

Editorial

The European Board and College of Obstetrics & Gynaecology (EBCOG) is the representative body of Obstetricians and Gynaecologists in 36 member countries. The primary aim of EBCOG is to improve the health of women and babies throughout Europe. It does this by promoting post graduate specialist training and also by the implementation of European wide Standards of clinical care.

It is generally accepted there are disparities in the quality of care and clinical outcomes across member countries and even among regions within the same country. Not all states are good at everything and there is much to learn from each other. Outcome measures need to be developed, but of immediate relevance are maternal and perinatal outcomes, cancer survival rates, access to sexual health services, regulation of fertility treatment and quality of life issues.

EBCOG has responded by developing an agenda which promotes evidence based care. Although the EBCOG Strategy has multiple strands, it focuses on the development and implementation of Clinical Standards. Part of this Strategy has been the initiation of a series of Position Papers, the first of which is published in this issue of the journal.

EBCOG Position Papers

The purpose of EBCOG Position Papers is to provide a clear statement on issues of clinical and public health relevance to all the diverse populations of the European Community. It is important that an organisation that represents most of the national professional societies of obstetrics and gynaecology within Europe is seen to have a clear leadership role in matters of relevance to the health of women. Position Papers provide an important opportunity to demonstrate that EBCOG is serious in this respect and accepts its responsibilities to act to improve the health of women in Europe.

It is recognised that many individual societies are sufficiently well resourced to produce clinical guidelines and scientific statements for themselves and the populations they serve. It is not intended that EBCOG statements compete or interfere, but instead identify issues of importance and relevance to the provision of services and to women in all parts of Europe.

Inevitably the style and content of such statements will evolve over time, as has happened with those of individual national and professional societies, but initially an EBCOG Position Paper will be around 600 words with 5 key references. It is suggested that the style of the Paper is that of a Press Release, aimed at both clinical and lay audiences.

In each case a recognised expert in the field will be invited to produce an initial draft which will then be peer reviewed by the EBCOG Executive (and their nominees) and finally approved by Council.

The following include some of the topics which will be addressed initially.

1. Reducing the risk of multiple pregnancy after Assisted Reproduction
2. The importance of antenatal care
3. Improving access to fertility control
4. Obesity and women's health
5. Alcohol and Pregnancy
6. Medical methods of Abortion
7. Travelling while Pregnant
8. Travelling to other countries for medical care
9. Female genital mutilation
10. Vaccination in pregnancy

Any further suggestions for issues of relevance to the health of women throughout Europe will be welcome. We envisage that the Position statements, published in this journal will contribute to high quality care within EU28 and support EBCOG's determination to further the cause of Women's Health in Europe.

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References

1. Standards of Care for Women's Health in Europe: Obstetric and Neonatal Services, 2011 (www.ebcog.eu)
2. Standards of Care for Women's Health in Europe: Gynaecology Services, 2014 (www.ebcog.eu)