

## Professional Review.

## OBSTETRIC AND GYNECOLOGIC NURSING.

## OBSTETRIC NURSING.

The manual of Obstetric and Gynecologic Nursing by Dr. Edward P. Davis, Professor of Obstetrics in the Jefferson Medical College, Philadelphia, and in the Philadelphia Polyclinic, should be read and possessed by all nurses. We have no hesitation in saying that it is the most complete handbook for nurses on these subjects which has so far come before our notice. The publishers are Messrs. W. B. Saunders and Co., 161, Strand, W.C., and the price 8s. net. The value of the book is enhanced by the illustrations, which are numerous and excellent.

It is a curious fact that many nurses, even in these days, appear to consider the terms "obstetric" and "gynecological" as interchangeable. They refer, of course, to entirely diverse conditions, and it may be useful to give the definitions of the two as laid down by Dr. Davis.

"Obstetric nursing is that branch of the art of caring for the sick which includes the nursing of the mother during pregnancy, parturition, and the puerperal state, and also the care of her child."

Gynecologic nursing "has to do with those conditions of ill-health in women in which the pelvic organs are concerned, but in which disease does not arise from pregnancy, parturition, or the puerperal state. As the majority of diseases among women are connected with pregnancy or parturition, it will be seen that the field of gynecologic nursing is a narrow one. As much of the treatment employed is of a surgical nature, it is more a surgical specialty than a separate and distinct department of medicine." It will thus be seen that obstetric and gynecologic nursing cover distinct fields of work, and each demands a separate training for the nurse who specialises in them.

Labour is described as "that process by which the child is removed from the body of the mother. In natural, spontaneous labour the mother expels the child by the contractions of the uterus and abdominal muscles. When these forces fail, the child may be removed from the body of the mother by various surgical procedures. Labour also includes the removal not only of the child, but its appendages as well. These are the placenta, the membranes, the umbilical cord, and the amniotic liquid. If any one or part of these is retained the labour is incomplete."

Labour, as most nurses know, is divided into three stages. We venture to think that Dr. Davis's definition of the first stage needs to be somewhat more exact. In this connection he writes, "The first stage of labour extends from the first regular contractions of the uterus to the time when the membranes rupture and the greater part of the amniotic fluid escapes." Theoretically, no doubt, the rupture of the membranes should take place at the time when, the os uteri being fully dilated, the bag of membranes has fulfilled its mission as a dilating agent, and, being deprived of the support of the partially dilated os, ruptures spontaneously and allows the amniotic fluid to escape. But, practically, the two things are by no means always synonymous. Not unfrequently the membranes rupture prematurely, and occasionally, after the full dilatation of the os, owing to the toughness

of their texture it is necessary that artificial means should be employed in their rupture. We think, therefore, it is more correct to describe the first stage of labour as extending from the first regular contractions of the uterus to the full dilatation of the os uteri.

The danger of infection to which a lying-in woman is subjected is well and clearly described:—

"From our study of labour we see that it is a process which exposes the mother to wounds and lacerations in the genital tract, and that the separation of the placenta leaves a wound as large as a small saucer within the womb. Our knowledge of wounds and their healing teaches us that the parturient patient is exposed to the dangers of wound infection, or, in other words, to puerperal sepsis. We also know that if the uterus does not contract the patient will suffer from bleeding, and that, if she be extensively torn in childbirth, bleeding may occur from ruptured vessels. If we are to care properly for the patient she must have much the same treatment which patients receive upon whom surgical operations are performed. There must be aseptic or antiseptic dressings to protect this patient from wound infection. Hemorrhage must be prevented or checked, and lacerations in the birth canal will require closure by suture. This is especially true in cases in which labour has terminated by the use of instruments, when the birth becomes a distinctly surgical operation. In addition to proper dressings the nurse must be prepared to take antiseptic precautions regarding her hands, her clothing, and any article which she may use about the patient."

Dealing with the question of "the mother's figure," Dr. Davis says: "Nurses are often asked if they bandage patients; and patients ask regarding the nurse, not so much whether she is clean, aseptic, and intelligent, as whether she is good at getting back the figure. . . . The nurse should assure her patient that she will take every precaution to see that the patient makes a good recovery, and that if this occurs the patient will have a comfortable figure. The term 'figure' is used by many to mean the human body as constricted by a corset. This is a deformity of very common occurrence, and is preferred by many to the natural shape of the body. If a woman after confinement desires a corset figure, she can obtain it by putting corsets on early, by lacing them tightly, and fastening her clothing around her waist so as to assist the corset in dragging and forcing down the organs in the abdomen. It is not the part of a trained nurse, however, to assist in producing any such deformity."

The Accidents of Pregnancy and the Accidents of Labour are dealt with in detail and will repay careful study.

Under the heading "Obstetric Surgery," various operations, including version, symphysiotomy, embryotomy, and Cesarean section, are described. Also obstetric operations in septic cases, and late or secondary operations.

A chapter is devoted to puerperal sepsis, and another to the complications of the lying-in period. Puerperal mania is also dealt with, as are feeding of the child, and the care of prematurely-born children. Considerable space is also devoted to the disorders of infancy. The last chapter in the obstetric section deals with the development of the child. The whole forms a very complete handbook for the obstetric nurse.

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