BIRTH INJURIES OF THE CHILD; GYNECOLOGICAL AND OBSTETRICAL MONOGRAPHS

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S. S. E.

AFFECTIONATELY INSCRIBED

PREFACE

A serious charge against the present status of obstetrical practice was made in 1917 by Grace Meigs in her report on Maternal Mortality in the United States. "Every year at least 15,000 women die in the United States from conditions, almost entirely preventable, caused by childbirth." Ever since, this statement has been reiterated practically by every writer and speaker who felt that he could offer a valuable suggestion towards the betterment of this truly appalling situation. The stereotyped and almost exclusive use of this one argument in all the varied efforts to supply the women of this country with "better obstetrics" would seem to imply that conditions are satisfactory as far as the newborn infant is concerned.

Dr. Meigs has irrefutably demonstrated that up to 1913, childbirth has remained as hazardous to the mothers as it was in 1900. How about the danger of birth to the infant? How great is it? Is it increasing or decreasing? Where rests the responsibility for this risk? Can anything be done to reduce it? To answer these and many other questions pertaining to the serious problem of Birth Injuries of the Child is the purpose of the volume here presented.

Wider interest in the causation and prevention of parturitional injuries of the infant is of relatively recent date, but it is growing rapidly. This must have become evident to any one conversant with modern obstetrical literature. To-day we are facing the surprising fact that "in at least 40 per cent of all autopsies, properly performed on all stillborn infants and those dying within the first few days after birth, intracranial traumatic lesions of some sort are discovered," while in official and unofficial tabulations of the causes of death in earliest infancy or of stillbirth "injury in birth" is assigned a most inconspicuous place. To quote but a few examples selected at random: Very exhaustive field studies have been made in various communities by the Children's Bureau concerning Infant Mortality. What do they show? In Manchester, N. H. (Infant Mortality Series No. 6, 1917), out of 34 live born infants who died under two weeks old, the death of but one was reported as due to

a birth injury; in New Bedford, Mass. (Inf. Mort. Ser. No. 10, 1920), of 84 infants dying under the age of two weeks, of whom 41 had died in less than 24 hours, the cause of death was given as injury in birth in 10 cases, and in Akron, Ohio (Inf. Mort. Ser. No. 11, 1920), in 6 out of 73 live born babies dying under two weeks of age.

These statistics, though they seemingly manifest, within three years, an increasing appreciation of birth injury as the cause of death, are evidently incorrect. The majority of the actual cases of fatal traumatisms still are included in the figures assigned to prematurity, congenital debility, and most of all to asphyxia. The inaccuracies of these and similar statistics are due to definite causes.

Not only many of the intracranial, but also most of the fatal injuries of the vertebral column, spinal cord or abdominal viscera, can be discovered only at autopsy—an autopsy, as must be emphasized, in which the skull is opened in a specific manner and the routine examination includes the vertebral column, the spinal cord, and such abdominal organs as, e.g., the suprarenal bodies.

Without an autopsy the cause of death so often is incorrectly ascribed to asphyxia because the majority of seriously traumatized infants exhibit a clinical picture which closely resembles that generally considered as typical for deep asphyxiation.

The attending physician excusably hesitates to pronounce the infant's death the result of a parturitional injury, because, unfortunately and unjustly, it has remained the prevalent conception, both among the profession and laity, that fatal injuries are the result of, and thus signify, a lack of proper skill on the part of the accoucheur.

Practically without any exceptions every known type of parturitional traumatization has also been observed subsequent to spontaneous labors. The term "spontaneous labor" in this connection does not necessarily mean, in its customary application, a nonartificial and noninstrumental labor, but as well, in the strictest sense of the word, a labor in which the child was expelled without any extraneous aid of any sort. This fact deserves wider appreciation, not only by physicians and the laity, but also by the legal profession. Only recently the Supreme Court for New York County (184 New York Supplement, 337) has determined that a child injured for life, through negligence on the part of the attendant at its birth, can recover damages for injuries sustained.

