4.27	Malay	22 (35.5%)
Median (IQR)	25 (5.55)	Indian	8 (12.9%)
Obesity (≥30)	9 (14.5%)	Others	11 (17.7%)
		Smoking status	
		Smoker	2 (3.3%)
		Non-smoker	59 (96.7%)
Obstetric factors of patients seen at the Perineal Clinic			
Mode of Delivery at time of OASI		Fetal Birth Weight (FBW, kg)	
Normal vaginal delivery	40 (64.5%)	Range	2.3-4.11 (1.81)
Forceps delivery	10 (16.1%)	Mean, SD	3.14, 0.35
Vacuum-assisted delivery	12 (19.4%)	Median (IQR)	3.15 (0.43)
Instrumental delivery	22 (35.4%)	Macrosomia (≥4)	1 (1.6%)
Gestational Age (GA, weeks)			
		Range	37-41 (4)
		Mean, SD	39, 0.85
		Median (IQR)	39 (2)
Primary reason for referral to Perineal Clinic			
Obstetric anal sphincter injury (OASI)			
Third-degree tear	56 (90.3%)		
3A	30 (48.4%)		
3B	16 (25.8%)		
3C	9 (14.5%)		
Undefined G3	1 (1.6%)		
Fourth-degree tear	6 (9.7%)		

Prevalence of symptoms seen 3-6 months postnatally is shown in Table 2.

Table 2: Clinical symptoms of OASI patients 3-6 months postnatally seen at the Perineal Clinic (N=62)			
Characteristic	N (%)	Characteristic	N (%)
Fecal incontinence	11 (17.7%)	Urinary incontinence	34 (54.8%)
Flatus incontinence	11 (17.7%)	Stress urinary incontinence (SUI)	23 (37.1%)
Perineal pain	6 (9.7%)	Urgency urinary incontinence (UUI)	5 (8.1%)
Anorectal fistula	1 (1.6%)	Mixed urinary incontinence	6 (9.7%)
Psychological issues	3 (4.8%)		
Sexual dysfunction	19 (30.6%)		

The most common grade of OASI was 3A (48.4%), while 4th-degree tears affected 9.7% of patients (Table 1). At 3-6 months postnatally, 19 women (30.6%) reported sexual dysfunction, the main complaint being that of dyspareunia. This aligned with existing literature indicating that a significant portion of women post-OASI are at increased risk of postpartum sexual dysfunction. Other symptoms included urinary incontinence (54.8%), faecal incontinence (17.7%), flatus incontinence (17.7%), and perineal pain (9.7%) (Table 2).

In our clinic, pelvic floor physiotherapy (PFPT) adherence increased by 59.7% post-clinic attendance. While most patients (82.3%) were discharged after the initial visit, 17.7% required referrals to other specialists or combined clinics. Notably, 5 women with previous OASIs successfully delivered vaginally without further injury.

Conclusion

This study underscores the value of a multidisciplinary perineal clinic in addressing short to medium-term post-OASI symptoms. Improved PFPT adherence and successful subsequent vaginal deliveries highlight the clinic's efficacy, which may also enhance postpartum sexual function, positively impacting both patients and their families. These findings contribute to a better understanding of OASI-related morbidity and emphasise the importance of specialised care pathways in mitigating postpartum complications among high-risk populations.

APMCH017 A case report- Primary Vaginismus: Predisposing factors in Singapore

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Background

This case report describes a representative presentation of Genito Pelvic Pain/Penetration Disorder (GPPPD) to our multidisciplinary Sexual Health clinic. A 36-year-old Chinese lady with 6 month-history of unconsummated marriage due to GPPPD presented aiming to conceive. The couple were virgins and sexually inexperienced. They also reported reduced libido due to fatigue from long working hours and stress.

Objectives

Through it, we highlight common predisposing factors for this in Singapore.

Methods

A multidisciplinary treatment approach was taken by the team comprising a Clinician, Psychologist and Physiotherapist. Sexual knowledge deficiencies and lifestyle and communication issues were addressed. Sensate Focus exercises, Cognitive Behavioural and relaxation techniques as well as vaginal physical desensitization exercises were also utilised.

