XII. PRENATAL PROGRAM

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PART I

EARLY HISTORY OF OBSTETRICS

The Egyptian, Greek and Roman peoples had their prenatal care well developed at one time but it was lost when their civilizations declined and remained so for over a period of thirteen centuries. During these dark ages the pregnant mother was given more care than the very primitive woman. Due to ignorance, superstition and neglect the mortality rose until there was a regulation of midwifery. Crude ways, as the "Obstetrical Stool", for caring for the pregnant woman existed until the nineteenth century.

It was Hypocrates who organized and defined the duties of midwives. A physician at times was found, who would supervise the midwife but was not held with too much respect.

The Greeks surpassed the Romans in their organization of medicine and continued to develop midwifery, which is well described by Soranus of Epesus, a follower of the Methodist School of Asclepiades. He was the leading authority on gynecology, obstetrics and pediatrics of antiquity. He also gave the first knowledge of the anatomy of the female reproductive system, which knowledge was gained from the dissection of animals. Fifteen hundred years passed after Soranus' contribution to medicine, when Pare' of France aided obstetrics. According to Soranus' writings, the Greek physicians considered an abortion operation only when the mother's life was in danger. Barbers or executioners performed this operation as it was beneath the dignity of a physician. Often a

Footnote: (1) Exodus 1:15-21

woman in difficult labor was left to the midwife or hog-gelder. The first manual written for direction of midwives was at the beginning of the fifteenth century, A.D., by Eucharius Roslin of Worms although he had never seen a child born. Dr. Wertt of Hamburg dressed as a woman, attended a labor, to study the case and as a result was burned to death.

Dr. Pare' was a barber's assistant then had his surgical training as a dresser at the Hotel Dieu. He was very successful with a captain's wounds, which recovered completely. When Henry II became King of France, he made Pare' chief surgeon. He retained this position under the three succeeding kings. It was he who brought back to civilization and described podalic version, as great a discovery for the child as that of the childbed fever for the mother, three centuries later. It was used when the child was not in a normal position. In other words, the child was so manipulated that it gained a natural position. Dr. Pare' was exceedingly kind to the pregnant mother. He established the first schools for midwives at Hotel Dieu in Paris. Male midwives were graduated and it soon became the fashion for ladies of the court to have these "accoucheurs" deliver them.

In 1588 the Chamberlain Brothers in England gave all of their time to midwifery and invented the obstetrical forcep. They kept this discovery secret for several generations. When Hugh retired, living in France, he became involved in some political trouble and offered to sell the forcep to Mauriceau. Mauriceau had a difficult case on which he permitted Hugh Chamberlain to prove his secret instrument. After hours of effort the patient died. Finally Chamberlain was compelled to leave France. He sold his instrument to Holland. The College at Amsterdam being the

owner, sold it to anyone who would pay a good price. Half of the forcep had been kept. Due to this breach of ethics, Chamberlain was not given the credit of the discovery of the obstetrical forcep. Jean Palfyne developed a similar instrument which he presented to the Paris Academy in 1721. This instrument did not take the place of Pare's podalic version or the cesarean section operation. They each gave their share to aid in the delivery of the pregnant woman.

Andreas Vesalius in 1543 showed that the bones of the pelvis did not separate. It was in England in the eighteenth century that the measurement of the size of the pelvis was established. The French physicians did not follow the example of the English due to the influence of the Catholic Church. In spite of this, abortions were practiced. By the time physicians had removed the induction of premature labor, midwifery had not been separated from surgery. This caused the doctors to use instruments whenever they could. The reaction against this practice caused actual surgical procedures to be neglected.

William Hunter, in the eighteenth century, actually showed his forceps with rust on them as proof of not being used. By the nineteenth century, obstetrics was recognized as a part of medical practice and education, and forceps were returned to use when necessary. This era marked well the development of the mechanical side of obstetrics.

Advantages gained in obstetrical work now were offset by the rapid development of puerperal fever, which increased throughout the seventeenth, eighteenth and nineteenth centuries. In 1773, a great epidemic of puerperal fever struck the hospitals of Europe, and in the District of Lombardy not one pregnant woman lived after delivery. This continued and

was controlled in the nineteenth century.

The first information concerning puerperal fever came from the United States. Obstetrics did not receive the attention however in the United States they did in Europe, until after New York City passed the ordinance to control midwifery. In 1739 a special department was created at the University of Glasgow, while six years later the first record was made of a "male midwife". The modest women of New York preferred the "grannies". In 1762, Dr. William Shippen, Jr., opened a school for midwifery in Philadelphia. He studied with Dr. Hunter abroad and really established the first organized lying-in hospital service of America. The Revolution stopped all progress in this new school. It was one hundred years later that John Dupuy, M.D., Midwife of New York, died. Oliver Wendell Holmes read a paper entitled "The Contagiousness of Puerperal Fever", before the Boston Society for Medical Improvement. In this he showed that women died in Europe and America from this dreaded infection, due to the lack of cleanliness, which was carried by the physician or midwife to the patient. This information was received with indifference in Boston and much condemnation in Philadelphia. His paper was not heard of in Europe until it was hunted up fifty years later as a relic and a historical curiosity. Holmes spoke of Semmelneis of Vienna who washed his hands in chloride of lime and had had good success with his patients. Semmelneis had noticed the difference in the two divisions in the hospital and set about to find the cause. The greatest number of deaths were in the wing nearest the dissecting room where the men worked, and without even washing their hands went to the obstetrical ward and examined the patients. The physicians noticed the marked improvement in the death

rate and insisted everyone wash in chloride of lime water to properly clean their hands. The death rate fell in seven months from one hundred twenty to twelve.

