

Dear Members,

Greetings from the editor's desk....!!!

I hope all of you are enjoying the content of our ever-evolving SAFOG Journal. Ever since I have been involved in the PMNCH and HCPA group, apart from my individual responsibilities, I am feeling more and more involved and accountable for pushing all the stakeholders in our region to think out of the box to take care for all the mothers and newborns more seriously.

One of the major areas which also needs our attention and focus is the issue of being born too soon. According to the WHO, almost 15 million babies born preterm every year; of which, one million die each year due to its complications and good percentage will have some or the other handicaps. This makes preterm birth as one of the leading causes of perinatal mortality and morbidity globally, more so in our region, which is South Asia. If I go with the data, the number of preterm births in our region are much more than China and sub-Saharan region.

There can be many reasons for preterm birth and many risk factors too, so what is really required in our region is a proper assessment of the leading causes of preterm birth and taking care of preventive aspects diagnosing early and building infrastructure and skilled manpower to deal with this very vulnerable group.

We must also look into population-based risk factors and the short- and long-term consequences due to preterm birth and accordingly strategize on the provision of the standard evidence-based care to prevent and also manage to reduce the complications. This should be taken up on a high priority basis. Easier said than done, preventive interventions on a mass scale seem to be a distant dream, but if we look at preconception and antenatal period in a holistic way with proper emphasis on reduction of the lifestyle factors, nutrition, exposure to environmental factors along with strategic additional screening of cervical length, NCDs, infection, especially periodontal health, nutrition, then we will be able to prevent, reduce and manage number of preterm births. Ameliorating maternal stress will also help us in the long run to not only reduce the rate of preterm birth but also prevent death and disability on a larger scale. Another area which needs our attention is to prevent multiple pregnancies, which are also a major contributor to preterm birth. It is important for us to understand that today non-ART cycles of subfertile population are contributing more to multiple births than the ART cycles, where already in the Western World the trend of single embryo transfer is predominant but unfortunately in our region, many countries do not have guidelines or legislations for the same. It becomes even more important in such countries that the stakeholders take the onus of self-regulation keeping in mind the best perinatal outcome in such population.

It is evident that we may be able to reduce the number of preterm births but we cannot prevent them totally. Thus it is important that the healthcare sector acknowledges this problem and develops infrastructure and skilled support staff to provide the best care to our preterm babies.

All this needs a lot of political will, committed healthcare providers, a keen eye and efforts on screening of the risk factors and integrated implementation of the strategies which are multidisciplinary. Creating awareness across the healthcare providers and the general population will help all of us in the long run to achieve our goals.



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