Results

Intercourse was achieved followed by spontaneous conception after 7-months treatment.

Conclusions

Singapore is a multi-ethnic, multi-religion Asian country.

Socially, pre-marital sex is frowned upon [1] and sexual education programs typically promote abstinence until marriage [2]. This

possibly explains why many married patients with GPPPD typically present with sexual naivety.

With education and work factors [3] resulting in later marriages, we observe a trend of late primary GPPPD presentations after marriage. Singaporeans clock long work hours [4], often experiencing poor work-life balance and fatigue. This affects sexual intimacy. Coupled with a desire for conception rather than sexual fulfillment, this typically influences couples' decision to delay treatment seeking.

Housing considerations also appear to contribute to sexual difficulties in couples. In land scarce Singapore, most newly married couples are entitled to nationally subsidized housing. However, there is often a long waiting period [5]. This leads many couples to continue residing separately or together in parental homes, affecting sexual intimacy experiences [4].

Recognising that there are certain societal trends which are difficult to modify, it is important that medical professionals recognise and treat GPPPD in a timely manner when couples do present for help.

APMCH018 Multidisciplinary Approach to managing Genito-Pelvic Pain/Penetration Disorder

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Background

A 30-year-old Chinese female presented with pain and marriage consummation difficulties over 1 year. She did not report any significant medical history. Her husband was her first sexual partner and the couple reported limited knowledge regarding engagement in sexual intercourse. The patient also reported concerns surrounding conceiving, marital tension and poor work and living arrangements affecting sexual engagement.

Objectives

Using this case study, we aim to highlight how a multidisciplinary approach is useful in managing Genito-Pelvic Pain/ Penetration Disorder (GPPPD).

Methods

The patient was collaboratively managed by a Gynaecologist, Psychologist and Physiotherapist. Physical examination revealed no associated genitalia structural issues. The patient was then started on physical desensitisation therapy. This was reinforced with cognitive re-structuring interventions that targeted irrational thoughts, beliefs and self-dialogue, reframing these into more balanced cognitions. Communication strategies and Sensate focused exercises were also introduced to improve communication and sexual intimacy.

Results

The couple's communication improved, enabling changes that addressed social and environmental challenges to intimacy. Privacy issues also improved with move to a new home. Physical intimacy experiences improved following practice of Sensate focused exercises. There was also a moderation in the patient's stressful self-expectations. After a year, sexual intercourse became successful.

Conclusions

A multi-disciplinary approach is recommended for the management of GPPPD. In our context, initial assessments are conducted by our multi-disciplinary team with subsequent interventions tailored to patients' needs.

Sexual naivety in our population is commonly encountered [1] and this needs addressing with education about anatomy, foreplay and sexual positioning alongside information about biological and psychological mechanisms underlying GPPPD.

Physiotherapy interventions then focus on Vagina wall stretching and trigger point massage. [2]

Psychological interventions address communication issues, also utilising cognitive behavioural therapy [3,4] to enhance physical interventions, emphasising concurrent practice of relaxation techniques.

In conclusion, we advocate a multi-disciplinary clinical service for GPPPD. In our experience, this provides holistic patient care while improving follow-up compliance.

APMCH019 Exploring Nurses' Perceptions of Continuous Glucose Monitoring in Paediatric High-Dependency Care: A Case Formulation Approach

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Background

Dysglycemia is associated with increased morbidity and mortality in critically ill paediatric patients. Continuous glucose monitoring (CGM) offers real-time glucose trend data, addressing limitations of point-of-care (POC) testing, such as intermittent readings and high workload. However, successful implementation of CGM in high-dependency (HD) paediatric care depends significantly on nurses' perceptions and acceptance.

Objective

This study explores nurses' perceptions of CGM in a paediatric HD setting, focusing on factors that influence its adoption, including predisposing, perpetuating, precipitating, and protective factors, using a case formulation framework.

