

Dear Friends,

Greetings from the Editor's desk.

From this issue onward we are making small changes in the format of our journal, which hopefully will be of some values region specific. Let us see, if you all notice the changes, and also your suggestions are welcomed, do write to me in Letter to the Editor.

Every pregnancy today is a potentially high-risk pregnancy, with millions of births happening all over the world and skewed up doctor-patient ratios. It becomes even more vital that we in our region with though declining but still very maternal mortality ratio (MMR) and neonatal mortality ratio (NMR) focus on some key areas of organized focused interventions, which would not only reduce the mortality and morbidity but also have a long-term well-being of our populations in place. It is very simple to understand that every woman and child deserves the kind of care you and I deserve and as committed healthcare professionals, it is our duty not only to provide the same but also to work toward changes in our systems to reach out to more and provide more.

It is not something which can change overnight but needs a well-planned change in our practices and calculated changes in the interventions, which will further the strong desire of making motherhood safer and a pleasure for both the beneficiaries and the caretakers.

Let us look at what we can do.

First and the foremost is a change in mind-sets and attitudes toward pregnant women of respectful maternal care, which will set a strong foundation of their trust in us and make them more compliant.

We should start with focusing on preconception care and optimizing the various abnormal parameters already existing which would ensure the best outcomes for pregnancies.

Good nutrition, holistic care, and timely checkups with all the guidelines will be greatly beneficial in care provision. Our approach toward the couple and the family and also looking at the pharmacoconomics are particularly important for this building doctor-patient relationship.

No opportunity should be lost in provision of the recommended immunization for both the mother and the child, especially when most of the essential vaccinations are freely available at minimal or low cost.

Our focuses on simple but major issues like organized antenatal checkups as recommended by the World Health Organization (WHO); institutional deliveries; and interventions for anemia, hypertension, diabetes, and malnutrition, along with the prevention of sepsis and hemorrhage, have brought in the decline, but we are still far away from the desired results. The major challenge we have to understand is our numbers unless until we stabilize our population. Our care provision will never be enough and women and children will keep on succumbing. The onus of their health lies on us, and our encouragement and education in empowering them to take care of themselves are going to be a real value addition. Along with care, focusing on the benefits of spacing on the health of mother and child, leading to reduction in the incidence of NCDs and improved neurocognition and personality development are key factors for a strong foundation of future health of our population and we obstetricians are the custodians of women's health and not just prescription writing robots.

One of the most important understandings for us is that we cannot do it all alone; having good trained paramedical staff can reduce the load on the medical fraternity a lot and also improve our care provision and access. Midwives led programs all over the world have shown great value, and a collaborative effort of all of us will pay rich dividends in improving women's health.

This edition of our journal is focused on some key research in our region on high-risk pregnancies and I am sure you will benefit immensely from them and also do write back to us on your thoughts and areas of research our region can benefit from.

I hope you enjoy the contents of this issue and looking forward to receiving your feedback.



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