

### Obstetrical Lament #3

“Appalling mortality statistics” for mothers and babies during the first half of the 20<sup>th</sup> century compared to maternity statistics for other ‘principal countries of the world’ ~ these embarrassing facts were frequently discussed by obstetricians in their peer-reviewed journals .... Information from these same sources was applied to outcomes for midwives

~ “As to maternal mortality, ...during 1913 about 16,000 women died.; in 1918, about 23,000...and with the 15% increase estimated by Bolt, the number during 1921 will exceed 26,000.” [Ziegler, MD; 1922-A]

~ “...in 1921 the **maternal death rate for our country was higher than that of every foreign country** for which we have statistics, except that of Belgium and Chile.” [1925-A; Hardin MD, p.347]

~ “**Maternal mortality** in the country when compared with certain other countries, notable England, Wales and Sweden is, according to [Dr.] Howard, ‘**appallingly high and probably unequaled in modern times in any civilized country**’.

These [MM] rates ... of 88.48 per 10,000 birth are on a par with those of Sweden **110 years ago**; are 75% higher than those of England and Wales **60 years ago**; are **120% higher** than England and Wales in 1911-1915 and **exceed the rates** of England and Wales for 1918 by nearly **75% for puerperal fever and 150% for all** other afflictions of the puerperal state combined.

Howard shows also that New York City’s rates of 46.11, which is much lower than that of any other American city, is **35% higher** than that for Birmingham, England.” [1922-A; Ziegler, MD]

~ “The *International Year Book of Care and Protection of Children* gives emphasis to the fact that the United States has still a **higher rate of maternal mortality** than *any other of the principal countries of the world* and that in the United States pregnancy causes more deaths among women ages 15-40 years of age than any other disease except tuberculosis. In the United States 25,000 women die every year from direct and indirect effects of pregnancy and labor. Three to 5% of all children die during delivery and thousands of them are crippled.” 1925-A .p. 350]

~ “Baker [1913] reported that for New York City as a whole, midwives attend 40% of all births but had only 22% of the **maternal deaths from puerperal sepsis** while physicians, with 60% of the births, had 69% of the deaths from sepsis in their practice.

In these surveys the ***death was attributed to midwife practice if she was ever present at the labor, even if she turned the case over to a physician or hospital***” [DeVitt, MD; 1975]

~ “Statistics (Howard) show that the stillbirth rate in the birth registration area is 60% higher than in Stockholm (2.16 %); that rates for New York (4.38 %) and Philadelphia (4.39 %) are 35 % higher than Birmingham, (England) (3.24 %) [1922-A; Ziegler, MD, p.405]

Compiled by Faith Gibson using material & references from Dr. Neal DeVitt's 1975 Thesis

Birth Attendant:	Midwife	Physician
<b>Total Births (%):</b>	<b>52%</b>	<b>48%</b>
<b>Stillbirth:</b>	<b>10%</b>	<b>90%</b>
<b>Neonatal Deaths:</b>	<b>35%</b>	<b>65%</b>

[Van Ingen (in Josephine Baker, MD; 1913, for NYC)]

Dr. Levy examined birth-related mortality in Newark, NJ for 1921 and found a similar relationship to that of Van Ingen's survey of Manhattan.

Birth Attendant:	Midwife/Home	Phys/Home	Hospital
Percentage b. attended	<b>38%</b>	<b>30%</b>	<b>31%</b>
Puerperal Deaths:	13%	<b>34%</b>	<b>52%</b>
Neonatal MR/1000	32%	<b>40%</b>	<b>34%</b>

~ "...in Chicago last week Dr. DeLee looked about for material for a new cinema to be called Local Anesthesia in Obstetrics. He performs Caesarean sections under local anesthesia, but thinks that **"the increasing tendency to perform Caesarean section is to be condemned.** There are too many of these operations being done by those who do not know how to do them or to discover reasons for their necessity." [Times Magazine, Monday, May 25, 1936]

~ "The lack of prenatal care is responsible for many deaths, despite some improvement. It is safe to say that not 25% of American women get proper prenatal care. **Puerperal infection still causes about 4,000 deaths a year in the U. S.**

The frequency of operations which are followed by infection is a contributing cause. Many women get infections in hospitals when they are not properly isolated--they may be mixed with pneumonia or erysipelas. A small proportion of cases of puerperal infection is of course, unpreventable--women who catch colds or other infectious diseases.