Methods

A single-center study was conducted at KK Women's and Children's Hospital, involving 45 HD nurses who participated in a validated 20-item survey. Training on CGM implementation and guidelines was provided, and descriptive statistics were used to analyze survey responses. A specific case of an infant with hyperinsulinemic hypoglycemia (HH) was included to illustrate CGM's clinical application.

Results

Most nurses (86%) reported that CGM was easy to use and reduced their workload compared to POC testing. Additionally, 88% of nurses agreed that CGM, when combined with POC testing, enhanced patient safety. Despite limited familiarity with CGM prior to implementation (37% reported no prior experience), 86% of nurses felt comfortable using CGM after training, which was primarily delivered through peer-led handovers. Barriers to adoption included challenges with calibration protocols and perceived accuracy (54% reported CGM readings as accurate). Overall, 82% of nurses recommended CGM for continued use in HD care.

Conclusion

CGM is perceived positively by nurses for its ability to enhance patient safety, improve workflow efficiency, and reduce workload in paediatric HD settings. In acute care setting, CGM adoption provide real-time monitoring of the glucose levels, enabling healthcare professionals to make timely adjustments to insulin therapy and allowing detection of glycemia fluctuations at bedside, thereby empowering nurses for timely update to medical team.

APMCH020 'Care to CARE'- a visual guide in Clinic for the Adolescent in pREgnancy

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Background

Childbearing at an early age imposes responsibility, stigma, and rejection (Govender, Naidoo & Taylor, 2020). The unpreparedness for our young adolescent mothers that lack psychosocial support can lead to an increase in both mental and physical stress with possible risk of antenatal and postnatal depression. The CARE (Caring for Adolescent pREgnancies) team recognised this as a priority.

Objectives

Our team developed a visual guide tailored for the CARE patients with an accessibility to retrieve vital information anytime anywhere. With the on-hand resources, patients can better understand their care plan and empowers the adolescent mothers to make informed decision.

Methods

An enacted video (refer to QR code) was created by Adolescent Specialty Nurses that covers the process of admission, childbirth, pain relief options, discharge process and family planning. During the first visit, the Adolescent Specialty Nurse will render counselling on the above and highlight the importance of keeping healthy, good nutrition and medical checks. At the end of the session, patients will be given a QR code to scan which will direct them to the enacted video. The patient is encouraged to view the video and call in for any queries.

Results

In 2024, CARE clinic seen 122 new cases out of 136 patients with age below 18 years old, of which 61 have watched the video. The patients were spoken to and demonstrated better understanding on the need for parental consent at admission, less anxious and more ready for delivery.

Conclusions

The enacted video provided effective information, easy access and empowers adolescent in decision making process for pregnancy, hence achieving an approach of patient-centric care model. With contraceptive options given, we would track the prevalence of second unplanned pregnancy and explore areas for improving information on adolescent health via digitalised material.

APMCH021 Addressing the Topic of Sexuality Among Patients with Cancer: Practice and Perceptions of Oncology Healthcare Professionals

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Background

Changes in sexual functioning and satisfaction is recognized as one of the under-addressed issues in cancer survivorship. There are various factors to consider, including healthcare provider comfort in addressing sexual-related matters.

Objectives

We present results from an informal poll that inquired about healthcare professional's self-rated knowledge in address sexuality in cancer, their typical practice and who they think should be responsible in addressing the issue with patients.

Methods

The poll was conducted in October 2023 to understand healthcare provider perceptions in an oncology setting prior to inform development of a sexual health service. Healthcare professionals consisting of doctors, nurses and coordinators (N=38) across various sub-specialties responded to three self-reported questions. The results were aggregated and presented descriptively.

Results

The majority of respondents were doctors (74%), with the top three specialties represented being breast, gastro-intestinal and gynaecology oncology. No healthcare provider reported having "sufficient knowledge" on the topic of sexuality, while the majority reported either "not much knowledge"(42%) or "no knowledge"(32%). The majority (55%) of healthcare providers report waiting for their patients to raise the subject. Healthcare providers think sexuality should be address in cancer survivorship clinics (58%), oncologists (55%), family physicians in the community (39%), oncology nurses (29%) or psychologists (26%).