No physician should feel any reluctance in pronouncing and reporting the infant's death as the result of birth injury if, in his

opinion, this is the case. If the obstetrician could furthermore be induced to suspect and search for a possible injury whenever the newborn child seems to act abnormally, prompt and proper therapeutic interference certainly would save many children now doomed either to immediate death or possibly to a life sadly marred by a preventable physical or mental defect.

This newer knowledge, that the child can be more or less seriously injured in the course of a normal and spontaneous delivery, however, does not relieve the physician from all responsibility for such injuries. In by far the larger number of instances severe traumatisms are observed after labors terminated artificially or by means of instruments. In this large group of cases lack of skill plays an important rôle. It may be lack of diagnostic ability, a lack of judgment or mere awkwardness of technic, not rarely superinduced by bewilderment or entirely unnecessary haste. It is this fact which naturally suggests still another question. Is the pronounced operative trend of modern obstetrics increasing, or likely to increase, the incidence of birth injuries of the child? Statistical figures seemingly indicate a steady increase. In part this is certainly due to the evergrowing interest in, and the more systematic search for, such injuries. However, careful consideration of the various mechanical factors directly responsible for the traumatization of the child would seem to lead to the inevitable deduction that a higher incidence of injuries must be looked for, if the teachings of some of our ultramodern obstetricians should prevail. No amount of personal technical skill, unavoidably acquired at the cost of many fetal lives, in my belief, could neutralize the augmented risks to the child of a routine version followed by immediate extraction, of forceps extractions seriously recommended even on the high head for the sole purpose of shortening the suffering of the parturient woman, or made necessary by the elimination of important accessory expulsive force in twilight sleep. No personal effort of the accoucheur could obviate the dangers of a sudden and excessive compression of the fetal head quickly forced through an unyielding birth channel by a large dose of pituitrin.

Most clearly it has become the duty of those who advocate the artificial termination of labor under general anesthesia in order to overcome the unquestionably slower and more painful process of spontaneous delivery, to prove that such methods do not imply a greater immediate and later risk to the life and health of the infant.

Mere mortality figures will not suffice to settle this complex problem. Slighter intracranial lesions, fractures practically of every bone of the skeleton from skull to femur, hemorrhages whether in the eye or in abdominal viscera, are not necessarily fatal, but they are fairly common and, as a rule, are overlooked if not revealed by later sequelae. To be sure, in the overwhelming majority of instances these minor injuries probably inflict no permanent harm on the infants. There is, however, much evidence rapidly accumulating which tends to show that many of the conditions, still rather loosely classified as congenital, as a matter of fact are but the later manifestations of traumatic lesions sustained at birth, lesions which remained unrecognized in the newborn, possibly because their symptoms were insignificant, and more probably because the obstetrician failed to examine the newborn with the necessary care, or left, as is the custom, the observation of the behavior of the infant during the first few days of life entirely to a more or less competent nurse.

Modern conceptions of the causation of birth injuries of the child place on the obstetrician, not only the task of preventing them so far as this is possible, but also the responsibility for recognition of their presence at the earliest possible moment. He must cease to regard the newborn as the "unavoidable by-product of his essential function of separating the mother from the fetus" as facetiously but with a justification recently remarked by a leading pediatrician.

In theory it would be the ideal to have the expert pediatrician assume responsibility for the child immediately after birth. In practice this is not feasible outside a properly staffed general hospital. The prompt recognition of a birth injury for the present remains the duty of the obstetrician. To help him in this task, the author has attempted to present in this volume all available information concerning the pathology, etiology, and symptomatology of all known parturitional injuries of the child.

The discussion of the etiology of each type of traumatism offers the opportunity for pointing out certain details in the technic of recognized operative procedures and nonoperative manipulations which have been found to imply special dangers to the fetus. In the consideration of the symptomatology and diagnosis an effort is made to set forth clearly the points of differentiation between unpreventable injuries, those caused by inexpert or actually reprehensible procedures on the part of the attending physician or midwife, unin-