The Midwife.

THE RÔLE OF THE MATERNITY HOSPITAL RELATIVE TO THE DEVELOPMENT OF PREVENTIVE MEDICINE.

Dr. Samuel J. Cameron, F.R.F.P.S., F.C.O.G., Obstetric Surgeon and Gynæcologist to the Royal Maternity and Women's Hospital, Glasgow, presented an extremely interesting paper on the above subject at the forty-second Congress of the Royal Sanitary Institute at Glasgow last month, in which he says, in part :—

During the last decade the interest of even the lay members of the community has steadily increased regarding the welfare of women during pregnancy and labour. It is frequently stated that maternal mortality from puerperal sepsis has not fallen despite the advances which have been made in the practice of medicine generally. If this be so, then obstetricians must console themselves with the circumstances that many lives are saved each year by such an operation as Cæsarean section, and by judicious treatment of cases of toxæmia and ante-partum hæmorrhage. My impression is that a pronounced improvement will be noted soon in the prevention of puerperal sepsis, but this can only be accomplished if there be close co-operation between public health authorities, the obstetrician, and the general practitioner. Maternity hospitals carry a great responsibility in relation to preventive medicine, but in order to ensure safety patients should seek medical advice early in pregnancy and supervision should be maintained after the puerperium for a period, the duration of which will depend on the nature of each case. Success is mainly to be obtained by ante-natal care, and if pregnancy be normal throughout its course institutional treatment is unnecessary, as in such circumstances the patient is probably safer away from the territory of complicated cases which are the most suitable type for hospital treatment.

Now, what are the essentials and functions of a modern maternity hospital ? A large hospital of this description is different from a general hospital ; it is essentially an emergency hospital ; the stay of the patient is brief and the risk of infection infinitely greater than is the case in a general hospital.

The outdoor ante-natal department of such a hospital should possess suitable examination rooms and waiting-room, and the services of an almoner and qualified midwives are an acquisition, as patients often rely on them for friendly guidance before and after confinement. Apart from physical examination and general supervision of cases in the ante-natal department, the assistants in my own unit impress on the patients the importance of diet, and Mellanby's researches suggest that a diet rich in vitamin A may play an important role in the prevention of puerperal sepsis. All cases in my ante-natal wards are therefore supplied freely with green vegetables, carrots, cheese, cod liver oil, and radiostoleum or adexolin ; with the exception of liver no butcher meat is given. Reference will be made later to the value of ante-natal wards.

In the *admission and labour rooms*, a supply of anti-streptococcic serum (puerperal) should be kept so that it may be administered to cases where operative interference is necessary or even to normal cases complicated with perineal laceration.

Accommodation in a quiet environment should be reserved in the hospital for patients in the first stage of labour until the pains become acute when constant supervision will be necessary. The labour rooms should consist of a general operating room, so sub-divided that cases can, if necessary, be conducted conveniently and efficiently in cubicles. With a suite of this description all manner of cases can be dealt with, but on no account should suspect cases or those of undoubted infection be admitted. Such cases should go to an isolation block, the wards and sick-rooms of which should be more spacious than the ordinary lying-in wards. The isolation block should be regarded as a separate department and it should have a southern exposure and a veranda to each ward. The suspect and septic cases should be kept distinctly apart, although in the same block, and the staffing must be on generous lines (three nurses to two patients in the acute wards) and the nurses' duties should be restricted to their own department, as an interchange of nurses may prove disastrous. Believing as I do that qualified midwives will be largely responsible for the conduct of obstetrical cases in the future, I attach great importance to their training. From the outset they should be constantly reminded of the necessity for the observance of asepsis ; they should be taught that the ritual for general surgery must be extended to obstetrics. Practical instruction is of the utmost importance, and in the Royal Maternity Hospital in Glasgow in a labour room of nine beds, the average staff for twenty-four hours is one pupil nurse for each patient, with the supervision of two experienced midwives. An even more ideal arrangement would be to staff the labour-rooms entirely with qualified midwives with only one pupil to teach, as in this way intensive tuition would be possible and the risk of infection would be diminished. To avoid carrying infection the staff of the labour-rooms should in no way be connected with the work of the admission department.

The dangers of forcible and premature efforts to expel the placenta, as well as the necessity of suturing perineal tears, should be explained to the novice. A common sequel to delivery is retention of the urine and misery may ensue from this trivial complication if imperfect technique be practised in connection with catheterisation.

Each section of the hospital fulfils a useful purpose, but perhaps the most important is the ante-natal ward where, as already mentioned, the diet of the patients should be carefully regulated. Here many of the complications associated with pregnancy vanish by suitable treatment. Thus, patients with toxæmia of pregnancy often regain their health and pass through an uneventful labour, while, if left untreated, the termination would probably be eclampsia or chronic renal disease.

SENTENCE OF DEATH (EXPECTANT MOTHERS) ACT, 1931.

Public opinion has rightly condemned the ghastly farce of the solemn pronouncement of the death sentence upon a woman with child which there is no intention of carrying out. But what shall be said of the "Act to prohibit the passing of the sentence of death upon expectant mothers, and for other purposes connected therewith," introduced into the House of Commons by Miss E. Picton Turbervill, which has now become law ?

After making provision for the substitution of a sentence of penal servitude for life, instead of sentence of death in such cases, the Act provides that "the question whether the woman is pregnant or not shall be determined by the jury, on such evidence as may be laid before them either on the part of the woman or on the part of the Crown." Surely only a medical practitioner can decide whether a woman is, or is not, pregnant. Why, then, is such provision not made in the Act ? It is incredible as well as unseemly that such legislation should be enacted in the twentieth century.

previous page next page