What is Wrong with the Truth ?

THE MATERNAL MORTALITY PROBLEM

ITS CAUSE AND CURE

A CLEAR AND AUTHORITATIVE STATEMENT BY

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WITH AN INTRODUCTION BY

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Concerning the request from THE LADIES' MIRROR for a foreword to Miss Pattrick's paper dealing with the Maternal Mortality question in New Zealand, I am glad to avail myself of the opportunity of saying how heartily I appreciate and endorse the whole spirit and trend of what Miss Pattrick has to say from the point of view of her very responsible position as Director of Plunket Nursing.

The whole effect of Miss Pattrick's paper is to impress on the community the fact that to a very large extent every woman is responsible for her own health and fitness, and that she owes it as a special and sacred duty to herself and the family to spare no pains to keep herself in the best possible form and bodily fitness throughout pregnancy and nursing—not only for the sake of ensuring a normal, well developed child, and for her own comfort and happiness throughout, but also as the only sure foundation of safety at her time of trial, and freedom from trouble afterwards. No one feels more strongly than Miss Pattrick the painful legacy of lifelong invalidism and ill-health which is so often the penalty of arriving at confinement in a state of muscular and general flabbiness—the one serious primary handicap of childbirth applying to the majority of modern women, and the one common excuse for the use of forceps and other forms of meddlesome midwifery.

Miss Pattrick's paper may be summed up as an earnest and convincing plea for greater uniformity in the apparently authoritative and reliable advice which is given to mothers from different sources. Over and over again, Plunket nurses have asked me what course they ought to pursue in regard to expectant mothers who are attended by doctors known to discountenance rather than to advise active exercise during pregnancy. Our nurses are taught, and mothers read in the handbooks issued by the Society and also by the Government, such passages as the following:—

"... the special need of the expectant mother is plenty of open air, exercise and exposure to the elements, and a sufficiency of rest and sleep."

"A point proved by the observation of farm stock is the fact that there can be no good motherhood without plenty of outing and exercise during pregnancy and suckling. This applies equally to horses, cattle, sheep, etc. If the mothers lack free range and ample exercise, they and their offspring both suffer, and miscarriages and premature birth are frequent, just as as in the case of human beings."

The value of uniform authoritative advice as to such vital essentials and the harm done by conflicting instructions can scarcely be overstated. Miss Pattrick shows her wisdom in not touching on questions outside her immediate professional sphere, but this is not because she has any doubt as to the serious harm that is done to both mother and child by the over-use of anæsthetics and forceps. As I have only recently stated my own professional opinion emphatically on this matter and have been taxed by the Medical Association with exaggeration, I shall be glad if you will print the following extract from an exhaustive monograph by Dr. Ehrenseft on infantile birth injuries, which more than justifies my plea for mercy to the child as well as the mother:—

"In considering the subject of intracranial injuries historically it seems striking that it was not the obstetrician but the neurologist who first manifested interest in the clinical aspect of the problem. ... The last to enter the field was the obstetrician. ... Without fear of contradiction, I make the assertion that in a large number of cases to-day definite symptoms of intracranial injuries during childbirth are overlooked. The obstetrician of to-day still fails to appreciate his responsibility in this matter."

We have an utterly unjustifiable stillborn rate and infantile mortality rate within a week of birth, but the large number of survivors who are more or less gravely damaged for life involves really a much graver wrong. After detailing various grave injuries to the skull, brain and nervous system, etc., resulting from precipitate delivery, Dr. Ehrenseft proceeds:—

"It will be well to remember that these represent injuries observed in obstetrical clinics where surely the majority of operations are in expert hands, and performed in general only under well-defined indications. A reduction in the number of these injuries ... can be achieved only by limitation in the number of forceps applications.

"Forceps must be applied only under definite indications. When the operation seems desirable **in the interests of the mother** the possible mutilation of the infant should be taken into account more seriously than is the prevailing custom. This applies particularly to the obvious readiness of many practitioners to apply the forceps on account of assumed exhaustion of the patient, which more critical analysis in many cases would reveal to be rather impatience of the parturient or weariness of the attendant.

"In considering a forceps extraction **in the (supposed) interests of the child** one must keep in mind the fact that prolonged natural compression of the head no doubt is less harmful to the infant than a difficult extraction [by artificial means understood]."

A study of *recorded* cases of fatal intracranial injuries (the majority are to be found in German medical literature) also reveals the frequent mention of *twilight sleep*. Again, this might be only the incidental results of the greater popularity of twilight sleep a decade ago among some of the German obstetricians. The fact, however, cannot be overlooked that this method of pain relief lengthens the second stage of labour and in a large number of cases requires termination of labour by forceps. Twilight sleep may impair the life or future health of a child in that it supplies two definite factors [protraction of labour and resorting to forceps] which are commonly held responsible for intra-cranial injuries.

TRUBY KING.

WHEN any matter whatsoever is under discussion, different viewpoints affect the colour and alter the perspective of the whole subject. During the present wide publicity and discussion on the question of Maternal Mortality, this fact has been very apparent. On one side we have the mothers and expectant mothers, on another the medical and nursing professions, on a third side the interested and enlightened lay community, and lastly, the uninterested (until now) and ignorant lay community: each and all are passing opinions which vary according to their different standpoints and experiences. It naturally follows that there is much confusion of thought on the matter; but a few facts are undeniable:—

1. Instead of questioning and cavilling over the actual or relative number of mothers lost unnecessarily, all sections of the community should agree to face the essential facts, and unite in order to investigate matters and determine causative factors then co-operate wholeheartedly, and reduce risks to a minimum.

2. Co-operation and co-ordination is the keynote to remedying the present painful situation. Each and every person who obstructs reform or quibbles over minor details is guilty of something more than simply hindering progress in the right direction.

There has been a good deal of loose talk as to the special responsibilities of the Royal New Zealand Society for the Health of Women and Children (Plunket Society) in this matter. This organisation comprises a very large body of earnest men and women throughout the Dominion, and naturally they are intensely interested in all matters affecting the welfare of mother and child. At the same time they recognise certain limitations in the sphere of the Society's proper activities regarding the prevention of Maternal Mortality.

The Plunket Society has always recognised the supreme importance of correct ante-natal advice and supervision during pregnancy, and has unceasingly stressed this important educative aspect of their work, which is of course intimately related to the question at issue. Ante-natal care is a first essential, but the successful conduct and management of labour plays a more direct part in the prevention of Maternal Mortality, and is outside the immediate functions of our Society.

At this juncture I should like to stress the extreme need of **consistency and co-operation** on the part of all concerned in the giving of ante-natal advice. A considerable number of expectant mothers come to the Plunket Nurses at an early stage, and have been very interested and zealous about carrying out the advice given: then, when the Plunket Nurse has advised the mother to engage her Doctor and Maternity Nurse, the matter of prenatal preparation has too frequently become a debatable point. If the particular medical man or maternity nurse "does not believe in" active daily bodily