

The Midwife.

Antiseptic Midwifery for the District Nurse.

This article is written specially for the midwives who are also district nurses.

These must often have to go from a case of questionable cleanliness to a woman in labour, without having time to carry out fully, even personal disinfection.

It is not ideal to combine midwifery and general nursing, but as things are in country districts it is often necessary. In the future, when "motherly souls" will not be allowed to pursue their calling, it will become still more necessary.

The plan suggested is that in a district where there are not (on an average) more than two or three maternity cases on at a time, the midwife should have a separate box for each case.

The metal boxes of the sort suggested can be had at some of the medical supply stores in London, and in Scotland. They are about the size of a midwifery bag, and fit into a canvas cover. The nurse should have the same sort of lock fitted to each box, and carry the key on her watch chain. The box, properly fitted up, and with sufficient cotton wool, tow, and gauze in it to last ten days, should be taken to each case and left in the patient's house until the end of the case. A clinical thermometer would be the only thing the nurse would require beyond the contents of her box.

The box should be fitted up like the ordinary midwifery bag; the following, however, should find a place: A rubber glove, one or two overalls, and a yard square of "Bishop's lawn."

If the nurse had been doing dressings, or did not feel sure of the asepsis of her hands, the rubber glove should be worn while making vaginal examinations.

The overall should be of washing material (holland answers well), and should reach from the neck to below the skirt. It should fasten at the back, and have a belt and a pocket for the handkerchief. The sleeves should reach to just above the elbows, and fasten with a band of elastic or a button and buttonhole.

The square of lawn would serve as a cap in any case where the midwife did not feel sure that her bonnet had been purified by air and sunshine. The lawn should be folded three-corner-wise, and fastened underneath the hair in the same way as the military sisters wear their caps. If a nurse has no respect for her

appearance she could tuck all her hair underneath the "cap."

An overall could be left in a mackintosh bag in the patient's house and slipped on each day before beginning the lying-in woman's toilet; it could be returned with the box at the end of the case.

Everything in the box should be sterilised after each case, the box itself being used to boil instruments, etc., in.

The initial expense would be the greatest drawback to the box system, and would make it impracticable in a district where there was a large number of cases. But in these districts the midwives are usually not required to undertake any but maternity cases, and the only boxes they would need would be one or two for use during the labour, and, perhaps, one for doubtful cases.

Another objection that might be raised to the boxes would be their weight and appearance. In reality a box would be little heavier than a bag, and would have this advantage, that it only need be carried twice, viz., when the nurse paid her first visit, and again at the conclusion of the case. In a brown canvas bag (washable) the box would not attract attention.

As to leaving the box with antiseptics and drugs in the patient's house during the lying-in period, there need be no fear. The boxes could be made self-locking; and the key would never leave the midwife's watch chain.

The objections to the usual leather bag carried from case to case are very obvious.

The bag itself may be a carrier of germs. In a recent examination on hygiene a catch question was, "What is the best method of disinfecting leather?" and the answer that was judged correct was, "Leather cannot be properly disinfected by any known method." So that a leather bag that had once been in an infected room should be destroyed, while a box could be boiled and rendered safe thereby. (No midwife, who remembers the traditions of her training-school, would dream of taking an ordinary district bag into a lying-in room.)

Then in a midwife's bag, carried from patient to patient, the tow, cotton wool, etc., could itself become a bearer of disease. By having a box, etc., for each patient one could at least be sure that one did not import microbes.

Only a few points in favour of the box system have been mentioned. The modern midwife will think of many more.

[previous page](#)

[next page](#)