OUR PRIZE COMPETITION.

STATE WHAT YOU KNOW OF THE CAUSATION AND MODE OF SPREAD OF PUERPERAL INFECTION AND THE TREATMENT OF PUERPERAL PYREXIA.

We have pleasure in awarding the prize this month to Miss D. V. Harding, S.R.N., S.C.M., the Infectious Diseases Hospital, Roman Road, East Ham, E.6.

PRIZE PAPER.

PUERPERAL INFECTION.

By puerperal fever we mean fever due to the invasion of the body by harmful bacteria following childbirth. This may be due to a variety of causes. For example :—

(1) *Hæmolytic Streptococci Infection.*—The source of the infection can often be identified, as each group of organism can be divided into types. For example, if the patient's attendant is found to be harbouring the same type, then that person is the source of infection.

(2) *Bacilli Coli Infection.*—Usually due to a urinary infection ; hence the need cannot be over-emphasised for strict asepsis to be observed should catheterisation be necessary.

(3) *Bacilli Welchii Infections.*—This is rare, but when they occur are often accompanied with peritonitis and jaundice, the latter being due to liver damage.

(4) *Staphylococcal Infections.*—These may be mild or severe, the Staphylococcus pyogenes causing the severe type ; abscesses may form giving rise to the condition of pyæmia. The writer recalls a case on district being permanently maimed by a puerperal sepsis of Staphylococcus pyogenes origin, metastic abscesses forming in various organs.

(5) *Pneumococcal Infections and Influenza.*—Very rare, although cases have been recorded of such during epidemics.

(1) MODE OF SPREAD OF PUERPERAL INFECTION.

Conveyed by touch from one patient to another via a carrier—third person. This emphasises the necessity of strict asepsis when attending to lying-in patients and the strict observance of all rules as laid down by the Midwifery Board. (It may be mentioned with interest that it was to Semmelweiss, a Hungarian, in charge of a Viennese maternity hospital, that the credit of this great discovery belongs.)

(2) CARELESSNESS DUE TO THE ATTENDANT :

Failure to adhere to "The Central Midwives Board Rules."

Not practising strict asepsis.

Failure to wear a mask when attending the patient in confinement.

Neglecting to sterilise all instruments before coming into contact with the genitals. This includes not sterilising the bedpans after use.

(3) BAD MANAGEMENT OF THE THIRD STAGE OF LABOUR. EXAMPLE :

(*a*) A resultant post-partum hæmorrhage predisposes the patient to sepsis.

(*b*) Retained products resulting in local infection—sapræmia.

(4) Bruising and laceration of the soft parts.

(5) Internal examinations and manipulations are liable to result in carrying infection from the surface areas and lower reaches of the genital tract to the upper portions. For example, the higher the manipulation, the greater the risk of infection.

(6) Multiple pregnancy only too often is a mode of infection not to be neglected.

TREATMENT.

This may be considered under two separate headings :—

(1) Prophylactic.

(2) Remedial : (*a*) Nursing treatment ; (*b*) Medical treatment.

(1) *Prophylactic Treatment.*

(*a*) *Antenatal Care.*—(i) The health carefully guarded, all focus of infection (for example, carious teeth, sores or purulent discharge) being attended to.

(ii) Malpresentations which may cause long or complicated labour corrected.

(iii) The diet be proved adequate for the pregnant state, the poor and necessitous being referred to clinics where milk and such extra nourishment is provided for.

(*b*) *Natal.*—(i) Scrupulous care in observing all the rules of strict asepsis and cleanliness as embodied by the Central Midwives Board Rules. Mask, gown and gloves being worn during management of labour, and the avoidance of retained products.

(ii) Avoid as little as possible internal examinations.

(iii) Catheterisation, if necessary, performed with strict asepsis.

(iv) Avoid bruising and laceration, as damaged tissue forms a focus for infection. Tears sutured immediately.

(v) Careful management of the third stage of labour, thus avoiding retention of products.

(*c*) *Post-Natal.*—(i) Strict asepsis.

(ii) Posture—upright by day, flat on back at night to promote free drainage of lochia from uterus.

(iii) Involution of uterus and lochia noted and charted each day.

(iv) Temperature and pulse recorded regularly.

(v) Bowel hygiene attended to. Ol. ricini third morning.

(vi) Diet. Early part of puerperian light and nourishing, thus raising patient's resistance to infection.

(vii) Breast feeding, thus aiding natural involution.

(2) *Remedial Treatment.*

(*a*) *Nursing Care.* — (i) Immediately a patient suspected of puerperal fever is detected, she must be removed from the ward and isolated.

Note.—No new cases should be admitted until the suspected case has been proved free from puerperal sepsis. Swabs must be taken from the nose and throat of medical and nursing staff. Upon contacts discharge the ward must be placed in fumigation. Spraying with Formaldehyde 40 per cent., sealing all crevices, and leaving 24 hours suffices. Bedding, blankets, etc., can be left exposed for fumigation in the ward. After opening and airing thoroughly, the walls and floors must be washed.

(ii) *The Patient.*—A gown and gloves must be worn by the nurse when attending to the patient ; all cracks and abrasions upon the hands covered, as it must be remembered puerperal sepsis is highly contagious.

Separate crockery and utensils used, boiled immediately after use ; all food scraps burnt.

If possible, it is ideal, weather permitting, to nurse the patient in the open air, as fresh air and sunlight are important factors in helping recovery.

previous page next page