

CHAPTER VI.

The Maternity Department

There is a growing call for maternity service in nearly every hospital, whether it be large or small. This has made it necessary to establish an obstetrical department, either by setting apart a section of some building, calling into requisition an existing dwelling near the institution, or erecting a new building or group of buildings for this one service.

Most obstetricians declare that the maternity service should be classed as surgical, since the area of open wound is greater than in almost any other clean surgery, and hence is subject to greater danger of infection from outside. Certainly modern asepsis plays its part in this department, and many a mother owes her health and perhaps her life to the modern methods of care.

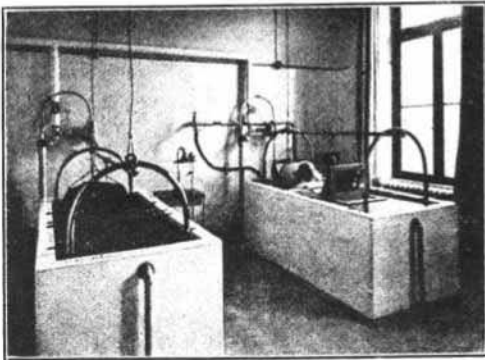


FIG. 102. WATER BED.

That such cases can be more carefully treated in the hospital than in the home no one will gainsay; but to do this to the best advantage the hospital must be especially planned for the work. Study is necessary toward minimizing the noises of preparing and serving food, provision should be made for privacy or semi-

privacy in the wards, and preparation made for emergency conditions.

There are four distinct departments to be considered in planning for obstetrical cases:

1. The waiting department.
2. The delivery or confinement rooms.
3. The puerperal or after-confinement rooms.
4. The creche or nursery.

*Waiting Department.* With private patients, as a general thing, the patient goes to the hospital but a day or two before or even on the day of delivery, and occupies at once the room or bed that

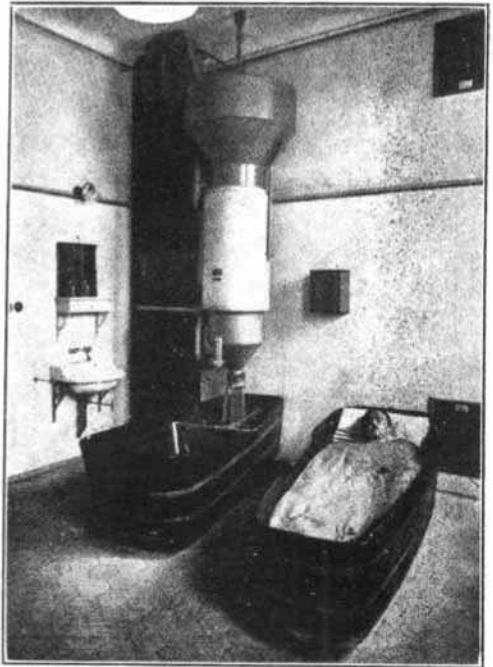


FIG. 103. SAND BATH.

will be hers during her recovery. In hospitals where charity patients predominate the patients frequently enter from

with their sterilizing rooms, labor rooms, doctors' waiting room, etc., should be cut off from the rest of the department by doors. This department should be treated in its details like an operating suite.

The delivery rooms should be large, well lighted, and well ventilated; should in fact be operating rooms with all the careful finish and detail, and should be equipped both for day and for night work.

Either a special sterilizing room should be provided, or sterilizers for water, utensils and instruments must be placed in the delivery room.

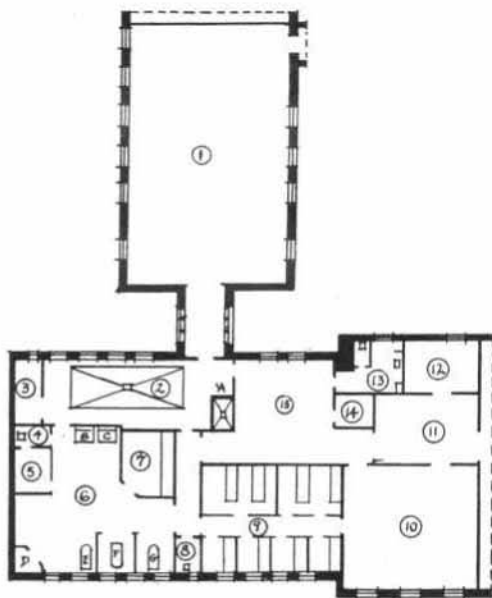
There should be at least one scrub-up sink in or near each delivery room. In hospitals where mixed cases are taken it is considered wise to provide separate delivery rooms for the different classes.

*Patients' Rooms.* If open wards are used, it is well to have them small; or, if the ward is large, subdivided by fixed screens. A certain number of private rooms should be provided, and perhaps a few suites with baths. The finish and detail, toilets, sinks, baths, etc., should be similar to those of the surgical wards of the hospital.

Airing balconies should be provided as in the medical and surgical wards, or solaria can be added if found desirable.

There should be opportunity for the isolating of the occasional cases which may be infected. A simple suite of two rooms and a bath, which will serve as a general utility room, should be arranged on a separate corridor entered from the main corridor, and with an outside entrance as well, if possible. This arrangement will give opportunity for such isolation but will not prevent the use of these rooms for regular work. The rooms should be treated and equipped the same as isolation wards for contagious cases.

