

The Midwife.

THE CAMPAIGN AGAINST INFANT MORTALITY.

DR. HALL'S SCHEME APPROVED.

That Plymouth does not mean to lag behind in the campaign against infantile mortality is shown in the following scheme drawn up by its Medical Officer of Health, Dr. Hall, and approved by the Sanitary Committee at a meeting held on Thursday, July 20th.

In 1915 the births were 2,258, deaths 281. The number of births was less by 304 than in 1914, and there were 48 fewer deaths. The principal causes of deaths were: Respiratory diseases, 129; premature births, 63; atrophy, 71; diarrhoea, 67. The large number of deaths from respiratory diseases demands special notice. They are for the most part due to eccentricities in clothing, and other causes over which the Sanitary Authority can exercise no control except through the medium of its health visitors. If these diseases are eliminated from the total number of deaths, the results of preventive measures employed can be more accurately gauged.

In the case of premature births it should be clearly understood that the deaths are due not to diseases attacking a healthy child, but to causes chiefly inherent in the mother. Here sanitary control is again limited. The employment of oxytocics is without doubt a dominant factor in the causation of prematurity. Atrophy and diarrhoea are usually associated with errors in food or diet; and it is here that our intervention can be of the greatest service.

The diarrhoea referred to is not diarrhoea in the ordinary sense, but a distinct type which is the most prominent manifestation of an epidemic disease belonging to the zymotic group. The large number of deaths in certain areas from this disease in 1914 called for special action on the part of the Sanitary Department. The results achieved (not a single death from diarrhoea in 1915) demonstrate the practical efficiency of the work done by the staff. The industrial employment of pregnant women does not affect the infantile death-rate to any great extent.

Overcrowding has been promptly dealt with. It should be noted that it is not so much the aggregation itself as such associated factors as poverty, intemperance, and bad hygiene that produces high mortality. The question of illegitimacy as likely to affect the death-rate has not been overlooked. Having briefly reviewed the causes, it remains to be stated what action has been taken and what further action is necessary to reduce infantile mortality.

A free dissemination of literature to combat the ignorance of many of the mothers by interesting and educating them in the laws of health and

hygiene and the successful rearing of infants. Under the Notification of Births Act cases have been visited by a fully-trained nurse, advice given on clothing, feeding, &c. Three Health Visitors are already working in the town, and the Council have sanctioned the employment of two additional Health Visitors.

Recognising the unique opportunities of the midwives for investigating pre-natal conditions and for imparting knowledge to the mothers, their co-operation has been enlisted. Those lacking the knowledge have been instructed in the essential features of their work; the principles of hygiene of the home, pregnancy, &c. Supplementary to this measure, a course of lectures will be given at the Town Hall on ante-natal hygiene to expectant mothers sanitary inspection. Removal of unwholesome conditions, printed leaflets on the dangers of the fly, the dangers of manure heaps, stable refuse, inspection of dairies, cowsheds, milk shops, bacteriological examination of all milk, discouraging the sale of milk in general shops, insisting on the covering of all milk in proper storage vessels are some of the things we have been doing. These are by no means our final efforts for dealing with this important subject. The scheme submitted by Dr. Hall and approved by the Committee is as follows:—

1. The supervision of midwives.
2. Visitation of infants and expectant mothers.
3. A consultation centre, accessible for those mothers and infants referred to it for advice and treatment by midwives and health visitors. The staff of such centre to consist of a medical officer (who would act also as assistant medical officer of health), the Corporation health visitors, all working under the direction of the Medical Officer of Health.
4. A post-natal clinic, having for its object the medical supervision of infants and young children, to be conducted by the same officers at the consultative centre, but on a separate day. Here also the mothers may receive hygienic and other advice concerning themselves and their children, and suitable cases might be granted codliver oil, dried milk, &c., and tickets given for hospital treatment.
5. Provision to be made for the treatment of complicated cases of labour, preferably in the existing hospitals and maternity homes.
6. Skilled attendance in home confinements by an arrangement between the local authority and these existing maternity training institutions.
7. A continuity of hygienic and medical supervision until the child reaches school age, when it is handed over to the Education Authority.

It is suggested that this continuity be preserved by making children below school age the subjects of home visitation and according them the advantages of the consultation centre.

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