The Midwife.

ANTE-NATAL AND NEO-NATAL MORTALITY.*

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Ante-natal work has been constantly talked of these last few years, but very little has been done anywhere. It is amazingly difficult work to develop; it is easy to start an ante-natal centre and to set aside hours for consultation and the like, but this is not sufficient. Expectant mothers do not as yet appreciate the importance of ante-natal supervision and inquiries of health visitors or others into their condition are too likely to be viewed as an impertinence. Expectant mothers do not want their expectant condition to be known the length and breadth of the street, and this is especially so in an industrial area where women are employed. Much has to be done to educate women as to the need for ante-natal supervision and care, but I do not think that this is best if at all attained by a notification of pregnancy and the appearance of another supervisor of their health apart from their midwives and their doctors. It is necessary to enlist especially the midwife in the service of the ante-natal authority. The midwife has been sought out by the expectant mother herself, and will have much more influence with her than anyone else. Midwives themselves have to be taught to appreciate the meaning and the importance of ante-natal work, and they have to impress upon their *clientèle* the need for early booking of their confinement. The municipal midwife is required to see her patient very frequently before the birth, and to seek the aid of the ante-natal clinic on all occasions. A definite ante-natal centre, though of very great importance in ante-natal work, is relatively of less importance than a well-organised and educated midwifery service. Without such a service the work of the centre is set at nought. We have been feeling our way for the past few years to ante-natal work, but as a result of experience I think it can be said that it is not much use to establish ante-natal centres without a sufficient means of getting into touch with the work to be done. Ante-natal centres must work in close association with hospital accommodation for gynæcological and maternity cases, and they have to establish a very intimate co-operation with the means of treatment for venereal disease.

Effect of Venereal Disease on Infant Life.

The full extent of the effect of venereal disease on infant life is not known, and, like most unascertained facts, it is probably liable on the one hand to exaggeratio · and on the other to neglect. Whatever it is, we do know that the need for the treatment of syphilis and gonorrhœa in women is greatest and of the most immediate urgency during their pregnancy. Such treatment is of a very special nature, and should only be undertaken by those who have specially devoted themselves to this class of work; it is really apart from the ordinary routine of ante-natal or infant welfare work.

Necessity for Notification.

From the point of view of both of mother and child, venereal diseases can only be treated with a proper prospect of success if this is undertaken several months before parturition, and on account of the grave urgency of the matter syphilis and gonorrhœa in pregnancy ought to be made without delay notifiable, and some power should be given to enforce adequate treatment. Without discussing the general question of notification in venereal disease, the importance for the child's sake demands that this should be done. Ophthalmia neonatorum is already notifiable, but surely it is more important that the immediate antecedent condition should be made notifiable to prevent it. Further, in the notification of syphilis in pregnancy, patients who had previously had two still-births, and who engaged midwives should be deemed to be suffering from syphilis. With such a notification no question of concealment would arise. A comparatively large proportion, possibly as much as 50 per cent. of the infants affected with congenital syphilis are healthy at birth, the infection by the spirochæte having taken place either during parturition or shortly before it. It is a typical clinical picture to find a congenital syphilitic born apparently healthy and of good development and weight and to see later the infant show all the classical signs of congenital syphilis, which we ought in these days to recognise not so much as symptoms of congenital syphilis as symptoms of the secondary state in a recently-infected and rapidly-developing infant. If treatment of such a case is to be effective, it should be begun if possible through the mother before birth, or at least immediately after birth. . . . It is justifiable to believe that a very high percentage of unaffected children could be born if treatment were begun early enough.

Accidents and Complications of Childbirth.

These constitute the largest group of ante-natal and neo-natal deaths. Pelvic contractions, or tumours, or fœtal malpresentations are not only dangerous to the mother if the condition is recognised first during labour, but are still more dangerous to the child, who may have to be sacrificed to save the mother, for obviously if the mother cannot be delivered both mother and child would die.

* Part of a paper read at the National Conference on Infant Welfare, July, 1919.

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