In the United States, due to the attitude of the public in general toward the pregnant woman, much false modesty and ignorance had prevented authentic statistics from being compiled on mortality rates until after 1915. In order to meet the needs of the expectant mother, great strides have been and are being made since this date.

PART II

BIRTH CONTROL

Man is the only member of the animal group who limits his offspring. However, he is not making a success of this practice.

Primitive man was not concerned by birth control since he in his ignorance thought the baby was placed in the mother's womb by spirits. It was in the earlier days, the survival of the fittest and as a result, we have a hardy race. Weaklings, cowards, degenerates and defectives were put to death, thus corrected their troubles.

Today the cream of our people goes to war and it is the idiot, criminal and weakling who are cared for and protected. We as a race are therefore deteriorating.

Birth control was practiced in earlier times and it is thought those who practiced this outlived those who did not use birth control. Among the Maori race of New Zealand, marriage was for the perpetuation and improvement of the race. Their principle was to select the best seed to insure birth of perfect children as it was their business to select perfect grain to give a bountiful crop. This rule was observed for thousands of years and then when the Maori contacted the white race he was almost annihilated, due to bullets, syphilis and tuberculosis.

Unrestricted immigration and preventive medicine have worked great changes in the United States, saving handicapped as well as normal children which is causing a social umbalance. This does not look good for our nation's welfare.

It is not the lowest type of people we are concerned with, but the

large group of mentally low grade, who do not feel the responsibility of parenthood. Welfare and health agencies have helped this class causing a reduction in their death rate more than any other group.

The upper middle class, which includes college graduates, professional groups, skilled mechanics and successful business men and farmers, who have been responsible for the progress of our country, are rapidly diminishing their families. Therefore, we must curb the lower classes and stimulate the upper classes to realize their marital obligations or civilization will suffer.

In the animal kingdom it is the survival of the fittest, but not so in the human race.

The theory that the upper classes come from the lower classes does not mean too much for the future of our nation. On the whole, upper classes come from themselves, this was responsible for the outstanding people as the Adams, Edwards and Lowells. It is equally true for the Jukes and Kallikak.

In 1675 it was the scum of the earth that came to our shores, which gave us a poor start.

Criminologists and eugenists tell us criminals are born, which class of people could be greatly reduced by selective breeding.

(1) This theory is not supported by Sutherland in the survey made on criminals, which gives a different conclusion due to the understanding we have today in the science of behavior through sociology and psychopathology with the application of this newer knowledge applied to the old problem of crime, the labeling of a criminal as feebleminded, psychopathic or pervert is a very slight part of his understanding. One to understand

Footnote: (1) Edwin H. Sutherland, Ph.D. "Criminology". Assistant Professor of Sociology, University of Illinois. 1924.

criminality must understand the mechanisms and processes involved.

According to statistics, as those given by Sutherland, no distinct type of people commit crime. So far as any evident type, it is the young adult man living in the city, perhaps the negro should be included, but criminality is no greater a racial than a cultural or economic trait. There seems to be little difference between criminals and non-criminals with reference to mentality or nationality.

Miss Fernald in her study on women delinquents in New York agrees with Sutherland that crime is always a joint product of an individual and a social factor.

The White House Conference on Child Welfare and Protection gave some interesting figures.

45,000,000 children in the United States under 18 years of age.

10,000,000 children unfit or handicapped by physical disabilities, social restrictions, mental deficiencies and by poverty.

35,000,000 normal children.

6,000,000 improperly nourished.

1,000,000 with defective speech.

1,000,000 with damaged or bad hearts.

675,000 with behavior problems.

450,000 mentally retarded.

382,000 with tuberculosis.

18,000 totally deaf.

300,000 crippled.

50,000 partially blind.

14,000 wholly blind.

200,000delinquents.

500,000 orphaned dependents.

Much has been done and more will be done to remedy this waste of human energy but would it not be better to prevent their handicaps. The blind are due to venereal disease, the undernourished to families too poor to raise families. The mentally retarded and behavior problems due to parents who were morally and intellectually unfit to be parents. The crippled children a result of poor obstetrics and neglected correctional measures among the poor. This is proof we need better breeding of the human race both from the biological and economic standpoint.