Conclusions

Oncology healthcare providers do not perceive having competency around the topic of cancer-related sexual issues, highlighting the need for a sexual health service within oncology centres to address this issue among cancer patients. Various healthcare professionals (doctors, nurses, psychosocial service providers) may be trained to screen for such issues and refer such cases to a service that addresses sexual health in cancer survivorship.

APMCH022 Enhancing Female Sexual Dysfunction Management through Interprofessional Collaboration: Insights from Singapore

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Introduction

Interprofessional Collaboration (IPC) is when multiple healthcare professions work together to provide effective patient care enhance1,2. IPC is fitted for management of complex issue in healthcare and management of female sexual dysfunction is highly complex in nature1,2. Female sexual dysfunction is a multifactorial condition which requires a biopsychosocial approach for holistic management3.

Objective

This study aims to explore interprofessional collaboration through the experiences of healthcare professionals working together to manage women with FSD in the sexual health clinic in KK Women's & Children's Hospital.

Methodology

The four core competencies in Interprofessional Education Collaboration (IPEC) underpinned the IPC approach in SHC2. The 4 core competencies in IPEC are Values and Ethics (VE), Roles/Responsibilities (RR), Interprofessional Communication (CC) and Teams and Teamwork (TT)2. The team's VE2 of having a shared values in providing patient-centred care for women experiencing sexual difficulties. Our RR2 is clearly delineated by our professional expertise. The team's CC2 is demonstrated by the interaction between team. Our TT2 exhibited by development of strong team dynamics.

Results

IPC leads to the formulation of a standardized care plan and increases patient satisfaction in female sexual dysfunction management. Team members reported the ability to function in the highest level of competence in their own expertise which improve the care standard in female sexual dysfunction management1-3. Greater satisfaction in collaborative practice due to clear clinical operational in SHC through easier referral processes to different specialties based on patients' needs3. Patients also shared their positive experiences through patient service feedback3.

Conclusion

IPC promotes efficient patient care and enhances patient experience in managing female sexual dysfunction2-3. The four core competencies of IPEC helps to navigate interprofessional team in managing complex conditions2. Future considerations for research in IPC and interprofessional education (IPE) includes exploring the experiences of IPE activities in undergraduate and entry-level professions learning2.

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APMCH023 Training undergraduates and entry-level healthcare professionals in sexual history taking through an interprofessional education approach

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Introduction

The Sexual Health Clinic (SHC) utilizes interprofessional collaboration (IPC) to manage women with female sexual dysfunction (FSD)1. Our SHC team of physicians, psychologists, and physiotherapists are trained and accredited by the ESSM. An Interprofessional Education (IPE) programme addressing sexual history taking was designed and implemented by SHC and hospital's education office in 2018.

Objective

This workshop aims to develop a holistic Interprofessional Education (IPE) programme on sexual history taking for undergraduate students and entry-level healthcare professionals to introduce IPC in female sexual dysfunction management.

Methods

Participants are undergraduate students and entry-level healthcare professionals. Participants from medical, nursing, and allied health are recruited for this quarterly programme. The Interprofessional Learning Scale (IPLS) questionnaire2 and reading materials are disseminated prior to the in-person workshop. The IPLS serves as a baseline analysis of the participants' experience in IPE. Social constructivism3 frames the IPE activity during the in-person workshop. Participants from different disciplines are put into small groups to discuss case scenarios and collaborate to explore ideas in taking sexual history from standardized patients. Feedback and self-reflection questionnaires are also administered at the end of the workshop.

Results

97% of the participants strongly agreed on the importance of interprofessional collaboration in sexual history taking. 78% evaluated that the workshop provided valuable experience to share and collaborate with other healthcare professionals. Most participants believed that the programme educated them on normalizing questioning patients about sexual health. Participants encouraged to investigate alternative approaches in conducting thorough sexual history. Overall, participants recognized the significance of considering biopsychosocial factors and found this programme highly relevant to their learning needs.

