

The Midwife.

CENTRAL MIDWIVES BOARD.

MIDWIFE-TEACHERS' EXAMINATION.

We have pleasure in publishing the first examination papers in the examination instituted by the Central Midwives' Board for Midwife-Teachers.

OCTOBER 26, 1931.

Midwifery—Theory 10 a.m.—1 p.m.

General Instruction.—As the object of this Examination is to test the ability of the candidate to impart her knowledge to others rather than to show its extent, the questions should as far as possible be answered as if the candidate were teaching a class or pupil.

ONLY FIVE QUESTIONS ARE TO BE ANSWERED.

1. You have a small class of pupils—not trained nurses. How would you instruct them in the essential and elementary points of the circulation of the blood in the adult?
2. What structures passing over the brim of the pelvis are liable to pressure during pregnancy and labour? How would you demonstrate the clinical evidence of such pressure?
3. What, in your experience as a Teacher, are the chief difficulties pupils find in understanding the mechanism and movements of the head during labour? How would you explain the more essential points?
4. You are taking a class on post-partum hæmorrhage and are asked by a *new* pupil why all mothers do not die from it. What answer would you give and how would you illustrate your reply?
5. How would you explain to a class the following terms: (a) Peristalsis; (b) Lower uterine segment; (c) Retraction; (d) Constipation?
6. What do you regard as the essential qualities of an attractive and instructive lecturer?

Midwifery—Practice 2—5 p.m.

ONLY FIVE QUESTIONS ARE TO BE ANSWERED.

1. What do you regard as the most important points to emphasise in the examination of a patient at the Ante-Natal Clinic in whom disproportion is suspected?
2. You are giving a demonstration on moulding of the foetal head. How would you demonstrate by diagrams or models the changes in its shape?
3. Explain what you mean by the Crèdè expression of the placenta, when it should be used or attempted and what are its dangers.
4. What do you teach regarding the results of retention of: (a) a piece of membrane; (b) a placental fragment?
5. What are the causes of the death of the foetus? How would you stress the preventive aspect in such cases?
6. How would you explain the dangers of retention of urine, partial or complete, and how would you teach your pupils to recognise that the bladder is not completely emptied?

OCTOBER 27, 1931.

Midwifery—Public Health 10 a.m.—1 p.m.

ONLY FIVE QUESTIONS ARE TO BE ANSWERED.

1. What is meant by the term "Local Authority"? Enumerate the various classes of local authority in England and Wales and indicate the principal public health functions of each.
2. Outline the instructions you would give your pupils relating to: (a) Record keeping; (b) The care of infants' eyes.
3. What is meant by the term "Infantile Mortality Rate"? Discuss the variations which have occurred in this rate during the present century and state the causes to which, in your opinion, such variations may be due.
4. A woman develops a high temperature on the third day of the puerperium. (i) What are the duties of the midwife-teacher in attendance? (ii) What assistance may be available from public sources for the patient—(a) during the acute stage of illness? (b) when convalescence is established? State precisely the steps to be taken in each instance to procure such assistance.

5. Describe in detail the steps you would take to prevent the spread of infection in circumstances such as the following:—

Mrs. M. was confined January 1st in the afternoon, showed signs of fever on January 5th, was subsequently diagnosed as suffering from Puerperal Fever and on January 7th was removed to Hospital.

Owing to special circumstances, the following midwives and pupils were in attendance on Mrs. M.:—

Midwife Z and Pupil A. made internal examinations early in the morning of January 1st.

Midwife Y. and Pupil A. delivered the patient that afternoon. Midwife Y. supervised the nursing until the rise of temperature.

The nursing was done by the following pupils:—

By Pupil A. January 1st, January 2nd and the morning of January 3rd.

By Pupil B. on the evening of January 3rd.

By Pupil C. on January 4th and subsequently until Mrs. M.'s removal to Hospital.

6. What instructions, verbal or written, should be given to a pupil as to the routine procedure to be followed in the preparation of: (a) the bed; (b) appliances; (c) the patient; (d) the pupil's own person at (i) a confinement? (ii) a nursing?

7. Prepare in skeleton form a lecture suitable to be delivered to pupil midwives on "Vitamins."

MIDWIFERY FOR NURSES.*

Dr. Douglas Miller, M.R.C.P. Ed., F.R.C.S. Ed., Physician to the Edinburgh Royal Maternity and Simpson Memorial Hospital, Lecturer in Clinical Obstetrics, University of Edinburgh, Examiner to the C.M.B. for Scotland, has presented to midwives, pupil midwives, and nurses entering for the State Final Examination, a very simple, plain-spoken treatise on midwifery, uterine displacements, pathology of pregnancy, and puerperal sepsis with its results, together with detailed instruction on infant feeding.

He has also included a glossary explaining terms of difficulty and his frequent reference to the rules of the Central Midwives Board assists the pupil midwife to acquire them as a basis for her practice.

This book is very attractive and interesting, and is richly supplied with the clearest, simple diagrams possible, which outline the important necessary points.

The anatomical chapter is exactly what pupil midwives require and it is very easy to comprehend.

The foetal circulation, always a very difficult subject, is so beautifully drawn and has such a simple explanation that it will attract the reader and make that rarely understood blood system less of a problem.

It is very encouraging to find such detailed "Ante-Natal Care"; nothing has been omitted and many simple, but very important points, often left out have been emphasised, especially "The value of the patient's general conduct of life as will maintain her health, to the highest efficiency for her labour."

A very special place has been given to "preventive measures" *vs* puerperal sepsis, which cannot be emphasised too much, laying much stress upon Asepsis and Antiseptics. Toxæmias, hæmorrhages of pregnancy and labour are all so well detailed, that no one could misinterpret their symptoms.

The methods of delivery are admirable and one can only wish others might take a lesson from the author and give the perineum full play.

The baby has its special chapter with its feeding, etc., clearly mapped out, as a guide to healthy, happy infancy.

One can only wish this small, concise book much success, for the trouble expended on getting such clear diagrams demands it.

H. G. B.

* Edward Arnold & Co., 41 and 43, Maddox St., W.1. 6s. net.

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