XVII. TEACHING MATERNITY PATIENTS NEW DOORS

Mary Lou Rinehart

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PREFACE

In recent years the literature written on maternal welfare has been tremendous. It has been discussed from many angles and innumerable studies made. The purpose of this paper is not so much the presentation of new facts as an attempt to review what has been done in the past and what is being done now in order to point out what could be done at the present. Perhaps the conclusions arrived at may be considered by some as utopian beyond the limits of practicability but the writer has endeavored to present only such views as she believes could be put into practice at the present time by a complete application of the facilities now available.

FRONT SHEET

"The world has no such flower in any land,
And no such pearl in any gulf the sea,
As any babe on any mother's knee."

--Swinburne.

CHAPTER I. INTRODUCTION

As truly unresourceful as though Hans had merely stood beside the leaking dike and watched the hole grow larger and larger until finally the waters surged in and covered the land--yes, actually neglectful is our present status in which so much information about the prevention of suffering and death among the mothers of our country remains isolated among the fortunate few. Few is not too limited a term to use. Information is not the possession of the individual until he has made it a part of himself. It must be tied into his mind by means of associations and become a definite influence upon his behavior.

An approximation of the limits of the few who are possessors of any degree of the available knowledge concerning maternal welfare may be gained from the results of the study made by the Subcommittee on Obstetrics, Teaching and Education of the 1930 White House Conference on Child Health and Protection. One of the things which the committee wished to determine was the knowledge nurses had of maternal welfare. They prepared two questions which were to be answered by private duty nurses registered for obstetrical nursing in ninety-three nurses official registries, nurses graduating from schools of nursing in 1930 and taking state board examinations, and nurses taking post-graduate courses in public health in nine universities. The two questions which these

nurses were to answer were:

"1. State what you consider constitutes complete care for a mother from the beginning of pregnancy until the baby is six weeks old?

2. How can maternal mortality be prevented?"

The findings based on the answers given to these two questions indicated that nurses do not know what adequate maternity care is. Out of 1,622 nurses 17.9 per cent mentioned physical examinations followed by continuous medical supervision during pregnancy as part of complete maternal care. Eight and four-tenths per cent mentioned pelvimetry, twenty-three and seven-tenths per cent blood pressure and five per cent post partum nursing. Answers to the second question indicated that the nurses had no idea of the causes of maternal mortality nor means of reducing it. Neither of these questions are of a technical nature such that we would expect only specially trained persons to answer. Rather they deal with information which for the public welfare should be the possession of everyone. Perhaps the nurse of today, nine years later, has a somewhat more adequate conception of maternal care than this--let us sincerely hope that she does. However, if the nurse of only nine years ago was ignorant of such a great portion of the available knowledge concerning maternal welfare how many of the so-called laity can we rightfully expect to be in possession of that knowledge today. The answer can be naught but few and its component part that the task that lays before us--the teaching of maternity patients is

tremendous but it offers a challenge.

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CHAPTER II. SUGGESTED TOPICS FOR INSTRUCTION OF THE PUBLIC

What do we mean when we speak of "teaching the maternity patient?" The ideal which we must set as our goal, with the conviction that it is attainable is that we teach all that information known to the scientists of medicine and hygiene today which would be of benefit if known by the people at large and that we present this material in such varying ways that we reach all levels of society and that all persons capable of living in the social world be able to grasp and make use of this teaching.

In discussing what this specific information is which should prevent suffering and death if made known to all, let us divide it up into several headings. First, what constitutes good maternity care; second, what constitutes good habits of personal hygiene with reference to pregnancy; and third, child welfare as it relates to maternal welfare.

It would be impossible to develop these subjects or any one of them in its entirety but some of the most urgently needed lessons will be briefly discussed as an illustration of the vastness of the material we could profitably make available to the public.

What constitutes good maternal care? To give the public a more concrete picture of what this should include, we should take the problem up in its three consecutive stages. What should people be taught to expect as good care during the prenatal period?

First of all we must help them realize that before they can expect any doctor to give them good care they must accept the responsibility which is solely theirs of going to the doctor as early as they have any reason to believe they might be pregnant. In fact we should help them see how many casualties could be prevented if before she ever became pregnant every woman would consult the advice of a competent physician in regard to her fitness to undertake motherhood.

Among the white race of the United States today it is almost universally considered a necessity to have a doctor or midwife present for the birth of a child. While some work still undoubtedly remains to be done to insure the acceptance of this concept by all of our people no matter what their race or social status, the larger task lies in educating the people to regard competent medical supervision throughout the entire nine months of pregnancy as of as vital importance as the presence of the doctor at the time of the actual delivery. The proportion of persons who are convinced that prenatal care is necessary is still relatively small. Even high school graduates and college students number heavily among the unconvinced. There is not only the task of educating the women and girls but also men and boys in order that they will demand that their wives or wives-to-be have adequate medical care throughout pregnancy. It is at the best an unpleasant and often times too discouraging a task for the mother-to-be to have to insist that she

secure the proper medical care if she must do it without the support or encouragement and perhaps even against the will of her husband.

