

Particular attention will no doubt be given to such cases in the provision which the Authority are already making in this way, so far as it is possible under war-time conditions.

(3) The Committee are of opinion that some selected cases will require institutional care, and special care appropriate to such cases will be needed for those born in maternity hospitals and other units.

They recommend that in such cases—

(a) provision for premature babies should include small wards with or without cubicles and a temperature varying from "high" to "cooling off," *i.e.*, 75° to 80° F. and 70° to 75° F. respectively. It is important that the humidity of the atmosphere in these wards should be artificially increased and carefully controlled, since premature infants require a relatively humid atmosphere. There should be isolation rooms and accommodation for nursing mothers, milk kitchen, ward kitchen, laundry facilities and adequate sanitary annexes for patients and staff. The walls should be painted and floors made of suitable material which can be treated by dust reducing methods;

(b) the number of cots required for premature infants should be based on the number of maternity beds for the area and 10 cots might be allocated for every 100 maternity beds. This provision would allow of the reception of premature infants born in the maternity units as well as those admitted from the district and also for certain other weakly infants for whom this type of provision is desirable;

(c) there is a need for a highly skilled nursing staff on a numerical basis of 1 nurse to 1½ infants. The Minister realises that this ratio is impracticable at the present time. In a premature infant unit of say, 20 cots, six of the nurses should be permanent staff who should be State registered general or children's nurses, and have had special training with premature infants. This arrangement would avoid changes of senior staff which are detrimental to the continuity of the care of these infants. The remainder of the nursing staff should consist of nurses trained in children's diseases, pupil midwives and nurses undergoing general training;

(d) a pædiatrician should be attached to all maternity units and his services should also be available in the case of the special units for premature infants.

(e) although it is impossible to provide new and specially designed institutional accommodation at the present time, the matter should be considered with a view to action after the war, but existing institutional facilities might now be reviewed. In some cases it should be possible to improve or adapt existing accommodation for these infants.

(4) Some special form of transport is required for the conveyance of the children taken to hospital and for this purpose the Committee recommend the use of an ambulance or car equipped with a supply of oxygen, a heated basket or other carrier, and with a nurse in attendance.

(5) The closest liaison should be maintained between the hospital and the Welfare Authority in order that the appropriate officer should follow up immediately the infant discharged from hospital to its own home.

The Minister requests that the authority will take these recommendations into consideration and take such action as is practicable to give effect to them.

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