England and Poland feel birth control should be practiced and the law of abortion as it exists should be changed. Poland's new health law permits gynecologists and general practioners who know how to perform this operation successfully to do so. The midwife and quack will be prosecuted by law. The Catholic Clergy have adopted a campaign against the adoption of the birth control scheme.

Advocates of birth control make much of over-population. China and India are horrible examples. The United States, which now has thirty-five inhabitants to the square mile, in 400 years will have 4,096 to the square mile or one to every ten feet. The remedy is in birth control, the alternative of famine, war and pestilence.

During biblical times it was justifiable, "Be fruitful and Multiply". Science has made it possible to support more people in a given area but there is a limit. The fatalist contends the law of nature is to fight, to die of epidemics, and to starve. This is unnecessary and only the best types should "be fruitful and multiply".

From 1921 to 1931, the births in the United States fell 17%. The states which showed a decrease of one-third were Connecticut, New Jersey, Massachusetts, Rhode Island and North Carolina. Those states high in birth rate were Vermont, Nebraska, Kentucky and New Mexico.

Birth control as it is practiced today is not among the socially unfit but the fit. It isn't pleasant to think of the checking of over-population but it is natural law. Medical science is saving the unfit who were unable to service in earlier times and are aided by social workers and philanthropic organizations. This will cause society to suffer.

Would knowledge of birth control encourage sexual immorality? This may be the case but it would be offset by making the marriage state happier, and contributing to sexual morality.

(1) "We do not contend that prophylaxis against venereal disease is improper because it engenders illicit intercourse, and by the same reasoning we would not withhold the knowledge of birth control because it might tend to sexual immorality. Morality depends more upon character than upon circumstance and most people are moral in spite of circumstances."

For twenty-five years the American Medical Association has kept from making a statement on "Birth Control".

(2)The committee appointed two years ago on the recommendation of the House of Delegates, unanimously voted:

To make clear to doctors their legal rights in using contraceptives.

To investigate methods of contraception.

To promote education in fertility and sterility.

To restrict control of contraceptives to legally licensed clinics.

Footnote: (1) "The Story of Child Birth" Dr. Palmer Findley. P. 264. 1933.
Footnote: (2) The Journal of Medical Progress, page 31. Publisher- M.E. Herz.

The House continued by stating that it has not always been the factor that religious factors retarded the decision on birth control and urged medical colleges to train students in prescription of proper methods of birth control as "legitimate and necessary".

The United States does not have officials who are responsible to interpret and enforce laws or sterilization and as a result, have conflicting statements on the number sterilized. Other countries' laws recently passed as in Norway, Sweden, Finland, Vera Cruz in Mexico, Tasmania and New Zealand, have not sufficient data to give an authentic report.

In arguing for sterilization to improve inhabitants, it is a fact where social care is good we find evidence of finest culture and the best biology. Where social care is poor, we find that the people present degeneration.

In a study of feeblemindedness made by the American Association in 1930, the opinion was heredity has been overemphasized and emphasis in sterilization should be laid on the term selective rather than eugenic.

The committee concluded no radical change in society can be expected from sterilization or legislation.

PART III

CHILD SPACING

Child spacing refers to regulation of the time of child bearing both for the good of the parent and those already in the family, as well as to protect the mother that she may be able to take care of her own body and properly care for the living children. Health and economical reasons are two other factors to be taken into consideration. Dr. Fred C. Holden, Professor of Gynecology in Bellevue Hospital and Medical College, states, the highest mortality exists in mothers under twenty and over thirty-five, the child that nurses has four times the chance of life the child artificially fed, that mortality increases for both mother and baby after the second child is born, and that where the mother dies the baby's life is endangered four times as much in their first year of life. Three babies die between one birth and the preceding birth, when the time is less than two or more years. The high death rate is due to the mother nursing one baby and dividing her care to the detriment of both. Dr. Holden states, in most cases this means the average American family should not have more than three or four children. To plan to have children not oftener than every two years but not at intervals longer than two years in order to give the children companionship and to save the mother from being worn out by too long a nursery life. To follow the doctor's advice before, during and after pregnancy and especially to apply their experience learned in the past. When the income is low and the mother and child can not have adequate care, all of these precautions must be increased to protect the family.

Child spacing should be practiced on the assumption the mother assumes pregnancy voluntarily and intelligently. Her welfare and the children she has and economic circumstances should be regarded, however, the modern woman, regardless of nationality, assumes the right to protect and care for the children entrusted to her. She is determined no institution or group of people will dictate to her with regard to her family relationships.

THE PHYSICIAN'S VIEWPOINT

The viewpoint of the physician is very different from that of the various churches. The doctor is interested in the care and the physical and social well being of the pregnant woman.

Sterilization is justifiable when practiced under hygienic conditions. In the example of the tuberculous woman, either sterilization or contraceptives should be used.

In the abnormal pelvis it is often necessary to perform a cesarean operation. If it is necessary to perform this operation, more than three times, then the tubes should be tied, which would effect permanent sterilization. This practice is done to avoid the danger of rupture of the uterus in later labors, which may cause the death of the mother and child.

