

# Rebranding

Timothy Rowe, MB BS, FRCSC

Editor-in-Chief

Relax—we are not having an identity crisis. This is indeed the Journal of Obstetrics and Gynaecology Canada, but it does look a little different. For those of you who don't like to miss anything, we can point out that the colour of the cover is different, the JOGC characters have changed, and, for better or worse, the cover illustrations are gone. After a gentle makeover of both cover and contents in January 2005, we now have a look that identifies us as related to the SOGC, but independent at the same time. People who know about these things assure us that the look is “clean and professional,” and we hope that you agree.

This rebranding is not as easy as it looks, because our readership is diverse and we have a lot of people to please – or at least not offend. One of the important aspects of the journal that we wanted to highlight was its online presence, because, increasingly, medical journals have two identities. Some of us read journals only in electronic form, while others read only the print version and still others jump between the two; readership surveys always seem to demonstrate that no single version is clearly preferred. So having a “look” that is quickly recognizable in both print and electronic forms is an asset. We now provide full-length articles from our archives on the website, rather than abstracts only, so that those subscribers who wish to free up shelf space by recycling their back copies will be able to do so without fear that they are discarding a definitive (and irreplaceable) article. In this way, we are moving towards making the print and online editions of JOGC truly interchangeable, and as accessible as possible.

Although we do want to confirm our healthy relationship with the SOGC, by having and proudly displaying the SOGC logo on the JOGC's cover, the editorial content and editorial policies of JOGC are determined by the Editor-in-Chief with advice from the Editorial Board, and publication of the journal takes place at arm's length from the SOGC. I think it is important to stress the nature of this arrangement, because communications that come from the SOGC Executive are published in JOGC from time to time, and clinical practice guidelines appear regularly, so it might appear that JOGC is an obligatory mouthpiece of the

SOGC. However, these communications and others like them appear in the JOGC only at the pleasure of the Editor-in-Chief. Such a communication, regarding HPV vaccination, appears in this issue of JOGC. Because this is an issue of significance both to professionals and to the general public, it seemed appropriate to alert JOGC's readers to the forthcoming publication of HPV Guidelines drafted by a national expert committee. Having an editorial set-up that permits timely publication of communications like this is, I think, of benefit to all our readers and we appreciate the non-intrusive attitude of the SOGC's Executive and Administration. To be sure, if we think something is not important, we don't publish it.

On the other hand, we are proud to publish articles that are indeed important. The problem of preterm labour and its consequences is arguably perinatology's biggest headache, and the maelstrom of information about intra-amniotic infection, antibiotic therapy and preterm delivery continues to swirl. In this issue, Anne-Maude Morency and Emmanuel Bujold report on their meta-analysis of studies of women in the second trimester of pregnancy who were given antibiotics for the prevention of preterm delivery. They have provided some clarity for potential management of women at risk, since their analysis indicates that some antibiotic therapy may do more harm than good (and, fortunately, some also does more good than harm). In a prospective study that focuses on the outcome of pregnancies marked by preterm premature rupture of the membranes, Jean-Charles Pasquier and colleagues have indicated that women shown to have leukocytosis at the time of rupture will have offspring with increased neurodevelopmental risk. The link between infection, preterm delivery, and infant morbidity grows slowly tighter, and our ability to predict and control outcomes will accelerate. Answers can never come quickly enough.

With a new year and a new look, we will be anxious to hear what our readers think of our rebranding. We have had mixed feelings about losing the cover art (no more December penguins, for a start), but there is a science to producing a new look for a publication, and we have tried to strike a balance of visual appeal and practicality. We did our homework, and we hope you like the result.