Practical Prenatal Care*

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Perhaps the greatest advance made in the science of obstetrics, since the time when Semmelweiss and Holmes impressed upon the profession the importance of aseptic technic, is that of thorough practical prenatal care. Just as asepsis has saved thousands of mothers from the fire of puerperal fevers, so prenatal care will protect them from the no less horrible eclamptic convulsions and toxemias of pregnancy, as well as from the useless protracted suffering incurred, in an effort to push a fetal head through an impossible pelvis.

It is only the realization of the vast importance of prenatal care that gives me sufficient courage to present a paper on a subject that has received such thorough consideration during recent years by the lay public and at the meetings of nearly every medical society in the country. The very fact that prenatal care has been so persistently and continuously discussed by the profession, seems to indicate its great importance to us and to future generations. Until lately, prenatal observations were conspicuous by their absence, perhaps because the expectant mother is ever in our midst, and for that reason is improperly appreciated. Schwarz tells us that nine tenths of the women in the United States receive no prenatal care. The average obstetrician thinks it more important to know the technic of applying forceps and of doing a Cæsarean section than to acquaint himself with the simple rules of prenatal hygiene. Semmelweiss and his assistants, in advocating asepsis, at least had the advantage of novelty in proposing something new, whereas those who urge prenatal care are deprived even of that privilege, for care of the expectant mother has been practised in some form even by primitive races who have left evidences of specially constructed rest lodges where the pregnant woman could lie down.

The laxity of prenatal care is due to the fact that the laity, and some physicians, are not aware that gestation in most women of the present day is not a purely physiological process, and that motherhood exacts a most severe test of women's physical and nervous makeup.

How difficult it is to instruct expectant mothers, particularly multiparæ in prenatal care, all of us fully realize. When a woman has had several children without any mishap, with no other prenatal attention than a vaginal examination and a single uranalysis, it is no easy matter to induce her to visit you frequently and regularly. Yet, if we all made it a practise to urge, even insist, that they come back regularly, impressing upon them the necessity of it, this problem would be solved. We can still bring to bear further inducement by mentioning the fact that there is no additional fee for this service, and that if they find it absolutely inconvenient to visit at your office you would be willing to call at their home. Make them realize your earnestness in the matter and you will almost invariably gain them to your side. With primiparæ

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you have a much easier task. They seem to appreciate the necessity of being looked after, and if you fail to have them return for further attention they will go to someone who does examine their urine and blood pressure, leaving you to wonder why she did not call you when she was delivered.

Once having obtained your patient's cooperation, you will find prenatal care far less a burden than you imagine. I begin with a routine examination, going into the previous history of the patient as to scarlet fever, rheumatism, rickets, and vaginal discharges and character of previous labors, if any; then follow into the present history, laying particular stress upon the question of headache, spots before the eyes, bleeding, constipation, sleep, heartburn, edema of extremities, and epigastric pain. This is frequently sufficient to put you on your guard against unexpected difficulties.

Pelvimetry, an art that has been neglected by the majority of physicians, particularly those who take cases occasionally in order to be on good terms with their old patients, and those physicians who neglected this procedure when they first started to practise, and, fortunately for them, did not find it in any way a hindrance to their success, is really of vast importance and can no longer be overlooked.

The measurements should be taken in every primigravida and also in all multiparous women where a history of difficult labor is obtained. This can be accomplished in as little time as taking a blood pressure reading. By this means you will at an early date be able to anticipate obstacles to delivery and so conduct your case as to protect the mother and child from unnecessary trial later, and save yourself from an embarrassing position. I recall a case where a physician was watching and waiting for a head to enter into a funnel shaped pelvis with an external conjugate of sixteen cm. After permitting the woman to suffer for five days, he finally decided that something ought to be done. Had he taken the pelvic measurements, he would have realized that the patient should not be delivered at home.

Following the measurements, an abdominal examination is then made to ascertain the following: First, diagnose pregnancy, cases of pseudocyesis are not as rare a condition as we are ordinarily led to believe. The position of the child and fetal heart is of next importance. The examination is completed by a blood pressure reading, uranalysis, and examination of the heart and lungs of the patient. Of how much greater service are we to our patient when we detect at an early date an active tuberculosis and terminate pregnancy in time to save the patient's life, or recognize a cardiac condition and so direct the expectant mother as to enable her to husband her strength for the crucial test. In cases of cardiac disease where the myocardium is laboring under the added strain, ten mm. of tincture of digitalis given throughout pregnancy will often be enough to tide the patient over the emergency which otherwise might have been disastrous. To have a women in the first stage of labor with pulmonary edema due to a loss of compensation during time of labor is not an infrequent occurrence in hospital practice where patients are sent when it is felt that they are beyond any hope of recovery. In these cases the administration of the digitalis in time would have saved two lives.

