

EDITORIAL

Postpartum hemorrhage (PPH) is one of the most common obstetric complications and also a major cause of maternal death. Although prevention is the best measure, some cases are not predictable. Early detection and management are necessary to prevent serious morbidity and mortality. Uterine atony is the most common cause of immediate PPH. Although many drugs and guidelines have been proposed, the incidence of PPH has not decreased.

It is very important to identify women at-risk and prevent them from PPH. When PPH from uterine atony occurs, the following steps should be performed:

- Empty bladder and retained urinary catheter
- Establish large bore intravenous access and prepare blood components
- Uterine massage
- Uterotonic drugs: oxytocin, methyl-ergonovine, misoprostol
- Uterine tamponade (Bakri or BT-Cath balloon, Sengstaken-Blakemore tube, Foley catheter balloon, packing)
- Laparotomy
- Conservative surgery (uterine artery ligation, including utero-ovarian arcade, hypogastric artery ligation, B-Lynch stitch, compression suture)
- Hysterectomy is the last choice

We hope that incidence of PPH in Thailand will decrease in the near future.

In the 26th Annual Scientific Meeting of RTCOG, during 4-7 October 2011, at The Dusit Thani Hua Hin Hotel, we appreciate to announce the best articles published in the Thai J Obstet Gynaecol. The best obstetric article is "Comparison of unintended uterine extension between cephalad-caudad and transverse blunt expansion techniques for low transverse cesarean delivery" by Sukanda Mahawerawat and Rungruedee Jeerasap, while the best gynecology study is "Misoprostol versus placebo for unsatisfactory colposcopic finding: a randomized controlled trial" by Reuthairat Tungmunsakulchai and Maleechat Sripipattanakul. Both studies were submitted from Khon Kaen Hospital.

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Editorial board