

## **Opening Speech at the 6th ISUOG Outreach Course, Capella Hotel, Sentosa, Singapore 15 April 2010.**

**The 2010 course is organized by the ISUOG Teaching and Training Centre (TTC), Singapore in-conjunction with the 2nd College of O&G, Singapore Scientific Congress.**

### **Prof Ho Lai Yun**

Professor George Yeo, Organising Chairman,  
6th ISUOG Outreach Course,

Dr Lai Fon Min, Co Chairman and President of the  
College of Obstetricians and Gynaecologists,  
Singapore.

Professor Rabih Chaoui, Chair of the Education  
Committee of ISUOG.

Distinguished speakers and guests, ladies and  
gentlemen.

I am extremely delighted and deeply honored to be with all of you this morning at the opening of the 6th ISUOG Outreach Course, held in conjunction with the Second College of O&G, Singapore Scientific Congress. To our overseas participants, I would like to extend a very warm welcome to the beautiful Sentosa Island, Singapore.

6 years ago in March 2004, the First International Scientific Meeting of ISUOG was held in Singapore. I happened to be one of the speakers in the meeting, possibly the only Paediatrician amongst a sea of eminent obstetricians and gynaecologists. I did not have any feeling of discomfort at that time. So am I today. After so many years working as a neonatologist in close collaboration with the obstetricians, we have become an integral part of the perinatal team. More than 20 years ago, George Yeo and I started the Birth Defects Clinic at the Singapore General Hospital, the very first in Singapore. I am glad that the Birth Defects Clinics remain very active and strong.

After the First ISUOG Meeting, we fought to set up a separate account under the Academy of Medicine, Singapore to be the Seed Fund for future training purpose, and at the right time, this fund was given to the College of O&G Singapore. I am pleased to see that the seed has grown so rapidly into a beautiful tree with sturdy trunk.

The mission of ISUOG can only become more

important in the future. I will speak briefly from the perspective of Singapore.

Singapore has made remarkable achievements in improving maternal and child health in the last 45 years of nation building. The neonatal and infant mortality rates are now amongst the lowest in the world. There are two distinct periods of rapid annual decline in the mortality rates. The first was in the early seventies when there were rapid socioeconomic changes in Singapore, improvements in obstetric care, and emphasis on primary maternal and child health services. The focus on these fundamentals served to build a solid foundation for further improvements, resulting in another period of rapid decline in infant mortality in the 1980s, due to the development of neonatal-perinatal care in Singapore. Leading causes of infant mortality in the 1950s such as birth injuries, birth asphyxia and infections have been replaced by that due to extreme prematurity and its associated complications, and congenital anomalies, in the last 10 years.

Riding on the waves of global technological advances, the development of neonatalperinatal medicine in Singapore has reached a critical stage when the challenge is to achieve further reduction of our perinatal mortality without a concomitant increase in long-term morbidity of the survivors.

Future directions appear to be on better prenatal diagnosis and management of congenital anomalies. Better prenatal monitoring and intensive intra-partum care of the fetus should reduce and minimise the risks of perinatal asphyxia. Even greater efforts should be directed at better pre-conception and prenatal care. These include family planning, better nutrition to encourage fetal growth, discouraging smoking, drug abuse, and alcohol and cigarette consumption during pregnancy, and the promotion of healthy lifestyles. Prevention of premature births should remain the priority, with rational approach to extreme prematurity.

Singapore's family size is small. Our population is

ageing rapidly and our fertility rate remains far below replacement level. The even bigger challenge with our low perinatal and infant mortality rates is that the statistics are no longer adequate indices of our standards of maternal and child health. Other population-based indices must be developed to enable proper evaluation of “how we are doing” as a community in the provision of holistic care to mothers and children. Furthermore, relative good health by usual statistical criteria may mist the awareness of subtle and soft issues that interfere with quality of life, especially for children. We must therefore guard against complacency and unawareness, which may deflect services and support away from the special needs of children and families, diffusing services and running into the risk of diluting or diminishing standards. A

better appreciation and understanding of the evolving concept of fetal and infant origins of adult health and diseases should be translated into appropriate health policies and management. Therefore the role of ISUOG can only become increasingly more critical and training of professionals is the key. People working in perinatal care are known to have the traits of being committed and dedicated. We shall aim for the goal of making each and every pregnancy safe with healthy and happy outcome.

I wish you a fruitful and successfully learning experience.

Thank you again for giving me this honour to be with you this morning.