

The Role of the Maternity Hospital in Preventive Work

BY DR. RUTH YOUNG

Dr. Biggar has asked me to write a paper for the meeting to open a discussion on the rôle of the maternity hospital in preventive work. That rôle seems to me so important and so central that it almost seems superfluous to labour the point! There are however many maternity homes and hospitals which do no work that can be called preventive, so perhaps it is necessary to explain why it is that one has such conviction on the subject.

Certain hospitals, or rather the medical officers in charge of them, would admit the reasonableness of the position, but plead that they have neither time, money, nor staff to achieve what they realise should be done. I think that is a plea that would be made by the majority of maternity hospitals and homes. Even so there are many who might do something who do not.

The main reasons why the maternity hospital can play such a big part in preventive medicine seem to be the following:—

(1) In the maternity hospital one has the chance to begin at the beginning, a thing which is seldom possible in other branches of preventive medicine.

(2) In the great majority of cases you start with a subject (or object!) which is *healthy* and this gives a much greater chance of success than one mostly has elsewhere.

(3) There is opportunity for *continuous* work, an essential factor in preventive work.

(4) Prevention at this stage is a paying proposition. It costs less and brings in a better return than most forms of prevention. It may be of advantage to consider each of these points in a little detail, before considering the ways in which the hospital can put preventive medicine into actual practice.

(i) The clean slate.

A large proportion of expectant mothers are either healthy or potentially so. We tend to forget this because the cases where there is departure from normality always tend to remain in our minds as they are more striking. There are, it is true, many women who suffer in one way or another from mild forms of ill-health, but efficient ante-natal work, with the co-operation of the patient, can do an immense amount to reduce this ill-health. The prospective mother can attain a state of well-being which will influence her child both in improving its chance of good physique at birth and in enabling the mother to care for it after birth, both physically and morally. A mother with poor physique and poor health will not be able to nourish her child satisfactorily nor have the morale to train it adequately. It is claimed that the majority of children are born healthy even if the mother's health is poor. Even if we accept this, the mother's ill-health affects the child adversely after birth in the ways indicated. Certain diseases, however, affect the child in utero—e.g., osteomalacia and syphilis. These two are examples *par excellence* of the effectiveness of pre-natal treatment in the interest of the child. Any condition which makes for a difficult or dangerous labour always endangers the child's life at birth. Many of these can be treated, and with success, in the ante-natal stage and thus help to reduce infant mortality.

Ante-natal work is beginning at the beginning. Of course one can go further back still and argue that healthy girls will produce healthy mothers and therefore healthy off-spring. That is quite true but for practical purposes and for any one individual we begin at the earliest moment and that is after conception.

(ii) The normal infant.

How often has it been said in defence of infant welfare work that its object is to keep the healthy child healthy. Yet people persist in thinking that its aim is to keep alive the 'better dead'. This is not true of the right kind of infant welfare clinic or of those who have the right ideas on welfare centres. But it too often happens that the infant is brought to a clinic when it is already sickly or below normal in one way or another. If we began at the beginning with the infant this would not be so and the clinics would not have to struggle with the 'better dead' variety of child, as is so often the case at present. Preventive work should be real, that is it should anticipate disease, not try to undo mischief that has been already done. In a maternity hospital, the great majority of infants are healthy. The hospital has the chance of keeping them in the health in which they began their lives for at least ten days, and these are very important days when many good habits upon which health depends can be developed. Then if the hospital is the right kind, it can and should be in touch with welfare centres where the good work can be continued. This is a matter of organisation. The actual amount of work entailed is not very great. It involves a knowledge of the local possibilities and good relations with those responsible for the centres. Ideally it might be claimed that the maternity hospital should have its own welfare clinic. That is not often possible even apart from the question of cost and personnel. But there is a most culpable neglect of any attempt to co-ordinate work and the great majority of maternity hospitals are content to bring babies into the world without thinking of their future progress.

(iii) Continuous work.

Continuity distinguishes preventive work for women and children from curative work. It is essential in preventive medicine to be aware of the complete history of an ante-natal or child case. In curative work one deals with a case at a particular phase of its life. True, one attempts to know the past history of disease, but in order to focus attention on the complaint of the moment. When the patient is well she is dismissed and thought of no longer. In a *well conducted* maternity home with a proper ante-natal department, the medical woman has the chance to observe a case continuously which is the only way in which effective preventive work can be done.

(iv) Prevention is cheaper than cure.

We are accustomed to the phrase prevention is better than cure, and give it lip service. It *is* better, but it is also cheaper and there is no form of it less costly and more paying than the prevention the maternity hospital can achieve. The actual cost of an ante-natal clinic is not large; there is no expensive equipment or apparatus, the chief cost is the time of the personnel. The amount *saved* is difficult to reckon. First there is the actual saving of life, both maternal and infant. Unnecessary deaths are wasteful to the community as well as to the family. Then there is the saving in confinement expenses, the ability to use midwives instead of doctors, the absence of many sudden emergencies, expensive operations and treatments, the saving in morbidity involving expense to the family as well as to the hospital. It is impossible to assess all that and the other similar items which might be considered. It is pertinent to suggest that an expansion of ante-natal work would enable maternity hospitals to be carried on at a considerably lower bed cost than they are. Doctors are more prone to think of the excitement and skill required for a Caesarian Section or other obstetrical operation than of the humdrum ways in which these could have been avoided.

Let us turn now to the ways in which the maternity hospital can achieve its preventive purpose. Conviction, if it is worth anything must emerge in

action. The ordinary maternity hospital brings babies into the world—often very successfully. How can it give its work the preventive turn which we feel it ought to do?

