

Key messages

- Women whose previous pregnancy ended in stillbirth had significantly higher levels of depression and state anxiety during their subsequent pregnancy than matched controls
- Those who had conceived over 12 months after stillbirth were, however, similar to controls at all points and had lower trait anxiety a year after the next birth
- Women who had conceived within 12 months after loss had a significantly higher risk of high state anxiety during the next pregnancy and of depression and both state and trait anxiety 12 months post partum than women with longer time since loss
- Women may need a year to mourn the lost child before beginning another pregnancy or women who chose to conceive sooner may be intrinsically more vulnerable to depression and anxiety
- Parents have various and individual reasons for timing the next pregnancy, but there may be advantage in waiting 12 months before conception

their baby was a year old. Personality could be the common determinant both of conceiving sooner and of higher psychopathology, but the need for adequate time to grieve is a common sense explanation and likely contributor.

Parents naturally want to know what there is to know about relative risks and may want to have the information and decide for themselves. It should also be noted that most women who went ahead quickly with another pregnancy did not experience high levels of anxiety and depression, and for some parents other considerations may outweigh the possible higher risk of psychological symptoms.

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Corrections and clarifications

Prescribing antibiotics for sore throats

In this letter by Morten Lindbaek (24 April, pp 1138-9) the author's name was misspelt as Morten Lindbaek.

Dutch system of peer review is different and effective

At the end of the first paragraph of this letter by Peter Bourdillon (24 April, p 1143) the reference given (S van der Baan, conference of the Dutch Ear-Nose-Throat Society, March 1998) should have been: van der Baan S. Peer review: experiences of the Dutch Ear-Nose-Throat Society. In: *CME—making sure it works*. London: Department of Health, Academy of Medical Royal Colleges, 1998:62-4. (www.open.gov.uk/doh/meconf.htm).

Sexual health of teenagers in England and Wales: analysis of national data

Two errors occurred in this article by Angus Nicoll and colleagues (15 May, pp 1321-2). The first sentence of the second paragraph of the subjects, methods, and results section should have started as: "In 1995 [not 1996] there were..." In the table (p 1321) the data on conceptions leading to terminations of pregnancy or maternities were for women under 20 years old, not for those aged 16-19 (for terminations) or < 16-19 (for maternities). Rates for women aged under 20 were based on the population of women aged 15-19. Routine data on conceptions in England and Wales are published in the Office for National Statistics' *Birth Statistics, series FMI* and available from the Stationery Office, London.

Obituaries

In the obituary of Henry Gordon Smylie (17 April, p 1080) the edited text referred to Dr Smylie as Henry; he was always known as Gordon. In the obituary of William Ian Leslie Fraser (1 May, p 1217) the edited text referred to Dr Fraser as William; he was always known as Ian.