

administration had to be carefully controlled and never at any time was it considered safe or suitable to be used by midwives.

Women relied mainly on the sympathetic understanding of the midwives who had only a limited range of drugs at their disposal, until at last, in 1936, Dr. Minnitt came to their aid with his Gas and Air apparatus.

Miss Brooksbank said: "On behalf of all British midwives I would like to thank Dr. Minnitt for trusting and believing that we could and would handle his precious discovery effectively." She then continued, "Reproduction is defined as a normal physiological function and should be not only painless but also, in a healthy woman, a satisfying experience. Unfortunately, distress of both mind and body occur far too often in childbirth."

What, as Practitioners in Normal Labour, can Midwives do to Relieve this Distress of Mind and Body?

Let us here and now reject the old idea of accepting as normal, pain occurring in childbirth, and do everything in our power to make it a painless and satisfying experience. Dr. Grantly Dick Read has given us a lead. He said, "There is no reason to fear childbirth and there is no justification for any healthy woman to have her baby without preparing her mind and body for the event."

Training in childhood and adolescence will assist future parents to develop within themselves a proper attitude to sex, marriage and motherhood.

The fears and anxieties of the pregnant woman are manifold. She must be encouraged to voice them, and it is not easy for her to do so, it requires time, tact and sympathy on the part of the midwife. In a busy hospital this is not always possible but small groups respond well to instruction and do help stimulate each other.

Education for Childbirth.

Lack of knowledge of the birth processes is widespread. Simple instructions with the aid of diagrams and pictures help the mother to "know herself" and to understand the purpose of the uterine contractions.

Relaxation.

The art of relaxation with the resultant release of muscle tension, correct posture and breath control is, if practised regularly, of untold benefit throughout pregnancy, labour and long afterwards.

Mothercraft Teaching.

Mothercraft classes fit well into the programme, the same methods of teaching should be continued in the home and in the hospital, so that there is no confusion when the young mother is called upon to handle her own baby. Towards the end of pregnancy the patient will benefit by seeing a film on normal labour and the lying-in period.

Visits to Hospital Before Delivery.

This will give the patient an opportunity to meet and talk to any of her classmates who may be in the wards. She will see mothers walking round from the earliest days and others handling their babies with pride and confidence.

Miss Brooksbank said, "I remember one young mother recently delivered calling out to her friends of the class—'Girls, it's wonderful.' What a difference this must make to their approach to labour."

Education of the Father.

Parents classes are a great success. The potential fathers are interested in the brief account given to them of the birth processes, and are particularly grateful and relieved when told how to recognise the onset of labour, what to do when it occurs, and what happens to their wives when they

are admitted to hospital, but they look a bit dubious when told they can stay with their wives during labour.

Thus we prepare our patients for the "Great Day." We have done all in our power to make them self-confident, and within our knowledge to prepare them physically and mentally for the onset of labour. It is a pleasure to see women come in to hospital secure in the knowledge that they know what they are about and firm in their belief that they are amongst friends. Such a woman has little pain in labour and will relax secure in the knowledge that she has with her a person of sympathetic understanding, which will give her all the confidence she needs.

The Care of the Baby in New Zealand.

By Miss A. C. Horrell of New Zealand.

TRAINING OF THE midwives in infant care originated from the work of Sir Frederick Truby King who, 50 years ago, after careful study of infant mortality in New Zealand, formed the opinion that the prime factor causing the deaths of 2,000 babies annually during the first year of life was the mothers' unpreparedness and ignorance.

After careful deliberation he pioneered an educational health campaign among all classes of the people by means of lectures, newspaper articles, correspondence and personal visits to the homes. This work was planned on a national basis and in 1907 The Royal Society for the Health of Women and Children was formed. This Society inspired influential women and the mothers of our land with enthusiasm and continue to influence our midwives in the care of the baby up to two weeks of age.

Two of the aims of the Society are especially worthy of notice:

1. To train specially, and to employ qualified nurses, called the "Plunket Nurses" after Lady Plunket, wife of the Governor, who gave great help and support to the Society. These nurses gave sound and reliable instruction, advice and assistance gratis to any member of the community on matters affecting the health and well-being of women during pregnancy and while nursing their infants.

2. To co-operate with any present or future organisation working for any of the foregoing or cognate objects.

Weekly health articles were published by 50 of the daily newspapers to reinforce the nurses teaching. A woman's organisation tried to bring pressure to bear that no nurse be appointed in charge of a public Maternity Hospital unless she had this special training.

Mothers became more selective and wanted the midwives in the hospitals where they had their babies to be Plunket trained.

An awareness of the importance of baby care has developed in all countries over the years. With the increase in interest have come difference of opinion as to what is best, and how these principles can best be taught and carried out.

All sections of the nursing world are keenly interested in their contribution to the care of the baby; the general opinion is that success has been due to the uniformity of teaching to the mothers and nurses, and that this teaching starts for the mothers during pregnancy, is carried on in hospital, and into the babies' life when they return home.

It impresses upon the mother the fact that she is the baby's true nurse, and that others are only auxiliary. The comprehensive care of the baby is the important factor.

It is necessary to ensure that this uniformity in teaching is carried out in practice, and to this end a system of inspection is in force. The Director of the Nursing Division of the Department of Health and her staff are responsible for visiting and inspecting the training schools for midwives to ensure that the principles in nursing technique as laid down are taught and carried out in the nurseries.

[previous page](#)

[next page](#)