

The Midwife.

THE HYGIENE OF PREGNANCY.*

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It is estimated that over 20,000 women die in the United States every year as a result of direct or indirect effects of pregnancy, labour, and the puerperal state. In recent years, endeavouring to prevent complications and reduce the mortality rate occurring during pregnancy, obstetricians are strongly advocating the more careful supervision of the expectant mother during gestation. Many important advances have been made in the management of pregnancy which have been far reaching in their results for the welfare of both the mother and child, so that now it can safely be said that most of the complications of labour and the puerperium can be forestalled and the dangers materially lessened by proper prophylaxis.

Pregnancy from its incipency renders a woman liable to toxemia. The border line between health and disease is less sharply drawn at this time; derangements so slight as to be of little consequence under ordinary circumstances may readily give rise to pathologic condition which may seriously threaten the life of the mother, child, or both. It is because the changes in the maternal organism are so manifold and the dividing line between the physiologic and pathologic so ill defined that it is particularly necessary to keep these patients under strict supervision and to be constantly on the alert through the intervening months for the appearance of untoward symptoms in order to guide them safely to labour and through the puerperium.

This can only be accomplished satisfactorily by giving these cases considerable time, care, and consideration. The giving of directions as to personal hygiene, diet, sleep, exercise and dress is not all that is necessary, but in addition upon the accoucheur devolves the duty of seeing that proper balance of elimination is being maintained, that all the physiologic functions of the woman are being kept at their highest efficiency through the perfect elimination of waste material by the bowels, together with proper stimulation of the skin and the careful regulation of the intake of food materials. It is only by so doing that the diseases of pregnancy which may seriously threaten the woman's life or that of the child in utero can be averted. The accoucheur ought to feel himself responsible for his patient's well-being from the day she consults and engages him, and she should recognise that he has accepted the responsibility and feel that she is really under his care.

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Ballantyne emphasizes the importance of careful history-taking in these cases. A history of alcoholism, insanity, venereal disease, hemophilia and nephritis, will often shed light on many complications occurring in pregnancy and parturition and indicate what measures to pursue in preventing and treating such complications.

The kidneys being the most vulnerable point in the body during pregnancy, makes it very important that careful attention be given to the renal function. Of all the criteria of the condition of a woman during this period, none is so available or so trustworthy as the frequent examination of the urine. The careful analysis of the kidney excretion gives valuable information of the general metabolism. The urine should be examined every three weeks until the fifth month, and then every week until term or oftener, if there is any reason to suspect trouble. The tests should be made for albumin, sugar, specific gravity, the amount of urea, the degree of indican and microscopically for casts.

I consider it very important to ascertain the presence of indican and the degree if it exists in the urine in these cases. A persistent indicanuria is a forerunner of high blood-pressure. High blood-pressure is a more common and earlier sign of toxemia than albuminuria. If found present, the regulation of the diet is the first step. A purin-free diet will tend toward the elimination of indican, thereby removing one of the factors causing the complication of high blood-pressure.

These organs during pregnancy have more to do than in the non-pregnant state, as they are called upon to excrete waste products both of the mother and child. This excretion is favoured by keeping the urinary tract well flushed out with large draughts of water. These patients should drink if possible six glasses of water each day between meals, one before breakfast, two in the middle of the forenoon, two in the middle of the afternoon, and one at bedtime.

The diet during pregnancy requires equally the same consideration as that given to the kidneys. Many of the ills that accompany parturition are brought about by improper diet, and it is through errors in diet that the most frequent cause of trouble arises. No inflexible rule can be given for these cases. Fair quantities of food are always needed. It is my custom to regulate the diet according to the reports of the urinalyses received from the laboratory. If there is no rise in the blood-pressure and the reports state albumin negative, a satisfactory nitrogen output and no indicanuria, a diet that will not overtax the kidney excretion, consisting of a moderate supply of nitrogenous food and a generous amount of vegetables and fruit, is advised. A good mixed dietary is the one best adapted for the pregnant woman. It should be plain, simple, easy of

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