How are these parents-to-be to know if the woman is receiving adequate care from the physician to whom they have applied? All too often in the past and still far too frequently at the present, physicians due either to inadequate knowledge or appreciation of the value of prenatal care or the lack of facilities for giving such service, place an insufficient amount of stress on the prenatal period. We must teach the public the important sign posts they should expect to see along the way. In purchasing dress material a woman knows there are certain qualities which she must consider. Will the material shrink? Will it fade? Will it wrinkle? Is it not just as logical that people should know something of the qualities to expect when seeking medical care?

The parents should know and demand that the expectand mother be given a complete and thorough examination very early in pregnancy--an inventory of her physical, mental, and emotional health. The public should be taught that the degree of physical, mental, and emotional fitness which a woman has as she faces pregnancy will be one of the important determining factors as to her own and her child's welfare during and following this pregnancy. Needless to say this covers an immense field. Even a discussion of the problem when all matters of heredity are excluded dates back to the expectant mothers own prenatal period. At that time conditions of her environ-

ment were exercising influence which has a bearing upon her present status. This may be followed on up through infancy, childhood, adolescence and adulthood. Ideally the woman has made plans and preparations for her physical, mental and emotional as well as economic reserve before she undertakes pregnancy. Providing, however, which is so often the case, that the pregnancy is unplanned and she faces it without previous conscious preparation, she and her family should understand that it is for her best interests that the physician have accurate knowledge of her past as well as present physical, mental, and emotional status.

This examination should include a family, medical, and obstetrical history. The public should appreciate the value of the physician obtaining accurate knowledge of the family history. They must understand that while medical science does not know what part, if any, heredity plays in such diseases as cancer, heart disease, diabetes, or mental illness they feel that where there is a family history of any of these it is wise to employ more extensive vigilance and diagnostic procedures in order to find any possible cases early in their course.

The knowledge that some member of the family has or has had tuberculosis is of utmost importance not because of any danger of an inherited tendancy for the disease but rather because of the possibility of the woman having an early infection due to contact with that person. If at any time during her life she has been in close contact with a tuberculosis patient she should know that

throughout her pregnancy she should have frequent examinations in order to detect any possible beginning infection which the strain of pregnancy may have precipitated.

The woman's own medical history is of value in numerous ways. A complete record of all past illnesses should be given the doctor. Among the acute infectious diseases, a history of diphtheria, scarlet fever, inflammatory rheumatism, pneumonia, or influenza is of the greatest significance. Diphtheria and scarlet fever frequently leave varying degrees of kidney damage in their wake. Rheumatic fever, pneumonia, and influenza many times leave the permanently impaired. Either the damage to the kidneys or the impairment of the heart may have been so slight that they have remained undetected up to the time of pregnancy with its added strain on all organs when a more serious condition may develop.

The public must be taught to realize that it is of utmost importance to the doctor to know of any past history of venereal disease in the family even though they have been told they were cured. Because syphilis is a disease which may lie latent for many years, frequently people feel they have recovered or have been cured when they have not been. Even though a woman may have received proper treatment and at the time of pregnancy have a negative serology, if she has once had syphilis she should not be allowed to go through pregnancy without intensive treatment for she may again develop a

spirochetemia, with the result that her child may be born with congenital syphilis.

The public should also know that the history must be followed by a complete physical examination. The mother-to-be should have been taught to expect that the physician will check her weight, height, and each organ of her body such as heart, lungs, glands, teeth, measurements of the bony pelvis, etc. The three cardinal points of the examination should be blood pressure, urinalysis, and blood tests. The importance of these cannot be overstressed. The public should know why such a complete examination of each and every part of the body is necessary early in pregnancy. First of all it may uncover some disease process or faulty functioning of the body for which treatment should be instituted at once for her own and her child's welfare. Syphilis is the most glaring example of this. A mother who is found to be infected with syphilis and treatment begun so that she has had considerable care before she reaches the fifth month of pregnancy has a 90-95 per cent chance of having a normal non-luetic offspring. Heart disease and tuberculosis are two other spectacular illustrations of the value of detecting the condition early in pregnancy and beginning treatment at once. The second reason why the mother should have a thorough physical examination as early as possible in her pregnancy is that the physician may obtain a picture of her condition in as nearly a normal state as possible if he has not seen her comparatively recently before she became pregnant. This

will give him a basis upon which to evaluate any deviations from the normal which may arise during the course of pregnancy.

The public must be convinced that at least once a month for the first six months and every two weeks thereafter the expectant mother should be checked by her physician. Urinalysis and blood pressure should be done at each of these visits and also a careful inquiry into any symptoms which may have been bothering the patient. The mother should be taught to bring any questions she has concerning her health to the physician so that he may more carefully guard her well-being.

Probably the majority of the public is better informed in relation to the standards of care during the natal period than during the prenatal or post natal. Most people attempt to secure the services of either a doctor of midwife for the delivery and a large number insist upon hospital care. We need to help them to see that good natal care is impossible in many cases without good prenatal care. They also need to know the importance of choosing a competent physician. As in all walks of life there are some dictors who accept maternity cases who have not had adequate preparation or supervised experience to safely undertake the delivery of a child. The public needs to know that from the American Medical Association they can learn the ratings of any licensed practicing physician.

As public opinion becomes more and more in favor of

the hospital as the safest place for maternity care it must also be led to see that hospitals vary drastically in their standards and in order for the hospital to be the safest place for maternity care it must meet these certain standards.

