



## NEW SERIES

## Medical problems in pregnancy

**I** NTERNISTS ENCOUNTER pregnant patients in several venues. Subspecialists may be consulted by general internists or by obstetricians when a potential or actual problem arises in an expectant mother. Although many women are delaying childbearing and already have established a preventive health relationship with a general internist by the time they enter pregnancy, many others meet a general internist for the first time only after they are pregnant, when they seek medical attention at the behest of a family physician or obstetrician. The field of maternal-fetal health has achieved wide acceptance, yet these specialists are quite busy and not uniformly available, and there are good reasons for them to partner with the woman's general internist to provide care throughout the pregnancy and continuity of care afterwards.

The unique physiology of pregnancy requires some rethinking of normal approaches to common medical problems. Definition of abnormal and the threshold for treatment are often different than in the nonpregnant woman. Treatment decisions are made more difficult by issues surrounding the safety of medications, which depend upon the gestational age of the fetus. And, did anyone mention tort concerns?

In this issue of the *Journal*, Drs. Siu and Colman introduce our series on medical aspects of pregnancy with their article on "Cardiovascular problems in pregnancy: An approach to management." Future issues over the next year will include discussions of hypertension, selected neurologic problems, medications, and other topics that we hope are germane to the practicing internist and subspecialist.

As always, we welcome your suggestions for additional topics to be covered in review articles and for questions to be answered in our 1-Minute Consult section.

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