

The Midwife.

Maternity Work in Connection with District Nursing.

Some very interesting points were brought forward by Dr. T. Arthur Helme, Hon. Secretary, Manchester and Salford Sick Poor Nursing Institution, in his paper on the above subject read at the Jubilee Conference of District Nursing in Liverpool. Not only as a counsel of perfection, but from the point of view of practical organisation, it is becoming increasingly evident that the trained nurse, with a midwifery qualification, should be employed for maternity work amongst the poor, that training in general nursing is necessary for the midwife, and that the trained nurse is but ill equipped for district work who is not also a certified midwife. We print below Dr. Helme's paper considerably abridged.

I think it would not be an easy task to exaggerate the importance of the rôle played by our District Nursing Associations as the essential complements of the outdoor work of our medical charities and of the work of the practitioner of medicine and surgery in the homes of the poor. To-day the position of the District Nurse in the treatment of medical and surgical disease amongst the poor is fully established and her value everywhere recognised.

Does maternity work offer to the District Nurse a sphere of equally important and beneficent work?

Looked at from the standpoint of mother or of child the present state of maternity work amongst the poor is highly unsatisfactory:

(a) The appalling loss of maternal life which takes place every year from childbirth, indicates that the provisions of to-day are lamentably wanting, and, as a physician to a women's hospital, in common with my colleagues, I can testify to the terrible sum of suffering and ill-health, which results from present conditions, and which is surely to a large extent preventable.

(b) Further evidence of the unsatisfactory conditions of to-day is afforded by the annual wastage of child-life; the annual loss of those for whom "Birth is but the Gate of Death," and, even crueller still, by the numbers, who escape death, it is true, but are born to a heritage worse than death, a life of degeneracy and disease, the stunted crippled, blinded victims of a state of affairs largely unnecessary or preventable.

It would seem that the all-important, primary, and fundamental problem of how to make suitable provision for the mother and her child has been strangely neglected or inadequately dealt with; the problem how to ensure the supply of *Healthy Children with Healthy Mothers*, instead of the present supply of a dead or degenerate offspring with maternal wrecks, is still before us.

Does the District Nurse offer any help in the solution of this pressing problem?

I.—THE ADMINISTRATIVE ASPECT.

The services of the District Nurse in relation to Maternity Work may be called for under three different conditions:—(a) During pregnancy. (b) At the confinement. (c) During the lying-in period.

(a) DURING PREGNANCY.

It would appear to be the universal custom of all District Nursing Associations to attend pregnant women during any of their ailments, whether directly associated with their special condition or not, and the value of the District Nurse's services is not simply as great as in illness under different circumstances, but infinitely greater—for the simple reason that the pregnant woman can get no other help! If not universal, it is the common rule that a pregnant woman may not be admitted into general hospitals or convalescent homes, and even our lying-in charities will not take her in. She must, perforce, endure her suffering in her own home, and until we reach that desirable stage when we shall have the Pre-Maternity Hospitals, it is to the District Nurse that the expectant poor must turn for solace and for help.

There would seem to be no administrative difficulty; such patients may well be visited in the usual district round.

(b) DURING CONFINEMENT.

Let us grant for the moment that this attendance is desirable and financially possible! then various administrative questions arise which are worthy of discussion:—

1. "Should the nurses engaged in attending confinements be Maternity Nurses or Midwives?"

In towns where the supply of doctors is always at hand, the midwife may not be a necessity, but in the country districts the midwife would be of great use, and, as her time is often not fully occupied, it is quite possible to combine the work of midwife and district nurse.

2. Should the District Nurse in towns attempt to combine attendance on confinements with her ordinary district work?

Though this may be possible when the maternity calls are limited, it is probable that the double work, with its irregular hours and liability to night duty as well as day, would undermine the nurse's health and tell unfavourably upon her general work.

(c) DURING THE LYING-IN.

These cases naturally fall into three groups:—(a) Normal cases. (b) Cases of illness other than puerperal fever. (c) Puerperal fever cases.

Whilst recognising the importance of taking all necessary precautions against the conveyance of infection, it has always seemed to me that a little of the old superstitious dread, handed on from the days of ignorance and mystery, still lingers around this subject, and that with a conscientious nurse, who knows her work, all possibility of risk may be abolished. Just as a surgeon is called up-

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