

exercise (general and special) and other commonsense ante-natal measures advised by the Plunket Nurse, the expectant mother often comes back to her worried, perplexed and confused—and so side-tracking commences. In most such cases there is nothing further for the Plunket Nurse to do but to retire from the field of action, as the mother must have all necessary arrangements for her confinement in hand well ahead, and divided counsel can only hinder matters.

Of course, there are many doctors who do impress on the mothers coming under their care, just as strongly as do the Plunket Nurses, the necessity of suitable daily active exercise as well as adequate daily rest for the expectant mother—and in such cases, the same advice coming from two quarters proves doubly convincing, and all goes smoothly and well. But, unfortunately, there is much division within the medical profession itself on this very important question, and the advice given by the extreme advocates of rest and relative passivity tends to nullify our best efforts to establish and maintain bodily fitness throughout pregnancy.

The above is a difficulty which must be overcome, in fairness to those mothers who are anxious and willing to carry out the necessary self-preparation. When there is conflicting advice, the natural tendency of most women is to let things slide, and not to bother about attempting to establish reasonable health and fitness—so long as they are not seriously inconvenienced during pregnancy. This conflicting state of matters will be remedied only when the intelligent interest and health conscience of the public is generally aroused with regard to such vital questions—when we cease smoothing matters over, and assuring one another that all is well in the best possible of countries, though in reality the Dominion is very far wrong in having a high maternal mortality. Instead of this easy-going attitude, let us look the facts fairly and squarely in the face, candidly admit the truth, and set to work with concerted action, through every possible channel, to put the matter right without further shilly-shallying and waste of precious time and life. Sir George Newman asks for this fact to be noted, "That no sound progress can be made in the reduction of Maternal Mortality apart from ante-natal supervision."

Dr. Janet Campbell's recent report to the Ministry of Health, England, on Maternal Mortality, is described as not only a document of importance and interest to statisticians and those specially concerned with problems of public health, but as a moving human record on a subject which, as Dr. Campbell herself says, "bears an intimate relationship to the health and happiness of all sections of the community." It is interesting to note that Dr. Campbell states:—

"It scarcely seems necessary to enlarge upon the serious effect of a high maternal mortality rate upon the health and welfare of many hundreds of families every year. . . . Further, the fact that the mortality returns reveal only a part of the total damage and disability, and that an incalculable amount of unreported and often untreated injury and ill-health results from pregnancy and labour, has many

times been pointed out. It is this burden of avoidable suffering which we seek to relieve, scarcely less than to save lives which need not be lost."

Also, in this report, Dr. Campbell advises treating all suspicious rises of temperature or pulse for which no clear cause is shown, as probably due to infection, and acting accordingly. Further, Dr. Campbell lays great emphasis on the undesirability of resorting to forceps, either because the doctor is in a hurry, or the woman impatient, and says that a patient left to deliver herself must be reassured and made to feel and know that her case is being well managed, and that she will not be allowed to become over-fatigued, discouraged or exhausted.

In relation to the question of the disabilities arising through child-birth, a matter needing recognition is the necessity for not fully resuming ordinary household duties too soon. Because a mother is "up and about" and feels well, it should not be taken for granted that she is fit to resume her full ordinary work and responsibilities. If all concerned recognised on the one hand the necessity to safeguard the mother from attempting too much in the first few weeks, and on the other hand realised that remaining too long a passive semi-invalid may be equally harmful to mother and child, it would be better for both. The majority of people seem to think that a mother is either "perfectly well," if she gets up and about during the second week, or that it is natural and right for her to be a helpless semi-invalid for weeks and weeks, and that she ought to be kept in bed and fed on slops accordingly. Here, again, a commonsense, happy, middle course—varying with the health, strength and recuperative power of the particular woman—should be aimed at; and the co-operation of all concerned—mother, father, doctor, nurse, and relatives—is necessary to bring this about.

OUTSTANDING FACTS

1. That poverty is not a great contributing factor in Maternal Mortality, although commonly an important factor in infant mortality.

Often in districts where poverty, ignorance and superstition abound, in conjunction with a high infant mortality rate, there is a comparatively low maternal death rate. Vice versa, in districts where poverty is not prevalent, and ignorance is inexcusable, there may be a low infant mortality with a relatively high maternal mortality.

2. That in those countries where the greater number of women are delivered by midwives, we have the lowest maternal mortality. This is very significant.

The fact that more deaths occur amongst mothers delivered by medical men than amongst those delivered by midwives involves more complex considerations, because usually in abnormal cases the doctor is summoned to aid, and fatal consequences are more likely to occur than where the case is normal.

SOME SUGGESTED REMEDIES

1. With reference to ante-natal care, I would suggest that, in the interests of all concerned, the medical and nursing professions should arrive at some degree of

uniformity as to the best and soundest fundamental principles for ante-natal guidance, and that they should then work together consistently, uniformly and harmoniously on these lines—the members of both professions being trusted to use their common sense and judgment in applying their knowledge to the best of their ability.

2. That the public in general be consistently enlightened and educated as to the need for, and great advantages of, ante-natal care and treatment—by constant propaganda through the medium of the Press, authoritative public lectures, classes for women and girls, and dissemination of literature of the best and most reliable kind bearing on the subject. Also, through both women's and men's organisations for social welfare taking the subject as a plank in their platform.

3. That all expectant mothers, in the true interests of themselves and their families, avail themselves more readily of the provisions made for ante-natal care and advice.

We shall have to face the fact that the remedy will not lie simply in making public provision for maternity. There is much criticism and many erroneous impressions abroad regarding our State Maternity Hospitals; and this will have to be recognised as a factor to be dealt with. In these institutions everything must continue to be done to encourage a consistently sympathetic and understanding attitude towards the mothers—ever remembering that certain faults and invidious ideas and conceptions already exist, and that these have been sedulously fostered of late in certain quarters. It is in the best interests of mother and child that husband and wife should be warned and safeguarded against all such perversions and misconceptions.

Regarding the improved education of the medical student in the principles and practice of midwifery, the average best course to pursue in the actual conduct and management of labour, the advantages of early treatment and prompt reporting of untoward symptoms, and the training and further organisation of our midwifery service—I leave all such matters to be dealt with by those who are capable of speaking with authority on such special aspects of the subject.

THE PLUNKET SOCIETY'S WORK

1. It is offering sound and consistent ante-natal advice, guidance and supervision to expectant mothers throughout New Zealand, and for the last ten years has done everything in its power to induce women to avail themselves of this advice and help.

2. It has made provision, through the Plunket Nurses, for ante-natal advice to be given privately, in the mother's own home; or, if preferred, the nurse will make a special appointment for the mother to see her privately and confidentially at the Plunket Rooms or elsewhere. In most of the larger centres a special room is provided for the nurse to interview expectant mothers, but our nurses are always prepared to see pregnant women at any mutually convenient time or place—and this whether they happen to be married or single.

Much has been written and said of late about publicity and discussion only
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