Prospect Road Surgery
174 Prospect Road
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Reference

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Diastasis of the pubic symphysis

Sir,
In 1991, Scriven and colleagues noted that diastasis of the pubic symphysis was a 'serious and underdiagnosed obstetric problem'.[1] Over the past four years the Royal Berkshire Hospital in Reading has seen a marked increase in the incidence of diastasis of the pubic symphysis, both antenatally and postnatally. Over the period 1989–91 15 severe, postnatal, previously undiagnosed cases were seen. In 1993 51 cases were referred antenatally with symptoms of varying severity. As a result, my colleagues and I are carrying out a retrospective study of all cases seen at the Royal Berkshire Hospital since 1989.

Women present with inability to weight bear owing to severe supra-pubic and groin pain. They complain of inability to turn in bed or to perform any movement which involves hip abduction, and there is marked tenderness on palpation over the pubic symphysis.

Following a recent article on the health page of a women's magazine, in which my name was quoted, I have received over 100 letters and telephone calls from women all over the country, who are either currently suffering from this excruciatingly painful condition or have done so in the past. All told the same story: having met with a lack of sympathy, a lack of understanding and a lack of knowledge by the medical profession. Many women spoke of long-term morbidity — months even years of pain, the inability to walk any distance, and/or monthly premenstrual recurrence of symptoms.

At present there is debate whether multiparity increases the likelihood of this condition; it has been noted that gross pelvic instability may be more likely to occur in the second pregnancy.[2] There appears to be no correlation with excessive birthweight, or overexercise. One women who contacted me was nulliparous, the symptoms occurring after miscarriage.

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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Reference

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2. Calguneri M, Bird H, Wright V. Changes in joint laxity during pregnancy. *Ann Rheum Dis* 1982; **41:** 126-128.

Health checks for GPs

Sir,
There has been much recent concern about the health of doctors. Many are under stress.[1,2] All too few have had even the simplest of health checks, such as blood pressure measurement. Indeed, of all occupational groups, doctors may be the least well served. However, the solution is partly in our own hands. Some months ago my general practitioner wrote to me. 'Dear David', he wrote, 'I have been reading about the problem of stress and ill health in doctors, and have decided to write to all doctors registered with me to invite you to come for a health check.' I went along, had my hepatitis B immunity checked, and my blood pressure measured, and we discussed matters that can remain confidential to the doctor–patient relationship, for that is precisely what it was.

Subsequently I wrote to all the doctors registered with me. I made the same offer. Several came in. One turned out to be in real need of medical help, and said 'I just swallowed more and more self prescribed tablets and put up with it. If it hadn't been for your letter I wouldn't have come'. All replied, and all were grateful.

Why not make this into the most benign form of medical chain letter? Each of us should be registered with a general practitioner. I believe that we owe it to each other to offer this service. It takes little time, and even those who choose not to attend appreciate being asked. I would encourage every general practitioner to join this initiative today.

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1. Sutherland VJ, Cooper CL. Job stress, satisfaction, and mental health among general practitioners before and after introduction of new contract. *BMJ* 1992; **304:** 1545-1548
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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

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27 Sussex Place, Regent's Park
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