

PUBLIC HEALTH

Tuberculosis Nursing

By

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Lesson IV

Tuberculosis and Pregnancy

and the role of a Maternity and Child Health Visitor in a T.B. Control Programme

The incidence of T.B. in women is highest during the young adult period and in child bearing period.

The tuberculous woman who becomes pregnant usually feels better than she did before the pregnancy. Cough and other symptoms decrease or disappear entirely. The reason is, pregnancy acts as a P.P. (the diaphragm is pushed up and hence the lung is being given rest). But after delivery there is more danger of the disease becoming worse, due to sudden fall of diaphragm. But recent investigators have stated that pregnancy does not have the same effect on the lungs as P.P.

The following things are to be considered if the doctor thinks that termination of pregnancy is necessary :

1. Stage of the disease
2. Type of lesion
3. Degree of activity
4. Religious belief
5. Personality (emotional stability)
6. Economic status of the family.

If the doctor thinks that pregnancy can be continued and when pregnancy is advanced, the following services are important to the mother and the child :

1. Sanatorium care
2. Pre-natal care
3. Delivery in hospital

With this article we complete the series on Tuberculosis Nursing as conducted from a Centre.

We hope these simple and instructive Lessons have been of interest. Ed.

4. Firm binder
5. No ether or chloroform as anaesthetics of this nature irritate the lungs.

Care of the baby—Isolation of infant from mother.

The baby should be isolated from the mother and every care should be exercised to prevent exposure and infection. No infant is born with T.B. It is often not easy for the mother to accept the fact that she is unable to take care of her own child. It is the duty of the health visitor to help plan for the isolation and care of the infant and other children in the home.

The mother (patient) should not breast feed her child because (1) the child comes into too close contact with the mother and may become infected and (2) breast feeding takes strength away from the patient. The pediatric doctor will order artificial feedings. Some relative or other lactating patient may provide milk for the infant. The Health Visitor should demonstrate safe artificial feeding—a cup and spoon is cleaner and safer

than the usual bottle and nipple that is seen in many homes.

The baby must not sleep with the mother (patient). Help the family secure a separate bed and place it away from the mother.

A mother with tuberculosis needs special care and frequent visits as she may grow worse after delivery due to the "shock" which occurs when the compressed lung is suddenly expanded. The tuberculosis lesion, that partially closes during the pregnancy, becomes active again and the patient grows suddenly worse.

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The following minutes of a co-ordination conference of the Maternity and Child Health and Tuberculosis authorities are an example of how the two specialized agencies can work together toward the control of tuberculosis in maternity.

Minutes of the co-ordinating conference of the Maternity & Child Health and Tuberculosis authorities.

At the suggestion of Dr. Sikand, a conference was convened by Col. Barkat Narain on May 22nd at 4-30 p.m. at the Directorate of Health Services, Rajpur Road, for the purpose of improving the present co-operation between the Maternity & Child Health and Tuberculosis Centres:

Those present were:

- Col. Barkat Narain, Director of Health Services (Chairman).
- Major Chaddar, Deputy Director of Health Services.
- Dr. Kulanday, Adviser of M. & C.H., Delhi Province.
- Dr. W. Mathur, Medical Officer of Health, Delhi.
- Dr. Bhutani, M. & C.H. Supervisor, Delhi.
- Dr. Malhotra, Medical Officer of Health, New Delhi.
- Dr. Puri, M. & C. H. Supervisor, New Delhi.
- Dr. B.K. Sikand, Director, New Delhi T.B. Centre, New Delhi.

Miss M. Hudson, Public Health Nursing Consultant, W.H.O.
Miss M. Thomas, Chief Nurse, New Delhi T.B. Centre, New Delhi.
Miss M. Chacko, Chief Nurse, Tuberculosis Centre, Patna.

The following points were discussed with comments and recommendations:

1. Referral system between M. & C. H. & T. B. Centres. Asked to explain his reasons for suggesting the proposals set out in the agenda for the meeting, Dr. Sikand stated that the closest co-operation between the M. & C. H. and T. B. Centres was essential for an effective T.B. control programme.

A well integrated programme would extend a more efficient service to mothers and children as well as maintain a closer health supervision of the child contacts of tuberculosis cases. Forms were submitted for approval.

It was suggested that full advantage be taken of the facilities the tuberculosis centres in the whole city and the New Delhi Tuberculosis Centre offered to give their entire co-operation for the examination of patients as part of its tuberculosis control programme in wards 4, 5, 8, 9, 10, 11 and the whole of New Delhi. X-Ray examination and treatment will be offered free of charge to poor patients. A nominal fee will be levied for X-Ray films on patients with a more than adequate income. The M. & C.H. Centre was requested to indicate the economic condition of the patients and the amount charged would be made accordingly.

The routine for examinations was set as follows:

I. Pre-natals: All pre-natals will be X-rayed as part of the routine pre-natal examination, preferably between the second and third months.

II. **Post-natals:** All post-natals will be examined at the Tuberculosis Centre as early as possible after 40 days' period after delivery.

III. Health examination at the Tuberculosis Centre of the following:

- (a) Mothers and children recovering from pneumonia & pluerisy.
- (b) Children recovering from a communicable disease.
- (c) Children suffering with rickets.
- (d) Mothers and children suffering from any other chronic or debilitating diseases.

It was further agreed that the Tuberculosis Centre would refer to the M. & C. H. centres for health supervision.

- (i) All pre-natals with tuberculosis.
- (ii) All pre-natals who were contacts of tuberculosis patients.
- (iii) All infants and toddlers who were contacts of T.B. patients.

Comments were made regarding the increase of work likely to be caused by these referrals periods. Col. Barkat Narain stated that it would probably necessitate having more staff for the M. & C.H. centres but that this point would be discussed at a later date. Dr. Malhotra suggested that this point would probably necessitate employing a second tuberculosis health visitor for New Delhi. This was left for discussion with the Director of Health Services.

2. Tuberculosis testing and BCG vaccination in the M. & C.H. Centres either by the M. & C.H. staff or the T.B. centre staff: Col. Barkat Narain stated that this matter was being discussed and was a probability for the future BCG programme in the

Delhi province.

3. Lectures to maternity and child health visitors on tuberculosis as a refresher course each year: Dr. Sikand asked that the two Public Health Visitors from the T.B. centre participate in the Refresher Course for M. & C. H. Visitors at present arranged by the Lady Reading Health School. This programme would include lectures and demonstrations to be given at the tuberculosis centre.

This was agreed upon, although no definite plans were made. The Public Health Nurse from T.B. centre would participate in such a refresher course when requested.

4. Col. Barkat Narain stated that the tuberculosis centres would have to submit the names of the pregnant mothers and children who are contacts of T. B. recommendation formerly. This was agreed upon in order to conform with the UNICEF policies that milk should be given at least for a period of 6 months.

It was suggested that a supplementary amount be requested from UNICEF to provide for the mothers and children contacts of newly diagnosed T.B. cases.

5. Beds for pregnant T.B. women (open cases): Dr. Sikand asked if there was a possibility of the setting aside of two or three beds in each of the Obstetric wards in the Old Delhi and New Delhi hospitals, for the positive T.B. cases for delivery. Col. Barkat Narain stated that this would be difficult and requested that UNICEF be asked to erect a building and equip 250 beds to meet this emergency.

6. Co-operation with family-planning centres: Dr. Mathur described the policies of these centres. A request was made by Dr. Mathur to W. H. O. to provide the materials (charts, models, etc.) and the address where these could be procured for equipping three new centres in this area.