EDITORIAL

Welcome to *Obstetric Medicine: the Medicine of Pregnancy*

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It is with a sense of pride and hope that we welcome you to the inaugural edition of *Obstetric Medicine: the Medicine of Pregnancy*. The editors-in-chief and the editorial board represent physicians from across the globe who have dedicated their careers to improving care for pregnant women with medical illness. A special thanks must go to Professor Michael de Swiet and Dr Richard V Lee, our UK and USA grandfathers of *Obstetric Medicine*, who have served as mentors to each of us. This new journal would not exist were it not for Richard Lee who had the vision and determination and has been the driving force behind its development. To him we are extremely grateful.

Despite a vast improvement in maternal mortality from obstetric causes (haemorrhage, infection, preeclampsia/eclampsia) in the developed nations, there has been little change in the rates of maternal mortality from medical illness. Cardiac disease and thromboembolism continue to be the leading causes of indirect and direct maternal mortality respectively. Sadly, in developing nations maternal mortality rates are similar to those that existed in the UK and USA in the 1950s. The improvement in the safety of obstetric services in our richest nations has not translated to similar outcomes worldwide. Additionally, HIV/AIDS continues to ravage mothers and babies in the developing world. Dr Lewis's review in this first edition of *Obstetric Medicine* lends heart-wrenching clarity to this issue.

Those who practise in the area of obstetric medicine are well aware of the variety of professionals involved in the care of pregnant women. Michael de Swiet, highlights that 'huge advances have been made in reducing maternal mortality from traditional obstetric causes. It is now time to pay more attention to the medical problems of pregnancy. Although the situation will be improved by training more physicians (internists) in the medical problems of pregnancy, there will never be enough of these physicians to provide all the medical care that is needed. Those responsible for the obstetric care of pregnant women (midwives, general practitioners and obstetricians) must be more aware of (and receive training in) the significance of medical conditions; both to treat sick pregnant women with a medical problem and to recognise when they should be referred to a physician'.

Improving outcomes for pregnant women with medical illness must start prior to pregnancy. Emphasis on the need for prepregnancy counselling and adequate contraception will be found throughout the issues of *Obstetric Medicine*. Women with diabetes, obesity, hypertension, heart disease, epilepsy, thromboembolism, autoimmune disorders and psychiatric illness will benefit from prepregnancy interventions.

'To be effective, the knowledge of obstetric medicine of all doctors caring for medical problems in women of childbearing age must be improved.'

Great strides have been made in teaching, which include the development of fellowships and an international curriculum in obstetric medicine that will be discussed in future editions of *Obstetric Medicine*. This first issue includes all the abstracts from the ISOM meeting in Washington, as well as those from the joint ISSHP/ISOM sessions. For this reason space for review articles is limited but there are many seminal reviews to follow in future editions. Research has led, as Drs Dixon and Williamson will report, to 'genetic discoveries that shed light on the molecular aetiology and pathophysiology of cholestasis', and, as Dr O'Donoghue will report, to our knowledge that fetal cells that persist in the maternal circulation and other organs may 'play a role in response to tissue injury, similar to reparative stem cells'.

Pregnancy offers a window into the future health status of women, by unmasking medical risk and acting as a 'stress test' for diabetes, cardiovascular disease, thrombophilias and the genetic predisposition to illness. Caring for pregnant women offers us the remarkable opportunity to improve women's lifetime incidence of these diseases, to modify risk factors and to promote a healthy lifestyle for women and their families.

In reviewing the recommendations of the UK Confidential Enquiry, Drs Lewis and de Swiet acknowledge that 'these recommendations centre around the need for midwifery and obstetric clinicians to appreciate the significance of medical, i.e. non obstetric, problems that can catastrophically affect the outcome of pregnancy both for the women and for their babies... to recognise acute illness; not only from overt obstetric causes such as post partum haemorrhage ... but also from medical causes such as heart failure. And having recognised acute illness, clinicians must have the necessary ... skills to be able to treat it'.

Toward this end, we are thrilled to present *Obstetric Medicine*, the first journal whose sole focus is on the *Medicine of Pregnancy*. Our hope is that the journal will serve as a source of information, a vehicle for exchange of ideas and a stimulus to further investigation. This is your journal. We welcome your submissions and comments with great anticipation.

DOI: 10.1258/om.2008.08e001. *Obstetric Medicine* 2008; **1**: 1