If adequate hospitalization facilities are not available or the patient considered a safe case for home delivery, the family should know that in addition to providing adequate care for the delivery, plans must be made for nursing care throughout the puerperium.

In reference to the post partum period the most needed lesson is that all women should have a complete and careful physical examination six to eight weeks after delivery to determine if all parts of the body are returning to a normal state and in order to correct an defects which may have resulted from the pregnancy or labor. Many leading physicians now believe that by promoting the healing of small fissures or lesions on the cervix and repairing any lacerations of the perineum there will be a marked reduction of the incidence of cancer of the pelvis in later life. Correction of malpositions of the uterus and treatment for rectocele and systocel which frequently result from childbirth may mean the difference in a healthy, happy middle age or one of semi-invalidism.

The second main topic for instruction to the public is what constitutes good habits of personal hygiene with special reference to pregnancy.

Probably that phase of personal hygiene most sadly mistreated during pregnancy is the question of diet.

How widely we find the belief that a pregnant woman must eat enough food for two. Is it any wonder that physicians throw up their hands in dispair at the excessive weight gain their patients make. Undoubtedly a portion of the basis for this belief lies in a process of rationalization on the part of the women for they frequently have ravinous appetites during the later months of pregnancy. "Cravings" and the superstition that they should be indulged in in order to prevent "markings" the baby is another dietary phase where teaching could accomplish much. The woman can be shown how the use of more of the leafy and bulky vegetables and fruits will not only prove more satisfying but also be a very valuable source of minerals and vitamins. Constipation very frequently responses to the instituting of a new set of habits--among which dietary habits have a leading role. The substitution of bulky fruits and vegetables in place of the more concentrated sugars and starches plus an adequate amount of fluids between meals will often take the place of medications.

Today we find one of the commonest complications among pregnant women is varying degrees of anemia with resulting lowered resistance to infection, low grade temperatures, and general malise. In this dietary measures can be used both for prevention and in treatment. An illustration of the importance of the part diet plays in this is the greatly increased occurence of anemia among the indigent who have frequently been living on a

very starchy diet. We need to teach the increased use of the high iron content vegetables--the yellow-colored ones in the main--and high iron content meats as liver and oysters. Mothers will more readily eat these food if they have been taught that during the prenatal period their child must store up in its body sufficient iron to supply its needs during the first eight to nine months of its postnatal life when its food will consist mainly of milk which contains an insufficient amount of iron.

Calcium is the second element of the pregnant woman's diet which needs special stress. Mothers must be made to realize that their child's bony frame work and are being formed during this period and to insure their good structure the mother must eat properly. Many of the "joint pains" which women so commonly complain of during pregnancy as well as "leg cramps" have been found to be much relieved by increasing the calcium intake. Large amounts of milk and whole milk products with the calcium-containing vegetables such as cauliflower are essential.

Closely associated with these dietary requirements is the need of instruction in the wise selection and purchasing of foods. Frequently those persons living on a very inadequate diet could be taught how they might have more balanced meals for the same amount of money.

Another item coming under the heading of instruction in personal hygiene is the matter of clothing. Here the women of today should be congratulated for their common

sense. Few are the abuses along this line as compared to our grandmother's day. The two evils of today which education needs to dispel are round garters and "two-way stretch" girdles. The constrictor caused by the round garters greatly aggravates any tendency toward varicose veins. The "two-way stretch" girdles tend to force the fetus down into the pelvis thereby increasing backache and strain.

Infringements upon the sleep and rest requirements for health during pregnancy fall into two main groups, those persons who refuse to limit excessive social activities and those who due to economical stress are employed in strenuous work or have no assistance with the task of managing a large family and home. Eight hours of sleep at night with frequent rest periods during the day when the mother can sit down or preferably lie down are necessary for her well-being.

The mental hygiene of pregnancy is a large subject in itself and one in which much educational work needs to be done. As we know the psychoses or any of the lesser degrees of emotional disturbances which occur during the prenatal, intranatal, or postnatal periods are of the same nature as those which occur during any period of life and have their basis back somewhere in the woman's childhood days. At that time some faulty adjustment to life was begun which has continued uncorrected and finally is precipitated into a visible disturbance during some phase of the advent of motherhood. People need to be taught that there is no particular type of mental illness which

is associated with the maternity cycle. Women need to realize that they are just as responsible for their actions during and immediately following pregnancy as at any other period of their life. By this is not meant that they should not be treated with the utmost understanding. That is exactly what is needed to prevent the actual break down of any persons with a tendency toward mental or emotional difficulties. They need to be helped to face their problems and make a solution or satisfactory adjustment to them. Often times without such help they cannot make the needed adjustment.

One of the most common sources of mental and emotional trouble is an unwanted pregnancy. This may have its basis in any one or several reasons such as lack of funds, idea of restricted social activities, marital conflicts, or interruption of professional career. Such feelings may result in many various emotional disturbances and perhaps physical symptoms such as restlessness, anorexia, or headache without any organic cause.

Pregnancy is a period in which a woman's thinking is very naturally centered around herself. The public must be taught that they need to direct the expectant mother's attention away from herself. The woman must herself make every effort to maintain healthy and wholesome interests in social and family life.

