The Midwife.

THE DEFINITION OF STILL BIRTH.

The decision as to whether an infant is still born or not is one of great importance. In former days, before coroners were as particular as they are at the present day, and before the Central Midwives' Board had laid down precise rules for the regulation of the procedure to be adopted by midwives, it is certain that, both by medical practitioners and midwives, the term still birth was used much more loosely than at present, and a distinguished obstetrician has been known to advise a midwife who applied to him for counsel, that it was justifiable to certify a child as still born in which respiration had never properly been established, as the attempts at respiration were automatic, and it had never really had a separate existence from the mother. Such a definition would not be accepted at the present day.

Still birth is defined in the Rules of the Central Midwives' Board as follows:—"A child is deemed to be still born when, after being completely born, it has not breathed or shown any sign of life." In such a case the midwife is enjoined "to carry out the methods of resuscitation which have been taught her," and in all cases of still birth, where a registered medical practitioner is not in attendance, to notify her local supervising authority.

But, according to the Council of the Obstetrical Section of the Royal Society of Medicine, "the final test of life is the pulsation of the heart, and this can only be ascertained by an expert." The same authority defined still birth as follows:—"A still born child means a child which measures more than thirteen (13) inches in length from the top of the head to the heel, and which, when completely extruded from the body of the mother (head, body, and limbs, but not necessarily the afterbirth), exhibits no sign of life by crying, or breathing, or by pulsation in the cord at its attachment to the body of the child or by beating of the heart."

Dr. Reginald Duffield, by whose request, according to the *British Medical Journal*, the question was referred to the Royal Society of Medicine, prefers a slight modification, and defines a child in whom the signs of life are absent as one "whose heart has ceased to function, as demonstrated by the absence of pulsation in the cord at its attachment to the body of the child and absence of any heart sounds or impulses." He adds that "crying and (or) breathing—being secondary signs of life, manifested only when the heart is acting—can be relied upon as signs of life, but the absence of either or both is not to be held to be proof of the absence of life in the child."

Dr. Duffield, who, at a meeting of the Royal Statistical Society, read a paper on still births in relation to infantile mortality, observed that "the doubts as to the possibility of giving one basic test of life or death did not seem to him pertinent to the matter under discussion. He said that the test of life which was being sought was one that could be used in the ordinary routine of medical practice. Persistence of the heart's action had been selected as the test of life in a newborn child, because common experience pointed to the fact that in ordinary routine work resuscitation of an apparently dead infant was not possible after the heart had ceased to beat."

It will be seen, therefore, that the duty imposed upon the midwife, if a medical practitioner is not in attendance, of deciding whether an infant is or is not still born is a serious responsibility, and that efforts at resuscitation should not be abandoned until every means of establishing the circulation and respiration has been exhausted.

At the same time the caution is certainly necessary that the methods used should be applied in a skilful manner. Unskilfulness in such a case may cost a life. Also, while vigorous methods are necessary, it should always be remembered, in the case of a child apparently still born or exhibiting dangerous feebleness, that roughness is entirely out of place, and may extinguish the flickering flame of life.

The writer once saw the method adopted of throwing a premature infant backwards and forwards over the head of its resuscitator. At the mother's first confinement the conjugate diameter was found to be so small that craniotomy was performed. The second time induction was successfully carried out at the seventh month, and a perfect child born, of good colour, but weakly. Whether the method of artificial respiration practised affected its chances we are unable to say, but the child died. Midwives and nurses do not always realize how tender the life of a new-born child is, and this is a plea for combining the necessary treatment with all the gentleness practicable.

previous page next page