

The Scope of the Maternity Nurse.*

By MISS MARGARET BREAY.

There is, probably, no subject connected with nursing upon which more diverse views have been held than upon the scope of the maternity nurse. The keenest controversy has centred around the length and extent of her training, whether or not it should be included in the three years' curriculum of general nursing education, and whether maternity nurses for the poor are best drawn from the same rank in life as their patients or from the more educated classes.

The real point at issue may be stated in a few words, and is whether the ministrations of any motherly woman who has seen a few maternity cases are sufficient for a lying-in patient, or whether such a patient requires the attention of a skilled and intelligent nurse, who, in the absence of the doctor is able to be left in responsible charge. I believe that not only the highest and most intelligent professional skill is desirable in a maternity nurse in the interest of the patient, but also that the moral and educative influence of the right type of woman is of the greatest possible importance, and that the best women the nursing profession can produce are needed for this work. Most especially they are needed in the homes of the poor, for in the United Kingdom we have with sorrow to own that while in lying-in hospitals puerperal fever has been stamped out, the mortality from this preventable cause throughout the country is as high as ever, and the main cause is unquestionably the inefficient maternity nurse.

To some persons it appears that the fact of motherhood suffices as a qualification for maternity nursing, and it is even not unusual to hear the fact of having had a large family, and lost the greater portion of it, advanced as an unanswerable proof of competence in the management of infants.

While a personal experience of the pain and peril of childbirth may teach sympathy with others undergoing the same experience, I submit it is not a convenient moment for absorbing instruction on the technical side. Further, because a person has had pneumonia or enteric fever, or undergone abdominal section, we do not consider her qualified thereby to nurse similar cases, and it is equally illogical to suppose because a woman has had a child that by that fact

she becomes competent to nurse other women in childbirth.

Assuming, then, that every woman who desires to be a maternity nurse should have definite training to fit her for this work, what should be the extent of her education?

I am of those who hold that our maternity nurses should be well educated women, who have already received training in general nursing, and that their special training should include instruction in the science and art of midwifery. I should like, if I can, to justify these beliefs.

The date when it was reasonable to suppose that any kindly woman needed only a little special knowledge to become a competent maternity nurse passed, if it ever existed, when Lister, Pasteur, and other heroes of science revealed the paramount importance of the aseptic principle. No woman who does not grasp the meaning of this principle, and conscientiously put it into practice, is safe as a maternity nurse, and it will be conceded that a certain amount of education is needed before a nurse can apply it intelligently to her work.

For this reason we may class as out of date those who would have us believe that the ideal maternity nurse for the poor is the woman who will in the intervals of attending to the patient cook, mend, and scrub for the rest of the family. It is easier to keep one's hands free from contact with infective matter than to cleanse them when infected, and a woman whose hands are roughened by daily toil, and who is constantly wrestling with dirty corners, is not a suitable or safe person as a maternity nurse. She has her use, her honourable use, but she should not be engaged in this branch of work.

There is a consensus of opinion amongst those who have studied educational questions that a general training should always precede a special one. Thus a good general education helps a pupil to grasp the principles underlying her work as a nurse, and in the same way a knowledge of general nursing should precede training in obstetric nursing. In this connection it is interesting to note that in the education of students, the General Medical Council in the United Kingdom has decreed that medical students must have held the positions of surgical dresser and clinical clerk before taking their midwifery cases. The training of obstetric nurses should follow on the same lines.

Should every nurse have obstetric training? I hold strongly that she should, and that she should never be content to consider her nursing education as complete until she has obtained it. With regard to specialities in ad-

* Read at the International Conference on Nursing at Paris, June, 1907.

[previous page](#)

[next page](#)