

The Midwife.

MATERNAL MORTALITY AND MORBIDITY.

FINAL REPORT OF DEPARTMENTAL COMMITTEE.*

(Concluded from page 256.)

MATERNAL MORBIDITY.

In the chapter devoted to Maternal Morbidity the Committee state that while they been "chiefly concerned with the problems of mortality associated with pregnancy and childbirth, they have not lost sight of the fact that their terms of reference include also the disablement too often attendant thereon. Not unfrequently the mother, though she survives delivery, is left with disease or disability that has been caused or aggravated by pregnancy, or that is the result of injury or infection during labour. Her health and vitality are in consequence impaired, her usefulness diminished and her expectation of life shortened.

"At the same time they recognise that the prevalence of this morbidity is difficult to assess. No accurate statistics regarding it are yet in existence. If there are definite lesions accounting for symptoms the existence of organic disease is placed beyond doubt, and its frequency might be assessed by properly concerted efforts. But too often the evidence of disease or of departure from the normal are subjective only; the patient's complaint, while to her very real, cannot be related to any particular organ. In estimating the degree of disability in such patients, the investigator, if he is to form conclusions that are approximately correct, must take into account the personality of the patient, her capacity to bear pain, and her accessibility to suggestion."

At the Royal Samaritan Hospital for Women, Glasgow, in the years 1928, 1929, 1930, 7,734 patients were treated, and it is recorded that in 2,178 (28.1 per cent.) of these, infection associated with childbirth was an etiological factor in the condition for which they were treated, and injury associated with childbirth in 2,730 (35.3 per cent.).

Dr. Douglas Miller, "in a follow up of 2,000 women in the Edinburgh Post Natal Clinic, found that in 30 per cent. the condition was unsatisfactory, i.e., the patients suffered from disability of various kinds such as leucorrhœa, backache, subinvolution, prolapse, retroversion and various lesions of an infective nature, such as cervicitis.

"If we assume such results to be typical of those obtained in other centres, we are compelled to conclude that a very large number of women yearly suffer, in greater or less degree, from disabilities following and resulting from childbearing."

The Effect of Abnormalities of Pregnancy and Childbirth upon the Health of the Mother.

The Committee go into some detail as to the subsequent fate of the patients who have suffered from the toxæmias of pregnancy, and emphasise the fact that if the heavy annual toll of life and health incident to the toxæmias of pregnancy is to be diminished more attention must be given to early diagnosis and adequate treatment.

The Effect of Child-bearing upon Pre-existing Disease.

The Committee have arrived at the conclusion that morbid conditions following on pregnancy or aggravated by them form a group of great importance, and that the problem of prevention, of provision of skilled observation and diagnosis, and of facilities for hospital treatment is a pressing one. They desire in this connection to call special

attention to the importance of the avoidance of pregnancy by women suffering from organic disease such as tuberculosis, heart disease, diabetes, chronic nephritis, in which child-bearing is likely seriously to endanger life. They consider that advice and instruction in contraceptive methods should be readily available for such women and their husbands, from private practitioners, at hospitals, or at gynaecological clinics set up by local authorities under the Public Health Acts in accordance with suggestions made by the Ministry of Health in Circular 1208, but that as there are no entirely reliable appliances for the prevention of pregnancy, when the avoidance of pregnancy is essential on medical grounds the question of sterilisation should be considered.

Important Conclusions and Recommendations.

CONCLUSIONS.

The Committee are of opinion that at least half the deaths which have come under review could have been prevented had due forethought been exercised by the mother and her attendant, a reasonable degree of skill been brought to bear upon the management of the case, and adequate facilities for treatment been provided and utilised.

(1) Sepsis (puerperal infection) accounts for 37 per cent. of all these deaths and is also the chief cause of morbidity after child-bearing. (2) Owing to too infrequent examination of urine and estimation of blood pressure, toxæmias are often not recognised in time, and even when recognised they are often inadequately treated. The causation of these toxæmias is not understood, and very little advance has been made towards new knowledge. (3) The importance of "warning hæmorrhage" is commonly not recognised in cases of ante-partum hæmorrhage. Transfusion and infusion are too rarely practised after serious loss of blood. (4) In the absence of a general medical examination many cases of serious systemic disease are not recognised during pregnancy. There is, as a rule, inadequate management of pregnancy in heart disease, tuberculosis and nephritis. There is insufficient institutional accommodation for such patients. Rickets, now a preventable disease, has a most important bearing on maternal mortality, and its prevention should subsequently reduce the maternal death rate.

The Committee state that they have been much impressed by the need for better instruction of midwives in ante-natal care and nursing methods. Except in certain rural areas there is at present no organised service of midwives, with adequate status and traditions of its own. The independent midwife is often harassed by financial anxiety, and the absence of security is discouraging.

RECOMMENDATIONS.

Among the Recommendations of the Committee are the following:—The use of rubber gloves in the conduct of labour. In view of the accumulating evidence of the danger of droplet infection from the mouth and nose of attendants, and others, the use of adequate masks is strongly advised.

There should be a more effective examination of urine and estimation of blood pressure during pregnancy, and in order to carry this out it is advisable that midwives should be trained to make blood pressure determinations. More beds should be provided for the treatment of toxæmias in their early stages, and the importance of early and adequate treatment of these conditions should be much more fully realised.

The doctor's midwifery equipment should include

* H.M. Stationery Office, Adastral House, Kingsway, London, W.C. 2s. 6d. net.

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