

prenatal care



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FEDERAL SECURITY AGENCY

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● Children's Bureau

Doctors have known for a long time that mothers who are well prepared for their expected babies stand the best chance of having healthy, happy ones.

Now, more than ever before, doctors say that being well prepared is not only a matter of the mother's keeping physically well throughout pregnancy. It means, also, that both father and mother are emotionally ready and eager to welcome the arrival of their new baby.

Here is a bulletin—the first edition of which pioneered more than a third of a century ago—that helps both mothers and fathers prepare for parenthood. It does not take the place of a doctor, but supports the advice and guidance he gives.

I know of no other single element in our many-sided effort to build ~~abounding good health in all our people~~ that is more important than the best possible start in life.

Wm. P. Ewing
Federal Security Administrator.

prenatal care

FEDERAL SECURITY AGENCY

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Foreword

The term "prenatal care" as used in previous editions of this pamphlet refers to the care an expectant mother receives during the period before the birth of her baby. Although this bulletin is titled "Prenatal Care," its contents cover a wider range.

When "Prenatal Care" was first published by the Children's Bureau in 1913, its chief aim was to point out and stress the need of medical care during pregnancy. Early and continuing medical care is just as important during pregnancy as it has always been. But today the concept of good care for the mother and baby has broadened. We think more in terms of "maternity care," which includes medical supervision from early pregnancy through the birth of the baby and for several weeks after. Healthy mothers and babies, comfortable pregnancies, and easy labor are the goals of good maternity care.

Good maternity care, moreover, aims for more than the promotion of physical health alone. The thoughts of both mother and father about pregnancy, and their reactions to it, must also be considered. The thinking and planning which the mother and father share for their coming child, and their cooperation with the doctor in preserving and promoting good physical and mental health, help to lay the foundation for good parenthood.

This bulletin was written by Dr. Ann DeHuff Peters, under the direction of Dr. Katherine Bain, Director of the Division of Research in Child Development. Use was also made of many helpful suggestions from other members of the Children's Bureau Staff. Sincere thanks are due to the members of our Obstetric Advisory Committee, and to the professional persons and parents who also reviewed the manuscript.

Katherine F. Luroff
Chief, Children's Bureau

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To make the best use of this pamphlet

This pamphlet covers many points of pregnancy, childbirth, and care of the newborn baby. It does not take the place of good medical care. But it will help you see why such care is so important. Some expectant parents will want to read the entire pamphlet. Others may find only certain chapters helpful or of interest.

All pregnant women experience and think about certain things. They are interested in the changes in their bodies, how the baby grows, and what to do to get ready for the baby. All need to understand how to take care of themselves in general, what food they need, how much recreation and exercise is important, what personal hygiene is necessary, and what kind of clothing is most comfortable.

In writing this pamphlet, we have tried to outline the sequence of normal pregnancy and childbirth, and the first few weeks after a baby's birth. Many women go through pregnancy and childbirth with few discomforts and no complications. Complications of pregnancy are rare. But some of the women who experience them want to know the hows and whys of their difficulties. They will find some of the details in the chapter of this handbook dealing with these questions.

Many medical and technical terms are used in this book. These are the words your doctor will use. At the back of the pamphlet a glossary gives the meaning of most of these terms. Look up the words you aren't familiar with. They can help you to talk with and to understand your doctor.

Appendix

Birth of the baby without medical attendance

Sometimes a baby is born before the doctor arrives, or before the mother can leave home to get to the hospital. This emergency is unusual, and is not as likely with a first baby as it is with later babies.

If you are faced with this problem, try not to feel frightened. When a baby is born so quickly that you cannot get the doctor in time, it nearly always means the birth is very normal. You would probably have had time to get the doctor, or to get to the hospital if the birth was going to be difficult.

Certain things can be done which will make it easier for both you and the baby. You cannot do these yourself. So get someone to stay with you until the doctor comes.

Instructions to the helper

1. Be sure the doctor or ambulance has been called.
2. See that the mother is comfortably lying down.
3. Wash your hands thoroughly.
4. Do not touch the area around the vaginal entrance.
5. Place a clean towel under the mother's hips for the baby to come on to. If you have time, protect the bed with newspapers.
6. Let the baby come naturally.
7. If the bag of waters has not broken, and the baby is born still inside the

sac, puncture the sac with a pin or tip of scissors. Wipe the sac and fluid away from his face and head with the inside of a clean handkerchief.

8. As soon as he is born, wipe the baby's mouth, nose, and face with the inside of a clean handkerchief. Do not use cotton or paper tissues.
9. Move him carefully to a clean spot between the mother's legs, with his head elevated a little and away from any fluid or secretions. *Do not stretch the cord.* Let it remain a little slack.
10. If the doctor has been called and is on his way, you do not need to tie the baby's cord. Leave it attached. Leave the baby in a clean spot between the mother's legs, but cover his body with a blanket or towel to prevent chilling. Leave his head uncovered so he can breathe.
11. If you have not been able to reach the doctor, or if he cannot get there within an hour, the cord should be tied.
 - (a) Tie the cord *tightly* in two places about 2 inches apart with clean pieces of tape or strong twine. The tie nearest the baby should be about 6 inches from his navel.
 - (b) Cut the cord *between* the two ties with a clean pair of scissors.

