

Perinatal mortality: surveillance and audit

PERINATAL mortality is news: the Court Report (Committee on Child Health Services, 1976) emphasized that the perinatal mortality rate in England and Wales is considerably higher, and the rate of decline slower, than in other countries; the Social Services Committee, 1979-80, under the chairmanship of Mrs Renée Short, has made 152 recommendations aimed at reducing perinatal and neonatal mortality; and a study group of the Royal College of Obstetricians and Gynaecologists (Chalmers and McIlwaine, 1980) has proposed setting up a national enquiry system into perinatal mortality. This proposition, inspired by the success of the Confidential Enquiry into Maternal Deaths, needs to be carefully examined, especially by general practitioners.

Perinatal death is much more common than maternal death—in 1975 for each maternal death, excluding abortion, there were 175 perinatal deaths, that is stillbirths or deaths under one week. These figures mean that a health district with a population of a quarter of a million could expect, on average, one maternal death every three years, but could expect about 60 perinatal deaths a year—more than one a week.

On the evidence of experimental surveys, collecting the information for perinatal audit and surveillance on a national scale would require a considerable expenditure

of time and resources. Furthermore, in a population of 250,000 serviced by about 50 practices, it would be inevitable that not only hospital staff, but also general practitioners with their attached midwives and health visitors, would become involved in the audit within a comparatively short space of time. If a voluntary system of perinatal audit is to succeed, it is clear that all those taking part will need to know that the local procedure will be, and will remain, confidential, that identifiable documents will not be used under subpoena for litigation, and that those involved in local case conferences shall be limited to those with clinical responsibility. Such a scheme will fail unless the professionals involved have confidence in those who collect the information.

Finally, the prospect of locally based audit into perinatal mortality raises the whole question of locally based audit procedures, how they may be organized and financed. It is not too early for College faculties to start discussions on this theme.

References

- Chalmers, I. & McIlwaine, G. (1980), *Perinatal Audit and Surveillance: Proceedings of the Eighth Study Group of the Royal College of Obstetricians and Gynaecologists*. London: RCOG.
- Committee on Child Health Services (1976). *Fit for the Future*. Court Report. 2 vols. London: HMSO.

Body and mind

DOES good mental health retard the decline of physical health in middle age?

“Of 59 men with the best mental health, assessed biennially from the age of 21 to 46, only two became chronically ill or died by the age of 53. Of 48 men in the worst mental health from the age of 21 to 46, 18 became chronically ill or died by that age.”

This quotation is from a study of 204 healthy male university students which started in 1942, when they were 21 years old. They were questioned every two years for the next four decades and examined at longer intervals. One hundred and eighty-eight of them remained in the study. It is from this number that the above statement is derived. The assessments of physical and mental health were conducted by two separate

teams; neither team knew of the other's findings. The results remained statistically significant when the effects on health of alcohol, tobacco use, obesity and the longevity of ancestors were excluded. All the variables used to define poor adult adjustment from the age of 19 to 46 were found at least twice as frequently in men who were chronically ill or dead by the age of 53.

This study was reported by Dr George Vaillant (Vaillant, 1979). It is an important paper for anyone interested in the relationship between mind and body, both in the findings and in the discussions surrounding them. As the product of nearly 40 years of sustained observation, it describes a remarkable achievement and offers a challenge to general practitioners.

A particularly interesting finding relates to the strength of childhood environment, based on data gathered when the men were at college. By 53 years of age, 11 of the 13 men with the highest ratings for the strength

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