Conclusion

A formal IPE programme has shown to benefit undergraduate students and entry-level healthcare professionals. Continuous improvement in this IPE training programme is required so to further improve the standards of sexual medicine in Singapore.

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APMCH024 Evaluation of Chromosomal Microarray Results in a Tertiary Hospital: An Audit of Diagnostic Yield and Clinical Impact

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Background

Chromosomal microarray analysis (CMA) is a high-resolution genomic technique widely used in prenatal and postnatal settings to detect copy number variations (CNVs) associated with congenital anomalies and genetic syndromes. Given its clinical significance, auditing CMA results ensures optimal test utilization, interpretation accuracy, and patient management.

Objectives

This audit aims to evaluate the clinical indications, diagnostic yield, and outcomes of CMA testing in a tertiary hospital and reviewing compliance with established reporting guidelines.

Methods

A retrospective review of CMA tests was conducted over a 2 year period from 2023 to 2024 at the Department of Obstetrics & Gynaecology at the Singapore General Hospital. Patient demographics, referral indications, fetal ultrasound findings and CMA results were extracted from the Prenatal Diagnostic Centre database. CNVs were classified as pathogenic, likely pathogenic, benign, or variants of uncertain significance (VUS) based on international guidelines. The audit also assessed adherence to reporting standards and the impact of findings on patient management.

Results

Of the 47 patients who underwent CMA, pathogenic CNVs were identified in 6 patients, giving a diagnostic yield of 13%. The most common indications included high risk results for aneuploidies based on first trimester screening (FTS) or non invasive prenatal testing (NIPT) at 38% (18/47) and fetal structural anomalies at 45% (21/47), the commonest anomaly being ventricular septal defect at 38% (8/21). One patient with VUS declined further testing. In the only patient who underwent CMA testing for polyhydramnios, the fetus was confirmed to have Kagami Ogata Syndrome. The audit revealed high compliance with reporting guidelines but identified areas for improvement.

Conclusion

This audit highlights the diagnostic utility of CMA in a tertiary hospital, reinforcing its value in clinical genetics. Future recommendations include enhanced genetic counseling services and periodic re-evaluation of uncertain results.

APMCH025 Changes in Chrononutritional Behaviours Among Preconception Women with Overweight and Obesity: The TEMPO Study

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Background

Optimizing chrononutritional behaviours (eating times) could potentially improve both metabolic and reproductive outcomes for preconception women with overweight or obesity. However, the understanding of chrononutritional behaviours in these women remains limited.

Objective

To compare changes in chrononutritional behaviors over three months among preconception women with overweight or obesity, who were participants of the Healthy Early Life Moments in Singapore (HELMS), an on-going integrated lifestyle intervention program which aims to improve metabolic health.

Methodology

The Temporality, Eating, and Metabolic Health During Preconception (TEMPO) study, is an observational prospective cohort study nested within HELMS. Participants were women aged 21–40 years with a body mass index of 25–40 kg/m². Chrononutritional behaviors were assessed at baseline and at 3-month using the Chrononutrition Profile Questionnaire. We used paired t-tests to compare continuous data and McNamar's test for categorical data. Continuous data were presented as mean \pm standard deviation; categorical data were presented as percentage.

Results

Preliminary analysis of 126 participants showed a significant increase in the duration from the last meal of the day to bedtime (evening latency), from 4.02 ± 1.53 hours to 4.33 ± 1.74 hours ($p = 0.036$). Despite not reaching statistical significance, there was a trend showing decline in the incidence of night snacking (≥ 4 days/week) from 23.0% to 13.5%, and night awakening eating (≥ 1 day/week) from 3.2% to 0.8%. Similarly, the incidence of lunch as the largest meal increased from 48.4% to 57.9%, while dinner as the largest meal reduced from 48.4% to 41.3%.

Conclusion

The study revealed positive changes in chrononutritional behaviours among preconception women with overweight or obesity who participated in HELMS, including extended evening latencies, decreased night snacking and eating, and a shift from dinner to lunch as the primary meal. These findings suggest the potential for modifying eating patterns through lifestyle intervention.

