

Various Aspects of Domiciliary Midwifery

By MISS C. D. SHARMA

DOMICILIARY Midwifery though considered quite an easy job by some of the untrained dais, is not in reality so simple and easy. For the successful domiciliary midwifery optimum health of the parents is essential. Preparation for this must start before marriage.

The following are some of the points to be taken into consideration in order to have a healthy infant born to a happy, healthy and uninjured mother :-

1. Pre-marital Care

(i) **Education** : Every boy and girl must get some schooling, at least upto middle standard, in order to have better understanding and knowledge about basic and sex education. They will be able to make use of written material on child-care, should be explained the facts of life and changes that are taking place in their bodies during the adolescence period.

(ii) **Medical checkup** : Before marriage there should be a medical check up for both the boy and the girl to be sure of their physical as well as mental fitness to grow into successful parents. This should be followed by a routine to examine the blood by the Wassermann and Kahn tests and test for Rhesus factor.

(iii) **Pre-marriage guidance and counselling** : Young people must be helped to realise their responsibilities they will be required to shoulder after marriage, eg making adjustment with the other partner and the family, meeting the financial needs and a planned parenthood.

(iv) **Parent Craft** : Expectant mothers must be given some training in care during pregnancy, preparation for confinement and subsequent care of their child. Demonstrations of routine matters like baby bath, baby feeding, changing napkin and attending to minor ailments will be of great value.

2. Effective Ante-natal Care

During pregnancy effective antenatal care, whether at hospital or at home, should be given. The aims of such care are : (i) To promote and maintain optimum physical and mental health of the mother ; (ii) To discover early and treat promptly any medical or obstetrical condition which may impair the health of the mother or her foetus ; (iii) To ensure the birth of a mature, uninjured, living and healthy infant and (iv) To prepare the mother for labour, lactation and care of her infant, physically as well as mentally.

These aims are attained at home and at the clinic.

(i) **Home visiting**, the backbone of domiciliary mid-

wifery, is done, for :- (a) Case Finding-To contact pregnant mothers as early as possible ; (b) Follow up-Those who have been irregular at clinic are followed up at homes to find out their progress and to give them possible care and advice ; (c) Bringing pregnant mothers under medical care as early as possible and (d) Advising mothers on hygiene of pregnancy. This includes personal cleanliness, proper nutrition, clothing, care of teeth, elimination of waste and marital relationship.

(i) Preparation for confinement :-

(a) **Preparation of the mother** : The mother should be advised and helped to prepare a room for confinement. This room should be well ventilated, cleaned and white-washed. She should be helped to prepare the things required or at the time of confinement and arrange for an attendant who will look after her home and children during her confinement and puerperal period. The mother needs midwife's help in overcoming fears and conflicts which may be troubling her. She will also have to be guided in exercises which will teach her how to relax during pregnancy and labour.

(b) **Preparation for the baby** : The mother must prepare and keep ready clothes for the baby both for summer and winter, a cot and a bedding, articles needed for his cleaning and feeding.

The whole family has to be prepared to welcome the new member of the family and to share the responsibilities in caring for the new-born.

(c) **Suitability of home and booking for confinement** : If environment and other conditions at home are not suitable for home delivery, the midwife must guide the mother and the family for its improvement. If improvement is not done, the mother must be booked for hospital delivery.

(d) **Visits** : The midwife should visit the pregnant mother once a month. These visits may have to be more frequent if the midwife or the mother feels the need for the same.

(iii) **Clinic** : Pregnant mothers may be advised to visit the clinic once in four weeks up to 28 weeks of pregnancy, once in two weeks from 28 to 32 weeks and every week after that and more often as needed. It is at the clinic that the mother gets thorough medical check-up and doctor confirms that the mother is fit for confinement at home. The successful care of a pregnant mother demands a sound knowledge of pregnancy, disorders and skillful management of labour.

3. Skilled Natal Care

The following are some of the points a midwife must remember :

Attending the Call :-

(i) The midwife must be ready to go and attend the call from the mother in labour without delay and

should never leave her alone in labour. (ii) History and examination : Taking proper history and examining the mother will help the midwife to judge the progress in her condition, progress in labour and the expected time of delivery. (iii) The morale of the mother : Calm and cool attitude of the midwife, her smiling face and encouraging words help in keeping up the morale of the mother in labour. (iv) Midwife a good teacher : The midwife teaches the mother in labour. She must be explained in simple words how to relax in between the contractions and how to bear down in second stage of labour to take full advantage of each contraction.

