

The Midwife.

THE FUTURE OF OBSTETRICAL PRACTICE.

Dr. Henry Jellett, F.R.C.P., Ireland, President of the Obstetrical Section of the Third Australasian Medical Congress, held at Sydney on September 5th, Obstetrician to the Health Department of New Zealand, formerly Master of the Rotunda Hospital, Dublin, in his Presidential Address to the Section, dealt in a most illuminating manner with the above subject. It is published in full in *The Lancet* of October 26th, and should be studied by all who are interested in the question. We print below some important paragraphs from this Address.

The Essential Aims of Midwifery.

Dr. Jellett thus defined the Essential Aims of Midwifery:—

The art of midwifery has been devised with three aims before it, and it is being slowly perfected. The first is to bring a mother safely through a normal pregnancy, labour, and puerperium. The second is to ensure the delivery of a healthy infant. The third is to leave the mother in as normal a condition at the end of the puerperium as she was at the beginning of the pregnancy. Similarly, there are three basic essentials on which this art is built—knowledge, skill, and suitable environment. Knowledge is necessary to avoid both complications and interference, and to treat the one and to regulate the other should it become inevitable. Skill is necessary to obtain the fruits of knowledge. Suitable environment, by which I mean the circumstances under which a labour takes place, is necessary in order that the normal and abnormal events of labour may be conducted in an orderly and aseptic manner.

If these three essentials can be obtained, then the risks of childbirth will be reduced to their lowest. If they are absent, or if the possession of a due share of one is allowed to count as an equivalent to the absence of another, then the whole structure falls. Under such circumstances, as I have already suggested, it is quite possible that, so far as the rate of mortality is concerned, humanity as a whole would be just as well off without it, although individuals might still benefit.

Are these essentials obtainable? I think they are, at any rate to a much greater extent than is the case at present.

Cardinal Factors in Control of Mortality.

I wish to draw your attention to certain factors in the management of maternity, the connection of which with maternity mortality is so obvious that I think it is permissible to regard them as the cardinal factors which control the rate of that mortality. The first of these is the nature of what, for the sake of convenience, I shall call the midwifery attendant, that is, the person who is directly responsible, either in part or in whole, for the care of the pregnant and lying-in woman. The second is the skill and knowledge possessed by that attendant. The third is the degree of antenatal care and antenatal diagnosis which each woman receives. The fourth is her environment during labour.

If we could go back several centuries and examine the history of maternity at that time, we should probably find that none of these things received any practical attention or even recognition. Further, we should probably find that while the mortality accompanying normal pregnancy and labour was very low, the mortality accompanying abnormal pregnancy and labour was very high.

If, however, we go back only fifty years or so, and again examine, we shall find that, while some importance was attached to the nature of the midwifery attendant and to the degree of skill and knowledge possessed by him, little attention was paid to antenatal care or to the environment of the patient. The maternal mortality of the period was probably far higher in the case of the normal woman than it has been several centuries before, while in the case of the abnormal woman it was certainly far less. Finally, if we take the present time, we shall find that, while full recognition is given in theory to all four factors, in practice they are either erroneously interpreted or overlooked, and that the resulting mortality in both types of case is probably very similar to what it was fifty years before. In fact, I am afraid that an unprejudiced investigator, with all the facts before him, would be driven to the conclusion that the basis of modern midwifery practice was as unstable as it had ever been, and that the edifice reared on it was so shaky as to be unsafe.

The Present System of Maternal Care.

What is this edifice? Broadly, I may put it something like this. A woman discovers she is pregnant. She discusses the matter with her friends, who advise her to do diverse things. After an interval of some months she interviews a medical practitioner, and engages him for her confinement. It is the only part of the whole procedure with which she thinks he is concerned. He writes down her name and the probable date of her confinement. He perhaps recommends a nurse, only to find that she has already engaged one. Patient and doctor mutually forget each other's existence until about the onset of the second stage of labour, or, in a primipara, perhaps later. The doctor is then summoned. If immediate delivery is not imminent, he is expected to produce it by the usual means, and often does so. He visits the patient during the puerperium, and then leaves her. Finally, he is paid a fee which, while it may have some relation to the services rendered, has no relation whatever to services which ought to have been rendered.

The Chief Essential in the Management of Normal Pregnancy.

What is the chief essential in the management of normal pregnancy and in the prevention of abnormal pregnancy?—I answer—antenatal care.

What are the chief essentials in the management of normal labour?—Absence of haste and asepsis.

What is the chief essential in the prevention of abnormal labour?—Antenatal diagnosis.

What are the chief essentials in the treatment of abnormal labour?—Asepsis and operative facilities.

Are these essentials usually present in the average case of maternity as conducted in the present time?—I do not think they are.

Hence my opinion that the cardinal factors which control maternal mortality are erroneously interpreted, and that, this being so, the present system of caring for the puerperal woman is wrong.

Dr. Jellett's views are the same as those expressed in a prize essay by Dr. Sydney Morris, Senior Medical Officer for New South Wales, whose opinion he quotes, that "Antenatal supervision will eventually be regarded as the key to success in preventive midwifery. Until such supervision is regarded by both doctor and patient as a first principle of midwifery, we shall not be able to bring about the reduction of maternal morbidity and mortality in those directions in which the latter are most preventable."

previous page

next page