Editorial

It has been a pleasure to co-edit this issue based on a number of contributions coming from the Women's' Clinic of the University Hospital Ghent. The University Clinic has witnessed the further subspecialization into perinatal medicine, reproductive medicine, general gynaecology and oncology, as is exemplified by the different authors' contributions.

Three contributions pertain to reproductive medicine. In the first, Masschaele et al. explore the possibility that single embryo transfer (SET), although an important "tool" in preventing an unacceptably high incidence of twin pregnancies, could result in undertreatment of the sizeable group of women to be considered as having a poor prognosis. In these patients, limiting the number of embryos to transfer to one or two, might be a bit dogmatic. In a descriptive paper, they explore results of "heavy load transfer" (HLT) in these patients, concluding that in patient who do persist in seeking treatment, might at least be a motivator to persevere. The paper by De Sutter et al. investigates the importance of systematic karyotyping in women with repeated failure of implantation (RIF) after IVF/ICSI. They found a karyotype analysis is indicated in all women with RIF. Nulliparous women with a history of miscarriage and women with documented infertility are at greater risk of chromosomal abnormalities and are to be advised to undergo karyotyping. In the study of "periconceptologists" Doom & Delbaere, twin birth weight curves were developed according to gestational age, gender, parity and mode of conception, based on population-based data of 40,494 twins born in Flanders, Belgium between 1987 and 2007. They found a different growth potential between twins and singletons: Twins deviate from the singleton curve from 30 weeks gestational age on. Their findings underlines that singleton birth weight curves differ from twin birth weight curves. Specific twin birth weight curves were developed that can be used in clinical practice in order to follow growth patterns of twins in utero.

Two papers focus on specific aspects of the menopauze. In their opinion paper, Bolca et al. analyse in closer detail the close relation between the drop in serum estrogens and negative metabolic changes such as the increase in bone resorption and negative change in the serum lipid profile. They concur that randomized controlled trials measuring bone turnover markers in menopausal women revealed that soy isoflavone supplements significantly but moderately decrease the bone resorption marker urinary deoxypyridinoline without significant effects on the bone formation markers serum bone alkaline phosphatase and osteocalcin. Hence, a potential place for soy isoflavones is identified. The second study explores the impact of the menopause on the voice. Without hormonal therapy (HT), middle-aged (premenopausal) women show a smaller frequency and intensity range and a lower fundamental frequency of the voice compared to young women. To investigate the impact of menopause on voice and nasal resonance a cross-sectional non-randomized study design was used. Postmenopausal women without HT showed a significantly lower speaking fundamental frequency (SFF) and were able to phonate lower compared to postmenopausal women with HT. Further research about the impact of menopause and HT on voice is advocated and should concentrate on elite professional voice users.

In a more politically inspired paper, Ooms et al. state that real progress in mother- and child care will require a robust and reliable international financing perspective. In the absence of an organisational structure under the currently proposed MNCH (maternal, newborn, and child health) regime, the global MNCH financing revolution will probably not happen. Similarly, Temmerman et al. in their paper break a lance to rejuvenate the pledges held in 1994 in Cairo during the International Conference on Population and Development (ICPD), where it was convened to work towards universal access to a full range of safe and reliable family-planning methods. There has been an alarming neglect from the international community for the topic since the year 2000. They explore these impacts and urge for a strong renewed commitment of the global community in the form of a global family planning decade.

Finally, the international federation of Obstetrics and Gynecology is introduced on our request to our readership by its chairman, Gamal Serour. Perhaps it is insufficiently realized by our readers that FIGO – the International Federation of Gynecology and Obstetrics – is the only organisation that brings together professional societies of obstetricians and gynaecologists on a global basis. Founded in 1954, in Geneva, it currently has member societies in 124 countries or territories. Its vision is that women of the world achieve the highest

possible standards of physical, mental, reproductive and sexual health and well-being throughout their lives. It is dedicated to the improvement of women's health and rights, the reduction of disparities in healthcare available to women and newborns, and advancing the practice of obstetrics and gynaecology. This is pursued through advocacy, programmatic activities, capacity strengthening of member associations, education and training. The article outlines and explores the governance, partnerships, Committees, Working Groups, and main Initiatives of this globally important organisation.

This edition fits in with the idea of different universities have one issue of FVV guest-edited. The philosophy at the basis of this journal have for long been and are also at the basis of the Women's' Clinic of the University Clinic Ghent, that in a spirit of global pluralism pursues the goal of optimized health for all women, their partners and children.

Jan Gerris, MD PhD
Division of Reproductive Medicine
Ghent University Hospital
Belgium