communication). This allowance is paid to five categories of patients, including people who have difficulty in walking.⁸ A person is eligible for this allowance on the basis of a self assessment questionnaire.⁹

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Births at Christmas are different: population based survey of 2 million deliveries

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The aim of the present study was to evaluate whether births occurring at Christmas are different from births taking place on other days of the year. We specifically wanted to test whether the pressure on the pregnant woman to have everything ready for the most important family feast of the year might increase her risk of premature labour. In Denmark, that feast takes place on the eve of 24 December..

Material and methods

For a previous study we obtained, from the Danish civil registration system, details of all births to women born between 1935 and 1978, including information on date of births, sex of children, and multiple births.¹ For the present study we added information from the

Danish national birth registry on gestational age and whether delivery was by caesarean section. Preterm births were defined as those with a gestational age of less than 37 weeks. All 2 005 096 births in the period 1 January 1960 to 30 September 1994 were considered in the statistical analysis.

Results

The risk of giving birth on 24 December (Christmas Eve) in comparison to an average day of the year was reduced by 26% (observed = 4068, expected = 2 005 096 births/365.25days; O/E = 0.74, 95% confidence interval 0.72 to 0.76). Rates for the 3 days before Christmas Eve and the following 3 days were similar (0.84 and 0.76, respectively). This seemed to be due to

Characteristics of births in the week around Christmas Eve and on Christmas Eve compared with births on other days of the year

	Total No of births	Births in week around Christmas			Births at Christmas		
		No	Relative risk (95% CI)	P value	No	Relative risk (95% CI)	P value
Mother's age (years):							
12-19	14 817	2 604	1	<0.001*	379	1	<0.001*
20-24	69 098	10 878	0.89 (0.85 to 0.93)		1514	0.85 (0.76 to 0.95)	
25-29	742 103	10 766	0.83 (0.79 to 0.86)		1389	0.73 (0.66 to 0.82)	
30-34	324 185	4 799	0.84 (0.80 to 0.89)		618	0.75 (0.66 to 0.85)	
>34	90 893	1 387	0.87 (0.81 to 0.93)		168	0.73 (0.60 to 0.87)	
Parity:							
1	944 701	15 389	1	<0.001	2093	1	<0.001
2	733 170	10 236	0.86 (0.83 to 0.88)		1356	0.83 (0.78 to 0.89)	
≥3	327 225	4 809	0.90 (0.87 to 0.93)		619	0.85 (0.78 to 0.93)	
Preterm delivery:							
No	757 952	11 523	1	<0.001	1454	1	<0.001
Yes	40 299	753	1.23 (1.14 to 1.33)		111	1.44 (1.18 to 1.74)	
Caesarean section:							
No	749 867	11 624	1	<0.001	1504	1	<0.001
Yes	101 914	1 372	0.87 (0.82 to 0.92)		145	0.71 (0.60 to 0.84)	
Sex of child:							
Boy	1 024 774	15 522	1	0.70	2075	1	0.94
Girl	976 646	14 828	1.00 (0.98 to 1.03)		1978	1.00 (0.94 to 1.07)	

*P for trend.

a significantly lower number of term deliveries as the number of preterm deliveries was as expected ($O/E = 1.01$; 0.84 to 1.21). As shown in the table, this led to an overall 44% increased risk of a preterm compared to term delivery on Christmas Eve when comparing with other days of the year.

The frequency of caesarean sections during the three days before Christmas Eve was as expected ($OR = 0.99$, 0.91 to 1.09), but it was significantly lower than expected on Christmas Eve ($OR = 0.72$, 0.60 to 0.87) and on the 3 following days ($OR = 0.76$, 0.68 to 0.84).

Women under 20 years of age had close to the expected proportion of births at Christmas (0.25%), but this proportion fell to 0.22% in those aged 20-24 and was between 0.18% and 0.19% in older age groups (P for trend < 0.001). The number of liveborn children was inversely associated with risk of a Christmas birth; this was explained primarily by a drop in risk between women without a previous birth and women with a history of one or more previous births (table). This association remained significant after age was adjusted for (P for trend < 0.001). Births at Christmas and at other times did not differ with respect to the sex of the child and the proportion of multiple births.

Discussion

The increase in the proportion of preterm births around Christmas was entirely explained by a lower

rate of other births during this period. Therefore, women in late pregnancy can safely take part in the often stressful preparations for Christmas.

Compared with what was expected, older women were significantly less likely than younger women to give birth around Christmas. This resulted in a particularly high proportion of firstborn children around Christmas but, as we note, without any sex difference.

It is not obvious to us that changes in the medical procedures around this holiday should explain the peculiar age distribution among delivering women. Both caesarean sections and induction are more often used in young rather than older women, and if anything the rate of caesarean sections decreased during Christmas. We lacked information on induction of labour, but it seems reasonable to assume that the pattern is similar. Could it be that older women who are already mothers more often than very young women plan their births to take place at other times of the year? We are eager to hear from readers with personal or professional experience regarding this matter.

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Do you know your chocolates? Recognition survey among medical staff of various grades

Fiona Cooke, Rhian Morse

Gifts of chocolates are common on hospital wards. Preregistration house officers have a massive exposure to a wide range and quantity of chocolates—one of the many early and challenging experiences for the new doctor. Chocolate contains caffeine, a methyl xanthine whose primary biological effect is antagonism of the adenosine receptor, producing a stimulant effect. It is not surprising that chocolates are keenly sought after, particularly by the tired and weary. We set out to test the ability of doctors and nurses to recognise popular chocolates and determine the association with years post qualification.

Methods, subjects, and results

A random selection of 76 doctors and nurses at the Royal United Hospital, Bath, and the University Hospital of Wales, Cardiff, took part. The volunteers consisted of 16 new (day 1) preregistration house officers, 11 post-registration house officers (just completed preregistration year), 5 senior house officers, 15 registrars (junior and senior), 12 consultants, and 17 qualified nurses. Each volunteer was shown a grid containing 12 popular chocolates and asked to identify

Do you know your chocolates? Answers are at the end of the article

both the flavour and the make of each chocolate (maximum score 24) (figure). Prodding, smelling, and tasting were not allowed. The table shows mean recognition scores for make and flavour for each grade of volunteer. All grades except for consultants were better at recognising the make of chocolates than the flavour. Consultants performed equally badly at both tasks. One way analysis of variance showed significant

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