

PRE-NATAL CLINICS IN SYRACUSE

by H. W. Schoeneck, M. D. Syracuse Department of Health



RE-NATAL clinics, with diagnostic and advisory functions, seem to have definitely established for themselves a place in the field of preventive medicine. Care at the pre-natal clinic brings to light the earliest manifestation of intercurrent diseases and of those disturbances in health which at times complicate the pregnant state. Difficult deliveries are anticipated. Through the lectures at the mothers' health conferences the patient is taught proper personal hygiene and is instructed in regard to preparation for her confinement and the care of the baby.

In Syracuse these clinics serve both patients who are referred by private physicians or midwives, and those who are not under the care of a physician and are not able to pay for medical care. The care given

the women of the first group varies according to the wish of the physician or midwife. Some are permitted to attend clinics for observation; others receive instruction at the mothers'

health conferences; and still others receive both types of care. A permit in writing from the physician or midwife is required before either of these services is given.

Associated with the clinics and operated by the same personnel is a so-called "pre-natal home-nursing supervisory service," which offers three types of service in the home: (a) instruction in personal hygiene and care; (b) instructions as to the preparation for

THE Syracuse Health Department, as a part of its public health program, maintains various clinics-diagnostic, well-baby, preschool, chest, diphtheria prevention, vaccination, orthopedic, and venereal disease. In the first article, Dr. Henry W. Schoeneck, of the City Health Department, describes the service offered in the City's prenatal clinics. (In a second article, Louise Franklin Bache, Acting Director of the Bureau of Health Education, gives some valuable suggestions for making clinic rooms attractive and educational.

confinement; and (c) bi-weekly visits by the pre-natal nurse up to the seventh month and weekly visits thereafter until confinement. During these visits the patient is observed for signs and symptoms suggestive of complications of pregnancy and intercurrent diseases.

This home care makes it unnecessary for the patient to attend clinics. For obvious reasons it is the form of service most acceptable to the private physician and midwife.

The second class of patients—those who are not under the care of a physician and are not able to pay for medical care—

The Milbank Memorial Fund QUARTERLY BULLETIN is published by the Milbank Memorial Fund, 49 Wall Street, New York.

receive not only pre-natal care at the clinics but also partum and post-partum care in the hospital wards or in the home. If the confinement takes place in the home the patient is at-

OW a generalized public 1 health nursing bureau has been developed in Syracuse, and how an efficient City-wide service has been secured through its organization, are set forth on pages 85 to 90 by Agnes I. Martin, R. N., Director of the Bureau of Nursing in the City Health Department. (Further pages are devoted to an index of the five volumes of the Quarterly Bulletin issued since its establishment in April, 1923. This constitutes the first printed reference to the material contained in these volumes.

Lowowood

tended by two senior students from the College of Medicine of Syracuse University, under direct supervision of the medical attendant of the clinic, who is also an instructor of obstetrics at the College.

During the postpartum, in these cases, the nursing care is given by the Visiting Nurse Association; the medical care is furnished by the clinic physician and students. The further care of the patient includes

a post-partum call six weeks after delivery of the baby. At this time a physical and obstetrical examination is made to determine whether or not reference to the gynecological service or the medical dispensary is advisable. The baby of the patient, at this visit, is registered with the nearest wellbaby clinic of the Department of Health.

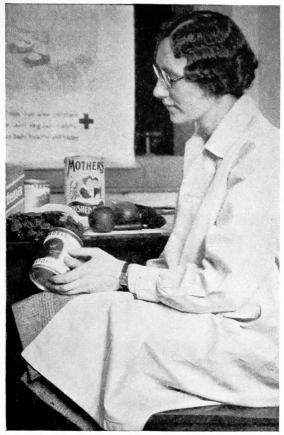
The supplies needed by these patients throughout pregnancy are furnished at cost price or given gratis, according to the means of the individual. This is made possible by the "Loan Chest," for which supplies are furnished by the Red Cross and the Child Health Committee, both agencies of the Syracuse Community Chest. Hospitalization for the patient



is arranged by the Associated Charities working in conjunction with the Commissioner of Charity of the City.

SEVEN pre-natal clinics are now in operation in Syracuse. They are so distributed as to cover the needs of all sections of the City and are in close proximity to the well-baby clinics. Mothers' health conferences are held at these clinics. Similar talks are given in the children's sections of several department stores.

The Child Health Committee arranges for and provides motor service for the patient to and from the clinics when needed; and a taxi-service for the medical students to facili-



tate prompt arrival at the time of delivery. The Committee, which works in closest co-operation with the Department of Health and the Syracuse Health Demonstration, finances the operation of the prenatal clinics, furnishes a supervisor of pre-natal nurses, and directs and supervises the operation of clinics and pre-natal nursing service.

The Department of Health has a generalized nursing ser-

vice with a staff at present of twenty-six nurses, all of whom have received practical and didactic instructions in pre-natal care and the technic of clinic nursing, training them to carry on the duties which have already been mentioned. There is a supervisor of pre-natal nurses, who, besides directing the activities of the nursing staff in the pre-natal service, acts in the capacity of an instructor and passes upon the daily reports of observations made by nurses. These observations include readings of temperature, pulse, respiration and blood-pressure; urinanalysis and hemoglobin tests; and inspection for any outward manifestation of disease. Except for the

omission of the obstetrical and physical examination these observations are similar to those made by the physician at the clinic. It is also the supervisor's duty to keep the private physician or the midwife informed, at stated intervals, of the patient's condition.

The nutritionist of the Department of Health, in conference with the medical attendant, outlines a diet suited to the individual needs of each patient. The eight medical attendants are associates in the Obstetrical Department of the College of Medicine and give their services without charge. They not only attend the clinics but supervise the delivery of patients by having students in the home at that time.

During the current year a nurse has been added to the staff, to assist in the home at the time of delivery; and a social worker who spends her entire time in connection with the pre-natal service. Renewed efforts have been made to enlist the co-operation of the medical profession in the prenatal service of the Department of Health.

The past decade has been marked by great progress in pre-natal work, and with the continued effort being made to improve the quality of the care and to increase the scope of the work, the immediate future looks bright for a continued reduction in mortality and morbidity rates among mothers and babies.