*Creche or Nursery.* The nursery should be light, well-ventilated, cheerful and warm, and well away from the mothers. There should be not only space for a separate bassinet for each baby, but a separate room for bathing and dressing. A balcony should connect with this room, so that the babies may be easily



San Francisco Hospital.

FIG. 106. MEDICAL TREATMENT DEPARTMENT.

- |                          |                    |
|--------------------------|--------------------|
| 1. Mechanical apparatus. | 9. Dressing rooms. |
| 2. Plunge bath.          | 10. Lounge room.   |
| 3. Pump room.            | 11. Hall.          |
| 4. Toilet.               | 12. Store room.    |
| 5. Irrigation room.      | 13. Toilet.        |
| 6. Douche room.          | 14. Closet.        |
| 7. Steam room.           | 15. Office.        |
| 8. Toilet.               |                    |

one to three months before confinement. Such women assist about the hospital work and in a measure repay for their care when sick. Where such a practice prevails separate wards or dormitories must be provided. In charity homes for unfortunate girls the situation is the same, and in many the waiting departments are larger than the hospital proper. The location of this department in the hospital group should have most careful study for two reasons:

1st—Because, owing to the crying of the infants, it can well be called the most noisy of all of the departments; and

2nd—Because, owing to the possible danger of infection from outside sources, it should be as far removed as possible from the other buildings, and should not be used as a passageway to any other buildings.

*Delivery Rooms.* The delivery rooms,

kept out of doors in suitable weather. Linen closet, blanket warmer, linen dryer, etc., should be planned. If the department is large a creche may be provided for ward babies and another for those belonging to private patients.

A few concrete examples will serve to illustrate. In the *Newton Hospital* (Fig. 403), Newton, Mass., the maternity service is cared for in a building recently

On the third floor are the delivery rooms for ward and for private patients, with sterilizing room between. A nurses' duty room, guests' rooms, isolating room, toilets and storeroom complete this floor.

The *Talitha Cumi Maternity* (Fig. 408) Jamaica Plain, Mass., is an institution for unfortunate girls. The waiting department is larger than the hospital proper, and is arranged as an industrial home.

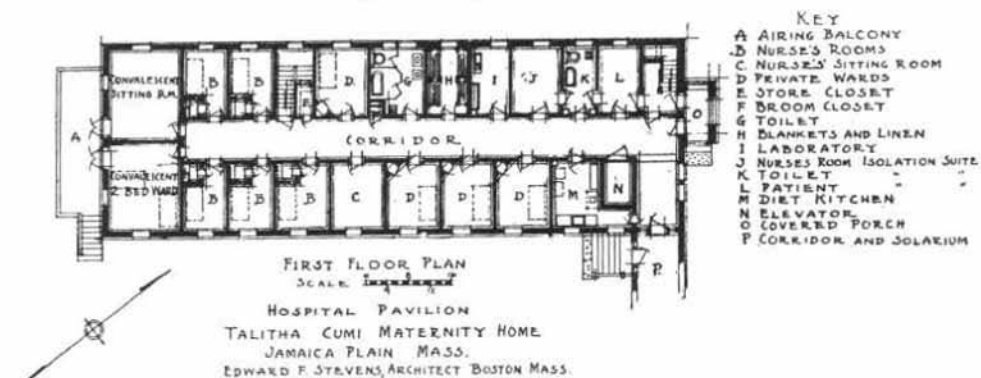


FIG. 111.

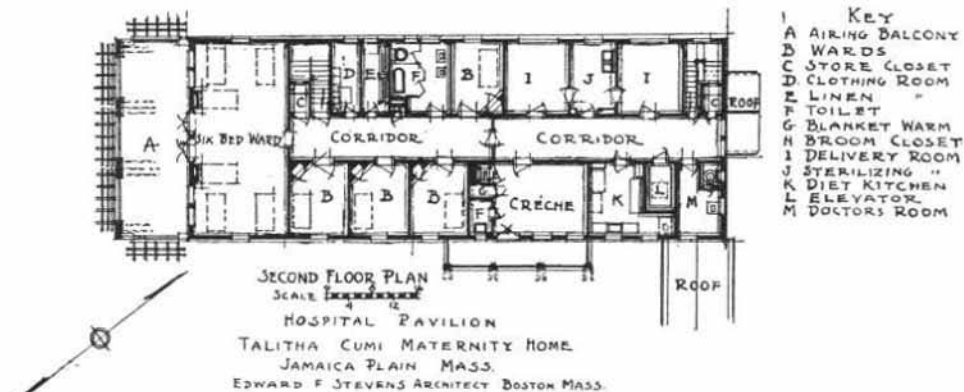


FIG. 112.

erected in memory of the founders of the institution. This building is connected with the main group by an underground passage, and on the first floor by an open corridor.

The public ward is on the first floor, together with four private rooms. There are baby rooms, diet kitchen, toilets, linen and medicine closets.

The second floor is devoted to private rooms. The creche is on the south, with its own airing balcony.

In this building are the offices of the institution, the kitchen, and dining-rooms. The hospital proper is connected with the waiting department by a closed corridor.

