

MIDWIVES' UNION SECTION

The Management of Labour*

The interest of this subject is not that great disasters occur as much as formerly, but rather that a great many of the old traditions are being wiped out, and that we are trying to bring labour back to its normal function. I am old-fashioned enough to feel joy in looking up our records, and finding that during the last year we have only once had to put on forceps, and not had to use any other operation in delivery.

One of the most important points is ante-natal work. You get to know your patient, to know what she is like, and even to know the baby during the last weeks of pregnancy.

In the management of labour one of your chief difficulties is the patient in the private house on domiciliary midwifery. In a poor home you may enjoy a case more because you can arrange more as you like, and perhaps feel more powerful. Now the first point I would emphasise is, do not—in every sense of the word—kick up a dust or make a nuisance of yourself. There is a certain distribution of germs in a room—on the walls, carpet, and curtains, and so on, and they are best left alone. We want to get some fresh air in, as much light as possible, and it is a good thing to lay down a clean crumb sheet, but turning the room upside down only re-distributes the germs and increases risk of sepsis. The same thing applies to flicking round with a dry duster; a damp duster should always be used.

POSITION OF THE FŒTUS

Then you have the patient in labour; if there has been a false start everyone is very anxious, and will be thankful when the process really begins. About the preparations you know as much as I do, but there are one or two little things I will suggest to make you think, and you will probably evolve something better from them. First you must really know what the position of the foetus is, head or breech. Then there is the fetish of clearing out the bowel. Most nurses act as though they were scouring out a drain; the bowel is depleted of all fluid by an enema or by a dose of castor-oil, and the patient is very distressed.

There is one special point I would ask you to remember, and that is that the average person has never been looked after by a trained nurse. She dreads to use a bed-pan, and I have heard a patient describe an enema as the most degrading thing possible. It is simply that they do not understand, and you must consider their point of view. I have noticed a great difference in nurses who work under a sister who understands these things, or has been in private practice. It is not efficiency that matters to the patient, but comfort. I would remind you, too, of the enormous benefit derived from hot sitting-baths during labour.

What will you do with your patient during the first stage of labour? She should do what she wants to—sit, lie, or go for a walk in the garden. The same thing applies to her food. If she has to go through a great muscular strain she will need a good lunch and tea. Another patient, however, may be sick and care for no food; one can lay down no definite rules. If the patient wants to walk about so much the better. It makes a wider brim for the foetus to go through, but the disadvantage is that you cannot give any sedative. During the first stage

* Notes of a lecture given by Professor Louise McIlroy, D.B.E., at the Nursing Exhibition.

there is a lot of headache and abdominal pain, and it is a continual question what we can do to relieve it. It is difficult to believe how callous some attendants are to suffering. It is a question which the general public may presently take up, and so force doctors and midwives to give sedatives.

RELIEVING PAIN

We have to consider how much pain you can relieve as midwives. It is high time the heads of the profession made some sort of scheme of sedatives and doses that a midwife could safely give. The safest drug is chloral and bromide, which may be given as occasion arises up to the end of labour. Opium or morphia is the most efficient drug, though some people think it dangerous to the foetus. I have not found it so, but it must be used with caution. Twilight sleep is difficult to use because it needs special conditions and a separate suite of rooms, but some modification of the treatment may be used under ordinary conditions. A dose of 5 to 10 grains acts extremely well. The patient is not unconscious, but just sleeps quietly, and very often does not remember any pain at all afterwards. It acts better with some patients than others. I should like to see a committee set up to decide this question for our people.

The point to consider is not how long the labour is, but how easy. If the suffering continues the friends are in a panic, but if there is no pain no one is disturbed. Very often our hands are forced by the relatives; they send for the doctor, and he is forced to put on forceps. It is the same with midwives, but in time the public will be educated, and will insist that operative procedure is not carried out.

In the second stage it is obvious that the patient will not wish to walk about. Occasionally, however, progress is slow when she is lying in bed, and then it is a good thing to get her up for a while, and let her squat on the floor. It would not be wise to do this with a multipara, but it is a useful hint for a primipara, and we get it from seeing the practice of obstetrics in India.

A BUSY DAY

In addition to the daily round at our busy mission station this has been a "happening day."

I was called this morning at 4-30 A.M. Two anxious looking lads stood at the door and told me that one of their women was even now "sitting" in labour, and something was wrong and there was no one to help her and "they"—all the family—were much in fear, and would I (their mother) come quickly.

I dressed hurriedly and set off. One of the boys carried the maternity kit, and we walked as quickly as we could. As we heard the village we heard a great commotion of many voices all shouting at the one time, some children crying and the dog barking.

It was very dark and we stumbled along with the dim light of the lantern. Quite a group of excited people were sitting round a tiny fire in the open in front of the hut.

I asked where the patient was, and imagine my disgust to find the poor woman sitting with them. There was not even a mat for her. The third stage of her delivery was *not* completed, and her baby still unseparated was lying at her feet on the bare earth.