Also coming under the heading of mental hygiene education is the dispelling of various fears, anxieties and superstitions. We cannot wonder at the strength

of some of these when we find how firmly they are rooted in the thinking of previous generations. The one which seems to have the firmest foothold is the fear of "marking the baby." Reassurance that this is not true is of little value by itself and leaves the belief untouched in the inner recesses of the woman's thinking. A tolerant attitude and a thorough scientific explanation of the problem is necessary if we are to accomplish anything. More effective than trying to pull out and expose the falseness of such superstitions is to inculcate attitudes which make for wholesome thinking before the erroneous ideas become imbedded.

The third main subject for instruction which we outlined in the first part of this chapter was that of child welfare. Perhaps this seems out of place in a discussion of the educational possibilities for the maternity patient. However, the welfare of the mother--in fact the welfare of the entire family will be affected by the welfare of the new infant. What person is not familiar with the vicious circle set up by a nervous, fretting baby, a nervous, fretting mother, an upset household and back again to a more nervous baby and on around the circle. Long before the arrival of the new infant is the logical time to begin to teach the principles of child care.

We can only point out briefly the topics which should be developed for the instruction of the parents. First, the physical side of the child's life. Probably the most vital point is that of feeding. Today in our super-civilized world where we hear much fun made of the idea

of developing compressed food meals, we find that practically this very thing has occurred for many infants. How frequently their months supply of food is purchased in a small tin can at the drug store and to its contents a little water added. Today as never before we need to educate men and women to the value of breast feeding for infants. A large per cent of women erroneously believe that it is too much trouble to nurse their babies when artificial food can be seemingly so satisfactorly and easily obtained. If they could but be helped to see that breast feeding is not less trouble than sterilizing bottles, fixing formulas, and warming the feedings but also that it frequently makes so much difference in the child's physical well-being. Breast feedings eliminate almost all constipation and other intestinal disorders such as summer diarrhea. It does away with the frequent long struggles to find a formula which agrees with the baby. No one can question the statement that breast milk is cheaper, safer from contamination at the exact temperature, and of the right ingredients.

While the baby's bath, clothing, and routine care other than feeding may seem to simple to require much teaching, we frequently find that new parents undertake the care of their child with the greatest of anxiety and fear lest they do not do that which is the best for their child. A great deal of this worry can be prevented by instructions given before the birth of the child. Parents may be taught what equipment they should prepare such as bed and bath tray. The mother can be

shown what clothes are needed, what types of materials are best suited for an infant, and the styles which are more convenient for the parents to put on the child and comfortable for the child to wear. The parents should be given help in a schedule for their child which will best fit into the routines of the rest of the family in order that the child may have the best of care with the least disturbance to the household. If the mother is shown how she may give her child a lap bath and ways in which she may better organize the other daily tasks connected with the care of her child such as washing, it will have a direct bearing upon her well-being.

A point which is sadly neglected and needs to be sold to the public is that all children from the day of their birth need medical supervision in order to maintain the highest degree of health possible for them. Everyone is familiar with the great sacrifices parents repeatedly make to secure the best medical care available for their child when he or she falls ill. We need to arouse them to make a smaller sacrifice earlier in order to keep their child well and prevent their becoming ill. Today in nearly every community throughout the country there is some available resource for securing medical supervision for every child regardless of the financial status of his parents.

Second, is the training of the child. It is only within comparatively recent times that child training has been considered on the basis of the child as an

individual. Undoubtedly in every generation since the beginning of time there have been some numbers of unusually wise parents who have considered their children as individuals and treated them accordingly. Today our task is to bring this enlightened view point to all patents. Parents must realize that from the first day of their lives, infants begin forming patterns which will influence their adult personality. Since in the first months of life the infant's experiences and contacts with his environment by which he is learning have to do with bathing, nursing, dressing, and being put to bed it is important that parents give these simple procedures some time and thought in order that the child may learn the most healthful methods as soon as the child is born. At first these habits will have to do only with physical needs but gradually they will begin to include habits of behavior and the more complicated adjustments to life's situations.

Parents need to know that all children have certain needs which must be met for his mental health just as his physical needs must be met in order for him to have physical health. These mental-health needs are:

1. The need for security and affection;
2. The need for recognition as a person in order to build up self-esteem;
3. The need for adventure and thrill.

These can be met by the comparatively simple circumstances of the home if it is built upon foundations of love,

understanding, and cooperation. As Sybil Foster says in her article entitled "Mental-health Needs in Children's Institutions" which was published in Mental Hygiene, January, 1938:

"It is through satisfying relationships with both men and women that children come to build their trust and confidence and their faith in the world. In fact, it is out of such wise and understanding love and demonstration of it, through the experiences of justice, fairness, and tolerance, through the cooperative service of home-making that the child gains the spiritual qualities of life from which he will later formulate his own particular religious philosophy and beliefs."

The reason for including such topics into a educational program for maternal welfare is that probably no other field of problems can cause greater emotional distress to mothers than that of behavior problems evidenced in their children.

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CHAPTER III. THE VALUE OF EDUCATING MATERNITY PATIENTS.

The thesis which this paper is attempting to maintain is that much of the suffering and death associated with the maternity cycle could be appreciably decreased by a more intensive educational program.

