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Editorial

ULTRASONOGRAPHY — Part II (continued from Dec. 1984)

Before the fourteenth week of pregnancy the placenta is in the process of formation and ultrasound scanning has not much practical diagnostic significance. Location of placenta in the uterus in the second and third trimesters in a notable advance in obstetrics, particularly in developing countries where maternal and foetal mortality from antepartum haemorrhage is high. The most common cause is placenta praevia and advantages of locating the placenta in the upper or lower segment are obvious. Ultrasound scanning has replaced all the previous clinical and radiological methods and ultrasound has become the modality of choice. When the placenta is found to be in the upper segment, placenta praevia is definitely excluded. Second trimesters scans often reveal an incidence of as many as 20 per cent low lying placenta, whereas the incidence is 0.5 per cent at full term. This 'migration' of the placenta from the lower to the upper segment is noteworthy. Therefore, whenever the placenta is located in the lower segment during the second trimester, a repeat scan must be done after four weeks or at the twenty eight week or after, and in those cases in which it is still in the lower segment, are treated as cases of placenta praevia. The great advantage of ultrasound over the radiological methods is that it can be repeatedly done without immediate or remote genetic hazards.

It is desirable to locate the placenta before performing abdominal paracentesis for second trimester termination of pregnancy. However, in all countries termination is done in large numbers and blood tap has not been a significant complication in any of the reported series. But in those cases in which paracentesis is done for culture of foetal cells in amniotic fluid, a clear tap is required and location of placenta is necessary.

Besides locating the placenta in the uterus, other technological advances relevant to developing countries are normal foetal maturity and intra uterine growth retardation by measurement of crown rump length and biparietal diameter. Early detection of foetal anomalies such as anencephaly, hydrocephaly and neural defects is another advance. Technological advances are being introduced at such rapid rate that it would not be surprising if in not so distant future conception would be diagnosed as early as day following successful coitus or artificial insemination.

These advances are at present available in cities and towns of India where only about 20 per cent of population live, but the real problem is to reach these facilities to the 80 per cent of the rural population. Enough lament and emphasis has been

recorded by sub-committees of the Federation of Obstetrics and Gynaecological Societies of India (FOGSI) regarding high maternal and foetal mortality due to poor communications between distant villages and adjoining town where obstetric emergencies are managed. It is heartening that the Central Government is giving urgent priority to improve communications. It will take some years before all the villages will be interconnected by motorable roads with adjoining towns. Even when this materialises, well equipped hospitals staffed by trained personnel will be required.

FOGSI is an influential all India Body and should direct its weight with the Central and State-Governments to coordinate the directives of FOGSI with relevant government bodies so that a well planned obstetric service is provided.

Much has been spoken and written about social obstetrics in recent years but very little practical has been achieved. Good roads will only partially solve the problem. It is only when a telephone is installed in every village post office that prompt information regarding emergencies can be communicated to the nearby hospital. This has been in existance in developed countries since a hundred years and where road communication in distant mountainous regions is not available emergencies are air lifted to hospitals.

At present doctors prefer to practice in cities and towns and not settle in rural places. With improved communications they will be more inclined to settle in rural areas as they can enjoy the amenities in nearby towns as and when they choose. Those, hailing from areas where they were born and brought up will be tempted to return to their familiar surroundings.

When rural folks come into greater contact with town population, there will be economic uplift and greater awareness regarding advantages of small families. There will be greater acceptance of family planning methods to space out births and sterilisation following two living births.

If we are to achieve proper medical facilities by the year 2000 a start has to be made immediately. It appears already too late to achieve this goal. Conferences and Seminars should be held to focuss attention on this problem. It is a fervent hope that this aspect will be taken up by FOGSI.

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