About 15% of deaths reported as infections are due to abortions. Every day in the U. S. at least three women die from abortion. Dr. [Frederick Joseph] Taussig told me that he guessed there are 700,000 abortions a year in the country [TIME, March 16, 1936]. My own hazarded estimation is nearer two million. Abortion, that is, the average criminal abortion, is more dangerous than having the baby. Instead of condoning abortion, we should give people better methods of birth control." [Direct quotes fro Dr. DeLee in the Times Magazine article, Monday, May 25, 1936]

~ "Though we cannot make an exact comparison between the maternal mortality in the United States and that in European countries, we can at least make a rough comparison. All who have studied the problem agree that the rate for Holland, Norway, Sweden, Denmark is far superior to our own. Why? It cannot be because of our ignorance, for in the scientific phases of obstetrics, America is one of the world's leaders; it must be due to a difference in the patients themselves and *differences in the way that pregnancy and labor are conducted in the two regions.*

What about the conduct of labor in the two regions? Here is the major differences lie. In the first place, ... at least 10 percent of labors in this country are terminated by operation. In the New York Report 20 percent of the deliveries were operative, with a death rate of more that 1

in each 100 of the operated, and 1 in 500 of those who delivered spontaneously.

The Scottish Report states: "In as high a proportion as 24 percent of all birth recorded during the six months' intensive survey, delivery was not spontaneous." Fifty-one percent of all the maternal death in Scotland occurred in the 24 percent in which the labor was operative. Let us compare the operative rates of these *relatively dangerous countries (USA, Scotland)* with those of the countries which are safer. "In Sweden the interference rate is 3.2 percent, in Denmark it is 4.5, while in Holland ..... it is ***under 1 percent***.

What is responsible for this vast difference in operative rates? ... Analgesics and anesthetics, which unquestionably retard labor and increase the necessity for operative interference, are almost never used by them in normal cases; and more than 90 percent of their deliveries are done by midwives unassisted. ***And midwives are trained to look upon birth as a natural functions which rarely requires artificial aid from steel or brawn.***" {emphasis added}

**Into This Universe**, by Alan Frank Guttmacher, MD , Associate in Obstetrics, John Hopkins University Viking Press, 1937, Excerpts from Charter 4, "Safer Childbirth", p. 329

~ "Home versus hospital delivery: Up to 2 1/2 million babies born in the United States every year, about one quarter are still delivered in their own homes. The percentage of births occurring in hospitals varies greatly in different parts of the country, ranging from 10% in certain states which are predominantly rural to more than 90% in large metropolitan centers.

The vast majority of maternity cases can be **conducted at home with complete safety** and a large number of women prefer to have their babies in familiar surroundings of their own household. Moreover, with the help of a competent nurse, suitable supplies and a little ingenuity, home delivery can be carried out in such a way that the facilities of the hospital are not greatly missed period." (emphasis added)

**Expectant motherhood**, Dr. Nicholson J. Eastman, MD; Professor in obstetrics, John Hopkins University and Chief of obstetrics John Hopkins Hospital; ch 8 -- the birth of the baby, page 125; second edition, revised 1947

### **CDC 1999: "Achievements in Public Health, 1900-1999: Healthier Mothers and Babies"**

"At the beginning of the 20th century, for every 1,000 live births, six to nine women in the United States died of pregnancy-related complications, and approximately 100 infants died before age 1 year (1,2). From 1915 through 1997, the infant mortality rate declined greater than 90% to 7.2 per 1000 live births, and from 1900 through 1997, the maternal mortality rate declined almost 99% to less than 0.1 reported death per 1000 live births (7.7 deaths per 100,000 live births in 1997) (3) ([Figure 1](#) and [Figure 2](#))"

Environmental interventions, improvements in nutrition, advances in clinical medicine, improvements in access to health care, ... surveillance and monitoring of disease, increases in education levels, and improvements in standards of living contributed to this remarkable decline (1).