Why is there so much stress placed upon the ills connected with motherhood? Has not the United States greatly decreased its maternal mortality rates and can we at the present ask for any more improvement? The answer is that we should demand a great deal of improvement. The record of the United States on maternity mortality is far from an enviable one. It is credited with having one of the highest maternal death rates of any of the great nations as well as a distressingly high and practically unchanging death rate among infants in the first weeks of life. An attempted justification of this has been made by saying the United States merely uses a more inclusive method of assigning causes of death to the maternal source. However, by whatever statistical procedure that is used, this country still has a high mortality rate as compared to any other country of the civilized world. This seems all the more inexcusable in view of the fact that there exists a high standard of medical education, a reasonable opportunity for hospital care and higher living standards than in most countries. While there has been improvement made in the mortality rates from other causes there has been

no appreciable decline until very recent years in the life loss due to child bearing. The reduction seen in the past few years have mainly been in the field of toxemias where the combined forces of public education and proper antepartum care have their greatest possibilities.

In "Impediments to Maternal Health" appearing in "Public Health Nursing," June 1937, Dr. Thomas Parran states:

"That each year one woman in every four thousand of all women in this country dies from causes incident of childbirth, seems not to be unduly alarming. But that one mother in approximately every one hundred and fifty women giving birth to a live baby sacrifices her life for the maintenance of the race, or that one in every eighteen of all deaths among women between the ages of fifteen and forty-five years is a maternal death are facts that cannot be taken easily."

It has been frequently asserted that two-thirds of the maternal deaths are due to causes which are preventable. All statistics tend to prove that this statement is true. How vast then must be the morbidity associated with maternity which is also unnecessary. How are we going to remedy this? One of the most important means is by educating the public. What proof is there that a more extensive educational program will tend to lower the maternal morbidity and mortality rates?

The United States Children's Bureaus made a study of maternal deaths in fifteen states. Dr. Richard A. Bolt

made a brief report of the study entitled "Maternal Deaths" published in the American Journal of Public Health, 1934. The recommendations made by the Children's Bureau were:

"Maternal deaths are due in a large part to controllable causes. But how is control of these causes to be established? First, the medical profession and the public must know the facts, and then each group should take appropriate and decisive action."

Further on in the report are the recommendations to the general public which are: There should be widespread education of the public as to the following:

1. That the high maternal death rate is due largely to controllable causes.
2. That it is necessary for all women to have adequate supervision and medical care during pregnancy, labor, and the post partum period, such supervision and care to begin early in pregnancy and to be continuous throughout the post partum period:
   a. In order to safeguard the health of both the mother and the child.
   b. In order to especially control infections, toxemias and hemorrhages, that this study and others have shown to be real menaces to life.
3. That there is danger of death or serious invalidism following abortions, spontaneous or induced.
4. That the community has a definite responsibility to

provide adequate medical and nursing facilities for care of women during pregnancy, labor, and the post partum period. This predicates the proper organizations of hospitals, out-patient services, and medical and nursing personnel and applies to both home and hospital care. The community should know the standards for hospitals taking obstetric cases that have been drawn up by the American College of Surgeons.

5. That judicial selection of the hospital to be used for maternity care is of greatest importance when hospitalization is planned.

Under the recommendations to the Medical Profession we find that the first group is as follows: "Physicians must assume the leadership in the field of maternal care by:

1. Informing the public that the high mortality during pregnancy, delivery, and the postpartum period is due largely to controllable causes.
2. Recognizing that every mother must have adequate prenatal, delivery, and postpartum care.
3. Instructing the public as to what constitutes adequate maternal care.
4. So organizing the available resources of their communities that every mother can receive adequate maternal care.
5. Warning the public as to the dangers occasioned by abortions, spontaneous or induced."

The other three main groups of recommendations to

the medical profession have to do with its training, and techniques. On the whole then we find that these recommendations mainly have to do with the wider education of the public in general.

Another conclusive argument of the value of educating the public in order to prevent maternal mortality is found in the results of the study of the White House Conference on Child Health in 1930. The results of this research are reported by Dr. Frances C. Rothert in the article, "The Need for a More Adequate Program of Maternal Care" appearing in the Public Health Nursing for 1934. The maternal deaths in fifteen states were studied. Among the million and a quarter of women who had babies in those fifteen states, seven thousand five hundred died. Of these, five thousand reached the last third of pregnancy where delivery care as we usually think of it comes in. Among these toxemia accounted for thirty-one per cent of the deaths. Dr. Rothert says:

"While toxemia cannot be controlled by prenatal care alone, its control is impossible without prenatal care. In this connection it is of interest to note that of the one thousand nine hundred women who died of puerperal albuminuria and convulsions, of those whose condition when they were first seen by the physician was known, nearly a third had had convulsions or were in coma before they had any medical care. Only a fifth were in good condition."

Does this not show that the men and women of the public need to be taught the necessity of good medical

care and demand means of obtaining it? How else can the physician contact the expectant mother early enough to prevent much of the suffering and death?

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CHAPTER IV. HISTORICAL BACKGROUND OF THE EDUCATIONAL PROGRAM FOR THE PUBLIC CONCERNING MATERNAL WELFARE.

