

EDITORIAL

I thank Steve Robson and his team of Editors for their very hard work over the previous years in establishing *Fetal and Maternal Medicine Review* (*FMMR*) as a reference point for authoritative reviews in the field of perinatology. I am delighted that Steve is staying on as an Associate Editor, and am very pleased to welcome Professor Neil Sebire (UK) and Professor Jimmy Espinoza (USA) as Associate Editors for 2013 issues onwards. Amanda Johns has taken over from Jean Birtles in the Editorial Office and can be contacted by email at fmr_editorial_office@cambridge.org.

My task as Editor in Chief from 2013 is to build on the journal's success whilst not losing its unique focus and flavour. I hope to do this in several ways: (1) by expanding *FMMR*'s repertoire to include Opinion and Hypothesis pieces, (2) by *FMMR* being open to manuscripts that are both commissioned and not commissioned and (3) by developing *FMMR*'s international reach. With these goals in mind, an important part of this plan is for the journal to be Pubmed listed and assigned an impact factor in 2013–14.

In order to accomplish these aims, we welcome contributions related to perinatology including but not limited to pathology, genetics, anaesthetics, neonatology and biostatistics. *FMMR* now uses ScholarOne Manuscripts for manuscript submission and administration (<http://mc.manuscriptcentral.com/fmmr>) and all submitted papers, both commissioned and non-commissioned, will undergo peer review. To assist in this process I am fortunate that many international experts in their respective fields have joined the Editorial Board.

Now for this, the first issue of 2013. It is somewhat refreshing to move away from the placenta and spiral artery as the starting point in discussions about pre-eclampsia: both Professors Herbert Valensise and colleagues and Enrico Ferrazzi and colleagues, in separate pieces, make a strong case for rethinking the pathophysiology of pre-eclampsia. Herbert suggests compellingly that the particular maternal cardiovascular characteristics of early onset pre-eclampsia lend themselves to vascular pharmacotherapy whilst Enrico presents an intriguing view of later onset "Maternogenic" pre-eclampsia. Dr Andrew Breeze has been centrally involved in MRI perinatal post-mortem research and considers if the technology is ready yet for clinical use. Drs Wassim Hassan and Boris Tutschek review a topical area: intrapartum ultrasound, with a view to the newest techniques and how they might be of practical value of the labour ward.

Happy reading, and I look forward to introducing you to some excellent articles that are planned for later issues in 2013.

Christoph Lees