

To Lessen Maternal Mortality

IMPORTANT SUGGESTIONS BY COL. C. A. F. HINGSTON, I.M.S.

Madras, Oct. 24.

An informal conference was held at the Giffard School, Government Hospital for Women and Children, yesterday evening with a view to organise and co-ordinate the Antenatal and Child Welfare work in the City of Madras.

Col. Hingston, opened the Conference with a few preliminary remarks as to the circumstances under which they had met. He said: "It seems to me that if Antenatal clinics were properly organised and run on efficient lines at the different Child Welfare Centres and the Maternity Hospitals, we should be able to get some really good results and to considerably lessen the maternal mortality in the City. It was necessary for this purpose that all organisations working for the same object must work on similar lines and must try and co-ordinate their activities. Up to now, I think we have been working on somewhat different lines, so that there has not been any definite uniform procedure adopted. Dr. Lakshmanaswamy Moodeliar and Dr. John went to England and have seen a lot of these Centres working there, and if the Corporation will agree to work with us, as well as Superintendents of the other Maternity hospitals, we are confident that we could turn out better work with more satisfactory results. I think it is necessary we must, in the first instance, have a uniform Antenatal clinical chart drawn up for all the different Centres. Every hospital, I am sorry to say, has been using its own charts, and there has been no uniformity, nor thoroughness in the record of the cases—so that, both from the treatment point of view and from the point of view of research, the materials available are not sufficient. If you will agree with the proposal, we will have some charts drawn up and circulated and with such alterations as any of the Superintendents may offer, a uniform Antenatal clinical chart can be prescribed for the work of the City. We must have a schedule drawn up, showing the midwives' duties at the Antenatal Centres. It is also necessary that we should have a small card, somewhat on similar lines to what is known as the Danger Card that is given at our hospital to patients who have had any obstetric operation performed—so that with these cards, the patients could go to any hospital and they will at once be in a position to realise what the nature of the trouble has been or is. We must also draw up leaflets both in English and in the vernaculars, about Antenatal care and simple rules for the health of pregnant mothers, which should be distributed at these different Centres to the patients that attend them.

HEALTH VISITOR

At these Antenatal Centres, the most important thing is to have Health Visitors attached. We cannot work the Centres without them. I propose to address the Government to let us have at the Government Hospital for Women and Children, some Health Visitors attached to the Antenatal Centre here. The duties of these Health Visitors should be clearly defined. She should visit

the wards in the hospitals and get to know her patients and should take them to the doctors if necessary, and visit the patients in their own homes afterwards. She should encourage the pregnant mothers to come to the Antenatal Centre at regular intervals, and she should take students along with her to the houses of patients and instruct them how to examine the cases and what advice to give as regards their pregnancy. She could also attend to children at their houses, or advise them to be sent either to the Infant Welfare Centre or to the hospital, if necessary. So that, you will see that through the Health Visitor, we shall have a connecting-link between the patient in her house, the out-patient department, and the wards of the hospital: and if we have a number of these Health Visitors working on a systematised basis, I feel sure that we should have considerably improved the health of the mothers and children by early diagnosis, prophylactic advice, and care.

The next important step is to encourage Midwives to bring their cases to these Antenatal Centres. A Midwife who is engaged for a patient should have access for expert advice to these Antenatal Centres, and should be in a position to bring her patient, get the necessary advice and continue to look after her in her own home. Similarly, it should be possible for private practitioners to refer their cases to the Antenatal Centres for advice and treatment if necessary. We wish to encourage the private practitioner as much as possible to bring his cases to the hospital and allow them to be treated in the hospital. That is a point about which I am personally very much in favour. I propose setting apart a few beds in this hospital for the private practitioners, so that they could bring their cases in and look after them themselves. It seems to me that it would be also desirable that in some Centres, practitioners should be attached to do Antenatal work. But before the practitioner is thus attached, it will be necessary for him or her to learn some Antenatal work in one of the Antenatal clinics in Madras. I feel that the practitioner will be quite willing to help the medical staff at the different clinics. It is very important that the best men should be chosen and that they should have full instruction in this work.

MATERNITY BENEFIT SCHEME

Another point for consideration is whether it will be possible, where patients are treated in their own homes by the staff of the Corporation and in an emergency consultant advice is necessary, whether, in such circumstances, a fee can be levied and the Government or the Corporation will be prepared to pay the fee. Such a system obtains in England, and under the Maternity Benefit Scheme, it is open for the Midwife to send for a competent doctor to help in an emergency, and the doctor is paid according to the schedule, the fee for such attendance. The next point I would like you to consider is with regard to the establishment of Maternity Homes in the City and the place they should occupy. They are very important and some of these Antenatal clinics should be attached to these Maternity Homes. I believe if the Corporation would encourage and develop Maternity Homes, they would be of very great benefit to the public of Madras. But these Homes should be only for the normal cases and should not aim at the treatment of any other abnormal cases. In fact

they are meant to confine normal cases where the home surroundings are so primitive, that even for a normal labour it would not be advisable.