Since long before the dawning of history, pregnant women have been regarded with reverence. Here and there down through the ages are evidences of attempts to instruct the public in regard to maternal welfare. Varied and curious have been these admixtures of superstition and truths. Just how widely the "knowledge of the day" was the possession of the public cannot be definitely determined from the records but an approximation of the degree to which such knowledge was put into use can frequently be made.

Among the records of ancient China are many which contain instructions for the pregnant woman cautioning her not to partake of "rich food, excessive exercise, or strange and wonderful preparations." In both the Old Testament and Talmud are many portions giving advice to women as to the conduct during pregnancy. Hippocrates and his followers taught the dangers of producing abortion by excessive purgation, fear and great excitement. In the second century before Christ, Susruta of India instructed pregnant women that they "should be surrounded by cheerful company for their own and child's sake." He also warns against marrying any woman with a family history of epilepsy or tuberculosis. Soranus of Ephesus not only taught that there was danger of abortion from undue physical exertion and trauma but also that the

use of a wax ointment mixed with oil made of unripe olives and myrtle would prevent wrinkling of the abdominal skin, and that sitz baths toward the end of pregnancy would tend to soften the tissues and produce easy labor.

During the middle ages most of the attention was directed to improvements in delivery technique and not much effort expended in the instruction of the public. Then came the early seventeenth century and a renewed interest in educating the patient. The Frenchman, Scevole de Saing-Marthe wrote a poem during this period, part of which is:

"Don't til 'tis born defer thy Pious care
Begin betime and for its birth prepare.

Refresh they weary limbs with sweet repose
And when fatigued they heavy eyelids close.
Be careful how your meats you choose
And chosen well, with moderation use."

Mauriceau in 1668 made some very significant contributions to the instructions for the pregnant woman's personal hygiene. "The pregnant woman is like a ship upon a stormy sea full of white-caps, and the good pilot who is in charge must guide her with prudence if he is to avoid a shipwreck--fresh air, avoidance of extreme heat or cold, and freedom from smoke and foul odors are essential to her health. She should eat well-cooked wholesome food in small amounts at intervals rather than

at one large meal. Forbidden are highly spiced pastries for they create gas. Fresh fish caught in streams are better than lake fish. And with this food a bit of good old wine, tempered with water, rather red wine than white wine, aids the digestion." He goes on to recommend low-heeled shoes to prevent tripping; the eating of apples, stewed prunes, and fresh figs as a remedy for constipation; and protests bitterly against the wearing of the tight whalebone corsets by the women of the upper classes.

In France between 1800 and 1840 many articles were written concerning the hygiene of pregnant women. The large number of such writings is evidence that French physicians were aware of the importance of instructing the public. Leglay wrote in 1812 that people should "have indulgence for the pregnant woman's caprices, listen to her desires with complaisance, and console her." Ledesert cautions against listening to stories of the terrible experiences of other women's labors.

In England in 1810 we find Denman warning against the eating of animal food during pregnancy. In America in the nineteenth century, W. Tyler Smith advises women to use careful dental hygiene.

In 1858 with the opening of the first prenatal clinic at the Dublin Maternity Hospital, E. B. Sinclair and G. Johnston began instructing pregnant women of the importance of attending the dispensary regularly if they had edema, headaches, or dizziness.

(Taussig, Fred J., "Story of Prenatal Care." American Journal of Obstetrics and Gynecology. Nov., 1937)

Dating from 1900, special clinics primarily for prenatal care and secondarily for instructing pregnant women began to grow in number here and abroad. The movement in England was greatly aided by the National Health Insurance acts of 1911 and 1913. In the Scandinavian countries and Holland where there grew up a well-organized obstetrical service most of the supervision and instruction has been done individually by the physicians of midwives in attendance. In Soviet Russia special consideration has been paid to expectant mothers and centers for instruction and care established on a nation-wide scale. The sources and forms of instruction dealing with maternal welfare now given to the public in our own country will be dealt with in the following chapter.

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CHAPTER V. PRESENT MATERNAL EDUCATIONAL PROGRAMS.

Before looking for opportunities to extend the educational program for the welfare of maternity patients we need to briefly survey what is being done at the present time. Naturally we find some individual physicians, organizations or communities which are far in advance of the average in their efforts to bring to the public more of the information which they feel will be for its well-being. Here, however, rather than citing the many variations presented by the individual set-ups, it would be of more value to attempt to show what the average is.

Undoubtedly at the present time, private physicians are doing a great portion of the educational work which is being done. Despite the depression with its increased relief loads, a substantial majority of our people are being cared for by private physicians. This is probably more true of maternity patients than any other group.

The average general practitioner with his interests spread over a wide area has not in the past spent much of his time in instructing the maternity patient or her family. During the past few years, however, he has begun to realize more the value of such instruction. Nearly all of such has been on the basis of advice given during office calls or in answer to his patients' questions. Everyone is familiar with the fact that patients complain that they can never remember to ask

the doctor "half of the things they had intended to" when they saw him.

Specialists in obstetrics naturally are more interested in the "details" of their patients' care and realize the importance of supervising their daily health habits in order to guide them through their pregnancy with a greater degree of health and a lesser degree of discomfort. But a very small portion of the population has the advantage of a specialist's care. Also, these few specialists carry such heavy patient loads as a rule that they are unable to devote much of their time during office hours to instructing.

