DOES THE AVERAGE MIDWIFE MEET THE REQUIREMENTS OF A PATIENT IN CONFINEMENT?

A Comparison Between the Facilities Afforded by Lying-In Charities and the Average Midwife.*

By GEO. W. KOSMAK, M.D., Attending Surgeon.

The specific work accomplished by the sessions of the Section on Midwifery of this Association at the meeting held in Chicago last year, and the attention which has been attracted to this subject by editorial and other contributions in our medical press, apparently makes this paper appear merely as a repetition of what has gone before. However an excuse for the same may be sought in the circumstances, that it is only by keeping the subject alive through the medium of frequent repetition and constant agitation that the desired result may finally be accomplished.

In considering the so-called midwife question it must be assumed that the proper care of a woman during pregnancy, labor, and the puerperium, is of signal importance not only to her as an individual, but to the State. The Constitution guarantees to the inhabitants of the United States a degree of political and religious freedom which is scarcely equalled anywhere. Our Federal Government to some extent also agrees that our animal population shall be kept free from disease for the purpose of insuring certain economic benefits to the country. Without extending the paternalistic ideas of government which certain of our politicians have favored, it is not reasonable to insist that our human population be accorded an equal value as an economic factor? Unfortunately whenever this is attempted the cry of interference with personal liberty is brought to bear on the subject and that is usually the end of the matter. Nevertheless, a mother must be looked upon as a unit on whom depends, directly and indirectly, a great deal of the welfare of a considerable portion of our population. Her health must be conserved, that she may be able to look after her children already born or those that may be in the process of development. If mothers can be kept in good health, their condition must be regarded in the nature of an asset for the State, and, from the economic standpoint, such good health will prove an important factor in eliminating a progeny which, in whole or in part will come under the care of the community at some future time in hospitals, orphanages, or insane asylums. The question remains, How shall we guarantee such attention to a mother during the most important period in her life? Shall it be through the medium of women usually ignorant, insufficiently and poorly educated, and entirely unaware or careless of their responsibilities in such matters, or shall it be by the aid of the scientifically administered

*Read at the Annual Meeting of the Association for Study and Prevention of Infant Mortality, Cleveland, Oct. 4, 1912.

care of trained physicians and nurses? Regarded from this standpoint, it would appear as if there was no question about which course we ought to pursue.

The question as to whether the midwife or the doctor shall care for the poorer classes of the population is one of great importance, because it is only in relation with this class that the midwife will ever come into question in the United States. We are guided more or less in our attitude towards this problem by the experience of foreign countries, where the midwife has become an institution apparently difficult to eradicate, largely for personal and economic reasons. The efforts which these countries have made to regulate the matter shows quite distinctly that even where such a system is apparently successful, many factors enter which require study and attention. Germany must be regarded as the nation which has done more to regulate the midwife than any other, yet the Germans are evidently not yet satisfied with the result, for we hear of constant endeavors to improve the position of the midwife by regulation, by extension courses and so called post-graduate work. It must not be forgotten that the women who enter this profession in Germany are very much superior to the women whom, as a class we are dealing with in this country, and the more paternalistic form of government and respect for the law prevalent in Germany, makes it a very much simpler matter to institute a proper control over midwives than we can ever hope to accomplish. The shortcomings of even this very much superior system is well shown by the discussions found in various German periodicals, among which the following pertinent example may be quoted from a paper by Weisswange (*Zentralbl. f. Gynak.*, July 20, 1912.) "The question remains, Is the present method of rendering help at childbirth the most advantageous? I question it. All statistics which have been compiled since the discovery of puerperal fever point over and over again to the fact that we, in fighting the disease, have not reached the desired goal, as in other illnesses resulting from infected wounds. The midwife system occupies an important place. While we instruct our nurses so excellently in asepsis and antisepsis and require them to train for at least one year before we give them recognition and permit them to call themselves 'sisters,' and while, for the most part, we require a considerably longer training before we permit them to assist us in operations, yet even in Germany the midwife is trained for a period of from only six to nine months, and then is allowed to officiate at child birth." The same writer states further that all proposed reforms, whether they include the restriction of internal examination, the use of rubber gloves, etc., will not help us in our aim to avoid puerperal fever if we do not take hold of the reform in the right place, namely, the essential improvement of the midwife class and the midwife's training. For this purpose at least one year of thorough training should be required, and only those women selected who have the mental fitness to appreciate the knowledge of proper sepsis and

