Rates of caesarean section, instrumental vaginal delivery, and breech presentation at Royal Infirmary, Glasgow, 1962-92

This has occurred alongside changes in obstetric practice, including changing rates of induction of labour and epidural analgesia and the introduction of antenatal and intrapartum care led by midwives.

The largest group undergoing caesarean section comprises parous patients having an elective procedure. Most are having repeat caesarean sections. If allowed to go into labour almost 70% would achieve a vaginal delivery; the remaining 30% might suffer a potentially traumatic caesarean section. This risk of an emergency caesarean section after a trial of labour may be unacceptable when compared with an elective procedure. Patient choice has become increasingly important. The morbidity after a caesarean section is often mentioned, but how does this compare with the morbidity after a traumatic vaginal delivery, whether spontaneous or instrumental?

In 1962 in our hospital the most common indication for caesarean section was failure to progress in the first stage, closely followed by fetal distress. This remains the case 30 years later. Caesarean section for a breech presentation accounts for as little as 2 percentage points in the rate of caesarean section.

We have surely heard enough opinion on the causes and problems of caesarean delivery and must not be confused by claims over "physiology." The Republic of Ireland advocates "active management" whereas the Netherlands advocates community obstetrics led by midwives, with low intervention rate. These arguments are contradictory, although both centres achieve a low rate of caesarean section. What we now require is information concerning the reasons for caesarean section.

The problem should be addressed by the Royal College of Obstetricians and Gynaecologists at a national level. A Scottish study is under way to investigate the reasons for caesarean section. This should give information about different rates and may suggest ways of reducing these if this is thought to be desirable. We may conclude that a relatively high rate of caesarean section may be beneficial to the mother and her baby, and preferred.

CRAIG R LEITCH
JAMES J WALKER

Department of Obstetrics and Gynaecology,
University of Glasgow,
Royal Infirmary,
Glasgow G3 7ER

1 Treffers PE, Pel M. The rising trend for caesarean section. *BMJ* 1993;307:1017-8. (23 October.)

Patients unaware of anaesthetic risks

EDITOR,—Pieter E Treffers and Maria Pel discuss the worrying trend of an increasing rate of caesarean section in childbirth.¹ The caesarean section rate in Britain has risen recently to over

13%² and in other countries such as the United States can be as high as 24.7%.³ Many reasons are given for this increase, one of the main ones being the fear of litigation, although the fact that caesarean sections are now safer is also given as justification.² Treffers and Pel did not mention anaesthesia in their editorial.

In a recent audit we learnt how little patients knew about caesarean section and its possible risks.⁴ In particular, most patients had no awareness of the anaesthetic procedures entailed or their potential hazards. Women still die as a direct result of anaesthesia for surgical delivery of their child, and as the rate of operative delivery increases this mortality will probably also increase. Thus we have now introduced an informative leaflet to be provided to mothers in our antenatal clinic so that they are at least aware of the possible risks (and benefits) of any anaesthetic procedure they may require. If patients are aware of the dangers they may not be so quick to choose caesarean section over vaginal delivery and some of the pressure on the obstetricians will be reduced.

M MEAD
J WHITE

Department of Anaesthesia,
Northampton General Hospital,
Northampton NN1 5BD

1 Treffers PE, Pel M. The rising trend for caesarean birth. *BMJ* 1993;307:1017-8. (23 October.)

2 Francombe C, Savage W, Churchill H, Lewison H. *Caesarean birth in Britain*. London: Middlesex University Press, 1993.

3 National Institutes of Health. *Caesarean childbirth*. Washington, DC: US Department of Health and Human Services, Public Health Service, US Government Printing Office, 1987. (Publication No 82-2067.)

4 Mead M, Macleod A, White J. Patient choice and satisfaction in anaesthesia for caesarean section. *Auditorium* 1993;2(2):52-4.

Diabetes registers in general practice

College reports higher prevalence

EDITOR,—The recent article by Alistair Howitt and Nide Cheales on the prevalence of diabetes¹ prompts me to report some recent findings in the Weekly Returns Service of the Royal College of General Practitioners² and to make some comments.

