

©Borgis

Comment

Dear Colleagues,

Obstetrics, more accurately referred to in the 21st century as perinatology (maternal-fetal medicine, MFM), is a field of medicine at the forefront of media and politicians' interest. Poland, in comparison to other EU states, is a safe country both for the mother and the child, with maternal mortality rate half the average in EU. Nonetheless, press and media releases abound on fatalities among mothers and neonates, delayed C-sections or lack thereof altogether (resulting in the said fatalities), even "murders" committed by Polish obstetricians. The media cast their sentence instantly, someone has to be found guilty, someone loses their job (Opole, Włocławek). The hospital pays out damages just in case, someone suffers a heart attack and passes away (Head of Ward in Włocławek), and in a course of several months or years the majority of those cases are dismissed by the justice system. All this has its consequences. The Ministry of Health creates regulations on providing prenatal care in healthy pregnancy and normal delivery, aimed at delivering a healthy neonate by a healthy mother. This means that even prior to conceiving, and certainly prior to delivery, it has already been established no complications will occur. Further regulations, far more substantive, deal with chosen pregnancy complications. As sensible as they are, they put constraints on medical decisions, forcing given solutions, medications and examinations, thus to some extent tying the attending specialist's hands. Guidelines, recommendations, algorithms, postulated ways of treatment are indisputably useful and needed, yet they should not become a course of management imposed by some external law/ministry. Perhaps 60-70% of patients fit into some kind of fixed algorithm, yet the remaining ones require an individual, open-minded approach. Colleagues representing other fields of medicine may fail to comprehend my concern, but I beg them to try and imagine a regulation issued by the ministry regulating management of appendicitis, venous thromboembolism, or pneumonia. It is an odd thing how all these regulations are concerned with obstetrics alone, no doubt as a combined result of the notorious media campaigns and a lack of adequate response thereto on the part of Polish Gynaecological Society and the national consultant.

Well, I'll spare you any more concerns of mine. The primary goal of the Centre of Postgraduate Medical Education (*Centrum Medyczne Kształcenia Podyplomowego*, CMKP in Polish) is teaching, advancing the state of knowledge, and improving doctors' skills and competences, and this is what the current issue of *Progress in Medicine* has as its objective too. Mind you, it is not only addressed to obstetricians and gynaecologists, as perinatology or maternal-fetal medicine is a field of practice that is interlinked with nearly all existing medical specialties. With the exception of geriatrics and male urology, all other existing medical conditions may complicate pregnancy or be affected by it. Hence, I'd like to encourage colleagues practicing other areas of medicine to lend the current issue their attention, as apart from a few topics that fall typically into obstetricians' interest, we have undertaken to discuss subjects that span various specialties, attempting to address topics lacking adequate coverage in the readily available textbooks.

The prevailing myths concerning strangulation with umbilical cord, intrauterine deaths due to nuchal cord, and the necessity to perform a C-section under such circumstances have been tackled in a literature review discussing coiled umbilical cord in a single pregnancy. The article on advanced toxoplasmosis in pregnancy may not be a pleasant topic, yet it is painfully down to earth. In Poland, Rovamycine is commonly used to treat pregnant women, yet its sole effect is reduced risk of transmission, while owing to its inability to permeate the placenta, it has no therapeutic effect on the baby. Unfortunately, even invasive diagnostics and appropriate, far more aggressive treatment of the fetus do not to be of high interest discuss the rules for management of pregnancy with fetal hypotrophy, and prenatal care provided in twin pregnancy. They are our attempt to elaborate on the issues stipulated by the regulation of the Minister of Health, in force as of June 2016, titled "The standards of providing medical care in the area of obstetrics and gynaecology in the scope of perinatal obstetric and gynaecological care provided in pregnancy, during labour and postpartum, in the case of presence of given complications, and care provided to a patient under circumstances of failed pregnancy, miscarriage, stillbirth, or unfavourable diagnosis for the child".

Other studies, for instance combining neurology and obstetrics, such as pregnancy in a SM patient, discuss topics that have very scarce literature data available so far. Even though still relatively uncommon, expecting mothers in wheelchairs have ceased to be an ultra rare occurrence.

Also the existing literature discussing injuries in pregnant women is highly limited, and the report on the feasibility of prenatal assessment of thymic size and its potential application for the assessment of the immunological function of the fetus and the neonate is a complete novelty.

The 2nd Department of Obstetrics and Gynaecology of Centre of Postgraduate Medical Education (*CKMP*) is one of the leading centres specializing in prenatal diagnostics and therapy in Poland. This is why I also highly recommend the review studies on fetal arrhythmias, and the current possibilities of prenatal treatment. It is with great pride and joy that I would like to inform you that owing to the fruitful collaboration of Professor Joanna Dangel with Doctor Marzena Dębska and Adam Koleśnik, a team was launched at our Department that has so far performed the largest number of successful prenatal surgical procedures in Europe for certain heart defects.

Romuald Dębski