I have a proposal which will be sent up to the Government shortly, of opening up an External Department to this hospital. I propose to have in my hospital a few Staff Nurses and Pupil-Midwives to attend to cases in their own homes—the object being that it will be a part of the training to the Midwives themselves, and will help us with regard to the development of our Antenatal clinics as well. We propose asking Government for a few Staff Nurses, two House-Surgeons and 5 stipended pupils, who will be deputed to attend to this External Department.

A point of considerable importance is an efficient Maternity service and I think the Corporation and all such bodies should recognise that the only way to promote an efficient Maternity Service is to institute post-graduate training for the Midwives and Doctors. They should be posted periodically to the large Maternity Hospitals and should undergo a definite course of practical training and lectures and demonstrations with a view to refresh themselves and to keep up-to-date.

If we had properly conducted Antenatal clinics,—as I hope we are going to have,—we will have a vast amount of statistics coming up and an amount of material will be at our disposal, on which to base some really useful deductions. We have ourselves started work in a limited manner in our hospital, and we propose asking the Government to sanction a few Research studentships so that these students may work under the guidance of the superior medical staff and will be in a position to help them by collating and collecting materials and otherwise working under their guidance.

Dr. Thomson will now show you the three charts which show the benefit of Antenatal and Child Welfare work as carried out at the County of Durham and you will realise for yourselves how it has materially brought down the infantile mortality rate.

A DISCUSSION

After the inspection of the charts a discussion followed. The President of the Corporation said that so far as the Corporation was concerned, they would be quite willing to co-operate in the scheme as suggested by the Surgeon-General. As regards the question whether consultation fees should be paid by the Corporation in emergency cases, it was decided to postpone consideration of this subject.

The Commissioner of the Corporation stated with regard to the question of Maternity Homes, it was their intention to use them only for cases which were unsuitable to be delivered in their own homes, even if they were otherwise normal. The general feeling was that these Maternity Homes should not try to work on the lines of the Maternity Hospitals, but that they should confine themselves to normal cases of labour and that any complicated or difficult cases should be sent through the Corporation Ambulance to the nearest Maternity Hospital. It was also agreed that the Health Visitors who were under training should be posted to the Antenatal clinics of the different hospitals so as to get practical training as to the exact conduct of an Antenatal Centre.

OVERLAPPING

A question was raised by the Secretary of the Red Cross Society as to whether it would not be possible to prevent overlapping of work between the Red Cross Society and the Corporation Child Welfare Centres.

The President of the Corporation pointed out that there was a proposal before the Corporation to have ultimately a Child Welfare Centre in each division and that while they did not want in any way to overlap the work of the Red Cross Society, it may be pointed out that a Corporation Child Welfare Centre was so fully staffed that it could attend to the requirements of the Division, while the Red Cross Centre, on account of its smaller staff, would be unable to satisfy all the demands of the particular Division.

The Surgeon-General stated that it would be a great advantage to inquire generally into the causes of maternal deaths and that there should be a form proposed which will help them to get full information as to the causes of death of all pregnant mothers and those who died within one month after confinement.

Dr. Thomson said that investigation along these lines which were carried on at Aberdeen produced some surprising results and it was there found that maternal mortality had nothing to do with overcrowding for home conditions. Work on such lines would be very useful if carried on in the City of Madras. A suggestion was also made that it should be possible to secure the services of some Specialists for one day in the week to advise about special complications, such as dental, cardiac, etc. It was agreed that there should be a Dental Surgeon attached to the Children's Department, who can be in a position to advise also some of the other centres and to treat the cases therein.

In concluding the proceedings, the Surgeon-General said that it would possibly be necessary for them to meet once a quarter or so to take stock of the work that they had done and to see how further they might develop. He was very keen on developing the facilities for Antenatal work and carrying on research in regard to diseases of pregnancy. There were many lines of research that were indicated, dietetic for instance, an inquiry into the prevalence of Eclampsia and its distribution, the anemias of pregnancy and very many other questions awaited solution, which he hoped, now that they had the assurance of the co-operation of all those carrying on similar work, it would be possible for them to undertake. He hoped in a short time, to arrange for a meeting of the medical profession and he was going to ask the British Medical Association, the South Indian Medical Association, the Provincial Medical Association and the Sub-Assistant Surgeons' Association to co-operate with him in arranging for a discussion on this very important subject. He will then be in a position to know the feeling of these different associations and how far it would be possible for them to co-operate in this work. It is proposed to have further conferences to discuss Infant Clinics and Child Welfare Centres and Mothercraft Centres. All these, it is hoped, will be developed the same lines.

The meeting then terminated. The members were taken round the hospital and shown the new arrangements with regard to the Labour Ward, the admission rooms and the Antenatal clinics in the out-patient department.