This issue of *Psychiatric Annals*, guest edited by Asim A. Shah, MD, highlights “Women’s Issues”—particularly those around pregnancy. The first article, written by the Shah, Imran S. Khawaja, MD, FAASM, and Awais Aftab, MD, reviews psychotropics in pregnancy. The authors compare several psychiatric medications to determine their safety and efficacy in pregnancy. The next article discusses psychotropics in lactation, and whether it’s safe to breast-feed while taking medications that treat mental disorders. The next critical review, by Suni Jani, MD, MPH, Sophia Banu, MD, and Shah details evidence relating to selective serotonin reuptake inhibitors and autism. The last article fully details ethical challenges that clinicians face when treating a pregnant woman who is terminally ill. The authors present a case describing a pregnant woman facing a terminal illness and how to apply the best-interest standard of care for both the woman and the fetus.

This issue dedicated to “Women’s Issues” brings to the forefront an important aspect of psychiatric (and medical) treatment in general. In the article on psychotropic medications and lactation, the authors state that the literature on the psychiatric treatment of pregnant women often overlook the benefits of psychiatric stability, and that there are no absolute rules for prescribing in pregnancy. There are no straight answers. Risks and benefits have to be weighed individually on a case-by-case basis.

The prevalence of major structural and genetic birth defects annually, as reported by the US Centers for Disease Control and Prevention, is approximately 1 in 33 babies—the authors point out that no matter what the treatment team decides. A woman taking medication will be resistant to believing that medication (which does increase the risk) taken during her pregnancy did not cause the birth defect.

As clinicians, at the onset of planning for treatment we must decide if a disorder is worth any increased risk; if a symptomatic, serious mental disorder is left untreated, what are the short- and long-term outcomes of the pregnancy and subsequent birth; and what low-risk treatments can be employed?

The articles in this issue provide valuable information to assist in making some of the most difficult clinical decisions. What is most important is that the decision be made with as much awareness of the risks of treatment or not, and that there is documentation of the discussion with the patient, taking into account her questions, beliefs, and preferences.

**REFERENCE**