

DOMICILIARY MIDWIFERY

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Of the numerous health problems that confront human existence, the problem of maternal and infant mortality in a vast country like India, is of considerable and first-rate importance. There are millions of mothers who give birth to children every year, thousands of whom either die or are permanently invalidated or injured during the physiological process of childbirth for want of adequate medical attention. This is a loss that can be avoided if the problem is tackled with the necessary zeal, earnestness and desire. The normal loss of life at the time of childbirth is also staggering to think of.

The high incidence of the above does not show any sign of substantial diminution, for whilst there has been a remarkable decline in infant and child mortality, the death rate among women during maternity periods has shown but little comparative reduction in the past generation,

This is a situation of grave concern to all concerned in the well-being of women and children. It hardly seems necessary to enlarge upon the serious effects of a high maternal mortality rate on the health and welfare of thousands of families in India every year. The avoidable loss of a mother is a calamity, nay, a tragedy, to the family. It is this disaster of avoidable misery and suffering which the responsible authorities must seek to remove.

The outstanding fact which is the cause of the above evil is the inefficient handling of labour cases by midwives in the patients' homes.

STATEMENT SHOWING MATERNITY DEATHS IN HOSPITALS
IN THE CITY OF BOMBAY FROM 1935 TO 1940

	1935	1936	1937	1938	1939	1940
Maternity Deaths in						
Maternity Hospitals	119	115	108	125	124	166
Total Births in						
Maternity Hospitals	25,433	27,187	27,758	30,078	31,352	33,165
Percentage of						
Maternity Deaths						
to Total Births	0.46	0.42	0.39	0.41	0.38	0.50

The maternal deaths in the city of Bombay during 1935 were 197, while the total number of births in the city was 36,757. Out of these, 11,324 births took place in private residences and the number of maternal deaths was 78. 25,433 births took place in maternity homes, and the number of maternal deaths in these institutions was 119. Calculating on the basis of maternal deaths per number of births in private residences the number of maternal deaths in the maternity hospitals should have been 175, as against the actual number 119. The medical help rendered in the maternity

hospitals has clearly fulfilled its function by actually saving 56 lives, but its value will further be appreciated when we remember that if most of the complicated and abnormal cases, which are usually transferred to maternity homes, were not confined in these hospitals the maternal death rate would have been ordinarily higher.

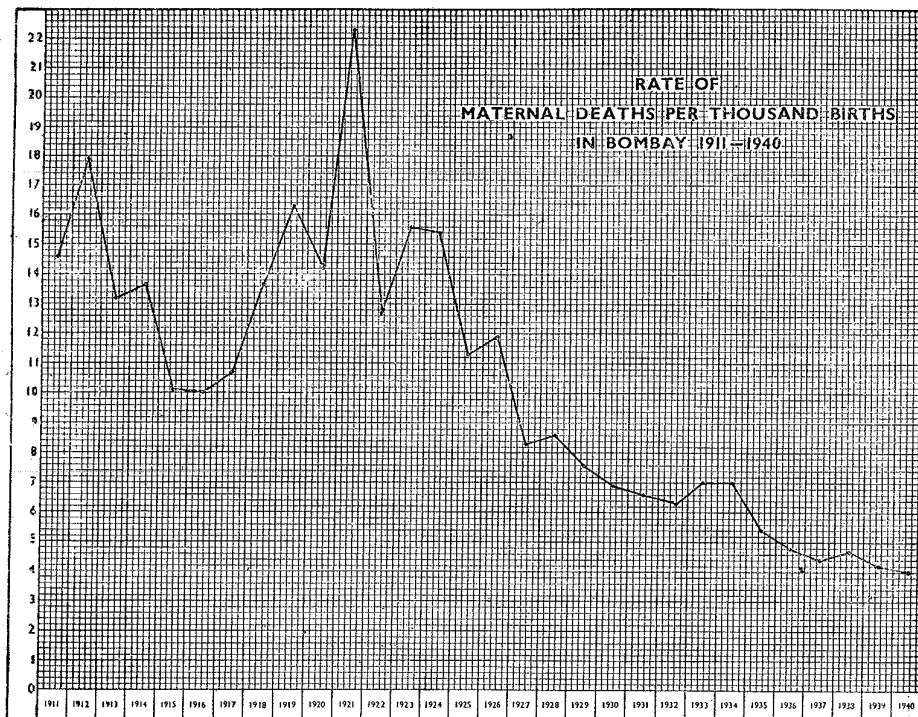
The figures for 1936 show that the number of maternal deaths in the city was 184, of which 59 occurred in private homes; and calculating on the basis of the number of maternal deaths per number of births in private homes, the number of lives saved by the work of the maternity homes during the year was 47.