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- (c) Wrap the baby in a clean flannel square or blanket, with his face uncovered, and lay him on his side in a warm place.
12. Let the afterbirth come by itself. *Do not pull on the cord to make it come out.* Save the afterbirth in a basin or newspaper for the doctor to examine.
 13. As soon as the afterbirth has passed out, place your hands over the mother's uterus (a firm lump just below the mother's navel).
 14. Cup your hands around the mother's uterus and massage the uterus several times to keep it firm. If it does not stay firm, hold your hands around it until it does.
 15. Clean the mother's buttocks and lower thighs, but do not touch the area around the vaginal entrance.
 16. Make the mother comfortable and see that the baby is warm and breathing. Give the mother a hot drink, such as tea, if she wishes.
 17. Do not leave the mother until the doctor comes.

Glossary

- Abdomen.**—The region of the body between the lower rib margin and the pubic bone; the lower front half of the body. Sometimes called the belly, or, incorrectly, stomach.
- Abortion.**—The medical term for early miscarriage. Abortion also refers to illegal miscarriage.
- Afterbirth.**—The placenta and membranes, which pass out of the uterus after the baby is born.
- Aftercare.**—Medical and nursing care of the mother after birth of the baby. Sometimes called “postnatal” or “postpartum” care.
- Albumin.**—A normal body substance found in the blood which occasionally gets into the urine if the kidneys are not working right.
- Anemia.**—A condition of the blood in which there is either not enough hemoglobin or not enough red blood cells.
- Anesthetic.**—A type of medicine which is used to prevent feeling pain. There are two kinds, general anesthetics and local anesthetics. General anesthetics, such as gas or ether, are used to put a person to sleep; local anesthetics are injected beneath the skin or into the spinal canal to deaden special areas of the body.
- Bag of waters.**—The bag of membranes, enclosing the baby in the uterus, which is attached to the placenta and is filled with fluid.
- Bladder.**—The organ in which the urine is collected as it drains down from the kidneys, and from which it passes out of the body.
- Blood pressure.**—The pressure of the blood in the arteries caused by the pumping of the heart and movement of blood in the blood vessels.
- Breech baby.**—A baby born feet or buttocks first.
- Bunting.**—An outer wrap for a small baby which consists of a hood attached to a small blanket.
- Catheterization.**—Passing a small tube through the urethra into the bladder to draw out the urine.
- Cervix.**—The lower end of the uterus.
- Cesarean birth.**—Birth of a baby by an abdominal operation.
- Colostrum.**—The thin watery fluid which begins to seep from the nipples about the fourth month of pregnancy, and which serves to nourish the baby after birth until the milk begins to form.
- Conception.**—The union of the male and female sex cells.
- Confinement.**—The birth of the baby.
- Constipation.**—Failure of the bowels to pass feces (waste products) out of the body, or difficult passage of hard bowel movements.
- Contraction.**—The tightening of a muscle.
- Convalescence.**—The period of recovery after childbirth, an operation, or an illness.
- Delivery.**—Birth of the baby.

- Episiotomy.**—A small cut made in the vaginal entrance at the birth of the baby to allow him to be born without tearing the skin of the entrance.
- Fallopian tubes.**—The two small tubes leading from the uterus to the ovaries.
- Fertilization.**—The entrance of the male cell into the female cell and its union with the female nucleus.
- Fontanelle.**—The soft spot on the top of the baby's head where the skull bones have not yet grown together.
- Forceps.**—An obstetrical instrument which helps to lift out the baby's head.
- Hemoglobin.**—The red coloring matter of the blood which is concerned with carrying oxygen.
- Involution.**—The return of the uterus to normal size after the birth of the baby.
- Kidneys.**—The two organs located deep in the body on either side of the backbone near the waistline in which the urine is formed.
- Labor.**—The period at the birth of the baby which is marked by regular contractions of the uterus, opening of the cervix, and changes in the birth canal so that the baby can pass through.
- Lanolin.**—A purified animal fat similar to cold cream.
- Leucorrhœa.**—Whitish vaginal discharge.
- "Lightening."**—The settling of the baby lower down in the abdomen toward the end of pregnancy.
- Lochia.**—The discharge of blood and tissue from the uterus after the birth of the baby.
- Maternity care.**—The care of a mother during the prenatal period, at delivery of the baby, and after the baby's birth.
- Menstruation.**—The regular monthly flow of blood which occurs in the non-pregnant woman during the child-bearing years—approximately from 13 to 45 years of age. Sometimes called the "monthlies" or the "period."
- Minerals.**—Certain elements such as iron, calcium, phosphorus, which are present in foods and in body cells.
- Miscarriage.**—Birth of the baby during the early part of pregnancy, before it has reached an age when it could possibly live outside the mother's body.
- Morning sickness.**—The feeling of nausea or discomfort which sometimes comes during the first 3 months of pregnancy. So-called because it is more often noticed in the morning.
- Mucous membrane.**—The thin membrane lining the mouth, the nose, the inside of the digestive tract, and the vagina.
- Mucus.**—The colorless sticky material secreted by glands in certain parts of the mucous membrane to keep it moist.
- Nausea.**—A feeling of discomfort in the stomach which often leads to vomiting.
- Obstetrician.**—A doctor who specializes in the care of pregnant women and the delivery of babies.
- Ovaries.**—The two small, internal, oval-shaped organs which produce the female cells.
- Ovum.**—The female sex cell. (Plural—Ova.)
- Oxygen.**—A gas which is present in the air and which is absorbed by the blood from the air we breathe. It is necessary for the proper functioning of the body cells.
- Pelvic examination.**—Internal examination of the uterus and ovaries done by the doctor.
- Pelvic measurements.**—Measurements made by the doctor of the size of the birth canal.
- Pelvic organs.**—The organs of a woman's body which are in the hollow of

