THE FUTURE OF OBSTETRICS, WITH SPECIAL REFERENCE TO THE DEVELOPMENT OF A MATERNITY SERVICE.*

By E. FARQUHAR MURRAY, M.D., F.R.C.S.

THE problems of Maternity provide the greatest possible scope for organised preventive medicine. Many of the deaths and much invalidism resulting from this so-called "physiological process" can be prevented.

The main criticism of the present system is that essential services are not available for many patients of the industrial class. The service rendered by a maternity hospital to patients of this class may be taken as an index of the essential requirements. It provides the following:—

1. Antenatal supervision.
2. Clean surroundings during the confinement, which takes place under the supervision of a midwife; also an abundance of surgical dressings and lotions.
3. A doctor, who is on call to assist delivery, to repair lacerations, or to deal with complications.
4. Good nursing.
5. Post-natal supervision.
6. Consultant services.

Patients who have neither hospital facilities nor the means of obtaining the necessary assistance must be provided for, and it is for them that a Maternity Service should be organised.

Nursing.—Good nursing is the first essential of an efficient service, and this will never be obtained so long as handywomen are tolerated. Many patients cannot afford to pay for the services of a midwife as well as a doctor. In some districts the midwives are idle, while handywomen flourish, and in others there are no midwives.

The profession is not to blame. The majority of patients want to be under the care of a doctor, and we believe—and impress on our students, that medical supervision is necessary. Some doctors refuse to attend unless a midwife is also engaged, but it must be difficult to make this an inflexible rule. There are defects in both systems, the one in which a doctor works with a handywoman, and the other where a midwife works

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on her own. The former patient is denied trained nursing, and the latter, proper medical supervision. Midwives—either individually or as a team—should work in co-operation with a doctor. It is absurd to consider their book of rules as a substitute for medical supervision.

A Maternity Nursing Service should be organised under direct medical supervision and control. The present almost independent position of midwives is not in the public welfare. Those engaged in teaching both students and pupil midwives must feel that the present position is unsatisfactory. Trained nursing should be placed at the disposal of a doctor whose patient is unable to make provision for it.

In many areas there must be sufficient nursing talent available to deal with all the cases. As a temporary measure, in teaching centres the pupil midwives, who are under the supervision of a trained midwife, might be brought into this Service. Doctors would have nursing assistance, and pupil midwives would gain experience, part of which the Central Midwives Board might very well allow to count for their qualification.

The following help would be given to the profession:—

1. Urine specimens would be tested and visits paid to the patients to ensure that they were carrying out the rules of hygiene during the antenatal period.
2. During the course of labour intelligent messages would be sent when a doctor's services were required, either to assist the delivery or on account of complications, or for the repair of lacerations, should delivery have taken place in his absence.
3. Efficient nursing during the puerperium.
4. Additional service, either to relieve a nurse who has been without sleep for an unreasonable period; or when special nursing is required, as in the after care of lacerations which were threatening to become septic, or in cases of emergency.

A Nursing Service would be a boon to the patients, to the profession, and to the midwives themselves. It would guarantee these last constant employment, and almost certainly a better remuneration than they have at present.

Such a Nursing Service, under the supervision of a Sister Midwife, would ensure that accurate temperature charts were

kept, and the onset of inflammatory processes would be recognised earlier than is done in many cases at present. The nurses would report the presence of a temperature to the Sister Midwife, who would at once inform the doctor. The present system of allowing a midwife full charge (subject to her rules) is fundamentally wrong. The position will never be righted until there is properly organised medical supervision of this nursing.

Surgical Dressings.—Nursing implies the use of surgical dressings and lotions. These, in many cases, are sadly lacking, and it should be possible to make good this deficiency. They are available in good class practice and in maternity hospitals, but are often scant or absent in industrial practice. Such dressings should be available for the poorest patients, free of charge, and there must be many who are a little better off who would gladly pay a part, or the whole of the charge in order to avail themselves of them. These dressings would consist of accouchement sheets, wool, binder, diapers, and towels. A special package consisting of a pair of sheets might be available when desirable for use during the puerperium. The dressings would be sterilised, and the nurse would be responsible for those which should be returned.

Antenatal Centres.—The value of antenatal supervision cannot be over-estimated. It is one of the blots on the present system that a number of women with the most flagrant pelvic contractions and obvious malpresentations are allowed to come into labour, and often are well advanced in labour, before the condition is recognised. Again there are cases where signs of renal distress have been in evidence for weeks, and yet the patient is admitted moribund to a maternity hospital. Antenatal care is the very essence of intelligent midwifery, and must be available for every pregnant woman.

Antenatal Centres have come to stay. They meet a great need and have done excellent work. There are, however, certain important points which should be kept in mind regarding possible future developments. They provide examination rooms, with nurses in attendance, for a type of investigation about which women are very sensitive. There is privacy and only one sex is present. The examination in the vast majority of cases is abdominal, but women know that a vaginal examination may be made. The atmosphere is totally different from what exists in industrial practice, where patients of both sexes

fill the waiting room, and the time taken up by the patient undressing and dressing simply cannot be tolerated. In most cases doctors examine such patients in their own homes. Contrast a working-class dwelling with a well-equipped Centre.

