

Editorial

Despite the economic tsunami, our journal still survives, thanks to Dr SK Lam's great effort in securing enough sponsorship. Despite the heavy clinical workload, our trainees contributed several good articles.

Is cardiotocographic interpretation the same in term and preterm pregnancies? Dr Sarah SC Chan did a retrospective study of 68 preterm and 128 term pregnancies, and concluded that the correlation with low cord blood pH appeared to be better in term than in preterm fetuses¹.

Were herbal medicinal products harmful to fetuses? Dr Thomas Li reviewed outcomes in 206 women who had taken herbal medicinal products and 1145 women who had taken western pharmaceutical products². It seems that there was no increase in the risk of fetal anomalies, growth restriction, or silent miscarriage among users of either products.

Is umbilical venous Doppler useful in the assessment of intrauterine growth restriction? Dr Carmen Choi prospectively studied 62 confirmed fetal growth restriction (FGR) and 58 normally grown fetuses³. The total umbilical venous flow (TUVF) was significantly lower in those confirmed to have FGR as compared to those without. The mean TUVF per unit weight was significantly lower for those with a positive composite neonatal morbidity score compared to those with a negative score.

Non-entitled person delivery is still a hot topic. Drs Yuk and Wong did a retrospective study of obstetric outcomes of these deliveries in 2004 to 2006⁴. These patients had a higher chance of unplanned vaginal breech delivery, post-term birth, severe hypertensive disease in pregnancy, and pre-eclampsia, as well as a higher rate of delivery before arrival to hospital. Regular antenatal care should be stressed.

The trend of prenatal diagnosis is towards non-

invasive approaches. Ms HY Chan retrospectively reviewed the use of prenatal testing in a teaching hospital⁵. From 1997 to 2005, the proportion of women aged 35 years or more who underwent a Down's syndrome screening increased from about one-third to two-thirds, while the proportion who underwent an invasive test decreased by about half.

Nowadays, midwives are taking up more and more responsibilities and clinical work. In obstetric litigations, like doctors, the public expect midwives to provide a reasonably standard care. Ms LF Ho provides some useful tips on safe midwifery practice⁶.

Dr Dianna Mansour was the first accredited 'community gynaecologist' in the United Kingdom. She loved her work, and explained this new sub-specialty dealing with sexual and reproductive health⁷. Would you follow her path?

Are umbilical cord stem cells useful? Dr CF Chan reviewed this topic and discussed the potential clinical benefits⁸. However, there are potential limitations to umbilical cord blood transplantation, which touch on both ethical and financial issues.

Menorrhagia is a common problem, and can be treated medically or surgically. Nowadays, there are many options other than hysterectomy. Dr Sonia Lai and her colleagues gave an updated account of the various options⁹.

Obstetric articles still dominate; there being only two on gynaecologic topics in this issue. We look forward to seeing more gynaecologic articles in coming issues.

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