**Editorial**

**Women’s health and Chinese Integrative Medicine**

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**In this issue**

Researchersin the fields of obstetrics, gynecology and Chinese Integrative Medicine (CIM)were invited to share their perspectives on the most recent studies.

In vitro fertilization (IVF), is a choice for more than 1,000,000 infertile couples each year, and is linked to over 3,000,000 babies born worldwide[1]. In Europe, over 300,000 treatment cycles of IVF or intracytoplasmic sperm injections (ICSI) are performed each year [2],and in the United States, the children conceived through IVF or ICSI comprise 2%-3% of total births [3].Various traditional medical practices originating in China have been widely used worldwide by women to improve health outcomes. CIM has been used to prevent miscarriage during the early phase of pregnancy, regulate the menstrual cycle and alleviate menopausal symptoms. In recent years, many infertile couples have chosen CIM as an adjunct when they undergo IVF [4, 5].However, as the conclusions from the clinical trials have been inconsistent, clinical practitioners and infertile couples find it difficult to make a final decision on whether to choose CIM to improve IVF outcomes [6].CIM is believed to improve outcomes when used in conjunction with: in vitro fertilization, unexplained infertility, early ovarian failure, polycystic ovary syndrome (PCOS) and amenorrhoea [5, 7]. Additional it is used if the menstrual cycle is prolonged due to an ovarian problem and where the patient wants to conceive quickly, such as with advancing age (35 years plus), or for other personal reasons. Based on the special research fund for the public health welfare industry of health of China (No. 201302013), a series of clinical trials have been conducted to promote better evidence-based clinical practices for the use of transcutaneous electrical acupoint stimulation (TEAS), a new and non-invasive acupuncture treatment, in reproductive medicine, and the authors reached a revised group consensus on the use of TEAS in reproductive medicine, which may provide useful recommendations and guidelines for the clinical practitioners.

Human cervical cancer is the third most common cancer in women worldwide[8]. Oncogenic human papillomavirus (HPV) infection is a prerequisite for the development of cervical cancer and its precursor lesions [9]. More than 150 serotypes of HPV have been identified to date, of which about 40 types can infect the cervix. These HPV types are divided into high-risk and low-risk groups [10]. Persistent high-risk HPV (HR-HPV) infection is a major cause of cervical cancer. The introduction of cytological screening has remarkably reduced the incidence and mortality of cervical cancer and the cytology test has been a most widely accepted triage for patients with positive primary HPV test [11]. However, many developing countries, including China, lack well-trained cytologists, and therefore the cytology test cannot be carried out effectively. Therefore, other triage options should be considered in these countries. HPV testing has been recommended as a primary screening for cervical cancer in many countries [11].

More than 90% women will experience HPV infection in their lifetime. A productive HR-HPV infection may develop into low-grade cervical lesions (LSIL/CIN1). HPV testing alone may increase the psychological burden and may cause over referral to colposcopy. It has been reported that HPV E6/E7 mRNA expression level is highly correlated with the severity of cervical lesions[12]. HPV E6/E7 mRNA may be useful as a marker for potentially progressive HR-HPV infections and may constitute a useful tool for screening and/or patient management. In this issue, two new studies focused on some new research.

As we know, it has been widely recognized that maternal pre-pregnancy body mass index (pre-BMI) and gestational weight gain are closely associated with the pregnancy outcomes including neonatal birth weight (NBW) [13, 14]. In 2009, Institute of Medicine (IOM) of America introduced a guideline concerning appropriate maternal weight gain during different trimesters for singleton pregnancy, and which may result in a better pregnancy outcome[15]. However, there has been no consensus about the suitability of this guideline for Chinese women and the reported appropriate gestational weight gain differs from each other [16]. In this issue, a new study retrospectively analyzed the influence of maternal pre-BMI and weight gain in each trimester on NBW, hoping to properly guide maternal weight gain based on pre-BMI for Chinese pregnant women.

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