Fig 2 Survival plot of the duration of the second stage of labour for women in the training group (n=105) and the control group (n=109). Discrepancies in numbers are due to some missing data in each group (six in the training group and four in the control group). Operative deliveries for fetal distress (n=9) and slow progress (n=3) during the first hour, and all deliveries lasting longer than 60 minutes (n=59) were censored. Log rank test, P=0.06 for comparison of the two survival plots in the Kaplan-Meier analysis

research, since the start of active pushing is easily identified from partograms, and it is related to a second stage rule.⁷ The risk for bias should be small since the reviewer of the partograms was blinded to group status.

Chance finding

The difference in breech presentations should be interpreted as a possible chance finding. The women trained in different positions, but there is insufficient evidence from well controlled trials to support the use of postural management of breech presentations.⁸

Role of body mass index or exercise

We found no differences in body mass index or self reported regular physical exercise after the training period (data not shown). This argues for an effect of increased strength and better control of pelvic floor muscles rather than a general effect of physical training during pregnancy. New trials from other populations are needed.

Contributors: KÅS and SM were involved in designing and conducting the study, analysing the data, and writing the report. Kari Bø contributed to the design of the study. The physiothera-

What is already known about this topic

Exercising the pelvic floor muscles prevents urinary incontinence in about one in six women during pregnancy and in one in eight women after pregnancy

It increases the strength of the pelvic floor muscles

What this study adds

Intensive training of the pelvic floor muscles during pregnancy seems to facilitate rather than to obstruct labour.

It could prevent a prolonged second stage in one in eight women

pists Hildegunn Børsting, Trude Hoff Leirvik, Bente Olsen, Monica U Tøndel, and Bjørg Vada led the group training sessions. Pål Romundstad gave statistical advice. KÅS is the guarantor.

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For the pleasure of their company

It was a normal surgery, nothing exciting, the usual complaints. Patients came and went. On looking back, however, I find that three patients stand out.

One patient gave me a hug, another told me that I was the best doctor in the world, and the third played a song for me with great care and feeling. Such encounters are not common; in fact, they are unique. The hug was given before I had time to anticipate it; the compliment was well meant without any hidden agenda; and the song—well, that was quite a treat on a grey winter morning.

It so happened that all three men had Down's syndrome, and any concern about having a too familiar relationship with their doctor wouldn't cross their minds. What they also had in common was their total dedication to and enjoyment of the moment, of an encounter with me. I know they will bring the same quality of human awareness and directness to the next person they meet, and the next doctor will be the best ever. These three men, with ages from 22 to 60, are all healthy, have a good

lifestyle, don't have many worries, and take pleasure in family and social life. In short, they are a delight to meet.

On reflection, I feel troubled. These are exactly the people whom we medics try with all our skills to prevent being born. What is so awful, so dreadful about their destiny that it is not worth living?

The likelihood that one of them will commit a crime or become a drug addict is quite slim. All three are in need of guidance, which will cost society money, but is such money less well spent than on the military or the new parliament building in Scotland? And I even refuse to believe they give their family so much heartache, after the initial shock at birth.

I am in the unusual situation of seeing patients with Down's syndrome quite regularly in my surgery, as more than 3% of our practice population have this condition. And I can tell you, I don't mind a bit.

Marga Hogenboom *general practitioner, Camphill Medical Practice, Aberdeen*