NEWS

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Two doctors are referred to the GMC for taking industrial action

Doctors must report suspected abuse, GMC says

JOHN STILLWELL/PA

Child abuse deaths often reveal failures by health professionals to communicate with one another, report says

Clare Dyer BMJ

All doctors have a duty to report concerns that a child may be at risk of abuse or neglect, even if their work is with adult patients, says new guidance from the General Medical Council.[1]

Niall Dickson, the GMC's chief executive, said that doctors need not worry that the regulator would "come after them" as long as they followed the guidance and took action through the proper channels.

Paediatricians have shunned child protection work after high profile cases in which some have been hauled up before the regulator after complaints by parents. Two paediatricians with an international reputation, Roy Meadow and David Southall, were ordered to be struck off the medical register but eventually had the decisions quashed on appeal.

The guidance, to be sent to more than 230 000 doctors in the United Kingdom, comes from a working party whose establishment was announced when Southall was restored to the register in May 2010.[2] Paediatricians were outraged that one of the group's members was Penny Mellor, a parents' advocate they accused of orchestrating a campaign of complaints against child protection doctors, but she stepped down after Southall threatened a High Court challenge to her appointment.[3]

The GMC's chairman, Peter Rubin, said that he could see how doctors who worked with adults could overlook child protection concerns. But a patient's chaotic lifestyle, alcohol or drug misuse, or "serious mental health issues" could lead to worries about the welfare of children in the home.

The guidance outlines the advice doctors should take and how they should raise their concerns with child protection colleagues and agencies. It states, "Taking action will be justified, even if it turns out that the child or young person is not at risk of, or suffering, abuse or neglect, as long as the concerns are honestly held and reasonable, and the doctor takes action through appropriate channels."

Rubin said that many reports on deaths from child abuse over the years—including those on the case of Peter Connelly, who died at the hands of his mother, her boyfriend, and the boyfriend's brother in London in 2007—had highlighted failures by professionals to communicate with each other.[4]

Doctors should tell parents of their concerns and ask for their consent to share information unless there is a compelling reason for not doing so, such as increased risk to the child or someone else, the guidance says. But information can be shared without consent if this is justified in the public interest.

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Animal experiments rose in 2011 despite coalition pledge to reduce them

Ingrid Torjesen LONDON

The number of scientific procedures carried out on animals in Great Britain rose by just under 2% in 2011, continuing an upward trend since 2000, show official figures on licensed animal testing published by the Home Office.[1]

In total, 3.79 million scientific procedures were started in 2011, an increase of 68 000 on the number conducted in 2010,[2] says the report. However, breeding of genetically modified animals, mainly mice, remained stable and accounted for 1.62 million procedures.

Mark Prescott, head of research management and communications at the National Centre for the Replacement, Refinement and Reduction of Animals in Research, said, "The statistics and the numbers of animals used are influenced by global trends in science and economic investment."

Although much progress has been made in the past few years in reducing the use of certain animals for various aspects of research and to minimise suffering, the government sees expansion of the bioscience sector as a way to boost the UK economy. More research is conducted on animals in the UK than anywhere else in Europe, although France and Germany follow closely. Last year the coalition government pledged to work towards reducing animal use.

Richard Fosse, vice president of global laboratory animal science at GlaxoSmithKline, said that the industry had reduced its use of animals over the past five or six years. "The role played by animals is extremely important for the drug discovery process, and we take the use of animals seriously. It is not a trivial process for us," he said. Around 80% of such procedures are conducted to identify new drugs and underlying disease processes and 20% for the development of drugs.

Most of the 2% overall increase in procedures involving animals last year was a result of a substantial increase in the use of fish, up by 15% on the 2010 number.

Cite this as: *BMJ* 2012;345:e4728

Government should investigate trusts that charge NHS patients for treatment, says Labour

Adrian O'Dowd LONDON

The government should investigate several trusts that are charging patients for treatment even though they are not private patients, the Labour Party has said.

A squeeze on funding is leading increasing numbers of NHS trusts to offer patients the option of "self funding" certain treatments and procedures, including in vitro fertilisation. The Labour Party said that the practice breaks the principle of the NHS being free at the point of delivery.

However, the trusts involved have said that the practice was not new and was being introduced as a result of commissioning decisions being made by primary care trusts regarding what should and should not be funded, rather than an issue of hospital practice.

An investigation by the *Sunday Times* published on 8 July found that several trusts were inviting patients to pay for certain treatments that they would otherwise have to wait a long time for or be refused, because their local primary care trust would not fund them.

