



*What are you doing to avoid
cross-infection in your maternity ward?*

CLEAN TECHNIQUE

Mrs. H. Chabook, Delhi shares this article with Miss E. Barry of the
Creighton Freeman Hospital, Vrindaban

DISCUSSING the Midwives and Auxiliary Nurse-Midwives Association and their corner in the *Journal*, the Editor suggested to me that I follow-up on a technique of perineal care used at the Creighton Freeman Hospital, Vrindaban. Disturbed and dissatisfied with the current practice in most maternity wards where my students were learning midwifery, I decided to write to Miss Barry and I am going to share her reply with you.

Miss Barry

"In 1946 I took a post-graduate course in midwifery in the Frontier Nursing Service, Kentucky, U.S.A. This well organised public health service is planned to meet the needs of people who live in the mountainous areas of Kentucky. The midwifery part of the service provides very good practical experience as most of the deliveries are conducted in remote, humble mountain homes. The midwives travel on horse back to visit homes where they give ante-natal and post-natal care, as well as conduct most of the deliveries. A doctor lives at the Centre and is available for emergencies.

"It was in the homes of these simple folk that I saw the 'clean technique' for post-partum perineal care carried out; the Centre Hospital and the homes use the same technique.

"*Technique and equipment.* A 12-oz. bowl and a clean wash cloth

is provided for each patient. These are sterilised and used only for one mother; when not in use, both the bowl and the cloth, which are kept in a plastic bag, are reserved for one mother only.

"Warm tap water and soap is used. Instructions to mothers are simple: the need of washing their hands properly before carrying out the procedure and the importance of washing the vulval region from 'above down' i.e. from the vulva to the anus, is explained and emphasised.

"After the delivery, the midwife gives the first perineal care to the mother after giving her breast care and a sponge bath.

"Eight hours after delivery, the mother walks to the toilet and is carefully instructed how to carry out her own perineal care. Perineal care is done twice daily and, of course, always after a bowel movement.

"Mothers are also taught to give their own baths. They are allowed to walk to the toilet and short distances but otherwise rest as they wish.

"Mothers with perineal sutures are allowed to walk about and to do their own toilet, but twice a day the midwife paints the suture line with a 2% solution of mercurochrome after perineal care.

"The low incidence of cross-infection and phlebitis, coupled with a sense of well being in the

mothers, influenced me to adopt this method of perineal care in my hospital at Vrindaban. The Kentucky service is not the only one using the "clean technique". To mention two other well known hospitals, the Margaret Hague Maternity Hospital, New Jersey, and the University of Kansas Medical Centre (USA) use a similar technique of perineal care."

Mrs. Chabook

"I am sure readers will appreciate the simplicity of the technique described; the time and labour saved for midwives; and, most important of all, a way to avoid cross-infection.

We have all experienced the frustration caused by lack of equipment and sterilising facilities; the shortage of nurses and the impossibility of providing good supervision. Another aspect is the early discharge of our patients. Many of them are discharged from hospital within 36 to 48 hours. In these circumstances, should we not prepare our mothers to care for themselves?

I should be interested in your comments on the "clean technique". Still more, I would be interested to know if midwives would like to experiment with the technique.

Through these pages, we could exchange ideas and pool our experiences. Your contributions to this section in the *Journal* will be very welcome."