

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, gonorrhea, tuberculosis or nephritis should continue to receive nursing supervision and every effort should be made to have continued medical care.

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;

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Examining Physician's Name

Date of Next Appointment

1.

2.

3.

Begin calcium lactate 0.65gms twice a day in the second month and continue thru pregnancy.

If any abnormality is observed concerning the location of the embryo or the pelvis as well as any other dislocation you should see and follow the directions of a physician.

When the month of parturition comes close especially use sponge baths to keep your body clean. When you start to bare labor pains you should see a physician or midwife right away.

See your physician when you have a fever, too much or a foul discharge or pain in your abdomen after delivery. It is advised that those who had been suffering from kidney disease, continue to receive treatment from a physician even after delivery.

Any normal woman can sit on the bed within five or six days after the delivery, can walk quietly in the room about ten days and can leave the bed and take a sponge bath. After forty days she can live a normal family life. It is advisable that she should keep having a maternity belt on about two months after delivery.

ADVICE FOR PREGNANT WOMEN

Healthy Child: Take moderate exercise, sleep well and do not listen to all of the old wives tales.

It is necessary to take varieties of food appropriately mixed of fishes, vegetables and meats. Take nutritive food as much as possible and keep away any indigestible food materials and any strong stimulant such as mustard and horse radish.

Take four ounces of urine to your midwife or doctor every four weeks from the time you know you are pregnant, until the 7th month and then every two weeks.

Have your blood pressure checked every four weeks until the last month and then every week.

Report at once any persistent headache, lumbar backache, dizziness scotomata or swelling of feet or face in the morning.

Avoid any heavy lifting particularly around the period date.

Avoid catching cold and avoid contact with others who have a cold.

No coitus in the fourth and eighth and ninth months.

No tight clothing above the level of the hip bones or round garters around the legs or thighs.

Drink 1,000 cc of water every day, until ordered to do otherwise by your doctor.

No overeating or eating between meals. Eat a balanced diet if possible.

Care of the nipples: To be begun in the fourth month. With washed hands stretch the nipples. Wash twice daily with turkish wash cloth for a month. Scrub with a soft brush for a month. Apply equal parts of tannic acid and rose water twice daily from then on to delivery.

Have a complete physical examination done twice during the pregnancy at the first visit and in the eighth month--to include particularly the pelvic measurements in the first pregnancy.

Have a fixation (blood) done at the first visit and fifth month.

Have a vaginal smear taken at the first visit and sixth month and report and vaginal discharge.

Have an x-ray of lung fields taken in the first and eighth months. If there is any chest condition, the midwife should consult with a doctor concerning the monther's breast feeding the child.

M-2

Seal of Health Center

Pregnant Woman's Report

Name of Pregnant Woman _____ Date of Birth _____

Address _____

Name of the Head of the Family _____

Expected date of delivery _____ Certified as above

Name of Doctor _____

Months of pregnancy _____ Name of Mid-wife _____

(Seal)

Notice

Reported as indicated

Date _____ Name of Pregnant Woman _____ (Seal)

To Chief of Ku

(1) Notice: The patient must obtain a description from the doctor or mid-wife concerning her condition. It is permitted to present this information in a letter form, which must accompany this notice. If there is no doctor or mid-wife in the district, the patient must write as accurate a report as possible from memory.

(2) Take this report to the Sanitation Section in the Ku office.

CARD I

I Growth and Development from birth to four weeks

- a. Sense of taste and smell are present from birth. Child sees light and avoids it at birth. At four weeks the eyes turn toward light and sound. Child looks at an object (rattle) held before its eyes.
- b. The child lies upon its back at four weeks will lift its head from the floor momentarily.
- c. When child is picked up the head falls backward.
- d. When the hands are touched they close firmly.
- e. By the fourth week the child smiles
- f. By the fourth week the infant's head shows no sign of the compression which resulted from its passage through the birth canal.

II Four Weeks to Eight Weeks

- a. Child will look at an object when placed before its eyes. The eyes follow a moving object.
- b. It turns its head toward sound
- c. The child develops scratching movements of the hands.
- d. The child lies upon its back, but can raise its head from the floor, and maintain this position.
- e. When the hands are touched they open
- f. When the child is picked up the head still continues to fall backward.
- g. The child begins to coo at 6 to 8 weeks of age.
- h. Cod liver oil--4cc is to be begun twice a day.

III Eight to Twelve Weeks

- a. The child still lies upon its back
- b. The head still continues to fall back when picked up but it can lift its head to a vertical position.
- c. The hands now are open or loosely closed.
- d. The sense of touch becomes acute.
- e. Child imitates sounds that it hears
- f. The most rapid gain of weight is in the first three months

- g. Citrus fruits or tomato juice with equal parts of water 4cc each is to be begun once a day for one week then twice a day for one week and this quantity is to be increased by 4cc a week until 16 cc twice daily is taken.