Bright's disease causes permanent complications and many lives of mothers to be sacrificed.

Heart diseases when present in women will not allow any more of a load to be carried, as in pregnancy. These afflicted women should be sterilized.

Women with mental disorders, as, epilepsy, feeblemindedness, insanity,

chorea, and other psychic disorders should not have children. If they can not be restrained, they should be sterilized.

There are cases where theapeutic abortion is justifiable, as in acute hydramnios where the womb is over-distended with fluid, uncontrollable vomiting or where the pelvic cavity, by adhesions or the presence of tumors, causes interference with pregnancy.

Contraceptives should be used before sterilization is resorted to, but in the case of idiots. The doctor who fails to give this aid as in cases mentioned, is failing the trust placed in him by the public. The fact the laws do not permit the doctor to give contraceptive advice will prove a detriment to society.

The medical profession recognize the importance of birth control and they realize appeal must be made to the more intelligent of our communities as the ignorant, vicious, and debased will not listen.

ABORTION

Birth control has nothing to do with abortions. How to meet this condition in the United States is a question, since we can do nothing about abortions, then the next best thing to do is establish a routine hospitalization of all cases.

The economic situation has increased the abortions in both the United States and Europe. In Italy, five times as many criminal abortions have occurred since the World War. In fact, abortions have become a scourage far more serious than the epidemics of cholera, plague, and smallpox of earlier times. Germany has the most authentic statistics. Dr. W. Fust of

Wittenberg, Germany, states that 8000 women die yearly and 25,000,000 become permanent invalids. In the last fifty years the numbers have increased ten-fold. The estimate for abortions in the United States is near one million, while Germany with a population less than one-half of ours, has records of over 800,000. Due to the fact a doctor can not help a woman who has attempted an abortion in Germany, thousands of women die yearly. In spite of this, the penal code provides a term of imprisonment for the woman who commits the act.

All abortions are not induced, many are unavoidable. It is not natural to interrupt pregnancy. Syphilis, tuberculosis, anemia, infectious diseases, extreme youth, old age and exhaustion are some of the causes of abortion. Very heavy women and those suffering from glandular disturbances and pregnancies following in rapid succession are other just causes of abortion.

It seems to be questionable if excitement or shock affect the pregnant uterus. Vitamin "E" absence will cause the ovum to be blighted or incapable of fertilization. If it does become fertilized there is a chance of expulsion of a diseased or dead ovum early in pregnancy. Abortions are found in diseased pelvic organs, which if remedied will aid future child bearing. It is here that surgery has accomplished much.

The medical profession and the laws on our statute books recognize the need of interruption of pregnancy, "to save what can be saved", rather than sacrifice both mother and child. This to the medical profession and in the opinion of the law is the privilege and the duty of the physician. This is, of course, if he has the consent of the parents and the consulting physician.

PART IV

MATERNITY AND FASHIONS

According to the little information anthropologists can obtain of primitive man from the few bones found, he was indeed an unattractive individual. He only survived because he was able to grasp new ideas and make them serve his purpose.

Most animals have had to adjust to their environment and man has made one of his adjustments by using skins of animals as clothing. A little later he used a loin covering. Ornaments on ankles, wrists, neck and hair and earrings were used for seductive purposes. As civilization advanced, clothes as a protection became a secondary matter. Modern woman goes in for clothes as an adornment rather than for protection.

The needs of the body were little considered in earlier times. It was the mode, nothing else mattered, but women have advanced today in the matter of clothing that their bodies can develop and function as nature intended.

The pregnant woman consulted her dress maker in earlier times rather than her physician.

Ancients believed the baby made its way into the world by its own power, which theory has been changed for some years. It is through the muscles of the uterus, abdomen and back that the child is forced from the uterus.

The Spartans and Romans prescribed long garments for their women. The Emperor Joseph of Austria would not permit the women to wear a corset.

In 1788, Marie Antoinette took off her bejewelled silks and dressed

in cambrics. Her people followed her example. They added underskirts and pads to keep up with their Queen's style. Their customs were called "three-months' term", "half-term", according to the Queen's pregnancy. Single or married, young or old, the women all looked pregnant. The Queen had a miscarriage and her hair became thin. She cut it short and her followers followed her style in this.

In 1781 the birth of the Dauphin caused all sorts of elaborate ornaments to be used in the dress, or diamonds in the hair and ears, and gold crosses were replaced by the portrait of the Dauphin. On the crown was the inscription, "Long live the King, long live the Queen, long live the Dauphin". There was great gaiety and extravagance which also entered the maternity wardrobe. Dressed in beautiful linens, laces, and ribbons, the pregnant woman reclined on lounging chairs, where she received costly gifts.

In the nineteenth century in the fashionable life of Paris, Empress Eugenie set the pace for all France, and sacrificed every rule of hygiene in establishing the fashion in dress. Women were ashamed of being pregnant and squeezed their bodies in tight corsets and other ingenious dresses.

