with the confidence to do so.

Neil Lazaro
Department of GU Medicine, Royal Preston Hospital, Preston, PR2 9HT. E-mail: nlazaro@doctors.org.uk

Ruth Lowbury
Medical Foundation for AIDS & Sexual Health (MedFASH), London

Ewen Stewart
Rose Garden Medical Centre, Leith, Edinburgh

Chris Ford
Lonsdale Medical Centre, London

Gill Tonge
Peterloo Medical Centre, Middleton, Manchester

Kate Pearson
Department of GUM, St John's Hospital, Chelmsford, Essex

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History of GP obstetrics

I was delighted to read David Jewell's March focus column in the *BJGP*,[1] which has stimulated this communication.

I was a GP obstetrician from January 1947 to 1981. There has been increasing pressure from mothers, midwives, and health visitors to return to the days of high percentage home delivery where suitable. We are all aware of its advantages but they are much unsung.

In the period prior to the NHS in 1948, midwives were based in clinics run by the MOH (Medical Officer of Health) in conjunction with the MOH's assistants; they gave antenatal care and delivered babies at home. Should an emergency arise, the midwife would send for a doctor; one may or may not be readily available at that time, in which case time would be wasted by having to 'ring round' for help.

It was a time, early in my career, that 'fate' intervened and I answered such a call. On arriving I found the Superintendent of District Midwives (Miss D) and a trainee midwife had delivered the baby, but this was followed by severe post-partum haemorrhage. There was much loss of blood and an unconscious mother. I raised the foot of the bed by 18 inches, washed my hands quickly, and extracted the placenta with one hand, collected the lax uterus between both, gave ergometrine IV, and rigged a glucose saline drip followed by pre-constituted plasma (all of which I carried in my care).

While the drip ran I made a quick visit to the path lab where my helpful friends provided three bottles of suitably matched blood. Returning to the scene I ran this in and awaited events.

It did not take long for the mother to awake, take baby to the breast, and recover before secondary shock could supervene. Further nursing help arrived so, having 'squared off' the bedroom and recovered ourselves, Miss D and I sought relaxation in a local coffee house.

We both agreed that this sort of situation must not happen again. We met two or three times afterwards with ideas to present to the MOH and GPs. This 'incident' was the initiating factor to change. It did not take long for my GP colleagues to realise the need for an organised pattern of care throughout pregnancy, delivery, and post-pastum period.

The local medical committee formed an obstetric sub committee composed of a consultant obstetrician, a pathologist, three GPs, a paediatrician, and the MOH. Their recommendations emerged as follows:

- All mothers-to-be should 'book' their GPs and midwives in early pregnancy;
- They would examine the mother on alternate occasions throughout the pregnancy, monthly until the 28th week, fortnightly until the 36th, then weekly until delivery;
- Mothers would carry a maternity record card which would be filled in at each visit; and
- When labour commenced, the midwife would be informed and attend, the GP contacted so that he would attend.

In the 20 years or so when the local statistics were available, an average of 50% GP/midwife deliveries occurred at home, 25% by GPs in the local authority maternity home, and 25% by specialists in hospital. Perinatal mortality as reported by the MOH for the period showed that Ipswich statistics were equal to the lowest in the world.

I venture the thought that good organisation saves more lives than brilliance. It can be done; it should be done. We GPs owe it the families in our care.

Roy Webb
Green Gables, Kersey, Suffolk IP7 6EB.

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Home deliveries

I am aged 83 and was a GP for 34 years from 1954. I was on the GP obstetric list