

Domiciliary Midwifery

A. M. S. Pollock, F. R. C. S. (Edin).

From the earliest days in Ludhiana domiciliary midwifery has been a special feature of the hospital work. At present some 1,260 cases are delivered every year and of these about 900 are done on the district.

Originally patients would not come into the hospital for delivery or indeed even call the doctors to their homes. The first effort to tackle the problem was made by Dame Edith Brown, who in 1903 took a room in the city and called the dais to classes. On the first occasion only one old woman appeared and the 'class' amounted to a friendly talk over the difficulties the dai had encountered in her practice and the payment of the four annas promised for attending. But the class grew and gradually the older women brought their younger and educationally more promising daughters-in-law. As a result Dr. Brown was called to a case of prolapsed cord and was able to save both mother and child; this happy result produced more calls and the dictum that it was no use to call the doctor because 'they only cut the baby and bring it out in pieces', died out.

With this beginning the district work was further established when a competent and sympathetic woman, trained by Dr. Brown lived in a hired house in the city and was 'on call for cases'.

Now the district work is done from two main centres, one from the dispensary in the city where three midwifery supervisors live, and the other from the hospital itself, where there are two other supervisors who do full time district duty. We aim at having trained nurses, with C.M.B. certificates and staff nurse experience as supervisors but at the moment we have one Health Visitor with C.M.B. and a Compounder with C. M. B. on this staff.

The supervisors take out 'pupils' in pairs to cases. These are students, nurses, midwives and nurse dais in training. All have watched three normal deliveries in hospital and have conducted three cases in hospital under supervision before being put on to the district list. If the case is normal it is conducted entirely under the supervision of the district staff. If there is any abnormality, however small, one of the two assistant doctors attached to the Maternity Block is called out, who in her turn either brings in the patient or calls the senior doctor, if she requires help.

Calls to cases come from the city dais, who are usually the first to be called to the house. There is a system whereby the dai is paid one rupee for each case that she reports and a bonus of one rupee for every ten cases given as 'bakshish' at Christmas. These dais are well known to the supervising staff, so that the possibility of danger for fictitious calls does not arise. Three tongas are maintained in connection with the Health work and district work, so there is the added protection, particularly at night the staff and pupils being taken to the house by one of our own reliable tonga men.

The city people still call the dais because they are willing to undertake the washing in the house and the dais still call our staff, it is a way of gaining an extra rupee. In the case of abnormal cases the custom is to pay the dai two rupees if we are called in time to save both mother and child. In this way a check can be kept on the dais and prevent our being called in as a last resort.

Special baskets are kept ready for taking to cases containing all the needed

bowls, dressings, sponges, medicines and lotions, spirit lamp, sterile towels etc. These are kept in a special room in the Maternity Block and at the city dispensary, where they are returned and made ready again after the case is over. There are also two doctor's boxes with instruments, sterile sheets, gowns, anaesthetic and everything needed in addition to the equipment in the ordinary basket for dealing with an abnormal case. Here it must be said to the credit of the district staff that more often than not the abnormal case is recognised and the patient persuaded to come to the hospital, but there is still the occasional low forceps or breech case, or the more desperate village case that have to be dealt with on the spot. In the case of the village work the influence of the trained dai is being felt and it is gratifying to see the abnormal cases that have been discovered antenatally and brought to hospital for delivery. Last September one such dai brought a woman with contracted pelvis, and, realising that she needed a Caesarian Section, brought the husband to give permission. Another woman from another district persuaded a breech primipara to come into hospital because she said she thought it safer for her to be admitted.

Nurses, midwives and nurse dais visit the homes with the staff for ten mother nursings. The baby is bathed, the mother sponged down, condition of the breasts and the flow of milk noted, height of the uterus measured and the lochia inspected. Any fever or other abnormality is reported to the assistant doctor, who visits and advises.

Antenatal clinics are carried on by the Maternity doctors in five different centres each week. It is found that pregnant women cannot come far for antenatal visits, so centres have been opened in connection with the three health centres in various parts of the city, in the city dispensary and in the hospital health centre. Some 15,000 antenatal visits are made annually and as a result there is a satisfactory decrease in the number of abnormal cases.

The Maternity Block itself consists of only 40 beds, 20 cots and two labour rooms but it is the centre of the midwifery teaching and a considerably larger midwifery practice than could be done in the block itself. It is interesting to compare results between the in-patient and district midwifery. If anything the incidence of maternal morbidity and foetal mortality is less on district than in hospital. This is partly because the more ill patients or abnormal cases are referred to hospital but it speaks well for the constant vigilance of the district staff.

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A Case Study of Spina Bifida Baby.

A baby was admitted into Clara Swain Hospital, Bareilly, on December 23rd 1945, at 4 P. M. with Meningocele in the lumbar region.

The mother of the baby had attended the out patient department of this hospital for antenatal treatment but had her delivery at home. The baby was seen for the first time the morning after it was born and admitted in hospital in same evening. On admission temperature was normal: she was passing urine and stools normally and there were no signs of paralysis as the baby could move her limbs freely.

Meningocele was the size of small guava, vessels crossing over it: there was slight ulceration on the right surface with oozing. The tumour was translucent.