

dition to general training, we can only make a selection, and specialise in one or two directions, but the three great branches of our work, medical, surgical, and obstetric nursing, should surely be included in the educational curriculum of every nurse, as they are in that of every medical student. In the United Kingdom we are behindhand in this respect, and I believe that in the United States of America and in Canada this triple training is already the rule.

Here I would like to urge the importance of putting this triple standard of training before nurses as the ideal. If a hospital has no obstetric wards, however much we theoretically consider obstetric training desirable, it is not always possible to arrange for it, though much may be done by establishing post graduate courses in connection with outdoor maternities. But it is always possible to hold up an ideal and to encourage its attainment. Thus if hospital committees gave preference in selecting Matrons and Sisters to those who could produce evidence of obstetric training, a stimulus would quickly be given to the acquisition of this knowledge, and if leave of absence were readily granted to nurses in general hospitals for this purpose the benefit both to the nurse and hospital would be mutual.

I have suggested that all ward sisters should have obstetric training, and I would especially urge its importance in the case of the Sister of a gynæcological ward. To give an illustration. A nurse who had passed through her three years' course with distinction was promoted to the position of Sister of the gynæcological ward in a large hospital. As not unfrequently happens, a premature confinement came on unexpectedly, the child showed no sign of life, and the Sister directed the nurse to place it in a basin, and put it on one side for the inspection of the resident medical officer. The cold basin afforded the needed stimulus, and the child began to cry! A nurse trained in obstetric work, even if she had had no general training, would have known it does not follow that because a child is born apparently lifeless it is not living, and would have practised methods of resuscitation.

And if a knowledge of obstetric nursing is desirable in the institution worker, to an even greater extent it is necessary for private and district nurses, the reason being that patients require nursing as a whole, not in sections. Thus a case of scarlet or enteric fever, or, indeed, any serious disease, may in a pregnant woman become complicated with premature labour. It is humiliating to the nurse in at-

tendance to have to own that she knows nothing of this branch of work, and that a maternity nurse should be called in. Yet, if this course is not taken, neither mother nor child will have the expert care which it is most important they should receive. I should like, therefore, to urge upon those responsible for the training of nurses to endeavour either to provide for experience in obstetric nursing for their pupils, or, failing this, to make leave of absence easy for those who desire to obtain it elsewhere.

The founding of scholarships to enable trained nurses who otherwise would be unable to afford a course of obstetric training to obtain this experience is also a point to be borne in mind.

A word as to the vexed question of whether a maternity nurse should be a midwife.

It is sometimes held that as soon as a nurse takes up midwifery she encroaches on the province of the doctor, and is an independent practitioner. I do not think that either of these positions can be maintained. The province of the doctor is to treat disease, and of the midwife to render skilled assistance to a healthy woman passing through a normal process. Directly the case is complicated by abnormality or disease it is the immediate duty of the midwife to summon medical assistance, and to carry out medical orders. She cannot, therefore, be regarded as an independent practitioner.

To render efficient assistance to the doctor in his absence a maternity nurse must be able to cope with obstetric emergencies. A nurse who has no knowledge of midwifery is but ill equipped for such work.

Further, from the point of view of the patient, which is in some danger of being overlooked in a controversy on points of training, the maternity nurse, who is trained as a midwife, is the safest person.

If there is one thing more certain than another, it is this—that whether or no a maternity nurse is *trained* as a midwife she will have to *act* as one, for babies have a knack of arriving at unexpected moments. The nurse, as a rule, is on the spot, the doctor is not. Therefore, as she will have to render assistance as a midwife, skilled or unskilled, surely it is desirable that such assistance should be skilled.

I have tried to show that a maternity nurse should be a woman of some education in order that she may be safe from a practical standpoint. An equally important reason is that a most useful side of her work is her educative influence. Both in fighting time-honoured prejudices, with regard to mother

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