

The Midwife.

HAS THE NURSING PROFESSION A RESPONSIBILITY IN CONNECTION WITH MIDWIVES? *

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My response to the question title of this paper is of necessity shaped by the state of midwife work in the United States. In no civilized country in the world, I am sure, is there such a shocking mal-practice among a certain part of the maternity patients, and it almost rubs elbows with obstetrical practice that is nowhere surpassed in excellence.

It seems to me that the question virtually answers itself if we consider the following aspects of the general situation :

First :—The aim and character of obstetrical service as a whole.

Second :—The kind of service given by midwives, wherever midwives are adequately trained, licensed and supervised.

Third :—The inevitable responsibility of the nursing profession in connection with any group of women who give nursing service to sick or well people. Nursing service to well people implying assistance, particularly educational, which nurses give in preventive medicine.

Taking these subjects in turn, we find that the aim of obstetrical service, to-day, is to minimize the discomforts and perils of pregnancy, labour and the puerperium and to so safeguard the woman and her baby in every stage that both will emerge from the lying-in period in a satisfactory condition. And, moreover, that both will have a bright prospect of enjoying permanently good health. Such care is both remedial and preventive—meeting the immediate needs as they present themselves and averting future disability. The accepted standards of obstetrical care to accomplish this high purpose are about the same among first-class obstetricians throughout the civilised world.

These are during pregnancy, labour and the puerperium briefly, as follows :—

During pregnancy.—Vigilance for symptoms of toxæmias or other complications ; pelvic measurements for guidance in preparing for delivery ; physical examinations for complications or abnormalities ; instruction of the patient about her own care of herself as to food, rest, sleep, exercise, clothes, diversions, preparation of the baby's outfit, and arranging for delivery. The chief purpose of this prenatal care is to prevent toxæmias, premature terminations of pregnancy and difficult labours.

During labour.—Absolute asepsis ; assistance in delivery according to the needs of each case ; prevention and control of hæmorrhage ; prevention and repair of lacerations ; skilled obstetrical attention in complicated cases. Such care during labour prevents infections, first and foremost ; minimizes danger from hæmorrhage and averts injury to mother and child which might impair their health.

During the puerperium.—General nursing care of the mother as to diet, rest, fresh air, baths and watching for symptoms of complications, with special attention to the breasts and perineum ; general nursing care of the baby and watching for symptoms. This care is designed to prevent puerperal infection and breast abscesses ; to enable the mother to nurse her baby, restore her to health, prevent invalidism, and to give the baby a good start.

It is also general, in the interests of child welfare, to teach the mother how to care for her own baby.

Throughout the three above-mentioned periods there is constant need to reassure, encourage and teach the patient and secure her co-operation since a prescription cannot be written that will provide for all of the details of her care. She has a part to play and will play it most effectively if she has constant friendly help and guidance.

It will be seen that the outstanding purposes of the accepted standards of obstetrical care are to overcome the arch enemies of maternity patients—infections, toxæmias and premature terminations of pregnancy—and to prevent invalidism. In other words it is largely preventive and the occurrence of injury and death among patients receiving such care is small indeed.

This life and health saving work has been evolved and developed by the medical profession, but as the preventive side, particularly, has increased in effectiveness, more and more of the work with the patients themselves has become nursing routine under medical direction. Among patients of the Maternity Centre Association, Manhattan, which gives such care and supervision there is one death in about 365 confinements, while for the country at large there is one mother lost for about every 147 babies born. Among the babies of supervised mothers there are about half as many still births and half as many deaths during the first month as among babies throughout the country at large.

The majority of the deaths among mothers are not from unavoidable conditions nor from the complicated or difficult labours, but from the preventable toxæmias and infections. The loss of babies, also, is chiefly from preventable causes. In other words, sickening numbers of mothers and babies die or become invalids because of lack of care that we know how to give. It would seem, then, that motherhood and infancy would be reasonably safe adventures if all maternity patients were given what is now accepted as maternity nursing, observation and instruction under medical auspices, clean deliveries, and expert medical attention in all complications.

(2) The ideal midwife service, as I see it, is virtually just that. It is carrying into the patients' homes the health teaching advocated by obstetricians, nursing care of patient, summoning medical aid in complications. Taking the midwife's services during the three periods in the history of the maternity patient in turn, we find that *during pregnancy* it is her duty to interpret to her patients the principles of personal hygiene ; take blood pressure and examine urine ; advise about the layette and preparation for home delivery ; make pelvic measurements and secure medical aid in all cases that depart from normal. *During labour* she preserves absolute asepsis, performs normal deliveries following the general course of non-interference, and summons a doctor in all prolonged or complicated cases. *During the puerperium* she gives the prescribed nursing care, watches for symptoms, and there again summons medical aid in complications. It will be seen that such service carries out the preventive purposes of approved obstetrical work.

I think no one will deny that the ideal for every maternity patient is attendance of a first-class obstetrician and a first-class nurse. But in the United States, in any event, there is not the faintest hope that that ideal will ever be approached. In the large cities, and many small ones, the problem of the maternity patient is fairly easy of solution because of the hospitals, dispensaries, maternity centres, nursing organisations, &c., through which high-

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