

Editorial

It is fitting that, in this edition of TOG, we have so much help for the depressed: Orla Conlon and Janine Lynch deal with depression during pregnancy and we publish the first of two articles from Margaret Oates on postnatal affective disorders. The potential need for therapy comes first in James Drife's 'And finally...' baring his soul as, for the last time, he departs the council chamber, no doubt heading for greener plains (unspecified). It could be academe that calls him home to Leeds but the Research Assessment Exercise is over and the universities' submissions lie before those who must assess us. The heat is off to get that grant in or publish those old papers languishing in the depths of the hard drive. On this page you will also notice that the Editorial Board has been savaged by the grim reaper (that 3-year RCOG limit for committee membership): we have said a sad goodbye to Robin Ashe, Laura Cassidy, Uma Gordon, Lucy Kean and Tim Mould. All five have made a terrific contribution to the journal. Whilst I am aware that as a professor I should know everything about our subject (and we all know how respected professors are clinically), I have to confess that I now know that I know very little about anything, really. These five loyal members have, without hint of superiority or once mentioning my nondeferential stupidity, steered me through the minefields of urogynaecology, obstetrics, the cut and thrust of gynaecological oncology and, in Uma's case, my own subspecialty of reproductive medicine. However, I suppose therapy is better than mind-altering drugs (though people have accused me of using the latter to write these editorials) and my new therapists are Richard Anderson (reproductive medicine), Keith Louden (gynaecology), William Martin (perinatal medicine), Barry O'Reilly (urogynaecology) and Adeola Olaitan (gynaecological oncology). To all five we extend an enormous welcome – little do they realise what is ahead but we'll just keep reinforcing what an honour it is to serve the College in this way.

So, what else does this edition have in store for your summer vacation? For those spending large chunks of their holiday on one of the extended car parks somewhere in Great Britain, optimistically called a motorway, Deepali Sinha and colleagues suggest an alternative route: 'Continence care pathways: a motorway for urogynaecology' – a sort of bus lane approach to leaky bladders, I suppose. Tim McCormick and Patricia Kearney write on urinary tract infection in pregnancy (along with Robin Ashe who, strangely enough, seemed

most impressed with the paper). Charlotte Deans and Zoe Penn write on the case for and against vaginal breech delivery: an article that demonstrates beautifully just how important both knowledge and experience are in the clinical setting. Staying with the labour ward, Charles Ameh and Nynke van den Broek challenge us about the increased rate of death among ethnic minority women – a whole article that takes to task my grandmother's philosophy of 'The Lord helps those who help themselves'. After a couple of diet cokes, or indeed after a gynae clinic, I am wont to discuss just how much we have to protect members of society from themselves or at least the apathy life has imbued them with and the completely unrealistic expectations that many have (my most recent: a consultation on reversal of sterilisation with four kids already in care and much of the consultation spent admonishing 'the voices' to be quiet).

Ioannis Kosmas *et al.* give us a continental perspective on the number of embryos to transfer. The issue is simple at first reading: one is safer with virtually no risk of twins. However, in the UK, with the huge variation in funding, couples will often have only one cycle on the NHS: can we really justify offering only single embryo transfer? It is, of course, as good as double embryo transfer but only if we include a frozen embryo transfer cycle.

Pallavi Latthe and team revisit colpocleisis. It has always seemed a bit defeatist to me, but then isn't the most important thing the outcome for the individual? – not all need or want the same thing.

Finally, in this edition, which touches on so many issues where the importance of informed patient choice is central (assuming one can persuade them to read the information in the first place), Anna Cockell, Lucy Arnold and Caroline Overton discuss just how difficult it is to produce the excellent RCOG patient information.

Have a wonderful summer and enjoy your read: I hope I've written in plain enough English to satisfy even the most assiduous communicators...

Neil McClure

Editor-in-Chief

Neil McClure



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