A good midwife believes in : (i) prevention of infection by using clean technique. (ii) Checking foetal heart sounds and progress of the presenting part ; (iii) Relieving pain by use of drugs which she is allowed to use so that the mother does not become too tired and disheartened ; (iv) Attending to the personal Hygiene of the mother with special attention to bladder and bowel and vulval toilet ; (v) Nutrition of the mother should not suffer. Dehydration and glucose deficiency in the body may effect proper functioning of the uterus ; (vi) Management of actual second stage of labour calls for alertness on the part of the midwife. The mother must be observed carefully and examined frequently but unnecessary active interference must be avoided. Skillful management of the birth of foetus with control over advancing head, proper guidance and help to the mother ensures prevention of injury to the mother and her baby ; (vii) Prevention of postpartum Haemorrhage : Safeguarding the preventive aspects from pregnancy onwards and skillful management would assist in this aspect. In addition to this the midwife should be alert, calm and cool in dealing with 3rd stage of labour. She must keep to her limitations and seek medical aid if needed. Morale of the mother must be kept up.

4. Effective and thorough post-natal care includes :

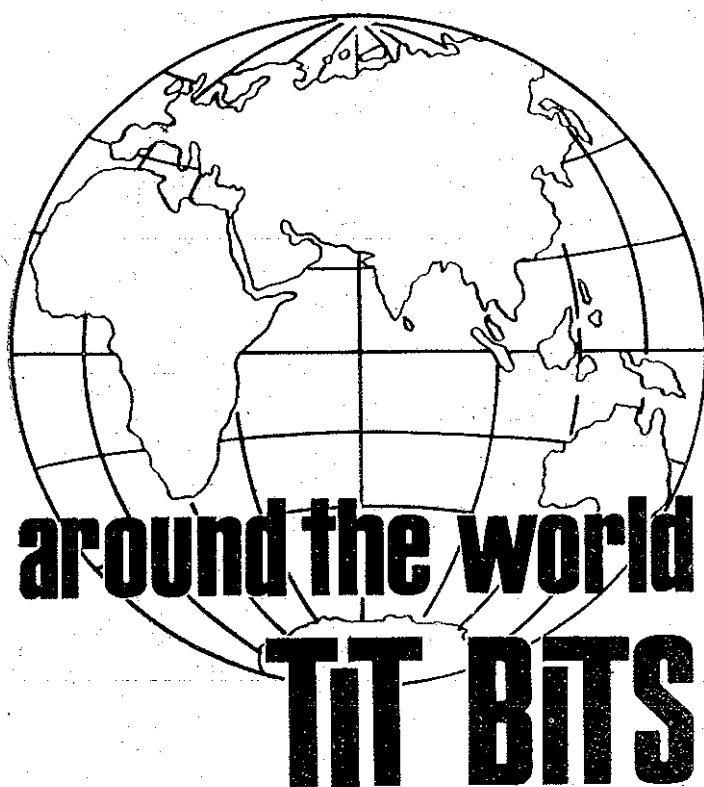
(i) Being a friend ; She should act as a friend of the whole family and advise on environmental cleanliness, safe drinking water, planning of meals, disposal of waste and planned parenthood. (ii) Care of the mother (a) Examination : The midwife must check temperature, pulse and respiration, examine breasts, uterus and lochea and observe general condition of the mother ; (b) Bladder and Bowel : If mother finds difficulty in passing urine the midwife must try various nursing methods used to help the mother pass urine. Catheterization, which involves the risk of infection, should be avoided as far as possible. If the mother does not pass stool till third day, saline or soap and water enema may be given. (c) Nutrition of the mother : Mother's diet should be easily digestible, rich in protein, vitamins and minerals. If there are religious taboos and customs which interfere with this aspect this should be overcome with frequent contacts and education of the family. (d) Toilet of the mother : The mother must be taught and encouraged to care for herself from 2nd day onwards. Each time after em-

ptying the bladder and defecation she should follow vulval toilet in order to prevent infection ; (e) Morale of the mother : Primi-para mothers may feel worried about the added responsibility of looking after the baby whereas multi-paras may find these days difficult due to many other reasons. e.g. baby be of unwanted sex or number. The midwife must encourage the mothers to be proud of their motherhood and help them to realise the importance of relaxation during this period. If spasmodic contractions of the uterus give her pain, the midwife must attend to the uterus and give her some analgesic according to the standing order which she is required to follow ; (f) Post-natal exercises and early ambulation : Mothers must be taught to take post-natal exercises which are good for their muscles' tone and help in graceful figure. They should be encouraged to go to the toilet from 2nd day onwards. Early ambulation and post-natal exercises stimulate circulation, help in better drainage and decrease the risk of venous thrombosis.

