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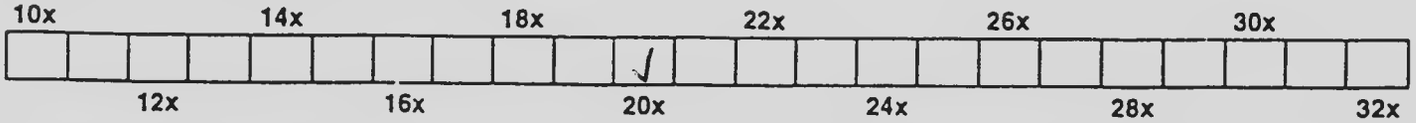

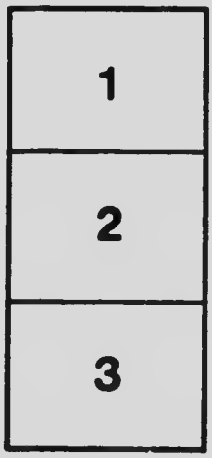

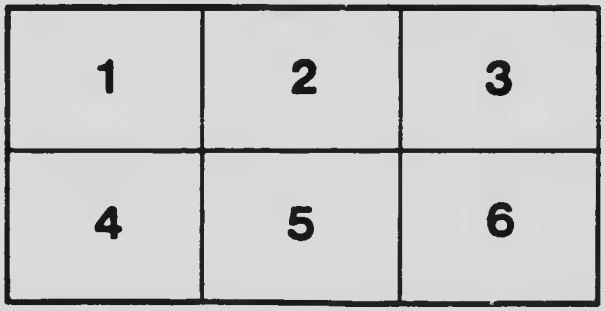

THE HYGIENE OF CHILDBEARING

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INTRODUCTORY

This article is not intended to take the place of the family physician, but merely to supplement his advice and instruction. It is a well-known fact that some of the accidents and dangers of childbearing are serious to the patient mainly because she did not recognize them in time to seek early help from her physician. Had the doctor been informed of the symptoms he might have taken measures to prevent the danger. But it often happens that the patient regards certain symptoms as harmless or unavoidable, and perhaps her friends even assure her that she must expect to bear those things without murmuring, and so she fails to consult her doctor until it is too late. Many a woman has lost her life from convulsions, or other calamities of childbirth simply because she did not see any danger in their early symptoms. If I can give my readers an intelligent idea of some of the chief dangers of childbearing and enable them better to

recognize the warning signs of those dangers my object will be accomplished.

ABORTION

Danger.—Abortion or miscarriage is always accompanied by danger whether it occurs from accidental causes or from criminal interference. Of course criminal abortion is much the more dangerous both because of the danger of infection and because serious injuries to the organs are often inflicted by persons ignorant of anatomy.

Early Abortion.—An idea prevails extensively among the public that there is little danger in an early abortion. Doctors often hear pleas for help from women who say they have missed only one menstrual period and therefore they say there can be no danger in "doing something." Nothing can be farther from the truth. In an experience of thirty years I have seen a good many women lose their lives from abortion. *A very large majority of these (over 90 per cent.) were less than two months pregnant.*

Reason of Danger.—The reason for this is not hard to understand. The two chief dangers in abortion are blood-poisoning and hemorrhage. Very few die from hemorrhage; most of the deaths are due to blood-poisoning; and in early abortion the danger of blood-poisoning is greatly increased by the difficulty of emptying the uterus, and the frequency with which it is wounded.

Symptoms.—The principal symptoms of threatened abortion are pain and bleeding. If a pregnant woman

has pains in the lower part of her body, which last from half-a-minute to a minute and return at regular intervals of five to fifteen minutes, she should at once send for medical aid, and in the meantime should lie down and keep quiet. In case the doctor cannot be reached promptly it would be perfectly proper to take a teaspoonful of paregoric (once) which might check the pains and prevent an abortion. The pains are really contractions of the womb and if not checked they will soon loosen the fetus from its attachment and then the abortion is unavoidable.