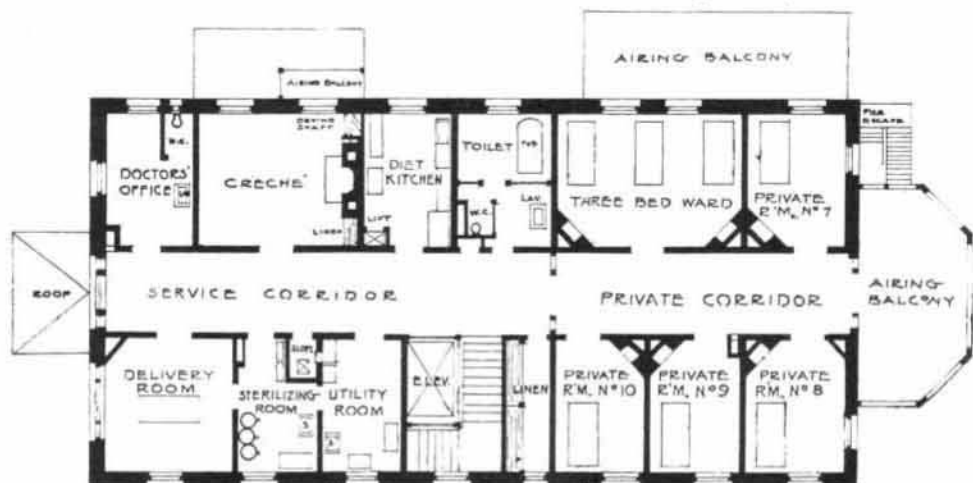
On the first floor of the hospital building (Fig. 111) is a six-bed ward, three private rooms, and an isolating suite so arranged that the doors leading into the corridor can be closed and the suite reached from the service staircase and from out-of-doors. There are toilets, bath, linen room, diet kitchen, and creche

on this floor. An airing balcony and a solarium afford outdoor facilities.

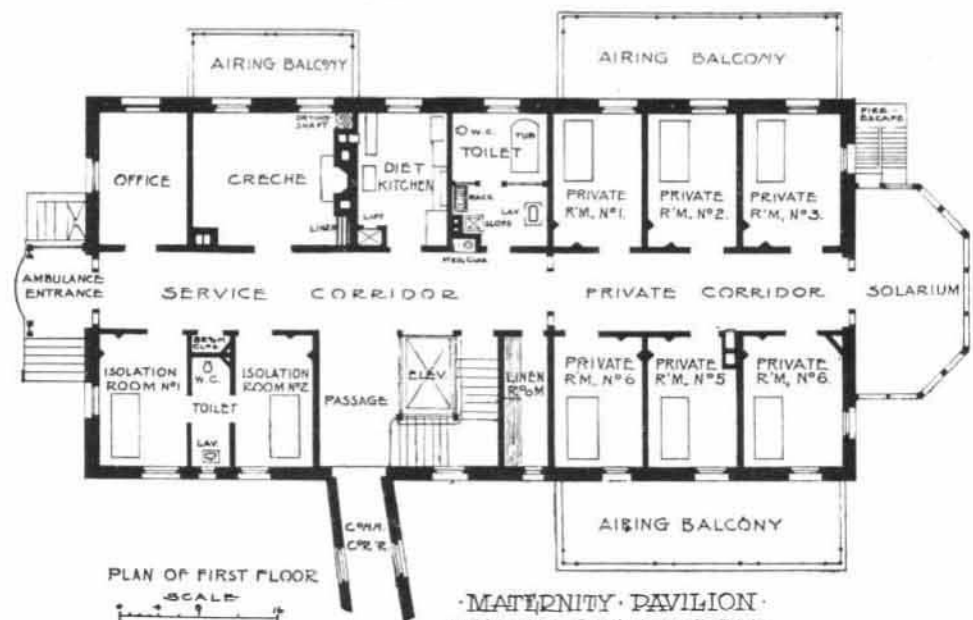
The second floor (Fig. 112) is similar, except that the delivery rooms replace the isolating suite. There are two delivery rooms connected by the sterilizing room, and a doctors' room across the hall. The delivery rooms are cut off from the patients' part of the hospital by double doors.

Meadville Hospital, Meadville, Penn., has a separate pavilion for the maternity service (Fig. 113). This pavilion is at the extreme end of a group of buildings. It is two stories in height, with elevator.

There is but one public ward, the remainder of the patients being in private rooms. On the first floor is an isolation suite and a nurses' office. The delivery room, sterilizing room, doctors' room,



PLAN OF SECOND FLOOR.



PLAN OF FIRST FLOOR

SCALE  
1" = 10'

MATERNITY PAVILION  
MEADVILLE CITY HOSPITAL  
MEADVILLE, PENN.  
EDWARD F. STEVENS ARCHITECT  
BOSTON, MASS.

FIG. 113.



FIG. 114. CRECHE—MATERNITY BUILDING, BRIDGEPORT (CONN.) HOSPITAL.  
Edward F. Stevens, Architect.

