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ON OBSTETRIC NURSING.*

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I have decided to speak to you about certain obstetrical methods, with particular reference to those in vogue at the Maternity Hospital, and to show, if possible, good reasons for their existence. Indeed, a limited experience with general work, outside the Hospital, makes it difficult for me to speak of many of the relations of nurse to patient; but I would remind you, that with your potentialities, obstetric nursing offers the widest scope for the exercise of the Golden Rule.

Obstetric nursing differs from other nursing in that the illness itself does not usually begin with the onset of labor. The patient has for the greater part of nine months been under a tremendous strain, which increases as she approaches an ordeal more fatal in its direct consequences than the acquisition of any disease, save tuberculosis.

The obstetric nurse is usually engaged some months in advance of the expected confinement. If this time could be devoted to a certain physical care of the patient it would do much to help the course of things later on, and also do away with that reliance on purely social intercourse, which is as unsatisfactory for the patient as for the nurse. It is to the nurse's interest to know something of the past medical history of the patient, and possibly of that of her family. For example, a previous history of nephritis is important in connection with toxæmia; while hereditary tendencies to hæmorrhage or mental derangement are also important. I wish nothing I may say to be considered as countenancing that most aggravating practise of prescribing by the nurse, but, particularly when engaged early, she may be consulted and give helpful advice on many things considered too trivial for the attention of the physician.

It is in the interest of patient, nurse and physician, that a preliminary examination be made some weeks prior to the expected confinement.

*An address to the Nurses' Association, April 6th, 1909.