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Shikoku

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May 11th 1950

Subject: - Shikoku 4-prefectural midwifery course.

To: - Miss Eitel.

From: - President of Nippon PHN, midwives and nurses' ass. Tokushima branch.

1. Promoter - Shikoku 4-prefectural midwives' Ass. & health department of 4 pref.

2. Length of course - 3 days from May 17th 1950.

3. Place - 1 chome, Kamachi, Tokushima city.

4. Attendants: midwives of 4 prefectures

Programme

Date	Time	subject	Lecture
17th May	9:30 - 10:00	Opening ceremony	Tokushima Ken
	10:00 - 13:00	pregnant woman and H.C.	
	13:00 - 14:00	lunch hr.	
	14:00 - 17:00	Infant & H.C.	
18th May	9:00 - 12:00	V.D. and H.C.	Ehime Ken
	12:00 - 13:00	lunch hr.	
	13:00 - 16:00	T.B. and H.C.	Kochi Ken.
	18:00 - 21:00	social gathering	
19th May	09:00 - 16:00	Discussion in Nari city.	

13 May 50

SHIKOKU CIVIL AFFAIRS REGION
APO 1050DAILY BULLETIN)
NUMBER 99)Takamatsu, Shikoku
1 May 1950

1. PX CARDS: New PX cards have been prepared and are available. Contact Mr. Taylor in the Mail Room. (ADM)

2. RATION TRAIN SCHEDULE: The following schedule for picking up commissary orders is announced for Tuesday, 2 May 1950:

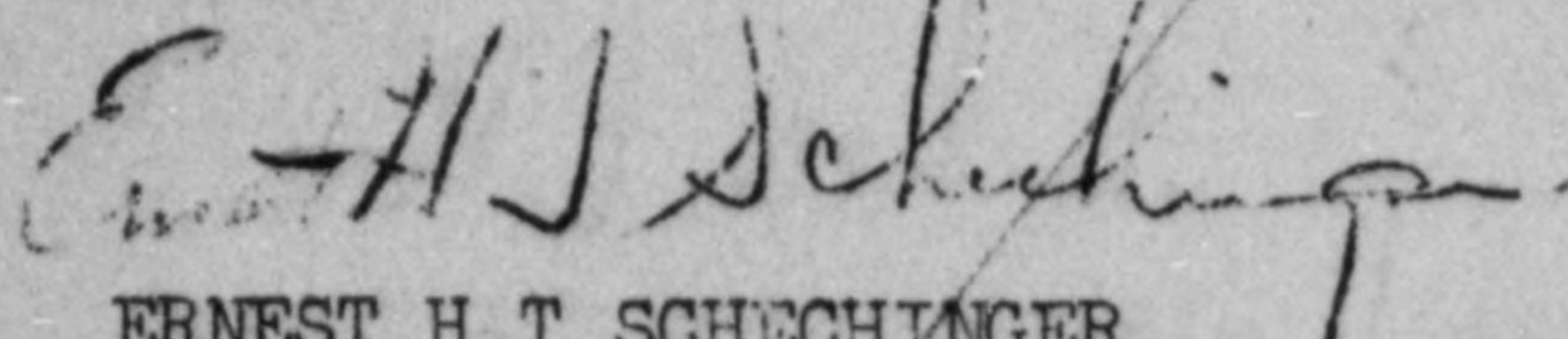
Group 4	0930 - 1015
Group 1	1015 - 1115
Group 2	1115 - 1145
Group 3	1145 - 1215 (ADM)

3. LOCKER FUND: The Locker Fund list for the month of May is in the Civilian Personnel Office. Anyone interested in making purchases, see Mr. Cristiano in Room 101. Orders must be in not later than 1400 hours, 4 May 1950. (CP)

4. MOTOR POOL: Motor Pool accounts will be settled on or before the 10th of the month. The list will be posted on the bulletin board next to the elevator. (MO)

BY ORDER OF THE CHIEF, SHIKOKU CIVIL AFFAIRS REGION:

OFFICIAL:



ERNEST H T SCHECHINGER
Lt Col CAC
Adjutant

ERNEST H T SCHECHINGER
Lt Col CAC
Adjutant

INFORMATIONNEW CHAPEL THEATRE

Tonite at 1930 hrs

"JIGSAW"

Franchot Tone
Jean Wallace

Japanese Midwives, Clinical Nurses & PHN Assoc.
General Meeting of the Year of 1949

Session April 6-8 0900-1700

Place Tokyo University

0800-1400	April 5th	The Board of Directors
0800-1700	April 6th	Association Business Meeting
0800-2000	April 7th	Section Meetings general meeting in sections and get-together party
0800-1700	April 8th	Association Meeting
0800-1200	April 9th	The Board of Directors Visit to hospitals and clinics & also sightseeing

April 6th 1949 Wednesday

0800-0900	Registration	
0900-0905	Opening address	Miss Inoue, President
0905-0910	Welcome	
0910-0920	Reading of the minutes of 1948 Meeting--	Miss Maeda
0920-0935	Report of the Board of Directors--	Miss Inoue
0935-0950	Report of the General Business--	Miss Maeda
0950-1000	Report of Finance--	Mrs. Hirai
1000-1200	Report of Standing Committees	
1000-1010	Education Comm.	Miss Hayashi
1010-1020	Publishing Comm.	Miss Otake
1030	Program Comm.	Miss Furuya
1040	Arrangement Comm.	Miss Sonoda
1050	Nominating Comm.	Miss Ikegami
1100	Membership Comm.	Mrs. Wada
1110	Constitution Comm.	Miss Naito
1130	Name Comm.	Miss Miura
1140	Scholarship Comm.	Miss Uchida

Recess

1400-1437	Report of Comm. to amend the name of this association This comm. held meeting several times, various names were suggested by many members. The final decision was made by vote by all the members.
1437-1445	Report of Midwives' Section -- Mrs. Ichikawa
1445-1505	Report of Clinical Nurses' Sec. -- Miss Suko
1505-1527	Report of Public Health N. Sec. Miss Kawamura
1528-1534	President's Greetings -- Miss Inoue
1535-1545	Report of plan of New Business--Miss Maeda Members are 22018 On every tenth they had officers' Meeting, Preliminary meeting was held three times a month since Jan.

to prepare for this annual conference, plan for refresher course

1545-

Report of Special Comm. -6 members Scholarship
Miss Uchida

1. Fund to be subscribed
2. Those who are qualified to this scholarship will receive ¥ 1500 a month
3. Selection of students from those applied
4. Results of her study should be reported to this Comm.
5. Those qualified to the scholarship should be guaranteed by some other people.
6. Those who do not show good results or good conduct should be judged by this comm. to continue the scholarship hereafter or not, etc.

Report of Midwives' Section

1. Continuation of activities 1948
2. Sanitary education for mother & child, based upon child Welfare Law.
3. Guide to birth control
4. Publication of monthly bulletin for midwives', Clinic Nurses' and PHN Asso.
5. National subsidy for in-service training, divided to each region all over Japan.
6. Midwives' Assoc. was dispersed in May 1948 and joined to this association: Officers & standing comm. were elected in June.
7. Nursing Sec. was established Welfare Ministry
8. Petition for Welfare Ministry for rationing clothes and medicine for midwives' use.--Misses Umaki, and Suzuki went to U S for study.
9. Law for protection of mother passed
Inservice training course in Kanto area in Sept.
10. Program Comm. gathered to discuss this annual conf.
11. Fathers' School was established under the guidance of Miss Matchson in Kanto Area.
12. Red Cross Conf. in Regions Oct.
13. Received subsidy for inservice training from Ministry of Welfare in Nov.

Report of Clinic Nurses' Sec.

1. Petition to Ministry of Commerce and Industry for rationing nurses' uniform, starch and soap, which were the subjects of last years conference, to which answer came on May 31, that the ration of such materials were quite impossible under the present condition of Japan.
2. Section Conference was held, catching members is one of the main activities of this assoc.
This Section dispatched lectures to 15 inservice training conferences.

Report of PHN Sec. 5163 members

Subsidy from Welfare Ministry 1948 ¥ 530000. distributed to all prefectures. Due paid in 1948 ¥10 per member
Due to be paid in 1949 ¥ 30 per member

The following is the qualification of Public Health Nurse

1. Those who completed the training course for more than 5 months, sponsored by governor of the prefecture.
2. Those who are qualified as nurses
Graduates of nurses schools of more than 2 years course, or those with more than three years experience as nurse

In the five months training course, there should be a full time teacher and nurse who supervise the training. For this purpose, PHN section is having a training course at Tokyo National I Hospital from March 1-26. the participants should be those finished the 4 months re-ed course sponsored by Public Health Bureau, and also recommended by the Governor of the prefecture.

Since subsidy has been, according to the new constitution, suspended, this association shall not be able to sponsor as many refresher course as we used to have last year, but such course as sponsored by Welfare Ministry held in any area should not be missed by local nurses.

PHN decided at Kyoto conference last year to use as many printing matters for education of PHN.

Items and Standard of guidance for PHN--pamphlets

Report of plan of New Business--Miss Maeda

A. General Plan

1. Education of Summer session, special session
2. Midwives' Sec. and Welfare Ministry will cooperate in giving regional inservice training.
3. Regional guidance--lecturers are to be sent
4. Communicative:
 - a. Conference for presidents of chapters to be held twice a year.
 - b. Research by nurses.
 - c. Activities in publication
Monthly bulletin
pamphlets, handbooks
 - c. Scholarship for midwives, clinic nurse & PHN
 - d. Assistance to or recommendation to get reference materials
 - e. Awarding commendation for health works
 - f. Establishing Nightingale memorial day
 - g. Various welfare works
 - h. Cooperation to emergency work.

B. Budget referred to the sheet.

- 1540- Presentation of 1949 Platform, read by the president
 1550- Election of Officers & Nominating Comm.

The Second day of the Meeting (Section Meeting)

Public Health Nurses Section

I Report of activities 1948

Establishment of Public Health Nurse Assoc, in all prefectures.

1. Officers meetings were held 17 times, Comm every month.
2. Training Comm. held every month
3. Activities of PHN- as reported on the Bulletin
the office was established at Harajuku, Tokyo
4. Printing matters and their distribution
5. Officers--standing comm.
6. Councillors

Report of Finance 1948 4 members, held meeting once a month

Report of Standing Comm.

" " Training comm.

Inservice training in 9 districts

Jan. 27 PHN Sec. became independent from other two sections

Inservice training handbook No. 2

PHN Bulletin No. 1

Mothers' Leaders' training conducted by cooperative work
by Miss Orson and Mrs--

Report of publication comm. Report of articles concerning the
activities should be sent to the publication comm.

Arrangement comm.--

Program comm.----- these two comm had joint 12 meetings with
officers in GHQ to prepare for this conference.

Nominating comm. Held 10 meetings to nominate right person for
candidates.

Constitution comm. held 16 meetings to make amendment.

Membership comm. 5163--1948

Health assurance comm. Reorganization of this comm. is necessary to
establish respectable treatment for PHN.

Report of tentative schedule 1949

Inservice training

Publication, pamphlet, guidance and sending lecturers.

Recommendation of good reference books and assistance to
get them.

Handbook for PHN

Establishment of rest-home for PHN

Survey of PHN's life

Motion was made by Miss Maeda that a letter to each prefectural govern-
nor or chief of public health section to recommend to send as
many PHN to the conference. this bill passed.

Section Meeting for Clinical Nurses

1300-

- I. How to get new members to the Assoc. --by Miss nagashima
- a. By speech in any possible occasion, and by printed matters
 - b. By giving possible chance to enter this org.
- Sugino, Chief nurse of Osaka University hospital suggested to give as many talk as possible to small group of nurses when some members visited a hospital or a training course is held. When one is registered as nurse, she should be recommended to be a member.
- Chief nurses conference, every training school and refresher course, this association should take part to give information of this association.
- II. Function of Clinical Nurses --by Miss Mamiya
1. Professional nursing
 2. Non-professional nursing
- Why patients come to hospital--to be nursed for safety and comfort. For nurses, service is the fundamental object. Nurses have to take responsibility to patient and to the hospital. Nurses should work under the supervision of doctors, even though they have professional technique. Work of nurses in a hospital should be carried by organization team work. To economized time and labor of nurses each building of the hospital should be constructed in similar plan similar implements and requisite should be laid in the similar place. Nurses' room, room for treatment, service room where doctor's order is kept and recorded by nurses doctor's allotment on duty.
- Okayama National Hospital is taking three changes a day system --8 hour's work which was explained by Miss Miyata. They took up this 3 turn system May 17, 1948. Three doses of medicine had been wrapped in one wrap, which should be taken to the patients and back to the medicine room.
- The work which was run by 250 visiting nursing women and 250 clinical nurses was supervised by only 45 nurses. For this purpose reorganization of hospital is urgently needed. Central food service and disuse of visiting nurse are necessary. A maid of miscellaneous work of about 17 year of age should be stationed at internal disease, surgical, dental and ophthalmology. All the sterilizing work and arrangement of implements is her job.
- III. Refresher courses for Clinical Nurses --by Miss Hayashi
- National examination--to get license-- promise for better salary.
- Knowledge of laws pertaining to nurses
 Health of the people kept by nurses--how?
 Scientific knowledge and technique protect life
 Professional nurses' work based upon love

The Third Day of the Meeting

April 8 1949--Friday

0900-

Greetings by Minister of Welfare, read

0930

Speech-- New laws and nursing section set-up Mrs. Hora
National exam for PHN
qualification-graduates of five months training course
supervised by the governor.

Experienced nurses with more than 3 years' experience.
Central deliberation comm. is organized by less than
15 representatives in Tokyo from doctors, midwives &
nurses. National exam. comm. supervise designation
and survey of A nursing school. Doctors' Association is
supposed to nominate one from each chapter., while pre-
fecture choose 6 thru Health Sec.

National Exam comm. for A & B nurses is appointed by govern-
ors.

Graduates of Upper Secondary School or those finished the
third year course of Jogakko under order system

A type of licensed nurse, graduates of nursing school
or with ability of more than average ability, those with
nursing experience of more than a year

B type --graduates of Lower Secondary School who worked two
years under the leadership of doctor, dentist and A type
of nurse, or those with qualification of older system
should have national exam.

Those who want to retain nursing should be registered e
every two years.

Applicants will be collected till April 1954. This new
system will be applied to graduates who finished their
course March 1953.

Midwives can become PHN if they passed PHN exam.

Punishment: Those who neglected due procedure shall be
fined less than ¥5000. Those who nurse patients without
license shall be punished by imprisonment less than 6
month or be fined for less than ¥5000.

These are managers for Clinical nurses, PHN and Midwives,
who are responsible for ration of requisites for them,
and also see to improvement of technique and intelligen-
ce of nurses and midwives all over Japan.

1. Since Japanese nursing is 20 years behind the world level,
 2. As nurses are not dignified.
 3. Not many nurses with good characters.
 4. Not many nurses with cultured and refined charm
- To overcome all these deficiency, nursing section set-up is planned, and 19 officials were admitted, budget for Welfare Ministry including expense for nursing sec has not passed the Diet, but it was already registered in the Finance Ministry ledger

1030- 1200 Speech Nursing in Japan and in foreign countries
Miss Gill

1315-1450 Speech by Miss Sakanishi

1440-1450 I. Report of Midwives' Section Meeting--Mrs. Ichikawa
The business meeting was carried according to the program in the morning April 7.

1. Inservice training 1949 and 1950
They decided that one training course should not be long, but be a short and frequent course.
2. Income tax and other taxes for midwives - taxes are too heavy for midwives, petition should be sent to the government.
3. Demonstration - conducted by Miss Suzuki & Miss Sugawara

II. Report of Clinical Nurses Section Meeting--Miss Suko
Attended by 1261 members, conducted according to the program.
Constitution re Clinical nurses was decided to be amended by central comm.
Betterment of the state of visiting nurses was moved.
Many question arose concerning to the training course.
Inservice training course, not only to nurses in public hospitals but also private nurses should have the opportunity of attending training course.

One of the members motioned that these days there are too many movies that show nurses private life. Most of them are involved with rather degraded side of nurses life. Such films should not be made in honor of our mission.

Improvement of salary for Clinical nurses should be consulted to the central council of this association.

III. Report of Public Health Nurses' section Meeting

Attended by 800, conducted according to the program.
Improvement of salary for PHN discussed

1300-1400 A Speech on population problem by Dr. ^{Kondo} Ken
Presentation of studies by three nurses.
Vote of thanks to Miss Kawamura, president of PHN Sec.

1510 Report of Board

1. Summary of discussion-
Next general meeting at Tokyo
2. Platform 1949
3. This Association to be chartered to inter-national council of nurses
4. To send telegram of congratulation to the inter-national conference to be held at Stockholm in Sweden June 3 1949.

5. Relation between Public Health Section and Military Government.
Number of personnel will be cut down according to the enforcement of 9 points program in economy. Motion for petition to retain nursing section and Public Health Section was made.
6. Election of Officers reported
President Inoue
Vice President - Yumaki
Treasurer- Hirai

1530- Platform 1949, read by Miss Maeda

1. We try to improve the level of midwives, nurses and PHN.
2. We positively try to enforce and extend the period for midwives, nurses and PHN training course.
3. Each of us members try to do our best, recognizing the professional importance.
4. Each members should perform the responsibility in her own field as to the training.
To make more effort for inservice training of midwives, nurses and PHN.
We pledge to support the law concerning midwives, nurses and PHN.
We try to increase members in order to enlarge this Association.
We try our best to join the Inter-national Nurses Association.
We try to have our bulletin every month.

Public Health

10

Takematsu, Japan
10 April 1948

Subject: Midwife Conference

To: Public Health Officer, Kochi Mil. Govt. Team

Attached herewith are copies of the objectives of the present midwife program and sample midwife-to-doctor referral slips, as presented by Miss Enid Mathison, Nursing Affairs Division, GHQ, SCAP, to an all-Shikoku meeting of midwives, 6-10 April.

These are for your information and use as desired. The midwives received similar, but more detailed information.