antisepsis. Indeed, he believes that a higher grade of mentality should be required of the midwife than is required of the hospital nurses, for the latter always live in this atmosphere and are under constant control, while the midwives are more or less independent of outside influences. He goes on to show, moreover, how a lack of preliminary training fails to make a candidate for a license in midwifery properly appreciate the responsibility under which she is placed. This is but one example of numerous others met with in European periodical literature, and if the faults of the system are evident under these more favorable circumstances, what can we expect in cities like New York and Chicago, where the midwives are absolutely or practically without any control? Of course, it is acknowledged that the municipal regulations cover, or are supposed to cover, this particular field of medical practice, and yet anyone connected with our larger maternity hospitals who has the opportunity of seeing the results of the midwives' work, and who comes in contact with their life, can bear testimony to the fact that the medical inspection by the Board of Health in New York at least, falls short of the desired ends. Moreover, there are hundreds, and I might say thousands of women, extending their aid in childbirth who have had absolutely no training whatever, except that gained from a personal experience in their own labors and the observation of this process in their neighbors. They are as innocent of any knowledge of asepsis or the science of obstetrics, as a trench digging laborer. This class of women is absolutely without control as they are not licensed, and, as far as I know, not inspected. Another unfortunate effect in connection with their work is that the women are rendered careless of the possibility of complications, and very often it is only at a period too late for assistance that the latter is applied for.

The question remains, How can we overcome the difficulties attached to the problem of caring for poor women in pregnancy? What economic conditions make it necessary for us to rely on this sort of assistance simply because it is cheap? Is not the value of a healthy mother to the community greater than that of one who is crippled by lack of care during childbirth? Would it not be a paying investment for the municipality to provide proper care for these indigent women? The question then arises, in the event of this being possible, by what means shall better care in pregnancy be extended to the poorer classes? There are apparently only two methods:—suitably trained midwives or extended public lying-in charities. The attempt has been made to solve the so called midwife question in New York by providing a six month's course of instruction at one of our large public hospitals, three months of which are spent by the candidate in the wards, and the other three months in the tenements. The preliminary requirements exacted of the candidate include a physician's certificate of good health and recent vaccination. After being vouched for by two friends, the candidate is accepted for a probationary period of two weeks or longer, depending on her ability and general fit-

ness. Very little attention seems to be paid to previous education, yet the outline of the course of instruction would appear to require somewhat more than average mentality. The school referred to is still in its swaddling clothes, and thus far but very few women have availed themselves of the opportunities offered, only 18 having been graduated thus far. In view of the needs of the community, can such a school ever hope to supply a sufficient number of what must finally be admitted to be insufficiently trained women, to do the necessary work? A six month's course of instruction is insufficient, even for those of a higher mentality than the candidates who usually present themselves, and if we are going to leave this matter to women who are specially trained, then at least we ought to insist upon it that their period of instruction be increased and means offered to enable them to keep up with the advances in obstetrics. The writer, in view of the fees which ordinary midwives can commend, is very skeptical that this will ever be accomplished. However, with the certificate of a school to back them, such women are in a position to play on the sensibilities of their ignorant following and exact fees as large as those accorded to the ordinary practitioner of medicine. Moreover, the opportunities to increase their income by the practice of criminal operations will be extended even beyond what now, unfortunately, must be evident to everyone who comes in contact with the results of their work. I acknowledge that it may be a difficult matter to get rid of the midwife system as at present constituted, unless we can provide a class of women who are sufficiently trained to meet all requirements. But we have had other problems in medicine to deal with that have presented objections of equal, if not greater weight, and yet the profession has congratulated itself quite frequently on the fact that it has overcome them. Were it not for the insistence on certain medical measures, could we ever have overcome the ravages of smallpox and other infectious diseases? We insist on caring for our school children by regular inspection of their noses, throats, glands, joints, hair, skin and other portions of their anatomy, as a protection not only to themselves but to the remainder of the community. If abnormalities are found we have devised means to insist on their treatment, either by the family physician or the public clinic. Is it not of equal importance to protect a pregnant woman against the inroads not only of disease, but of improper care during labor, because it is directly here that outside interference, if improperly conducted, will produce the most harmful consequences and results. If we have succeeded in insisting that proper medical care be accorded in other conditions, why cannot we extend this supervision to these poor women who resort to an inferior type of care simply from their ignorance and prejudice?