The trusts involved are Homerton University Hospital NHS Foundation Trust in London; Epsom and St Helier University Hospitals NHS Trust in Surrey; University Hospitals Bristol NHS Foundation Trust; East and North Hertfordshire NHS Trust; and University College London Hospitals NHS Foundation Trust.

The Labour shadow health minister Jamie Reed has written to Simon Burns, the minister for health services, urging him to take action. He wrote, "Charging patients for services clearly contravenes the founding principles of the NHS.

"Clearly, the Health and Social Care Act established an unprecedented change within NHS hospitals, with an increased private patient cap now allowing hospitals to devote 49% of their beds, procedures, and services to private patients.

MICHAEL STEPHENS/PA/AP

University College London Hospitals has launched a self funded ovarian cancer screening scheme

"You have repeatedly claimed that there is no service rationing within the NHS and that you will take action where this is occurring. There is now clear evidence that this is taking hold."

Burns said, "NHS care is and will remain free at the point of delivery. If NHS treatment is available, patients must not be charged.

"However, NHS hospitals can provide services to private patients. Income from this goes back into the NHS and supports the services that NHS patients receive free of charge."

Homerton University Hospital NHS Foundation Trust was mentioned by the *Sunday Times* as an example of a trust that offered in vitro fertilisation for people described on its website as "self funding NHS patients." Explaining different approaches to funding treatment at the trust's fertility centre, the trust's website describes three categories of patients: NHS patients, "self funding NHS patients," and private patients.[1]

The trust website has a price list for self funding patients,[2] which is said to be "very competitive in comparison to the private treatment option" and allows patients to be treated when they are not eligible for the NHS funded treatment.

John Coakley, medical director at the trust, told the *BMJ*: "About five years ago our fertility unit was treating about half of the patients under the NHS and half who were self paying.

"Currently, we are doing about 80% of our work as NHS paid, commissioned, and funded (and that is increasing), and we only have about 20% which is self funding."

A similar approach is being taken at Epsom and St Helier University Hospitals NHS Trust. The section on in vitro fertilisation on the trust's website says: "You may wish to fund your own treatment if your PCT [primary care trust] does not fund IVF, or you do not wish to wait for funding, or you are not eligible for NHS funding.

"We describe the treatment as 'self-funded' rather than 'private' because the treatment is exactly the same as for patients funded by the NHS. The charges we make are non-profit-making, i.e. they are at cost price."[3]

University Hospitals Bristol NHS Foundation Trust advertises a self funding bone scanning service, dual energy x ray absorptiometry (DEXA), at a cost of £72 a scan.[4]

In May University College London Hospitals NHS Foundation Trust launched a self funded interim ovarian cancer screening service,[6] which offers women ultrasound tests and consultations for £330 a year. The trust, however, said that this was an "interim" arrangement because the national screening committee did not support ovarian cancer screening being carried out in the NHS until study results were available and that the results of the UK familial ovarian cancer study (UKFOCSS) were expected in 2013.

Cite this as: *BMJ* 2012;345:e4711

London trust lost track of 1000 patients referred for suspected cancer

Nigel Hawkes LONDON

Poor record keeping at a London NHS hospital trust meant that more than 1000 patients referred for suspected cancer were not properly recorded as having been seen or, where appropriate, treated.

Imperial College Healthcare NHS Trust admitted in May that the records of some patients referred to it in the previous year were incomplete and has since been reviewing the cases involved. So far, it said in a statement, there was no evidence that any cancer diagnoses had been missed or that any patients had come to clinical harm.

A review group has been set up to examine 74 cases where, according to the referring GP, the patient has subsequently died. So far it has found that delays caused by the data issues did not cause harm in 49 cases; the other 25 cases are yet to be examined.

Of the 1023 patients affected by the data error, 10 were invited back for further testing and found to be cancer free. A further five have been invited back for tests "as a matter of urgency."

The trust, which runs four hospitals in London, has come under strong criticism from local councils in the areas served: Westminster, Hammersmith and Fulham, and Kensington and Chelsea. In a joint letter the councils said, "It seems to us there could be the possibility of clinical harm as a result of delays in diagnosis and commencement of treatment arising from the trust's failings. We

Many NHS boards see telehealth only as a means of saving money

Matthew Limb LONDON

Many NHS boards view telehealth technologies too narrowly as a means to save money in the short term instead of developing the services that patients will need in the future, says a leading expert on governance.

