Author's reply

Sir,
I am sorry for the few inaccuracies which have appeared in the figures represented in the paper which relate more to chronology than to actual results. Part of the difficulty relates to the fact that French statistics are not collected routinely and are not publicly available except via reports from institutions such as Inserm. As a result and in spite of several visits and phone calls to France (including to Dr Kaminski and Dr Bréart), I experienced considerable difficulty in gathering the data. I have compared the only available comparative figures between the two countries and no other data is available outside these comparisons. However, I must admit that inexperience with publication at the time as well as my eagerness to get the paper published must take some responsibility for these mistakes. Like Dr Kaminski et al., I am interested in international comparisons, being French and practising in the UK and the work was done in good faith with accurate data to the best of my knowledge.

In reply to their letter I would like to point out the following:

References
The reference Kaminski et al. (1988) should replace the reference Kaminski et al. (1986). This paper was designed to update their pioneering work as a result of the publication of the 1988 report in 1991 (sent to me by Dr Bréart). Dr Bréart's book had not been published at the time and this reference was therefore not relevant.

The reference Inserm (1984 & 1991) should be reported as Inserm (1991) as it concerns the 1988 report. The 1972, 1975–1976 and 1981 reports are correctly reported under Rumeau-Rouquette et al. (1984).

Methods
There are only four surveys available on obstetric care for France (1972, 1975–1976, 1981 and 1988) all published by Inserm using national samples. The 1988–1989 data concerns 11 out of 22 regions and is the only available data for France.

Results
The correct reference (Kaminski et al. 1988) should be inserted as above. Dr Bréart reports a decreasing trend in the incidence of preterm births in France (4.8% in 1988–1989, instead of 6.8% in 1981). However, this is not confirmed by the figure of 5.7% for 1981 in the national sample. Furthermore, there is an increase in the incidence of low birthweight from 4.9% (national sample) in 1981 to 5.7% in 1988–1989 as correctly shown in Fig. 2. One may therefore wonder about the statistical significance of this apparent decreasing trend in the incidence of preterm births in France. In Fig. 3 the term maternity unit was used to mean specialist care as opposed to shared care.

Discussion
The fact that seven visits instead of four are necessary to be eligible for antenatal allowances was unknown to me at the time, and seems to have changed in 1988 as my last child was born in France in 1987 when four visits still applied. Private health insurance could influence the length of postnatal stay in France as although around 75% of it is funded by national insurance with a maximum length of 12 days, the remainder is funded by private insurance schemes subscribed to by most patients. Furthermore private hospital hotel facilities are widely used for postnatal stay (and delivery) with a supplement charge to patients.

In conclusion, I would agree with Kaminski et al. that accuracy is necessary when international comparisons are made. However, as I have shown above the corrections do not alter the analysis made by this paper showing that there are significant differences in obstetric practice between these two countries without a major difference in perinatal outcome and that multicentre prospective randomised controlled trials are necessary for effective care to be achieved. I am sure that Kaminski et al. would agree that this will only be possible when countries like France collect and publish national statistics on a yearly basis (like in the UK).

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AUTHOR’S ADDENDUM

Br J Obstet Gynaecol 100 (7) Author’s reply to correspondence, p. 705.

Endometrial decidual changes in a postmenopausal woman treated with tamoxifen and megestrol acetate

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