

## OUR PRIZE COMPETITION.

IN WHAT WAY MAY INFECTION TAKE PLACE IN THE PARTURIENT AND PUERPERAL WOMAN? HOW CAN A NURSE OR MIDWIFE HELP TO PREVENT SEPSIS? WHAT IS HER DUTY WHEN IT OCCURS?

We have pleasure in awarding the prize this week to Miss C. Wilson, The Woodlands, Roydon, Hadleigh, Suffolk.

### PRIZE PAPER.

Infection in the parturient and puerperal woman may be due to the micro-organism causing the infection being introduced into the genital tract by the attendant, owing to carelessness in not taking necessary precautions. It sometimes happens that infection may be introduced by the patient herself.

The following causes may predispose to infection:—

1. Retained placenta, membranes, or blood clot.
2. Diminished resisting power of the patient from severe bleeding, prolonged labour, or some disease.
3. Damage to the soft parts.
4. Insanitary surroundings.

A nurse or midwife can help to prevent sepsis in the following ways:—

The midwife must be as scrupulously clean as possible in every way; her dress should be made of a washable material that can be boiled; and care should be taken to keep the nails, and skin of her hands, as free from cracks and abrasions as possible.

The patient should be visited, if possible, before labour commences, and advised as to the cleaning of the lying-in room. The bed should be made up with clean sheets as soon as labour begins, and the patient dressed in a clean night dress which should be pinned up on to the shoulders. A petticoat or apron should be fastened loosely round the waist. The patient should be advised to take a dose of castor oil a day or two before her confinement, and an enema should be given as soon as labour commences. Care must also be taken to see that the bladder is emptied.

The midwifery bag should be kept thoroughly clean, and used only when attending a confinement. It should be lined with a removable lining which can easily be disinfected. Before touching the patient's generative organs or their neighbourhood, the hands and forearms must be scrubbed for five minutes with soap and water, and then immersed in an antiseptic solu-

tion for three minutes. Lysol (1 in 320) or bismiodide of mercury (1 in 1,000) may be used. All instruments used by the midwife must be disinfected before use. Boiling for thirty minutes is the best method of sterilisation. If any time elapses before use they should then be placed in an antiseptic solution. Perchloride of mercury should not be used for metal instruments, as it corrodes them. Should the midwife have been in contact with an infectious case in any way, she must not attend another confinement until she has undergone thorough cleansing and disinfection as regards herself, her clothing, and all her instruments and appliances. The patient's external parts must be thoroughly washed with soap and water, and then swabbed with an antiseptic solution before making any internal examination, and before passing a catheter or giving a douche. This treatment should be repeated at the termination of labour, and during the puerperium whenever washing is required. As few internal examinations as possible should be made. The placenta and membranes must be thoroughly examined before they are destroyed to be absolutely certain that they are completely removed. All soiled linen, blood, fæces, &c., should be removed from the patient's room as soon as possible after labour, and the patient washed and made quite clean and comfortable. The pulse and temperature should be taken after labour, and at each visit during the puerperium. Should the midwife suspect any illness or abnormality of the patient during pregnancy, labour or the puerperium, she must advise that a doctor be sent for.

When infection has occurred, a midwife's duty is to fill up the form for sending for medical help, and see that it is sent at once. She must also notify the Local Supervising Authority that she has sent for medical help, and also that she has been in attendance upon an infectious case. The nurse or midwife must receive and faithfully carry out the doctor's instructions. After ceasing to attend the case, she must undergo thorough cleansing and disinfection before attending another case.

### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss A. M. Douglas, Miss James, Miss P. Thomson, Miss Alder, Miss M. Jones.

### QUESTION FOR NEXT WEEK.

Describe the methods to be adopted for keeping a patient's bed dry when undergoing the Carrel-Dakin treatment, or any form of intermittent or continuous irrigation.

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