Andrew Corbett-Nolan, chief executive of the Good Governance Institute, told a Westminster Health Forum seminar on 3 July that it was "good news" that boards were discussing telehealth and telecare.

But, he said, "the bad news is they're doing it in the context of cost improvement."

He said boards should think intelligently and strategically about providing telehealth as a main plank of their business rather than obsessively focusing on cost saving and reducing acute hospital admissions. "I worry they aren't discussing the right things," he said.

Corbett-Nolan said that 10 years from now more patients will want to be using technologies, including mobile phone applications, that could help them understand and manage their personal health risks.

Boards should already be asking themselves what they could be doing to maximise this and identify what patients' needs were going to be, he said.

Adam Steventon, a senior Nuffield Trust research analyst who co-wrote an evaluation of a Department of Health telehealth programme of over 3000 patients with diabetes, chronic obstructive pulmonary disease, and heart failure, published in the *BMJ* last month, said the findings suggested that telehealth helped patients to avoid emergency hospital care and reduced mortality.[1] However, no conclusions could be drawn about whether it reduced costs.

RESEARCH, p 16; EDITORIAL, p 7

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SHOUT/ALAMY

Even when surgically repaired, cleft anomalies can lead to longlasting complications

Taking folic acid at start of pregnancy seems to reduce risk of cleft lip and palate fourfold

Muiris Houston GALWAY

The risk of a baby having a cleft lip or palate seems to be more than four times higher if mothers do not take folic acid in the first three months of pregnancy, a study shows.[1]

Lack of folic acid early in pregnancy is known to cause neural tube defects such as spina bifida, but this is the first study ever to show a strong association between maternal folic acid intake and the risk of a baby developing cleft lip and cleft palate.

Using data generated from over 11 000 babies representing the 9 month old infant cohort of the Growing Up in Ireland Study, Dervla Kelly and colleagues from the Department of Public Health and Primary Care at Trinity College Dublin set out to assess the effect of folic acid supplements in preventing cleft lip and cleft palate. Their results show that a mother's intake of folic acid during the first three months of pregnancy was significantly associated with cleft lip and palate.

According to the study, the rate of cleft lip and palate in infants was 6.8 per 1000 9 month old babies of women who did not take folic acid and 1.5 per 1000 9 month olds of women who did take folic acid supplements. "The OR [odds ratio] (logistic regression) of not having folic acid during the first three months of pregnancy for cleft lip was 4.36-fold higher (95% CI=1.55 to 12.30, P=0.005) when compared with participants who had a folate intake during the first trimester," the article said.

A cleft lip and palate occurs in about one in 700 live births. Cleft lip, with or without cleft palate, is most frequent in boys. Even when surgically repaired, cleft anomalies can lead to longlasting complications such as persistent ear infections, speech impairments, facial deformities, and dental problems.

"This study supports the hypothesis of a further significant role of a daily folic acid supplement of 0.4 mg taken four weeks before conception and in the first 12 weeks of pregnancy in the prevention of cleft lip and palate," Tom O'Dowd, professor of general practice at Trinity College Dublin and one of the authors of the research, said.

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are unhappy that the trust appears to have responded to the scrutiny function of local authorities with a lack of openness and transparency."

The trust's chairman, Richard Sykes, denied any lack of openness or transparency. In a letter to the councils he wrote, "We did not want to raise undue concerns for people when the issue was actually with our data collection."

A spokeswoman for Westminster

St Mary's Hospital in London, one of the hospitals run by Imperial College NHS Trust

raised questions about the impartiality of the review group, which she said was led by Terry Hanafin, an associate consultant at Coalescence Consulting, a company that is owned and operated by Karen Johnson, who is married to Mark Davies, the trust's interim chief executive.

The spokeswoman said, "Until recently the chief executive was also a consultant registered and paid through the organisation. We feel that the trust's choice is not sufficiently distanced from the management of the trust to give public confidence in the independence of this review."

The trust's statement said that it was extremely sorry that the situation was not identified and resolved earlier. It added, "We would like to reassure our patients that this was an issue of poor record keeping, not clinical care."

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IN BRIEF

Drug resistant TB incidence rises in UK: The number of cases of drug resistant tuberculosis in the United Kingdom rose by 26% last year, from 342 in 2010 to 431 in 2011, says a report from the Health Protection Agency. Overall, 8963 new cases of tuberculosis were reported in 2011, up from 8410 cases in 2010, meaning that drug resistant strains accounted for 8.4% of laboratory confirmed cases in 2011 (431 of 5127).[1]

Talking to relatives boosts support for organ donation: Family support for organ donation rises from 41% if the donor has not told relatives about their wishes to 95% when they have, shows a survey carried out by YouGov of 2111 UK adults for NHS Blood and Transplant. Less than half (48%) of those surveyed were aware that without family involvement their organs would not be passed on, even if they are on the NHS organ donor register.

