daunt or destroy many of those who think they are in control of their lives.

Perhaps using family planning counselors from the same cultural background would increase the successful use of family planning.

I would also suggest training in medical anthropology or reading books, such as those by Robert Coles, which might shed a more sympathetic light on the culture and beliefs of patients.

Nancy K. O'Connor, MD
Ellensburg, PA

The above letter was referred to the author of the article in question, who offers the following reply:

To the Editor: Dr. O'Connor is completely correct that the causes of "unplanned" pregnancies are complex, multifactoral and culturally based. We did not mean to imply that "unplanned" pregnancies were necessarily "unwanted"; in our practice and in the literature it is shown that many of these are "mistimed" and are often wanted once they occur. Many women do cope and succeed with these unplanned pregnancies; some do not.

Our study was one in a group of research projects planned to help discover ways women can take better control of their lives by assuming control of their reproductive functions. To this end, we explored one issue only — whether family physicians were providing the information about birth control at any opportunity they had so that the women could take control of their reproductive health, if they wanted to do so. Without information, women cannot choose whether to use it.

Obviously the area for further study is immense. Why women seek contraceptive advice, what they expect, what health and cultural beliefs affect these encounters and behaviors, what kind of information they receive, how they use it, and why all are issues that need careful investigation. We attempt to understand the cultural background of our patients in every encounter.

Jo Ann Rosenfeld, MD
Bristol, TN

Examination of Placenta after Twin Delivery

To the Editor: I was taken aback when reading the article about twin vaginal delivery after a previous Cesarean section by John P. Fogarty in the November-December issue (Twin vaginal delivery after a previous Cesarean delivery for twins. J Am Board Fam Pract 1993; 600-3). The item that really caused me to sit up and take notice was the line in the case report about the placenta being sent for pathologic evaluation. Lo and behold, it was determined that the twins were diamniotic-dichorionic! Why the unnecessary expense of sending the placenta? Earlier in the same paragraph, it was made clear that the mother delivered a boy and a girl. Perhaps the placenta was sent for other reasons, but determination of the chorion and amnion are usually reserved for same-sex twins to determine if they are identical. I also think it was terrific that the mother delivered twins vaginally after a Cesarean section. Congratulations on the successful delivery!

Janet Beck Jakupcak, MD
Marseilles, IL

The above letter was referred to the author of the article in question, who offers the following reply:

To the Editor: I appreciate the concerns of Dr. Jakupcak. In this dynamic time of health care reform, attention to cost is an important issue. In this case, however, the patient did not bear any burden for this pathologic examination of the placenta. The delivery was performed at a busy military hospital with a large family practice residency training program. The placenta was examined as a matter of routine and to be complete in this academic setting. That the infants were of opposite sex might appear to obviate the need for this examination, but monozygotic twins might be discordant for phenotypic sex, and the examination of the placenta serves to identify zygosity more firmly than do later, more inconvenient and expensive tests.[1] I thank Dr. Jakupcak for her congratulations and enthusiasm about this fun and interesting case.

John P. Fogarty, MD
COL, MC

References

1. Cunningham FG, MacDonald PC, Grant NF, Leveno KJ, Gilstrap LC. Multifetal pregnancy. In: William's Obstetrics. 19th ed. Norwalk, CT: Appleton and Lange, 1993:891-918.

Primary Care at a Crossroads

To the Editor: We are writing to share some commentary on the article by you and L. Gary Hart titled "Primary Care at a Crossroads: Progress, Problems, and Future Projections," which appeared in the January-February issue (J Am Board Fam Pract 1994; 7:60-70). Although we enjoyed the article and found it to be quite informative, we felt the need to comment on some important and pertinent problems that were not fully addressed.

By way of background, we are employees of the US Public Health Service in the Denver regional office (PHS Region VIII). We are responsible for oversight of the federal programs designed to provide primary health care services for the medically underserved in our six-state region (CO, MT, ND, SD, UT, and WY), which consists primarily of rural and frontier areas. Ms. Bailey is Director of the Division of Health Services Delivery, which oversees the regional activities of the federal government's Maternal and Child Health Bureau, the Office of Population Affairs (our family planning programs), and the Bureau of Primary Health Care (which includes the National Health Service Corps and the community and migrant health center program, among others). Dr. Babitz is a board-certified family physician who serves as the Regional Clinical Coordinator and Associate Division Director for Clini-