

# The Midwife.

## DANISH METHOD OF DELIVERY.

Great pressure on our space has prevented our printing the conclusion of the address by Miss Rodtness, Matron of Copenhagen Maternity Hospital,\* the beginning of which appeared in our issue of May 19th. Miss Rodtness said in conclusion:—

We may now turn our attention to the child. We again cleanse our hands as previously mentioned, however, without using sublimate solution. With the aid of a piece of sterilised jute the blood is squeezed out of the remaining piece of the cord, the binding of the cord is tightened, the navel is washed with spirits, and the child is bathed. For allowing the removal of the vernix the child is inungated with oil and afterwards with soap, which is washed off in the bath. After the child has been carefully dried, the navel is again bathed in spirits and dressed with a dry sterilised bandage. After having been dressed the child is placed in a warm bed.

If the physician cannot be present in due time, the following may be performed by the midwife.

In case of placenta prævia with a strong hæmorrhage, the patient should be taken to a hospital, provided the distance is short.

Eventually the aorta must be compressed during transport. If the distance is long a tamponade of the vagina should be previously performed. In case of placenta prævia with good labour, the patient not being too weak and parturition probably able to proceed in a natural manner, the orificium being three to four centimetres in diameter, the midwife may puncture the waterbag. Should, however, the patient be too weak or the orificium not large enough, a leg may be brought down, while extraction is never performed by the midwife. With premature detachment of the normally implanted placenta the same treatment is applied, only that extraction is performed if the cervix is entirely dilated. Should the midwife, in case of a hæmorrhage, become aware of not being able to give suitable aid by herself alone, she should omit performing any vaginal examination.

Generally, women in pregnancy will consult a midwife some time before delivery. If they have not beforehand consulted a physician, the midwife examines the patient's urine for albumen, and, if necessary, sends her to a physician. In case of eclampsia occurring during parturition, the physician must be called at once or the patient must be taken to a hospital. Should the midwife suspect a case of contracted pelvis, the physician is consulted, and his assistance is solicited if the midwife has been called only after parturition has begun. In such case she should avoid vaginal examination and, should any serious symptoms

set in, the patient should at once be taken to a hospital.

In case of any hæmorrhage during the delivery of the placenta, and the physician not being able to be present in time, the placenta may be expelled by Crede's expression, or eventually removed by hand, and the aorta is, if necessary, compressed until the physician arrives.

Besides administering ergot after delivery of the placenta and the membranes, the midwife may be obliged to give a hot uterine douche and eventually compress the aorta.

You will have noticed that, as far as possible, we avoid vaginal examination. This, as a rule, is performed only when the midwife expects to be able to obtain more definite information by it and this seems necessary, or when she hopes to redress certain pathological conditions.

## FATHERCRAFT AND MOTHERCRAFT EXHIBITION.

An interesting exhibition of fathercraft and mothercraft was held at Queenborough during National Baby Week under the auspices of the Child Welfare Committee in that place, the responsibility for the arrangements being mainly in the hands of Miss L. C. Cooper, S.R.N., the Queenborough Health Visitor. The Mayor, Mr. J. S. Bills, who presided at the opening, said that it reflected great credit on the mothers, fathers, children, who had sent articles for competition. The thanks of the Committee were due to all who had given articles, and who had assisted in the preparation of the arrangements for the Exhibition, particularly to Nurse Cooper. He was not an expert in judging the numerous articles made by the mothers, but he had been informed by those who were experts that the whole of the work was well done and a credit to the competitors.

Miss Bills, the Mayoress, who performed the opening ceremony, said that the borough was noted for fine babies, and she was pleased to see so many fine specimens accompanying their mothers that afternoon.

## QUESTIONS IN THE HOUSE OF COMMONS.

### MIDWIFERY FEES.

On July 4th, Lieut.-Colonel Fremantle asked the Minister of Health if he is aware that Poor-Law midwifery fees have not been revised since 1847; and whether he will take steps to bring them into line with the fees ruling at present for services of a similar nature.

Mr. Chamberlain: It is true that the Order of 1847 has not been revised, but in a number of cases special arrangements between the guardians and their medical officers as regards midwifery fees have already been approved. I will, however, consider the question of the revision of this part of the Order.

\* Read at the Hospital, Nursing and Midwifery Conference, London, April 14th, 1923.

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