At the Royal Berkshire Hospital we recommend complete bed rest, minimal mobility with the use of elbow crutches if necessary, and avoidance of stairs until asymptomatic. It is worth noting that even with severe symptoms x-ray investigations taken immediately postnatally may show nothing of clinical significance.

Until we find the reason for the unexplained increase in this previously largely unrecognized condition, early diagnosis by general practitioners and midwives is essential. Referral to an obstetric physiotherapist for advice can be of great benefit. Highlighting the problem by good communication heightens the awareness of the obstetric team, thus leading to appropriate management at delivery (the left lateral position appears to be the optimum delivery position in severe cases) and long term morbidity may be avoided. Indeed, in our experience, with increased awareness by general practitioners (through correspondence and education of midwives) and consequent appropriate antenatal referrals to physiotherapy, then sympathetic management of labour, the incidence of diastasis of the pubic symphysis postpartum has decreased markedly.

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References

Failed emergency contraception

Sir,  
The clinical and scientific committee of the Faculty of Family Planning and Reproductive Health Care is compiling a register of infants born after failed postcoital hormones given as emergency contraception. We already have data on over 70 cases and would like more to compile a significant number. The object is to find out whether the hormones have any effect on the fetus.

I would be most grateful if doctors could let us know of any cases, past or present, and report them to the medical secretary at the address below.

G C CARDY  
Clinical and Scientific Committee  
Faculty of Family Planning and Reproductive Health Care  
Royal College of Obstetricians and Gynaecologists  
27 Sussex Place, Regent’s Park  
London NW1 4RG