

## The Midwife.

### MATERNITY HOSPITALS AND HOMES.

The Ministry of Health has issued an important Memorandum in regard to Maternity Hospitals and Homes, published by His Majesty's Stationery Office, price 9d. net, with plans, which would be of great value to any Authority or person, contemplating the building of such institutions.

The Memorandum states that "the welfare of the mother before, during and after the birth of her child is a matter of vital importance, and one which has not received adequate attention in the past. The infant mortality rate has shown a fairly steady progressive decline for a number of years past, but the maternal death-rate due to child-birth is little lower now than it was seventy years ago. . . . The amount of avoidable sickness and suffering arising out of child birth is one of the tragedies of the lives of our working class mothers. It is surely a primary duty of the nation to endeavour to make maternity as safe as possible for mother and child, and to reduce to a minimum its discomforts, inconveniences and disabilities.

"Action to secure this may be taken in various ways. For example, by means of an improved education and training in midwifery and gynaecology for doctors, midwives and nurses; the provision of a fully efficient midwifery service available for all women the organization of effective ante-natal supervision, the securing of adequate nutrition for expectant and nursing mothers; arrangements for the treatment of ailments incidental to pregnancy; and by the establishment of sufficient Maternity Homes and Hospitals to meet the requirements of pregnant women in these respects. It is with the provision of such institutions that this Memorandum is concerned."

It is manifest that, if the health of the nation is to be built up on a sound foundation, we must begin with the care of the woman with child, and the Memorandum under discussion is timely and necessary.

The Memorandum states that "there can be no question as to the pressing need for Maternity Hospitals and Homes, designed on the most modern and efficient lines. . . . Two classes of patients, broadly speaking, are in need of such provision:—

"(1) Patients showing some abnormality either during pregnancy or at the time of labour, which calls for special medical treatment and skilled nursing.

"(2) Patients whose domestic conditions are unfavourable for confinement in their own homes, even when a normal labour may be expected."

In connection with maternity hospitals, it is proposed that there should be an out-patient department which should serve for the treatment of patients referred by doctors or midwives, or sent from ante-natal clinics.

Under the heading of "Notes on Organisation," the Nursing Staff is discussed. It is laid down:—

"The Matron should be a trained nurse and an experienced midwife, and the Sisters should also have had training in general nursing as well as midwifery. The nursing unit will depend on whether pupil midwives are taken, and it is therefore impossible to lay down any definite rule. Adequate, trained supervision is essential. Speaking generally, the minimum staff will be such as will provide, on the average, one nurse for every three mothers and their babies by day, and for every eight to ten mothers and babies by night. A special staff is needed for the labour room, and for attendance on isolated or "separated patients."

An interesting point is the statement that "The practice of nursing puerperal fever in ordinary isolation hospitals is not one to be altogether commended. It is better for these cases to remain under the supervision of the Maternity Hospital when practicable. Skilled obstetrical treatment is needed, and the midwives should observe the course and conduct of the septic as well as normal cases."

### CENTRAL MIDWIVES BOARD FOR SCOTLAND.

#### EXAMINATION PAPER.

The following are the questions set in the Examination Paper on February 2nd:—

1. What are the special precautions to be taken regarding the eyes of the new-born infant, and for what purpose are they taken? Are there any circumstances in the condition of the mother which would cause the midwife to redouble these precautions?

2. What points would you inquire into on visiting the mother and her infant during the early days of the puerperium? What conditions may give rise to elevation of temperature on the third or fourth day?

3. *Post-partum hæmorrhage*. What leads to this, and what would you do if it occurred?

4. You are sent for by a woman in labour who has just been delivered of a child. You feel that there is another in the uterus. Give in full detail your management of the case.

5. How should the breasts be treated—(a) Before labour; (b) With a dead-born full time child?

6. What are the duties of the midwife, according to the Rules of the Central Midwives Board, towards the patient in regard to the following points?—(a) In the matter of staying with the patient after labour has begun. (b) Passing the catheter. (c) If the life of the new-born child appears to be in danger.

[previous page](#)

[next page](#)