

in Bradford, Yorkshire and so had responsibility for home deliveries of my patients. I was appalled to see on the television yesterday that a report published in the *BJOG*<sup>1</sup> stated that babies born at home who needed to be rushed to hospital as emergencies were eight times as likely to die on transfer as average. The reason is that there are no obstetric flying squads available now.

When an urgent call came from a district midwife or GP to a maternity hospital for the flying squad, an obstetrician and a hospital midwife (and in later years a paediatrician) rushed to the mother's home by ambulance with bottles of blood and equipment. The baby and mother were treated and if necessary the mother was transfused before moving them to hospital.

Paramedics cannot resuscitate babies as adequately as paediatricians could in the mother's home and do not have the specialised equipment in which to transfer them to hospital.

It is important to consider the history of British maternity services. Before the 1930s it was accepted that women and babies could die in labour at home but in the late 1930s the National Blood Transfusion Service was established. About the same time Mr Harvey Evers, a consultant obstetrician in Newcastle, pioneered the obstetrics flying squads.

In 1958, Mr GW Theobald, a consultant obstetrician in Bradford, pioneered the early discharge of suitable mothers 24–28 hours after delivery. This made it possible for all mothers in Bradford to have hospital deliveries. As a GP there I thought it was a brilliant idea and it worked well. The perinatal mortality rate in Bradford fell from 45.8 per 1000 in 1956 to 31.8 per 1000 in 1962.

Every home delivery is potentially dangerous with a risk of the mother dying or of her baby getting brain damage or dying.

But the Chief Medical Officer, Sir Liam Donaldson, in his personal letter to me seems to think that they are safe. No surgical operation traumatically equal to childbirth would be done at home in

2008. It would be classed as malpractice. Nobody listens to old, retired GPs.

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#### REFERENCES

1. Mori R, Dougherty M, Whittle M. An estimation of intrapartum-related perinatal mortality rates for booked home births in England and Wales between 1994 and 2003. *BJOG* 2008; 115(5): 554–559.

DOI: 10.3399/bjgp08X302781

## Collaboration

The Focus column by David Jewell<sup>1</sup> and the editorial by Rosamunde Bryar<sup>2</sup> touch on the topic of shared responsibilities for care and the importance of responsiveness and good communication. This should be strengthened and facilitated by practice-based education and interprofessional adult learning, starting from the organisational and/or employer end of primary care.

It is important to get reciprocal collaboration, and focus on the initial preparation of doctors and nurses.

In Italy, for the last few years we have had a compulsory bachelor's degree for specialist nurses, opening up real opportunities for more joint learning and programmes at undergraduate level.

Sadly, the new bachelors don't seem to be getting better at communication and team-working and conflicts are arising in teams and departments. They regard themselves to be less considered than previous 'normal nurses' and at the same time they claim more autonomy, and do not follow, as before, doctors' therapeutic and decisional directives. This can have disastrous consequences on collaboration and healthcare development for patients.

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#### REFERENCES

1. Jewell D. April Focus. *Br J Gen Pract* 2008, 58(549): 226.

2. Bryar R. Collaboration in primary care: the need to see the bigger picture. *Br J Gen Pract* 2008, 58(549): 231–234.

DOI: 10.3399/bjgp08X302790

## Corrections

In the April issue of the *BJGP* one of the determinants in Table 4 was incorrectly published in the following article:

Uijen JHJM, van Duijn HJ, Kuyvenhoven MM, *et al.* Characteristics of children consulting for cough, sore throat, or earache. *Br J Gen Pract* 2008; 58(549): 248–254.

The determinant 'reporting own health as moderate to poor' should be 'reporting own health as poor to good'.

The corrected version is available online.

DOI: 10.3399/bjgp08X302808

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In the May issue, author details for the following article were shown incorrectly:

Gorter K, van Bruggen R, Stolk R, *et al.* Overall quality of diabetes care in a defined geographic region: different sides of the same story. *Br J Gen Pract* 2008; 58(550): 339–345.

The correct order of authorship is: Rykel van Bruggen, Kees Gorter, Ronald Stolk, Peter Zuithoff, Rob Verhoeven and Guy Rutten. Therefore, the article should be cited as:

Van Bruggen R, Gorter K, Stolk R, *et al.* Overall quality of diabetes care in a defined geographic region: different sides of the same story. *Br J Gen Pract* 2008; 58(550): 339–345.

Authors' details (qualifications and job titles) should have been shown as follows:

**R van Bruggen**, GP; **K Gorter**, PhD, GP; **P Zuithoff**, MSc, statistician; **G Rutten**, professor, PhD, GP, Department of General Practice, Julius Centre for Health Sciences and Primary Care, University Medical Centre Utrecht, Utrecht; **R Stolk**, professor, PhD, epidemiologist, Department of Epidemiology, University Medical Centre Groningen, Groningen; **R Verhoeven**, PhD, internist, Department of Internal Medicine, Gelre Hospital, Apeldoorn, the Netherlands.

The corrected version is available online.

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