C. Jope
CLIFFORD H. JOPE, M.D.

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BY: [mirrored text]

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OFFICE OF THE [mirrored text]

RECEIVED [mirrored text]

10 10

Some goals for Midwives to work toward in 1948

The best means of making advancement or of raising standards is to decide upon definite goals which will be reached within a certain time. This year we are going to strive very hard to improve the type of care given to every maternity patient in Japan. There are a few definite goals which we should be able to reach if every midwife understands what we wish to accomplish and will make a conscientious effort to do her part in helping to realize these goals. The following brief outline of the things we hope to do are being listed so that each midwife may know exactly what it is she is to work toward:

- I. Two complete physical examinations by a doctor during each pregnancy.
 - a. The first examination should be done as early in pregnancy as possible. Much can be done in the early months to make the prenatal period a safer and more comfortable one.
 - b. The second examination will come two or three weeks before the baby is expected. This is to make sure that everything has gone well throughout pregnancy and that the mother is in good condition to go through the labor, delivery and recovery period.
- II. Every normal patient will be seen by the midwife once each month during the first eight months and every two weeks after that time.
- III. The midwife will have detailed discussions with each one of her patients when she sees her for the monthly supervisory visit.

She will explain to the patient the physical and emotional changes that take place during pregnancy, and tell her about the things that she can do to make the time a safer and a happier time. There are two things that the midwife should always keep in mind when taking with her patients, they are:

1. Always give patient a reason for doing the things you ask her to do.
2. Never ask a patient to do something unless you know that it is possible for her to do it. Frequently the midwife will be able to suggest ways or means whereby the patient can do the things that she is asking her to.

IV. The midwife will make each patient responsible for supplying the following information, and specimen, at each supervisory visit.

1. Her weight, gotten the day previous to visit.
2. The exact amount, in figures, of urine passed in a twenty-four hour period the day before visit and - also a small amount of urine from the twenty-four hour specimen for the midwife to examine.

V. One or more conferences should be held with the husband of each patient-definite suggestions will be made as to what he may do toward making the maternity period a safer and happier experience for his wife.

The following suggestions may be made to the patient as to where she may get her complete physical examinations:

1. Her own private physician
2. The health center nearest her home
3. The out-patient department of a hospital
4. The local physician in smaller villages.

(A committee of midwives may request this physician to cooperate in the program for improving maternity care by making special rates for all patients referred by them - using standard referral form.)

VI. A special effort will be made to get all patient to report for a postpartum examination.

REFERRAL FOR MATERNITY EXAMINATION

Patient's Name..... Address.....

Referred by:

Midwife's Name..... Address.....

Date of: X-ray of Chest.....

Blood test.....

Physical examination.....

Physician's instruction to Midwife;

.....

.....

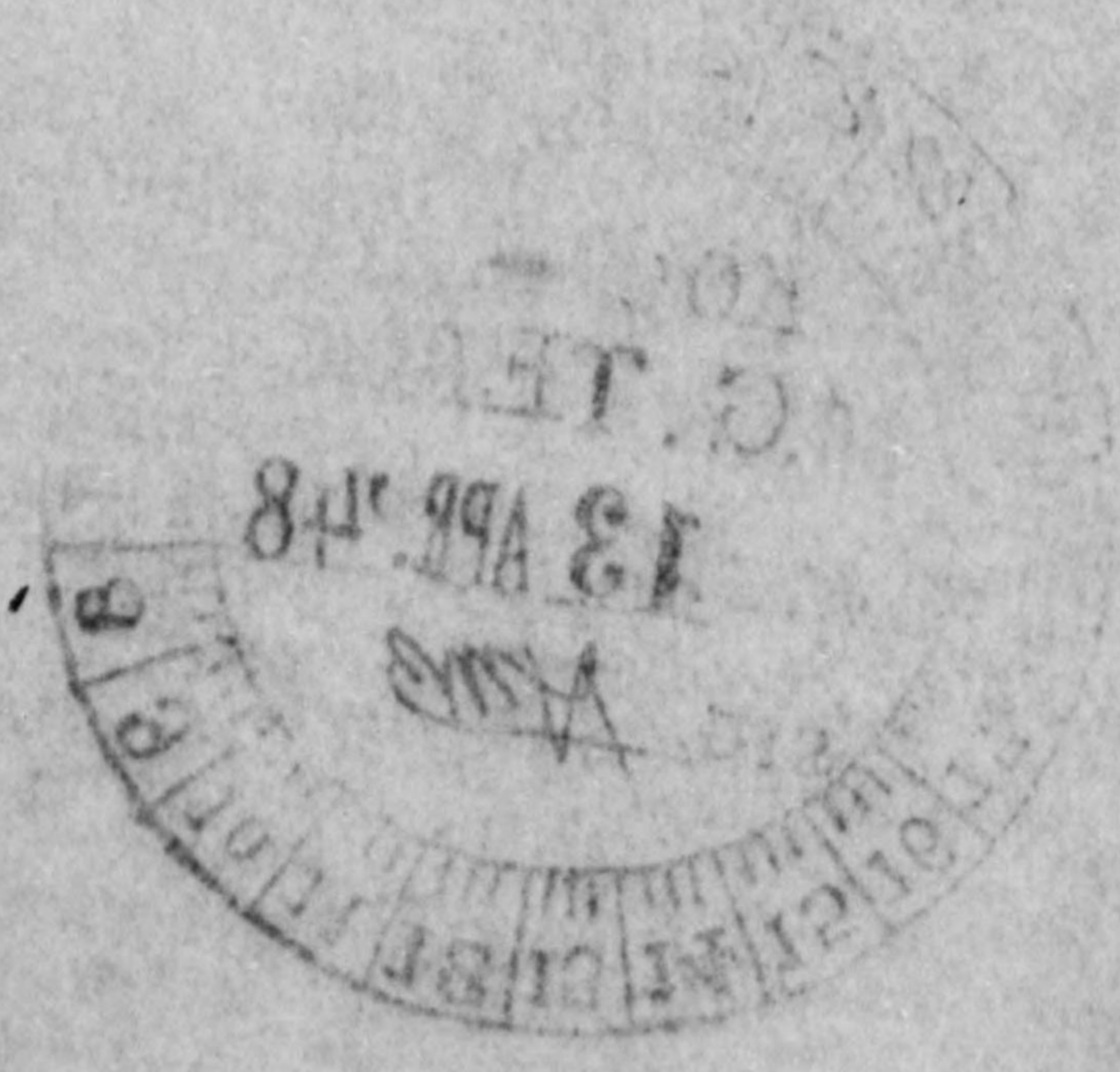
Examining Physician's Name.....

Date of Next Appointment

1.

2.

3.



LESSON I

SUBJECT: Pregnancy and the Reproductive Organs

AIM: To explain what takes place within the body during pregnancy so that every pregnant woman will know why she should take care of herself and her baby, and how she can do it.

VISUAL AIDS: Charts showing reproductive organs and the baby in the uterus at different stages.

SUBJECT MATTER:

QuestionAnswer & Discussion

When should preparation for parenthood begin?

Preparation for parenthood begins very early in life. Preventing the diseases of infancy may help to avoid many complications of pregnancy, some of these diseases are diphtheria, scarlet fever and rheumatic fever. Rickets in infancy may cause abnormal

development of the pelvis which may cause complications during labor and delivery. So immunization against diseases in childhood will help to decrease the number of difficult deliveries and much suffering. For many years people have studied and worked hard to prepare themselves for some profession or job but few people gave any thought to preparing for parenthood. We must realize that this is something which needs much physical and mental preparation.

What do we mean when we say that a woman is pregnant?

We mean that there is a baby growing within her body. Many changes will take place in her body during pregnancy, local and general changes. These changes are normal and temporary, if a healthy woman gets good care

throughout the prenatal period there will be few, if any, traces of the changes left by the time the baby is two months old.

What are the most noticeable changes in the body?

There are two local changes which are most noticeable, they are the changes in the breasts and abdomen. The breasts enlarge during pregnancy and toward the end blue veins will often show through the skin.

The abdomen enlarges to take care of the increase in the size of the uterus which is making room for the growing baby. Toward the end of the pregnancy this stretching will cause red or bluish streaks in the skin over the abdomen but will grow lighter or disappear after the baby comes.

What are some of the general changes in the body?

One of the most noticeable general changes is the gain in weight. The average woman will gain from five to nine kilograms during the ten months. There is an increase in the amount of blood in the last month. The heart may be a little enlarged and the veins of the legs may be slightly larger. The lungs are pushed up because of the growing baby and in the latter months this makes the breathing more shallow. There may be an increase in the amount of urine.

Are there any other changes?

There may be several other changes such as:

1. Morning sickness that occur early in pregnancy.
2. The stopping of the monthly flow, this most always stops during the ten months of pregnancy.
3. There may be a desire to pass the urine more frequently, because the enlarging uterus causes a pressure on the bladder.
4. Cravings for unusual articles of food, this may be for some food the woman rarely over eats, normally.
5. There may be changes in the nervous system, little things may make them, unusually happy or unhappy.

What is the cause of fatigue during pregnancy?

As the abdomen increases in size making becomes more difficult. The body must be thrown back to maintain balance, this results in strain and causes the woman to become more tired than she usually does. The proper kind of shoe helps the woman keep her balance. She should always wear flat shoes with low heels which should be kept even.

What can be done to lessen the swelling and cramps in the legs as the abdomen enlarges?

Lying down helps to make the circulation more free. Sitting with the feet elevated also helps.

The enlarging of the abdomen causes an inward pressure which hinders circulation. This may cause the swelling and cramps in the legs. Anything worn tight around the waist or legs will increase this pressure and so should never be worn while pregnant.

When do the changes take place in the reproductive organs?

The changes that take place within the body are even greater than the outward ones that can be felt. These changes begin the very day that the Male sperm and female egg come together.

What are the reproductive organs?

(Show good chart of reproductive organs)
This is a picture of what we call reproductive organs, they are the organs that have the most to do with the growth of a baby. These organs are supported by the pelvis which is a bony ring forming a hollow basin.

Point to pictures -- This is the uterus in which the baby actually grows. This is the birth canal leading to the uterus. The baby passes through this canal during the labor and delivery. These are the tubes and ovaries. The tubes are about the size of a small pencil, they lead to the ovaries. Pain in the ovaries is very often spoken of as female trouble.

What is meant by ovulation?

The ovaries, or glands, hold hundreds of eggs and one is thrown off each month. This happens about fifteen days before the beginning of menstruation. The eggs are drawn toward these

little tubes and gradually work their way down the tube.

What is menstruation?

After the ovaries have thrown off the egg the inside of the uterus begins to prepare for the embedding of the fertilized ovum. But if the egg is not fertilized then menstruation

follows. The menstruation might be thought of as a kind of house cleaning. After each menstrual period the lining of the uterus, which is a thin membrane, becomes a little thicker, each day accumulating more and more blood. About a week before the next period is due the process reaches its height, the lining is of the thickness of heavy, downy velvet and has become soft and full of blood and other secretions. If the egg is fertilized it sinks into this nice soft bed. So we see that all of these changes are made for one purpose -- that is to provide a suitable bed for the fertilized egg to rest, secure nourishment and grow. Then, if the egg is not fertilized all this preparation is not necessary. The swollen membrane bursts and the blood escapes into the uterine cavity and passing through the cervix flows out through the vagina, carrying the egg with it. This is the house cleaning, and the process repeats itself each month.

If intercourse takes place what may happen?

When intercourse takes place the male throws off many sperms into the vaginal canal. Some of these may find their way up into the uterus, and

on into the tubes and here one of the male sperms meets the female egg. A male sperm may enter the female egg and right then and there a new life begins.

Can the mother mark her baby during pregnancy?

This egg which has been brought to life by meeting one male sperm holds the secret of the baby's life -- what color his hair and eyes will be the shape of his body and whether his whole body will be perfect or not. There is no

nervous connection between the mother and the baby in the uterus -- no pathway along which impulses, impressions, etc. can travel. The blood of the baby is entirely separate from that of the mother. Nothing the mother does, sees, or hears can influence or 'mark' her baby. When 'markings' or other deformities occur in babies they have been present since the earliest weeks of pregnancy, often before the mother even know she was pregnant.

What takes place after the egg and sperm are joined?

When the egg is fertilized it begins to divide and grow and then it travels down into the uterus and attaches itself to the side of the uterus. This takes about nine days. The egg begins to grow and soon there is formed the baby's body, the

umbilical cord, the bag of waters and the afterbirth. The afterbirth and cord are pathways through which the baby gets its nourishment from the mother. The mother's blood does not actually circulate through the baby, it carries food, oxygen and water to the afterbirth where they are absorbed and passed on to the baby through the blood vessels in the cord.

Why is the woman urged to see a doctor as soon as she thinks she is pregnant?

Even though pregnancy is a natural process it is a test of mind, body and spirit, it puts a strain on many parts of the body. This early examination is very important because it lets the doctor and midwife know whether the mother's organs are all in good condition, and if anything wrong is found treatment can be started early in

the pregnancy. If every thing is found to be normal it makes the midwife and the mother feel better. Pregnancy must be watched closely and carefully for it may become abnormal very quickly and then will require special treatment to be sure that the mother and baby will be safe.

Can the mother affect the health of her baby?

The general health of the mother can affect the health of her baby. If she has syphilis there is great danger that her baby will get it, and she might even, lose her baby.

Where does the baby get his nourishment before he is born?

Before birth the baby's nourishment comes from the mother's blood. If she does not eat enough of the right kind of food when the baby takes its food from her blood it will leave her in a weak condition because when there is not

enough nourishment in the mother's blood for both mother and baby nature has fixed it so that the baby will get his necessary nourishment by taking from the mother's tissues the materials for his growth. As an example, if the daily diet of the mother does not have enough calcium in it to supply the baby then the calcium will be taken from the mother's teeth and bones. More often it is the teeth that are effected but in extreme cases the bones become softened.

Does the baby in the uterus need air and if so how does he get it?

The baby needs oxygen to keep well and to help develop, and unless the mother takes fresh air into her lungs she cannot keep the best supply of oxygen in her blood for the baby.

Does the baby in the uterus get rid of waste materials?

The baby in the uterus must get rid of all the waste materials just as any living person does in order to live. This waste material returns through the cord into the afterbirth and is then transferred to the mother's blood which carries it to her kidneys and lungs to be thrown away.

Does the waste material from the baby affect the mother and how can she aid in its elimination?

The baby's waste added to the mother's waste places an extra amount of work on her organs. This is why she must get plenty of fresh air, a walk every day if possible; her body should be kept clean by a daily bath with warm water, this may be taken in a tub during the first eight months but after that time she

should take a sponge bath because of the chance of dangerous germs getting into the birth canal if she sits in a tub of water; she should keep her bowels moving regularly and drink plenty of liquids so that the kidneys will not have more extra work than is necessary. If it becomes necessary for the mother to have a laxative she should see a doctor and not try to treat herself.

Is the amount of weight gained during pregnancy important?

The normal woman should gain from five to nine kilograms during pregnancy. If she was underweight before pregnancy began she can gain more and still stay within normal limits. The pregnant woman should be weighed regularly -- once each month during first eight months and then every two weeks. A sudden gain in weight

is a warning of danger. It may be due to the storing up of fluid in the tissue which is a sign of early toxemia. Treatment at this time is very important, it will often prevent the development of serious toxemia. Salt in the diet is frequently the cause of the storing up of the fluid in tissue so a woman who gains rapidly will be asked to reduce the amount of salt, and if this does not control it she may have to leave it out of her diet entirely.

What symptoms of trouble can the mother herself recognize?

If for some reason the kidneys cannot take care of the extra burden of waste during pregnancy the mother may have serious trouble if she does not have good medical care. There are several symptoms of trouble which the woman herself will be able to recognize if the midwife

has asked her to notice for and report them. Some of these are severe headaches, dizziness, swelling of the legs, face and hands, bleeding, pain in the abdomen and a sudden increase in weight. If at any time anyone of these symptoms should develop the woman should report to the doctor immediately and then follow his instructions.

When does the mother first feel her baby move, should she remember the date?

Usually at about the fourth month of pregnancy life can be felt by the mother because the baby begins to stir by stretching his arms and legs. When this happens the mother may have a feeling similar to that of holding a little bird in her hands and feeling the flutter of its body against the hands. When she has this feeling the first time she should write the date down and tell the midwife about it. This helps the midwife to know more about when the baby should be expected.

Where does the baby live while in the mother's body?

The baby grows in the uterus, he lives in a bag of water which protects him from injury. He lives in this water very much like a fish lives in water. When the time comes for the baby to be born this bag of water helps to open the way for the baby to come down through the birth canal.

When does the baby first breathe as we do?

While in the uterus the baby does not breathe through his lungs, he gets his oxygen from the blood which comes through the cord. When he is born air enters his lungs with his first cry. The lungs now get much more blood from the heart than when the baby was in the uterus. From the moment he is born he uses his lungs as he will the rest of his life.

Why is the mother's body measured?

The organs of reproduction are supported by a bony ring called the pelvis. This pelvis is the birth canal, or the passage which the baby will pass through to be born. The pelvis is measured in order to know how large or small the passage is. If it is found that a pelvis is too small for the baby to pass through then some other plans will have to be made.

What causes bleeding during pregnancy?

It sometimes happens that the wall of the uterus is thin and the afterbirth is not attached too well. Some of the blood vessels which make up the after birth, which look very much like the roots of a tree may come loose and if this happens the mother will have bleeding which is bright red in color.

What should the mother do if she begins bleeding?

At the first sign of bleeding the mother should go to bed immediately and the doctor should be sent for. If the mother does not lie down and relax more of the blood vessels may become loosened and a severe hemorrhage may result that would endanger the life of the baby and mother.

Where is the best place for the mother to have her baby?

kidneys or heart are not working as they should, or if the mother has had bleeding at intervals plans should be made to have the baby in a hospital if possible in order to take care of any emergency that might develop during labor or delivery.

When the doctor has given the patient a complete physical examination and found that her general condition is good she may make plans to have her baby at home if she keeps herself under the close supervision of her midwife throughout the pregnancy. If it is found though that the

Where can patient with low income get complete physical examination?

The health centers are available for pregnant women who cannot afford to go to a private hospital or doctor for medical care. The midwife will make the clinic schedule of the health center known to all patients.

What is the mother's responsibility during pregnancy?

nation by a doctor early in pregnancy. It is the mother's responsibility to follow the advice of the midwife and doctor. She should see her midwife, or a doctor, once each month until the eighth month and every two weeks after that.