In order to demonstrate what can be done for these women, I will contrast a typical case of confinement in the tenements attended by an ordinary midwife, with that attended by the staff of a large lying-in charity.

The patient who intends to resort to a midwife's aid in her confinement, rarely applies until the labor pains have come on. The woman who is then engaged to attend her is called from a nearby tenement, where she is probably taken from her work in caring for a large family that may include a child sick with some form of contagious disease. She usually goes to the scene of the labor in the ordinary dirty clothes that she has been wearing while doing her household work, taking with her a satchel containing a handful of absorbent cotton and a bottle of bichloride tablets or carbolic acid, with a few strings of soiled tape for tying off the cord. The satchel and its contents will not bear close inspection, and when carried by the so called " professional midwife " is usually done for effect rather than for actual use. In a great many cases, however, among the Russian Jews we find these women without even this small insignia of their trade. The patient is asked about her pains, and a vaginal examination may or may not be made, this depending on in how much of a hurry to get back home the midwife happens to be. Abdominal examination to diagnose position and auscultation of the fetal heart sounds are practically never attempted. If the pains are strong the woman usually stays on the case and busies herself about the house, doing cleaning or other manual work. If the labor does not come off soon, she will probably make a vaginal examination usually without washing her hands, and if the cervix is sufficiently dilated she will often rupture the membranes. The one favorable feature about the work of the midwives is the fact that they do not make many vaginal examinations, and the patient is left to her own resources to expel the child. If the midwife believes the case to be normal, she usually sits still and waits for the child to be born, after which the cord is tied with the aforesaid piece of dirty string or tape and the delivery of the placenta awaited. A knowledge of postpartum hemorrhage and its treatment is usually outside the scope of these women and they know nothing about uterine contractions or the necessity of maintaining them after the placenta is delivered. In many instances I have known them to deliver the afterbirth by traction on the cord, with the possibility of producing an acute inversion of the uterus. Any methods for protecting the perineum from laceration, or the suture of such tears is entirely beyond them. In case an abnormality occurs, such as a breech or a transverse, they know enough to make a diagnosis by exclusion, and send for a doctor or to one of the charitable maternity hospitals for assistance. Cases are not unknown in our own service where efforts at breech extraction have been made with dire results as regards the delivery of the after-coming head. In most instances the midwife seems to think that her labors are completed after the child is born, and if she is of the so called professional or licensed type, she leaves the woman, to return every other day for a week or more until the patient is up and about. Most of the women whom we meet with in our work among the Jews in New York, however, are not of this class. They are simply women who have taken up this work

as a means of gaining an additional livelihood, or are widows, or may have been deserted by their husbands. Very often they assume the role of nurses and scrubwomen, and remain in the house with the patient, doing the ordinary work and paying comparatively little attention to the mother or the baby. Summed up in a few words, it may be said that the care extended by either of these two classes of women during labor and the puerperium scarcely meets with the requirements of modern obstetric practice.