IV Twelve to Sixteen Weeks

- a. Child lies upon its abdomen and lifts its head and face from the table.
- b. When picked up there is no head lag and it holds its head steadily erect.
- c. It now rolls over from its back to the abdomen.
- d. The child sits with support.
- e. The child finds its hands and looks at them.
- f. The hands become active he attempts to bring his fingers in contact with objects after observing them.
- g. He laughs aloud at four months.
- h. He will place his feet together on the floor and when held upright he will bounce up and down.
- i. He recognizes voices and he actually sees objects at four months.
- j. Sieved cereal is to be begun four gms thinned with water or milk is to be given once a day for four weeks and increased to twice a day in the following week and then gradually increased to four grams twice a day.

CARD II

I Sixteen Weeks to Twenty Weeks

- a. When the child is lying on its back and with its hands grasping the mother's fingers can be pulled up to a sitting position. It will lean forward.
- b. The child now looks at objects and then reaches and grasps them.
- c. If an object is placed in contact with the hands he grasps it.
- d. If a small pellet is placed on the table the child scoops it up with the whole hand.
- e. The child now begins to creep.
- f. 30 cc of the water in which fresh vegetables are cooked is to be given to the baby once a day so that it will be accustomed to the taste of various foods.

II Twenty to Twenty-Four Weeks

- a. Within the period between 24 and 52 weeks the child should be immunized with diphtheria toxoid vaccine, with smallpox vaccine, have a tuberculin test and if negative given BCG. These should not be done unless under the direction of a physician particularly no child with eczema should be vaccinated with smallpox vaccine.
- b. The child sits leaning forward unsupported for a brief period.
- c. It uses both hands equally well.
- d. It makes an effort to bring its hands to an object but still lacks control of the movement.
- e. It reacts to music by making various sounds and it has developed better control of the movement of the eyes.

III Twenty-Four to Twenty-Eight Weeks

- a. The child can sit without support.
- b. It transfers toys from one hand to the other and if it should drop one object it looks to see where it fall.
- c. Begin four grams of sieved vegetables once a day continue for one week. Then increase to 8 grams in the second week, 12 grams in the third, 16 grams in the fourth week.

IV Twenty-Eight to Thirty-Two Weeks

- a. The child sits but tends to fall backwards
- b. It can pick up a string or a small pellet it begins to prefer to use either the right or left hand.
- c. In this period the two central lower incisor teeth should be cut.
- d. Broth 16cc to 32cc or sieved vegetables can be fed at noon and cereal night and morning.

CARD III

I Thirty-Two to Thirty-Six Weeks

- a. The child sits for ten minutes but may fall.
- b. The child begins to combine the activities of the two hands—striking one object against another or making the patty-cake movement.
- c. When lifted to its feet it stands with feet wide apart.
- d. Memory appears and child will look at—but not reach for a familiar object.

II Thirty-Six to Forty-Four Weeks

- a. The child will sit for an indefinite period.
- b. He will reach for an object and focus his attention upon it.
- c. His thumb and index finger will move independently of the remainder of the hand.
- d. In this period the two upper central incisor teeth are cut.

III Forty-Four to Fifty-Two Weeks

- a. The child cuts the two upper lateral incisor teeth in this period
- b. He learns to sit up from the position of lying on his abdomen
- c. He will now release a toy which he is holding in his hand and push it away.
- d. He pulls himself up to a sitting position and tries to get about the room.
- e. He will walk when his hands are held.
- f. In the last weeks he will be able to throw an object.
- g. He will begin to use single words at the end of the year.
(Girls will talk first)
- h. He will begin to cooperate when being dressed.
- i. He will hold a cup to drink—he will try to use a spoon
- j. He should have six teeth by the end of the year.

CARD IV

I Twelve to Fifteen Months

- a. In this period two lower lateral incisor and forward double molars are cut.
- b. Walks alone and freely looks at pictures of known objects
- c. Recognizes pain and reaches toward the area with hands.

II Fifteen Months to Eighteen Months.

- a. Within this period the child should climb down stairs alone
- b. He should set himself on a chair or step.
- c. He scribbles and tries to draw.
- d. He turns pages of a book two or three at a time.
- e. Uses spoon freely
- f. Tries to put on his shoes
- g. Mimics other children at play.
- h. Bowel control is practically established.
- i. The anterior fontanelle is closed (soft spot)
- j. At the end of 21 months he cuts the four canine teeth
- k. He walks up stairs holding to the rail.
- l. He makes linear marks imitating those of others.
- m. He will look at any toy, decide to take or leave it alone and then reach for it with one hand.

III Twenty-Four Months.

- a. By 24 months he draws a circle or lines and can show the difference between them.
- b. He can stand on one foot and kick a ball.
- c. He has cut his four large back double teeth.