PRIMUM NON-NOCERE

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Case History: A pleasant, twenty-four, year-old, intelligent, young woman became pregnant for the first time. It was a planned affair and the pregnancy progressed normally to term. According to her menstrual history and the entry on her prenatal chart, the expected date of delivery was to be in mid-June. There was, however, some question in the patient's mind about this date since she and her husband knew the exact time of conception, and by her own calculation, she did not expect the baby until the first week in July.

The expected date came and went. Her obstetricians became worried when she reached the 42nd week and no signs of imminent labor appeared. She was in the care of a well-run university teaching service. There were no complicating factors; her pelvis was large, the baby was not oversized, fetal position was good, blood pressure was normal, and her weight gain was well within the acceptable limits. When the 43rd week passed, the obstetricians felt she was postmature and decided to check with amniotic fluid studies.

Three unsuccessful amniotic taps were done. The last two were grossly bloody ones. Following the third tap the fetal heart tones disappeared. She was admitted to the hospital and almost immediately went into labor when the membranes ruptured spontaneously. At this time, fetal heart sounds reappeared and monitoring was begun. Since the labor was active and progressive, she was allowed to deliver vaginally and, six hours later, a six pound, twelve ounce baby girl was born. The baby appeared normal but the Agar score was low and there was definite respiratory distress. The placental delivery indicated that an abruption had occurred earlier. After a long and expensive time in the intensive care nursery, the baby improved and was discharged. There was; however, some evidence of possible cerebral damage.

The child, now four years old, is definitely spastic, mentally retarded, and subject to frequent seizures. Three years ago when the child's condition became apparent, the mother decided she never wanted to be pregnant again and had a tubal ligation. She and her husband have accepted their burden and do the best they can. It has not been easy.

The field of obstetrics, as other medical specialties, has changed considerably in the past twenty years. Exciting new techniques and procedures in diagnosis, management, and treatment have changed what was once a passive, expectant, and supportive specialty into a more scientifically aggressive one. The obstetrician who fails to employ some of the new techniques does so at his own risk; among other things, he is often considered out of step with the times. The pediatric neonatologist who will often become his greatest critic has

increasingly influenced his practice, particularly in the management of the last trimester of pregnancy and labor. The Damoclean sword of malpractice hangs threateningly over his head. And yet . . .

Post maturity? How does one calculate accurately the length of an individual normal pregnancy? In our own private practice, we have had at least three mothers, all grandmothers now, who have routinely delivered healthy babies at 44 weeks. For these women, the normal gestational period was well over 300 days. Amniocentesis could not have improved on the results. Thirty years ago the only indication for sticking a needle into an amniotic sac was to relieve the acute distress of a gravida suffering with massive hydramnios (excess amniotic fluid). Today the procedure is common and is an entirely justifiable one in properly chosen instances, but it is an invasive procedure, and it does carry a risk.

In the case presented above, the techniques of modern scientific medicine prevailed, even though the only information that could have been obtained was: yes, the baby is postmature; or no, it isn't. The two essential and available diagnostic aids that should have been employed—clinical judgment and common sense—were ignored.

Last month McLeod Patterson titled his excellent BULLETIN editorial: "Our weaknesses are the self-justifications which allow us to do, not the harmful, but the unneeded things. " Sometimes the unneeded are also harmful.