Contrast this with the care offered by the staff of a large maternity institution, such as the Lying-In Hospital of New York. Our service is divided into an indoor and an outdoor department, and as the outdoor comes into closer relation with the problem here under discussion, a brief general description may serve to show the contrast between the care extended by the midwife and that of a well equipped hospital. During the year ending April 1, 1912, this institution cared for 2953 women during confinement in their homes, of whom 25 were sent to the hospital for further treatment. The staff of the outdoor department consists of two attending Surgeons, one in charge of the labors, and the other in charge of the postpartum cases. Under these there is an organization which includes a resident house surgeon and ten staff doctors. This is supplemented by a corps of nurses who act as assistants in various capacities. Patients are urged to apply for admission to the service a month or two before the expected date of confinement, when they are examined in a special antepartum clinic, which meets every day except Sunday. A history is taken, and a careful external and internal examination is made, including pelvimetry. A specimen of urine is also examined and the patient receives a card directing her to apply for treatment as soon as her pains begin. In order to extend the care given to the antepartum women, it is also our intention to provide a pregnancy clinic which shall be regularly visited by the applicants and all subsequent abnormalities noted and taken care of. When a message comes in from a woman that she is in labor, a staff doctor is immediately sent to the case with a bag containing the ordinary paraphernalia necessary for delivery. As soon as the doctor arrives he makes a complete examination of the patient, and enters the data on a specially printed slip, which is at once dispatched to to the hospital by a messenger from the family, and placed on file there for the inspection of the resident house surgeon. The clerks in the office are instructed to call the attention of the house surgeon to any abnormalities that may be entered on the report. These reports are sent in to the hospital every two hours, and the case is, therefore, under constant observation and control. Should any abnormality arise, the attending surgeon, on duty is immediately notified by telephone by the house surgeon, who is then directed as to the manner of procedure. The aim has always been to have an attending surgeon present at every operative delivery, and this is quite faithfully carried out, as shown by the hospital

records. In case operative interference is necessary, one or more of the staff, together with a nurse, proceed to the case, taking all the sterilized dressings and instruments required. It is unnecessary to go into further details regarding the various procedures and methods employed, because this would be foreign to the paper, but attention may be called to the rules which are distributed in printed form to the members of the house staff, and further elaborated upon by a monthly lecture by one of the attending surgeons, in which the outline of the procedure insisted upon by the hospital in the conduct of labor cases is fully described. Especial attention is called to the method of hand disinfection and cleansing of the patient before any vaginal examination is undertaken. We do not supply rubber gloves for a number of reasons; they are expensive and easily torn unless they can be applied dry, and their use is apt to lead the wearer to depend for his aseptic technique on the glove rather than on careful sterilization of the hands. We try to impress on the members of the staff the absolute necessity for keeping clean and observing every detail in connection with the case, impressing them also with the fact that the conduct of a normal labor and the avoidance of complications is one of the most important and essential parts of their training. As an instance of the fact that these instructions fall on fertile soil in almost every case, attention may be called to the very low morbidity rate in connection with this outdoor service, which for a long period of years has rarely exceeded two per cent. We include here temperatures produced by other conditions aside from infections through the genital tract, and notwithstanding this, the morbidity rate will bear favorable comparison with that of any institutional indoor work, and is very much better than that obtained in ordinary private practice by physicians. No comparison can, of course, be made with that attending the practice of midwives, as these facts are not recorded unless they come under the notice of the hospital.

Labor is regarded quite generally as a physiological process. For this reason many will claim that too much attention is extended to women at this time. The fact remains, however, that environment has tended to interpose many complications to this supposed physiological process, as an instance of which I may state that operative deliveries in our series of cases amount to at least ten per cent. Complications necessitating operative delivery cannot usually be avoided, and the good results attending our own series of such cases show how necessary is skillful supervision and attendance.

For lack of time I have refrained from touching on a number of points which would be of great interest in this connection. The distribution of the cases confined by the hospital staff, during a single year is graphically shown in a map exhibited at the last meeting of the A. M. A. at Atlantic City and pubiished elsewhere*. With the exception of those parts of the city covered by business buildings and the better

*Bulletin of the Lying-In Hospital, Vol. VIII, No. 4.

classes of residences, the lower part of New York City is occupied by the ordinary cheap tenement house, a form of dwelling which has resulted from certain economic and geographic conditions. This type is most unfortunate in its effects on the tenants who are thus compelled to live in such close contact. Our work extends mainly along the lower East Side, which is a district largely inhabited by the Jews of Russian or Austrian extraction. These women have large families, and although the tenement house conditions are gradually improving, they are far from being what they ought to be, and the conditions under which these children are brought into the world are in many instances extremely sad. In this same district there are of course, numerous midwives of every kind, but as their confinements are not invariably reported to the Bureau of Vital Statistics of the Board of Health, it is impossible to state accurately what proportion of all the confinements in New York City are conducted by them, but a claim has been made that it amounts to 45%. Among the Italian population particularly, midwives no doubt attend a greater number of women in labor than are attended by regular physicians. It must be acknowledged, however, that the Italian midwives, although far from perfect, have been equipped with a somewhat better training than is met with among the Jews. Notwithstanding this, we get a great many abnormal cases among this class of people, which would have been attended with better results if they had been under the care of a hospital.