Hospitals, as a general rule, are practically bare of any sort of guise of patient teaching. The least guilty of such are the county hospitals where doctors and nurses at least recognize that the patient has some right to know the reason for treatments and procedures and encourages them to take an interest in keeping themselves and their child well. We hardly dare think of what this seems to imply. Are we so "money" minded that where we see sickness and ill health making a demand upon our fortunes for its relief in the form of taxes and donations, we attempt to prevent it but where not only the suffering but also the financial burden is borne by the individual we do not trouble ourselves? Perhaps this is being a bit too severe but why do we not work as hard to insure the continued health of private patients as we do charity patients?

Without a doubt in all hospitals there are some physicians and nurses who in their hospital contact with patients do give valuable instruction but the rule rather than the exception is not so encouraging. The doctor makes a hurried call--feeling of the patient's fundus, perhaps glancing at her breasts while he makes some passing remarks about the weather or her bouquet and is gone before the patient realizes that she had meant all day to ask him if she were to wear an abdominal support when she went home and what type of nipple she should have for the baby's bottle. The nurse more or less lethargically gives the patient an enema, perineal care, a bath, and brings the baby in to nurse perhaps without attempting to stimulate interest in the mother for information concerning her own or her child's welfare and all too often even in answer to the patient's eager questioning she gives only a half interested reply or at least does not try to capitalize on the patient's lead and develop it into a more valuable and complete lesson while she has the patient's interest. The one portion of teaching most commonly undertaken in hospital maternity wards is the demonstration of the baby's bath before the mother leaves the hospital. These vary greatly in completeness and the degree to which they are applicable to the mother's home conditions. Those in charge of staffing the hospitals do not often take into consideration the need of more nurses in order to allow time for health teaching.

In the public health units of the counties or townships with their basic principle of health education we find a very valuable portion of the present day maternity educational program. Considerable information is imparted to the mothers who attend the maternity clinics--prenatal and postnatal--in the form of oral and written instructions from the doctor, informal talks between nurses and the patient, organized mothers' classes, and the distribution of pamphlets and other forms of literature. Not all units make use of all of these methods but each which has undertaken a maternity program employs at least some of them. The number of mothers who can or do avail themselves of these facilities is limited.

Another form of health instruction for maternity patients and their families undertaken by many health units is in the form of nursing visits in the home. Here the nurse has the golden opportunity for teaching. Due to lack of sufficient staff these visits when included in the unit's program are usually very restricted in number and frequency.

In connection with some of the various medical schools of the country we find prenatal and postnatal clinics set up under their out-patient service. Here again we find a wide varience in the range of program--some giving only verbal instructions from the doctor, others also including written instructions, informal talks between nurses and patients, and other organized mother's classes.

In the larger cities visiting nursing associations play an important part. They also have widely varying programs but so far as their funds and staff allow they are doing valuable teaching service.

We find a few business agencies entering into this field, the most outstanding being the Metropolitan Life Insurance Company. The chief motive is education for health preservation. Through nursing visits in the home they have a wonderful opportunity for this. Another corporation is the maker of Vanity Baby Clothes who have employed nurses to make tours of large department stores demonstrating infant care.

Publications play an outstanding part in the education of the public. These may have a degree of potential danger due to the difficulty of controlling them but much of the increased degree of awareness of the possibilities of helping oneself to remain well throughout the advent of motherhood and also to give birth to and be able to maintain the health of the new infant has been due to the "written word" in both lay and professional publications. The government is doing a tremendous amount of work in health education through the many pamphlets and bulletins it distributes.

In the following chapter, will be an attempt to show how the facilities which now exist could be utilized to a much greater extent in imparting to the public more of the information concerned with maternal welfare by which they might attain a higher degree of health and happiness.

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CHAPTER VI. NEW DOORS

The foregoing chapters have attempted to show:

1. A brief survey of the vast amount of information pertaining to maternal welfare which the public in general should possess;
2. The value of the public being in possession of such information;
3. The evolution of the program of maternal education down through history; and
4. The extent of maternal educational programs today.

The purpose of this chapter is to point out some of the ways in which this maternal educational program may be greatly developed by merely utilizing to a greater degree the faculties which now exist.

A golden opportunity to reach a large number of the population lies in the public schools, the high schools in particular. In most places little or no attempt has been made to capitalize upon this opportunity. The boys and girls of the high schools will in the very near future become parents. At the present time a large number receive no further formal education. Some marry within a year or two following high school graduation. Should they not be taught the basic principles underlying maternal welfare? Even though a large number of them are not ready for marriage nor would we want them to be at that age, and probably none of them thinking very much about themselves in the terms of future parents,

such information if properly presented could find a ready response in them and help tremendously in promoting a more intelligent concept of the responsibilities and values involved in marriage. The lessons would have to be very wisely handled and presented on the level of the youth's interests. The essentials are that it be integrated naturally into the other courses of study and consist of classes of both boys and girls in order that they will take a normal, natural view of it. Why could it not be tied into both classes on personal hygiene and civics? Placed in a natural sequence in a course on personal hygiene, the boys and girls could be stimulated to learn what the responsibilities of the laity are in maintaining the health of the mother and her child. They should come to feel that every expectant mother should be under the constant care of a competent physician throughout her pregnancy and for at least three months following. They should know all the other standards for medical care during motherhood. They should know the basic principles of personal hygiene during the maternal cycle as well as at any other time of life. An interest should be stimulated in them to learn more of the principles of child care, physical, mental, and emotional. In courses in civics they could be lead to see the responsibility of the community for providing the minimums of care for maternal and child health. If high school boys and girls could leave school with the conviction of the need for medical supervision and an active interest

in maternal and child welfare we would have come a long way.

