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Editorial
From Caesarean section to perioperative management to molecular genetics and beyond

I am most delighted to introduce this July 2019 issue as the 26th printed issue of the *Hong Kong Journal of Gynaecology, Obstetrics and Midwifery*. This is the fourth consecutive year that we have published two issues per year.

In this issue, we have a collection of original articles contributed mainly by young investigators in our specialty. With increasing use of intrapartum ultrasonography in the labour ward, Lau et al report the opinions of midwives and pregnant women on prelabour ultrasound examination in the labour ward and provide insights to the direction we should be advancing[1]. Many trainers would agree that teaching operative delivery skills to trainees has become more difficult in recent years owing to a variety of factors. Since 2008, the Hong Kong College of Obstetricians and Gynaecologists has stipulated the requirement of performing at least 30 forceps deliveries for specialist trainees. It came with no surprise that when secular trends in operative delivery rates were studied, such College requirements apparently have a profound impact on the number of instrumental deliveries performed. Chung et al report the intricate association between instrumental delivery and second-stage Caesarean section rates in a single training unit[2]. The Caesarean section rates of twin pregnancies have increased sharply in the past 20 years, partly as a result of less aggressive approaches at operative deliveries. Wong et al investigate the contributing factors associated with such an increase in a 20-year cohort study[3].

Patient blood management is an important issue in our speciality. The availability of new parenteral iron preparations with a greatly enhanced safety profile allows more liberal use of intravenous iron therapy in place of blood transfusion. Lau et al conducted a pilot study of intravenous iron therapy for menorrhagic patients with severe iron-deficiency anaemia and report on the great potential of this therapy[4].

Professor TY Leung, our College President, expressed his views on the need for genetics training in our specialty in an Editorial in the January 2019 issue of the Journal[5]. In the current issue, Lok et al report a case of whole exome sequencing for prenatal diagnosis of CHARGE syndrome and highlight the importance of genetics in prenatal diagnosis[6]. Traditionally, the diagnosis of CHARGE syndrome was based on clinical dysmorphology, but with the availability of advanced molecular genetic testing, the gold standard has shifted.

Lee et al report a case of acute colonic pseudo-obstruction (Ogilvie syndrome) after Caesarean section and highlight the need for early detection of such rare complications in order to avoid further complications such as multiple bowel perforations and severe sepsis[7]. This case is of particular medicolegal relevance as well, to be distinguished from iatrogenic surgical trauma to the bowels during Caesarean section.

Since 2016, we have published a number of review articles on key contemporary developments in our specialty. Enhanced recovery after surgery is a multimodal multidisciplinary approach to the care of patients undergoing surgery, and is relevant for patients undergoing major gynaecological surgery. Such protocols are usually managed jointly by anaesthetists and gynaecologists. It is therefore, most appropriate that an anaesthetist and a gynaecologist, Yim and Lam, co-authored a succinct review on enhanced recovery after surgery[8].

Finally, Chan et al of the prenatal diagnosis laboratory team at the Tsan Yuk Hospital review the most advanced developments in molecular genetic testing and their applications[9].

I hope you continue to enjoy and cherish the Journal as a platform for sharing new scientific developments and exchange of viewpoints and opinions in our specialty.

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