Wisconsin Marches On

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PROGRESS always brings a sense of satisfaction. Every doctor in Wisconsin can look with pride at the advances made in the last few years in the reduction of maternal and infant deaths within the state. Total annual maternal deaths dropped from 225 in 1932, to 153 in 1939. Total infant deaths were reduced from 2,670 to 2,172. These lower total deaths have occurred even though there has been an increase in births. Actually, our change in maternal death rate has been from 4.2 to 2.8 per 1,000 live births—a drop of 33 percent—while the infant death rate dropped from 50.0 to 40.1 or 20 percent for the state as a whole from 1932 to 1939.

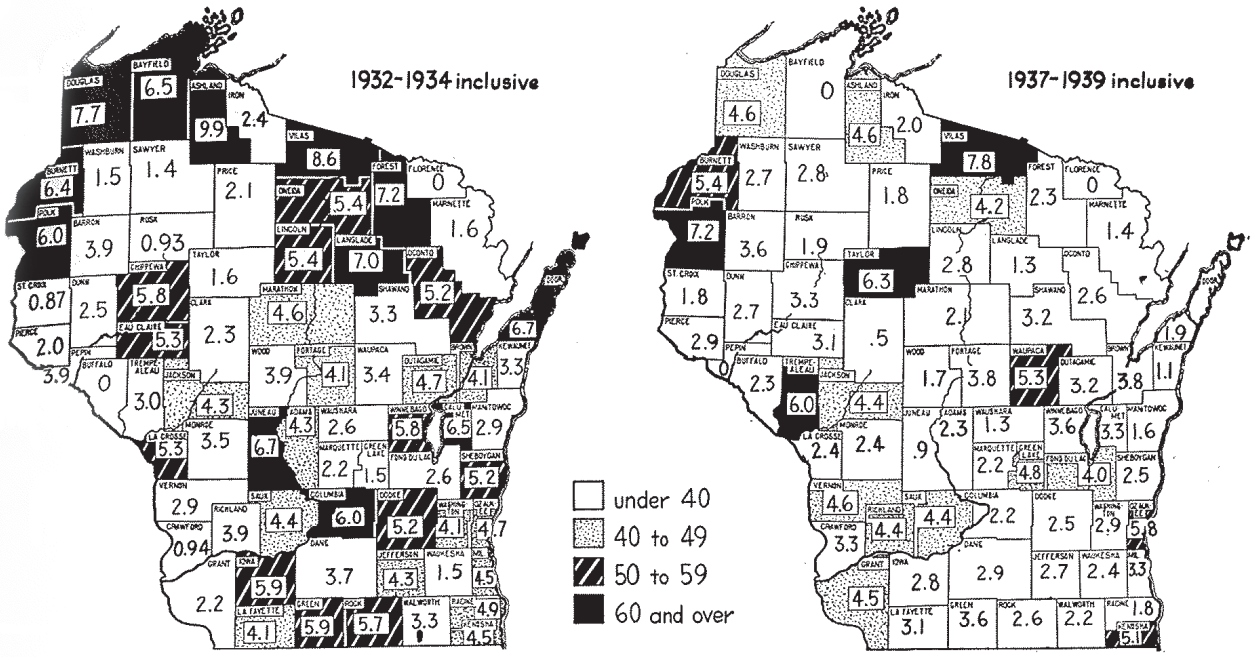
Since many doctors have a very real interest in the problems of maternal and infant deaths, we are presenting for comparison the rates by counties for two three-year periods. It will be noted that the averages for individual counties are compared on the basis of three-year periods rather than on single years. This is done to eliminate the probable error involved when statistics of this type are based on too low figures. Even on this basis, a few of the counties in the state have less than 750 births in the three-year period, so that the statistics shown for Adams, Burnett, Florence, Green Lake, Iron, Marquette, Pepin, and Sawyer counties are somewhat less significant than those for counties with more births, since a single birth or death rate tends to increase the rates markedly. Check your county and see where it stands.

The program for further reducing maternal and infant deaths is that of every practicing physician. There is something that each can do whether or not he specializes in obstetrics or pediatrics. There is, for instance, the important need of re-educating the public to understand that pain relief is not quite as simple as certain articles which have appeared in recent years in the lay press would have us believe. Too often now individuals make their own decisions as to the type of treatment they should receive, basing it on popular magazine articles. We need to combat the release of misinformation which now appears. The physician should also do everything in his power to see that any hospital with which he is associated meets standards; that the nurses in the hospital have adequate supervision and that techniques are rigidly maintained. Nurses with upper respiratory infections should not be allowed to continue their duties. More careful and complete filling out of all birth and death certificates would aid in analyzing problems. Consideration at staff meetings of every maternal or infant death occurring in the hospital would bring to light much information that might lead to further reduction of deaths. We need to know more about the increasing number of maternal deaths associated with embolism and with hemorrhage. Requirement of consultation prior to all operative procedures on obstetrical cases would merit consideration. Doctors can encourage routine supervision of the pregnant woman from the time of conception, and routine health supervision of the baby after birth, beginning with a detailed appraisal of the newborn. Parents need to be repeatedly encouraged to have preventive procedures carried out routinely in the doctor's office.