Royal college issues guidance to improve mental health outcomes for victims of violence: New guidance from the Royal College of Psychiatrists includes a stepped care pathway to show how emergency departments, GPs, and the criminal justice system can help identify the mental healthcare needs of people who are injured in or affected by physical violence, including sexual violence.[2] These people are at risk of post-traumatic stress disorder, anxiety, depression, and substance misuse, says the guidance. But services to help these people are relatively underdeveloped.

Spain beats its own transplantation record: Thirty six organs (22 kidneys, 11 livers, and three lungs) were transplanted from 14 dead donors and four live donors in 27 hospitals in Spain on 26 June. The previous daily record, on 29 March 2009, involved 32 transplants. Spain has remained the world's leader in transplantation for the past 20 years.

36 organs transplanted on 26 June

Pertussis cases continue to rise: The number of confirmed cases of pertussis in England and Wales reported to the Health Protection Agency continues to rise, with 1781 cases reported to the end of May 2012, whereas the total for the whole of 2011 was 1118. There were 138 cases in infants aged under 3 months, including five deaths. Cases in people over 15 years have exceeded expected levels, with 1324 cases to the end of May 2012, more than eight times the 157 cases to the end of May 2008, the last peak year.

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Reorganisation of public health in England is "a terrible mess"

Nigel Hawkes LONDON

The relations between the many organisations involved in public health in England in the wake of the Health and Social Care Act remain to be worked out, a leading official at the Department of Health has admitted.

Ann Goodwin, project manager for the Public Health England transition team, speaking at a Westminster Health Forum seminar in London on 5 July, said that further design work was needed and that there were potentially "a host of different ways" in which local authorities—given responsibility for public health under the act—could relate to Public Health England, the NHS Commissioning Board, and the new local health and wellbeing boards. She urged people to respond with their suggestions to a consultation launched by Public Health England.

But John Ashton, a long serving director of public health from northwest England, said that, with the consultation closing on 6 July, far too little time had been allowed for responses. "It's a mess, a terrible mess. It took a genius to produce a mess like this," he said, hinting that the health secretary, Andrew Lansley, was the genius he had in mind. He complained that Public Health England's plan to divide itself into four geographical regions (North of England, Midlands and East of England, the South of England, and London) disregarded traditional boundaries and warned, "There will have to be another reorganisation because this is such a mess."

The problems that may arise from divided responsibilities was spelt out by Ruth Lowbury, chief executive of the charity the Medical Foundation for AIDS and Sexual Health, in a contribution from the floor. She pointed out that local authorities would in future have to commission sexual health services, including the testing and treatment of sexually transmitted infections, of which they had no experience. These needed to be "open access" clinics: open to everyone, not just to local council tax payers. Contraception will be the responsibility of the NHS Commissioning Board, exercised through GP contracts, but will also be provided by community contraceptive services commissioned by local authorities. HIV treatment will be centrally commissioned by the Commissioning Board.

Abortion, vasectomy, and female sterilisation, originally to be part of sexual health services and thus a local authority responsibility, have been shifted to clinical commissioning groups. Lowbury was concerned that this complexity of commissioning could lead to poorer services. Goodwin responded that she couldn't give a "hand on heart" promise that all would be well and agreed that such issues needed resolution.

In defence, she pointed out that the director of Public Health England, which combines the roles of the Health Protection Agency, the public health observatories, the NHS screening programmes, and others, only started work this week. Goodwin said that leaders of public health at the local level would be the public health directors employed by local authorities, to whom Public Health England would provide specialist advice.

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UK UNCUT

Dr John Ashton: "There will have to be another reorganisation because this is such a mess"

NHS can keep a fifth of £1.7bn underspend in 2011-12

Nigel Hawkes LONDON

The NHS in England underspent its budget by £1.7bn in 2011-12, and most of the money saved must be returned to the Treasury. Only £0.3bn (18%) of the underspend was surrendered through "budget exchange," the mechanism that allows money to be carried through to the next financial year.

The NHS underspend was the largest in cash terms across Whitehall departments, which collectively spent £5.3bn less than had been budgeted a year ago. A further £1.4bn was saved because the Treasury did not have to distribute funding held in reserve. As a result, while the budgets set a year ago envisaged a fall in public spending of 3.5% in real terms, the outcome was a fall of 5.2%.

