From Baby Steps to Giant Leaps: A Surprisingly Short Journey

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It is an honor indeed to be able to serve as the new Editor-in-Chief of the Journal of Fetal Medicine. And it is with a deep sense of pride that I welcome readers to the first issue of 2020. A sense of pride because baby steps taken in a developing country with an economically and intellectually impoverished health service have grown to giant leaps that contribute to the rapid translation of relevant research into a do-able clinical practice, in spite of resource and access restrictions. A sense of pride because the practice of fetal healthcare has not only been revolutionized, but is being translated into the written word for many more to emulate. And that the mouthpiece of this progress in Fetal Medicine is the Journal of Fetal Medicine, a chronicler of the activities of the Society of Fetal Medicine that undeniably, is at the root of this progress in fetal healthcare.

When the Journal first appeared in 2014, it celebrated the exciting advent of better ultrasound technology, microarrays, cell free DNA and next generation sequencing [1]. The inaugural issue also celebrated the release of the Society of Fetal Medicine Guidelines for the Second Trimester Anomalies Scan [2], a path-breaking document that continues to pave the way for a minimum standard of practice and a protocol that is now followed extensively in the homeland and in other developing countries in the region. Much of what was envisaged by our Founding Editor, Ishwar C. Verma, in developments in Fetal Medicine in the near future, has happened and come to reality, including the diagnosis of facial dysmorphism by advancing ultrasound technology. I wish to place on record, the phenomenal work done by him to bring the Journal of Fetal

Medicine to where it is today: a symbol of a struggle to put scientific evidence on the map, even in a developing economy. Such a path can never be straight or easy, but he made it happen.

The road ahead is not likely to be easy either. The biggest hurdle in testing a hypothesis in a system that exists in India today is the lack of availability of patient follow up data and perinatal outcome. The excel sheet in most projects shows up extensive blanks that vitiate reasonable conclusions and preclude self audit. The wheels that the Society of Fetal Medicine has set rolling by our extensive weekend teaching exercises in India and abroad, will hopefully inspire and educate, so that our own data becomes available and more robust. I look forward to this new era, and the pouring in of data from the Indian sub-continent and other developing economies as submissions to the Journal of Fetal Medicine. The JOFM team promises a rapid throughput.

The Journal looks forward to showcasing technological advances in genetics, advances in ultrasound, newer techniques in fetal diagnosis, new signs of fetal disease on ultrasound and to data that will be helpful in counseling patients that come from varied educo-cultural backgrounds.

The rush for termination of any pregnancy, even with a minor anomaly or a screen positive test must be overcome. And I am sure the awareness created by data showcased in the Journal will go a long way in appropriate counseling that will give every fetus an optimal outcome.

The layout of the Journal cover has changed and I do hope that you will like this issue of the Pink Journal.

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References

1. Verma IC. Exciting times in fetal medicine require a new journal. *J Fetal Med.* 2014;1:1–2.
2. Khurana A, Makhija B, Deka D, Rama Murthy BS, Sachdev R, Chawla D, Lulla CP, Chaubal N, Acharya P, Shah MV, Malhotra N, Praveen TLN, Radhakrishnan P, Gokhale S, Sahani BJ, Pai MV. Society of fetal medicine practice guidelines for the second trimester anomalies scan. *J Fetal Med.* 2014;1:11–5.

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