The large material which comes under the direct control of the hospital is available for study and instruction not only by the house staff, but has also been made use of to afford medical students practical training in obstetrics. Especially during the vacation months, large numbers of medical students are in attendance, who, after spending a week of preliminary work in the hospital are sent out in pairs to cases in the tenements. They are usually sent out to confine multiparae who give a history of previous normal labors, and as soon as they arrive at the case are compelled to send in a report of the patient's condition to the hospital. These cases are visited by one of the staff men, who corrects the diagnosis made by the students and remains at the house under certain conditions. The students are required to transmit reports of the progress of the case at regular intervals of two hours. Neither the staff nor the students are allowed to interfere in an operative sense with the progress of a labor, and by means of the detailed reports to which I have referred, we are enabled to keep in constant touch with this outdoor service so that practically nothing escapes us. Cases which require attention, such as placenta previa or eclampsia, are temporarily treated by the staff according to the suggestions given in the Hospital's pamphlet of instruction, but the house surgeon is immediately notified of what transpires, and through him the further disposition of the case is directed. Cases of placenta previa, hemorrhage from other causes, eclampsia, and

various pelvic deformities, are usually sent into the hospital for further treatment; but versions, forceps, craniotomies, curettages, and a number of other operations are done directly in the patients' homes with excellent results. The hospital also extends its care through the puerperal period, the women being visited every day for the first three days, then every other day until the ninth day, when they are examined and discharged from the service if no abnormality is present. If necessary, they are kept under supervision until they are well enough to go out, and if further treatment is required, they are referred to the gynecological clinic at the Hospital, which is in session on four afternoons of the week, and is conducted by the attending surgeons. The staff, students, or nurses who make these postpartum visits are required to observe and note carefully all the details of a woman's condition, which are then entered on the history sheet. All ordinary complications are treated at home, but if septic or other conditions should develop that cannot be handled by the outdoor staff, the case is referred to the Hospital. To show how rarely this is necessary, I want to call attention to the fact that during the year's work, from April 1, 1911 to April 1, 1912 only 25 cases were referred to the wards. All postpartum gynecological conditions, whether requiring operative or other treatment are cared for by the Hospital, so that it is not necessary for a woman to apply to another institution.

I have gone somewhat into detail in drawing this comparison between the care extended by the ordinary midwife and that by a large maternity hospital in order to show what can be done with proper supervision, which is necessarily entirely lacking in the practice of the midwives as a class. The question naturally arises, can our maternity hospitals be extended to include all the cases among the poor, if it becomes possible in time to abolish the midwife as a factor in the situation? This is a difficult question to answer at the present time, and time and experience alone will decide the same. At present our maternity hospitals are not sufficient to cope with the situation, especially as the assistance extended by the City of New York has of recent years been restricted rather than extended. The time will come, however, when the situation will have to be viewed in a more liberal light by the public authorities.

Another factor that enters here is the attitude of the physicians practicing in the poorer quarters of the city. I have found repeatedly that these men will confine women for the sum of from $10 to $15, which is about what the average midwife gets. Will it be possible to turn over all the cases who are able to pay a midwife to the local physicians? That depends entirely on the latter, who need not refuse to take these cases at the figures stated if they so desire, but unfortunately, the character of the assistance extended to women at the price is often commensurate with the same, and it must be regretfully admitted that as much, if not more, poor obstetrics occurs in the practice of physicians of this class than even among midwives. This is a circumstance that must be taken into consideration,

and if we insist on proper care being given to these women, we must insist that it be extended by the doctor himself, and if he cannot, or does not care to do it, either to turn the case over to some one else or rely for the treatment on a maternity hospital. In any case it would seem as if the midwife could be eliminated as a factor in this situation. But there are thousands of other women to whom a fee of even this size is practically prohibitive, and I know of instances where women have received the attentions of a midwife, such as it was, for the sum of $2 or $3. It is this class of midwives who are the most ignorant and who do the most harm.