APMCH026 Effectiveness of Physical Activity Counselling in Improving Physical Activity Participation in Postnatal Women With Prior Gestational Diabetes Mellitus

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Background

Current physical activity guidelines for postpartum women in Singapore recommend at least 150 minutes of moderate-intensity physical activity (MPA) per week. Clinical exercise physiologists (CEPs) play a key role in promoting adherence through physical activity counselling, which educates women on the benefits of staying active and helps them overcome barriers to participation. This support is especially crucial for women with a history of gestational diabetes mellitus (GDM), as they face a higher risk of developing chronic diseases.

Objective

To evaluate the effectiveness of physical activity counselling in improving MPA levels among postpartum women with prior GDM.

Methods

A total of 213 women from the IHIPS study completed a self-reported physical activity questionnaire at Baseline (6 weeks postpartum), Month 3, and Month 6. At each time point, they received physical activity counselling from CEPs. Participants recorded their weekly MPA minutes. The primary outcome was the change in MPA over time.

Results

MPA significantly increased from Baseline ($M = 221.1$) to Month 3 ($M = 486.6$, $p = .027$). Although there was no significant increase from Month 3 to Month 6 ($M = 313.9$, $SD = 740.0$), MPA remained higher than at Baseline, suggesting sustained efforts and maintenance, $t(133.73) = -0.93$, $p = .356$.

Conclusion

Physical activity counselling within the IHIPS framework effectively enhances MPA in the short term, as seen by the significant improvement at Month 3 and maintenance at Month 6, emphasizing the need for ongoing support to maintain long-term adherence.

APMCH027 Correlations between perceived stress, erectile function, and semen quality

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Background

Despite the drastic decline in total fertility rates globally, the role of male factors in fertility and reproductive health outcomes remain understudied. Male reproductive health can be influenced by lifestyle and biological factors, including mental stress and sexual function. Understanding these relationships can provide valuable insights into male fertility and reproductive success.

Objectives

This study examined the correlations between perceived stress, erectile function, and semen quality among male participants from the Towards Optimal Fertility, Fathering, and Fatherhood studY (TOFFFY).

Methods

We conducted a preliminary analysis. Fifty-three male participants, aged 21 to 49 years, were recruited from KK Women's and Children's Hospital, Singapore, between July 2024 and January 2025. The Perceived Stress Scale (PSS) and International Index of Erectile Function (IIEF-5) questionnaires were self-administered. A higher score on the PSS indicates higher stress levels, while a higher score on the IIEF-5 suggests better erectile function. We performed semen analysis and sperm DNA fragmentation index according to the 6th edition World Health Organisation laboratory manual for human semen analysis and using the X12 PRO semen analysis system, respectively. Data was analysed using Pearson's correlation test.

Results

We found that higher PSS scores were correlated with lower IIEF-5 scores ($r = -0.37$, $p = 0.006$), sperm concentration ($r = -0.28$, $p = 0.041$), total sperm count ($r = -0.29$, $p = 0.036$), and higher single-strand break DNA fragmentation index (SSB DFI) ($r = 0.30$, $p = 0.029$). We also observed lower IIEF-5 scores were correlated with lower sperm motility ($r = 0.37$, $p = 0.008$), sperm concentration ($r = 0.35$, $p = 0.009$), total sperm count ($r = 0.31$, $p = 0.022$), and higher SSB DFI ($r = -0.50$, $p < 0.001$).

Conclusions

This study demonstrates that males with higher perceived stress levels had poorer erectile function and semen quality. These preliminary findings suggest that managing stress may enhance male reproductive health.

APMCH028 Preliminary findings from a survey-based study on sexual health issues in Singaporean breast cancer patients

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Background

Sexual morbidity is a frequent side-effect and consequence of breast cancer diagnosis and treatment with significant long-term negative effects on physical, emotional and social well-being of patients. While sexual health issues in breast cancer patients are well-described in current literature especially in Western countries, it has yet to be studied among Singaporean breast cancer patients.

Objectives

This study aims to understand sexual health problems experienced by KKH breast cancer patients after treatment.

