

The Midwife.

PRENATAL CARE.*

By MISS CELIA BRITNER.

Prenatal care is preventive work, first for eclampsia, second for miscarriages and abortions, and third for better babies.

Prenatal work was started at the University of California Hospital in September, 1913. The patients come to the clinic to register, a complete history is taken, a thorough examination made by the doctor, and a record form made out for the nurse.

In the clinic, at the time the patient registers, the blood pressure is taken and a specimen of urine examined. If anything abnormal is found, the patient is advised to enter the hospital, is immediately put in bed, given one dose of magnesium sulphate, two ounces, and six ounces of milk or water every hour. The patient is watched very closely for convulsions, the blood pressure is taken twice daily, and a twenty-four hour specimen of urine examined daily, but if no improvement, other methods of treatment are taken.

If the patient has no abnormal condition, she is sent home and visited on an average every two weeks by the nurse, who keeps a minute record of every visit as to the condition of the patient's bowels, headache, nausea, vomiting, dizziness, swelling of feet, sleep, appetite, pulse, blood pressure, and urinalysis. When the blood pressure is above normal, it is reported to the doctor, and if he thinks advisable the patient enters the hospital. Most of our patients come to us in the eighth and ninth month, so the chance for improvement, if needed, is not so much as if they registered earlier.

Few prospective mothers realize the importance of being under a doctor's care from the beginning, and thus it becomes one of the functions of the prenatal nurse to educate the public that women should be under medical supervision throughout pregnancy.

Many times the first visit of the nurse is very unsatisfactory, because patients may consider her an intruder. But the second visit is entirely different, the change of attitude is amazing, and is shown by the number of questions they now have the nurse answer.

One of the most gratifying results noted in the work at the University of California Hospital is protection afforded pregnant women against serious types of toxæmia. A number of patients were perfectly well for three or four visits and then before alarming symptoms developed they were found to have a moderate degree of albuminuria. As a matter of fact, 5 per cent. of our cases have presented evidence of toxæmia. In all these prompt treatment has been undertaken, with the result that both mother and infant have in every instance been discharged from the hospital in good condition. A curious observation that we have made is that toxæmia patients who are near term frequently fall in labour as soon as they are placed upon a milk diet. About two-thirds of these cases have been delivered spontaneously twelve hours after entering the hospital. The others were cases of nephritic toxæmia, and were delivered normally after more or less prolonged treatment.

Our babies are immediately given over to the care of a pediatrician—when leaving the hospital each mother is given a book with a record of the baby's weight at birth and at time of leaving hospital, also the hours for nursing the baby during the day and night. The mothers are advised to bring the babies to the clinic every week, and the baby's loss or gain is recorded in the book.

The prenatal nurse visits the mother and babe at the end of the first month, and the condition of both mother and babe is recorded on the blank. From that time on the child is visited by a postnatal worker.

"EPIDEMIC DIARRHŒA."

At this season of the year, when the disease wrongly classified as "epidemic diarrhœa" is so liable to occur, it is well to remember the advice of Dr. Ralph Vincent that, in the treatment of the disease, the first essential is to eliminate all poisonous material. Any attempts to feed the infant will be altogether useless so long as the food you are giving can combine with the putrefactive material inside the intestine. In such cases administration of food means that you are providing more food for the bacteria to decompose, and you are assisting the bacteria which are threatening the life of the infant. By thorough irrigation you are most effectually removing the bacteria together with the bacteria upon which they thrive.

* Read at the Eleventh Annual Convention of the Californian State Nurses' Association. Reprinted from "The Pacific Coast Journal of Nursing."

previous page

next page