- the pelvic bones. These are the uterus, vagina, ovaries, Fallopian tubes, bladder, and rectum.
- Pelvis.**—The circle of bone forming the support of the trunk, and to which the leg bones are attached.
- Placenta.**—The organ at the end of the umbilical cord which is attached to the lining of the uterus and through which the baby gets nourishment.
- Postpartum examination.**—Examination of the pelvic organs to see that they are returning to normal after the birth of the baby.
- Pregnancy.**—The period of time from conception to birth or miscarriage.
- Prenatal care.**—Medical care and supervision before the birth of the baby.
- Pubic bone.**—The front bone of the pelvis.
- Rectum.**—The lower end of the bowel.
- "Show".**—The small amount of mucus and blood which appears during the early part of labor.
- Spermatozoon.**—The male sex cell. (Plural—Spermatozoa.)
- Sphincter muscle.**—A circular muscle at the end of the bowel which controls the emptying of the bowel.
- Stethoscope.**—The instrument through which a doctor can hear heart beats, breath sounds, and other internal noises.
- Tampon.**—A small cotton plug put into the vagina to absorb menstrual flow, or to apply medicine to the vagina or cervix.
- Umbilical cord.**—The round cord which is attached to the baby's abdomen and connected at the other end to the placenta. It contains the blood vessels that carry the baby's blood to and from the placenta.
- Urethra.**—The short passage between the bladder and the outside of the body.
- Urination.**—Passing urine out of the body through the urethra.
- Urine.**—Water solution of waste products which is filtered through the kidneys and passes out of the body through the bladder and urethra.
- Uterus.**—The organ of the woman's reproductive system in which the baby grows. Sometimes called the womb.
- Vagina.**—The passageway between the outside of the body and the lower end of the uterus. Sometimes called the birth canal.
- Vaginal douche.**—Irrigation of the vagina with water or a solution of medicine.
- Vernix.**—The white, creamy covering over the baby's skin during the last part of pregnancy.

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Suggested reading on pregnancy and baby care

Pamphlets

Infant Care. Children's Bureau Publication No. 8, 1945, Federal Security Agency.

So You're Expecting a Baby. Children's Bureau Folder No. 1, 1947.

Breast Feeding. Children's Bureau Folder No. 8, 1947.

(Single copies of these 3 pamphlets can be obtained by writing to the Children's Bureau, Federal Security Agency, Washington 25, D. C.)

Books

Expectant Motherhood, by Nicholson J. Eastman. Little, Brown and Co., Revised edition, 1947. An excellent general discussion of pregnancy and childbirth by the Professor of Obstetrics of Johns Hopkins Hospital.

Pocket Book of Baby and Child Care, by Benjamin Spock, Pocket Books, Inc., 1946. Price 35c. This comprehensive, readable little book covers many

questions of child care, from birth through adolescence, and can be found at most drugstores or newsstands where Pocket Books are sold.

Babies Are Human Beings, by C. Anderson Aldrich and M. M. Aldrich. Macmillan Co., 1938. The needs of babies and their behavior in relation to the satisfaction of those needs.

Baby: A Mother's Manual, by Stella B. Applebaum. Ziff-Davis Co., 1946. Every step in baby's care shown by photographs, accompanied by brief explanations.

Let's Talk About Your Baby, by H. Kent Tenney. The University of Minnesota Press, Revised edition, 1947. General discussion of baby care.

All About Feeding Children, by Milton J. E. Senn and Phyllis Newill. Doubleday, 1944. Contains many helpful ideas on both breast and bottle feeding, as well as material and recipes useful in feeding older children.

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