

# Editorial

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Happy New Year Readers!

We are ready with this potpourri and ready to imbibe knowledge issue of esteemed JSAFOG. It is becoming increasingly difficult for the busy practitioner to keep up with the available literature. To this goal, we are striving hard to provide practice guidelines and cases encountered by clinicians.

Scientifically, this issue deals with active management of third stage of labor and antenatal anemia.

Obstetric hemorrhage is a hard-hitting challenge. Blood transfusion is an integral part of its management.

During the bleeding episode, complete blood count and coagulation screen should be sent. In the bleeding woman with disseminated intravascular coagulation, a combination of fresh frozen plasma (FFP), platelets and cryoprecipitate are indicated. FFP and cryoprecipitate should be of the same group as the patient. No anti-D prophylaxis is required, if a Rh-negative woman receives Rh-positive FFP or cryoprecipitate. Dilution of coagulation factors is the chief cause of coagulopathy in blood loss and replacement with crystalloid or colloid. A common practice is to administer FFP 12 to 15 mg/kg to keep the activated partial thromboplastin time and prothrombin time ratio less than 1:5.

Platelet count should not be allowed to fall below 50,000 in the acutely bleeding patient. Rh D negative women should receive Rh D negative and group compatible platelets.

We have received very good contribution from all SAFOG countries. Still, more research is warranted in our region.

Other snippets like news and events, conferences, calendar and book review are useful for the authors.

Happy Reading

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