Methods

KKH breast cancer patients aged above 21 years who have completed breast cancer treatment (excluding endocrine therapy) for at least 6 months were recruited. Data was collected through validated questionnaires (NCCN Guidelines version 1.2017 Sexual Function (Female) and EORTC QLQ-BR45) completed by participants.

Results

93 patients participated in the study. 41–50-year-olds experienced the most dissatisfaction with their sexual function (51.4% vs 31–40 year olds (45.5%), 51–60 year-olds (24.3%) and 61–70 year-olds (28.6%)). 57% of patients who had chemotherapy were dissatisfied vs. 43% without chemotherapy. Patients who had endocrine therapy were also more dissatisfied (65.7% vs. 34.3% without endocrine therapy). The most common problems were vaginal dryness (n=27), decreased libido (n=20) and dyspareunia (n=17). These problems were also the most bothersome: vaginal dryness (n=10), decreased libido (n=9) and dyspareunia (n=12). Most patients (71.4%) did not want to talk about sexual health problems with their doctor.

Conclusion

Sexual dissatisfaction and dysfunction are common among breast cancer patients in Singapore with certain factors such as chemotherapy and endocrine therapy contributing to a higher risk of such issues. Unlike their Western counterparts, most Singaporean patients did not wish to speak to their doctors about sexual health concerns possibly reflecting a cultural difference in acceptance of their symptoms or reluctance to share sensitive information with their doctors. More in-depth studies would be useful to elucidate the reasons for this difference.

APMCH029 Enhancing Self-Efficacy in First-Time Parents: The Community-Enabled Readiness for the First 1,000 Days Learning Ecosystem (CRADLE)

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Background

The first 1,000 days of a child's life are crucial for optimal development and long-term potential, yet many first-time parents find this period challenging as they struggle to adapt.

Objectives

To evaluate the CRADLE programme's effectiveness in enhancing self-efficacy among first-time parents.

Methods

This study employed a randomised controlled trial (RCT) design and involved a total of 548 first-time mothers, who were randomly assigned to one of three arms: (1) standard routine care (n=182); (2) behavioural nudges and engagement facilitated through a social media platform (n=182); or (3) midwife-led continuity cares up to six months postpartum (n=184). Data were collected using the Tool to Measure Parental Self-Efficacy (TOPSE) questionnaire at six weeks (baseline), six months, 12 months, 18 months, and 24 months to measure changes in parenting self-efficacy. The TOPSE comprises eight sections, each with six questions, scored from 0 to 10.

Results

In the Emotion & Affection section of TOPSE, both ARM2 and ARM3 outperformed ARM1 at the six-month postpartum touchpoint. In the Play & Enjoyment and Empathy & Understanding sections, despite starting with lower baseline scores than ARM1, ARM2 and ARM3 showed significant progress by the 12-month assessment, narrowing the gap with ARM1. In the Control section, ARM3 showed significantly better performance than ARM2 in remaining calm when faced with parental difficulties at six months. Additionally, ARM2 demonstrated greater disciplinary efficacy and self-assertion compared to ARM1. While ARM3 surpassed ARM2 in self-acceptance at six months postpartum, ARM2 later caught up with both ARM3 and ARM1. Notably, no significant differences were found in Learning & Knowledge across all arms at any time point.

Conclusion

The CRADLE programme effectively enhanced parenting self-efficacy among first-time parents, with notable improvements in emotional engagement, disciplinary skills, and self-acceptance by 24 months postpartum. This finding aligns with established literature, as parental concerns regarding behavioural issues often peak during the "terrible twos," coinciding with the end of interventions for the CRADLE study.