Maternal deaths are reported by various institutions and research workers to be due principally to sepsis (puerperal infection) and to complications of pregnancy. At the present time, with our knowledge of asepsis, with our vast organisations of maternity hospitals, government, municipal and private, with our ante-natal and other clinics, the mortality from sepsis is showing a great decline; yet it is not sufficient for us to sit with folded hands and think that we have solved the problem for good. Not only that, but we must endeavour and see that of the births that take place every year in big cities, nearly all of them take place in well-equipped and modernised (as far as possible) maternity hospitals and maternity homes.

The general impression gained from the study of the above question is that the problem is largely one of ignorance and superstition, civic and national irresponsibility, and geographical distribution. Women in rural areas are sometimes out of touch with new ideas, and are in consequence apt to be more than usually prejudiced and conservative in their habits. At the time of confinement they often prefer the unqualified maternity "help" (*dai*) who was "good enough" for their mothers and grandmothers, to a trained midwife, whose ideas and methods do not always accord with their domestic customs and convenience. Further, where the population is sparse, and scattered far and wide, where the houses and villages are often remote and difficult of access, as in the suburbs and outside of Bombay, where means of communication are limited and slow, it is inevitable that proper medical advice and assistance may be unobtainable in time, and thus the people adhere to their old ideas and superstitions, rather than make the best use of the vast and modern opportunities in the way of well-equipped and properly conducted maternity hospitals.

The remedy for the above seems to lie in good, well-organised propaganda as regards the benefits of maternity homes, ante-natal clinics, etc.; in papers, on the platform, and on the screen. This will encourage patients living in crowded and unhygienic localities and those living in remote and far-off districts to take advantage of these hospitals and homes, where they can rely upon securing the services of a careful and an up-to-date establishment; not only that, but probable difficulties and unsuspected emergencies will be anticipated and steps taken to conduct the confinement under satisfactory arrangements.

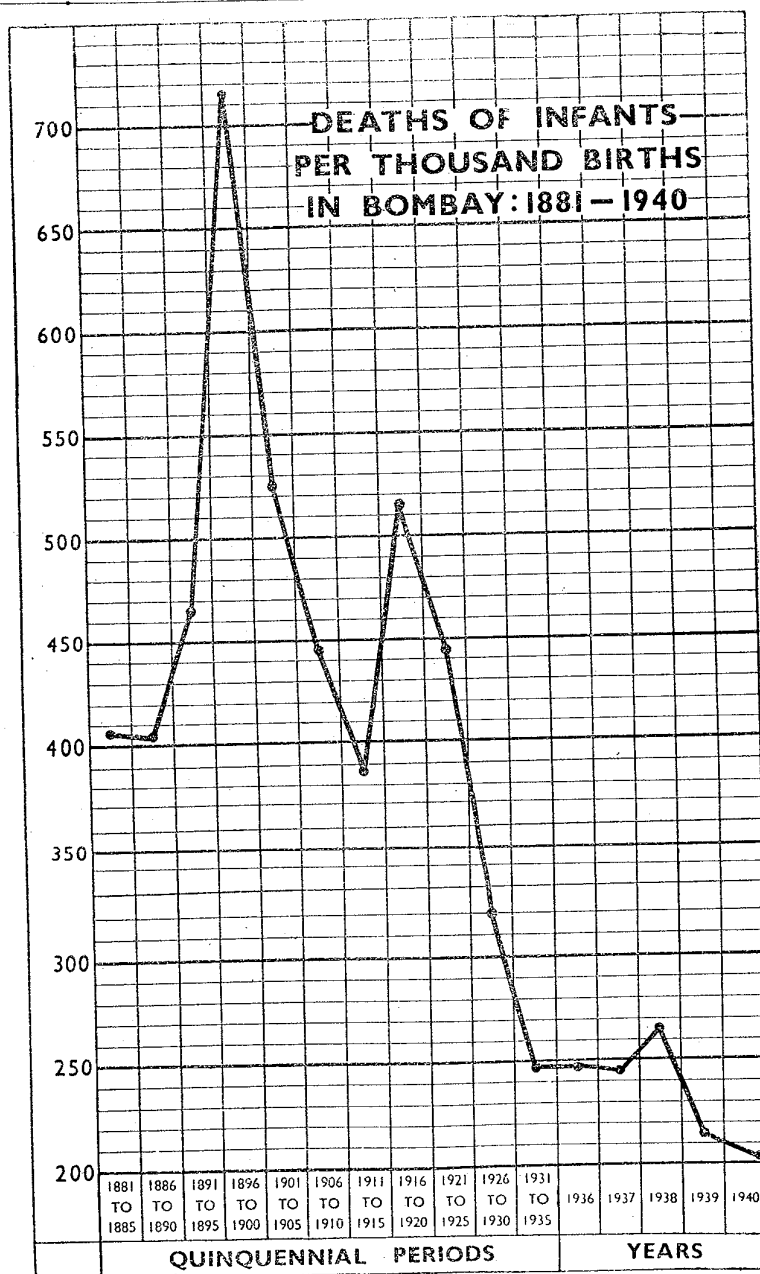
As things are going on at present, in the industrial and the poor-class slum areas, overcrowding, lack of proper drainage, insanitary privies, defective water supply and lighting, poor ventilation, and usually a low standard of cleanliness go hand in hand with superstition and old ideas as regards confinement at home by a *dai*, or going over to their villages in far-off places for delivery by their mothers or mothers-in-law or by the old untrained *dai* who is an heirloom of the family, *i.e.*, the people put all their faith in poor and unhygienic methods of doing confinements at home



