community based studies, have not shown a clinically relevant change in reflux symptoms after eradication of *H pylori*.[1]

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Caesarean section rate in England and Wales

Maybe midwives were too busy

EDITOR—Dobson reports that deliveries by caesarean section in England rose from 4% in 1970 to 19% in 1999.[1] Potentially, this created substantially increased demand on postnatal care within maternity services, at just the time when many hospitals, especially in Greater London, found difficulties even in maintaining numbers of midwives at their former levels.

For 477 women in two former London health trusts, 86 aspects of maternity care were surveyed in 1999.[2] In general, the survey showed problems with postnatal hospital care. We re-examined the data to contrast the postnatal experiences of women after a caesarean (88, 18.4%) with those who had a "normal" vaginal delivery (340, 71.3%). We focused on 69 caesarean deliveries without any general anaesthetic (in case anaesthesia affected mothers' recall), 34 in the first trust and 35 in the second trust. We used non-parametric statistics (χ^2, Spearman's rank correlation, Mann-Whitney U test), and our threshold for significance was $P<0.05$.

Caesarean deliveries were associated with some unsurprising differences (such as greater length of stay or more problems with infant feeding) compared with a normal delivery. One key question about postnatal care in both trusts was, "Did you ever feel the midwives were too busy to spend enough time with you?" Patients' answers to this question were highly correlated with overall ratings of their postnatal care while in hospital. Our concerns about the rising rates of caesareans were borne out in the first trust. The 34 women were significantly more likely to feel that the midwives were often too busy and less likely to report that they had known any of these midwives before, compared with the normal group. But this was not the picture in the second trust. Those 35 women were no more likely to report their midwives did not have enough time for them than the normal group, and the service actually arranged that they were more likely to know one or more of these midwives well.

Only a few miles apart, both trusts had a similar range of clients. Organisational responses to more caesarean sections differed. For example, an independent consultancy reported that the first trust exemplified the special difficulties in recruiting and retaining staff in London. The maternity and neonatal workforce group is investigating the organisation of gold standard care.[3] A forthcoming national service framework for children's and maternity services offers midwives a fresh chance to develop their work in responsive and far sighted ways.

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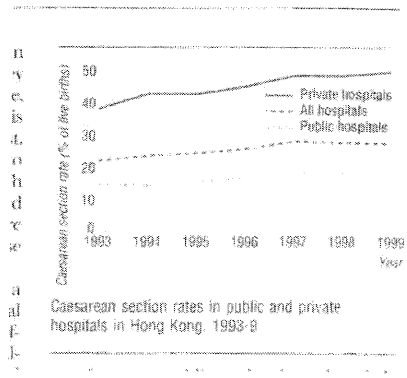
Caesarean section rates in Hong Kong

EDITOR—The report on the national sentinel survey of caesarean section highlights important public health issues that are not confined to England and Wales.[1] We have examined population based obstetric data in Hong Kong from 1993 to 1999, covering 99.5% of all live births in the period.[2] The information was obtained from the hospital authority that manages all 44 public hospitals, and from the department of health that regulates all 12 private hospitals in the territory. From 1993 to 1999, the overall annual rate of caesarean section rose steadily from 22% to 27.4%. Hong Kong has an even higher rate than all the developed countries reviewed in the national sentinel survey report, including the United Kingdom and the United States.

The figure compares the rates of caesarean deliveries in public and private hospitals in Hong Kong between 1993 and 1999. The absolute mean difference in rates of surgical delivery between public (mean public = 16.5%) and private (mean private = 45.1%) institutions was 28.6% (95% confidence interval 26.6 to 30.6, $P<0.001$). According to the most recent data in 1999, one out of every two live births in private hospitals—which have accounted for one quarter to one third of all births in the territory during the seven year period—are caesarean deliveries. Not only has an overall upward trend in surgical births and high rates among private hospitals occurred throughout much of the 1990s, the absolute gap between public and private hospitals has widened by 64%. It is difficult to accept that case mix and clinical indications alone contributed to this striking difference across the public-private divide.



Caesarean section rates in public and private hospitals in Hong Kong, 1993-9

In mixed medical economies where both public and private healthcare providers operate, we should be mindful of the potential for organisational, financing, and other non-medical factors to influence clinical practice unduly. A pattern is beginning to emerge from other parts of the world, documenting similar findings where private hospitals have much higher rates of caesarean section than their publicly funded counterparts.[3,4] It would be interesting to compare the results of the national sentinel survey between NHS facilities and private hospitals.

The epidemic of caesarean section is a matter deserving international attention. Health services must be prepared to address issues such as defensive medicine, work patterns of private practitioners and institutions, and caesarean section on maternal demand underlying these rising trends.

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Self management is the future

EDITOR—I assume that I am one of the few medical practitioners in this country who self manages his own oral anticoagulation and would like to comment on the paper by Fitzmaurice and Machin on patients undertaking self management of oral anticoagulation.[1]

Firstly, the suggestion that patient demand for self management is partly fuelled by a national media advertising campaign for CoaguChek is disingenuous. I wonder how much of an NHS hospital trust