The Midwife.

THE CARE OF PREGNANT WOMEN.

At a meeting of the Section of Obstetrics and Gynaecology of the Royal Society of Medicine on November 2nd (as reported in the *British Medical Journal*), the President, Dr. G. F. Blacker, being in the chair, Dr. S. G. Moore, M.O.H., Huddersfield, opened a special discussion on the need for improvement in the care of pregnant women. The subject, he said, was of national importance, and should be dealt with on national and not local lines. In child-bearing, discomfort, disease, and death were, strictly speaking, abnormal. There were substantial reasons for the belief that part of the reduction of the birth-rate resulted from a fear of them. An average of 3,500 deaths occurred from childbirth each year in England and Wales. A far greater number endured preventible suffering and disablement. A compilation of the entries in the returns of deaths connected with pregnancy for Huddersfield from January, 1906, to October, 1916, showed that eclampsia caused 30 deaths; albuminuria and eclampsia, 3; albuminuria, 36; septic absorption, puerperal fever, and pneumonia, 32; *post-partum* and *ante-partum* hæmorrhage and retained placenta, 24; conditions connected with parturition, Cæsarean section, &c., 11; embolism, pulmonary and cerebral, 10; and intractable vomiting, 2; other causes connected with pregnancy accounted for only inconsiderable numbers. Some of the women with albuminuric conditions would not have died if they had been under proper care for two months; deaths from septic causes were entirely eliminable; how far deaths could be diminished in the remainder was uncertain. As a means of securing improvement of the conditions of pregnant women he advocated notification of pregnancy, since the majority did not come under a doctor's care until abnormal conditions had had time to become serious. He could see no objection to notification, since it was an honourable state which could not be concealed. On the receipt of the notification the woman could be examined and her surroundings considered by a duly qualified medical practitioner. The sanitary authority should take no action, but each case should be referred to the family doctor. Such a scheme had been in operation at Huddersfield during the present year, a fee of 2s. 6d. being paid to doctor or midwife for notification, which was only permissible with the woman's consent. All cases were referred to the family doctor. Help was obtainable from voluntary organisations, not from the sanitary authority. From January 1st to October 31st 1,536 births had been notified, and 156 pregnancies—that is, about 10.1 per cent. The birth-rate was declining alarmingly; the death-rate had also fallen considerably, but could not be reduced much more. Not only had the deaths of the mothers and children to be considered, but the soundness of the surviving children. Steps must be taken to prevent the great wastage of maternal and infant lives if we were to avoid becoming a subject race.

Dr. Amand Routh said supervision of all pregnant women was not an unnecessary trouble, for experience had shown that women needing treatment did not present themselves voluntarily. The results attending such supervision were not likely to be small, since emergencies for Cæsarean section and others with eclampsia continued to be admitted to hospitals. At Queen Charlotte's Hospital the number of cases of albuminuria admitted during 1914 was 557. With regard to the statement that there were much more important causes of fetal death, such as abortion and stillbirths during delivery than the diseases of pregnancy, he would ask why were there 3 per cent. of stillbirths, and why there were so many macerated fetuses if stillbirths were so dependent upon delivery? During 1914 at Queen Charlotte's Hospital there were 100 stillbirths, of which 26 were of macerated fetuses. The large majority of macerated fetuses were due to syphilis. There had been no systematic antenatal work before 1911. Midwives should be encouraged by the Midwives Board to extend their care to the unborn child. The death-rate of unborn infants was probably greater than after birth, when it was considered that there were 3 stillbirths to 100 ordinary births. More interest was now being taken in the unborn child, and there were now about 750 centres established in Great Britain and Ireland. The general practitioner must be able to supervise efficiently his patient, for with due supervision many conditions might be discovered and proper treatment applied. Prematernity beds were necessary in every hospital. He did not think that compulsory notification could be carried out at present because of ignorance and resistance on the part of the mother, who would postpone notification until the last minute. Research work was necessary, and pathological facilities should be provided. Post-mortem examinations should be made on stillborn children, and the *Spirochæta pallida* should be looked for. Every pregnant woman should be seen by a doctor, and should then have such supervision as the condition required.

Miss Rosalind Paget, speaking from the point of view of the midwives, said that four things were needed—early booking, up-to-date instruction of the midwives, facilities for medical treatment, and the securing of the right kind of midwife. Early booking would be prevented by notification as it had been by the maternity benefit. The midwives would co-operate and needed only to be told how this might best be done. She urged that they should not be excluded from any scheme for antenatal care.