Importance of Bleeding.—Bleeding from the womb in a pregnant woman whether much or little should always receive the attention of the family physician as soon as possible, and until his arrival the patient should follow the advice given above for pains. In the first half of pregnancy bleeding from the womb means that abortion is either actually occurring or is gravely threatening. In the latter half of pregnancy bleeding is more serious still, as it may mean Placenta Previa, which is one of the most dangerous conditions the childbearing woman is ever called upon to meet.

FIXING THE DATE OF LABOR

Desirability.—It is very desirable both from the standpoint of the doctor and from that of the patient that we should be able to foretell as nearly as possible the date on which labor may be expected. Unfortunately, however, there are so many elements of uncertainty in the problem

that no great degree of accuracy is possible. The average length of pregnancy is 280 days, or 40 weeks; but many pregnancies are longer than this, and some are shorter. Add to this the fact that the exact date of conception is seldom known, and it is clear that it must be impossible to foretell the time of delivery very closely.

Method.—The usual method is to take the last day of the last menstruation, count back three months, and add five days. For example, suppose the last menstrual period ended July 23rd. Counting back three months (which is more convenient than counting ahead nine months) brings us to April 23rd. Adding five days makes April 28th the probable date. We have one check on this calculation, and this is the fact that the mother feels life ("quickening") about the middle of pregnancy, or four months and a half after conception. This, too, is subject to variation. Life may be felt as early as four months, or it may be delayed until five. But this sign has sufficient value that every prospective mother should note carefully both the date of the close of the last menstruation, and the date when life is first felt.

A Superstition.—In regard to this matter of feeling life or quickening (as it was formerly called) there prevails extensively in the public mind an error or superstition that has come down from the ignorance of the past. This is the belief that the child actually comes to life at this time when the mother first feels its movements. Of course, this is not true. The fetus is alive and makes movements from the beginning, but it is so small and its movements are so feeble that they are not felt by the

mother until about the middle of pregnancy. This superstition would have little importance if it were not that some people draw very serious conclusions from it. Women who wish to avoid motherhood often reason that if, as they believe, the child is not alive before quickening, then to produce an abortion early can be no great wrong. But abortion is murder, and the law regards it as such, whether performed early or late.

CONVULSIONS, OR ECLAMPSIA

A Grave Condition.—Most child-bearing women know that convulsions in a woman at about the time of childbirth are very dangerous, but comparatively few know that they can usually be foreseen, and, by proper treatment, prevented. This condition is known to the profession as Puerperal Eclampsia, and may occur either shortly before, during, or shortly after confinement. The woman is suddenly seized with a violent convulsion, becoming unconscious at the same time. The convulsion lasts from three to five minutes, and following it the patient lies in a heavy, snoring sleep. After a time she may recover consciousness, or she may pass into another convulsion; and this may be repeated until death occurs.

Treatment.—Of course a doctor should be obtained as quickly as possible. While awaiting his arrival, the treatment should be limited to preventing the patient from injuring herself. The tongue may be severely bitten, and even the fingers may get between the teeth and be injured. To protect the tongue the handle of a

table fork covered with a towel may be inserted between the teeth. If the doctor's arrival be long delayed, the patient may be given a sweat by means of blankets and hot water bottles, care being taken not to burn her. This accident may easily happen in the excitement. She may also be given a large injection of warm salt-water (an even teaspoonful to a pint). This should be passed slowly into the rectum with a fountain syringe to be absorbed into the system.

For the principal treatment, however, the physician must be depended upon.

Prevention.—With convulsions as with many other troubles, prevention is better than cure. The up-to-date physician using modern methods can nearly always prevent convulsions if he has the opportunity to treat the patient beforehand. For this reason a patient should always engage her physician at least three months before her confinement, and place herself in his care from that time on.

