Tenth Anniversary of the Journal

The Obstetrical and Gynaecological Society of Hong Kong (OGSHK) was inaugurated in 1961 and will celebrate its 50th anniversary next year. The idea of a journal belonging to the Society was mentioned many times in the archived documents of the OGSHK but did not take root. Going back up to 30 years, some of the society's invited academic papers were published in the Hong Kong CMA Bulletin (subsequent known as the *Journal of the Hong Kong Medical Association*, and later the *Hong Kong Medical Journal*). The idea of a journal of the OGSHK was rekindled in 2000 by its Founding Editor, Dr Lawrence Tang. With the collaboration of the Hong Kong Midwife Association and generous sponsors, the first issue of the *Hong Kong Journal of Gynaecology, Obstetrics and Midwifery* (HKJGOM) was published in 2000. Under the capable editorship of Dr Tang, the quality of the papers published and the journal's distribution continued to improve. Apart from its circulation locally, the journal was sent to the mainland and overseas universities, institutions, and societies.

Dr KY Leung was the second Editor-in-Chief and under his leadership, the Journal grew from strength to strength. As always, financial support for the Journal was not much of a problem, but the number of quality papers it published became a prime concern. During recent years, many quality papers have been received both from local and overseas authors. The input and support from our midwifery colleagues is also substantial. The current distribution of our Journal stands at 1600 per issue. As can be seen in this issue, there is a fine balance and mix of midwifery and medical papers.

Regarding papers from midwifery colleagues, Lee et al[1] reviewed the effectiveness of a birth plan on the anxiety level in Chinese pregnant women. Birth plans are quite common in the West, and emphasised both by the patients and midwives. In Hong Kong, its use is very limited, and this paper is the first-ever randomised controlled trial of this strategy. It showed that the birth plan was not very effective in allaying maternal anxiety, which may be related to the small sample size in this study. The authors also tried to explore different perceptions of the birth plan in Chinese and Western populations. Another midwifery-related paper dealt with the pushing method during the second stage of labour (Lam and McDonald[2]). It highlighted many areas in obstetrics and midwifery lacking evidence, and practices that originated from "olden" day, "experience-based" teaching. This report on the second stage of labour threw light on the correct method of pushing, when this should start, and aspects dealing with synchrony and control by the patient. Surprisingly, the direct (Valsalva) pushing method was associated with a higher chance of instrumental delivery, but this observation was based on a small sample. Another paper was from Kwong Wah Hospital and addressed the training of nurses in prenatal Down syndrome screening (Wong et al[3]), and was also timely as the Hospital Authority is soon to implement universal Down syndrome screening for the public.

Yau et al[4] reviewed all the patients having atypical complex hyperplasia in her hospital and noted a very high incidence (45%) of co-existing endometrial cancer. Although not unexpected, this figure may be useful when counselling patients with atypical complex hyperplasia (especially younger patients wanting to preserve their uterus by trying medical therapy / observation).

The number of hysteroscopic surgeries performed in Hong Kong was not large according to the endoscopic report from the Hong Kong College of Obstetricians and Gynaecologists. Nevertheless, Yeung et al[5] were able to review all hysteroscopic resections performed in her unit and concluded that this method was safe and effective in the management of dysfunctional uterine bleeding (being successful in 96% of instances). The complication rates were also low and patients were mostly discharged within 24 hours. Hysteroscopic resection could be useful in experienced hands, but may be superseded by other newer techniques like those involving medicated intrauterine contraceptive devices, third-generation endometrial ablation devices and saline hysteroscopic ablation.

One paper on urogynaecology compared the use

of a retropubic suburethral sling versus a transobturator sling system in the treatment of urodynamic stress incontinence (Wong et al[6]). Another dealt with postnatal urinary incontinence after Caesarean section (Hung et al[7]). Both reports were very original and the discussion and conclusions were useful and interesting.

Lam and Cheung[8] from Tuen Mun Hospital analysed all the adnexal masses complicating pregnancy and their outcomes. Adnexal masses are not uncommonly found during pregnancy, especially following the widespread use of ultrasound. They showed that most adnexal masses are benign and asymptomatic; only a few patients required intervention during pregnancy.

In Hong Kong, there was a large proportion of non-local pregnant women, and Lam[9] reviewed the changes in patient mix, their obstetric outcomes in a tertiary hospital, before and after the change in the charging policy. Obstetrics is not pure medicine, as it incorporates sociology, consumer psychology, and other related disciplines. One of the advantages of the change in the charging policy was the decrease in the rate of post-term pregnancies from 3.2 to 1.8%. Whereas, Yung et al[10] reported two cases of perinatal mortality associated with postmaturity in non-local women. Now, with the new charging policy for non-local pregnant women and earlier antenatal visits and ultrasound scans, gross postmaturity is expected to decline.

SK LAM
President (2005-2009)
Obstetrical and Gynaecological Society of Hong Kong

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