

Sir,
 With reference to the article by Bateman *et al* (January *Journal*, p.20) about prescribing performance in general practice, I was already aware of some of these so-called performance indicators since I practice in the area that this research has been done in. I must say that I find it difficult to believe that the authors really think that using Amitriptyline, for example, as a large proportion of antidepressant prescribing it an indicator of good prescribing since it tends to have one of the worst side-effect profiles of antidepressants. I would also like to hear them defend their exclusion of the SSRI's in their Good Prescribing Table, since, as we all know, the choice of antidepressant for a particular patient is mainly dependant on the side-effects profile of that antidepressant, and in a lot of cases, a Tricyclic antidepressant is not the best first-line treatment.

I look forward to hearing any other views and replies to this very important issue since, once again, general practitioners appear to be trying to be measured by a standard which is dubious to say the least.

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Women's views of their first antenatal visit

Sir,
 The shape of the maternity services is undergoing a national review and the funding arrangements for maternity services are also about to alter, which will give GPs a greater role in determining patterns of care. Detailed information that

focuses on aspects such as where care is provided and who provides it is needed to guide these changes. This letter gives information on the type of professional that women preferred to see at their first antenatal visit and compares this with the actual professional encountered. The information is part of a larger study conducted in the Yorkshire Region.

From each of six selected maternity districts that offered a variety of patterns of care, 120 eligible women were randomly selected (total 720) and sent a postal questionnaire when they were between 4 and 8 weeks post partum. The overall response rate was 520 (72%). Most women reported that at their first antenatal visit they had seen the 'midwife only' (28%) or the 'GP only' (28%). Twenty-four per cent of women had seen the GP and midwife together, but a much greater number (38%) would have liked this combination. Further analysis found that most women (59%) did see their preferred carer(s). This is a similar finding to other papers^{3,4} which have reported that women tend to like what they have experienced. However, we have also found that this is not always the case and that many women saw carers who would not have been their preference. Table 1 shows the breakdown of who the women actually saw by who they would have liked to have seen for the 503 women for whom full data were available. The diagonal bold type shows the number of women who did see the carer or combination of carers that they preferred. The GP and midwife (75%), or the midwife and hospital doctor (72%) combinations were preferred to either 'midwife only' (46%) or 'GP only' (55%).

These differences were statistically significant ($\chi^2 = 27.7$, $P < 0.0001$), showing that women's tendency to prefer the type of care they had received was greater for some types of care than others. Inspection of the data showed that these patterns were similar in each district.

Table 1. Who women preferred to see and who these women actually saw.

Women who actually saw these carers	Women who prefer to see these carers					Total
	MW	GP+ MW	GP	MW+ HD	Others	
MW ONLY	64	51	4	16	4	139
MW+GP	10	88	13	3	4	118
GP ONLY	13	41	78	4	6	142
MW+HD	7	10	1	54	3	75
Others	3	3	3	4	16	29
Total	97	193	99	81	33	503

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The African experience

Sir,
 I suppose the idea took root about 18 months ago when the rigours of general practice were getting me down. Sabbaticals were written into the Contract, the FHSA were agreeable, my partners said OK through gritted teeth and with green eyes, and i had a ready-made locum since an ex-trainee was available. All I had to do was decide what to do with it. I briefly toyed with a Fine Arts course at Christie's in London, but suddenly a job was advertised in the *BMJ* for a 6-month post in a rural hospital in Zululand. I wrote off my application and was delighted to be accepted — I think they were fooled by my previous experience as a ship's surgeon!

A mountain of paperwork later, I left the UK for Ubombo, in the north Natal. I spent the first week in Johannesburg with some friends, and visited Soweto, which was quite an eye opener. Joburg felt a very dangerous place and I was glad to get to Ubombo, but somewhat dismayed to find that the first patient was a lady whose large bowel was protruding through a knife wound inflicted by a jealous rival in love! Amazingly, the bowel was not perforated and she survived little the worse for wear.