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*Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters must be signed personally by all their authors.*

## Help for parents after stillbirth

SIR,—Fourteen distinguished hospital doctors write to say they are concerned that the bereaved parents of stillborn babies do not receive the help they deserve (21 January, p 172). Undoubtedly this is true if only because we all fall short of providing the service we intend in this as in many other aspects of our work.

The content of the proposed leaflet is basically well considered and humane and will gain general agreement. What is uncertain is whether or not a leaflet is appropriate to the situation. Few psychological and emotional problems are amenable to written advice and there is always the danger that those of us who find it hardest to accept our duty to discuss and console will use the leaflet instead of facing our responsibility to try to do so. Surely we all believe that this sort of situation is always best tackled by human, personal contact and support. In the past it has been an accepted duty of nursing, midwifery, medical, and health visiting staff to ensure that those who grieve know that they can turn to any of us, at their choice, for advice and sympathy. In the case of stillbirth the general practitioner and the health visitor have special responsibilities because they are and will remain in contact with the whole family.

Where the leaflet talks of "Should you see and hold your baby?" it must be remembered that stillbirths are commonly associated with fetal abnormality and many would hesitate to recommend that the mother should see and hold a grossly abnormal baby unless she specifically asks to do so. Usually the father is the person best qualified to discuss this with his wife.

Mrs Castle arranged that the hospital service should accept financial responsibility for burial and it is undoubtedly correct to point this out to the bereaved parents. It is also true that some parents will best assuage their grief by accepting the baby into the family, attending the funeral, and marking the grave. In a leaflet it does seem illogical to recommend two such differing choices in the same paragraph.

Could we not abandon the idea of giving a leaflet to bereaved parents but devote the effort and resources to educating our medical and nursing staff so as to help them recognise and meet the emotional needs of stillbirth and many other medical tragedies?

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SIR,—I suggest that Professor R W Beard and his colleagues (21 January, p 172) would do better to prepare a leaflet for obstetricians, midwives, general practitioners, and health visitors encouraging them to talk to and give information to parents after a stillbirth.

We have recently interviewed 196 women 3-5 months after they had had a stillbirth. Four-fifths of them would have liked more or earlier information. Our findings confirmed those of Bourne,<sup>1</sup> who reported "a strong reluctance of doctors to know, notice or remember anything about the patient who has had a stillbirth." There is a danger that a leaflet for parents who have had a stillbirth will make doctors and other professionals even less inclined to talk to these patients, and it is individual and personal information and understanding they need, not a general leaflet.

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<sup>1</sup> Bourne, S, *Journal of the Royal College of General Practitioners*, 1968, **16**, 103.

## Epidemic influenza in schools

SIR,—I wish to report an outbreak of very infectious but mild influenza in three residential schools (approximately 1400 residents) which has been identified by the Public Health Laboratory Service Central