It is the responsibility of every woman who thinks that she is pregnant to visit a midwife and put herself under the supervision of the midwife immediately. At the midwife's suggestion all patients will have a complete physical exami-

LESSON II

Subject: Nutrition in Pregnancy

Aim: To teach the relation of food to health and the necessary adjustment of the diet to the needs of pregnancy.

Visual Aids: Posters on Nutrition for Maternity Patients.
Food samples on exhibit

Subject Matter:

QuestionsAnswer & Discussion

How does the human body differ from a mechanical engine?

Human bodies are engines which vary in age, size, quality and the manner of performance. A Mechanical engine needs fuel mixed right with air, a spark plug to light the fuel, a cooling system, oil for all moving parts and then intelligent care by humans. The human engines differ

from the mechanical ones in that they can increase in size and reproduce their own kind. They are also self-building and self-repairing if they are fed right and given good care.

How does the growing baby affect the mother?

While the woman is pregnant nature is building a new person within her body. The mother supplies the building materials in the form of nourishment which passes through the afterbirth to the growing baby. So the mother's

diet must have in it foods which contain the proper kinds of building materials. A woman who is not pregnant may get along very well on a diet upon which she cannot nourish an unborn baby and keep her own health. If the baby cannot get what he needs from the mother's food he will have to take it from her body and she will be undernourished. But if the mother was in good health when she became pregnant and if she eats enough of the right kinds of food this will not happen to her. The function of food in the human body is to; furnish energy, build and repair the body and to regulate the body processes.

What are some of the foods that make fuel or energy?

The fuel or energy-building foods for the body engines are sugars, starches and fats, they are measured in calories as gasoline is. When the food supplied to a mechanical engine is used up the engine stops. The body engine, though,

goes on over short periods without new fuel, burning up some it has stored. The body stores some fat for such emergency but too much stored fat is a burden to the human energy.

What are the tissue-building and repair materials?

The proteins are the tissue-building and repair foods. They are needed for the construction and upkeep of the muscles and other soft organ tissues of the body. Good protein is found in lean meat, fish, cheeses, dried beans and nuts.

What controls the temperature of the body?

The body has a temperature regulating mechanism which involves the amount of water in the body and its successful evaporation through the skin. Water is very necessary for the digestion of food, for regulating temperature, for all body fluids and tissues and for the proper functioning of the kidneys and bowels. Water is as necessary for life as food.

Which foods act as spart plugs?

Just as a mechanical engine must have a spart plug to light the fuel the human body an engine needs a spart to help it to use all its foods to the best advantage. This spart may be said to be furnished by the vitamins and minerals.

What are vitamins and where do they come?

Vitamins are certain chemical substances which are found in very small amounts in foods. They come from animal and vegetable foods.

Why are the different vitamins so important?

Vitamin A₁ helps the body to maintain a good resistancy to infection of the eyes, nose, throat, ears and lungs. An absence of this vitamin causes difficulties in adjustment of the eyes to darkness, extreme lack of it may even cause blindness. Some good sources of vitamin A are: dark green leafy vegetables,

eggs, liver, yellow fruits and vegetables, whole milk, butter and cheese. Boiling or steaming does little harm to vitamin A.

Vitamin B₁ aids appetite and digestion, it helps to better utilize the starches and sugar in the body. Vitamin B protects the nervous system, it has been called the "morale vitamin". It is found in all whole grain cereals, dried beans, most all nuts, lean pork and liver, most fruits and vegetables especially when raw, and eggs. Average cooking time does not affect this vitamin but long hours of heat will destroy it.

Vitamin C₁ helps to protect the body against scurvy, is necessary for sound teeth and good bone development and strengthens the small blood vessels of the body. The best sources of this vitamin are raw fruits such as oranges, grape-fruit and lemons, tomatoes raw and canned, and raw vegetables like green peppers and cabbage. These foods should be eaten as fresh as possible as they are destroyed by heating, and also by long exposure to air after they are harvested.

Vitamin D₁ is very important in the prevention of rickets in babies, it protects bone and teeth. During pregnancy it helps guard against loss of lime and phosphorus from the mother's teeth and bones. The body produces vitamin D by action of direct sunlight on the bare skin. Another source is found in certain fish and fish oils. Other vitamins are D, K and E, if the mother gets a well balanced diet she will get a sufficient supply of these.

Are there special things to remember about getting the full value of vitamins from food?

To avoid loss of vitamins in cooking the following suggestions are made;

1. Keep vegetables crisp until time to cook.
2. If vegetables are to be pared or cut before cooking do this just before putting into boiling water.
3. Cook vegetables as quickly as possible
4. Cook in a small amount of water and use any liquid that is left.
5. Steaming is a good way to cook many vegetables and some other foods.
6. Cooking vegetables whole and with the cover covering on helps keep the vitamin content.
7. Serve foods as soon as possible after they are cooked.
8. Do not fry foods if they can be cooked in some other way.

Foods should be stored in the coolest place possible and should always be in closed containers. Frozen foods have about the same vitamin content as fresh ones, if frozen foods are to be cooked drop them quickly while still frozen into boiling water and use all of the juice.

What minerals are important and where are they found?

Calcium, iodine, iron and phosphorus are the important minerals. The rapidly growing baby will need minerals for his development, especially calcium and phosphorus for the formation of bones and teeth. Calcium forms 99%

of the skeleton. The only source of these minerals for the baby is the mother and if her diet does not furnish enough to supply the demand of her own body and that of the baby they will be taken from her teeth and bones. The best source of calcium is milk and milk products, a small amount is found in eggs, fruits and vegetables, and fish eaten with the bones. The necessary amount of iodine will usually be gotten from sea foods, a deficiency of this vitamin may cause a goiter in the mother. Pregnancy makes a big demand on the mother for iron. The baby at birth has enough iron to meet its needs for the first few months of life. This comes from the mother's food and if her diet does not supply enough it will be taken from her, she has no reserve of iron so it will be taken from the hemoglobin of her blood -- this is the cause of anemia in pregnancy. Good sources of iron are liver, lean meats, potatoes, dark green leafy vegetables and eggs.

How is the body supplied with air?

Air is supplied in breathing, and oxygen is carried from the lungs by the blood, which is pumped by the heart to all parts of the body, carbon dioxide is exchanged for oxygen.

This exchange aids in the utilization of foods by the body. During pregnancy, this is of importance not only to the mother but also to the baby. Fresh air is needed both day and night.

What are the needs of the baby during pregnancy?

The baby feeds itself at the expense of the mother, and he does not suffer from malnutrition until all the nutrient values have been drained from the mother. The pregnant woman needs to realize the importance of a good

diet, as well as the importance of other good health habits. Her health and that of the baby depend upon the kind and amount of food she eats and upon proper rest, fresh air, sunshine and exercise.

Should the mother increase the amount of food during pregnancy?

The total quantity of food may not need to be increased, but after the fifth month it is important that the quality of her diet be rich in the foods containing calcium, iron, vitamins and proteins. During the last half of

pregnancy, the baby makes the greatest growth in muscles and bones. Extra protein should be included after the fifth month if possible.

What types of food should be in the daily diet of every prenatal patient?

Milk - as much as possible, this is one of the most useful foods because it furnishes so many of the needed food elements. If fresh milk is not available, powdered or evaporated milk may be used.

Eggs - the mother should have an egg four or five times a week since they supply not only protein but iron, phosphorus and vitamins.

Lean meat, chicken or fish - at least one good serving each day. Dry beans or nuts may be substituted for meat occasionally. Liver, kidney and heart are rich in iron, vitamins and protein. Soybeans and peanuts are good sources of proteins and vitamins.

Potato - one or more every day because they contain bulk as well as minerals and vitamins. Baked or boiled in their skins helps to retain the minerals.

Vegetables - two servings daily, one raw and one cooked. Green and yellow vegetables are very high in minerals and vitamins. To best preserve the food values vegetables should be cooked rapidly for a short period of time in only enough water to keep them from burning, and the water they are cooked in should be used too.

Fruits - two servings daily, one of them a fresh fruit such as orange, grapefruit or tomato. The other may be either fresh, dried or canned.

Bread or rice - one-half whole grain as they are richer in vitamins and minerals. The polishing of rice and wheat removes very valuable elements and for that reason some unpolished rice should be used every day.

Fluids - since liquids help the body to throw off waste products it is very important that the pregnant woman have a liberal amount of fluids. Banha is preferred to green tea when it is to be taken in larger quantities during pregnancy.

What foods should be left off during pregnancy?

Foods which the mother knows does not agree with her should be left off. Highly seasoned foods, heavy souces and dressings should be avoided since they may put too much work on the kidneys or cause indigestion. During the last two months when the

pressure is such that it makes one uncomfortable to eat large quantities of food, the pregnant woman should eat smaller quantities at more frequent intervals. During the early months when the mother may feel sick at her stomach small meals of solid food taken often may help to relieve the sickness. Liquids may be taken after the meal of solid food.

Are sweets in the diet necessary?

Sweets are a source of energy and some are needed. If taken between meals they may spoil the appetite for the regular meal so they should be eaten at the end of the meal.

What are some good food habits?

Eating slowly and at regular hours gives the digestive organs time for some rest, and the digestive processes an opportunity to prepare the food for the necessary parts of the body. Boiled, stowed or baked foods

are much more easily digested than fried foods. The method of serving food has much to do with the appetite; servings of food should be small, there should be variety in colour and flavor and fresh crisp salads should be served often to tempt the eye and appetite. A quite and restful environment, attractive table and a congenial happy family add interest to the meal, as well as aid digestion.

LESSON III

Subject: The Hygiene of Pregnancy - Physical and Mental

Aid: To teach the value of prevention throughout pregnancy by good physical and mental care.

Visual Aids: Binders, brassiere, maternity dress or kimono, nightgown, patterns

Subject Matter:

Questions:Answers and Discussion

What is meant by health?

Health is harmony and balance of all parts of the human body, it includes the mind as well as the physical body.

How can health and happiness be achieved?

To achieve and maintain health and happiness the person must be interested enough in it to want to learn what the physical body needs for growth and development. They must learn how to live in an environment where the social forces affect the person physically and mentally, and how to react to certain situations. It is necessary to know about what foods are needed for growth and development and also how much fresh air, sunshine, sleep, rest and exercise are sufficient for the needs of the body.

Does a person need help from others to maintain his health?

Since a person cannot see what is going on within the body, it is very difficult for an individual to know if all parts of the body are in good condition. Every individual, and especially a pregnant woman, needs the help of others to assist in achieving and keeping good health. The people who are trained to give this necessary help are the doctors, dentists, midwives and nurses, they should be consulted regularly in order to detect very early and beginning disease or abnormality.

Does one part of the body affect another part?

The body is a very complex machine, it has many complicated functions to perform. The different systems and their functions are so closely related that even the slightest disturbance of one may affect the balance and harmony of many other parts. All of these functions are not understood by

doctors but medical science has discovered many of the essentials of health. The benefits to be derived from these discoveries depend upon their intelligent use by the people.

How can a person find out what the body needs to keep healthy?

One of the best means for keeping healthy is for every individual to have a physical examination once each year. It would be very good if every woman could have a thorough examination before she becomes pregnant to determine whether or not she is physically fit for pregnancy at the time.

Does the pregnant woman need more examinations than the non-pregnant?

Because her body is undergoing continuous marked changes, the pregnant woman should have very close supervision throughout the entire period. She should have at least two complete physical

examinations by a good doctor -- one early in pregnancy and one during the last month. In addition to these she should see her midwife once each month during the first eight months and every two weeks after that time. Regardless of how good the woman feels, it is very important that she go to the doctor as soon as she thinks that she is pregnant, this is to give her and her baby the most protection possible.

Why should every pregnant woman visit the dentist?

Good teeth are essential to good health. A bad tooth may serve as a focus of infection and poison the entire system.

If the woman should lose a tooth, it will cripple her ability to chew her food well, an important step in digestion. The dentist should be seen as often as necessary to put, or keep, the teeth in good condition. There is no proof that a pregnant woman will have difficulty if she has a tooth pulled or filled.

Does pregnancy harm the teeth?

Pregnancy should cause no harm to the teeth if the woman has a good diet and takes care of her teeth and gums by keeping them clean.

Is rest more important during pregnancy?

Because of the continuous changes which take place within the body during pregnancy, the woman may become tired more readily. One reason for this is that the growing body causes an increase in the size and weight of the abdomen and the center of gravity of the body is changed so the woman is required to make constant changes in posture to maintain her balance.

The prevention of extreme fatigue must be stressed, the woman should be encouraged to rest frequently during the day, she should work and rest in short periods rather than long ones. Rest is the ability to relax. The best way to relax is to lie down in a comfortable position. If it is not possible to lie down for one-half hour each morning and afternoon, then the woman should lie down for a few minutes several times a day. Teach the patient to stretch out so it will be easier for the heart to pump the blood to the legs and feet. During the last few weeks of pregnancy a small pillow for support of the abdomen when the woman is lying on her side will help her to relax and feel more comfortable. The woman should sit instead of stand when possible, even when doing much of her housework.

Does the pregnant woman need more sleep than the non-pregnant?

The exact amount of sleep necessary for the pregnant woman will be determined by each individual, some people require more sleep than others. The pregnant woman needs more sleep than she did before pregnancy because she is not only restoring tissue but is also supplying material to build bones and muscle for her baby. The pregnant woman should spend at least eight hours in bed each night, getting an hour more sleep at night than she is used to.

What can the pregnant woman do to make herself more comfortable when lying down and to encourage sleep?

During the last few months of pregnancy two or three pillows under the head will help to make the patient more comfortable, this will make her breathing easier. When she is lying on her back a small pillow or roll of some soft material placed under the small of the back, and a pillow under the knees will also help to relieve the strain on the abdominal muscles. When lying on the side a pillow under the side of the abdomen and between the knees is helpful during the latter weeks. If the woman is used to sleeping on her stomach, she may still find it comfortable for short periods if she puts a pillow above and below her abdomen. Before going to bed if the woman will take a warm bath or drink some hot tea or some other hot drink, it will help her to relax and go to sleep.

How much exercise should the pregnant woman have?

The pregnant woman should have enough exercise to give her body and mind relaxation, but the exercise should be of the type that she does not feel any pull on the abdominal muscles and pelvic organs. Walking in the fresh air is one of the best forms of exercise for the pregnant woman, and it is a type that is available to everyone. Exercise should be taken in moderation, never until the woman is too tired. The function of exercise is to promote circulation, stimulate the appetite, aid in preventing constipation, and to produce enough fatigue so that restful sleep will follow.

Frequently the woman is tired without realizing it, some of the symptoms of fatigue are that the woman is irritable, and apprehensive, she worries more than usual and may be very restless. When she notices these symptoms, she should stop whatever she is doing and lie down and rest for a few minutes. All members of the family, regardless of age, should be told about the coming baby early in pregnancy, so they can share in the plans and help the mother through this experience.

What part does elimination of waste materials from the body play?

Especially during pregnancy, elimination is very important because the baby's waste products, added to the mother's, makes extra work for the kidneys. If this waste material is not thrown off, the body will absorb the poisons from it, this causes not only fatigue but many other difficulties during pregnancy.

How does elimination take place and what can the woman do to aid good elimination?

Elimination takes place through the kidneys, bowels, skin and lungs. By drinking plenty of liquids the pregnant woman can aid in the elimination of the kidneys. Regular bowel movements are very essential for the elimination of waste materials. Nature can be assisted

in this by eating plenty of fresh vegetables, fruits, whole grain cereals, regularity in eating habits and drinking plenty of water, especially a large drink before breakfast. There should be a regular time for going to the toilet, preferably right after breakfast. If there should be difficulty with constipation after observing these habits, the doctor should be seen rather than the woman taking medicines suggested by various individuals.

How do the lungs help in elimination?

The lungs take in oxygen and throw off carbon dioxide, which is waste material, and unless the woman gets out in the fresh air, she may not breathe in enough oxygen.

In a room which has poor ventilation, and there are a large number of people, this waste material is constantly being breathed out and re-breathed in again. This is why a person gets sleepy and tired when they are indoors too much or in a crowded room for a long time. Oxygen is very necessary to convert food and water into substances which can be used by the organs and muscles of the body. A lamp filled with kerosene will not burn unless it has oxygen, neither can food be used by the body unless sufficient oxygen is supplied.

Does the pregnant woman need sunshine?

Sunshine and fresh air are very necessary to good health. Sunshine helps in the building of bones and teeth. Without it the body cannot convert the calcium and other minerals in the food into bones and

teeth. Not many disease germs can live in the sunshine, so in this way it also helps in the fight against disease. Flowers will not grow without sunshine, neither will the human body.

How does the skin eliminate waste material?

Waste materials are eliminated by the skin through tiny pores and unless these are kept open the poison cannot escape as it should. For this reason it is necessary that the pregnant woman have frequent baths. A good time for the bath is just before bedtime since it helps to relax and make the woman more comfortable.

The bath should not be too hot nor too cold. Only a sponge bath should be taken during the last two months of pregnancy because of the danger of germs entering the birth canal, and causing an infection if the mother sits in a tub of water. Another reason for the pregnant woman not taking a tub bath after the eighth month is that because of the added weight in her abdomen it is easy for her to lose her balance and fall while getting in and out of the tub.

What kind of care should the breasts have?

It should be the hope, as it is the duty, of every mother to nurse her baby. Breast milk is the natural food for the baby.

A very necessary part of prenatal care is the care of the breasts and nipples, it is important for the preparation of breast feeding of the baby. It is a great misfortune if a mother cannot nurse her baby and no effort should be spared to prevent such a thing happening. Early in pregnancy the breasts frequently secrete small amounts of fluid, and if this is allowed to dry on the nipples it may form small crusts. If these crusts are left alone the skin underneath becomes tender, and if left until the baby comes, this tender skin area is likely to crack when the baby nurses. If this happens there may develop a bad infection which causes much suffering to the mother, as well as preventing the baby's nursing. The breasts and nipples should be kept very clean during pregnancy, each day they should be washed with warm, soapy water, rinsed and dried. At about the eighth month of pregnancy after the breasts and nipples are washed and dried daily, the nipples should be gently massaged with some kind of clean oil or cold cream. Some people have thought that the nipples should be toughened or hardened before the baby comes and they have bathed them with alcohol or some type of astringent to make them tough. This is a mistake though for the nipples should be made as soft and pliable as possible so that they will not crack when the baby pulls on them to nurse.

