

Many leading Obstetric Physicians have, it is well known, promised their active support in carrying out this measure, and, finally, it was announced last July that the Association would undertake the work. It is now commonly reported that all the arrangements are completed, and that the Registration of Midwives as well as of Nurses will speedily be an accomplished fact. There has, to our knowledge, been no official pronouncement yet made upon the matter, so that the details of the plan to be proposed can only be conjectured. But whatever they may be, there can be no doubt that the Midwives' Institute and the Registration scheme could be largely assisted each by the other.

We feel confident that many, who had hoped that Mrs. Nichol and her fellow-workers were co-operating in the scheme of the British Nurses' Association, will be greatly disappointed to find from her letter of last week that the two bodies are working upon different lines. We earnestly call upon both the Association and the Midwives' Institute to join their forces in this matter. We cannot believe that the former would not welcome the assistance of the latter, and considering the long and honourable work done by the Midwives' Institute we should greatly regret if it did not participate in the successful initiation of the Registration of Midwives, which is evidently so closely impending.

### OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

#### PART I.—MATERNAL.

##### CHAPTER I.—DUTIES BEFORE LABOUR.

(Continued from page 188.)

THE more exalted the social position of your patient, the more, in all probability, will the matter be in your hands; and a Nurse has to consider the state of the case, the wishes of her patient and of her friends, and, as far as possible, the convenience of the Doctor. Some women are extremely timid, and insist upon having the accoucheur sent for long before he is required; others are just the reverse, and the Nurse has the greatest difficulty in getting the patient to consent to his being sent for until almost the last minute. In these cases a Nurse should have the accoucheur summoned without letting the patient know anything about it, so as to avoid any trouble. But in either case do not cross the patient; give in to her wishes—if not really, apparently. Any "hard and fast" rule, based upon the *duration* of labour, is of little

practical use to a Nurse, for we all know with what rapidity labour often begins and ends; hence the necessity for a Nurse to be always beforehand with her preparations. As this matter of summoning Medical aid is a somewhat difficult part of Nursing duty, in order to give you some definite guide in these cases we will just briefly describe the course of normal labour, and by this means better enable you to watch the symptoms that mark its progress.

The muscular contractions of the uterus, commonly called "pains," have in parturition two objects to accomplish—the liberation of the head from the womb, and its passage through the pelvis, ending in the complete expulsion of the child. There is only one set of uterine muscles concerned in this task from first to last—the fundal; but they have to act under widely different conditions, and to overcome widely different resistances, and hence has arisen an artificial division of labour into "stages," as you heard in your Hospital days. In the so-called first or dilating "stage," the forces of the muscular contractions are controlled and modified by a fluid medium, enclosed in a singular membrane, called the amnionic sac, and their combined influence is exerted in the first instance to overcome the resistance of the fibrous tissue of the cervi-uterus, to effect its expansion, and in this way open the mouth of the womb. In this dilating task of hers, nature uses just as much muscular force as she wants, and wants no more than she uses, and the superfluous force, if one may so say, is reflected back on, and diffused through, the waters of the foetal sac, which serve, as you know, to protect the foetus from the injurious effects of prolonged pressure; and it is this fluid medium that gives to the "pains" of the dilating stage of labour their peculiar and diagnostic character. They are slight, short, and teasing, unaccompanied by voluntary effort, and appear to be of little effect. The "pains" recur at long intervals, from fifteen to twenty minutes, sometimes more; but none the less surely are great changes coming on. As the resisting tissues more and more yield to the forces brought to bear upon them, an increased amount of muscular force is brought into play, the "pains" become more frequent and forcible. The foetal sac, no longer held up by the cervical tissue, descends towards the vagina, and the weight of the waters and the force of the contraction rupture the membranes, and the imprisoned waters rush out, having completed their task, and the so-called "first stage" of normal labour is ended.

In some hand-books Nurses are enjoined not to send for the accoucheur until this most critical conjuncture occurs, but as a teacher of Obstetric Nursing I cannot concur in any such hazardous

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