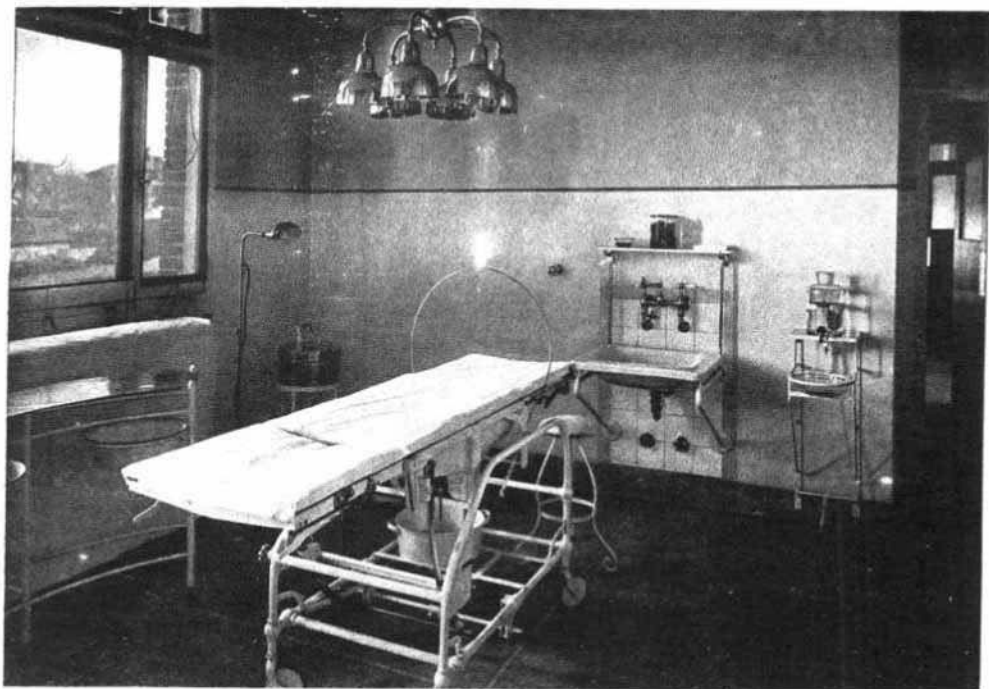


FIG. 115. MATERNITY OPERATING ROOM—BRIDGEPORT (CONN.) HOSPITAL.  
Edward F. Stevens, Architect.

etc., are on the second floor. Each floor has a creche, which contains an unusual feature, a fireplace. There are the usual airing balconies and a solarium.

In the maternity department of the *Bridgeport Hospital* (Figs. 44 and 45) the ward unit is somewhat different from that of any of the other hospitals mentioned in this chapter. In the main sixteen-bed ward the principle adopted in the Rigs Hospital is introduced—that is, there are four groups of four beds each, and these groups are divided by stationary glazed screens six feet in height, giving the semi-isolation needed in these rooms.

The creche (Fig. 114), as well as the serving-kitchen and sink-room, is at a distance from the ward and private-room patients.

In this plan an admitting unit is provided, in which the careful examination and bathing of patients are conducted. Adjoining this admitting unit is the isolation unit, in which any suspicious case can be kept for observation. This isola-

tion department is connected with the serving kitchen of the children's department by a slide. Directly under the slide is the dish sterilizer, the cover of which is controlled from both sides of the partition, so that the infected china can be returned through the dish sterilizer.

The children's ward unit in this building is similar to the maternity ward unit, except that the screens are of clear glass, permitting the nurse on duty to have close observation of all the children and still affording the necessary isolation.

The maternity department of the *Ohio Valley General Hospital* (Fig. 77) is situated at the end of one of the wings and consists of wards and private rooms, two delivery rooms, a creche, and waiting room. Cases needing isolation are taken to the isolating department in the same building.

At the *St. Luke's Hospital* (Figs. 116 and 117), New Bedford, this service is taken care of in a separate building, with a nearly ideal arrangement of rooms and service.



FIG. 116. ST. LUKE'S HOSPITAL, NEW BEDFORD. MATERNITY DEPARTMENT.  
Edward F. Stevens, Architect.



FIG. 117. ST. LUKE'S HOSPITAL, NEW BEDFORD. MATERNITY DEPARTMENT.  
Edward F. Stevens, Architect.

Placed at the extreme end of the group and adjoining the ambulance entrance of the operating department, the admitting service is simple. The staff sitting-room at this point makes a special waiting-room unnecessary. There is, however, a husbands' waiting-room provided for the anxious fathers-to-be.

The admitting room, with entrance bath, adjoins the delivery corridor. There are three delivery rooms for the three services—public, semi-private, and private.

The public wards, two of eight beds each, accommodate the only patients on the first floor, except the occasional isolated case, access for which is from a separate corridor. These ward beds are separated into groups of four by screens, upon which are located the nurses' calls and bedside lights.

The *Chicago Lying-in Hospital* (Figs. 120 and 121) is planned on the broad, generous basis of the comfort of the patient, the isolation of sound, and the convenience of management. The nurses' station, located as it is at the crossing of the corridor at the elevator entrance, makes possible the easy surveillance of the entire floor. The nursery and service

rooms are placed with regard to care and easy service.

On the sixth floor (Fig. 121) are located the operating section, the birth and labor rooms, so placed as to allow the utmost flexibility of service and at the same time the utmost privacy when privacy is required.