How, therefore, shall we solve the problem? Shall we decide it on its financial or on its humanitarian aspects? If we are to decide it along the former lines, then an entirely different attitude must be taken than we have hitherto assumed. If these people cannot afford the services of a reputable physician for this purpose, it cannot be regarded as an act of pauperism to assist them in accepting the aid of a hospital. The question may be answered along the same lines as that which has been solved, in part at least, by certain of our charity organizations, who, in the case of a widowed mother, instead of taking her children and placing them in an orphan asylum with all the unfortunate features that go with it, assist her directly by financial and other aid to keep them under her personal influence at home, an influence which, with all its drawbacks, is in the majority of cases preferable to that exerted by an orphanage.

A question of vital importance, to which I am tempted to refer again in this discussion of the midwife situation, is the housing problem, to which, unfortunately, too little attention has been extended as a factor. The education of our poorer classes, the dwellers in the tenements, cannot be favorably extended in either moral or physical directions until some impulse has been given to the movement for bettering the conditions under which they live. The problem is not an easy one to solve. The mere insistence on better tenement dwellings is insufficient, unless these people, as individuals, can be made to recognize the necessity for personal and household cleanliness. It may be argued by those who see the only solution of the problem in the betterment of the tenement structures that this is all-sufficient to accomplish the desired ends, but to anyone who has been favored with the practical knowledge obtained from associating with these people must come to the realization that the personal equation plays an even more important part. That people can remain clean, even under the most disadvantageous surroundings, may be readily shown to anyone who will take the trouble to make a pilgrimage through our tenement districts. There are individual lodgings and houses no better, and often not as good, as those immediately surrounding them in which an effort at maintaining cleanliness is plainly apparent. There are certain classes of our foreign population just as poor, and usually as ignorant, as their neighbors, in whose lodgings and on whose persons the desire to

be clean is evident without question. On the other hand, the majority of these people have absolutely no conception of the ordinary laws of cleanliness, and it will be a difficult matter to eradicate the lack of this desire, which has been prevalent for centuries.

There is no doubt that better dwelling houses for these people will accomplish a great deal, but unless they themselves can be taught the necessity of keeping clean, the shell in which they live will not accomplish the desired result, any more than an ornamental container of any kind will improve the quality of the contained product. The midwives themselves are largely of the class in whom cleanliness is an unimportant factor in their daily life, so that it is quite natural to assume that the necessities of conducting a labor in a cleanly manner will not appeal to those who cannot understand the principles which form the basis of this question.

There is one circumstance to which constant reference is made in a discussion on the midwife problem, and that is that more cases of sepsis, ophthalmia neonatorum, and various complications in labors are to be found in the practice of physicians than among the cases attended by midwives. It seems to me rather an unfortunate basis of comparison for the abolition of the midwife to say that there are doctors who do not do as well, or who do worse than this personage. The doctor whose faults of commission are brought forward in this manner cannot be held excusable for them. If his obstetrical work is done in a false or slovenly manner, this should be the subject of correction, but simply because this type of physician has been pointed to with the finger of scorn, there is no valid reason to accede to the demand for the midwife as an institution.

It is not within the scope of the subject assigned to me by your Chairman to recommend measures intended as substitutes for the midwife, but I hope to have shown what can be done by a single agency in the way of scientific care and attention for that class of women who believe that they are compelled to resort to midwives as aids in their confinements. In addition to what the maternity hospitals can do in the immediate care of the patient in labor and the early puerperium, much can be accomplished by allied organizations working in harmony with the hospitals, including the various nursing and welfare societies. Co-operation such as that indicated, which will teach these people to help themselves, to practise cleanliness and decent living, to appreciate the value and necessity of proper care during the child-bearing period, will do much to gradually, but surely, eliminate the midwife from this field of medical practice, which belongs to the scientifically trained physician and to none else.