In this issue

This issue of *SAJOG* covers a broad spectrum of obstetrics and gynaecology, and I hope there will be something for everyone.

Mnyani *et al.*[1] provide a guideline for the vexatious problem of deciding when to use invasive obstetric procedures in the HIV-infected pregnant woman. This timely guideline provides clear advice on when such procedures should be used, and I'm sure will be welcomed by most of you.

Continuing the HIV theme, Kennedy and Fawcus[2] describe the effect of the HIV status of pregnant women on perinatal outcome at Mowbray Hospital. They found an increased perinatal mortality rate in women with HIV infection at their hospital, which has been described many times previously. However, they make the novel observation that neonatal encephalopathy is significantly more common in HIV-exposed neonates compared with HIV-unexposed neonates. A similar finding of increased perinatal deaths due to birth asphyxia in HIV-exposed fetuses/neonates has been reported in south-west Tshwane.[3] Further, Bradshaw *et al.*,[4] looking at Statistics South Africa data, have reported an increase in neonatal deaths due to birth asphyxia since 2005. This association of HIV and birth asphyxia/neonatal encephalopathy could easily have been missed in developed countries, as most of their HIV-infected patients are delivered by elective caesarean section. The reason for the increase in intrapartum hypoxia in HIV-exposed fetuses is not clear, but Kennedy and Fawcus hypothesise that sub-clinical chorio-amnionitis is the underlying cause. This is plausible but needs to be confirmed. Currently it is uncertain whether there needs to be any change in our intrapartum management of HIV-infected women. Clearly there is an urgent need for further investigation in this area.

Siebert *et al.*[5] change tack with the next article, which addresses ovulation induction in women with polycystic ovarian syndrome (PCOS). Comparing the use of a gonadotrophin-releasing hormone (GnRH) antagonist for ovulation induction for assisted reproduction in women with PCOS and women without PCOS, they found no difference in ongoing pregnancy rates and importantly no cases of hyperstimulation syndrome. They suggest that GnRH antagonists are an attractive option for ovulation induction in women with PCOS.

The role of exercise in managing women suffering from primary dysmenorrhoea has been controversial. In a carefully conducted study, Onur *et al.*[6] assessed the effect on symptomatology of a home-based exercise programme for women with severe dysmenorrhoea. They found a significant improvement in their patients. The introduction of an exercise programme for these women is probably a good option to include in the management package. It is very unlikely to cause harm, and not only reduces the symptoms of dysmenorrhoea but also has other positive effects on health.

Cengiz *et al.*[7] asked which is better in predicting the outcome of induction of labour with prostaglandins in women with an unfavourable cervix – the use of a clinically obtained Bishop's score, or the ultrasonographically obtained cervical length. Not surprisingly, the Bishop's score was the better predictor. The five factors taken into consideration in calculating the Bishop's score should give more information than one factor, even if it is accurately measured.

Finally, Boztosun *et al.*[8] describe the use of intra-operative abdominal blockage of the iliohypogastric and ilio-inguinal (IHII) nerves to reduce pain after caesarean section. In this placebo-controlled randomised trial, measurement of pain using a visual analogue scale showed that women receiving the IHII nerve block with levobupivacaine had significantly less pain up to 24 hours after surgery. Also, the women in the study arm administered significantly less morphine to themselves by means of a patient-controlled analgesia device compared with those who received the saline placebo. Given the great shortage of nurses in South Africa, this technique should be seriously considered to control pain after caesarean section.

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Editor

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