Local public health nurses can offer real assistance if prenatal cases are routinely referred to them. These nurses can be especially helpful to the physicians who are doing home deliveries by teaching preparation for such deliveries in advance, and in the postnatal demonstration of caring for the newborn baby. Careful nursing supervision is especially important for the premature baby, and the public health nurse can offer real assistance to the physician who delivers a premature baby in the home. Also, through the local nurse, an incubator for home use where necessary can usually be obtained. This care of premature babies is important for they still account for the largest number of infant deaths—36.6 percent of the 2,172 infant deaths occurring in Wisconsin in 1939. It is interesting to note that this is approximately 8 percent higher than the figure for the United States for 1938. Do we have a higher proportion of premature babies in Wisconsin? Can more of these babies be saved? We need the assistance of every physician in answering these questions.

Wisconsin is fortunate in being spared some of the problems of other states. More than 99 percent of the deliveries are by physicians. Standards of living in Wisconsin are definitely above many states. We do not have racial problems. Sixty-three of the seventy-one counties have locally organized and directed health programs with local physicians participating in program planning. With the great corps of well trained physicians and the educational and institutional facilities available, Wisconsin should lead the nation in low infant and maternal deaths. Will you help to place Wisconsin in this position by the end of the next three-year period? The State Department of Health can aid every physician through analysis of data available, and through educational programs, but the real responsibility for life conservation rests largely in the hands of the practicing physician.

WISCONSIN MATERNAL MORTALITY RATES
PER 1,000 LIVE BIRTHS



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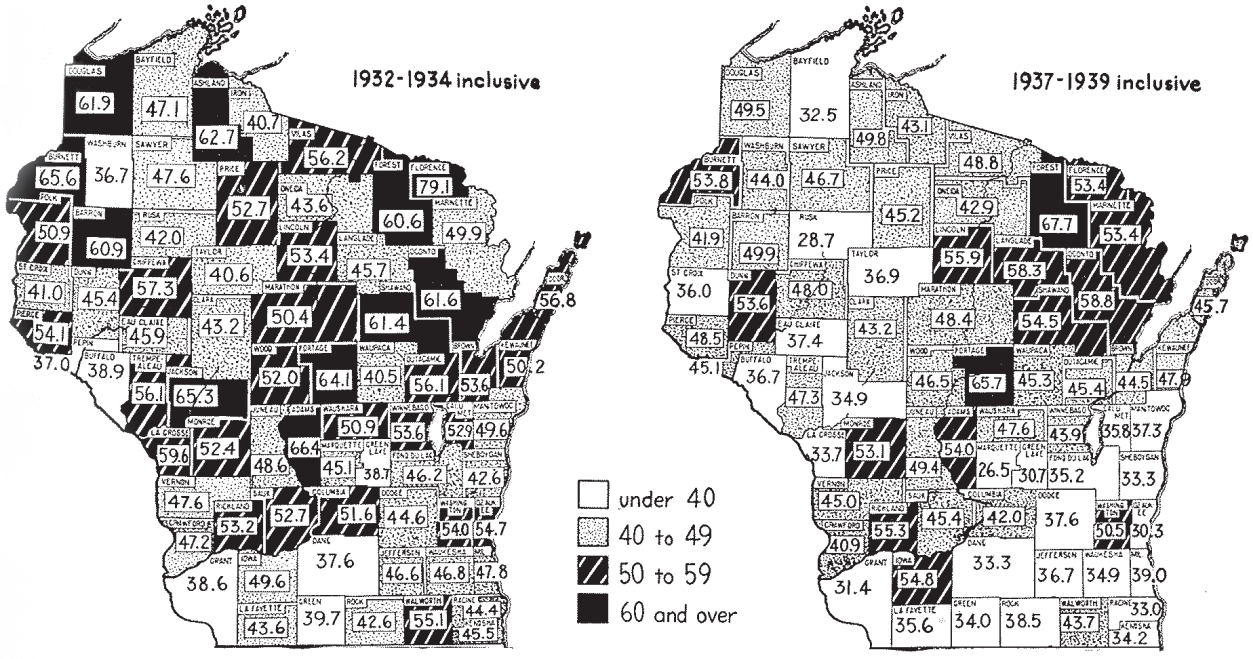
WISCONSIN INFANT MORTALITY RATES
PER 1,000 LIVE BIRTHS



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