

## EDITORIAL • RÉDACTION

**Editor-in-Chief • Rédacteur en chef**  
John Hoey, MD

**Associate Editor-in-Chief • Rédactrice en chef associée**  
Patricia Huston, MD, MPH

**Book Review Editor • Rédactrice, recensions de livres**  
Catherine Younger-Lewis, MD

**News and Features Editor  
Rédacteur, informations générales**  
Patrick Sullivan

**Editors • Rédactrices**  
Carolyn Joyce Brown, Jill Rafuse, H. Kate Schissler,  
Anne Marie Todkill

**Editorial Assistant • Assistante à la rédaction**  
Shirley M. Waddell

**Manuscript Coordinators  
Coordonnatrices des manuscrits**  
Carole Corkery, Lorna Lang

**Translation Coordinator  
Coordonnatrice de la traduction**  
Marie Saumure

**Scientific Consultants • Conseillers scientifiques**  
Mary L. Chipman, BSc, MA, Thomas J. Elmslie, MD,  
Derek Gellman, MD, Bart J. Harvey, MD, PhD,  
David Moher, MSc, Linda Pederson, PhD

**Contributing Editors • Rédactrices invitées**  
Gloria Baker, Charlotte Gray

**University-based Editorial Consultants  
Conseillers universitaires en rédaction**  
Leonello Cusan, MD, Université Laval  
Christopher J. de Gara, MD, McMaster University  
Kenneth M. Flegel, MD, McGill University  
Candace Gibson, PhD, University of Western Ontario  
Paul Hébert, MD, University of Ottawa  
Norman M. Kneteman, MD, University of Alberta  
Thomas J. Marrie, MD, Dalhousie University  
Henri-André Ménard, MD, Université de Sherbrooke  
J. Curtis Nickel, MD, Queen's University  
William E.M. Pryse-Phillips, MD, Memorial University  
of Newfoundland  
Margaret L. Russell, MD, University of Calgary  
Yves R. Talbot, MD, University of Toronto  
C. Peter W. Warren, MD, University of Manitoba  
Thomas W. Wilson, MD, University of Saskatchewan  
Robert F. Woollard, MD, University of British Columbia

**Associate Director, New Media  
Directrice associée, nouveaux médias**  
Ann Bolster

## PRODUCTION

**Production Manager • Gestionnaire de production**  
Kathryn A. Freamo

**Production Assistants • Assistantes à la production**  
Nicole Barbeau, Julie-Line Danis, Lianne Johnson

**Graphics Consultant • Conseiller graphique**  
Raymond Rocan

## Canadian Medical Association Journal

## Journal de l'Association médicale canadienne

1867 prom. Alta Vista Dr.  
Ottawa ON K1G 3Y6  
613 731-9331, 800 267-9703  
fax 613 523-0937  
E-mail • Cour. élect. : [pubs@cma.ca](mailto:pubs@cma.ca)  
<http://www.cma.ca/journals/cmaj>

Français à la page suivante



Physicians often find that theirs is a sad profession, one more occupied by the ravages of disease than by the prospect of health. Those who provide care for pregnant women encounter many happy exceptions to this rule. Here the challenge is to maintain the dyad of mother and fetus in health and to do no harm. In this issue we look at 4 aspects of pregnancy and childbirth.

First is the potential for the fetus to be affected by a chromosomal anomaly or neural tube defect. In a typical population of 10 000 pregnant women one may expect 16 cases of Down syndrome, 10 cases of open neural tube defect and 1 case of trisomy 18. June Carroll and associates (page 775) show that health care providers in Ontario continue to have doubts about maternal serum screening (MSS) for these disorders. Do high rates of false-positive results give rise to too much needless anxiety? Is this disadvantage outweighed by the benefits of avoiding "routine" amniocentesis for many women over age 35? Jane Evans (page 805) counsels physicians to learn more about MSS and its appropriate use and to take the time to provide adequate patient counselling.

In utero exposure to alcohol poses serious risks; binge drinking — the consumption of 5 or more standard drinks on a single occasion — appears

to be particularly teratogenic. Jonathan Gladstone and colleagues (page 789) found that pregnant women who reported binge drinking to a pregnancy counselling service in Toronto were more likely to be young, single, white and users of illicit drugs than controls. Josephine Nanson (page 807) discusses the need for more attention to the socioeconomic risk factors for binge drinking during pregnancy.

Third, a question about delivery. Which women should be given an episiotomy? In reviewing over 6500 consecutive vaginal deliveries Michel Labrecque and associates (page 797) found that the risk of severe perineal laceration was almost 5 times higher among women who underwent median episiotomy than among women who did not. Michael Helewa (page 811) reviews the ever-accumulating evidence that the many benefits claimed for episiotomy have no basis in fact. It seems that median episiotomy may go the way of other surgical practices such as routine tonsillectomy and radical mastectomy.

Lastly, Laurence Reynolds (page 831) suggests that the psychologic distress that some women experience after a difficult labour may be a variant of post-traumatic stress disorder. Extreme pain, fear, feelings of depersonalization and of loss of control can precipitate psychiatric illness after childbirth. — JH