The figures, published in *Public Spending Statistics* on 6 July,[1] suggest that departments decided to anticipate the cuts in budgets they are facing in the next three financial years by overdelivering on the 2010-11 cuts, in the hope

SDS PHOTO/DEMOTIX/PA

The children's heart surgery unit at Leeds General Infirmary is set to close in 2014

Three children's heart surgery units to close 13 years after Bristol inquiry

Nigel Hawkes LONDON

Children's heart surgery units at the Royal Brompton Hospital in London, at Leeds General Infirmary, and at Glenfield Hospital in Leicester are to close as the NHS in England concentrates care in seven regional networks.

The decision, reached in a day long meeting by the Joint Committee of Primary Care Trusts, marks the end of a long and fiercely fought battle to reorganise paediatric heart surgery in the wake of the investigation into deaths at the Bristol Royal Infirmary. Eleven centres will become seven, because the three that failed to be selected join a fourth, the John Radcliffe in Oxford, which stopped such operations after a number of deaths in 2010.

The changes will be implemented in 2014 and will involve seven remaining units, at Great Ormond Street and Evelina Children's Hospitals in London, the Freeman Hospital in Newcastle, Alder Hey in Liverpool, Birmingham Children's Hospital, Bristol Royal Hospital for Children, and Southampton General Hospital. The conclusion, reached after one of the largest consultations ever in NHS history and a legal challenge by the Royal Brompton—successful in the lower court but overturned by the appeal court—was greeted with relief among the successful and recrimination among those excluded.

Bob Bell, the chief executive of the Royal Brompton, said: "It is very difficult to know what to say at times like these but it is even more difficult to try to understand how this committee could have come to such a conclusion."

A Leeds city councillor, Lisa Mulherin, executive member responsible for public health, said in a statement issued by the council, "The decision will leave 5.5 million people in Yorkshire and Humberside and 14 million people living within a two hour drive of Leeds severely and disproportionately disadvantaged."

Neil McKay, chairman of the Joint Committee of Primary Care Trusts, said: "The needs of children, not the vested interests of hospitals, have been at the heart of this review."

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that this would leave them better placed in future years. The Institute for Fiscal Studies has calculated that departmental spending plans for 2012-13 now imply an average cut in real terms of 0.8%, which would have been 2.6% if the planned budgets for 2010-11 had been spent.[2]

However, the NHS budget is supposed to be protected from real terms cuts, with the need to save between £15bn and £20bn by 2014 arising from increases in the population, other demographic changes, and inflation, not from cuts in budgets. So the failure to spend the total budget allocated means either that the current round of austerity measures was more severe than they needed to have been or that the NHS did not need the money in the first place.

Labour pounced on a figure in the statistics showing that total spending on health fell marginally by £20m in 2010-11, or by 0.02%. Its shadow health secretary, Andy Burnham, said, "At the election [Prime Minister] David Cameron made promises on the NHS he knew he wouldn't keep. He cynically promised to give the NHS more money, but today it's clear he's cut its budget for the second year running."

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FDA approves "instant" HIV home test for use over the counter

Bob Roehr WASHINGTON, DC

The US Food and Drug Administration has approved the first true over the counter self administered test for HIV. The OraQuick In-Home HIV Test is made by OraSure Technologies.

The test consists of a swab to collect an oral fluid sample from the gums of the mouth, which is then placed in a developer vial to measure antibodies to the virus. The test produces results in 20 to 40 minutes in much the same way as a home pregnancy test.

It has a specificity of 99.98%, resulting in one false positive result in every 5000 tests of uninfected people. The sensitivity is 92%, meaning that one in 12 infections might be missed—largely because it takes about a month from the point of infection until the body generates antibodies measured by the test.

Those who purchase the test can call a 24 hour counselling centre set up by the company. Bilingual counsellors (English and Spanish) who have received at least 160 hours of training will staff the service, answering questions and providing referrals to local HIV medical services.

The test should be on the market in October. While the retail price has not yet been set, company officials said it will be less than $60 (£38), but more than the $17.50 paid by counselling and testing centres for bulk purchase of an existing similar test because revenue must also support the telephone counselling centre that OraSure is creating.

"We set out with a clear purpose—to dramatically impact the number of people getting tested for HIV nationwide," said OraSure's chief executive officer Douglas Michels. Approval "represents a major breakthrough in HIV testing."

An estimated 1.2 million US citizens are infected with HIV and about 20% do not know they are infected.

