

Editorial

From the Editor-in-Chief

I am most delighted to introduce this printed issue of the Journal as the first issue of 2016.

As in the past two issues, I am confident you will agree that the papers presented in this issue once again cover key developments in our specialty.

Preterm delivery is well known to be associated with major perinatal mortality and morbidity, and prediction of preterm labour has always been a key research topic worldwide. The pilot study on the use of rapid phosphorylated insulin-like growth factor binding protein in our local population to predict preterm delivery offers an exciting prospect¹. Postpartum haemorrhage continues to be a major source of morbidity in our obstetric patients and in rare unfortunate incidences, a source of maternal mortality as well. The comparison of the maternal outcome of Caesarean and postpartum hysterectomy demonstrates the dire need for very vigilant and timely care for severe postpartum haemorrhage². Fetal renal pelvic dilatation is one of the most commonly detected abnormalities during mid-trimester morphology scanning, and data to show the association between antenatal features and postnatal urological outcome should provide very valuable reference figures for the obstetrician involved in counselling these mothers during the antenatal period³. Screening for asymptomatic bacteriuria is apparently still not universal practice in all local obstetric protocols, and the prospective observational study that confirms the association of asymptomatic bacteriuria with a higher risk of adverse pregnancy outcome should provide strong evidence to support the incorporation of such screening into our protocols⁴.

When dealing with patients with subfertility problems, we often tend to focus on the clinical aspects and easily overlook the psychiatric morbidity of these patients. The survey of psychiatric morbidity in infertile

Chinese women in Hong Kong serves as a good reminder to all of us of the important need to assess and cater for the psychological wellbeing of these patients⁵. As robotic surgery becomes more and more commonly adopted in gynaecological surgery, there is indeed a need to compare the outcome between robotic surgery and conventional gynaecological surgery. The retrospective study to compare the surgical outcomes of robotic-assisted laparoscopic, laparoscopic and abdominal myomectomies is an excellent demonstration of such efforts⁶. Then there is the knowledge, attitudes, and practice survey of emergency contraception that informs us that despite the availability of various emergency contraception methods in Hong Kong, there remains a need to enhance the awareness and knowledge of our patients⁷. As medical treatment for ectopic pregnancy with methotrexate becomes more widely adopted as a standard alternative in our practice, it is indeed the appropriate moment to review and define the predictors of success for such treatment⁸. Going on to urogynaecology, as our experience in the use of tension-free vaginal tapes continues to accumulate, one starts to wonder whether there are better techniques to position the tape other than conventional blind placement. I leave the reader to judge whether transperineal ultrasound offers a solution⁹. Finally, as our Caesarean section rate continues to escalate, the prospective study comparing postnatal quality of life in women who delivered by normal vaginal delivery or Caesarean section seems most timely and appropriate¹⁰.

I hope you will all continue to enjoy and cherish the journal as a platform for both scientific exchanges as well as for sharing new ideas and developments.

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