What can be done for flat or inverted nipples?

If the nipples are flat or inverted, simple measures to correct this should begin early in pregnancy. The nipples should be grasped by the thumb and first two fingers and drawn out and held for a moment several times a day. This care should be done very gently for an injury to the nipples may become the starting point for a breast infection during the nursing period.

What should be done if there is a vaginal discharge?

Frequently during pregnancy there is a yellowish or white discharge which as a rule has no particular significance. However, such conditions should always be reported to the physician, as they must be regarded as a possible evidence of gonorrhea, this is especially important if there is any itching, irritation or burning and frequency of urination. For a small increase in the amount of vaginal discharge with only slight symptoms of irritation or itching, bathing the parts with a solution of boric acid or baking soda will often relieve the symptoms. Drinking more water may help also, as it increases elimination and dilutes the materials causing the itching.

Is sexual intercourse permitted during pregnancy?

As a rule, sexual intercourse is allowed up to the eighth month of pregnancy if it does not cause the woman discomfort. During the last two months though it is dangerous to have sexual intercourse as it may cause the woman to go into labor before it is time. And if intercourse takes place just before labor begins, there is danger of the mother getting a serious infection. Many doctors also advise against sexual intercourse at the time of the month that the woman would have the menstrual period if she were not pregnant, for it is sometimes blamed for miscarriages, especially in the early months of pregnancy.

How can morning sickness be prevented or controlled?

Morning sickness frequently occurs in the early months of pregnancy and lasts until the woman has adjusted, both physically and mentally, to pregnancy. The best means of preventing it is a happy frame of mind and good health habits. There are several simple remedies for relieving morning sickness, some of which are: taking several small meals a day instead of the three regular ones; eating a cracker or piece of dry toast one-half hour before getting up in the morning or drinking some hot tea and lying quietly for awhile before getting out of bed, and getting up and dressing very slowly after eating the cracker or drinking the tea. If the morning sickness lasts too long and if the woman actually vomits many of her meals, she should visit the doctor and follow his instructions.

What is the cause of swelling and how can it be prevented?

It is fairly common for the feet and ankles to swell especially in the latter months of pregnancy. This is often due to pressure of the enlarging uterus and will usually be relieved by the mother lying down and elevating the feet. If the swelling is not relieved by elevating the feet, it is very likely due to kidney complications and should be reported to the physician immediately. The woman should take a specimen of urine to the doctor when she goes to see him in regard to swelling of the feet, face and hands.

What is the cause of dizziness and headaches?

It may be that dizziness and headaches are the result of simple eye strain, but they are very often the warning sign of more dangerous complications. These symptoms should always be reported to the physician as soon as they occur so that he can find out the cause and give the necessary treatment.

Why do some women fear pregnancy and what can be done about these fears?

The woman who is pregnant for the first time finds a very new experience, a new kind of responsibility and new hope. Pregnancy brings wonder, mystery and sometimes fear. There are too many people who want to tell the pregnant woman what to do and what not to do, and what has happened to other pregnant women they know. The past, with its superstitions and ignorance, is one of the main causes of fear in the mother, and often it is hard for her not to accept some of the past beliefs and stories she hears. When there are doubts and fears in her mind, the pregnant woman should always consult her doctor or midwife rather than listen to members of her family or friends.

What effect does the mental attitude of the mother have on pregnancy?

A cheerful, happy frame of mind always aids nature to do its work, and an unhappy mental attitude hinders nature very much in its functions. Things which cause worry, fear, fright, anger, etc., may be disturbing generally and so give an inadequate supply of food for the blood to carry to the baby. When little things go wrong, mothers should try not to be irritated but try to weigh the real values and decide whether worry is worth the wear and tear on the system that it causes.

Is recreation necessary for the pregnant woman?

Recreation during pregnancy is very necessary, the expectant father can do a great deal toward helping his wife get this much-needed diversion. Interesting reading material, the radio, music, movies, and club work are some of the best means of relaxation and diversion. If the mother feels unusually blue or discouraged sometimes, the husband should be alert to this mood and try very hard to find something interesting for them to do together.

What kind of clothes should the pregnant woman wear?

During pregnancy the first thing to consider regarding clothing is that it is comfortable, it should also be attractive, lightweight and suited to the weather. All clothing should hang loosely from the shoulder, no tight bands should be worn around the legs or waist as this interferes with the circulation of the blood. During the latter half of pregnancy a snug-fitting binder which gives support to the abdomen will help to prevent backache and fatigue. The personal appearance of the woman during pregnancy is very important. She should pay more attention to the details of being well-groomed for if she feels neatly dressed it will help to keep her morale up.- 7 -

LESSON IV

SUBJECT: Preparation for Home Delivery

AIM: To help the family plan a delivery that will insure safety to mother and child.

VISUAL AIDS: Chart: Room set up for delivery
Supplies for home delivery

SUBJECT MATTER:

Questions

What preparation should the room have for a home delivery?

How is the bed prepared for delivery?

Answers and Discussion

Several weeks before the time for the delivery the room to be used should be selected, if there is more than one suitable one in the home. It should be the one in which the mother will be happiest, it should be clean, light, quiet, comfortable and cheerful. There should be some provision made for good light during labor and delivery, and for some heat if the weather is cold. All unnecessary furniture should be taken out of the room and the other should be covered with newspapers. A clean chest drawer or box should be provided to store all of the delivery supplies so they will be in readiness. If there is anyone in the house who has an infection of any kind the midwife should be told about it and the delivery room should be as far from this individual as possible for the mother cannot afford to run any risk of being exposed to infection.

It is better to prepare the delivery bed in the middle of the room so that there will be ample space all around the bed to do the work easily. But when the room is small, the bed should be prepared in such a position that there would be wide space at the foot of patient's bed.

Use a mattress which is made of hard cotton. If the mattress is too high or too soft the patient's body will sink into the mattress and the local exposure will be small, making it difficult to assist in delivery. It also makes an insecure place for the instruments and utensils when laid out on the mattress, and the surrounding place is liable to be soiled by medicine and blood. Therefore a soft mattress should replace the hard one after the delivery.

You should have two or three light, thin covers ready, and use them according to necessity. Use washable blankets and towels that will come in contact with the body directly, and have a clean garment and leggins or long stockings ready to cover the waist and legs.

It is better not to use pillows that are too high or too soft. A big cord which the patient may grasp during delivery should be fastened under the pillow or mattress.

A mat or newspaper should be spread under the mattress to protect the tatami, but if there is not enough mat to cover the whole space, at least the part at the feet of the bed should be covered without fail. Also it is better to spread newspaper over the mattress and then put a sheet over it. The edge of the sheet should be tucked in under the mattress or should be pinned down by safety pins or sewed only thread so there will be no wrinkles.

After the mattress is finished, the lower half should be covered by a rubbered cloth or oil paper, and a delivery pad (a small pad covered with oil paper 75 cm. square) should be laid out just about the place where the patient's waist will come in order to protect the mattress from getting soiled by blood and amniotic fluid. Furthermore it is convenient to use a paper-made bed pan, and change whenever it becomes dirty.

The pillow to support the waist should be made by folding and tying a hard cushion and by wrapping it with oil paper. Spread out a newspaper besides the bed and put wash-basin for hand-washing, bucket, pitcher, and bed-pan.

A small wash-basin (or pus-basin), drinking glass with a spout, waste-paper basket made of paper, toilet paper and a towel should be put on the tray near the patient. Other articles that are necessary for the mothers and babies should be arranged in one particular place.

What general preparation should be made for a home delivery?

The preparations for the home delivery are simple, very little money need be spent in making them. The husband and wife are responsible for making these preparations, and they should make an effort to complete them by the end of the seventh month. The mother will feel less like getting things together after this time, and early preparation will also insure readiness in the event of a premature delivery. A list of the materials needed for the home delivery should be given to the woman by the midwife. The family should keep the necessary telephone number and address of the midwife in a certain place so that if an emergency arises there will be no confusion in finding them. The things that can be washed should be washed with soap and dried in the sun if possible, then ironed with a hot iron and folded with the ironed surfaces together. These should be put in a clean bag and put away until the time of labor and delivery. All other articles should be collected and kept ready for use at delivery.

What is needed to care for the mother after delivery?

There should be clean things for the bed and clean clothing for the mother while she is in bed following delivery. She should have a wash basin, towel, wash cloth, soap in dish, glass, tooth brush and paste, and container for drinking water. There should be a package of very clean old soft cloth sanitary pads, clean cotton balls or small squares of soft cloth and a container for boiling them.

Why is it important to keep a blanket warm for receiving the baby at delivery?

The baby's receiving blanket and bed should be kept warm with hot water bottles to prevent chilling and loss of heat. The baby has been living in a very warm place for ten months and he should not have too sudden a change in temperature.

What happens to the uterus after the baby and afterbirth are expelled?

After the baby and afterbirth are expelled the uterus contracts becoming smaller and hard. It should stay that way for if it relaxes and becomes soft it may cause severe bleeding.

How is the cord cared for?

After the baby is born and is breathing the midwife clamps or ties the cord in two places and cuts it between these clamps or ties. Then she ties the cord securely with a square knot, about one half inch from the baby's body. A gauze dressing is placed over the cord and it is held in place by a band. Nature treats this stump much the same as it does the bloom of a fruit tree or vegetable. It dries up, sloughs off or falls away usually leaving a clean healed navel. If various kinds of

powder, oils, etc. are put on the cord it may cause it to rot off and leave a raw or draining sore. Therefore it is better if the cord is kept clean and dry, with no treatment, so that nature gradually dries the cord away from the navel. As soon as the navel is healed the band may be left off.

Why are the baby's eyes treated at birth?

The eyes of the baby are treated within a few minutes after birth to prevent the development of a gonorrhoeal infection. As the baby is being delivered or after he is born germs from the birth canal may get into the eyes, and if these should happen to be gonorrhoea and the eyes are not treated there is very great danger that the infection will lead to complete and permanent blindness. Some parents do not want the midwife to put the drops in their baby's eyes because they think that only gonorrhoea causes sore eyes and that because the mother has not had the symptoms of gonorrhoea and been treated for it it is not necessary to use the drops. The gonorrhoea germ causes no more than one half of the eye infections in infants, and the drops are a protection against other germs as well. The drops do not hurt the baby's eyes even though there are no harmful germs in them, so it would be very foolish to run the risk of one baby even getting an infection because the drops were not used.

How is the baby cared for right after birth?

After the cord has been tied and the eyes treated the baby is bathed, oiled or no care of the body is done. When clothing suitable to the weather has been put on him he is placed on a bed, crib, box or basket that has been prepared for him. If the weather is cool a bag or bottle filled with hot water should be placed in the bed to keep the baby from getting chilled. The bottle should always be wrapped in several thickness of cloth so that there will be no danger of burning the baby. The feet of the baby's bed should be raised a little and he should be turned on his side so that it will be easier for him to get rid of any mucus that might have collected in his throat during birth. His face should be kept free of all covers to avoid any danger of smothering. Someone should check the baby frequently during the first few hours after birth to see that he is not choking or bleeding at the navel.

Why should the baby have his own bed?

When the baby has his own bed he and the mother are more comfortable. There will be no danger of the mother rolling on him while she is asleep if he has his own bed. If he sleeps alone there will

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not be nearly as much danger of his catching a cold or any other infection that the mother might get.

What care should the mother have just after the baby is born?

The mother and her bed should be cleaned immediately after delivery and she should be left to rest, the room being kept quiet. All of the unnecessary articles and waste should be taken from the room. The mother should not have any visitors for at least twenty-four hours. She should be checked fairly often during the first hour or two for bleeding, and if there should be excessive bleeding the doctor should be notified at once. For excessive bleeding the foot of the bed should be raised and the uterus gently but firmly massaged into a hard ball. The woman should lie on her back with her knees together until the bleeding is checked.

Why is it necessary to register the baby's birth?

It is most important that the birth of every new baby be registered immediately after birth so that he will have a properly recorded birth certificate. This may be needed for many reasons during the life of the baby, some of these are; to establish his citizenship, to get him into school, as evidence to prove age in order to vote, to get employment, etc. The person who gives the information for the birth certificate should be very accurate about each point on the record. This includes the full name, age and race of the father and mother and their birth place and occupation, as well as the birth history. It is very helpful if the family has a name ready for a boy or girl, then the birth certificate can be filled out at once. The midwife, or other attendant, at delivery is responsible for sending a medical notification of the birth to the Koseki office immediately. The filing of the completed birth certificate is the responsibility of the family. This too is taken to the Koseki office, and the information on the two should of course be the same.

LESSON V

SUBJECT: Clothing for Baby

AIM: To teach the mother the necessary articles of clothing for the baby, how to select them, how to make them, and how to wash them.

VISUAL AIDS: Sample layette
Patterns and directions for making baby clothes

SUBJECT MATTERQuestions

What is the first thing to consider when buying clothes for the new baby?

Why is the home-made layette better than the ready-made one?

What type of material should the mother use in making clothing for the baby?

How should the baby's clothes be made?

Answers and Discussion

In selecting clothes for a new baby the first thing to consider is the purse. The things should be bought according to that, the most necessary things first.

The clothes that are made at home are usually much cheaper than those bought already made. If the mother buys her own material to make the clothes, it will usually be better than that in clothes she would buy. The coming baby will seem more real to the mother if she makes the clothes for him, it will give her something to do, too.

The material used for baby's clothes should be soft, comfortable, non-irritating and of the weight suitable to the season of the year. If the baby does not have on enough clothes, his skin will feel dry and his extremities will be cold and gray. If he is overdressed, he will be uncomfortable, irritable, restless, and cross. His face may be flushed, his body hot and sometimes moist, and his temperature may be elevated. Prickly heat and colds may be the result of keeping the baby overdressed. If the baby's feet are warm, and if he is not noticeably perspiring and appears to be comfortable, the mother can assume that the clothing is adequate.

The comfort of the baby should be the first consideration. The garments should be loose to permit freedom of movement and ease in putting on and taking off.

It is better if they are open down the back and fastened with narrow tape at the neck only. They can then be separated in the back when the baby is lying in bed and will not get wet or soiled each time the diaper is. There should be no pins, big seams, etc. where the baby will lie on them. The clothing under him should be kept smooth at all times.

Should the baby's clothes have special care in washing?

To make baby's clothes last well and keep soft, they should be washed with a mild soap and warm water, if possible. The soapy water should be squeezed through the clothes several times instead of rubbing them hard. The clothes should be rinsed several times in clean water to prevent irritation of the baby's skin from the soap. Whenever possible, the clothes should be dried in the sunshine or open air.

What kind of care should the diapers have?

The diaper should be changed as often as it is wet or soiled. At night it should be changed if the baby wakes when it is wet. Wet diapers should never be used a second time before washing. Wet diapers should not be left lying around the room or dried near a heater. Wet diapers should be placed at once in a covered pail $\frac{2}{3}$ full of clean water and left until they can be washed. Diapers soiled with stool should be brushed or scraped so that as much stool as possible may be removed immediately. When only stain is left, the diaper may be put into the covered pail with the others. If possible, the diapers should be washed in hot water with mild soap. They should be rinsed through four waters so that all soap is removed. Diapers should be dried in the sunshine or open air when possible. The diapers should be boiled occasionally. If the baby has diarrhea, the diapers should be boiled every time they are used until the diarrhea is gone. A diaper that has not been boiled since use should never be put under a baby's head, or used near any part of the baby except genital region.

Why is it so important to change the baby's diaper as soon as it is wet, and what care should be given the buttocks?

The diaper should be taken off as soon as it is wet or soiled to prevent irritation of the baby's tender skin. The mother should try very hard to have enough diapers to keep the baby dry without using a wet diaper more than once before it is washed. When changing the diaper, the buttocks should be bathed with clean, warm water. If the baby is taught the feeling of dryness, it will be easier to train him in good toilet habits.

Is it advisable to let the baby wear rubber or waterproof pants?

Rubber pants over the baby's diaper to protect his clothing should be used only on special occasions when such protection is particularly important. Usually it is better to give protection by placing just a rubber square under the baby's buttocks. If rubber pants are worn, they should not be tight enough at the waist or knees to leave marks on the baby's skin. They should have air holes in them to allow for evaporation. When the baby wears rubber pants over the diaper, the mother should be very careful to change the diaper as soon as it is wet or soiled.

How long should the baby wear the band?

The only reason the band is put on the baby is to hold the dressing over the cord in place. When the cord has dropped off and the navel healed, the band need not be worn any longer.

Does the baby need much clothing on in warm weather?

Many mothers keep the baby too warm. This is one of the big reasons for babies being restless and fretful in warm weather. In summer the baby needs only a diaper on during the daytime. If the baby's feet are warm and the back of his neck is free from perspiration, the baby is comfortable. The blanket or wrap is to put around the baby when picking him up and when he is out of bed. He should be free to move about when in bed.

When making a layette, one should:

Know the amount of money they have to spend.

Consider the type of material, its comfort, its durability, and whether or not it will wash well.

Use patterns when cutting out material.

Lay patterns on material carefully so as to avoid waste.

Make necessary articles first.

LESSON VIII

SUBJECT: The Baby's Bath

AIM To make bathing the baby a happy occasion
To teach the mother an easy and safe way to bathe, dress,
and handle the baby.

VISUAL AIDS: Poster: Baby's bath

Equipment for bath:

Pad on which to lay baby
Baby's tray containing:

Three covered glass jars for cotton, swabs and nipples
Two flat dishes for oil and soap
Bottle of some type mild oil
Cake of mild soap
One nursing bottle for water
Bottle for boiled water

One cup and two spoons for orange juice and cod-liver oil
Wash basin or small tub
Wash cloth and towel
Paper bag for waste
Extra pitcher of hot water
Newspaper for soiled clothes
Clean clothing

SUBJECT MATTER:

Questions

Why is the baby bathed?

When is the best time for bathing the baby?

Why is the baby bathed before his feeding?

Answers and Discussions

The baby is bathed to keep the skin in good condition, to equalize the body temperature and to soothe and rest the baby.

A regular time should be set aside for bathing the baby. Just before the second morning feeding is usually a very convenient time. On very hot days he will enjoy at least two baths. During the coldest weather a bath every other day may be sufficient. Generally speaking the baby should be bathed every day.

The baby should not be handled after his feeding because too much handling may cause him to vomit. He should always be put to bed soon after he is fed.

