

The Midwife.

POST-GRADUATE WEEK.

ANTE-NATAL CARE.

"Ante-Natal Care" was the subject chosen by Professor Louise McIlroy for her lecture to the Post-Graduate Class at the General Lying-in Hospital, York Road, Lambeth, on May 26th, and her reason was (1) that it was a great subject, and (2) that in the past midwifery pupils so seldom received any lectures on it during their training. She wished, she said, to impress the importance of ante-natal care upon her audience because it was that which was going to revolutionize midwifery work in the future.

Long ago the work of midwifery was almost entirely in the hands of "wise women." Then the medical profession took it up, and for a considerable period it was associated with complicated surgical work and we were thrilled with accounts of wonderful obstetrical operations. Then the medical profession, by investigating the after history of these cases began to find out that all was often not entirely satisfactory either for mother or child. If the baby were born alive, it often died shortly after its birth. Obstetrics now were looked upon from a different standpoint to that of ten years ago. They had left the plane of surgery, and, indeed, did not now come so much under the hospitals as under the Ministry of Health. That the care of the health of the child before it was born was as important as after it was born, was a fact now so well recognised that it would soon be a platitude. It was the nurses and midwives who came into contact with the ante-natal mothers through the Ante-Natal Clinics and Infant Welfare Centres, which, as a rule, had not more than one doctor. Then there were Consultation Centres. She saw no reason why a midwife should not have the opportunity of having her patients seen to at a consultation centre.

Ideally, every woman who becomes pregnant should come under medical supervision. On that came in the question of the notification of pregnancy which aroused a great deal of controversy, and entailed the notification of both legitimate and illegitimate cases. Probably it would be resisted and so would not help a great deal, but it should be possible to make arrangements so that every pregnant woman would go voluntarily to a medical practitioner.

Professor McIlroy expressed the opinion that the termination of pregnancy should be notified. This was already the case with pregnancy at full term, both of live and still birth. If every abortion were notified some idea might be obtained as to the reason, and a considerable number of lives might be saved. The question of criminal abortions would arise, but for one case of criminal abortion there were hundreds and thousands of cases which were not criminal.

Unless midwives, during their training, had experience of ante-natal work they knew little about it. They should have the opportunity of attending an ante-natal clinic during training and also post-graduate courses.

Professor McIlroy described the procedure at the ante-natal clinics held four mornings a week at the Royal Free Hospital, which she regretted were not available at present for the instruction of midwives, but only for the medical students. The patients from the district were seen by a senior member of the staff, the urine was examined for albumen and toxæmia, and the blood, heart and lungs examined. If advisable a patient was kept in for a night for observation. The cases were then kept under observation throughout pregnancy at the ante-natal clinic, with the result that the majority of labours were normal. With this previous preventive work there were few complications. Subsequently they kept in touch with the mothers, through the Post-Natal Clinics and the babies through the Infant Welfare Clinics.

Professor McIlroy spoke of the need for rest homes for pregnant women; there was plenty of provision for the illegitimate. The ordinary married woman did not get half the sympathy bestowed on the unmarried, and women sometimes came into hospital for their confinements exhausted for want of previous rest. She also described the organisation of the Venereal Department for maternity cases in connection with the Royal Free Hospital, and the advantage in post-natal work of this kind in treating the child through the mother. It was one of the great advantages of breast-feeding in these cases.

She showed how during pregnancy nature took care of the child at the expense of the mother. Thus a mother suffering from Tuberculosis would bear a healthy child, but later the health of the mother would probably suffer. She emphasised the importance of treating chronic constipation and the conditions arising from the toxæmia of pregnancy, expressing the opinion that the whole success of obstetrics lay in this. Vomiting, which might go on through the whole of pregnancy, was often attributable to this cause, also chorea, epilepsy, and eclampsia. A *pro tem* method of treating toxæmia was to take the patient off nitrogenous food and give her water, or water and milk. Intestinal gavage of a solution of bicarbonate of soda to a pint of water given very slowly, by means of a douche can, was an effective method of getting at the acid bacteria.

Practically, all accidental hæmorrhage was also due to toxæmia.

Professor McIlroy emphasised the necessity for attention to the teeth in spite of the old-fashioned idea that teeth should not be extracted during pregnancy. There should always be a dental

[previous page](#)

[next page](#)