(ii) Care of the baby : The following are some of the points to be remembered in care of baby at home : (a) Observation and examination. The midwife must observe baby's general condition, colour of skin and conjunctive temperature, respiration, condition of cord and eyes, his cry and sucking power. First examination should be done very carefully to exclude visible congenital abnormalities. If the baby does not pass urine within 24 hours and meconium within first 12 hours after his birth, a doctor must be consulted ; (b) Hygiene of the infant : The midwife attends to baby's bathing and dressing for the first three days after which she should take return demonstration from the mother and hand over the responsibility to her but must keep on supervising till cord is off and umbilical raw area is healed. Mother and the family must be advised not to expose the baby to visitors because of the danger of contacting infection ; (c) Feeding : Mothers must be taught management of breast-feeding and encouraged to breast-feed their babies. If artificially fed, care of feeding bottle, teats and utensils used for the purpose should be demonstrated to the mother, and ratio of the feeds must be explained to her ; (d) Post-natal visits : Post-natal visits are made twice a day for the first three days, once a day from 4th to 10th day and then on 15th, 20th, 30th and 40th day of delivery. These visits may be more frequent if the mother or the baby needs more care. The midwife should take the opportunity to advise the mother to attend post-natal and well-baby clinic and including family planning clinic for check of the mother as well as of the baby. Any abnormal condition discovered in mother or the baby must be reported to the attending doctor.

5. Records and Reports

A midwife working in domiciliary department has to keep records of : (a) Ante-natal mothers (b) Deliveries conducted by her, (c) visits made, (d) couples motivated to practice one of the methods of family planning. She also gets the births in her area registered. In doing so she helps in preparation of statistics.



Crash Call Receivers

A new technique using miniature radio receivers that emit audible "bleep" signals, combined with the use of flashing numbered lights through a middlesex hospital, is now providing a very rapid means of calling key staff to the scene of a medical emergency. Surgical registrars, anaesthetists and senior night nursing staff at the Royal National Orthopaedic Hospital, Stanmore, carry pocket-sized "crash call" radio receivers.

Immediately a member of the hospital staff becomes aware of a crisis in the condition of a patient, he or she has only to pick up the nearest internal telephone, dial the Emergency Crash Call Number—and instruct the telephonist to put out the alarm from a special unit at the switchboard. This transmits a radio signal to the appropriate receivers which emit a rapid "bleep" sound, indicating to the holders that are needed urgently. Simultaneously, a number corresponding to the location of the emergency flashes on panels of numbered lamps located strategically throughout the hospital.

The same call system is used for routine personal paging. Some 40 receivers (without the distinctive "crash call" bleep) have been issued to provide instant means of locating members of the staff of the many departments whose duties may take them anywhere in the 120 acres over which the hospital spreads.

Mechanical Spares

Surgeons in Britain will soon be able to replace most of the joints in the human body with mechanical spares.

According to a report by the Arthritis and

Rheumatism Council and the British Rheumatism and Arthritis Association many thousands of arthritics are now able to walk again because of artificial spares.

Artificial knee, finger and elbow joints are being used and research is being undertaken into replacing shoulder joints.

Heart on the Right

A boy with his heart on the right side of the body is reported to be hale and hearty in a town near Panaji in Goa.

Doctors found this rare phenomenon when two-year-old Cruz Alfred Dias was examined by X-ray following a complaint of cold.

The examination showed that only the heart but other vital internal organs of the boy were on the right side. This is a rare medical case occurring only one in 20,000 cases, according to Doctors.

Spinal Meningitis Vaccine

A experimental vaccine to prevent spinal meningitis, a world-wide health problem, has been developed by scientists of the Walter Reed Army Institute of Research.

The vaccine, a one-shot dose given by injection, reduces the transmission of spinal meningitis from person to person. Although the vaccine produces antibodies to the disease it is not known if it can prevent spinal meningitis in persons susceptible to the disease who have already been exposed. The vaccine is still in the experimental stage.

Heating without Fuel

The heat from the human body can be collected and used for heating purposes. This is what is being done by scientists at the Johnstown (Pennsylvania) campus of the University of Pittsburgh.

Through a uniquely engineered system body heat from students and instructors and also heat from electric lights, kitchens and sunlight coming through windows is used to help warm the school's ten buildings.