As long as women sacrificed health and comfort for style, they had to suffer the consequences. Due to the corset and clothes worn, the woman became a mouth breather due to lack of abdominal muscles having free play. Today women are natural breathers as men, thus all of the organs of the abdomen have an opportunity to develop and function normally. All of this former incorrect dressing interferred with the organs' function and the circulation of the blood. This was particularly true in pregnancy. All maternity garments should be so worn not to hinder body activity. They should be simple, light and comfortable.

Fashion should not be disregarded but care should be used in the choice of the proper garments to aid the mother's feeling of not being made conspicuous.

Doctors feel adequate provision for even distribution of clothes over the body, which are swung from the shoulders, can give comfort and style to a maternity garment. Several simple rules, as the use of shoes with thick soles and low heels since high heels throw the body forward causing fatigue and unnecessary strain on the back and cause an exaggerated appearance of pregnancy, a light woolen breechette covering the hips and thighs in winter, a brassierre made of proper material instead of a lace one should be fitted to the breasts just below, never above them, to in any way interfere with their normal function, as well as a vest, and side elastics instead of garters which tend to cause varicose veins. All clothing should be chosen to meet satisfactory climatic conditions.

Contrary to Emperor Joseph's idea on corsets, the corset should be worn to support the abdomen. If not properly fitted, it will cause fatigue and discomfort. Corsets are not essential in all cases, particularly in the first pregnancy and for women who are not accustomed to wearing a corset. A corset should be worn however after the third month if the abdomen is heavy or pendulous. No ordinary corset will answer this purpose. In the last few months no corset is comfortable.

The following out of these simple procedures in dressing, adjusted to meet the requirements of the individual mother plus a happy disposition will go far toward helping her to more adequately meet her situation.

Perhaps the greatest aid in the future adjustment of the pregnant woman in meeting her many difficulties will be the public health nurse, who has proven so helpful in the past.

PART V

MENTAL HYGIENE OF MOTHER

Intellectual growth and mental hygiene begin at birth, which is demonstrated in feeling tones and attitudes toward experiences in adult life. Since the reactions of the child are as a rule the product of the adult's own past experience, the adult's responsibility is to intelligently handle simple daily situations that the child will be prepared to meet life in the best possible way. This can be aided through re-evaluation and re-adaptation of a constructive program of objectivity, insight, and treating the child as an individual. This will be invaluable in directing the physical, intellectual and educational development of the child.

With a well rounded program the child should so adjust by experiences with other companions, parents, church and state, she would be prepared to meet married life as just another situation.

Today there are many reliable sources of information which can give the young woman and man considering marriage, information on the development of good comradship, good sense and judgment, confidence and frankness when problems arise, on assuming responsibility and wholesome emotional attitudes and methods to fit them for the fine art of living together.

Horace, in one of his Odes, advised that in times of stress one should keep an understanding mind. A quiet mind for a woman during pregnancy is important both for her physical and mental well being.

She should be relieved of all unnecessary burdens of the home, an unreasonable husband and annoying relatives which may even include her

own mother.

All women do not have mental disturbances during pregnancy, particularly if they are educated in the art of self-control. While no mental illness is inherent in pregnancy or motherhood, mental illness often results which needs special care and attention.

Mental activity is essential and many women teach and continue in business carrying responsibilities in various forms. It is considered better that they discontinue shortly after knowing of their pregnancy, or at least as soon as fatigue is felt to any degree.

The company of social friends is helpful, but not the company of older women who tell tales of their own pregnancies, which are too often the result of their own ignorant experiences. Reading good literature and devotion to music serve a good purpose for the general occupation of the mind.

It seems a question as to whether women should be given books showing the anatomy and discuss the physiology of pregnancy and labor with any other person other than the woman's own physician, who will explain, as much as he will consider wise. If the rare patient feels she should read some book on the subject of pregnancy, Dr. Curtis would recommend, "The Prospective Mother", by Morris Slimons, or "The Expectant Mother's Handbook", by Fredrick C. Irving.

The following few statements are recognized as authentic by the best obstetritians, that there is no nervous communication between the mother and fetus. According to Professor Ballantyne of the University of Edinburgh, our brightest modern authority on prenatal disease, and Dr. Cadwallder, and other scientists, there is no nervous connection between

the mother and fetus:

That if there is a physical abnormality of the fetus, it existed before the event which is supposed to have caused it occurred:

That many women have defective infants who have had no disagreeable experiences. The opposite of this holds true:

That abnormalities observed in human infants are seen in the lower animals too: That these conditions are caused by harrowing experiences on the mother animal can scarcely be insisted upon.

Literature abounds with many reports of the interruption of pregnancy for a list of diseases. It is true, any particular disease condition can be sufficiently severe to endanger the life of a woman, with the added burden of pregnancy. This is the exception, rather than the rule. Intelligent therapy given for the primary ailment, leaving the pregnancy undisturbed will give more satisfactory results for the patient. If therapeutic abortion is apparently necessary, the diagnosis should be made by consultation with a competent obstetrician.

