

Preface

## Management of the High-Risk Pregnancy



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*Guest Editors*

The practice of obstetrics is, for the most part, assisting the pregnant woman and her family with a physiologic process to produce a healthy full-term infant. In fact, the *raison d'être* of prenatal care is to identify women who have risk factors with the potential to adversely affect this expected outcome of a healthy mother and child. A particular challenge for the clinician in the prenatal period is the management of pregnancy in women who have a pre-existing medical condition. This is the focus of this issue of the *Obstetrics and Gynecology Clinics of North America*. Coexisting medical complications are becoming more common in modern practice, because women are often delaying reproduction until later in life, when these conditions become more prevalent. We have endeavored to cover a wide range of topics, from those that are commonly seen by most obstetricians to those that are rarely managed in routine practice.

Dr. Gregg reviews the current concepts of chronic hypertension, its treatment, and the development and treatment of pregnancy-induced hypertension. Drs. Conway and Griffith have provided an excellent review of the management principles involving diabetes, including diagnosis of the disease and treatment with both glyburide and insulin. Dr. Nader discusses thyroid disease and other less common endocrine conditions such as pituitary and adrenal disease in pregnancy. Hemoglobinopathies are frequently encountered by physicians caring for women from varied ethnic backgrounds. The comprehensive discussion of this topic by Drs. Rappaport, Velazquez, and Williams will be an invaluable resource for these physicians. Recently, much attention has been given to the issues of thrombophilias, both inherited and acquired. The article by Drs. Doyle and Monga on this topic is augmented by Drs. Warren and Silver's review of

antiphospholipid antibody syndrome and lupus in pregnancy. Dr. Pschirrer has contributed a concise reference about seizure disorders in pregnancy with a contemporary review of medications that are used to treat these disorders. Asthma remains a significant cause of maternal morbidity and mortality, and a practical plan of management is outlined in the article by Drs. Doyle and Gardner. Drs. Mastrobattista and Katz discuss preconception counseling, medication use, and pregnancy management in women who have undergone organ transplantation—a steadily increasing cohort. Finally, the exhaustive review of cardiac disease by Drs. Galan and Klein provide valuable management strategies for these complicated and potentially life-threatening conditions.

It is our hope that readers will find these articles full of novel information about the physiologic aspects of these conditions as well as practical recommendations for the appropriate diagnosis and treatment of these medical complications in pregnancy.

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