To test interest in a prospective study among diabetic people we sought interest from our network of sentinel general practices. Forty eight practices provided information about 5678 diabetic subjects in a population of 353 977 patients who were known to the practices on 30 June 1993. The age and sex distribution of this population (49% male, 7% aged 0-4, and 15% aged ≥ 65) was similar to that of the national population. The table shows the prevalence of diabetes in this population by age and sex; the overall prevalence was 1.6% (1.8% in males and 1.5% in females), and prevalence was greater among males than females in all age groups. Of the diabetic subjects, 3533 (62%) were aged 60 or more, similar to the proportion reported by Howitt and Cheales. The prevalence of diabetes in individual practices varied from 2.8% (178/6380) to 1.2% (150/12 849). The three practices which reported the highest prevalences served older populations (about 19% were aged ≥ 65) than the three practices which reported the

lowest prevalences (about 11% of the populations served were aged ≥ 65).

The mean prevalence of diabetes reported here is about one third greater than that reported by Howitt and Cheales. None of the practices in our study reported a prevalence of less than 1% compared with eight of the 41 practices in the study of Howitt and Cheales. Our data emphasise the importance of continuous morbidity registration (as adopted in the routine recording procedures for the Weekly Returns Service) to obtain data of sufficient quality for epidemiological purposes.

D M FLEMING

Birmingham Research Unit,
Royal College of General Practitioners,
Birmingham B17 9DB

1 Howitt AJ, Cheales NA. Diabetes registers: a grassroots approach. *BMJ* 1993;307:1046-8. (23 October.)

2 Fleming DM, Norbury CA, Crombie DL. *Annual and seasonal variation in the incidence of common diseases*. London: Royal College of General Practitioners, 1991. (Occasional paper 53.)

Hungarian registers new and improved

EDITOR,—Alistair J Howitt and Nick A Cheales report on the usefulness of diabetes registers in general practices in Tunbridge Wells.¹ A similar study was performed some years ago in Budapest, but the results and conclusion were different in some respects.

Data from 23 general practices were collected to evaluate the main clinical characteristics of diabetic patients living in a well defined part of Budapest. The district had a population of about 60 000. A total of 1049 patients with diabetes were identified in registers, giving a mean prevalence in each practice of 1.75%. Of the 1049 patients, 635 (60.5%) were women; this differs from the proportion in the Tunbridge Wells study (47.6%). The mean age of the patients in Hungary was 62.9 years; they had had diabetes for a mean of 6.6 years. The corresponding figures in the Tunbridge Wells study were 61.6 and 9.6 years, respectively.

A smaller proportion of patients was treated with insulin (162/1049; 15.4%) or diet alone (76/1049; 7.2%) in Budapest than in Tunbridge Wells (32.0% and 16.5% respectively). The proportion of patients given oral antidiabetic drugs was 787/1049 (75.1%) in Budapest and 51.5% in Tunbridge Wells. Oral antidiabetic drugs combined with insulin treatment were used in 24 (2.3%) Hungarian patients, but this information was not provided in the Tunbridge Wells study. Regarding late diabetic complications in the Budapest study, signs of retinopathy were documented in 148 patients (14.1%) and of neuropathy in 106 patients (10.1%). Proteinuria or a raised serum creatinine concentration ($> 120 \mu\text{mol/l}$) was observed in 34 patients (3.2%). Myocardial infarction or angina pectoris, or both, were recorded in the medical history in 229 cases (21.8%), stroke in 71 (6.8%), and hypertension in 270 (25.7%).

Because of difficulties in collecting the data it was concluded that the general practice registers were inaccurate in some respects and that improvements should be initiated. A new register system for primary health care was introduced in Hungary in 1992, but its usefulness has not been established yet. Basic care of diabetic patients is provided by family doctors, but hospital outpatient clinics and

Percentage (numbers) of diabetic subjects in a population of 353 977 by age and sex

	Age (years)					Total
	0-14	15-44	45-64	65-74	≥ 75	
Males	0.1 (38/35 061)	0.6 (503/78 350)	2.9 (1140/39 330)	6.2 (815/13 215)	7.3 (576/79 19)	1.8 (3072/173 875)
Females	0.1 (34/33 304)	0.4 (345/77 526)	2.0 (790/38 619)	4.6 (715/15 520)	4.8 (722/15 133)	1.4 (2606/180 102)