

## OUR PRIZE COMPETITION.

WHAT PRECAUTIONS MUST A NURSE ATTENDING A MIDWIFERY CASE TAKE TO PREVENT PUERPERAL FEVER, AND WHAT ARE HER DUTIES IF SHE HAS BEEN IN ATTENDANCE UPON A PATIENT SUFFERING FROM PUERPERAL FEVER?

We have pleasure in awarding the prize this month to Miss Amy Phipps, Longmarton, Ashford, Middlesex.

### PRIZE PAPER.

"Forewarned is forearmed!" and this adage is never truer than when used in connection with midwifery work.

#### PREVENTIVE PRECAUTIONS.

The prevention of puerperal fever is associated with regular intelligent and efficient pre-natal care in all its aspects.

The nurse, who is usually a midwife also, should see before she starts out on her career as midwife or maternity nurse that she has an intelligent appreciation of the importance of the details of every branch of her work and she should realise that the pre-natal period is of vital importance; further, the midwife will find that a refresher course in a good maternity hospital at intervals is a tremendous asset to her.

Actual preventive measures are concerned with (a) *The patient.* Directly the patient has booked with the midwife, the urine should be examined and an exhaustive enquiry made into the patient's health, family history, etc. If the midwife adopts the right attitude the patient will not be worried or frightened by questions put to her.

Should she find evidence of kidney disease, discharge, sores, excessive sickness, any suggestions of illness or abnormality of any kind, she will see that medical aid is secured, either at the local pre-natal centre or from the patient's medical adviser. It is advisable that every primipara should be seen by a doctor, and every midwife could make regular use of the local ante-natal centre for her patients.

The midwife should advise the patient as to diet, avoiding fatigue, risk of infection, etc.; she should further advise on the matter of personal hygiene, regulation of bowels and the general care for her own health. The care of the mental health should be considered, and every care given to free the mother from unnecessary worry; she should be encouraged to seek advice on the first symptoms of abnormality or illness, especially swelling, dimness of vision, discharges, etc.

If the mother is having the confinement in her own home she should be instructed as to necessary preparations, and is well advised to have the room, bed-clothes, etc., cleansed and put aside, if possible, before she gets to the fatigue of later pregnancy—in any case she must be brought to appreciate the necessity of perfect cleanliness.

The midwife herself must be in good health, and must not have been near any infection; her instruments and appliances and her person must be perfectly clean and must be maintained so.

Disinfectants must be carefully prepared and known to be of the required strength, and the length of time for the solution to act as a germicide must be known and used accordingly.

Where labour has been prolonged, or any manipulation has been necessary, a vaginal douche should be given after delivery, the good midwife will not hesitate to call the doctor if the need arises. The midwife must keep her nails short, and her hands free from chaps and abrasions, and before touching the genitals the hands must be scrubbed and disinfected thoroughly. As few vaginal examinations as possible should be made, and every effort made to become proficient in diagnosis by abdominal palpation. The patient must be swabbed frequently and fresh clean pads applied, as the lochia is a good breeding place for microbes, the patient and her surroundings should always be scrupulously clean, asepsis and antisepsis in detail being the keynote throughout.

The midwife must be on the watch for the first onset of symptoms of fever, as the patient's life may depend upon prompt recognition and treatment of septic infection.

The patient herself should understand the need of care, to prevent auto-infection.

#### PRECAUTIONS TO PREVENT SPREAD OF INFECTION.

When a nurse has been in attendance upon a patient suffering from puerperal sepsis, she will immediately cease to come into contact with any other maternity case until she has disinfected herself and her belongings to the satisfaction of the supervising authority; she will make arrangements for means of adequate treatment for her infectious patient in a special hospital or otherwise. With regard to herself, her washable clothing and bag linen must be boiled, dried in the sun, and rewashed; any other articles must be sent to the local sanitary authority to be stoved. Her bag must be washed in an efficient germicide for some hours, all rags, etc., must be burnt, and all instruments and apparatus well boiled. The midwife must have frequent disinfectant baths and changes of clothing, and will not return to work until permitted to do so by the supervising authority. Further, the midwife should search for any possible cause of sepsis—going carefully over her method of procedure, the health of herself and her patient, she will do well to secure an opportunity of discussing the matter with the inspector of midwives, who from her wider experience will be ready to give sympathetic advice and instruction as to the most effectual methods of preventing this dread, and usually preventable, disease.

#### HONOURABLE MENTION.

Miss Henrietta Ballard, M.B.C.N., receives honourable mention.

Miss Ballard writes:—*Ante Natal.* A midwife attending a case should have (1) visited the home previously (2) examined her patient at regular intervals, (3) tested her urine weekly during the last weeks, (4) obtained her previous history and (5) recognised, and obtained medical aid for any abnormal conditions.

#### QUESTION FOR NEXT MONTH.

How would you act in the following emergencies if the doctor were not immediately available? (a) When a typhoid patient develops severe abdominal pain? (b) When a patient with pulmonary tuberculosis has a severe hæmoptysis? (c) When a patient with diabetes becomes comatose?

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