

# The Midwife.

## MIDWIVES HONOURED.

Amongst the recent honours awarded to women by His Majesty the King two Certified Midwives were awarded medals of the O.B.E. for their gallantry and devotion to duty.

To Mrs. Mary Farr, a municipal midwife, of Portsmouth, who protected a patient with her body when a bombed house threatened to collapse, the baby being born during the raid.

To Mrs. Evelyn Leaver, of Manchester, a midwife, who removed a patient to a cellar when the doors, windows and staircase of the house were wrecked.

Congratulations to both ladies. We hope mothers and babies are all flourishing.

## THE CENTRAL MIDWIVES BOARD.

The Secretary reports that 544 Candidates entered for the First Examination—February 1941. The successful candidates numbered 423, and the percentage of failures was 22.2. Candidates who re-entered for the Examination numbered 101, out of which number 68 passed; the percentage of failures was 32.7.

## PSYCHOLOGICAL ASPECT OF OBSTETRIC NURSING.

Address given by Miss Boyce, Matron of St. Helen's Hospital, Wellington, New Zealand, to the Obstetric Refresher Course.

It must be realised that those who are brought into contact with any aspect of pregnancy must be as alive to its psychological components as they are to its physical ones, and to do this complete confidence must be established with the patient. The relationship between a good midwife and an expectant mother should be a very close one, and the midwife should provide an atmosphere of calm serenity, such as a child expects from its own home.

*Special Points in a Midwife.* (1) A knowledge of human nature and understanding of the domestic problems which occur in family life; (2) patience, sympathy and kindness during pregnancy, labour and the puerperium. Unless a nurse has the above qualities she is not successful in this branch of nursing. As we are all very much influenced by the early environment in which we are brought up, and a child needs security, love and confidence if it is going to mature satisfactorily in its early years. These same requisites apply for a woman in labour, and if provided, the various complications that may occur in obstetrics are less likely to occur and there are more contented mothers afterwards. Successful lactation is fundamentally important for the healthy, emotional development of the infant. Fears in the mother and fears in the child react the one upon the other; and dislike and resentment in the mother may mean deep-seated emotional distress in the infant. One wonders sometimes if, in the mind of the patient, we are turning pregnancy into a disease by the constant supervision. The patient who booked with a doctor for the confinement and did not see him again, until she was advanced in labour was perhaps better adapted mentally than her daughter and granddaughter, who regularly attends an ante-natal clinic. Does the constant supervision engender in her mind the thought of disease and complication? This, I think, depends on the individual

responsible for the supervision, whether it is a midwife or medical man. It is the midwife's duty to explain why supervision is necessary and endeavour to dispel any fear that may be caused by the questions asked and the examinations which must be made. The midwife must gain the confidence of her patient before any advice given by her can be helpful. A thought very naturally prevalent with the first pregnancy is "What is labour like? How will I know when labour commences?" The primipara looks forward to her labour with a mixture of elation and dread. Elation in the thought of the child it is to bring, dread with regard to the pain she will have to undergo. In multipara also fear and dread of labour may exist in the mind of the mother. Many factors may be the cause of this, discomforts of previous labours or puerperium, unhappy domestic relations or financial difficulties due to unemployment or a husband who is addicted to drink or gambling. The thought of a new baby is not accepted with the joy it is intended to be.

The ability to bear pain depends largely upon the state of mind and the physical strength of the patient. In considering the state of mind, what does a patient remember of former labours? If the actual anguish of labour is not remembered the mother often remembers some grief before or after that might have been prevented. One frequently hears that: before Mary was born, she had niggling pains and had not slept for nights and was all worn out before she started it; or that after another child was born she had sore nipples, so that which should have been a joy became an anguish. Afterpains are often remembered as being worse than labour pains and back-ache because of a retroverted uterus which should have been corrected after the confinement. Other women may suffer difficulties which separate them from their husbands and with each child there is the idea that the domestic situation will become worse. All these troubles should be avoided, not only because of the present physical discomfort, but because they stay in a woman's mind. Physical strength may appear sound and even vigorous up to the stage of labour when that unknown factor fear will, like a ghost in the night, come up into the conscious mind, bringing havoc into what should have been an otherwise normal labour. It is said that doctors and nurses make the worst patients, being normally the persons in whom others have confidence they appear to find it difficult to repose their own confidence in other people.

A patient may be unduly frightened for various reasons: (1) The hereditary background may be psychologically bad in that the individual inherits a poor constitution that reacts unduly to frightening. (2) The patient may be conditioned in early life to be frightened, either by neglect and lack of parental affection, or by an undue amount of over-solicitude by parents who are themselves unduly anxious about their child. (3) Fear may be more specifically sexual and result from bad upbringing in this connection. If people spend their early years in an environment where sex is expressed with wickedness they will naturally grow up to be frightened at all situations that involve reproduction. Everyone knows the internal disturbances that occur immediately before an examination, a state which involves all parts of the body under the autonomic influence. A similar situation is created where there is gastric disturbance and vomiting during pregnancy. Although there is an endocrine element present, the person who is the most likely to suffer from persistent vomiting is the one who is frightened or who dislikes being pregnant. The excessive pain felt by some women during labour,

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