



Thomas C. Meyer, MD

Multifaceted issue leads to lengthy issue

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Our Maternal and Child Health issue turned out to be quite lengthy, thanks in large part to the immense efforts of Murray Katcher, MD, who recruited many of the authors. One of these authors is Governor Doyle, who responded graciously to our request for a guest editorial (p 11). His brief but lucid outline of his new *KidsFirst* initiative introduces issues to which all can relate—early developmental access to high-quality learning opportunities, child safety in its broadest terms, strong families, and an emphasis on health.

Ms Pierce and her colleagues provide a brief but helpful overview of the Medicaid Family Planning Waiver and its potential to expand access to care, as well as what the Waiver does not cover (p 14). The tables and sidebars are particularly helpful. Ms Oftedahl and her colleagues introduce us to the Wisconsin Birth Defects Registry, which began this summer after a year of pilot testing (p 19). She provides a list of the reportable birth defects—and we can only be grateful that it is abbreviated from the 4500 defects and syndromes that have been identified.

Doctor Selkurt provides an interesting and impressive update on what has happened to SIDS since parents have been discouraged from placing babies face down to sleep (p 22). Doctor Fleischfresser's description of the Wisconsin Medical Home Learning Collaborative (p 25) and Attorney Peterson's paper (p 28) provide a very helpful history of the program and outline what can be done for the 13% of children who qualify as requiring Special Health Care. Related to this is the report of the telephone survey by the National Center for Health Statistics in determining the whereabouts of Children with Special Care

Needs (p 88). The paper by Ms Grotzky and her colleagues, which details the community resources and partnerships available for physicians to use in counselling female patients of reproductive age (p 31), is all the more interesting in light of Ms Thorsen and Ms Khalil's article detailing the cost savings associated with smoking cessation in low income pregnant women (p 67). Seems a good investment of time and energy.

The peer-reviewed section of the *Journal* starts with the somewhat depressing "Trends in Maternal and Child Health Outcomes" by Dr Kvale and her associates (p 42), which shows that judged by infant mortality, low birth weight, and first trimester entry into prenatal care rates, Wisconsin has allowed other states to "catch up" so that the state's overall ranking has moved from one of leadership to "the middle of the pack." The authors point to the main causes of this change. Doctors Sharma and Franco's review of the disorders of sleep in pregnancy (p 48) caused a gasp from this reader and guilt at one's insensitivity to the problem for so many years! Ms Weiss and her colleagues review the Wisconsin Fetal Alcohol Syndrome Screening Project and conclude that the combination of both weight and head circumference below the 10th percentile at birth is a useful method of identifying the syndrome and infants who might be at risk for developmental delays (p 53).

The report of the Wisconsin Pregnancy-Associated and Pregnancy-Related Deaths by Dr Mascola (p 61) brought back memories of the very active Maternal Mortality Committee of the Society of several decades ago. While the present analysis is of a more

superficial nature than the previous reports, there is a plea for more detailed information on any current deaths—to allow more detailed study of these tragic events when they occur. The Thorsen/Khalil paper referred to earlier led to our request that Dr Remington (p 39) offer some additional insight into the overall savings that smoking reduction in pregnancy could create. Perhaps the potential savings could also be used to garner greater success in the efforts to create smoke-free homes for asthmatic children as reported by Dr Meurer and his colleagues (p 70).

Dr Lutter and her pediatric resident colleagues at the Medical College make a compelling argument for children's primary care physicians obtaining training in the prophylaxis, diagnosis, and initial management of dental caries along with sufficient knowledge of the condition to promote oral health. We asked Dr te Duits to respond to the article from the pediatric dentist's point of view (p 40).

Doctor Schlenker provides the background and some thoughtful directions that could be taken when confronted by parents who are reluctant to have initial inoculations for their infants and toddlers (p 79). And finally, the second "really, I don't believe it!" paper in this issue is that of Dr Mylott and his Medical College colleagues (p 84) in their report of 51 children with nutritional vitamin D deficient rickets. A stark reminder that we should once again start looking for the disease—in breastfed babies particularly.

On another note, the *Journal* would like to take this opportunity to welcome Susan Turney, MD, in her weighty but exciting role of Executive Vice President of the Society. We look forward to her thoughts and items for publication as she sees fit.