In spite of our well developed educational system, which reaches all classes of people, we still have lay people and even obstetricians who believe in "maternal impressions".

Some of the most absurd superstitions have been accepted by independent thinkers throughout the centuries, as Aristotle, Salmuth, Voltaire, Goethe, Sir Walter Scott, Oliver Wendell Holmes, Hawthorne, Charles Dickens, Cole of the seventeenth century, Hippocrates living in the fifth century B.C. and many others.

It was not until the eighteenth century the medical profession questioned the truth of the statement concerning maternal impressions.

Professor Ballantyne of the University of Edinburgh and Dr. Cadwallader of the University of California, as well as scientists, do not believe in maternal impressions.

Dr. Findley feels,"nothing is so firmly believed as that we least know". "It is so much easier for the unthinking mind to accept superstitions than to weigh evidence and arrive at a rational conclusion.

Louise Zabriski in her book "Mother and Baby Care", states, contrary to other authorities mother's happy outlook on life during pregnancy directly influences the baby's outlook on life. She, however, agrees with Van Blarcom and the best obstetrical authorities on most of the detailed care needed for prenatal cases.

Having a baby is both the mother's and the father's responsibility. While the father can not carry the discomfort, burden and risk associated with pregnancy, labor and the after-birth period, he can do much to aid his wife during this time by assuming responsibility of either making or buying the necessary articles needed for the coming baby and helping with the heavier home work, which so often causes the mother undue fatigue, an important detail of prenatal care.

The greatest aid is the nurse. Serving as she does in the capacity of private, office, hospital, institutional or public health nurse, through her unfailing tolerance, courteousness, understanding, and consideration of the pregnant mother.

PART VI

THE MOTHER AND UNBORN

Since the beginning of history the care of the mother and the baby during the prenatal and postnatal period has been the gauge of the advancement of society. Child bearing in earlier ages was more of a natural process since the primitive mother's pelvis was free from rickets, which today is one of the greatest causes of labor difficulties.

In earlier times her very active life and the heavy work she performed caused the child's head to be forced down into place, as with the early primitive woman, so with the Indian of today continues the custom of having the pregnant woman in company with an experienced woman occupy a spot alone to be delivered and go through a period of isolation and purification. Labor was presumably aided by coaxing the child out with promises of food delicaces. If it failed to present or was making a difficult delivery, it deserved destruction. Through this practice arose the midwife, who was a blessing in her day, but has been considered one of the outstanding menaces to good obstetrics for some years.

Statistics today give a different picture which gives the causes of 65% of the maternal deaths as preventable, 65% due to physicians care, 37% to patients and but 2% due to midwives' care. This very low percent for the midwife is because most states in the United States have laws which require a licensed physician to be called in when there is any abnormal condition presented where a midwife is doing a delivery. Thus if there is a death it is the doctor who signs the death certificate and not the midwife. Legislation is gradually raising the standards of

midwifery. In 1911 and 1925 two schools were established for training of midwives. The one in 1925 under Dr. Ralph Lobenstine admits only qualified graduate nurses. Mrs. Mary Breckenridge has done a good piece of midwifery work in the hills of Kentucky. She established this work in consultation with the State Department of Health of Kentucky. Today there is much talk of the Public Health Nurse qualifying in obstetrics, to practice midwifery in remote regions in the United States.

Maternity care should be the same for every mother whether she lives in the best or poorest home. This should include medical and nursing supervision and care until she is able to take care of herself and baby or the nurse instruct come one to give necessary care. The nurse's care varies, according to the type of service she is giving and those she is serving. While nursing care has always been given the mother to a more or less degree, actual prenatal care is comparatively recent. No one class of workers has the opportunity of contacting mothers as the nurse, and it is she who must assume the role of teacher in breaking down prejudices and superstitions, establishing a working basis which will develop the mother's confidence that she may receive the best of care for her own particular case.

A number of years ago the trend was to do special nursing of which obstetrics was one phase. This idea has gradually changed until today a general background of nursing is considered best for all nursing, then if the nurse desires to go into one particular field, she is better qualified to do a special kind of nursing work. Obstetrical work is both surgical and medical. The nurse in training, receives this instruction but has never, only until recently, received instruction in prenatal care and this

is confined to too few schools. Various hospitals are affiliating with the agencies of their communities to give this very necessary phase of nursing. Plans and programs are being worked out at present whereby the nurse in training will receive adequate instruction and actual field work outside the hospital, which will prepare and qualify her on graduation to do good public health work.

The qualified nurse is the greatest help the doctor has whether in the institution or in public health work. It is she who applies mental hygiene to aid the mother through this long period and watches for any changes or symptoms which may indicate an abnormal condition.

Obstetrical nursing more than any other kind of nursing care requires a woman of judgment and tact. It is not every nurse who can do this successfully, as she needs to know what to say, when to say it, and where to say it, which means talking with the patient of her condition and symptoms in such a way she will develop the best attitude, also in handling the family, which is the most serious problem.