Convulsions are due to a disorder of the kidneys. It is the function of these organs to separate the urine from the blood, thus carrying off certain poisonous body-wastes which would cause death if retained in the system. For some reason not yet clearly understood, pregnancy is liable in some cases to so derange the action of the kidneys that the system is poisoned and the patient placed in great danger. This condition is often called Albuminuria of Pregnancy, because one of the symptoms is usually the presence of albumen in the urine. It cannot be seen in the urine without making a test.

Urine may be clear as water and yet contain much albumen. A cloudy sediment in urine when passed or forming on cooling is not albumen. A simple test that can be made by any one is as follows:

Boil a little urine over a lamp in a small glass vial or even in a spoon. If the urine remains clear there is no albumen. If it becomes cloudy add a few drops of vinegar. If this makes it clear again there is no albumen. If the cloudiness remains there is albumen. Of course this test should not take the place of the more complete and thorough test by the physician, but may be useful when he is not near at hand.

Swollen Feet as a Symptom.—In albuminuria the feet and ankles often become greatly swollen, and in some cases even the hands and face become puffy. Such swelling should always be reported to the physician, and a sample of urine sent to him for examination. Sometimes this swelling is quite harmless, being due to the womb pressing on the large bloodvessels, but only the doctor can tell whether it is important or not, so he should always be informed. Some doctors make it a rule to examine the urine once a week during the last three months of pregnancy in all cases. I regard this as an unnecessary extreme of carefulness. By a little instruction the patient can be taught to recognize danger signals so that she will be perfectly safe.

Headache.—When albuminuria has become intense so that the danger of convulsions is very great, the patient often experiences severe headache, and sometimes nausea and vomiting. The occurrence of these symp-

toms, therefore, in a case where there has been more or less albumen present, should be regarded as a sign of the utmost importance, and no time should be lost in securing medical aid.

The Real Danger.—It is well to bear in mind that it is not the loss of albumen which is the serious feature of these cases. Even some physicians fail to grasp this idea. To cut albuminous foods out of the patient's diet in the hope of reducing the amount of albumen in the urine, fails to touch the real cause of the trouble. It is not what she is losing that we have to fear; the danger comes from what she is *not* losing. In other words the albumen lost is comparatively unimportant; but the poisonous wastes which she retains in her system are capable of destroying her life.

SIGNS OF LABOR

Sinking.—Prospective mothers as well as doctors would be glad if some way could be found of foretelling the exact date when delivery may be expected. But no such way has ever been found and probably never will be. In most cases it is not possible to tell the exact time of labor until it actually sets in. In some cases the sign known as "sinking" gives a vague warning two or three days in advance. Where this sign is well-marked the pregnant uterus sinks decidedly lower, and the patient experiences a sense of relief, because the stomach is no longer crowded up against the heart and lungs. At the same time the shape of the abdomen is changed so that

its most prominent part is now somewhat lower than before. Sometimes more pressure upon the bladder is felt, causing more frequent desire to urinate.

The value of this sign is greatly lessened by the fact that it is often absent, and occasionally it occurs three or four weeks before labor.

The Safe Side.—The young mother near the end of her first pregnancy is often puzzled to know whether she is in labor or not. On the one hand false pains may cause her to send for her doctor before she is really in labor; on the other hand true pains are sometimes so mild that she may wait too long before sending and the infant may be born before the doctor's arrival. It is best to be on the safe side. Sending too early can do no great harm but sending too late may be dangerous to both mother and child. In self-delivery the mother is liable to be torn much more seriously than if she had proper assistance, and the child may fail to breathe because there is no one present to give it proper care.

False Pains.—Many women in the last months of pregnancy are troubled with false pains. They are so much like true pains that the patient cannot tell the difference, and even the doctor, after making an examination, may still be puzzled. They usually come on in the evening when the patient is tired, and disappear during the night as she becomes rested. True pains are usually accompanied by a discharge from the vagina of mucus, sometimes streaked with blood. This, whether streaked with blood or not, is called the "Show," and may be quite profuse, or it may be little more than the natural mois-

ture. When it is plentiful, and especially when colored, it is a positive sign of labor. But it is sometimes slight, and even absent altogether in true labor, so it cannot always be depended upon as a diagnostic sign.