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Dr Poo Zi Xi KK Women's & Children's Hospital
Ms Chng Ying Chia, KK Women's & Children's Hospital
Ms Yasmin Bte Mohd Hassan, KK Women's & Children's Hospital
Prof Teoh Tiong Ghee, KK Women's & Children's Hospital
Dr Han Wee Meng, KK Women's & Children's Hospital
Dr Ong Chengsi, KK Women's & Children's Hospital
Dr Daniel Chan, KK Women's & Children's Hospital
Dr Fabian Yap, KK Women's & Children's Hospital
Dr Dr Tan Tse Yeun, KK Women's & Children's Hospital
Dr Jean-Jasmin Lee Mi-Li, KK Women's & Children's Hospital
Ms Eng Feng Cai June, KK Women's & Children's Hospital
Ms Cheong Xinyi, KK Women's & Children's Hospital
Dr Ronny Tan, Advanced Urology Associates Pte Ltd, Singapore
Ms Phyllis Wong, Singapore Counselling Centre
Ms Samantha Chia, KK Women's & Children's Hospital
Ms Julia Eng, National Cancer Centre Singapore
Dr Tan Qing Ting, KK Women's & Children's Hospital
Ms Shirlene Toh, Tan Tock Seng Hospital
Dr Michelle Loh, KK Women's & Children's Hospital
Dr Chua Ka Hee, Alpha IVF Centre, Singapore
A/Prof Rukshini Puvanendran, KK Women's & Children's Hospital
Dr Thomas King, Changi General Hospital
Dr Leonora Chiam, KK Women's & Children's Hospital
Ms Phyllis Phua, KK Women's & Children's Hospital
Dr Michelle Lim, Nobel Obstetrics, Gynaecology and Minimally Invasive Surgery Centre, Singapore
Dr Huang Zhongwei, National University Hospital
Dr Jill Lee, KK Women's & Children's Hospital

South Korea:

Asst Prof Kim Seo-Yeon Kangbuk Samsung Hospital, Sungkyunkwan University School of Medicine, Korea
Assoc Prof Jin Soo Moon, Seoul National University College of Medicine, South Korea

Sri Lanka:

Prof Tiran Dias, North Colombo Teaching Hospital & University of Colombo
Dr Shahul Hameed Mohamed Siraj, Teaching Hospital Batticaloa, Batticaloa
Prof Sachith Mettanandana, University of Kelaniya, Kelaniya, Colombo
Dr Madura Jayawardane, University of Sri Jayewardenepura, Gangodawila, Nugegoda

Taiwan:

Assoc Professor Chiang Ming-Chou, Chang Gung Memorial Hospital, Taiwan
Ms Lai Yu-Fen Betty, Chung Shan Medical University Hospital, Taichung

Thailand:

Prof Ounjai Kor-ananatakul, Prince of Songkla University Kho Hong, Songkhla
A/Prof Dittakarn Boriboonhirunsarn, Siriraj Hospital & Mahidol University, Bangkok
Dr Areekul Amornsriwatanakul, Mahidol University, Bangkok
Assoc Prof Pongsak Noipayak, Navamindradhiraj University, Bangkok
Asst Prof Supachoke Singhakant, Department of Psychiatry, Siriraj Hospital, Bangkok
Asst Prof Panicha Chantrapanichkul, Siriraj Hospital, Mahidol University, Bangkok

United States of America:

Prof Rachel Novotny, University of Hawaii, Hawaii

Vietnam:

Dr Tran Thi Lien Huong, Tu Du Hospital, Ho Chi Minh City
Dr Huynh Manh Nhi, Hospital for Traumatology and Orthopedics, Ho Chi Minh City

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KEYNOTE SPEAKERS



Universal CMV Screening in
Pregnancy: Is the Time Right to
Adopt It?

Professor Yves Ville
Professor and Chairman,
Department of Obstetrics and Fetal Medicine
Necker-Enfants-Malades Hospital
Paris Descartes University, France



The Spectrum of Ultrasound
Abnormalities in Fetal CMV Infection
Professor Dario Paladini
Director, Fetal Medicine and Surgery Unit
Gaslini Children's Hospital, Genoa, Italy



Preterm Labour: Evidence and
Practice
Professor Andrew Shennan
Professor of Obstetrics, King's College London, UK
Clinical Director,
South London Clinical Research Network, UK



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Asia Pacific Maternal and Child Health Conference & IPRAMHO International Meeting 2024. Dr Janil Puthucheary with local experts.