The sterilizing and nurses' room is centrally located. There is a waiting room for the husband and expectant father.

The *Wesson Maternity Hospital* (Figs. 122-125) consists of three fireproof buildings and is a complete hospital unit. The plans of the patients' pavilion, nurses' home, and power plant, show the general relation of one department to the others.

The maternity department of the *Yonkers Homeopathic Hospital* at Yonkers, N. Y. (Figs. 126-130), is a self-contained building of fireproof construction. It is used for clean surgical cases as well as for obstetrical service, and contains the administration offices and the superintendent's living apartments.

For smaller units in private hospitals see plans of Macon Hospital (Fig. 55a), Melrose Hospital (Fig. 252), and San Francisco Hospital (Fig. 118).

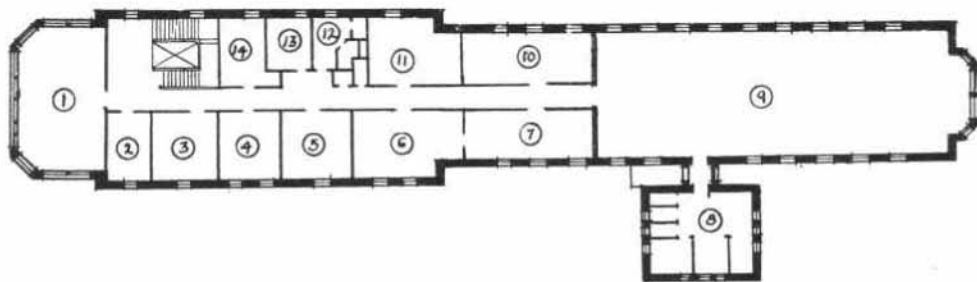


FIG. 118. SAN FRANCISCO HOSPITAL. MATERNITY WARD.  
Newton J. Tharp, Architect.

