

# Foreword

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A really comprehensive textbook on preconceptional medicine and management has been missing until now; however, it was obviously worth waiting for, because the book edited by our four colleagues Mahantesh Karoshi, Sandra Newbold, Christopher B-Lynch and Louis G. Keith fills this almost surprising gap in a unique way. All four editors are well known in different aspects of this important discipline of medicine, and they have carefully selected the authors of the Textbook so that a wide spectrum of subjects is covered which ranges from folate prophylaxis in, and especially before, pregnancy, to prevent neural tube defects in the child, by one of the Editors Louis G. Keith, to preconceptional optimization in solid organ recipients, by Sandra Jones and Sue Carr.

The essence of preconceptional counseling is different from the common principles of pregnancy care, as is elegantly pointed out by Rahat Khan and Hassan Shehata in their general chapter. They define the scope of preconceptional care as ‘covering interventions that aim to identify and modify biochemical, behavioral and social risks to women’s health or pregnancy outcome through prevention and management.’ Logically, therefore, the first section of the book deals with the most important risk factors for women related to maternal age, heart disease, diabetes mellitus, endocrine, autoimmune and connective tissue disorders as well as kidney diseases, thrombophilic, inflammatory and neurologic disorders, hypertension and mental illnesses.

The texts provide an excellent source of reference for any health care professional as do the subsequent sections of the book on infectious conditions, previous pregnancy events and phobias.

The topics are covered in a very didactic and sometimes even in an almost dialectic way. For example, the two chapters related to medication issues, the one on ‘Routine vitamin, mineral and micronutrient supplementation’ on the one side and that on ‘Drugs to be avoided’ on the other, both illustrate from opposite points of view how critical certain gestational age windows are for the undisturbed development of a child *in utero*, a lesson that was brought home in a dramatic way by the thalidomide catastrophe at the beginning of the 1960s which established the concept of the ‘sensitive periods’ during pregnancy for negative (i.e. teratogenic) and, as we now know equally well, also positive influences (i.e. periconceptional folate supplementation) on the development of the unborn child. Most often pregnancy care starts only after 10–14 menstrual weeks when the most sensitive and vulnerable period for the embryo has already passed, and this is why periconceptional counseling is so important.

Today, more and more often pregnancies are possible after treatment of gynecological and surgical conditions, but the preconceptional aspects of these circumstances have, to date, often been underestimated in their importance for an overall good outcome.

## PRECONCEPTIONAL MEDICINE

No book on preconceptional counseling would be complete without dealing at appropriate length and depth with the phenomena, sometimes even called epidemics, of obesity and malnutrition, and in the final section the book discusses these issues in an impressive way on a truly international scale.

*A Textbook of Preconceptional Medicine and Management* underlines in a scholarly and very

practical way that the old English proverb is still true that 'An ounce of prevention is better than a pound of cure', but since this is a very up to date and truly international text you will forgive me for paraphrasing the original wisdom into a more modern phrasing: 'A microgram of prevention is better than a kilogram of cure.'

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