First and foremost and most important of all is the ante-natal clinic. There are now a fair number of ante-natal clinics attached to general and maternity hospitals and welfare clinics, but I do not feel there is yet a belief that the ante-natal clinic is as essential a part of the maternity hospital as the apparatus in the labour room. Why do those in charge of such hospitals hesitate to add ante-natal work to their efforts? In the last resort it must be lack of conviction, but many other reasons are given, some of which are mentioned in the beginning of this paper. The plea of lack of time and staff is often a specious one, because very often what is really lacking is arrangement of work. Suppose we take the medium sized general women's hospital which has 300 or so deliveries in the year and has two or three doctors of varying qualifications. In the out-patient department a certain number of pregnant women will be seen. Is it not possible to develop these cases into an ante-natal clinic without a great additional expenditure of time and staff. I am a firm believer in the 'departmentalisation' of the out-patient department. We used to be told that patients would never learn to come on a certain day and at a certain time for a certain purpose. If these days ever existed, they certainly do not now in any place big enough to have a hospital of the kind we are visualising. There may be difficulties at first, but the patients soon get used to the idea. If the ante-natal clinic is a success the patients may come in good numbers and this is time consuming. The only way to get over this, if extra staff cannot be obtained, is to cut down on some other kind of patient for the sake of the more valuable ante-natal work. There is, I am quite sure, a great deal of wasted effort in general out-patient work and no real harm is done by being sterner about a class of patient whose treatment is more or less futile.

I need not detail the equipment of the ante-natal clinic, but it is not costly. One difficulty one has to face in an ante-natal clinic and that is a poor number of return visits on the part of patients. The ante-natal idea has caught on in the bigger towns but patients' ideas of what constitutes ante-natal care are not those of the devotee of preventive medicine. Yet ante-natal work is futile if it is not efficient. Efficiency means regular attendance and careful examination and also, what may be difficult to achieve, co-operation on the part of the patient.

I believe that a health visitor is a most valuable adjunct in ante-natal work and an enormous help in securing regular attendance. The home visits the health visitor can make reveal the patient's social and economic condition and ascertain whether or not she is really co-operating. The health visitor can also amplify the health education given at the clinics in a more individual manner.

2. The opportunities for preventive work given during the patients' stay in hospital are numerous though the period is short. The education of the mother is continued and that of the child begun. A definite effort should be made by all the staff to make the most of this time. The obstetrical care given at this time too is definitely preventive of morbidity.

3. The post-natal clinic is also a potent weapon against morbidity, either immediate or at a future date, e.g., another pregnancy. Every patient should be urged to attend for the requisite number of times. If numbers are not too many, the postnatal and ante-natal clinics can be held at the same time.

4. The care of the infant is continued at an infant welfare clinic. The rôle of the maternity hospital is to put the mother into definite touch with such clinics, as outlined above. In small places, or where there are no such clinics an infant welfare clinic attached to the hospital is the natural

procedure. Great care has to be taken; however, that it does not become a clinic for sick babies.

There is much more one could write about and much that is controversial no doubt in what I have said. However as the object of this paper is to 'open a discussion', it will have achieved its end if it provokes that discussion.

STUDENT NURSES' ASSOCIATION SECTION

Reports and Articles for this Section will be welcomed by the Hon. Organising Secretary, Miss Pitman, Women's Medical College Hospital, Vellore.

DEAR STUDENT NURSES,

Here is good news for you. A new unit has been formed at the Medical College Hospital, Calcutta, of 51 members. I am sure we all welcome them with open arms and hope that they will get great benefit from the membership in our association.

Lady Dufferin Hospital, Karachi, has the honour of producing the first pupil midwife associate members of the Association. Their unit now consists of 10 student nurses and 9 pupil midwives. We hope to get news of their unit and to hear something of the work of the pupil midwives.

Thomason Hospital, Agra and the Lady Lyall Hospital, Agra, now have separate units: Thomason Hospital, 13 members; and the Lady Lyall Hospital 14 members. You will see that their report is under the heading of Thomason Hospital Unit, Agra. Next year we hope to have two reports.

With all good wishes,

I remain,
Yours sincerely,
VERA K. PITMAN,
Organising Secretary.

Delhi Branch, S. Stephen's Hospital.

REPORT 1935-1936.

This year our unit numbers has increased up to 28. Four members have joined the T.N.A.I. The first visit of Miss Diana Hartly to S. Stephen's Hospital was in the first week of December and she very kindly gave us a speech on nursing in India. It was very interesting and all the members thanked her for coming and speaking. We had general meetings during this year, at one meeting a secretary was chosen and also three members to help her.

Last November we did a Pageant of Nursing to help the sufferers in Quetta. It was as follows. Seven queens from different parts. They were shown in their crowns because they were so high born and still they gave such great help for nursing. In one of the scenes a king and queen were giving a grant to build a hospital for nursing the poor; in another one was serving her husband who was very badly wounded. In one a queen was feeding the poor as usual and suddenly her bread changed to roses and the people saw and gave much praise. Her husband was against this, he did not want to feed the poor, and she used to go in a simple dress that no one could recognize her.

In one scene Florence Nightingale showed how she nursed the poor soldiers.

The meaning of this was that nursing was done by very high born people and they helped very much to increase nursing work.

It was very nicely done and we got over Rs. 100 from this pageant which our Matron sent to the suffering people of Quetta.

This month nurses are very busy doing their best for the Exhibition.

SONICA BHOLA SINGH.