instead of taking advantage of ante-natal supervision, and of the help of well-trained midwives or experienced medical help in proper maternity hospitals provided in the city.

As propaganda increases and brings home to the above masses the advantages accruing from attending ante-natal clinics, maternity homes, etc., more and more mothers will willingly come forward to take the benefits of the hospitals and "domiciliary midwifery" will automatically cease to exist.

It is interesting to note that out of 40,548 births (including 2,726 still-births) registered in Bombay City in the year 1939, 31,352, or 77.7%, took place in maternity homes, as against 76.5% in 1938. In 1940 41,485 births were registered (including 2,652 still-births),



and 33,165, or 79.9%, took place in maternity homes. The tendency of the people to avail themselves of the maternity institutions is steadily on the increase.

With the increased demand for hospital treatment, the number of maternity hospitals in the city is increasing. In December 1940

there were 92, with 1,376 beds; in June 1941 there were 95, with 1,430 beds. In order that maternity homes should be conducted on sanitary principles and not be made a business proposition only, control over them has become inevitable. Government have now before them a bill to provide for the registration and inspection of maternity homes in the City of Bombay, which when enacted will enable the health authorities to control them, which is very essential. The percentage of domiciliary confinements is getting less, which may be attributed again to the economic conditions, as shown by the administrative report of the Municipal Commissioner for the City of Bombay for the year 1939-40.

The above figures are very illuminative as they show that nearly 80% of births occur in hospitals as against 20% through domiciliary midwifery.

Another factor is inadequate hospitalisation. It is realised to be true that hospitals do not keep the delivery cases for more than ten days; they even discharge them within seven days for want of a sufficient number of beds to meet the demand. This makes the upper middle class and those that can afford to spend, after a little thrift and saving in their other domestic habits, reluctant to take advantage of maternity homes and hospitals and they adhere perforce, or *nolens volens*, to domiciliary midwifery. This state of things should be looked into, and those cases that require more rest and comfort owing to their feeble health or poor condition after labour, should be kept in and cared for, say, for a fortnight or three weeks, according to their state of health, and then kept under observation for a few weeks when they leave the hospital and go home. Such provisions will make domiciliary midwifery a thing of the past, so far as big cities are concerned.

Those who are in favour of domiciliary midwifery, especially in an industrial town like Bombay, should pause for a moment and think of the slum areas, nay, if they can spare time they should visit these areas, and then decide if they still advocate domiciliary midwifery.

The protagonists of domiciliary midwifery tell us that it is prevalent in most of the industrial areas of the biggest cities of the world. Well, it may be so, but conditions as regards the responsibility, cooperation and understanding of the inhabitants of those areas are quite different from those of our cities and towns.

One may take the example of a place like Dublin, where domiciliary midwifery is the usual thing in confinement. There the facilities which an external clinical clerk, or even a medical student, gets from the poorest household, put us to shame when we think of the conditions prevailing here even in the present advanced times. There, on arriving at a home a big kettle of boiling water is seen kept ready; also a thick pad of old newspapers is kept on the mattress and under the patient to act as mackintosh and draw-sheet. Baby's clothes, too, are kept ready, and for the mother, an abdominal binder with safety pins. Clean diapers etc. are always handy.