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The test has a specificity of 99.98% and produces a result in 20-40 minutes

DH refuses to replace private PIP implants on NHS

Adrian O'Dowd LONDON

Pleas for the government to reverse its policy of refusing all women affected by the breast implants scandal to have them removed and replaced on the NHS have been rejected.

MPs made repeated appeals to the public health minister, Anne Milton, at a special debate held at Westminster on 5 July on the issue of women who had received privately paid for implants from the discredited French manufacturer Poly Implant Prosthèse (PIP).

A scandal emerged last year over the implants of the now bankrupt manufacturer, which used non-medical grade silicone in breast implants that were given to around 47 000 women in the United Kingdom.[1 2]

The government made what it called the "NHS offer" earlier this year—namely, to pay for removal of PIP implants, with the approval of their GP, from all women who wanted to have them removed but not to pay for replacements for women who had had their initial treatment done privately.

The debate focused on a report published in March by the parliamentary health select committee on the PIP situation, the government's response, and a second select committee report published on 2 July.[3-5]

The Health Committee's chairman, Stephen Dorrell, Conservative MP for Charnwood and a former health secretary, opened the debate, saying that the government should "think again" and offer all women who were undergoing an operation to remove PIP implants a replacement at the same time to prevent them having to go through two operations.

"The reason [for the current arrangements] is that the NHS can't do a single operation where part of it is at public expense and part of it is at the individual's expense. I understand the NHS theology that lies behind it, but I recoil from the consequence of it," said Dorrell.

"Women have to go through surgery twice, and there is a cost implication and, more importantly, a clinical implication to that. I would urge the government to think again and to think more imaginatively about that."

Denis MacShane, Labour MP for Rotherham, said, "I am very glad the chairman [Dorrell] made reference to what I thought was a distinct shortfall in compassion on the part of the response of the government and the secretary of state. He is not the secretary just for the NHS but for the health of the country."

Sarah Wollaston, also on the Health Committee and Conservative MP for Totnes, said, "It cannot ethically be right to be forcing these women to go through a separate surgical procedure with all the risks that go with having a second general anaesthetic."

Milton, also present at the debate, said, "I do accept the strength of feeling during this debate on this issue, but the clinching argument is that the NHS would be offering what is in effect subsidised breast augmentation for non-clinical purposes. It has to be based on clinical need, and I can't see any way out of this dilemma.

"Allowing a mixture of NHS funded and privately funded care within a single operation risks undermining the founding principles of the NHS that care is free."

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Speed up access to contraceptives to save lives, say researchers

Anne Gulland LONDON

Increasing access to contraception would save the lives of women and children in the developing world, say researchers who have presented a series of papers highlighting the benefits of family planning.

Speaking at a press conference to launch the series in the *Lancet* (www.thelancet.com/series/familyplanning), researchers said that broadening access to contraception would prevent a third of all maternal deaths and improve child health by widening the interval between pregnancies.

The series was launched a day before the international summit on family planning hosted by the UK Department for International Development and the Bill and Melinda Gates Foundation, which aims to refocus on the contraceptive needs of women in the developing world.

Researchers from Johns Hopkins University used data from the United Nations and World Health Organization to develop a new model to estimate the annual number of maternal deaths in 172 countries and the likely number of deaths averted by contraceptive use. They estimated that 342 000 women died from being pregnant or giving birth in 2008 and that contraceptive use averted 272 000 deaths in the same year.

SUZANNE LEE/GATES FOUNDATION

Melinda Gates (centre) in Delhi last year. India has the world's highest number of newborn deaths

They estimated that if all women, mostly in developing countries, had access to contraceptives, 104 000 deaths a year could be prevented.

The unmet need for contraception is highest in sub-Saharan Africa, where only 22% of sexually active women have access to contraceptives. In the developed world the proportion is 75%.

Saifuddin Ahmed, lead researcher of the Johns Hopkins study, said, "Our findings reinforce the need to accelerate access to contraception in countries with a low prevalence of contraceptive use, where gains in maternal mortality prevention could be greatest."

John Cleland, professor of medical demography at the London School of Hygiene and Tropical Medicine, said that nearly all the 47 000 unsafe abortions that take place every year could be prevented if women in the developing world had better access to contraceptives.

He said, "When a woman conceives within 18 months of another pregnancy, the risks of miscarriage, still birth, death in the first week of life, low birth weight, and prematurity are significantly increased. When children are born within two years that second child is 60% more likely to die before his or her first birthday than a child with an interval of three to five years."

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