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Maine Department of Health and Welfare

Division of Vital Statistics

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COMMISSIONER

State of Maine

Department of Health and Welfare

Prenatal Serologic Examinations Reported On Certificates Of Live Births Maine, 1956

EDSON K. LABRACK*

The 89th State Legislature, in 1939, passed into effect a law concerning prenatal examinations for syphilis and Rh factor. The law reads in part as follows: "Every physician attending a woman in the state by reason of her being pregnant during gestation shall in the case of every woman so attended take or cause to be taken, with her consent, a sample of blood of such woman, and submit such sample for a standard serological test for syphilis and Rh factor . . ."

On January 1, 1956, a newly revised certificate of live birth was placed in use in Maine. This new certificate incorporated several important changes including a check box type of medical supplement and an item asking for information on the prenatal serologic examination of the mother.

Data concerned with prenatal serologic examinations were coded and punched on the live birth statistical cards which are prepared for each live birth so that it was possible to ascertain the extent of testing for syphilis and Rh factor during pregnancies which produced a live born infant in 1956.

Residents of Maine gave birth to 22,402 live born infants in 1956. Information concerning serologic examinations appeared on 18,993, or 84.8 per cent of the certificates. The item was not completed on 2,598 or 11.6 per cent of the certificates, and 811, or 3.6 per cent of resident live births occurred outside of Maine. These data are not included on non-resident transcripts which are exchanged by states for the preparing of resident statistics.

STATUS OF SEROLOGIC TESTING COMPLETENESS

Table 1 shows the status of completeness of serologic examinations for syphilis and Rh factor during preg-

TABLE I

STATUS OF SEROLOGIC EXAMINATION DURING PREGNANCY Resident Live Births: Maine, 1956		
<i>Status of serologic examinations</i>	<i>Births</i>	<i>Per cent</i>
Total	22,402	—
Examination for Syphilis	15,580	69.5
Examination for Rh Factor	16,513	73.7
Not tested	1,595	7.1
Not reported on certificate	3,409	15.2

nancies which produced a resident live birth in 1956.

In 14,695, or 65.6 per cent of the live births the mother received a serologic examination for syphilis and Rh factor; in 1,818, or 8.1 per cent, the mother received a serologic examination for Rh factor only; and in 885, or 4.0 per cent the mother received a serologic examination for syphilis only.

RESULTS OF SEROLOGIC EXAMINATIONS

Data concerning the results of serologic examinations does not appear on the certificate. However, data concerning syphilis as a complication of pregnancy does appear on the certificate. Analysis of these data shows 19 live births in 1956 in which syphilis was mentioned as a complicating condition.

With one exception all of these cases had been reported to the Department of Health and Welfare before the time of birth. Three of these cases of syphilis were apparently discovered during this pregnancy. Two others were apparently reported during previous pregnancies.

There were no infant deaths or fetal deaths attributed

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to congenital syphilis in 1956 and there were no cases of congenital syphilis reported in infants during that year.

Data concerning the results of serologic tests for Rh factor are available on the certificates. Analysis of these data show that Rh negative blood was found once in every 8.1 pregnant females who gave birth to a live born infant in 1956.

CONCLUSION

The incompleteness of data on serologic examinations as reported on certificates of live births in many areas

of the State make it difficult to make an accurate assessment of the true extent of prenatal serologic testing for syphilis in Maine. It is probable, however, that 70-80 per cent of pregnant women in Maine receive prenatal serologic examinations for syphilis and 75-85 per cent receive serologic testing for Rh factor.

Prenatal examination for syphilis has apparently been successful in reducing congenital syphilis, and in almost eliminating infant deaths, and fetal deaths attributed to congenital syphilis. There have been only two infant deaths attributed to syphilis since 1950, and reported cases of congenital syphilis in infants are rare indeed.