Welcome to the September-October 2013 Editor-in-Chief’s page. This issue will focus on clinical articles that address issues relevant for the practicing obstetrician-gynecologist.

In This Issue:

- **Influence of FSHR Diplotypes on Ovarian Response to Standard Gonadotropin Stimulation for IVF/ICSI**
  L. Lazaros, E. Hatzi, N. Xita, A. Takenaka, N. Sofikitis, K. Zikopoulos, and I. Georgiou

Given the historical tendency of clinicians to adopt a “one size fits all” approach to many clinical problems, we are beginning to see the influence of genomic medicine in changing this mindset. Assisted reproductive technologies (ARTs) are not only expensive but fraught with the risk of failure during any given cycle. Lazaros and colleagues have sought to refine their approach to treating patients selected for ART by looking at genetic variants, FSH Receptor 307 (T/A)/FSHR 680 (N/S) diplotypes, and ovarian response to FSH stimulation. After comparing women undergoing IVF/ICSI with women with at least one spontaneous pregnancy, they showed that higher sensitivity to FSH stimulation was more highly associated with the Thr307Ala/Asn680Ser than with the two other variants identified. This finding suggests that such genomic analysis might be worth considering prior to ART treatment as it could aid clinicians in selecting more appropriate therapies for their patients. Certainly it looks like the “one size fits
all” era, at least in this clinical arena, may be coming to an end.

- **Relationship Between Parity and Bone Mass in Postmenopausal Women According to Number of Parities and Age**
  
  B. Heidari, P. Heidari, H. G. Nourooddini, and K. O. Hajian-Tilaki

With many of the world’s populations enjoying longer lifespans, issues related to aging and their impact on health have received more attention. Osteoporosis, as assessed by bone mineral density using dual energy X-ray absorptiometry scan, has been quantified by standard age-related criteria. In this study of postmenopausal women the investigators have correlated age and parity with the risk of bone mineral loss at femoral neck and lumbar spine. While higher parity (>7) seems to increase the loss of trabecular bone at an earlier age, there is an osteoprotective effect over time that counteracts this effect. Since there is a theoretical and practical risk for women with high parity to become calcium deficient as a result of “calcium steal” during pregnancy, this may not be as important as previously considered. Of course, supplementation may play a role in minimizing this effect, as well as an adequate diet. The present study does not attempt to answer that particular question, but it does appear that parity may not pose as great a threat to bone density as once believed.

- **Perceptions and Acceptance of Immunization During Pregnancy**
  
  M. H. Moniz, W. S. Vitek, A. Akers, L. A. Meyn, and R. H. Beigi

The H1N1 influenza pandemic of 2009 raised public awareness about the important role of immunization in preventing serious illness and death in pregnant women. However, this has been counterbalanced by patient concerns about the safety of having vaccines administered during pregnancy. This survey-based study of patients in a university-based women’s clinic was conducted prior to the “swine flu” pandemic and examined attitudes of pregnant and nonpregnant women toward receiving vaccinations during pregnancy. The good news finding of Moniz and colleagues is that the vast majority of pregnant women, nearly 90%, would accept vaccination if recommended by their obstetrician, in spite of inherent concerns about safety. This suggests not only the important role that obstetric providers play in advising their patients on this important subject but also the need to explore reasons why a residual 10% of patients would not accept vaccination during pregnancy.