Ultrasound scanning machines became a commonly used piece of equipment in maternity units in the latter part of the 1990s. This allowed obstetricians to have a more detailed and objective assessment of the fetus in utero, which up until then could only be assessed by palpation, which relied upon the accuracy and experience of the clinician.

In the early 2000s, a Diploma in fetal ultrasound assessment was introduced to new trainees in the United Kingdom. This opened the gates for many to start structured training in Fetal ultrasound assessment. As fetal assessment became part of the competencies of an average obstetrics trainee, the diploma award was dropped.

To fit into the multi-consultant, non-personally committed “modusOperandi” of many Western countries, a post-MRCOG programme was born to assess the structural and functional well-being of the fetus in utero; it was named “Fetal Medicine”. Hence, the specialist of such a discipline was named “Fetal Medicine Specialist”.

Though there are several meanings for the word Medicine, it generally suggests to ordinary people that there is an element of prescribing and/or performing surgery on the fetus directly to cure it of any illnesses it may have. On the contrary, the speciality of fetal medicine hardly performs surgery on the fetus and prescribes medicinal ingredients. We know few theoretical instances other than intrauterine blood transfusions and other procedures, as LASER has not been assessed in control studies with sufficient numbers.

Realising that there is no “Medicine” in the field in its true sense, the name of the speciality in training is changed to ‘Maternal and Fetal Medicine’ rather than dropping or distancing the word “Medicine” from the Fetal assessment, which actually it does.

The RCOG website emphasizes that such specialists should be competent in chorionic villus sampling, amniocentesis, and fetal cardiac echo assessment.

The change may have been suggested with or without the purpose of keeping the specialist's designation in a way that pleases the public face of the specialty.

The field is backed by prominent personalities and the industry, which provides the equipment needed for assessing the fetus.

There can be no doubt that assessment of the fetus about its structural and functional normality and dilemmas is very important in managing a pregnancy. This is especially true when legal and religious approval is available for the termination of an abnormal fetus.

As there is an idiom saying, “Call a spade a spade”, I suggest rebranding the speciality as “Fetal Assessment Speciality”. It would be more publicly informative and good for the overall care of the pregnancy. This is especially important for Sri Lanka, with the understanding of its health care system, religious beliefs, and the law of pregnancy.

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