These Centres should be available for all doctors engaged in industrial practice, when required for these and similar examinations.

The staffing of these Centres is so far variable. Specialists and whole-time officers figure prominently, and both have been invaluable as a temporary measure. Antenatal care is, however, work for general practitioners. Child-bearing is responsible for much ill-health and it is well known how pre-existing constitutional disease may influence the pregnant state. Those who are responsible for the medical care of these women and are engaged in obstetric practice should also be responsible for their welfare during all the phases of maternity. Doctors who reside in the area and are called in by midwives should, as soon as it can be arranged, be on the staff of these Centres. If all this valuable clinical experience is absorbed by specialists and whole-time officers, it will be seriously detrimental to the efficiency of those engaged in industrial obstetric practice.

There are many doctors in every area who are keen and competent to take on this work. If thought necessary it should be possible to have an agreed qualification for attendance at a Centre. A special degree in obstetrics, post-graduate study, or a period of residence in a maternity hospital might be instanced as examples. There is no valid reason why several doctors should not attend so long as there was a time-table of days of attendance and suitable arrangements made for relieving each other.

Doctors have hitherto been denied any supervision of cases attended by midwives unless the midwife called them in. Now that Antenatal Centres are being established all over the country there is a tendency for whole-time officers and specialists to deal directly with the midwives, or a Maternity Hospital, thus again excluding doctors from their proper place in this work.

Post-Graduate Instruction.—Medical Schools must give abundant post-graduate instruction in this subject. The period of clinical time allowed until recently for gaining experience in midwifery has been totally inadequate, and most of it has

been absorbed in attending the required number of labours. There are therefore still a number of doctors who frankly admit that they are not quite familiar with the details of antenatal routine, and this can be easily remedied by post-graduate instruction.

Whole-time officers may very properly be in charge when, for geographical reasons, it is not possible to obtain the necessary medical supervision locally. They might also relieve temporarily during epidemics when, to use an expression, doctors are simply "run off their feet."

Maternity Service.—An organised Maternity Service for the industrial class would work somewhat as follows:—

Each woman would select one of the doctors on the Obstetric Panel and would enter her name at the Nursing Centre.

The doctor selected would interview the patient in his consulting room, investigate any complaint, and instruct her in antenatal routine.

The Nursing Service would arrange for the routine urine testing and health visits.

The antenatal examination would be made either at the patient's house, or at a Centre. In the former instance the Nursing Service would co-operate.

Patients would have indicated before the onset of labour if they wanted a doctor to be present at the confinement or merely be on call if required. In the former instance the doctor would receive accurate reports from the midwife, and in the latter he might not be required at all.

Certain routine visits would be paid during the puerperium.

The total demand made on the doctor would in many cases consist merely of a few routine visits, and if more active assistance was required, especially at night, his expenditure of time and energy would be reduced to a minimum.

The practical side of midwifery must be as highly organised as possible. Handywomen are responsible for many false calls, hurried labours, and much bad nursing. They must be abolished, and the maximum of trained nursing assistance placed at the disposal of the profession.

Consultant Services.—Consultant services should be available during all phases for patients who cannot afford a private consultation. It has been arranged that women who have midwives to attend them can have the services of a medical practitioner at all stages. There is no reason why consultant

services should not also be available. Expert opinions in puerperal pyrexia can be obtained in many areas and on antenatal conditions in others, but so far no provision has been made to give doctors expert assistance during labour.

Emergency Service.—In large industrial areas an emergency service should be organised. This would provide at short notice a nurse, blankets, hot-water bottles, transfusion apparatus, solutions, and, if necessary, a specialist. There are many conditions in which instead of rushing a shocked and collapsed patient to hospital for nursing and specialist aid, the specialist and nurse should be rushed to the patient.

Hospital Accommodation.—Excluding economic and housing conditions, which explain why so many patients go into hospital, the Maternity in Newcastle is ample for the medical requirements in this work. The non-provision of beds for maternity cases in many of the smaller hospitals is deserving of criticism. It often forces doctors to deal with major surgical problems in unsuitable surroundings, or to send their patients on a long journey to a maternity hospital, thus entailing much loss of valuable time.

Finance.—The financial aspect of many of these suggestions can be met without making any, or at most only reasonable, demands on the State or the Approved Societies. The majority of patients under discussion try to meet the expenses incurred by means of a Maternity Benefit. This Benefit is paid with equal readiness in successful cases, in cases in which the child is stillborn or the mother dies of puerperal sepsis. Such a reward may be called a Maternity Benefit, but it certainly does not benefit Maternity.

A Benefit to be of any real value should stipulate and make provision for:—1. Medical supervision. 2. Nursing.

Criticism is always rife when suggestions are made that all is not well with the present system. Women have been delivered and have made excellent recoveries in the most squalid surroundings, and without any medical attention. This is a commonplace, otherwise the nation would have disappeared long ago. The profession cannot allow the continued high mortality rate to become a commonplace: it is a dread reality. If as a profession we allow the public to believe that a handywoman is adequate nursing service at such a time or that we approve of the independent action of midwives, any efforts to improve the Maternity Service will be futile.