Colleges and universities could likewise integrate into many of their courses a tremendously increased amount of information which would result in a greater preservation of maternal health.

In many cases the time element undoubtedly prohibits the general practitioner from doing a larger amount of educational work than he is doing at the present but by means of greater cooperation between the private physician and the public health nurses of the health units a very valuable program could be evolved. In some places we find this being done quite extensively and with a great degree of success. The thing which is needed is its extension to all health units. Of course this necessitates a larger staff of public health nurses but through the increased demand resulting from the increased public educational programs this should be possible. The physicians themselves need to be shown the value of having the public health nurse in contact with their patients, making home calls upon them, help them work out their problems concerning diet, clothing, rest, etc., in their own homes so that the instruction will apply specifically to her environmental conditions. The need is to demonstrate that public health nursing services are available for the use to the private patients as well as indigent.

In connection with the obstetrical specialist we find an arrangement which is used by a very few.

This is the employment of a nurse, who is prepared to teach, as a combination office and visiting nurse. It seems that many specialists could profitably have such a set-up. It could be worked out in such a way as not only to save them much time but also to give their patients a much greater amount of instruction. The nurse could be in the office during the afternoons when the doctor has his office hours. In this way she could aid him in his work and at the same time contacting the patients, finding out some of their problems and questions and arrange a time and day when it would be most convenient for her to call at her home and help them plan the diet, layette, clothes, exercise, etc., in a much better and more satisfactorily way than she could by sitting in the office and discussing it with them. The physician would thus be relieved of much of the time spent in answering such questions and could instruct the nurse as to what he wanted his patients taught concerning special problems. The nurse because she would have more time and as result of her knowledge of the home conditions could help direct the patient in its application in a way the doctor would be unable to do. Her mornings could be used in making these home visits.

Hospitals exhibit two needs which must be met before they can enter into their share of the educational program for maternity patients. They must be more adequately staffed with nurses in order that both graduates and students have case loads which are light enough to

enable them to be teachers of health all the time they are administering actual care to their patients. The second need is that nurses all during their training be taught and supervised in their teaching of health. They must be just as adequately trained to carry out this portion of their work as they are in the rendering of physical care. Public health principles must be integrated into all phases of the nurses' education. As graduates there must be continual staff educational programs in order that the nurses can be continually guided and helped in their teaching as well as other parts of their duties.

The group of physicians who bring obstetrical patients to the hospital should have a series of conference meetings at certain intervals to arrive at a group of basic instructions which they wish the nurses to teach their patients. Any doctor having a particular idea which he feels should be taught in that specific way, though the rest of the group does not agree with him, should make this known to the nurses in order that they may carry out his wishes. However, on the majority of questions there would be more or less agreement among the physicians so that the nurses could as a general rule teach the same material to any patient. Under the present set-up wherever there is a large staff of physicians bringing obstetrical patients to a hospital, frequently the nurse has no way of knowing what that particular physician's viewpoints are concerning such questions as exercise,

abdominal support, etc., for the patient following her discharge from the hospital. Unless for the majority of these questions some type of general decision is reached the nurse can usually say not much more than "ask your doctor" in answer to her patient's questions. The final result often being that the patient forgets to ask her doctor or he has only a very limited time to answer her in and not to her complete satisfaction. Also the nurse has lost a valuable lead for giving much important instruction.

If the nurse has available some type of "standing orders" pertaining to care following the patient's discharge from the hospital and then is given the same patient during the time they remain in the hospital, she will be able to consciously direct her teaching, find out where their interests lie and what their specific problems are with which they need help. Her teaching should cover any phase of health education in which the patient is interested and all parts of the maternity cycle in which she can stimulate an interest. The nurse should have time to hold "conference discussions" between small groups of the patients some time during the afternoon beginning two or three days following delivery and continuing until their discharge. At this time the patients are feeling sufficiently well to take part in such a discussion and need some interests to divert their attention from their discomforts.

As for the programs of public health units the need

is for an increased nursing staff in order to enable them to carry out a more extensive service and to cooperate to a greater degree with private physicians. In those units where a maternity program has not been undertaken the community must be helped to see that they need such a program and how valuable it might be.

These are only a few of the possibilities for bringing to the public the information which would prevent much of the suffering and death associated with motherhood. We need to become so conscious of the necessity for teaching the public these essential factors of health that we will be aware of each new opportunity when it knocks. We must recognize the "teachable moments" in people's lives and make use of them if we are going to lessen the amount of disease, discomfort and unhappiness in this world. The medical and nursing professions need to be awakened to their task as teachers and supervisors of healthful living as well as the possessors of the aids to healing.

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