.... The discovery and widespread use of antimicrobial agents (e.g., sulfonamide in 1937 and

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penicillin in the 1940s) and the development of fluid and electrolyte replacement therapy and safe blood transfusions accelerated the decline in ... mortality

Maternal mortality rates were highest in this century during 1900-1930. Poor obstetric education and delivery practices were mainly responsible for the high numbers of maternal deaths, most of which were preventable (2) Obstetrics as a specialty was shunned by many physicians, and obstetric care was provided by poorly trained or untrained medical practitioners.....

**Inappropriate and excessive surgical and obstetric interventions** (e.g., induction of labor, use of forceps, episiotomy, and cesarean deliveries) were common and *increased* during the 1920s. Deliveries, including some surgical interventions, were performed without following the principles of asepsis. As a result, 40% of maternal deaths were caused by sepsis (half following delivery and half associated with illegal ... abortion) with the remaining deaths primarily attributed to hemorrhage and toxemia.

The 1932 *White House Conference on Child Health Protection, Fetal, Newborn, and Maternal Mortality and Morbidity* report demonstrated the link between poor aseptic practice, excessive operative deliveries, and high maternal mortality. This and earlier reports focused attention on the state of maternal health and led to calls for action by state medical associations (13).

During the 1930s-1940s, hospital and state maternal mortality review committees were established. Safer deliveries in hospitals under aseptic conditions and improved provision of maternal care for the poor by states or voluntary organizations led to decreases in maternal mortality after 1930. Medical advances (including the use of antibiotics, oxytocin to induce labor, and safe blood transfusion and better management of hypertensive conditions during pregnancy) accelerated declines in maternal mortality.

During 1939-1948, maternal mortality decreased by 71% (14). The legalization of induced abortion beginning in the 1960s contributed to an 89% decline in deaths from septic illegal abortions (15) during 1950-1973. Since 1982, maternal mortality has not declined (16). However, more than half of maternal deaths can be prevented with existing interventions (17). In 1997, 327 maternal deaths were reported based on information on death certificates; **however, death certificate data underestimate these deaths, and the actual numbers are two to three times greater\***.

The leading causes of maternal death are hemorrhage, including hemorrhage associated with ectopic pregnancy, pregnancy-induced hypertension (toxemia), and embolism (17) {\*emphasis added}

Excepts & list of reference @ [History of Maternal-infant health and maternity care in the US 1900-1999](#)  
An original paper copy can be obtained from the Superintendent of Documents, U.S. Government Printing Office (GPO), Washington, DC 20402-9371; telephone: (202) 512-1800.

Contemporary reports by physician-author Atul Gawande, MD  
THE SCORE - Annals of Medicine, The New Yorker; October 09, 2006

“By the early twentieth century, the problems of human birth seemed to have been largely solved. Doctors could avail themselves of a range of measures to insure a safe delivery: antiseptics, the forceps, blood transfusions, a drug (ergot) that could induce labor and contract the uterus after delivery to stop bleeding, and even, in desperate situations, Cesarean section. By the nineteen-thirties, most urban mothers had switched from midwife deliveries at home to physician deliveries in the hospital.

But in 1933 the New York Academy of Medicine published a shocking study of 2,041 maternal deaths in childbirth. At least two-thirds, the investigators found, were preventable. There had been no improvement in death rates for mothers in the preceding two decades; newborn deaths from birth injuries had actually increased. Hospital care brought no advantages; mothers were better off delivering at home.

The investigators were appalled to find that many physicians simply didn't know what they were doing: they missed clear signs of hemorrhagic shock and other treatable conditions, violated basic antiseptic standards, tore and infected women with misapplied forceps. The White House followed with a similar national report [1932]. Doctors may have had the right tools, but midwives without them did better.”