1. Patients' waiting room.
2. Doctors' dressing room.
3. Isolation room No. 1.
4. Isolation room No. 2.
5. Diet kitchen.

6. Delivery room.
7. Nursery.
8. Toilet.
9. Ward.
10. Nursery.

11. First stage room.
12. Toilet.
13. Nurses' Supplies.
14. Laboratory.



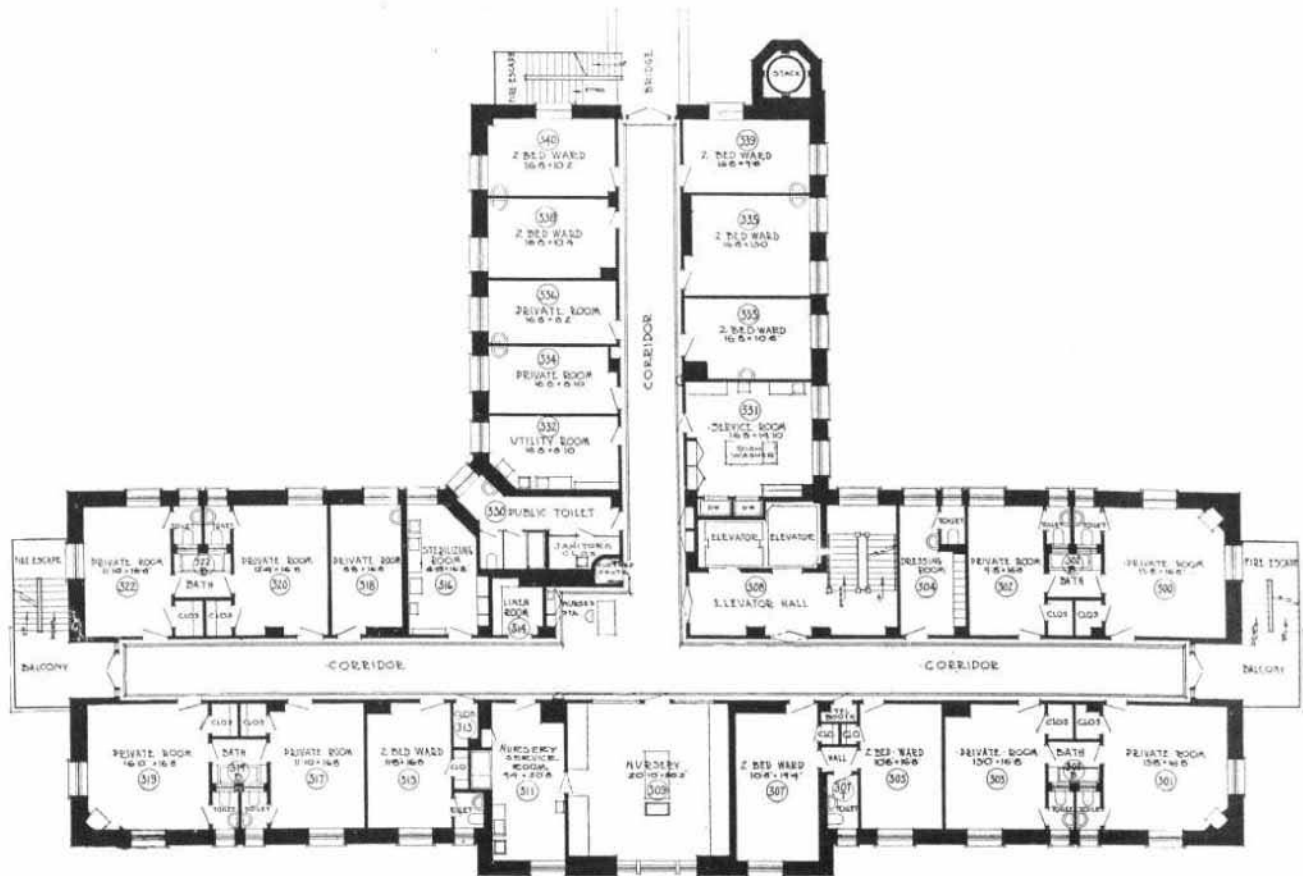


FIG. 120. CHICAGO LYING-IN HOSPITAL. THIRD FLOOR PLAN.  
Richard E. Schmidt, Garden & Martin, Architects.

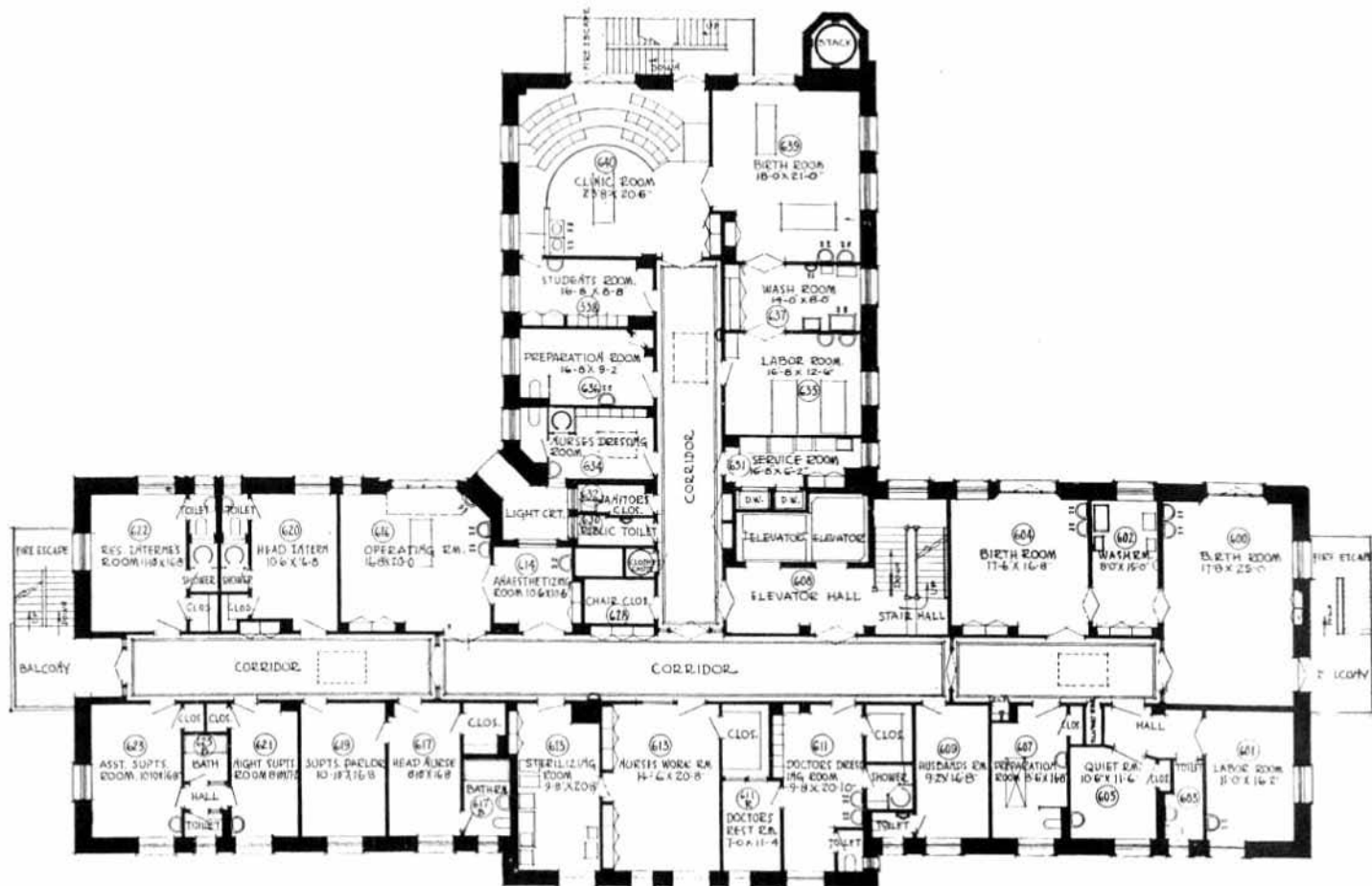


FIG. 121. CHICAGO LYING-IN HOSPITAL. SIXTH FLOOR PLAN.  
Richard E. Schmidt, Garden & Martin, Architects.



FIG. 122. WESSON MATERNITY HOSPITAL, SPRINGFIELD, MASS. FIRST FLOOR PLAN.  
Kendall, Taylor & Stevens, Architects.