2.

What things should be considered when giving the baby's bath?

The place for giving the bath should be light but free from a draft. If the weather is cold some provision for heat should be made while the baby is having the bath. Everything should be assembled ready for the bath before bringing the baby to the area.

Why should the mother's hands be washed before touching the baby's things and before bathing him?

The young baby is very susceptible to any infection so everything that comes in contact with him should be clean.

How can the baby's bath pad be made?

This can be made from a towel, baby's blanket or pad. It should be covered with a small piece of rubber sheeting or newspaper and then covered with a towel or piece of clean cloth. A towel or thin blanket can be used as a cover for baby during bath time.

What should the temperature of the water be?

The temperature of the water should be between 37.6 and 40. If the mother has no thermometer she can test the water with her elbow. If hot water is added to the bath the baby should be taken out of the tub before it is poured in.

How full should the tub be?

The tub should be about one-fourth or one-third full of water. This prevents the baby from being afraid or from being immersed if he should slip from his mother's hands.

Why should every thing be ready before bringing the baby to the area prepared for the bath?

The baby should not be chilled, tired, irritated or frightened. The bath should be a happy occasion. It should be given quickly, comfortably and with as little turning and handling of the baby as possible.

Why is the period just before the bath a good time to give the cod-liver oil?

The baby is undressed and his clothing will not become soiled or smell of cod-liver oil.

What is the procedure for giving the bath?

Place baby on pad, remove blanket and outer clothing and put on paper. Leave shirt and diaper on temporarily - prevent chilling the baby and having him soil bath equipment. Tell students or patient bath time gives the mother an opportunity to observe the condition of the baby's skin, eyes, etc., report to doctor as necessary.

Keep hand on baby - squirms much - safety.

Cover baby with top towel.

Clean nostrils, if necessary - small cotton swab.

Test temperature of water, add hot water as necessary.

Wash face and ears - wet washcloth - no soap - palm cloth - wash eyes from nose toward ear, forehead, nose and cheeks, S motion around mouth and chin - comfortable, ears - may use soap.

Dry - same order - gently. Wrap section of towel around your hand - avoid dragging towel or covering baby's face - prevent frightening and discomfort.

Wash head - wet and soap your hands, soap baby's head with gentle rotary motion - comfort and effectiveness in cleansing. Brown scale ("cradle cap") on top of head may be prevented by daily thorough washing. If scaling occurs in excess, consult doctor.

Rinse head - Hold over tub, "foot bath" hold. Rinse with other hand. Place baby back between towels.

Dry - same rotary motion, use bottom towel - ease.

Remove diaper - hold ankles with finger between ankles - security and comfort - and lift buttocks. Place pins in safe place - always closed. If diaper is soiled with bowel movement, place on paper so soil can be removed before placing diaper in pail.

Care of buttocks - If buttocks are soiled with bowel movement, may cleanse with oil on a wipe - keeps skin soft and in good condition - this should be done also when soiled at other times during the day.

Remove shirt - over feet - prevent dragging over face - annoying to baby and may recoil face from dirty shirt. Place shirt with other soiled clothes. May keep baby covered with top towel as much as possible - prevent chilling. Test temperature of water, add hot water if necessary.

Wash body - wet and soap your hands, beginning at chest and arms, soap baby's entire body.

Rinse - support baby by "body-arm" hold.

Support head and shoulders - grasp his opposite arm from back - firm grip.

Support buttocks with your other arm.

Slide into rinse water, slowly - prevent frightening.

Rinse front with wash cloth - all creases.

Rinse back - grasp baby's same arm from front, let baby rest forward against your arm.

Allow baby to play in water for a few minutes, if desired.

Dry - return baby between towels - pat - absorb - surplus water, dry well but gently in all creases.

Wash genitals - may use pieces of moistened (oil or water) cotton (or washcloths).

Girl - separate labia, cleanse downward once on one side - remove whitish secretion - dead skin and oil.
Boy - push back foreskin gently and cleanse off secretions with moistened cotton, replace foreskin - if foreskin is tight, consult doctor about care.

May use powder or oil - sparingly - on mother's hands so no excess - as desired or recommended by physician.

Dress baby - put on shirt carefully - avoid face - annoying. Slip your fingers through shirt sleeve, grasp baby's hand - prevent injury to fingers - and draw arm through sleeve.

Explain and show difference in method of applying diaper for boy and girl babies (for girl - thickest part underneath; for boy - thickest part on top); any extra fold may be outside - less bulk inside. Slip your fingers between diaper and baby while pinning prevent injury, pin snugly.

May put on gown or other wrapper if desired.

Care of nails - Baby's nails grow rapidly. Hold hand on foot steady cleanse with toothpicks, and clip off excess nail, may do this while baby sleeps - prevent injury.

Wrap in blanket - arrange blanket - diamond shape - security. Place baby - head at top point (size of baby and size of blanket determine amount of protection)

Lock blanket

- from one side, loosely
- feet
- from other side

5.

Lay him in safe place until bed is made (example - out of draft on tatami). Explain - that it may be appropriate to nurse baby following the bath. Replace in crib - support to bed. Remove blanket - comfort and safety.

Suggest - the baby usually may be bathed in family tub at 6 months if the mother wishes. Since this will be a new experience for the baby, it must be made a pleasant experience. Lay place towel or diaper in bottom of tub - less danger of slipping.

Care for supplies and equipment and tidy the room.

- Red Cross, "Mother and Baby Care".

The important points to remember regarding the baby's bath are:

1. The hands should always be washed before touching anything that belongs to the baby and before handling the baby.
2. Everything should be ready before bringing the baby in for his bath.
3. The bath water should be the right temperature, and some heat in the room in winter.
4. The baby should be bathed with the least possible exposure.
5. The baby's bath should be a happy occasion.

Shikoku

Suggestions for Organizing and Conducting Mothers' Classes

The most convenient places for having Mother's classes are health centers, out-patient clinic of hospitals or some similar building. This is because of the equipment needed for teaching and for demonstrations. The room should have suitable posters, charts and diagrams, that are not too technical for the mothers to understand. There should be samples of attractive but economical mother's clothes, baby's layette and equipment for the care of the baby. There should be a place where the things can be safely stored. The material which applies to the subject being taught each class period should be attractively arranged and lighted so that it can be seen by all of the mothers during class. No other material should be in sight because it might confuse them.

The classroom should be well lighted and have adequate ventilation. The pregnant woman is quick to feel the effect of poor ventilation. The seats in the class room should be comfortable and arranged so that the mothers face away from the light. Water or tea should be handy and the mothers encouraged to help themselves freely. Toilet facilities should be easily accessible.

When a new class is to be started it should be announced sometime before the date and mothers who are interested in attending the class should be asked to register for it. The number registered for one class should not be over twelve. Classes should be held at hours that are convenient for the mothers. If the mothers do not have too much work at home the class may meet for two hours once a week. The problem of transportation, traffic during the rush hours and the usual meal hours in the home should all be thought of when planning the class hours.

The mothers who come into the health centers or out-patient clinics, for their complete physical examinations should be told about the classes and they should be encouraged to enroll early in pregnancy.

The midwife who teaches mothers' classes should be a well qualified person and should be thoroughly familiar with the material she is to teach. If she wishes she may get another person to teach some of her classes, for instance she might like to have a nutritionist teach the lesson on "Nutrition in Pregnancy." One person though should be responsible for the course, and should attend all of the classes so that she will be able to answer any questions about the things taught. The teacher should have a genuine interest in her work and a sympathetic understanding of the importance of the coming event in the life of the mother.

Arrangements should be made before the classes begin for individual conferences. There may be many mothers who have questions or problems that would not be of interest to the whole class, and it would take up too much class time to answer a lot of personal questions. The hour following the class might be used for these individual discussions. Some mothers may need special help in overcoming fears, superstitions and wrong ideas or attitudes, these problems

may seem to personal for her to bring up in the class period. The midwife should be very familiar with all the agencies in the community and know how to refer the mothers who need their services to them. The midwife should make every effort to help the mothers solve what ever problem she has.

In the first class the mothers should be told something about what will be taught during the class. The teacher should introduce herself, telling something of her training and experience as a midwife. The mother should be urged to be on time for every class so that they will not disturb the class by coming in late. If a mother attends every class in the service she may receive a diploma but if one class is missed she will not receive a diploma unless she makes that class up. The mothers should be advised not to come to class if they have a cold, if the weather is very bad and if transportations if too difficult. The card on which the mothers register can be used as a means of introducing them to teacher.

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MATERNITY

Preparation for motherhood begins in the premarital and pre-conceptional periods, continuing and increasing in value as the maternity cycle progresses to the postpartum period, at which time the mother gradually assumes the care of the baby.

In order to prepare her for this new situation, the present concept of maternity education requires that the experiences of pregnancy be so utilized that the mother and family acquire the understanding, knowledge and skills needed to safeguard relationships and to give the child the care and security needed for optimum development.

Even though public health nursing supervision may be limited to a single phase of the maternity cycle as antepartum or postpartum, the nurse should provide guidance and instruction that will aid in the assumption of family responsibility.

Objectives
Pertaining to
Maternal Health

The objectives of a maternal health program have been defined as follows:

1. The conservation of the life and health of the mother and baby.
2. The satisfactory adjustment of the entire family and the assurance of the best opportunity for the growth and development of the infant.
3. The restoration of the mother to health and the reduction of accidents, complications and disability accompanying or following childbirth.

These objectives may be accomplished through stimulating both individual responsibility and action, and community effort. It is essential to promote such community resources as will provide facilities for care and instruction of all expectant mothers and such psychological, social and economic assistance as may be indicated.

Public Health
Midwives Functions
in the Antepartum
Period

During the antepartum, as well as intrapartum and postpartum periods, the midwife and the public health nurse co-operate in providing for such care as will insure a well mother and a healthy baby. Through her work in the family and community the nurse,

1. Assists in promoting a program that provides for premarital and preconceptional advice and care.
2. Works jointly with physicians, hospitals, clinics and other community agencies to secure early and continued medical, dental and nursing service for every prospective mother throughout the entire maternity cycle and to obtain the social and economic help that is needed.

3. Instructs the family in the physical and emotional hygiene of pregnancy; the essentials of good obstetric and child care; the importance of and preparation for breast feeding; preparation for confinement and the necessary care of mother and baby.
4. Gives nursing care when indicated and assists the mother and family in following the physician's advice.

Factors to be Considered in Relation to a Maternity Nursing Program

The maternity program will depend on administrative policies in the local area. These usually are determined by the need in the area and the number of midwives available for service.

In determining need, a clear picture of the local situation is essential. The size of the area, the character of the population, the economic status of the community, the availability of medical midwife hospital, and nursing care are all important. An analysis of certain statistical information will be found helpful. Statistics studied should be for at least a five-year period and should include:

1. Number of births in home and in hospital.
2. Number of stillbirths.
3. Number of premature births.
4. Number of and causes of deaths of infants under one month; under one year.
5. Number of and causes of maternal deaths.
6. Estimated number of abortions.
7. Attendant at birth;
 - a. Physician.
 - b. Midwife.
 - c. Other.
8. Percentage of mothers who received blood tests during pregnancy and month of pregnancy at which mothers first receive medical supervision.

Standing Orders for the Maternity Midwife Service

In the maternity service standing orders should cover the general content of instruction given during the antepartum, intrapartum and postpartum periods. It is advisable to secure from each physician recommendations for care of his patients during the maternity cycle. At the time the maternity program is planned, midwife policies should be defined and standing orders and physician's instructions secured. Physicians should be visited and plans worked out for two complete examinations of all patients.

In areas where the maternity service has been established without such instructions, it is suggested that the midwife program as it is now carried out be presented to the local physicians and instructions secured.

Reports to
Physicians

A plan should be developed for the reporting of midwives home visits. Many physicians prefer interviews to written reports. Methods of reporting vary but it should be clearly understood that while periodic reports are routine, a special report would be made when any symptoms of abnormal conditions come to the attention of the midwife.

If the midwife instructions are to be effective, it is important for her to know the patient's condition as found by the physician and the advice given.

AntepartumCase Finding

Once the Midwife program has been decided upon, the problem becomes one of having case under can by the third month need to be found early in pregnancy and attention given to those most in need of service. Mothers come to the attention of the nurse and midwife in many ways. The following sources should be considered;

1. Nurse's observation in home visits and community contacts. (Public health nurses should aim to become maternity conscious in giving family health service.)
2. Referrals from physicians, nurses, social workers, relatives, neighbors, and members of service clubs, health committees and other community organizations.
3. Referrals from expectant mothers themselves. Especially should this be true where the maternity service has been available over a period of years.
4. Requests following planned publicity describing the maternity program of the prefecture.

Case Selection

Preference in the antepartum period may be given to:

1. Women who are not yet under midwife care.
2. Women who are pregnant for the first time.
3. Women who have had complications with previous pregnancies.
4. Women referred by physicians as in need of midwife service.
5. Women of high parity (Para 4 and above).
6. Women whose pregnancy is complicated by diseases such as; diabetes, cardiac diseases, gonorrhoea, syphilis and tuberculosis.

Frequency
of Visits

The frequency of the midwife's home visits usually depends on:

1. The condition of the patient.
2. The mother's ability to understand and make use of instruction.
3. The recency of midwife supervision during previous pregnancies.

4. The availability of other instruction through clinic, hospital, physician's office, classes, etc.
5. The month of gestation when first seen.
6. Plans for delivery and postpartum care.

One visit is usually made as soon as possible after referral. Plans for future visits are then worked out with the mother and with the physician. Mothers may be encouraged to call the midwife or to visit at her office. In general mothers who report regularly to midwives, and those who have had previous midwife supervision, may be seen less frequently. Also those who have opportunity to attend classes or group meetings may be seen less frequently. A visit the sixth or seventh month should be made to mothers planning for home deliveries.

Pre-Natal Serological Tests

At the time the midwife plans the mother's first visit to the physician a serological test should be made to determine if syphilis organisms are present in her blood stream. It is recommended that the test be made during the first three months of pregnancy and not later than the fifth month.

Pertinent Information which Needs Consideration During the Antepartum Period

The amount of instruction given by the midwife will depend on the interest and attitude of the mother and family, the month of gestation at which the first contact is made, and the plans made for delivery. When the midwife makes her first visit to the family, the services that are available should be explained.

Midwives are daily meeting mothers in varying stages of pregnancy, mothers whose needs, attitudes and intellectual capacities vary as widely as do their economic and social resources. Many midwives have found that organizing their instruction around certain periods in pregnancy helps them to more readily adapt to individual situations and so better meet the specific needs of the mothers they serve. For this reason suggestions for teaching in the midwife visits have been divided into content that is particularly pertinent to each of the trimesters.

First Trimester Medical Supervision

During these months parents are apt to be primarily interested in what is happening to the mother and the changes that may be effected in the family through the coming of the new baby. Parents need to know what they can do to contribute to the welfare of mother and baby and why medical and midwife supervision is important.

The mother, more or less uncomfortable and worried, may be hesitant in discussing her pregnancy even though she is interested in what she may do to be more comfortable and secure at this period and in the months ahead. The midwife needs a background of accurate and scientific knowledge and

skill in interpreting the physiological changes which occur in normal pregnancy so she may give simple information and relate this information to the need for medical examination and midwife supervision and the early establishment of a daily regimen which will contribute to the mother's comfort, safety, and well-being. Frequently the midwife is able to demonstrate methods of relieving some of the minor complications of this period, thus strengthening relationships for further service.

Complications

The midwife needs to be always alert to the possibility of complications. In the preliminary history taking she should note particularly the incidence of chorea, scarlet fever, rheumatic fever, pyelitis, respiratory infections, tuberculosis, diabetes, gonorrhoea and syphilis. The history of past pregnancies and deliveries is essential, especially in relation to complications which may have occurred. The incidence of abortion, stillbirths, premature labor, multiple births and prolonged and difficult labor should be recorded. Nausea and vomiting, commonly present these months, are usually mild but they may develop into hyperemesis. Ectopic pregnancy may be suspected when the patient complains of pain in the lower abdomen or pelvis and irregular spotting or bleeding is present. Any spotting or bleeding after a patient has missed one or more periods should be immediately reported to the physician and the patient instructed to go to bed until seen by the physician. The histories of patients who die from hemorrhage frequently show that there has been neglected bleeding.

Mental Hygiene

Very few pregnant women go through these months without some special worries, problems, or fears. The midwife who is a good listener can frequently help clear up these problems. The greatest security is given to the family when they understand that the physician and midwife are working together. The importance of this cooperative relationship cannot be over-emphasized.

Second Trimester

Many expectant mothers come to the midwife's attention during the second trimester of pregnancy. While many of the teaching points will be the same as for the first trimester, the midwife may expect a more interested attitude on the part of the mother and family.

Posture

Because of her increasing weight during this period, the mother is apt to complain of fatigue and strain in her back, legs and feet and ask the midwife for information on how to carry the additional load. The midwife will want to be prepared to discuss good posture and proper body alignment with her.

In her visit

In her visit the midwife should explain to the mother that her feet and legs are the supporting structures for the body and that the increase in weight requires them to carry a heavier load. To effectively carry this load, broad heeled shoes will give more support to the feet and legs and more stability to other muscles that assist in bearing the weight.

Rest Periods

Regular rest periods for the mother during the second and third trimester and the postpartum period are also necessary. When possible, periods of rest in the recumbent position are advisable. The mother should whenever possible sit down to do her household tasks. The midwife may want to help the mother select a suitable cushion.

Plans for the Baby

In the second trimester the mother's health is usually improved, her pregnancy is more obvious, and she is more frank in discussing her condition and plans for the baby. She and the family are now more interested in the coming baby. The mother usually desires information about how her baby is growing and developing and is more apt to appreciate the need for definite planning of her activities for the coming months. Growth and development of the baby from the time of conception until the end of the neonatal period should be understood by the parents. The fun they got out of establishing this rapport with their babies convinced me that such information should be just as familiar and as available to parents as information about baths and formulas. For without an appreciation of what babies are really like and what they are trying to do, it is impossible to give them the considerate treatment during the early months of life which will modify the rigors of their new world and make them ready for a successful childhood."

These are the months when older children may be told about the coming baby.