Public Health obstetrical nursing varies from institutional nursing because of the lack of equipment with which to work. If the nurse is unable to adapt to perhaps a very poor set-up in the home and use economy, then she is not suitable for public health nursing. The one requisite, which is the same regardless of conditions, is cleanliness. Under cleanliness may be included, nurses free from any disease or infection, knowledge of how to prepare the patient for examination, technique for applying sterile supplies and throughout the delivery and postpartum care.

The majority of women entering the nurses training are interested for the fact they desire to be of service to humanity, but, too often little

dream of the many demands which will be made on them to meet the calling they have chosen. With the improved educational advantages today and the will to accomplish, it is within the power of most nurses to attain success.

The care of the new born should begin with the ancestors and particularly with the parents before marriage and an examination every year thereafter of the entire family. This routine would make for every child an opportunity of being well born. Some malformations and low mentalities are unavoidable. While heredity has much to do with the new born, wrong environment seems to do much more to cause maladjusted children of whom we see many adults in later life, and too often a vicious cycle is established, to the detriment of those closely connected, as well as the community.

When the mother finds she is pregnant, as a rule she forgets her own interests and her entire energies are given to thinking in terms of the coming baby. To accomplish the most for the new born means proper prenatal, intranatal, and neonatal care. Every effort is being made today to so aid the mother in these various stages, that she may pass through them with as little danger to herself and baby as possible. This demands constant attention for the prenatal and intranatal periods, which when not well supervised too often fail to fit the mother for the neonatal and child hood care following birth. The technique for maternity care is developing and improving each year and should give better adjusted men and women for the future.

Childbirth has always existed and is of great importance to mankind. With all of its importance the child, both for its coming and after its arrival, has not received the proper attention for its best development.

The trend of the times indicate the greater part of this education and instruction is to come from the medical and nursing professions through the communities, facilities for every racial, social and economic group.

The maternity case is represented in the clinical, in the rural, in the middle and in the well-to-do classes.

The clinical case is actually given the best care outside of the well-to-do cases. This is because clinics conducted by the hospital, private physician, and other agencies, have well trained groups of workers to give this service.

The rural maturnity cases and the great middle class of mothers are the two classes which have been neglected. The rural mother, due to isolation and lack of good doctors and nurses and care given by midwives whose training has been questionable. The mother of the middle class does not care to attend clinics and accept charity and has suffered as a result.

The well-to-do patient to all appearances receives proper care and does as far as physical comfort goes, but, will undoubtedly benefit through the various educational programs being conducted for the benefit of maternity care.

The present trend in maternity care is to so simplify information that it can be grasped by the general public. Clinical and research work have made many changes in attitudes and procedure in maternity care although maternity care remains the same. Van Blarcom's definition of obstetrical nursing may be defined with accuracy as the nursing care of an obstetrical patient but its true significance is limited only by the nurse's ability, resourcefulness and vision. The more spirituality which pervades this work, the more effective will be the nurse's skilled ministrations and

the more satisfying will it all be to her." Van Blarcom gives the essentials of obstetrical nursing applicable to any nursing service regardless of the training of the individual nurse.

The private nurse, the office nurse, the teacher nurse or the public health nurse, each in her own field aids the pregnant mother. The private nurse usually sees her maternity patient once or twice before delivery. The doctor has given all instructions to his patient and the nurse finds little difference in her work from her hospital routine.

The office nurse may be serving as nurse and secretary. It is she rather than the doctor who goes into the detail of the doctor's instructions for the patient.

The teacher or public health nurse conducts mother craft classes and demonstrations for the pregnant mothers, where the best is given for each mother to apply in her own case, never dropping below the minimum of standard. Those attending these classes are either charity cases or people on low incomes where they can pay but a small fee.

The public health nurse more than ever today realizes she occupies the strategic position to aid the ignorant pregnant mother whether her ignorance arises from timidity or from overseeming confidence.

"It is not preposterous", says Herbert Spencer, "that the fate of a new generation should be left to the chance of unreasoning custom, impulse, fancy, joined with the suggestions of grandmothers. To tens of thousands that are killed, add hundreds of thousands that survive with feeble constitutions not so strong as they should be and you have some idea of the curse inflicted on their offspring by parents ignorant of the laws of life".

The nurse aids the unmarried mother and the deserted mother, who find

great relief in talking over their personal problems. The public health nurse more than any of the other nurses must be able to meet various situations, know community resources and have the ability to carry out the doctor's instructions. This nurse visits the needy family and teaches some one within the family to give the care needed. She continues her supervision until all needs are met or the family is turned over to the agency which will continue with their care. Very few agencies give bedside nursing service to maternity cases in labor but conduct prenatal clinics, classes and give home visits.

The records which are kept should give a complete picture of all work in each case and family, that the worker following may take up the problems with as little loss of effort as possible. It is the nurse with her watchfulness, adaptability, understanding, sympathy, and openmindedness, who does more in aiding the mother in understanding the many problems she is ignorant of and through the weeks that follow teaches the endless detail in the care of the new born baby, which makes for an everlasting attachment for both baby and mother.

