

Public Health and Maternity Page

An Interesting Experience, by Miss M. H. Peckworth, of Ranchi District.— I have recently had the experience, which may interest some of your readers, of watching a normal delivery as it is conducted by primitive aboriginal people, (the Munda tribe) in their own village.

Normally when I am called to a case, I conduct the case, and therefore except for occasional whispered asides commenting in our methods, I have learnt very little of theirs during my nine year's work amongst them.

This time we were in the village on a friendly visit, and had no midder bag with us. The head was visible during pains when we were called to the house, and it was obviously a case of a normal first labour, so we told them to carry on while we sat by in neighbourly fashion.

The following points interested us :—

1. The patient sat on the floor, leaning back in the arms of another woman who sat on the floor behind her to support her.

2. The dai sat on the floor in the front of the patient with her legs outstretched, and the soles of her feet pressing against the patient's ischium during pains.

3. No attempt was made on the part of the dai to touch either the mother or the child. The child was allowed to be born unassisted and deposited on the conveniently near floor.

4. No attempt was made to have knife or cord-tie in readiness. (This may be connected with the fact that it is considered unlucky to prepare any clothes for the child, even in houses where clothes are afterwards worn.)

5. The most interesting point was the management of the third stage of labour. As soon as the child was born, the mother at once and very skilfully got herself into a kneeling position on all fours, with the baby between her legs, the dai telling her to be very careful not to pull on the cord. The second helper, behind the patient, put her hands round the patient's waist, the tips of the fingers meeting in front just below the diaphragm, and with stroking movements carried out a sort of massage by parting her finger tips and drawing her hands slowly round the loins under the margin of the ribs. After some five minutes she said the abdomen was "soft", and the first dai then produced the kind of twig which is used for cleaning teeth, and the patient was instructed to tickle the back of her throat with it and to make herself retch. We could see from the front what happened. At each convulsive movement of retching, the placenta was expelled a little farther from the vagina. The patient, as soon as the placenta had fallen, sat upright on the floor with her feet crossed at the ankles.

Then and not before, somebody went to get the primitive household knife used for cutting up vegetables, and cotton, which was then twisted into a cord-tie. The cord was tied about one inch from the umbilicus, and a copper coin was produced, and while one woman held the baby's arms and legs, the dai put the pice under the cord and cut down on to it.

Meanwhile a basket half filled with bran had been brought in, and the placenta and blood clots were skilfully cleared up from the floor and put into this to be taken outside and buried.

We did not stay longer, but were told that the baby would be washed then. It was 11 p.m. and had we not been there to provide dry tea leaves, the mother would have no nourishment until the next morning. (However long labour lasts, nothing is usually given except a little rice water.

I have talked throughout about the "dai". Actually in Munda village there is no professional or hereditary dai. The women of the house and kindly neighbours come and sit with the patient ready to support her back, rub her legs, and encourage her with great kindness and patience. Almost all the cases of difficulty to which we are called are caused not through interference, but from ignorant though kindly neglect. In about 90 per cent of the cases the trouble is an enormously distended bladder, resulting in delay and uterine inertia. The failure to give nourishment on top of general poor feeding, often existing with a high degree of anaemia due to hookworm disease, also helps to account for exhaustion when labour is prolonged.

I wonder what you would think about the teaching to be given about the management of the third stage of labour in a 10 days' class which I hold for village women to teach them elementary rules about the management of normal cases and how to recognise abnormalities. I feel inclined to give my blessing to their own method rather than to go on with the very difficult task of teaching them ours, with only a phantom model on which to demonstrate. (Something of their capacity for learning may be gathered from the fact that it takes one whole demonstration class and great patience to teach them how to hold and use a nail brush and soap.)

Baby Show at Baitalpur, C. P., by D. P. Rishi, Secretary, Baby Show Committee.—Under the auspices of the A. E. Mission Hospital, a baby show was held on the 23rd November, 1943, at Baitalpur by the local child welfare committee. Prior to this a baby clinic was conducted once a month for 6 months, during which time babies were medically examined by Dr. G. S. Patrick, L. S. M. F. and Dr. D. V. Isaac, L. M. P. In case of sickness and mal-nutrition treatment was given free of charge through the kind patronage of the Medical Superintendent Dr. H. H. Gass, M. D. The final examination of the babies was conducted by Dr. H. H. Gass.

This year 65 babies from two villages attended the clinic. The mothers of one village were Christians all of whom were literate, while the mothers of the other were non-Christian all of whom were illiterate. They are so superstitious that in the beginning they did not even like their babies either to be exposed or weighed lest their babies should be bewitched or lose weight. However, these difficulties were soon overcome and the activities of the clinic were carried on nicely. During the period babies suffered from an epidemic of eye trouble which was effectively controlled. Later another epidemic of Whooping Cough spread, which too was cut short by preventive inoculation of every child.

On clinic days mothers were given lectures on hygiene including a course of instruction on feeding and proper care of infants by Miss M. M. Kroehler, R. N. Nursing Superintendent, Dr. (Mrs.) G. S. Patrick, L. S. M. F., Mrs. A. Henry, President of the Committee, Mrs. P. Gottlieb, Staff Nurse, and Dr. G. S. Patrick, Assistant Medical Officer.

A special programme was carried out in which health songs, speeches and reports of the activities of the clinic were presented. Rev. J. O. Koenig, M. A. Ex-Moderator of C. O. C. C. and Mrs. Koenig were present by special invitation. While commending the efforts of the committee Rev. Koenig said that Christ placed a great importance upon children. They have a unique place in the Kingdom of God, therefore it is most essential that they should have sound bodies and minds, to grow up into true manhood. Rev. J. Hemrom the pastor of the local church while speaking testified to the benefit that has been derived from the activities of the clinic and how mortality amongst children has diminished to a great extent.

All the babies were divided into 5 groups according to age and prizes worth Rs. 40 were distributed by Mrs. Koenig. There were 1st, 2nd and 3rd prizes for each group. Besides these regular attendance and consolation prizes were also awarded.

The other features of the programme were a health drama by the local young people including the members of the hospital staff followed by a sumptuous dinner given by Miss M. M. Kroehler.

Through the activities of the clinic much has been achieved. Mothers have realised the importance of giving water to new born babies and at time of sickness instead of resorting to quack remedies most of them seek hospital treatment early. Some of the mothers have begun to seek the help of trained hands for confinement.