

(3) Compression of Placenta.

(4) Compression of Fœtus.

**Deaths from Injuries:**

The commonest causes are head injuries—associated with cerebral hæmorrhage. Fractures of the bones, even if depressed do not as a rule cause death, unless they are associated with cerebral hæmorrhage, the commonest accompanying lesion being a laceration of the tentorium cerebelli. One quarter of all intra and post-natal foetal deaths is due to injury—the remaining three-quarters are due to asphyxia.

Cerebral injury and hæmorrhage are usually caused by extreme compression and moulding of the head, but occasionally they occur in apparently normal labours.

**Causes:**

- (1) Forceps delivery, especially if much traction is used, also if forceps are applied in the wrong position on the head, and if applied too early before the head is well moulded. The tip of the blade, if it lies in the wrong situation, may actually cause a depressed fracture. A depressed fracture associated with hæmorrhage may also occur when the head is pulled past the promontory.
- (2) By compression of the head, in rapid delivery of the after-coming head in ing a precipitate labour.
- (3) With abnormally soft foetal heads, especially with premature infants, and also in attempts to rotate a P.O.P.

**Postal-Natal Foetal Death:**

This is due either to occlusion of the respiratory tract by mucus sucked in by premature attempts at respiration or by paralysis of the respiratory centre either by asphyxia, birth injuries, or drugs given late in labour (especially morphia).

The foetal death rate is alarmingly high, as the following figures show:—

Place.	Confinement.	Dead Births.	Per-centage.
Victoria (1923) ..	35,876	1,056	2.9
Victoria (1924) ..	26,139	1,087	3
Women's Hospital, Melb., (1925-1926)	2,717	149	5.5

The causes of foetal "dead-birth" have been discussed in some detail as minor degrees of the same causative conditions

may cause neo-natal death and a still lesser degree may result in some disability, disease or disorder during infancy and childhood.

**Neo-Natal Death:**

There is some divergence of opinion as to what constitutes the neo-natal period. Some authorities reserve the term for the first fortnight after the birth of the child. On the other hand, it is much more convenient to count this period as extending over the first four weeks as undoubtedly the commonest causes of death during this period are obstetrical rather than nutritional.

It is quite obvious, however, that though many of the obstetrical causes of death are preventable, many are quite unavoidable.

In dealing with the causes of neo-natal death, the vital statistics are of some value, as in these cases the obstetrician is required to give a certificate stating the cause of death.

**Causes of Neo-Natal Death:**

- (a) Under-development of the vital centres owing to prematurity, especially if associated with malnutrition of the infant due to some existing maternal disorder, especially Toxæmia of pregnancy, syphilis and chronic nephritis.
- (b) Malnutrition and debility of the infant owing to the presence of the above constitutional disorders.
- (c) Birth injuries, especially cerebral hæmorrhage.

The severity of the problem of neo-natal death may be gauged from the following figures:—

Place.	Live Births.	Noe-Natal Deaths.	Per-centage.
Victoria (1925) ..	35,922	*1,110	3.09
Victoria (1924) ..	36,139	*1,159	3.21
Women's Hospital, Melb., (1925-1926)	2,568	†72	8.8

\*First month. †First two weeks.

Of the 1,159 neo-natal deaths occurring in Victoria in 1924, 751 died within the first week.

The causes of death were given as follows:—

Prematurity .. .. .	568
Wasting Diseases .. .. .	137
Diarrhœal Diseases .. .. .	14