Nutrition

The importance and preparation for breast feeding is a timely topic and the mother is usually more receptive to diet suggestions if she realizes their value in preparation for the coming baby as well as the maintenance of her own health. It is easier now to talk to her about her own food intake, the planning of meals for herself and the family, and the importance of increased liquids, regular elimination, rest and exercise.

Medical Supervision

In all her visits the midwife carefully observes the mother's condition, is alert to sudden increases in weight, to edema, undue fatigue or any variation from the mother's usual condition. Particularly in these days, the expectant mother is apt to forget to mention symptoms which to her are trivial, and the midwife should help her to remember to report significant symptoms. Every mother should understand why she should go to bed and send for the midwife if any vaginal bleeding is observed. If the patient sees her midwife regularly and if each visit includes blood pressure reading, urinalysis and weighing, few

danger signals will be missed.

Periodic visits by the midwife will keep her informed of those who need special care. Specific instructions for the care of patients who have diseases complicating pregnancy should be secured. Early and continued care is the only solution for the many problems connected with the midwife care of these patients. It is the community's responsibility to see that mothers who cannot of themselves secure this care have it provided for them. Any community which neglects this provision cannot be said to be giving adequate maternity care.

Mothers in Industry

More frequently than ever before expectant mothers will be found employed or working especially during the first and second trimesters. Relationships and policies will need to be coordinated, plans for home visits may have to be on an appointment basis and community planning will be necessary to safeguard these mothers and their children.

The Third Trimester

Plans now revolve around preparation for delivery and care of the new baby. The mother is more easily fatigued, she is apt to get less out-of-door exercise, and weight increases are more marked. Simple explanations of the changes taking place in the mother's body, the advisability of sponge instead of tub baths, the restriction of marital relations are important considerations for this period. A demonstration of the daily care advised for the nipples allows for re-emphasis on breast feeding.

Without alarming the mother the midwife should explain why it is necessary to immediately notify her if any of the danger signals appear. Toxemia is more apt to occur during these months and the best treatment is prevention.

Preparation for Delivery

The mother should be cautioned to avoid undue strain and heavy lifting. Assistance with housework will also be needed after delivery when the care of the baby is added to the mother's other responsibilities in the home. Unless definite provision for this is made well in advance, the mother may find it necessary to assume household duties beyond her physical strength. Often when this is done, the mother suffers undue strain that affects her recovery and sometimes handicaps or impairs her health for years. Many fathers are willing to assist if the need is explained.

This is a good time to review the possibility of premature labor and to re-emphasize the precautions to be taken if spotting or bleeding is observed.

The primigravida especially may have a recurrence of worry and fear. More than in previous months the mother needs reassurance. Orderly planning and the sense of having everything in readiness help give the family and the mother the security they need. Preparation of essential supplies by the beginning of the seventh month insures more adequate care if labor is premature. The process of labor should be simply explained and the family given the security of knowing exactly what to do when labor begins.

The midwife should be familiar with local hospital regulations so they may be interpreted to the family. The need for restriction of visitors may require detailed explanation and this can serve to re-emphasize the importance of protective care of the mother and newborn infant.

If the patient is to be delivered at home, it is helpful to plan for a visit when the attendant can be present and the delivery set-up discussed.

Preparation for Postpartum Care

On the midwife's last antepartum visit plans should be worked out for notification of the beginning of labor and the date of the first postpartum visit.

It is becoming more and more recognized that proper midwife service during labor and delivery is a necessity if adequate maternal care is to be obtained. The midwife giving antepartum service should accept the responsibility for assisting the family to secure adequate antipartum examining by a physician.

Supplies Needed for the Baby

Clothing and Linen;

2 to 4 dozen diapers, any soft, absorbent material; usual sizes are 27 x 27" or 20 x 40".

3 bands, 4 x 21" - outing flannel.

4 shirts, size 2 (silk and wool, cotton and wool or cotton).

4 nightgowns (open down the back) outing flannel or stockinette material.

Dresses, petticoats and other clothing as desired.

3 small wrapping blankets. Outing flannel a yard square makes a satisfactory blanket.

2 large blankets for baby's bed.

2 pillow cases for mattress covers (if basket is used).

2 rubber sheets 12 x 18".

6 quilted pads 12 x 18".

Bath blanket.

- 4 soft towels.
- 2 washcloths (clean old linen may be used).
- 1 covered pail for soiled diapers.

Baby's Bed: This may be a regular child's bed with mattress to fit, a large flat bottomed clothes basket, or a wooden box 36-48 inches long. The mattress may be made of hair or felt, a folded blanket, or a thick quilted pad. Prepare the baby's bed several days before it is needed, making it up as follows:

Place over the mattress a rubber sheet or a paper pad for protection and put mattress in a pillow case or other mattress cover. Protect this with a small rubber sheet and quilted pad. The baby should not have a pillow. Lightweight cotton blankets are desirable..

Baby's Toilet Tray: An improvised tray such as a tin cake pan, a cookie sheet, a box or box cover may be used for the baby's toilet articles. Jelly glasses or mayonnaise jars may be used as containers.

Jar for boiled nipples.

Nipples.

Bottle or jar for boiled water.

Nursing bottle for giving water to baby, after breast feeding is established.

Safety pins in a covered jar.

Mild white soap in a covered dish.

Bottle of mineral or olive oil.

Jar of absorbent cotton.

Paper bag for waste.

Intrapartum

Public Health Midwife Func- tions During the Intrapar- tum Period

If intrapartum care is given, the midwife:

1. Instructs the mother and family in the immediate preparation for labor and delivery, including how to recognize the onset of labor and when to call the midwife.
2. Prepares the mother and takes care of the delivery giving immediate postpartum care to mother and baby. (Prophylactic care of the baby's eyes is given immediately after birth).
3. Examines the baby.
4. Demonstrates to the attendant the subsequent care of the mother and baby, emphasizing the importance of observing and reporting any untoward signs.

Pertinent Con-
siderations in
Relation to Mid-
wife Care During
a Home Delivery

The one outstanding difference between delivery at home and in the hospital is that the midwife enters the home and becomes one of the family group. She must give attention to the other members of the family and their emotional needs as well as to the mother.

Safety during the intrapartum period depends upon the maintenance of asepsis in:

1. The surgical field, vulva and genital passages.
2. The attendant's hands and contacts.
3. All instruments and supplies which are used during delivery.

If this asepsis is rigidly preserved, a high degree of safety may be attained even in very unfavorable surroundings.

Supplies for
Home Delivery

The midwife, as has been previously stated, should discuss with the mother and her attendant the plans for home delivery. Suggested articles for the mother to assemble before delivery are as follows:

- 2 or more nightgowns.
- Bathrobe or kimono and slippers.
- 1 pair white stockings.
- 4 dozen sanitary pads (new unopened packages).
- 2 sanitary belts.
- 2 abdominal binders (if physician so recommends).
- Safety pins.
- ½-pound package absorbent cotton (unopened).
- 4 sheets.
- 4 pillow cases.
- 1 extra blanket (lightweight).
- Rubber sheet or newspapers for mattress protection.
- 4-6 newspaper pads. (At least two of these are made from 12 to 20 sheets of newspaper, half size. Cover each with clean cloth, which has been washed, boiled and ironed. Wrap pads securely, either in pillow case or in paper until they are to be used.)
- Package of clean cloths which have been ironed.
- Supply of clean newspapers.
- Hot water bag and syringe (may be combined).
- Pail for waste.
- 3 basins (2 the same size).
- 1 quart Mason Jar or pitcher.
- 1 soup lable or dipper.
- 2 large covered kettles.
- Electric light bulb (100 watt) or extra lamp.
- Bed pan and new roll of toilet paper.

Sterile supplies for the midwife are usually provided by her.

Observation
of the Patient

One of the first things that the midwife does after she enters the home is to see the patient and learn the time of the onset of labor, the closeness and character of her pains and whether there is any discharge. She will watch the patient through one contraction. When the midwife is not in the home or expected soon, the report should be sent to him either by telephone or by messenger.

Preparation of
Supplies and
Equipment

The amount of preparation possible for delivery varies with each case and is dependent largely upon the amount of time allowed and the previous preparation made by the family. Preparations that may be made by the attendant; (Some of these can be made before the midwife arrives in the home.)

1. Fill two large kettles with water. Place soap ladle or dipper in one; cover both kettles and boil water for ten minutes. Keep one kettle hot and let the other cool. Do not remove the covers.
2. Arrange for soap, hot water and towel so the physician may wash his hands.
3. See that the unneeded furniture is removed from the room, leaving the bed, two chairs, tables and dresser. Clear off the tops of the tables and dresser, and protect them with newspapers. Clear the kitchen table and cover with newspapers.
4. Prepare patient's bed as follows:
 - a. Slip a table leaf or board under the mattress to prevent sagging.
 - b. Protect the mattress with an oilcloth, a rubber sheet, or with three layers of newspapers; cover with a sheet which is drawn tightly and tucked under the mattress to avoid wrinkles.
 - c. Use two newspaper pads for extra protection. Fold the covers to the side or foot of the bed.
 - d. Place an extra lightweight blanket over the head of the bed.
 - e. Protect the floor by placing newspapers around the bed.
5. Place the baby's clothing, arranged in the following order in his bed: On the bottom, baby blanket, next gown, then shirt, diaper with 4 medium sized safety pins fastened to it, 2 extra diapers, towels and washcloth, and band with small safety pins fastened to it.
6. Place the baby's tray near his bed. In addition, have ready in the baby's bed, the receiving blanket

with a diaper folded inside of it kept warm by a hot water bottle. The hot water bottle should be removed before putting the baby in the bed.

Preparations by the midwife:

1. Remove from the midwife's bag:

- a. Additional towels and paper napkins.
- b. Razor and new blades.
- c. Instruments; 2 hemostats, scissors, forceps, medicine dropper, rubber catheter.
- d. Instrument pan and cover.
- e. Equipment for enema (unless mother's supplies are used).
- f. Hypodermic syringe and two needles.
- g. Baby scales.
- h. Mouth and rectal thermometers.
- i. Cotton.
- j. Alcohol and green soap.
- k. Silver nitrate ampules.
- l. Vaseline.
- m. Masks. (Masks are routinely worn during preparation of the patient, during delivery and in giving care to the baby. Extra masks are carried for attendants.
- n. Delivery record.

2. Sterilize equipment:

- a. Boil hypodermic syringes, needles, tablespoon and a saucer for five minutes.
- b. Boil small jar, cover and catheter for five minutes and place catheter in jar.
- c. Boil instruments and gloves five minutes, just before delivery.

Prepare patient:

1. Assemble and arrange conveniently at the bedside--small basin of warm water with cotton pledgets, razor, soap, equipment and solution for enema, toilet paper, vaseline, waste pail and bed pan.
2. Protect the bed.
3. Drape patient and shave or clip pubic hair.
4. Cleanse abdomen, thighs and vulva with soap and water.
5. Give enema if ordered. Patient may expel enema in toilet if pains are not of the bearing down type and membrane is intact.
6. Apply a perineal pad if membranes have ruptured.

Prepare table for midwife's supplies. Place on the table the following:

Obstetric package or packages of sterile supplies.
 2 basins, one for midwife's hand solution, one for the placentas.
 Sterilized saucer with hypodermic syringe, needles and spoon.
 Cotton.
 Alcohol.
 Silver nitrate ampules.
 Midwife's medications.
 Midwife's instruments and gloves.
 Cord dressing and ties (unless these are in obstetric package).
 Extra masks.

Prepare for anaesthesia; If anaesthesia is to be used, the necessary supplies are placed on table or chair at the head of the bed. These usually include; ether, mask, vaseline or cold cream, towel, emesis basin or substitute.

First Stage of Labor

The first stage of labor begins with the first true labor pain and ends with the complete dilatation of the os. In the first stage the pains are short, slight and separated by long intervals usually about an hour at first shortening to about a half or quarter of an hour; the duration of the pain may be at first a few seconds, while later it may last about a minute. The pain progresses to a height and then subsides. In general the patient is quite comfortable between pains and should be urged to rest as much as possible and take light nourishment. The patient should not "bear down" with her pains in this stage of labor.

The midwife makes frequent and close observation of the patient during this stage of labor including taking her temperature, pulse, respiration and blood pressure reading, counting the fetal heart and watching the show..

Since this stage of labor may extend over a period of time, it is important to conserve the patient's energy by urging her to rest between pains, to take nourishment and to empty her bladder at regular intervals.

Second Stage of Labor

This is the stage of expulsion. It begins with the complete dilatation of the os and ends with delivery of the baby. By the beginning of the second stage of labor the patient should be in bed. The pains are severe and long, lasting fifty to one hundred seconds and occurring at intervals of every two or three minutes. During this stage of labor, the muscles of the abdomen are brought into play and when the pains are in progress, the patient will "bear down" with all her strength.

During this stage of labor the patient should be urged to void frequently, and the midwife should watch the patient closely. Patience and interested attention on the part of the midwife will do much to make this trying ordeal less difficult for the patient.

The attendant will assist the midwife with the second stage and in draping the patient. When the baby is born, she should be ready to grasp fundus and hold it as a means of controlling bleeding.

After the cord is cut, the attendant may wrap baby in warm blanket and place on right side with the head lower than the body unless otherwise ordered. Keep baby under observation while the midwife is giving care to the mother. Premature infants require special care at this time; their care will be described at another time.

Third Stage of Labor

During this stage of labor the placenta is expelled. The attendant care for this stage of labor consists chiefly in watching the general condition of the patient, keeping her warm and assisting the midwife in any way possible. The attendant may be called upon to palpate the fundus or watch for bleeding while the midwife's attention is directed toward the baby.

After the placenta is expelled the midwife will cleanse the patient well with cotton and the solution preferred by her. She will remove soiled delivery pad and replace with a clean pad. Perineal pads should be placed, and unless otherwise ordered, patient should be instructed to lie on her back for eight hours.

Care of the Newborn

The midwife now examines the infant and record abnormalities or injuries. If not already done, instill the silver nitrate drops in the baby's eyes before she leaves.

Keep the baby covered. Unless otherwise indicated, leave nose and mouth alone. Remove blood and excess vernix with warm oil, applied with finger tips. (Finger nails of midwife should be short and smooth otherwise cotton ball is used to apply to hands.) Handle infant as little as possible; inspect carefully to make certain there is no oozing; see that the band is securely fastened. Take temperature and weight of infant. Dress in shirt, diaper and gown; show baby to mother. Put infant in his own bed. Stress observation for bleeding from cord, any change in color, any mucus in the throat or any change in respiration, with reporting of any changes to her.

Unless otherwise indicated, the baby should begin to nurse from the breast about six hours after birth. Although the milk does not "come in" until the third or fourth day, a substance valuable to the baby is present. The baby should not be left at the breast more than five minutes and every six hours is usually sufficient until the milk supply is established.

Final Care of Mother

Before the midwife leaves, the attendant should get her orders regarding diet, medication and care of the mother and baby. The midwife should explain the patient's care to the attendant and also arrange for subsequent nursing visits. Before leaving the home, the nurse should take the patient's pulse and be sure that the fundus is firm, see that there is no excessive bleeding and that the patient is in good condition.

Postpartum

Public Health Midwife Functions in the Postpartum Period

Midwife functions in the postpartum period vary according to the type and care that the mother receives during delivery and the amount of service that midwife is able to give. In general these functions are as follows:

1. Supervises the nursing care given by relatives, attendants.
2. Emphasizes the importance of and helps to arrange for a postpartum examination.
3. Stresses the need for continued health practices and assists in securing health supervision throughout the lactation period.

Case Selection

Midwife should become increasingly conscious of the need for care and supervision during the postpartum period and especially the first ten days following the patient's delivery. Preference may be given to:

1. Women who are given midwife service during the intrapartum period.
2. Women who are delivered at home and for whom no satisfactory attendant care is arranged.
3. Women who are delivered in the hospital and return to their homes within seven days postpartum and for whom no satisfactory attendant care is arranged.
4. Women who are referred by the physician as in need of midwife care.
5. Women who have been carried in the antepartum period.
6. Women whose pregnancy has been complicated by diseases such as: diabetes, cardiac diseases, gonorrhoea, syphilis and tuberculosis.

Frequency
of Visits

The number and frequency of midwife visits is determined by the condition of the mother and baby, the type of care available in the home and the amount of midwife time available. One visit is usually made as soon as possible after delivery or after the mother's return from the hospital. If the mother is still confined to her bed, the midwife usually demonstrates the care of mother and baby to the attendant. Return visits are then planned to meet individual needs.

If the condition of mother and infant is satisfactory and acceptable care is being given in the home, visits are then made on the third, the seventh, the twelfth or thirteenth day, one visit at three weeks and one at six weeks postpartum. Where condition warrants more supervision, daily visits are made as long as is necessary.

A visit soon after the mother is out of bed will help to carry the mother over the trying days when she is taking over the care of the new baby. In her weakened condition the emotional and physical strain of family duties, plus the care of the baby, frequently results in depression and discouragement. All too frequently at this time the bottle is substituted. Specific help given the mother then may prevent maladjustments in later months. A visit about the sixth week frequently encourages the mother to return for her postpartum examination and the first health supervision visit of the infant.

During the early postpartum period the family welcomes the midwife, not only for the comfort and safety of the skilled care she gives and demonstrates, but also for the security her visits bring to the family. Labor and delivery over, all are interested in the care given the mother and baby, and even in the best prepared families there are many opportunities for effective teaching.

Care of Mother Plans for care and instruction may include:

1. Daily sponge bath. Mother may assist with her own bath after the second day.
2. Breast care including observation for tenderness, cracks and fissures of nipples, instruction regarding the feeding period and the need for a comfortable up-lift support.
3. Physician's instructions should be interpreted and demonstrated.
4. Perineal care as advised by the midwife may need explanation and demonstration.
5. Adjustment of the abdominal support approved by the midwife.

6. Advice on lactation diet with caution regarding laxative and other drugs which may be excreted through mother's milk. The value of protective foods may be re-emphasized with a reminder to the nursing mother that she is responsible for supplying the additional caloric requirement of the infant. Constipation is not uncommon; the importance of sufficient fluids, laxative foods and regular elimination should be considered.
7. The midwife's instructions regarding restriction of marital relations may need interpretation.
8. During these days the family has an opportunity to fit the care of the baby into the established routine of the home. This may be effected through a carefully planned regimen which will conserve the mother's strength and allow opportunity for rest, recreation and participation in family activities in the later postpartum period.

