

ANTENATAL WORK

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Antenatal work in India is of great importance both on account of the need for research into the causes of maternal and infant mortality and of the need for the better treatment of women in child birth.

Antenatal work is already being done in India but its real purpose is sometimes misunderstood or at least its full purpose is not realised.

In some places one sees a Health Visitor who encourages pregnant women to come to her centre, advises them about food, exercise, etc., tells them what preparation to make for confinement and explains the advantages of a trained midwife. If the case seems abnormal she sends her to a doctor. This method is excellent so far as it goes.

In other places a doctor attends the centre once or twice a week to hold an 'antenatal clinic'. Too often one finds that the doctor is a newly qualified graduate with little experience of obstetrics. The mothers often expect treatment for gynecological trouble and bring their babies too for advice. Hence the numbers are large and the doctor can perhaps only give an average of one or two minutes to each case. Little real antenatal work can be done under these circumstances.

The ideal antenatal clinic has 3 essentials :—

- (1) The doctor in charge should be experienced in obstetrics.
- (2) It should be understood the purpose of the clinic is to detect and treat diseases due to pregnancy or conditions likely to complicate labour. If other conditions are treated there should be another doctor for the purpose or an experienced nurse, so that the head of the clinic can give 10 or 15 minutes to each new case of pregnancy and to necessary cases among the old patients.
- (3) The clinic should be in touch with some well equipped hospital where cases can be sent under charge of a nurse for special examination. It must be realised that the experienced obstetrician is not a pathologist, a dentist or cardiac expert.

Let us illustrate this by looking at a few cases seen at an English antenatal clinic.

No. 1.—Two para, seven months pregnant feels well and has no complaint. But her history shows that her first labour was prolonged and the child died shortly after birth. Examination shows she has slight pelvic contraction. There is still ample room for the child's head to pass through the pelvis and she is told to come up for weekly examinations. As soon as it appears the head is getting too large to pass the pelvis labour will be induced probably without any harm to the child.

No. 2.—Four para, is found to have pyorrhoea. She is sent to the dentist to have her teeth attended to as the septic focus in her mouth might lead to sepsis at the time of labour.

No. 3.—One para, suffers from headaches and swelled feet. Her urine is found to be loaded with albumen and she is sent to hospital for treatment.

No. 4.—Four para, 8 months pregnant is found to have a transverse presentation. It is easily remedied by external manipulation and a binder applied to keep the child in the new position.

No. 5.—Has vaginal discharge. A specimen is sent to the pathological department for examinations. If it proves to be harmful special treatment will be given and special precautions will be taken at the time of labour.

No. 6.—One para, is a breech presentation. The patient is told there is danger to the child and she is advised to come into hospital for labour.

It should be noted that each one of these cases, except perhaps No. 3. had only come to book her name for attendance at the time of labour and did not consider herself in any way in need of treatment. The facts given about the various conditions were only elicited by means of a slow and patient investigation. All the mothers will probably make a good recovery and have living children. But had they not been treated several would probably at least have had troublesome illnesses and some of the children would have been feeble or stillborn.

The chief difficulty in the way of efficient antenatal treatment is the same in England and in India, though greater in degree in India,—namely, ignorance on the part of the public and even on the part of the medical profession, of its need. Yet the nature of the work is such that it soon proves popular among mothers who greatly appreciate the interest shown in their condition, provided care is taken (especially in India) not to alarm them by too energetic examinations.

Schemes need to be carefully thought out and administered and all the workers in the clinic should be taught to realise the importance of detail.

T. N. A. I. NOTICES

Special Appeal Committee.

In connection with the paragraphs on page 53 of February Journal, and page 76 of March Journal it is necessary to make the following restatement. At the Annual Conference in November, Mrs. Symons was appointed convener of a Special Appeal Committee with power to co-opt such members as she could and to adopt such measures as were found possible for raising funds for the Association. It was suggested that this committee might approach the Indian Red Cross Society for funds to meet the cost of a paid secretary for this Association.