A full dose of some opiate such as a teaspoonful of paregoric, will stop false pains inside of forty minutes, while it will not affect true labor pains. This is a reliable means of diagnosis but should only be used under the physician's advice.

TRUE LABOR

In true labor the contractions of the womb which are commonly called "pains," grow more frequent and more powerful as time goes on. They may come only every half hour at first, but when labor has fully set in five minutes is a fair average, although there is great variation in different cases. The object of these contractions is, first, to open the womb and, second, to expel the child. We divide labor into three stages. The first is called the stage of dilatation, and ends when the mouth of the womb is fully open so that the head of the infant can pass. This stage may last thirty-six hours or it may be over in an hour. Ten hours is a fair average.

The second stage is called the stage of expulsion, and ends when the child is completely born. It may last five minutes, or five hours. A fair average is two hours. If it lasts longer than two hours, assistance should be given in most cases.

The third stage is the expulsion of the afterbirth

(placenta) and membranes. It should not take over half-an-hour.

At the beginning of labor the child lies in a thin, closed, membranous sac usually called "the membranes." In this sac surrounding the child is the amniotic fluid, or "birth-water." The amount of this varies from a pint to several quarts. When the uterus contracts during a pain the pressure on this water forces a little pouch of membranes through the mouth of the womb, thus acting as a dilator to open it. This pouch is called the "bag of waters." At the end of the first stage when the womb is fully open the bag of waters usually gives way, and the water comes away with a gush. Sometimes the water breaks earlier, even at the beginning of labor. This condition was formerly called "a dry labor," and was regarded as a misfortune. It was thought that the labor would be hard and long. But better observation has taught us that the so-called "dry" labors average up just as well as the others. The cause of hard labors lies in other conditions.

When the membranes fail to rupture at the proper time the child may be born enclosed in the sac. This is being born with a "caul" or a "veil." The infant must be instantly released or it will die. Among the ignorant this "veil" is dried and carefully preserved. There is a superstitious belief that the possessor of it cannot die from drowning.

During the first stage of labor the patient may be up and about. The pains are usually more active when she is up than when lying down. There is a certain amount

of work to be done, and the oftener the pains come the sooner she will be through. Some women, however, feel so ill and weak that they prefer to lie down. In this case it should be permitted.

During the first stage the patient should not bear down, or strain. She would only be wasting her strength. Ignorant bystanders often urge her to do so, but she should remember that the womb is not yet open, and that she cannot expel the child no matter how hard she tries. She should save her strength for the second stage, when the womb is open and when straining and forcing may do good. In fact nature follows this plan. In the first stage the patient feels no inclination to bear down; but in the second stage the inclination to bear down is so strong that she cannot help it.

SELF DELIVERY

It sometimes happens that the infant is born before the arrival of the doctor. When this seems to be in danger of happening the patient should do everything possible to delay the delivery. She should lie down, avoid all straining, or bearing down, should not pull on anything with her hands, and when a pain occurs should not hold her breath, but should breathe in a quick panting manner. The moment she holds her breath she will bear down, and this is to be avoided at all costs. By following these suggestions she may succeed in delaying the delivery so much that she will not be torn; for in self-delivery extensive tears are very apt to occur.

Care of Infant.—If in spite of all, the infant is born before the doctor's arrival, see that it does not smother. If it breathes lay it on its back between the mother's thighs, wipe the mucus from its mouth using the little finger covered with a soft cloth, cover it and the mother warmly, and wait for skilled help. If it does not breathe, wipe out its mouth, take it by the heels and hold its head lower than its body for few minutes; in other words, stand it on its head. Keep it warm and it will soon breathe. Keeping the body warm and standing on the head will revive 99 per cent. of all infants that are not actually dead. The other means of resuscitation should not be attempted by an unskilled person, for fear of doing more harm than good.