As to the importance of routine urine examination, little need be said, because it is so generally appreciated. It not only informs one of the present condition of the patient's health with its impending danger, but treatment can be instituted at once and a catastrophe avoided. Two microscopical examinations should be made for each patient, one when she is first seen, and the other after a two months' interval. While albumin in the urine is of utmost importance, yet its absence without a microscopical examination cannot exclude a pathological kidney condition. Those of us who have not a microscope nor the time for such an examination at the office can make some arrangement with the nearest laboratory to have the work done. Finally, I would lay particular stress upon the significance of blood pressure reading. Were I to have the choice of uranalysis, stethoscope or blood pressure apparatus in the care of a patient, I would unhesitatingly choose the latter. It is our most valuable adjunct, because with its knowledge we can ascertain any impending danger much sooner. Readings should be taken every time the patient comes to your office, or whenever you visit the patient at her home. The reading may vary within a week and give you prompt notice to begin treatment. A rise of twenty to forty mm. should cause serious concern. While it is true that certain forms of eclampsia are ushered in with low pressure, yet a majority of cases have high blood pressure.

The information so far obtained enables you to prevent gross misfortune. It is further necessary so to advise the mother in her personal hygiene as to assist you rationally in keeping her healthy. Pregnancy has been defined as a disease of nine months' duration, and when we consider the change that takes place in the entire female organism it is no wonder that it is so interpreted. We must conscientiously attempt to counteract these deleterious forces. The patient's bathing, clothing, diet, bowels, teeth, breasts, exercise, rest and sexual relationship must all be attended to.

The question of bathing is still surrounded by a mist of tradition. The prohibiting of bathing during the eighth month, because the baby is weaker in the eighth month than in the seventh, and if prematurely born in the eighth month cannot survive, while if born in the seventh month is more likely to live, is all nothing more than a grandmother's yarn. She should bathe four or five times a week in lukewarm water with soap during each month of the pregnancy.

The clothing should be free from constriction at the waist or extremities, and should be suspended from the shoulders. Proper protection from cold should be secured, and this can hardly be obtained by the wearing of short skirts and silk stockings. The diet should be simple, wholesome, and in harmony with the tastes of the patient. The character of the diet will necessarily depend upon the urine examination and pelvimetry results. If the urine is abnormal, withhold spices and other renal irritants. If the pelvis is small or the baby in your estimation too large, avoid carbohydrates and de-

pend more on the proteins to reduce the weight of the child. In cases of constipation, laxative fruits associated with milk of magnesia or cascara preparations yield excellent results. In renal conditions, salts are advisable, in that they best assist elimination of toxins.

The teeth of the expectant mother are so frequently affected that a little attention will give gratifying results. The aphorism, a tooth for every child, expresses the condition fully. The use of the toothbrush and an occasional wash with milk of magnesia may be sufficient. In more progressive cases calcium should be prescribed as a drug or as a food through the use of milk, and a dentist consulted. Extractions under general anesthetics or too extensive work on the teeth should be avoided, though I see no contraindications to local anesthetics.

In relation to exercise, our patients differ from those ordinarily described in the textbooks. They need not be warned against horseback riding nor midnight dances, nor need they be advised to indulge in any form of gymnastics, for caring for the house affords them ample exertion. What they need is fresh air, and they should be urged to walk every day, of course not to the extent of overexertion, as was the case of an expectant mother who would walk daily until she felt faint, because she had been told that walking would make labor easier for her. That idea unfortunately is common not only among the laity but also the medical profession, and is difficult to combat because of its old tradition. One can readily appreciate that the future mother is already maintaining a high metabolic balance, and that great exertion means increased metabolism with greater strain on the kidneys. The heart, too, is being taxed to its fullest capacity, and undergoes a physiological hypertrophy. Rest is important, and a diversion like the cinema, when not too emotional or crowded, is desirable.

The breasts and nipples need care. They should be washed with castile soap and a fifty per cent. solution of alcohol applied every night. A comfortable binder is sometimes of great help. Depressed nipples should be gently massaged and drawn out. Finally, it should be explained to the patient that sexual relations should be avoided in the last three months. Anticipate this question, because it is frequently not asked.

The dangerous signs of toxemia must be impressed emphatically. Tell the patient to call whenever she experiences any of the cardinal symptoms of eclampsia; that is, headaches, spots before the eyes, edema, epigastric pain, suppression of urine, obstinate constipation, sleeplessness, and heartburn.

In this manner you will safeguard your patient, protect your practice, and obviate the necessity of lay organizations taking over prenatal care.

The objection that the physician who does the prenatal work is occasionally not called in for delivery is not really valid, because all of us lose nearly ten per cent. of our cases engaged and get ten per cent. of those belonging to some other physician for delivery, thus equalizing the results.

It is not my intention to bore you with statistics of the fatalities that occur daily from the neglect of practical prenatal care, yet to give you an idea I will mention briefly the following: Callie, of Toronto, states that the death of every child that is stillborn, where no other cause can be found than eclampsia or prenatal toxemia or syphilis, is the direct fault of the physician. Of 146 stillbirths, thirty-seven, or twenty-five per cent., could have been saved by prenatal care. Clifton Edgar, out of five hundred stillbirths, estimated that at least one hundred of them might have been prevented by more adequate prenatal care. Out of every hundred women in whom eclampsia or some form of prenatal toxemia develops, eighty-five die.

In conclusion, let me remind you that none of the suggestions lie beyond the scope of any of us, and that a conscientious application of prenatal care will save both the expectant mother and her baby, and ourselves from the disaster that accompanies neglect.

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