

# The Midwife.

## ANTE-NATAL HYGIENE.

### RELATION OF THE HOSPITAL TO THE HYGIENE OF PREGNANCY.\*

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It is the object of this paper to show the development of a pregnancy clinic, which is an active part of a lying-in hospital, in a larger medical school centre; to show exactly what this institution is and what results have been obtained, and to show the cost of such an institution and its running expenses.

I wish also to show by what means even better results might be obtained in a more nearly ideal pregnancy clinic in connection with a modern lying-in hospital.

To show the various steps in the development of the work done at the Boston Lying-in Hospital in connection with the hygiene of pregnancy it is necessary to go back to the starting of the out-patient service in 1881. Through the firm establishment of this department and the careful supervision of the work, not only of the students but also the supervision of the work done by the house officers, by specialists in obstetrics, a splendid record has been established, and now some two thousand women are cared for in their homes every year by this department of the hospital.

The Instructive District Nursing Association began making ante-natal visits on some of the women in the out-patient department of the Boston Lying-in Hospital in 1901. The work gradually spread until in 1906 all these women were paid at least one visit by a nurse from this association some time between the date of application to the hospital and the confinement of the patient. Last year this association averaged about three ante-natal visits on each patient of the Boston Lying-in Hospital out-patient department.

In 1909 Mrs. William Lowell Putnam, of the Infant Social Service Department of the Women's Municipal League of Boston, began the experiment of intensive pre-natal care of the patients registered at the Boston Lying-in Hospital, later to be confined in the hospital itself. These patients were visited by the nurse every ten days. This work was so successful and the

need for this work so clearly demonstrated that in May, 1911, the pregnancy clinic of the Boston Lying-in Hospital was opened for patients.

The quarters of this department are in a tenement house almost opposite the main entrance of the lying-in hospital. It is a typical four-roomed apartment, and rents for \$300 a year. The kitchen is the laboratory and waiting-room. The large front room is the office, and an alcove screened off is used for an examining room. The adjoining room is the main waiting-room, and the back room beyond the kitchen is used for the palpation of patients. It has not been considered advisable to have all the women cared for by the hospital, patients in this pregnancy clinic, but all who apply for confinement in the hospital are referred to the pregnancy clinic for examination and treatment unless within four weeks of term.

The patients planning to be confined in their homes, however, come directly to the pregnancy clinic, and remain under the care of this department until they start in labour, unless some serious complication arises which makes treatment in the hospital desirable. It is not true, however, that all the out-patients of the Boston Lying-in Hospital are patients in the pregnancy clinic, for in another section of the city is the branch station of the lying-in hospital, and as its patients live so far away from the hospital, it has not been considered good policy to require all these prospective patients to come to the pregnancy clinic. These patients are visited by the nurses from the Instructive District Nursing Association, and should any complications arise they are referred to the pregnancy clinic, so in this way there is some supervision of the hygiene of pregnancy of all the 2,000 patients now delivered annually in the out-patient department of the lying-in hospital and of nearly all the 900 patients that apply to the hospital for confinement within that institution.

Let us follow a patient through the course of her care in the pregnancy clinic. We urge the patients to come as early in their pregnancy as is possible, but as a matter of fact, few apply before the fifth month, and most of them some time between the sixth and seventh months. The history of the patient is taken, both social and clinical, careful stress being laid on the previous obstetrical history. Should the patient have passed successfully through one or more confinements with normal labour, she is sent into the back room for physical examination. The physician examines the urine, and takes the blood-pressure. The abdomen is examined, the probable date of confinement estimated. If

\* Presented at the Infant Mortality Conference, London, August, 1913.

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