PART VII

THE PRESENT STATUS OF CARE

Maternity Center Association, New York City, is the outstanding standard center toward which other maternity centers are striving. It was established in 1918 by Dr. Haren Emerson, who was Health Commissioner at that time. He, with others, saw the high death rate of mothers and babies and decided something definite should be done about it. The obstetrical and pediatricians who formed a board, called together the Women's clubs,who sponsored and financed the movement. The aim was to care for the pregnant mother with medical and nursing care, give instructions from the beginning of her prenatal period, give delivery, medical and nursing care and supervision and instruction following delivery.

Well trained obstetrical nurses were put in charge of this Center. These nurses gave the prenatal visits and helped at the clinic while the nurses of Henry Street Settlement did the follow-up care. This was not satisfactory and in 1922 the Association took over a definite district where they gave all the service. This district contained 200,000 people, representing 27 nationalities, which made it large enough for a study. The aim was to so educate the public and taxpayers that they would realize while child bearing was a natural condition it was necessary to have the services of the medical and nursing profession through the entire period of the pregnant mother to save her from the suffering the women had had in the past, which was all too unnecessary.

In the beginning, the pregnant mother was called on individually. Every association and social worker was asked to aid in developing this

work, as well as all doctors living in the vicinity.

The aim was to give this complete care to the pregnant mother and develop such a technique that it might be in turn given to nurses and medical students who in turn would be able to teach in their communities. Maternity Center is now in connection with the New York Lying-in Hospital and is the first unit of the East Side Medical Center. Cornell University Medical School is the educational center while Bellevue, Manhattan Maternity, Old New York Lying-in Hospitals and Cornell clinics as laboratories.

Home and office visits were found necessary. All patients were seen by the doctor and nurse every two weeks until the seventh month and every week after that. The same routine was followed out at each visit. Recording of temperature, pulse and respiration, blood pressure and fetal heart beat, inspection of breasts and of ankles to find any edema or varicose veins and questions of the patient's health habits.

To appreciate the great amount of good and marvelous results obtained by such a set-up as a maternity center, the findings in a study made in 1930 by Dr. Louis I. Dublin, Statistician of the Metropolitan Life Insurance Company, and Hazel Corbin, Director of the Maternity Center Association, seem to indicate prenatal care is of paramount importance. This study was on 4726 women taken care of and dismissed, from 1922 to 1929. Twenty-eight percent of these mothers came under supervision before the fifth month, 24% before the fifth or sixth month, 38% in the last three months of pregnancy, 2% received care in the ninth month, 85% of the entire group, therefore, registered before the seventh month of pregnancy.

During the eight years, no woman died before delivery, eleven died

within one month after delivery from puerperal causes. There were 4596 live born babies, 123 still-births, 132 live babies died before they were one month old, 274 premature deliveries, 61 of which were miscarriages.

The main purpose of the prenatal service is to watch for symptoms in the mother of albuminuria, edema, and high blood pressure. One thousand six hundred and four of these women suffered from one or more of these symptoms. The women were always referred for medical advice and the fact not one died before delivery is a challange to every community. The figures kept showed the chances of still-births were doubled when the mothers had complications during pregnancy.

Figures kept over a period of six years, from 1923 to 1928, on a district where the mothers did not attend the Center showed the mortality rate twice as high as the rate for the mothers attending the Center.

Little is known about still births, many of which are unavoidable, particularly those due to congenital defects.

With all of the improvement demonstrated at the Maternity Center in the care of the infant and mother, the death rate must be lowered.

The program of the maternity and child welfare work being carried on through the Social Security Aid, will undoubtedly show untold of accomplishments in the next ten years.

MATERNAL AND CHILD WELFARE PROGRAM

The Social Security Act approved August 14, 1935 by President Roosevelt, represents the results of the national committee in formulating a plan which can be used in the attainment of economic security for the individual and his family.

(1) The Social Security Act is "to provide for the general welfare by establishing a system of Federal Old Age Benefits, and by enabling the several states to make more adequate provision for aged persons, blind persons, dependent and crippled children, maternal and child welfare, public health and the administration of their unemployment compensation laws, to establish a Social Security Board, to raise revenue, and for other purposes."

Title IV - Grants to states for aid to dependent children.

Title V - Grants to states for maternal and child welfare.

a. - Maternal and Child Health Service.

b. -Services for Crippled Children.

c. - Child Welfare.

Title VI - Public Health.

These titles are the ones the medical and nursing profession are and will be interested in, in developing a rounded program with particular stress on maternity. These grants from the government with the monies of the states and counties, will be used in developing a rounded program to meet the need of every community. This is the task of the well trained public health physician who, as leader, will be in charge of the various units and staff of public health nurses to carry out the detailed work.

Footnote: (1) "The Social Security Board, Washington Informational Service, Circular No. 1, P. 1." April, 1936.

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