The Most Important Period of Pregnancy

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THE first trimester of pregnancy which in every respect is the most important period remains to be the most neglected period of pregnancy. Women very rarely receive any health care from the professionals unless they suffer from some serious ailments. Minor ailments which accompany this period are usually taken care of at home in a very traditional way.

During my experience in various Maternity and Child Welfare and Ante-natal clinics of the hospitals, I have rarely come across women in their first trimester of pregnancy who come for registration. If by chance a few women did come to register, they were invariably told by the various categories of health workers attending on them to come for registration after sixteen to twenty weeks of pregnancy. By this time the foetus is palpable per abdomen. It is surprising to note this kind of practice in the health institutions (Maternity and Child Welfare Centres and Ante-natal Clinics of the hospitals).

The First Sixteen Weeks

Health professionals are well aware of the fact that the whole foetal development takes place during the first sixteen weeks of pregnancy. It is the most important period when the different organs and systems of the body are growing, taking shape and getting organized. After sixteen weeks it is only the continued rapid growth and elaboration of functions. Life begins with successful fertilization of ovum and spermatozoa and after that the growth and development occurs at a very fast rate and by the end of the third foetal month the formation of various organs is more or less completed. Central Nervous system is unique with respect to the long period required for the basic organization of its intricate structure, its complexity makes it vulnerable to environmental insults during gestation specially during the first trimester. Chromosomal abnormalities if severe, result in abortions and miscarriages; if mild they may cause abnormalities in the baby.

- Severe maternal infections with septicaemia may result in still births or premature labour.
- Maternal Rubella in first trimester of pregnancy gives rise to deafness, mental subnormality, congenital heart disease and cataract in the new born. Maternal diabetes is associated with high incidence of foetal deaths and the babies born are susceptible to Hypoglycaemia (low blood sugar) a life threatening condition.
- Maternal malnutrition which tends to get aggravated further by nausea and vomitting and dislike for food specially in early pregnancy. This may sometimes be quite a severe condition if vomitting persists (Hyperemesis gravidarum) in the first trimester of pregnancy. If severe it gives rise to vitamin deficiency and may even lead to convulsions and encephalopathy in the child.
- Every drug administered to the mother specially during this period should be regarded as dangerous to the foetus. Even tonics should be avoided during the first trimester unless definite signs of deficiency exist.
- Exposure of the mother to radiation can be very hazardous to the baby.
- Maternal smoking during pregnancy may adversely affect a child's long term physical and intellectual growth. Babies of smoking mothers tend to be born with low birth weight as Nicotine in mother's blood causes constriction of blood vessels adding to the strain of oxygen delivery and decreasing the supply of nutrients to the baby.

It is reported that the effect of alcohol during intercourse which may result in a pregnancy can cause intellectual subnormality in the child. Couples are warned to keep off alcohol when they are planning to have the baby.

Planning for Pregnancy

All the above mentioned conditions which can result in irreparable foetal damage, mental subnormality and loss of foetus, stress upon the need for planning for pregnancy and getting it monitored, specially during the first trimester of pregnancy till the birth of the baby. Obstreticians advise that antenatal care should begin at the latest six weeks after the last menstrual period.

Early detection and the possibility of treatment, elimination of known hazardous environmental factors has now become possible by accurate diagnosis of metabolic disease variants of chromosome diseases and many other ailments caused by certain genetic conditions. Human genetics have made it possible to diagnose diseases before the manifestation of a clinical picture that is during the prenatal period. Particular success has be achieved in the diagnosis of hereditary conditions in the prenatal period, making it possible to avoid the birth of an ailing child. This benefit of identification of high risk conditions in the mothers can be availed of only if the pregnant women can be advised to come and register with the health agency as early as they learn of their pregnancy. This

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Treatment of the Mentally Sick

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(f) Mental Illness Once Acquired is Life-Long : It is incorrect to presume that a mental illness, once it occurs, remains for life. Since more than 80 percent of the mental illness are fully curable and preventable, it is wrong to believe in this misconception. Excluding schizophrenia, all other mental illnesses can be easily controlled and prevented through proper psychotherapy, pharmacotherapy, behaviour therapy or family therapy with proper genetic counselling. The average stay of a mentally sick patient in a psychiatric ward of general hospital is between one to four weeks (much less than the stay what is needed for a patient of heart attack, a major surgical operation or a fracture etc.).

(g) The Only Place for Mentally Sick is an Asylum : The credit goes to Dr Pinel for starting the humane treatment for mentally ill in 1795 in Paris. Then this social reform was continued by Rush in America and Connolly and Tuke in England.

In India, we owe to Dr G.S. Bose (founder of first psychoanalytic society in India) for doing initial experiments in General Hospital psychiatry in 1933 at R.G. Kar Medical College in Calcutta. This was later on carried out by Dr K.K. Masani, Dr N.N. Gupta, Dr N.N. Wig and Prof. J.S. Neki.

At present, every government hospital has set up a psychiatric Unit to assist 42 mental hospitals in India.

The treatment of mentally sick in a government hospital does not differ from the treatment given for medical surgical or other illnesses. The only difference is that to treat a mentally sick, a kind of team work is required—the psychiatrist is assisted by a psychologist, a social worker, a psychiatric nurse and a rehabilitation therapist.

The mental illnesses are not confined only to the psychiatric ward but a psychiatrist has to attend and treat the mental illnesses associated with *medical problems* like hypertension, Diabetes, Asthma etc; *surgical problems* like operation itself, cancer, fractures, disfigurement etc, *Gynaecological conditions* like pregnancy, abortion, menstrual problems etc, *childhood problems* like school phobia, habit and developmental or conduct disorders and last but not the least *Ear and Eye problems* like blindness, deafness etc.

The treatment provided for mental illnesses in India is not inferior in any respect to what is provided in the Western countries. This can also be inferred from the fact that two of the brilliant Indian psychiatrists, Dr N.N. Wig and Prof. (Dr) J.S. Neki are already working in the capacity of Mental Health Advisers for World Health Organization.

With proper methods of drug treatment, rehabilitation techniques and counselling services for common mental health problems like alcohol and drug abuse, deliquency and genetically inherited mental illnesses, we can avoid the chronicity and disability of more than 80% of cases but the latest spurt in number of drug addicts (especially smack addiction), has started consuming the scarce mental health services available in our country.

If India fails to draw to divert its resources in boosting up the mental health services then it may fail in fulfilling its promise taken at the international conference at Alma Ata i.e. "Health for All by 2,000 A.D." (mind you, W.H.O., defines health as not merely the absence of desease but a state of positive well being-physical, *mental* and social).

THE FIRST TRIMESTER

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would give the opportunity to the health workers to provide adequate ante-natal care and supervision and protect the mothers who put themselves and their babies at risk unknowingly. Significant reduction in low birth weight, perinatal mortality, neonatal mortality, congenital anomalies and hereditary genetic disorders can be achieved.

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