FIG. 123. WESSON MATERNITY HOSPITAL, SPRINGFIELD, MASS. SECOND FLOOR PLAN.  
Kendall, Taylor & Stevens, Architects.



FIG. 124. WESSON MATERNITY HOSPITAL, SPRINGFIELD, MASS.  
THIRD FLOOR PLAN.  
Kendall, Taylor & Stevens, Architects.

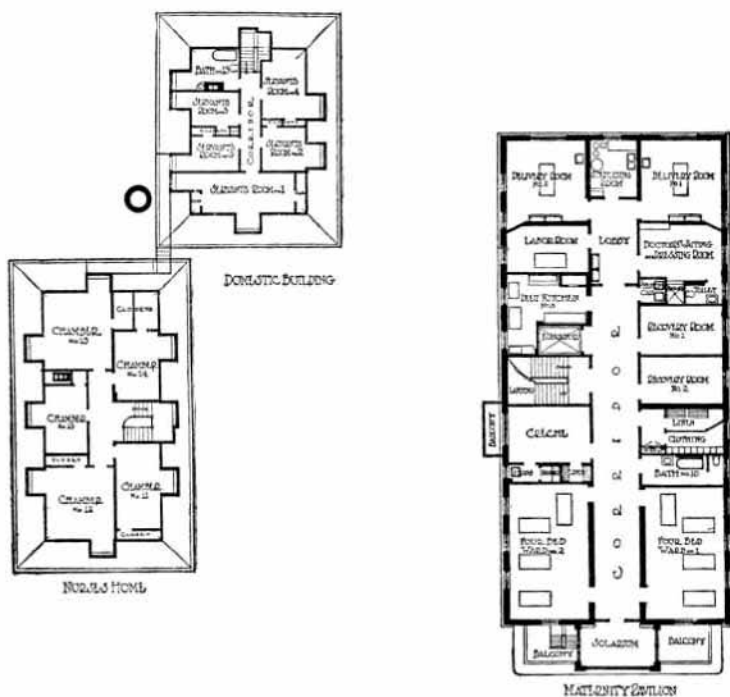
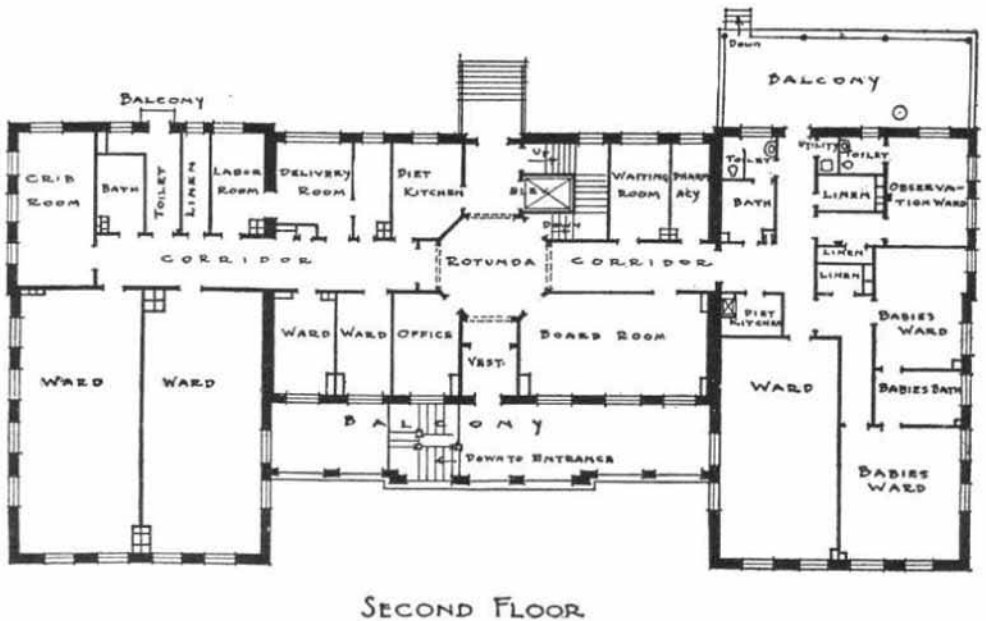
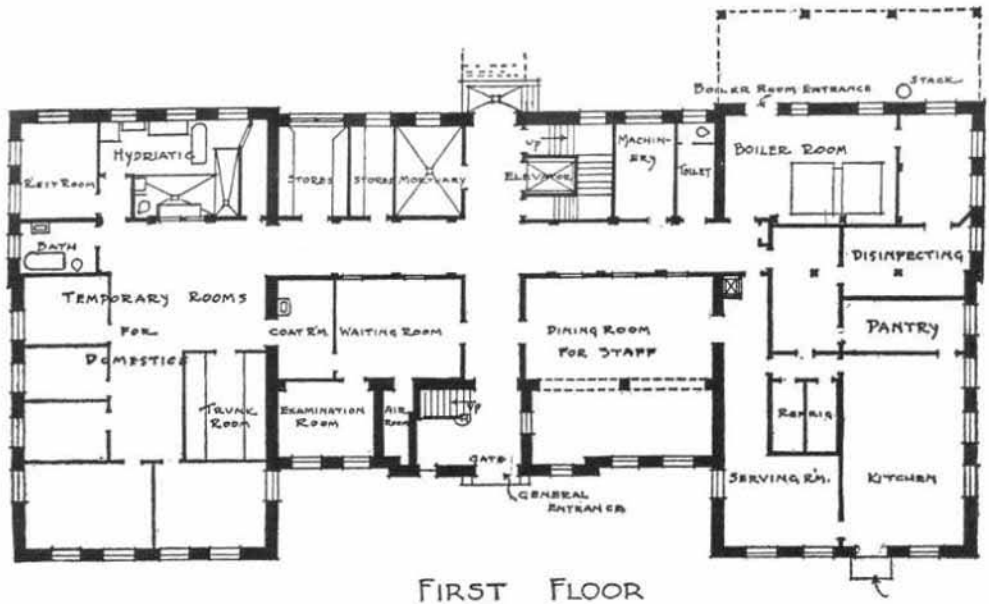
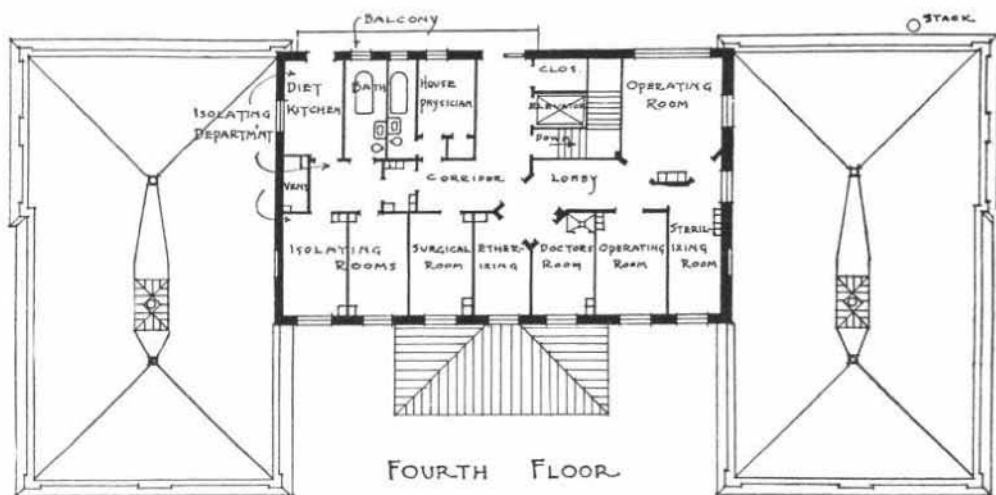
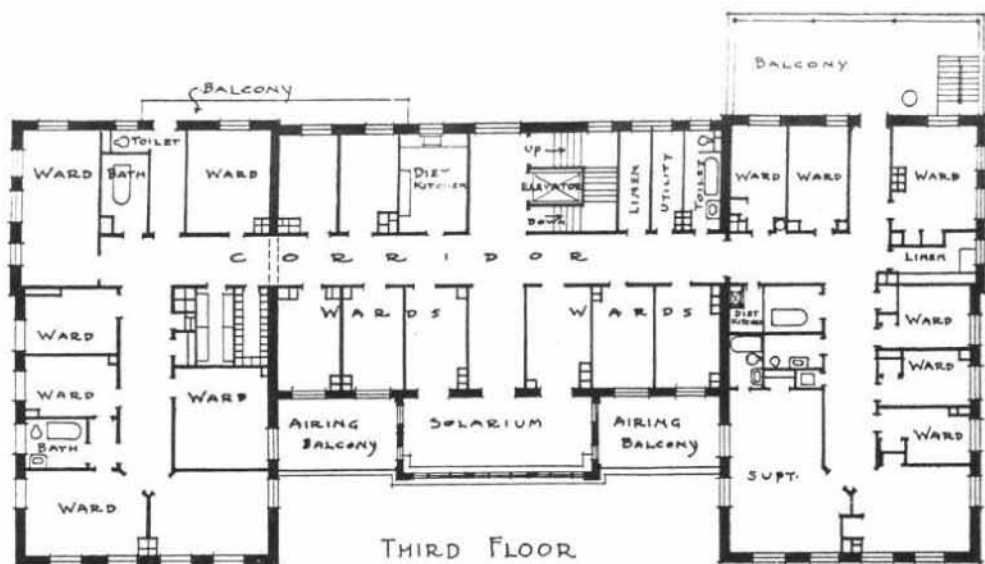


FIG. 125. WESSON MATERNITY HOSPITAL, SPRINGFIELD, MASS.



FIGS. 126 AND 127. FLOOR PLANS—YONKERS HOMEOPATHIC HOSPITAL, YONKERS, N. Y.  
Kendall, Taylor & Stevens, Architects.



FIGS. 128 AND 129. FLOOR PLANS—YONKERS HOMEOPATHIC HOSPITAL, YONKERS, N. Y.  
Kendall, Taylor & Stevens, Architects.

THE  
AMERICAN HOSPITAL  
OF THE  
TWENTIETH CENTURY

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A treatise on the development of medical institutions, both in Europe and in America, since the beginning of the present century.

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By  
EDWARD F. STEVENS, Architect  
Member of American Institute of Architects  
Member of Province of Quebec Association of Architects  
Member of American Hospital Association

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