

The Midwife.

No work for women has proved of greater value to the nation during the war than that of the Certified Midwife, and it is an immense asset that large numbers of Registered Nurses realise that they are not fully equipped without the dual qualifications of Registered Nurse and Certified Midwife. It is to be hoped that some encouragement will be forthcoming to emphasise the dual qualification.

The standard of national health depends on midwifery much more than is usually realised, and many mishaps and much life-long misery would not have occurred had skilled midwifery been at the disposal of mother and child. We have several tragedies in mind.

INFANT SAVING.

It is apparent that the value of infant mortality and infant saving is arousing professional and public interest. Indeed, apart from the disastrous effect of war upon the population, the value of life and care of mother and child, is being realised as a national duty.

A recent article by Dr. de Swiet, a member of the Public Health Maternity and Child Welfare Committee of the Paddington Borough Council, under the title "Infant Saving," published in the *Fortnightly*, brings to notice some important factors.

He adopts as guiding principles "that once a child is born it should not be allowed to die either through lack of care or through faulty understanding of its needs." The fall in infant mortality during the last 40 years may be attributed mainly to the work that has been done during the last 25 years. Ante-natal care of mother and child, consisting of periodic examinations of the child's size and position, the function of the kidneys, the blood pressure, general attention to diet, condition of the mother's legs—varicose veins, swelling—conditions of the teeth, the state of the mother's breasts, should be universal. But he says "not all kinds of infants have benefited to the same degree from our modern measures."

By dividing the first year of life into still smaller age groups, it is shown that the number of neo-natal deaths have hardly moved during the period under review. Foremost amongst these causes is pre-maturity or the consequences of a too early birth. After showing the statistical analysis governing his deductions he says "that three-quarters of the deaths are due to neo-natal affections—pre-maturity and pre-natal morbid conditions." These form the "hard core of infant mortality. There is a strange relationship between the infants just after birth and those just before their appearance in the world as separate entities." Specialist paediatricians and obstetricians all agree that premature infants cannot survive in a dry atmosphere. *They must breathe moist as well as warm air.*

In Chicago he says, "Deaths from prematurity fell by 50 per cent. after the compulsory notification of all premature births *within an hour* of their occurrence. They have prematurity flying squads there which bring such cases immediately to specially equipped hospitals with trained staff, glass cubicles, oxygen, stored breast-milk, etc."

"The modern children's specialist is a determined isolationist. He fears nothing as much as he does infection, re-infection and cross-infection among his immature clientele. Yet it has been found that infants die in institutions from loneliness and sheer boredom (not yet classified as a cause of death) . . . Several observers have found that the recent devices against cross-infection have further increased the loneliness of infants in hospitals . . . So in order to compensate for this deficiency in Bellevue Hospital, New York, nurses and interns are encouraged to manipulate

the infants at every opportunity, and parents to visit them. During the past ten years there was a marked drop in the infant case fatality rate in the children's medical services of Bellevue Hospital . . . Mothering and cuddling are as much a part of the nursing case of the infant as are bathing and dressing . . . The infant lacks the mental equipment which permits the adult or even the older child to tide over periods of loneliness by day-dreaming and planning for the future."

"There is still the burning question to be answered—What causes prematurity? And that even more dramatic one! What kills the child in the mother's womb? It is found that about 40 per cent. of all prematurity and about as many per cent. of still-births cannot be explained through any plausible factors known to us to be responsible for many of the remaining 60 per cent. Toxaemia or poisoning by waste products within the joint system of this symbolic partnership, often sends up the mother's blood-pressure, damages her renal tissues and produces albuminuria, which, if all these signs are present, produces eclampsia, with a deadly effect on the infant."

"Supplementary rations during the last three or four months of pregnancy had a marked effect on this group. Vitamin K is helpful in preventing haemorrhagic diseases affecting the infant's eyes, brain and other organs."

The following measures are recommended:—

1. Early notification of premature births.
2. Appointment of consultant paediatricians to each borough.
3. Ambulance service of the flying squad type.
4. Subsidy for premature hospital wards.
5. More publicity and better correlation of forces in each area.
6. Paternity Welfare, eliminating or improving "poor stock," in short, pre-conceptional care, even if it is Eugenics.

MORE BLOOD DONORS.

Blood donations were made by more than 330,000 persons under the Ministry of Health Emergency Blood Transfusion Service during the first six months of last year. This was about 100,000 above the total of donors during the corresponding period of the previous year.

Nearly a million names are now enrolled on the donor panels, an increase of about 100,000.

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