"Midwifery Refresher Courses"

By Miss Agnes Forrest*

Refresher courses are compulsory in Scotland for (a) every five years for practising midwives and (b) for all midwives returning to practice after five years or more away from it.

The former may be a course at National level or at Hospital level for one or two weeks, while the latter usually takes place at a hospital for two or four weeks depending on how long the midwife has been away from practice. As I had been working in India for many years I was required to take this course before taking up my appointment in a hospital which takes care of midwifery patients.

There were six of us from different parts of the country and with varying experience in the course which I joined. You might have thought us an oddly assorted lot as we each wore the uniform we had been using and we were easily recognised from the regular staff who know their way about. The course was held at Raigmore which is a large hospital and it took us some days to find our way from one place to the other. When the bell rang to indicate that a delivery was about to take place we were apt at first to rush in the wrong direction.

We were assigned to different wards within the Midwifery Unit. The postings were to the postnatal wards, or to the nursery which has some antenatal and postnatal beds attached, or to the Labour suite which includes a ward of 14 antenatal beds for patients with complicated pregnancy. Although we took part in ward work we were supernumery to the ward staff. Besides ward work we had lectures and discussions. We also helped and observed in the antenatal and postnatal clinics. Time was set aside for reading in the extensive library.

During the last ten years or so there has been quite a change of emphasis in the midwifery field, perhaps more pronounced in the care and treatment of antenatal patients but also in the line of "preventive medicine" in an effort to reduce perinatal mortality. Antenatal care is carried out from early on in pregnancy and the mother watched for any signs that the baby is not growing normally. Any signs or symptoms which indicate that the mother or the baby are at risk are watched for.

Weight is recorded at each attendance at the clinic and charted against a normal weight increase curve. If the patient is found to be in the Rh-ve blood group, detection of antibodies is done and treatment commenced to control the degree of haemolytic disease in the foetus and in the baby at birth.

Perhaps the greatest change that is noticed is the much greater number of patients who have induction of labour, and there is no hesitation in inducing labour when there is any risk to all to the child. A technique new to me was examination of the liquor by means of a special instrument with a light attachment like a cystoscope with which the liquor is viewed, and in this way any slight staining of the liquor with meconium can be detected. This would be indication for induction. This procedure is called amniscopy and is undertaken for patients who have Rh-ve blood and whose babies are small in comparison with the due date for delivery.

Induction once started is carried right through. Artificial rupture of membranes is done—usually now-a-days it is the fore waters that are ruptured. If this is unsuccessful in starting the patient in labour approximately eighteen hours afterwards, a pitocin drip is started intravenously. The pitocin is given in carefully measured amount and is increased very gradually until labour is well established.

The education given in the clinics for pregnancy, labour, and

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The author with one of the babies born at Ian Charles Hospital (Photo by courtesy—The Strathspey Herald)

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