Care of the Baby

Whether full care is given to the baby depends on the situation and the experience of the attendant. If complete care is given, it should be for demonstration purposes and should include detailed explanation to the person responsible. Observation of one feeding should be planned; written instructions should be left in the home regarding hours of feeding, time allowed at breast and the giving of boiled water. If a modified feeding has been prescribed by the midwife or physician, a demonstration on its preparation should be given to the attendant.

Involution

If not already explained during the antepartum period, both parents should understand the changes which occur and the length of time required for the uterus to return to normal size and function. They may also be told that breast feeding, the rest secured by the mother, and the exercises prescribed by the midwife aid in the process of involution.

Observation for Complications

Puerperal infection is probably the most serious complication. After the first twenty-four hours, the danger of postpartum hemorrhage is lessened. However, any bleeding should be reported immediately to the midwife. Persistent red lochia should also be reported. Symptoms of infection may develop within the first seventy-two hours. A temperature of 100.4 occurring on any two of the first ten days postpartum, exclusive of the first twenty-four hours, constitutes febrile morbidity. During the postpartum period fever is considered to be puerperal infection unless there is a definite extragenital cause. The attendant and midwife should be alert to signs of breast infections, symptoms of phlebitis, any nervous or mental symptoms, decrease in urinary output, or any deviation from normal condition. Patients who have had complicated deliveries will require care based on the instructions secured from the physician.

Postpartum
Examination

The necessity for this should be understood and the content explained. Whenever possible, it is helpful if the midwife can emphasize the importance of following the physician's instructions given at the time of this examination. The health and comfort of the mother, as well as the maintenance of normal marital relationships, frequently is dependent on the care given the mother at this time.

Plans should be made for continued health supervision for mothers who need care longer than the postpartum period (six weeks). All patients who have had complications during the maternity cycle should be carried for adult health supervision.

Patients who have had diseases complicating pregnancy, especially diabetes, cardiac conditions, syphilis, gonorrhoea, tuberculosis or nephritis should continue to receive nursing supervision and every effort should be made to have continued medical care.

Week of May
30

MILITARY GOVERNMENT BULLETIN

10 May 49

RESTRICTED

Vol I, No. 10

PUBLIC HEALTH

Instructors Course for Midwives. - Prefectural health departments will invite one midwife from each prefecture to attend a course on prenatal and infant care in Tokyo 16 and 17 May. On her return to the prefecture she is to be responsible for teaching this course to other midwives. Subsequently it is planned to organize classes for mothers at health centers and at hospitals offering maternity services. It is suggested that a midwife capable of being an instructor - preferably a competent midwife employed in the prefectural health department - be chosen to attend the course.

Medical Films. - All public health sections will be interested in letter AGMGCI 413.53, subject, "Medical Films for Showing to Japanese Audiences." This communication carries a list of Department of the Army medical films and film strips that have been cleared for showing to Japanese audiences under the supervision of MG. Copies of this list will be furnished all regions and teams. Information as to how these films may be obtained will also be provided. It is suggested that team public health officers contact their civil information sections for further information.

Nutritional Publicity Permitted. - PHMJG 95, 21 March 1949, allows the publication by the Ministry of Welfare of the November 1948 nutritional survey data, with minor corrections.

SEE ALSO:

1. Release of Medical and Kitchen Equipment (Economics)

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PHMATERNAL AND CHILD HEALTH PROGRAM
19 July 1948Maternal and Child Health Section
Ministry of WelfarePolicy

Future Japan as a civilized peace loving country shall need to have full security of the health of mothers and children.

With the aim of a great reduction of mortality and morbidity of mothers, infants and preschool children of this country and promotion of children's health and development in view, the basic program is to be established and various necessary facilities will be installed within five years.

1. Health measures for pregnant and nursing mothers are to be carried out with special emphasis on the following items:
 - a. Reduction of maternal and fetal deaths by means of early diagnosis and treatment of toxemias during pregnancy.
 - b. Reduction of number of miscarriages, premature and stillbirths by means of early diagnosis and treatment of syphilis in pregnant women.
 - c. To reduce the maternal deaths and stillbirths due to malposition of fetus and hemorrhage of childbirth by improved obstetrical practices.
 - d. To prevent tuberculosis of mothers and children by diagnosis of pregnant mothers.
2. Measures for the reduction of infant and child deaths shall be carried out with special emphasis on the following points:
 - a. To reduce the infant deaths due to such outstanding causes as congenital debility, enteritis and diarrhea, pneumonia and congenital syphilis.
 - b. To prevent all contagious diseases of childhood.
3. For the improvement of constitutional strength of infants and children, emphasis shall be laid on the following points:
 - a. To provide standards and nutritional guidance for infants so that the supply of cow's milk and milk products to artificially or mixed fed infants will be sufficient and proper.
 - b. To provide standards for children's food and its distribution to preschool children in order to give them sufficient amount of protein, fat, calcium, iron and vitamins.

Inclosure #3

Details for Carrying Out

1. Strengthening maternal and child health network.

a. Establishment of Maternal and Child Health Committee.

Maternal and Child Health Committee will be established as a sub-committee of Central Child Welfare Board for the study of permanent plans for decreasing death rates and improving health conditions of pregnant and nursing mothers, infants, and preschool children, and promoting maternal and child health services.

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a. Lying-in Agencies - approximately 22,000 beds.

Lying-in agencies with 23,500 beds (out of which total number of existing beds is deducted) in the whole country are planned to be established at the rate of 30 beds for each 100,000 population, so as to meet the need of pregnant women with abnormal delivery (20 percent) and those who are in need of public aid (11 percent), (total estimated number of these pregnant women are 730,000).

- b. Infant homes - approximately 25,000 beds.

Infant homes with 26,500 beds (out of which total number of existing beds is deducted) in the whole country are planned to be established, at the rate of 35 beds for each 100,000 population, so as to meet the need of the infants in need of special care with medical, social or economical reason.

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Homes for weak children with 22,000 beds (out of which total number of existing beds is deducted) in the whole country. A home with 100 beds at least shall be established in each prefecture.

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Homes for crippled children with 11,700 beds (out of which total number of existing beds is deducted) in the whole country are planned to be established, at the rate of 15 beds for each 100,000 population, so as to meet the need of crippled children in need of special care.

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These measures aim at the promotion of secretion of breast milk, the reduction of infant and child death caused by gastric disturbances and the promotion of development by better nutrition.

- a. Establishment of the committee for the nutrition of mothers and children.

Adequate supply of protein, fat and calcium for pregnant and nursing mothers shall be planned and carried out and discussions on the plan for the problems of the production, quality and distribution of food for infants and children shall be made.

- b. Perfect rationing of cow's milk products for artificially and mixed fed infants.

- c. To bring up the rationing of food for the infants at weaning period (6 - 12 months after birth) adequate in kind and quantity.

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- (a) Training courses for child welfare workers and others concerned in each prefecture. (The course will be consigned with Minsei-in Association) (In the fiscal year of 1949).

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Training courses of special technique are to be given. Three-month course for maternal health and three-month for child health.

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The training courses mentioned in 5b are to be consigned with the Aiku-Kai, and are to be completed in three years after 1949.

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A car loaded with educational materials for maternal and child health is planned to go around in each village or town.

The whole country is to be divided into eight blocks; one car is allotted for each block.

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b. Production of motion pictures and lantern slides for maternal and child health.

c. Radio and press, etc.

Maternal and child health education through radio and papers in central and local districts.

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Printed materials for the education of maternal and child health such as advice cards for babies in weaning period, and other leaflets, pamphlets and posters are to be distributed through health centers, schools and women's organizations.

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In order to take necessary steps for the prefectures with high mortality like Aomori and ten other prefectures, investigations on the actual conditions will be made and measures necessary will be acted upon.

HEADQUARTERS
SHIKOKU MILITARY GOVERNMENT REGION
APO 1050

RECEIVED
7 APR 1949
Takamatsu, Shikoku
4 April 1949

SUBJECT: Instructors' course for midwives.

TO : Commanding Officer, Ehime Mil Govt Team, APO 1050
Commanding Officer, Kochi Mil Govt Team, APO 1050
Commanding Officer, Kagawa Mil Govt Team, APO 1050
Commanding Officer, Tokushima Mil Govt Team, APO 1050
ATTN: Public Health Section

In May one midwife from each prefecture will be invited to Tokyo to attend a two day instructors course for teaching mother's classes. The midwife selected should be capable of teaching as on return to her prefecture she will be responsible for teaching this course to other midwives. If there is a competent midwife employed in the prefectural public health department, Miss Mathison suggests that this midwife be selected. The plan is to organize mother's classes in health centers and hospitals (having maternity service). The midwives will be notified of this course through Japanese channels.

BY ORDER OF COLONEL COUGHLIN:

Central Hosp of the Red Cross
R. A. ROSENKRANZ
1st Lt FA
Adjutant

*may 12
Bureau
H. Dept
mm*

*New date May 30-31
Changed again - June 2-3*

[Handwritten scribbles]

[Handwritten scribbles]

MATERNAL AND CHILD HEALTH PROGRAM
19 July 1948



Maternal and Child Health Section
Ministry of Welfare

Policy

Future Japan as a civilized peace loving country shall need to have full security of the health of mothers and children.

With the aim of a great reduction of mortality and morbidity of mothers, infants and preschool children of this country and promotion of children's health and development in view, the basic program is to be established and various necessary facilities will be installed within five years.

1. Health measures for pregnant and nursing mothers are to be carried out with special emphasis on the following items:

- a. Reduction of maternal and fetal deaths by means of early diagnosis and treatment of toxemias during pregnancy.
- b. Reduction of number of miscarriages, premature and stillbirths by means of early diagnosis and treatment of syphilis in pregnant women.
- c. To reduce the maternal deaths and stillbirths due to malposition of fetus and hemorrhage of childbirth by improved obstetrical practices.
- d. To prevent tuberculosis of mothers and children by diagnosis of pregnant mothers.

2. Measures for the reduction of infant and child deaths shall be carried out with special emphasis on the following points:

- a. To reduce the infant deaths due to such outstanding causes as congenital debility, enteritis and diarrhea, pneumonia and congenital syphilis.
- b. To prevent all contagious diseases of childhood.

3. For the improvement of constitutional strength of infants and children, emphasis shall be laid on the following points:

- a. To provide standards and nutritional guidance for infants so that the supply of cow's milk and milk products to artificially or mixed fed infants will be sufficient and proper.
- b. To provide standards for children's food and its distribution to preschool children in order to give them sufficient amount of protein, fat, calcium, iron and vitamins.

Inclosure #3

Details for Carrying Out

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MATERNITY

Preparation for motherhood begins in the premarital and pre-conceptual periods, continuing and increasing in value as the maternity cycle progresses to the postpartum period, at which time the mother gradually assumes the care of the baby.

In order to prepare her for this new situation, the present concept of maternity education requires that the experiences of pregnancy be so utilized that the mother and family acquire the understanding, knowledge and skills needed to safeguard relationships and to give the child the care and security needed for optimum development.

Even though public health nursing supervision may be limited to a single phase of the maternity cycle as antepartum or postpartum, the nurse should provide guidance and instruction that will aid in the assumption of family responsibility.

Objectives
Pertaining to
Maternal Health

The objectives of a maternal health program have been defined as follows:

1. The conservation of the life and health of the mother and baby.
2. The satisfactory adjustment of the entire family and the assurance of the best opportunity for the growth and development of the infant.
3. The restoration of the mother to health and the reduction of accidents, complications and disability accompanying or following childbirth.

These objectives may be accomplished through stimulating both individual responsibility and action, and community effort. It is essential to promote such community resources as will provide facilities for care and instruction of all expectant mothers and such psychological, social and economic assistance as may be indicated.

Public Health
Midwives Functions
in the Antepartum
Period

During the antepartum, as well as intrapartum and postpartum periods, the midwife and the public health nurse co-operate in providing for such care as will insure a well mother and a healthy baby. Through her work in the family and community the nurse;

1. Assists in promoting a program that provides for premarital and preconceptional advice and care.
2. Works jointly with physicians, hospitals, clinics and other community agencies to secure early and continued medical, dental and nursing service for every prospective mother throughout the entire maternity cycle and to obtain the social and economic help that is needed.

3. Instructs the family in the physical and emotional hygiene of pregnancy; the essentials of good obstetric and child care; the importance of and preparation for breast feeding; preparation for confinement and the necessary care of mother and baby.
4. Gives nursing care when indicated and assists the mother and family in following the physician's advice.

Factors to be Considered in Relation to a Maternity Nursing Program

The maternity program will depend on administrative policies in the local area. These usually are determined by the need in the area and the number of midwives available for service.

In determining need, a clear picture of the local situation is essential. The size of the area, the character of the population, the economic status of the community, the availability of medical midwife hospital, and nursing care are all important. An analysis of certain statistical information will be found helpful. Statistics studied should be for at least a five-year period and should include:

1. Number of births in home and in hospital.
2. Number of stillbirths.
3. Number of premature births.
4. Number of and causes of deaths of infants under one month; under one year.
5. Number of and causes of maternal deaths.
6. Estimated number of abortions.
7. Attendant at birth;
 - a. Physician.
 - b. Midwife.
 - c. Other.
8. Percentage of mothers who received blood tests during pregnancy and month of pregnancy at which mothers first receive medical supervision.

Standing Orders for the Maternity Midwife Service

In the maternity service standing orders should cover the general content of instruction given during the antepartum, intrapartum and postpartum periods. It is advisable to secure from each physician recommendations for care of his patients during the maternity cycle. At the time the maternity program is planned, midwife policies should be defined and standing orders and physician's instructions secured. Physicians should be visited and plans worked out for two complete examinations of all patients.

In areas where the maternity service has been established without such instructions, it is suggested that the midwife program as it is now carried out be presented to the local physicians and instructions secured.

Reports to
Physicians

A plan should be developed for the reporting of midwives home visits. Many physicians prefer interviews to written reports. Methods of reporting vary but it should be clearly understood that while periodic reports are routine, a special report would be made when any symptoms of abnormal conditions come to the attention of the midwife.

If the midwife instructions are to be effective, it is important for her to know the patient's condition as found by the physician and the advice given.

AntepartumCase Finding

Once the Midwife program has been decided upon, the problem becomes one of having case under can by the third month need to be found early in pregnancy and attention given to those most in need of service. Mothers come to the attention of the nurse and midwife in many ways. The following sources should be considered;

1. Nurse's observation in home visits and community contacts. (Public health nurses should aim to become maternity conscious in giving family health service.)
2. Referrals from physicians, nurses, social workers, relatives, neighbors, and members of service clubs, health committees and other community organizations.
3. Referrals from expectant mothers themselves. Especially should this be true where the maternity service has been available over a period of years.
4. Requests following planned publicity describing the maternity program of the prefecture.

Case Selection

Preference in the antepartum period may be given to:

1. Women who are not yet under midwife care.
2. Women who are pregnant for the first time.
3. Women who have had complications with previous pregnancies.
4. Women referred by physicians as in need of midwife service.
5. Women of high parity (Para 4 and above).
6. Women whose pregnancy is complicated by diseases such as; diabetes, cardiac diseases, gonorrhoea, syphilis and tuberculosis.

Frequency
of Visits

The frequency of the midwife's home visits usually depends on;

1. The condition of the patient.
2. The mother's ability to understand and make use of instruction.
3. The recency of midwife supervision during previous pregnancies.

4. The availability of other instruction through clinic, hospital, physician's office, classes, etc.
5. The month of gestation when first seen.
6. Plans for delivery and postpartum care.

One visit is usually made as soon as possible after referral. Plans for future visits are then worked out with the mother and with the physician. Mothers may be encouraged to call the midwife or to visit at her office. In general mothers who report regularly to midwives, and those who have had previous midwife supervision, may be seen less frequently. Also those who have opportunity to attend classes or group meetings may be seen less frequently. A visit the sixth or seventh month should be made to mothers planning for home deliveries.

Pre-Natal Serological Tests

At the time the midwife plans the mother's first visit to the physician a serological test should be made to determine if syphilis organisms are present in her blood stream. It is recommended that the test be made during the first three months of pregnancy and not later than the fifth month.

Pertinent Information which Needs Consideration During the Antepartum Period

The amount of instruction given by the midwife will depend on the interest and attitude of the mother and family, the month of gestation at which the first contact is made, and the plans made for delivery. When the midwife makes her first visit to the family, the services that are available should be explained.

Midwives are daily meeting mothers in varying stages of pregnancy, mothers whose needs, attitudes and intellectual capacities vary as widely as do their economic and social resources. Many midwives have found that organizing their instruction around certain periods in pregnancy helps them to more readily adapt to individual situations and so better meet the specific needs of the mothers they serve. For this reason suggestions for teaching in the midwife visits have been divided into content that is particularly pertinent to each of the trimesters.

First Trimester Medical Supervision

During these months parents are apt to be primarily interested in what is happening to the mother and the changes that may be effected in the family through the coming of the new baby. Parents need to know what they can do to contribute to the welfare of mother and baby and why medical and midwife supervision is important.

The mother, more or less uncomfortable and worried, may be hesitant in discussing her pregnancy even though she is interested in what she may do to be more comfortable and secure at this period and in the months ahead. The midwife needs a background of accurate and scientific knowledge and

skill in interpreting the physiological changes which occur in normal pregnancy so she may give simple information and relate this information to the need for medical examination and midwife supervision and the early establishment of a daily regimen which will contribute to the mother's comfort, safety, and well-being. Frequently the midwife is able to demonstrate methods of relieving some of the minor complications of this period, thus strengthening relationships for further service.

Complications

The midwife needs to be always alert to the possibility of complications. In the preliminary history taking she should note particularly the incidence of chorea, scarlet fever, rheumatic fever, pyelitis, respiratory infections, tuberculosis, diabetes, gonorrhea and syphilis. The history of past pregnancies and deliveries is essential, especially in relation to complications which may have occurred. The incidence of abortion, stillbirths, premature labor, multiple births and prolonged and difficult labor should be recorded. Nausea and vomiting, commonly present these months, are usually mild but they may develop into hyperemesis. Ectopic pregnancy may be suspected when the patient complains of pain in the lower abdomen or pelvis and irregular spotting or bleeding is present. Any spotting or bleeding after a patient has missed one or more periods should be immediately reported to the physician and the patient instructed to go to bed until seen by the physician. The histories of patients who die from hemorrhage frequently show that there has been neglected bleeding.