In India, even in a big and crowded place like Bombay, where poverty, ignorance, irresponsibility and mistrust abound amongst its working-class population, look at the number of hindrances one finds on entering a room for confinement: the patient herself lying on the floor of a dark and dingy room, with a number of old and dirty things lying about, and nothing kept ready, let alone cleanliness and tidiness, for the mother or for the child. Such a picture takes one's breath away and makes one who has a keen and real interest in maternity and child welfare, a true antagonist of domiciliary midwifery.

From all this one can conclude that domiciliary midwifery may be permitted to a very limited extent in big and crowded cities like Bombay, Calcutta and Madras, and that too under certain conditions, though far better results could be achieved as regards the welfare and well-being of the mother and the child by introducing 100% maternity-hospital deliveries.

Thus to achieve a cent. per cent. "hospital delivery" the family physician, the trained midwife, the ante-natal clinics, the child and maternity welfare organisations, and the maternity homes and hospitals, should co-operate and organise to bring to the notice of the populace at large the advantages of hospital delivery.

To sum up, the advantages are as follows:

1. Delivery in a hospital is often less expensive in the end.
2. It relieves the expectant mother of many household worries.
3. The hospital provides every facility needed by mother and baby in case something unexpected should occur.
4. The baby has a better chance of good habit training.
5. Experience and advice of most expert physicians is that all first babies be born at hospitals, because the first labour usually is longer and more arduous and the mother's mind will get easier if she has an expert and experienced person near to help and comfort.

That the safest delivery can take place in a hospital where all the equipment is readily at hand will be accepted by all right-thinking men; but in spite of instructive propaganda, there will still be a certain number of women who will not go to a hospital for confinement. For them properly trained midwives should be made available; unqualified persons should be prohibited from practising as midwives; and the practice of this profession by qualified midwives should be supervised by a medical woman having experience of this subject.

As mentioned for the larger towns, the aim should be to have all the women confined in a hospital. For the smaller towns there should be a well-equipped hospital where mostly abnormal cases could be treated, while for normal cases domiciliary service should be organised. For the villages and rural areas there should only be domiciliary service, and arrangements of a proper ambulance to convey at once a complicated labour case to the nearest hospital. Here also propaganda should be carried on with the help of social workers and trained health visitors to induce all primiparas and

women having difficult labour to go to a hospital for confinement.

To improve the domiciliary service, hospitals in the mofussil which are recognised for the training of midwives should be encouraged to send the pupils to conduct labour cases in the patients' own homes under the supervision of an experienced midwife. This will enable the pupils to undertake their work with more confidence, and to adapt themselves to the conditions in the patients' homes after they pass out and take up this profession.

BOOK REVIEWS

Pictorial Midwifery, by Sir Comyns Berkeley, M.A., M.D., F.R.C.P., F.R.C.S. Fourth edition. Messrs. Baillière, Tindall & Cox. Price 7s. 6d.

This excellent book contains 244 illustrations covering the whole field of midwifery, with explanatory notes written in Sir Comyns Berkeley's usual clear manner. It is absolutely up-to-date, and while the illustrations could be easily understood by dais in training, the book is invaluable to nurses taking the highest grade midwifery. We feel that no midwifery training school should be without copies to supplement their textbooks, while fully trained midwives would do well to procure copies for themselves.

Handbook for Midwives, by Mary Mayes, S.R.N., S.C.M. Third edition, revised by M. A. Gannon, S.R.N., S.C.M. Messrs. Baillière, Tindall & Cox. Price 8s. 6d.

This is a book we should like to see much more widely used in Indian Midwifery Training Schools. It is not only profusely and very well illustrated, but written by an experienced midwife and teacher of midwives; and Miss Mayes had a real understanding of their actual needs. We do not know another book in which the foetal circulation or the mechanisms of labour are better explained, and there are good chapters on the infant. The appendices consist of chapters on gas and air analgesia in midwifery practice, exercises during the ante-natal period, and the puerperium. There is also an interesting short history of midwifery and a good glossary.

The principal changes in the new edition are that the chapter on "Labour" has been rewritten; additions have been made to the "Description of the Management of Breech," also to the chapter on "Contracted Pelvis"; and further illustrations have been added. The chapter on "Contracted Pelvis" with its many illustrations is one of great value for us in India.

It was with very great regret that we heard of the death of Miss Mary Mayes in December 1940. She was a great pioneer in midwifery teaching. All midwives should be grateful to her for her book, and we hope it will be a living memorial to her.