

Obstetric Nursing.

Sir James Graham, M.D., in the course of a lecture delivered at Sydney, to members of the Australasian Trained Nurses' Association, on Obstetric Nursing, with special reference to the manners and customs at childbirth among savage races, said:—

For generations past a very large proportion of our lying-in women have been content with the services for this special work of a class of so-called nurses, whose only hall-mark and qualification is the fact that they have been mothers themselves—have been through the mill—and, presumably, must know how to deal with their fellow-women in this particular crisis. By the same process of reasoning they might just as well imagine that patients who have been nursed through a serious attack of typhoid or acute pneumonia have themselves become qualified to nurse typhoid or pneumonic patients. Still, the fact remains that the prototypes of Sarah Gamp have practically held undisputed possession of this important sphere of nursing service, and, what must appear more marvellous still to us who know so well the perils and danger of childbirth, and the full meaning of all that appertains to the nursing problem, they have very often played the double rôle of doctor as well as nurse, without let or hindrance. This condition of things at the best is crude and barbaric, and must have resulted in great loss of life. Many a woman, under more favourable nursing conditions, has had all the joy of life crushed out of her either by being placed in a condition of chronic invalidism or by being made to mourn the loss of her living child.

It seems incredible that with all our great advances in the science and art of medicine and surgery, and in the increasing care bestowed in the training of the general nurse, as a necessary adjunct to any proper system of treatment, that we should be so slow to recognise the paramount importance of this branch of nursing service.

Most civilised countries have at least protected their child-bearing women to this extent, by imposing a test of fitness on the midwifery nurse, and providing that their names shall appear in a State registry. Great Britain has but recently followed that course, after a great deal of agitation and divided public opinion. We have not yet made any substantial advance towards that end in this country, but some day soon we will do so. We have got the length of preventing anyone from driving a cab without an official permit or licence, which may be taken from him if he proves himself unfit for the discharge of his important duties in the public interest. We also prevent the pedlar from hawking his wares without a licence. No plumber or gasfitter can attend to our drains or rectify a leakage in our gaspipes without some pre-

liminary test of educational fitness, so we can live in hope that some day a similar mode of protection will be given to the mother and her new-born child.

It might be of interest in this connection if I quote some of the conclusions arrived at by the Royal Commission that recently published its report on the subject of the causes of the decline of the birth-rate in this State. Clause 109 of the report reads as follows:—"We find from the evidence we have taken that the deaths of women in childbirth in this State are unduly enormous. We note also the liability of women to suffer from ill-health and sterility in consequence of the risks to which they have been exposed in childbirth. On the other hand, it is well known that the obstetric art has obtained a very high standard of excellence in modern times. . . . Puerperal infections, which are unduly prevalent, can be prevented by a proper observance of what is known in obstetrics as surgical cleanliness, a knowledge of which cannot be expected of the untrained women who so largely fill the part of midwives through the community. Further benefit, we think, would also accrue, by enabling more women to be trained as obstetric nurses than is possible under existing conditions," for the reason that "the vast majority of women who practise as midwives are uneducated, untrained, and unsuitable." "The necessary knowledge how to obtain surgical cleanliness in conjunction with the art of midwifery can only be obtained by a course of training in a properly-equipped hospital. The result of the practice of midwifery by such persons is that incalculable damage is done by them in many ways among child-bearing women. We would, therefore, like to see the practice of midwifery restricted solely to legally qualified medical practitioners and to trained nurses, who should be subject to examination, licence, and control. In order, however, to encourage the training of midwifery nurses, and to put that training on a sound basis, we would recommend that an administrative body, constituted by statute, be entrusted with the examinations of such nurses."

The trend of the opinions embodied in that report, so far as this part of the subject is concerned, is made to emphasise the very great importance of skilled nursing in midwifery work, and the very grave dangers that threaten the community, and the severe loss of life that must occur when such nursing is not trained and efficient.

It has often occurred to me, and, I am sure, to others, that the medical and surgical nurse looks askance at the midwifery nurse and her work; their attitude seems to imply that midwifery nursing is on a lower plane than general nursing, and the midwife is graded professionally as belonging to an inferior order. An explanation of this state of things is doubtless to be found in the fact that it is the nursing profession back-door by which many women enter, assume the garb and rôle of the

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