All the heat is collected at a central unit and then redistributed through underground pipes. Despite cold winters, no conventional heating plant is needed.

This heat-reclaim system, as it is called, operates on the principle that cool water absorbs heat. The excess heat is also stored in two insulated hot water tanks for use when sufficient heat from human body is not available—during weekends, holidays or at night.

Birth Control Injection

Doctors are experimenting with long-lasting contraceptive injections as a possible new form of birth control.

Dr. Alexander Kessler, Chief of the human reproduction unit of WHO, the world family planning conference in Bandung recently that "this approach is effective in preventing pregnancy but appears to produce irregular uterine bleeding as a side effect in 25 to 60 per cent of women.

Another problem was the unpredictability of the period required for the re-establishment of ovarian function.

Dr. Kessler said that other clinical studies with long acting preparations included a monthly pill instead of the present every day pill and "implants" in which "hormonal steroids are released at low and at seminally constant rates from silicone capsules."

Cancer and Chemist

Chemists are more prone to cancer than men in other professions.

This conclusion was reached by Dr. D.P. Li of the National Cancer Institute, USA, after analysing the causes of deaths of members of the American Chemical Society over a 19-year period.

When cancer deaths were analysed by type it appeared that the percentage of deaths from certain forms of cancer, notably lymphatic and pancreatic cancers was twice as high among chemists than it was among professional men generally.

Deaths from all forms of cancer in the 20-64 age group were five per cent higher among chemists. More than 70 per cent of the chemists whose death certificates were examined were practicing scientists at the time of death. The remainder were mainly administrators in science-based industry.

Dr. Li in an article in the "New Scientist" says that the statistics led to the inference that exposure to chemicals increased the chances of contracting cancers.

Why don't they speak ?

Apes and monkeys cannot speak because of the shape of their vocal tracts and not because of limited brain power.

According to a report submitted by some New York scientists man's ability to speak was the result of evolutionary changes in vocal systems which are only indirectly related to the size and reasoning capacity of his brain.

The lower primates—monkeys, chimpanzees, gorillas, gibbons and orangoutangs—do not have a pharynx, the part of the vocal system located in man above the larynx or voice box and therefore their voice is restricted to a noise resembling "schwa."

Their theory contradicts the theory dating back to the 17th century that mental incapacity prevented lower primates from making the same articulate sounds as man.

Baby in for 37 years

A 72-year-old woman in Campobasso (South Italy) has discovered that for the past 37 years she has been carrying an 8-month-old baby inside her.

This came to light recently when the woman consulted a gynaecologist on a complaint of abdominal pains, says a report. The woman had been operated upon 37 years ago for hysterectomy (removal of the womb) but the surgeon had obviously not noticed that a fertilized egg had slipped out into the intestines.

It had developed there for about eight months and then died. At that time the woman had suffered all the symptoms of pregnancy—nausea, vomiting and

pains—but the doctor had put it down to post-operational trouble.

With passage of time the foetus gradually became covered with deposits of calcium and was in effect totally fossilized. There are similar cases, but 37 years is the longest period ever reported.

New Drug for Epilepsy

A new indigenous drug for the cure of epilepsy has been developed by Dr. Vinayakara of Bombay.

The new drug, "Tantu Pashan" which gives hope to two million epilepsy patients in India is the result of a 7-year experiment.

The drug is a compound of asbestos (Tantu Pashan) and several Ayurvedic herbs available in the country. Asbestos is a potent ingredient, a mineral available in India which is mainly used for industrial purpose. It has a soothing, a nourishing action on the brain, corrects the functional disturbances and progressively controls epileptic seizures.

Tailpiece

A woman was screaming in the sea at Barmouth, in North Wales. The coastguard dashed to the sea and rescued her.

After bringing her to the shore she was found unconscious. The coastguard then applied the standard drill "the kiss of life" in an effort to save her. In the middle of it, the woman recovered suddenly and slapped him hard on the face.

ESSAY COMPETITION

Subject

Should Nurses Form Trade Union ?

CONDITIONS :

1. Only TNAI members (including SNA, HVL & A.N.M.A.) are eligible to send essays.
2. The essays should not exceed three foolscap pages typed in double spacing.
3. Entries must reach before 15 August 1969.

PRIZES

Prizes will be awarded for the best selected articles. (The decision of the selection committee will be final). Selected articles will be published in the Nursing Journal of India.

Please send your essays to :

The Editor,
The Nursing Journal of India,
L-16, Green Park, New Delhi-16,

Please mark the cover "Essay Competition-July, 1969."

NURSES WELFARE FUND

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