Mental Hygiene

Very few pregnant women go through these months without some special worries, problems, or fears. The midwife who is a good listener can frequently help clear up these problems. The greatest security is given to the family when they understand that the physician and midwife are working together. The importance of this cooperative relationship cannot be over-emphasized.

Second Trimester

Many expectant mothers come to the midwife's attention during the second trimester of pregnancy. While many of the teaching points will be the same as for the first trimester, the midwife may expect a more interested attitude on the part of the mother and family.

Posture

Because of her increasing weight during this period, the mother is apt to complain of fatigue and strain in her back, legs and feet and ask the midwife for information on how to carry the additional load. The midwife will want to be prepared to discuss good posture and proper body alignment with her.

In her visit

In her visit the midwife should explain to the mother that her feet and legs are the supporting structures for the body and that the increase in weight requires them to carry a heavier load. To effectively carry this load, broad heeled shoes will give more support to the feet and legs and more stability to other muscles that assist in bearing the weight.

Rest Periods

Regular rest periods for the mother during the second and third trimester and the postpartum period are also necessary. When possible, periods of rest in the recumbent position are advisable. The mother should whenever possible sit down to do her household tasks. The midwife may want to help the mother select a suitable cushion.

Plans for the Baby

In the second trimester the mother's health is usually improved, her pregnancy is more obvious, and she is more frank in discussing her condition and plans for the baby. She and the family are now more interested in the coming baby. The mother usually desires information about how her baby is growing and developing and is more apt to appreciate the need for definite planning of her activities for the coming months. Growth and development of the baby from the time of conception until the end of the neonatal period should be understood by the parents. The fun they get out of establishing this rapport with their babies convinced me that such information should be just as familiar and as available to parents as information about baths and formulas. For without an appreciation of what babies are really like and what they are trying to do, it is impossible to give them the considerate treatment during the early months of life which will modify the rigors of their new world and make them ready for a successful childhood.*

These are the months when older children may be told about the coming baby.

Nutrition

The importance and preparation for breast feeding is a timely topic and the mother is usually more receptive to diet suggestions if she realizes their value in preparation for the coming baby as well as the maintenance of her own health. It is easier now to talk to her about her own food intake, the planning of meals for herself and the family, and the importance of increased liquids, regular elimination, rest and exercise.

Medical Supervision

In all her visits the midwife carefully observes the mother's condition, is alert to sudden increases in weight, to edema, undue fatigue or any variation from the mother's usual condition. Particularly in these days, the expectant mother is apt to forget to mention symptoms which to her are trivial, and the midwife should help her to remember to report significant symptoms. Every mother should understand why she should go to bed and send for the midwife if any vaginal bleeding is observed. If the patient sees her midwife regularly and if each visit includes blood pressure reading, urinalysis and weighing, few

danger signals will be missed.

Periodic visits by the midwife will keep her informed of those who need special care. Specific instructions for the care of patients who have diseases complicating pregnancy should be secured. Early and continued care is the only solution for the many problems connected with the midwife care of these patients. It is the community's responsibility to see that mothers who cannot of themselves secure this care have it provided for them. Any community which neglects this provision cannot be said to be giving adequate maternity care.

Mothers in Industry

More frequently than ever before expectant mothers will be found employed or working especially during the first and second trimesters. Relationships and policies will need to be coordinated, plans for home visits may have to be on an appointment basis and community planning will be necessary to safeguard these mothers and their children.

The Third Trimester

Plans now revolve around preparation for delivery and care of the new baby. The mother is more easily fatigued, she is apt to get less out-of-door exercise, and weight increases are more marked. Simple explanations of the changes taking place in the mother's body, the advisability of sponge instead of tub baths, the restriction of marital relations are important considerations for this period. A demonstration of the daily care advised for the nipples allows for re-emphasis on breast feeding.

Without alarming the mother the midwife should explain why it is necessary to immediately notify her if any of the danger signals appear. Toxemia is more apt to occur during these months and the best treatment is prevention.

Preparation for Delivery

The mother should be cautioned to avoid undue strain and heavy lifting. Assistance with housework will also be needed after delivery when the care of the baby is added to the mother's other responsibilities in the home. Unless definite provision for this is made well in advance, the mother may find it necessary to assume household duties beyond her physical strength. Often when this is done, the mother suffers undue strain that affects her recovery and sometimes handicaps or impairs her health for years. Many fathers are willing to assist if the need is explained.

This is a good time to review the possibility of premature labor and to re-emphasize the precautions to be taken if spotting or bleeding is observed.

The primigravida especially may have a recurrence of worry and fear. More than in previous months the mother needs reassurance. Orderly planning and the sense of having everything in readiness help give the family and the mother the security they need. Preparation of essential supplies by the beginning of the seventh month insures more adequate care if labor is premature. The process of labor should be simply explained and the family given the security of knowing exactly what to do when labor begins.

The midwife should be familiar with local hospital regulations so they may be interpreted to the family. The need for restriction of visitors may require detailed explanation and this can serve to re-emphasize the importance of protective care of the mother and newborn infant.

If the patient is to be delivered at home, it is helpful to plan for a visit when the attendant can be present and the delivery set-up discussed.

Preparation for Postpartum Care

On the midwife's last antepartum visit plans should be worked out for notification of the beginning of labor and the date of the first postpartum visit.

It is becoming more and more recognized that proper midwife service during labor and delivery is a necessity if adequate maternal care is to be obtained. The midwife giving antepartum service should accept the responsibility for assisting the family to secure adequate antipartum examining by a physician.

Supplies Needed for the Baby

Clothing and Linen:

- 2 to 4 dozen diapers, any soft, absorbent material; usual sizes are 27 x 27" or 20 x 40".
- 3 bands, 4 x 21" - outing flannel.
- 4 shirts, size 2 (silk and wool, cotton and wool or cotton).
- 4 nightgowns (open down the back) outing flannel or stockinette material.
- Dresses, petticoats and other clothing as desired.
- 3 small wrapping blankets. Outing flannel a yard square makes a satisfactory blanket.
- 2 large blankets for baby's bed.
- 2 pillow cases for mattress covers (if basket is used).
- 2 rubber sheets 12 x 18".
- 6 quilted pads 12 x 18".
- Bath blanket.

- 4 soft towels.
- 2 washcloths (clean old linen may be used).
- 1 covered pail for soiled diapers.

Baby's Bed: This may be a regular child's bed with mattress to fit, a large flat bottomed clothes basket, or a wooden box 36-48 inches long. The mattress may be made of hair or felt, a folded blanket, or a thick quilted pad. Prepare the baby's bed several days before it is needed, making it up as follows:

Place over the mattress a rubber sheet or a paper pad for protection and put mattress in a pillow case or other mattress cover. Protect this with a small rubber sheet and quilted pad. The baby should not have a pillow. Lightweight cotton blankets are desirable..

Baby's Toilet Tray: An improvised tray such as a tin cake pan, a cookie sheet, a box or box cover may be used for the baby's toilet articles. Jelly glasses or mayonnaise jars may be used as containers.

Jar for boiled nipples.

Nipples.

Bottle or jar for boiled water.

Nursing bottle for giving water to baby, after breast feeding is established.

Safety pins in a covered jar.

Mild white soap in a covered dish.

Bottle of mineral or olive oil.

Jar of absorbent cotton.

Paper bag for waste.

Intrapartum

If intrapartum care is given, the midwife:

1. Instructs the mother and family in the immediate preparation for labor and delivery, including how to recognize the onset of labor and when to call the midwife.
2. Prepares the mother and takes care of the delivery giving immediate postpartum care to mother and baby. (Prophylactic care of the baby's eyes is given immediately after birth).
3. Examines the baby.
4. Demonstrates to the attendant the subsequent care of the mother and baby, emphasizing the importance of observing and reporting any untoward signs.

Public Health
Midwife Func-
tions During
the Intrapar-
tum Period

Pertinent Considerations in Relation to Midwife Care During a Home Delivery

The one outstanding difference between delivery at home and in the hospital is that the midwife enters the home and becomes one of the family group. She must give attention to the other members of the family and their emotional needs as well as to the mother.

Safety during the intrapartum period depends upon the maintenance of asepsis in:

1. The surgical field, vulva and genital passages.
2. The attendant's hands and contacts.
3. All instruments and supplies which are used during delivery.

If this asepsis is rigidly preserved, a high degree of safety may be attained even in very unfavorable surroundings.

Supplies for Home Delivery

The midwife, as has been previously stated, should discuss with the mother and her attendant the plans for home delivery. Suggested articles for the mother to assemble before delivery are as follows:

- 2 or more nightgowns.
- Bathrobe or kimono and slippers.
- 1 pair white stockings.
- 4 dozen sanitary pads (new unopened packages).
- 2 sanitary belts.
- 2 abdominal binders (if physician so recommends).
- Safety pins.
- $\frac{1}{2}$ -pound package absorbent cotton (unopened).
- 4 sheets.
- 4 pillow cases.
- 1 extra blanket (lightweight).
- Rubber sheet or newspapers for mattress protection.
- 4-6 newspaper pads. (At least two of these are made from 12 to 20 sheets of newspaper, half size. Cover each with clean cloth, which has been washed, boiled and ironed. Wrap pads securely, either in pillow case or in paper until they are to be used.)
- Package of clean cloths which have been ironed.
- Supply of clean newspapers.
- Hot water bag and syringe (may be combined).
- Pail for waste.
- 3 basins (2 the same size).
- 1 quart Mason Jar or pitcher.
- 1 soup lable or dipper.
- 2 large covered kettles.
- Electric light bulb (100 watt) or extra lamp.
- Bed pan and new roll of toilet paper.

Sterile supplies for the midwife are usually provided by her.

Observation
of the Patient

One of the first things that the midwife does after she enters the home is to see the patient and learn the time of the onset of labor, the closeness and character of her pains and whether there is any discharge. She will watch the patient through one contraction. When the midwife is not in the home or expected soon, the report should be sent to him either by telephone or by messenger.

Preparation of
Supplies and
Equipment

The amount of preparation possible for delivery varies with each case and is dependent largely upon the amount of time allowed and the previous preparation made by the family. Preparations that may be made by the attendant; (Some of these can be made before the midwife arrives in the home.)

1. Fill two large kettles with water. Place soup ladle or dipper in one; cover both kettles and boil water for ten minutes. Keep one kettle hot and let the other cool. Do not remove the covers.
2. Arrange for soap, hot water and towel so the physician may wash his hands.
3. See that the unneeded furniture is removed from the room, leaving the bed, two chairs, tables and dresser. Clear off the tops of the tables and dresser, and protect them with newspapers. Clear the kitchen table and cover with newspapers.
4. Prepare patient's bed as follows;
 - a. Slip a table leaf or board under the mattress to prevent sagging.
 - b. Protect the mattress with an oilcloth, a rubber sheet, or with three layers of newspapers; cover with a sheet which is drawn tightly and tucked under the mattress to avoid wrinkles.
 - c. Use two newspaper pads for extra protection. Fold the covers to the side or foot of the bed.
 - d. Place an extra lightweight blanket over the head of the bed.
 - e. Protect the floor by placing newspapers around the bed.
5. Place the baby's clothing, arranged in the following order in his bed; On the bottom, baby blanket, next gown, then shirt, diaper with 4 medium sized safety pins fastened to it, 2 extra diapers, towels and washcloth, and band with small safety pins fastened to it.
6. Place the baby's tray near his bed. In addition, have ready in the baby's bed, the receiving blanket

with a diaper folded inside of it kept warm by a hot water bottle. The hot water bottle should be removed before putting the baby in the bed.

Preparations by the midwife:

1. Remove from the midwife's bag;
 - a. Additional towels and paper napkins.
 - b. Razor and new blades.
 - c. Instruments; 2 hemostats, scissors, forceps, medicine dropper, rubber catheter.
 - d. Instrument pan and cover.
 - e. Equipment for enema (unless mother's supplies are used).
 - f. Hypodermic syringe and two needles.
 - g. Baby scales.
 - h. Mouth and rectal thermometers.
 - i. Cotton.
 - j. Alcohol and green soap.
 - k. Silver nitrate ampules.
 - l. Vaseline.
 - m. Masks. (Masks are routinely worn during preparation of the patient, during delivery and in giving care to the baby. Extra masks are carried for attendants.
 - n. Delivery record.
2. Sterilize equipment;
 - a. Boil hypodermic syringes, needles, tablespoon and a saucer for five minutes.
 - b. Boil small jar, cover and catheter for five minutes and place catheter in jar.
 - c. Boil instruments and gloves five minutes, just before delivery.

Prepare patient;

1. Assemble and arrange conveniently at the bedside--small basin of warm water with cotton pledgets, razor, soap, equipment and solution for enema, toilet paper, vaseline, waste pail and bed pan.
2. Protect the bed.
3. Drape patient and shave or clip pubic hair.
4. Cleanse abdomen, thighs and vulva with soap and water.
5. Give enema if ordered. Patient may expel enema in toilet if pains are not of the bearing down type and membrane is intact.
6. Apply a perineal pad if membranes have ruptured.

Prepare table for midwife's supplies. Place on the table the following:

Obstetric package or packages of sterile supplies.
 2 basins, one for midwife's hand solution, one for the placenta.
 Sterilized saucer with hypodermic syringe, needles and spoon.
 Cotton.
 Alcohol.
 Silver nitrate ampules.
 Midwife's medications.
 Midwife's instruments and gloves.
 Cord dressing and ties (unless these are in obstetric package).
 Extra masks.

Prepare for anaesthesia; If anaesthesia is to be used, the necessary supplies are placed on table or chair at the head of the bed. These usually include, ether, mask, vaseline or cold cream, towel, emesis basin or substitute.

First Stage of Labor

The first stage of labor begins with the first true labor pain and ends with the complete dilatation of the os. In the first stage the pains are short, slight and separated by long intervals usually about an hour at first shortening to about a half or quarter of an hour; the duration of the pain may be at first a few seconds, while later it may last about a minute. The pain progresses to a height and then subsides. In general the patient is quite comfortable between pains and should be urged to rest as much as possible and take light nourishment. The patient should not "bear down" with her pains in this stage of labor.

The midwife makes frequent and close observation of the patient during this stage of labor including taking her temperature, pulse, respiration and blood pressure reading, counting the fetal heart and watching the show.

Since this stage of labor may extend over a period of time, it is important to conserve the patient's energy by urging her to rest between pains, to take nourishment and to empty her bladder at regular intervals.

Second Stage of Labor

This is the stage of expulsion. It begins with the complete dilatation of the os and ends with delivery of the baby. By the beginning of the second stage of labor the patient should be in bed. The pains are severe and long, lasting fifty to one hundred seconds and occurring at intervals of every two or three minutes. During this stage of labor, the muscles of the abdomen are brought into play and when the pains are in progress, the patient will "bear down" with all her strength.

During this stage of labor the patient should be urged to void frequently, and the midwife should watch the patient closely. Patience and interested attention on the part of the midwife will do much to make this trying ordeal less difficult for the patient.

The attendant will assist the midwife with the second stage and in draping the patient. When the baby is born, she should be ready to grasp fundus and hold it as a means of controlling bleeding.

After the cord is cut, the attendant may wrap baby in warm blanket and place on right side with the head lower than the body unless otherwise ordered. Keep baby under observation while the midwife is giving care to the mother. Premature infants require special care at this time; their care will be described at another time.

Third Stage of Labor

During this stage of labor the placenta is expelled. The attendant care for this stage of labor consists chiefly in watching the general condition of the patient, keeping her warm and assisting the midwife in any way possible. The attendant may be called upon to palpate the fundus or watch for bleeding while the midwife's attention is directed toward the baby.

After the placenta is expelled the midwife will cleanse the patient well with cotton and the solution preferred by her. She will remove soiled delivery pad and replace with a clean pad. Perineal pads should be placed, and unless otherwise ordered, patient should be instructed to lie on her back for eight hours.

Care of the Newborn

The midwife now examines the infant and record abnormalities or injuries. If not already done, instill the silver nitrate drops in the baby's eyes before she leaves.

Keep the baby covered. Unless otherwise indicated, leave nose and mouth alone. Remove blood and excess vernix with warm oil, applied with finger tips. (Finger nails of midwife should be short and smooth otherwise cotton ball is used to apply oil). Handle infant as little as possible. Inspect cord to make certain there is no oozing; see that the band is securely fastened. Take temperature and weight of infant. Dress in shirt, diaper and gown; show baby to mother. Put infant in his own bed. Stress observation for bleeding from cord, any change in color, any mucus in the throat or any change in respiration, with reporting of any changes to her.

Unless otherwise indicated, the baby should begin to nurse from the breast about six hours after birth. Although the milk does not "come in" until the third or fourth day, a substance valuable to the baby is present. The baby should not be left at the breast more than five minutes and every six hours is usually sufficient until the milk supply is established.

Final Care of Mother

Before the midwife leaves, the attendant should get her orders regarding diet, medication and care of the mother and baby. The midwife should explain the patient's care to the attendant and also arrange for subsequent nursing visits. Before leaving the home, the nurse should take the patient's pulse and be sure that the fundus is firm, see that there is no excessive bleeding and that the patient is in good condition.

Postpartum

Public Health Midwife Functions in the Postpartum Period

Midwife functions in the postpartum period vary according to the type and care that the mother receives during delivery and the amount of service that midwife is able to give. In general these functions are as follows:

1. Supervises the nursing care given by relatives, attendants.
2. Emphasizes the importance of and helps to arrange for a postpartum examination.
3. Stresses the need for continued health practices and assists in securing health supervision throughout the lactation period.

Case Selection

Midwife should become increasingly conscious of the need for care and supervision during the postpartum period and especially the first ten days following the patient's delivery. Preference may be given to:

1. Women who are given midwife service during the intrapartum period.
2. Women who are delivered at home and for whom no satisfactory attendant care is arranged.
3. Women who are delivered in the hospital and return to their homes within seven days postpartum and for whom no satisfactory attendant care is arranged.
4. Women who are referred by the physician as in need of midwife care.
5. Women who have been carried in the antepartum period.
6. Women whose pregnancy has been complicated by diseases such as: diabetes, cardiac diseases, gonorrhea, syphilis and tuberculosis.