lead to unnecessary complaint and possibly litigation in cases where the last menstrual period estimated date of delivery is earlier than the scan estimated date of delivery. For example, if the last menstrual period estimated date of delivery is one month earlier than the scan estimated date of delivery, the occurrence of an intrauterine death at around the time of the scan estimated date of delivery, either in the final days of pregnancy or in labour, could be construed as negligence if the patient has been led to believe that she is a month past her 'true' date. Our conclusion is in line with that of Campbell and colleagues based on their much larger hospital series.[6] It is recommended that general practitioners and midwives fall into line with obstetricians and ignore the last menstrual period estimated date of delivery once the scan estimated date of delivery has been ascertained.

Appendix 1. Comparison of accuracy rates.

As an example, consider the following 2 x 2 table, which gives a breakdown of the accuracy (to within seven days or less) of the estimated date of delivery according to the two methods:

	% of women (n = 106)		
	LMP estimate accurate	LMP estimate inaccurate	Total
Scan estimate accurate	*39.6*	*26.4*	*66.0*
Scan estimate inaccurate	*12.3*	*21.7*	*34.0*
Total	*51.9*	*48.1*	*100.0*

n = total number of women. LMP = last menstrual period.

The difference in accuracy rates (scan minus last menstrual period) is 66.0% minus 51.9% which equals 14.1%. However, each of these rates includes the 42 patients (39.6%) for whom both methods were accurate. The rates are therefore correlated and the standard test of difference between independent proportions is inapplicable. Instead, the difference may be seen to be mathematically identical to the difference between rate A (scan accurate, last menstrual period inaccurate, 26.4%) and rate B (scan inaccurate, last menstrual period accurate, 12.3%). Rates A and B are calculated from non-overlapping subsets of patients and so may be presumed to be statistically independent. If rate A equals rate B, both estimates are equally accurate. A test of rate A equals rate B is the same as a test of rate A/(A + B) = ½ and may be based on the binomial distribution with proportion ½. Similarly, confidence intervals for rate A minus rate B (and by implication for the difference in accuracy rates, which is identical to rate A minus rate B) may be found using the binomial distribution. In the above example, rate A minus rate B (14.1%) is significantly different from zero ($P<0.05$), so the scan is significantly better than the last menstrual period method for predicting the date of delivery to within one week of the actual date. The confidence interval for rate A minus rate B is 1.5% to 24.7%.

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Corrigendum – nausea and vomiting in pregnancy

In the paper by Gadsby and colleagues (A prospective study of nausea and vomiting during pregnancy, *Br J Gen Pract* 1993; **43:** 245-248) the sentence in the summary 'Cessation of symptoms occurred at approximately the same day from the last menstrual period whether they had begun earlier or later or whether they had been severe or mild' should have read 'Cessation of symptoms occurred at approximately the same day from the last menstrual period whether they began early or later, severely or mildly'.