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STANDARDS FOR MATERNITY CARE*

Prepared by the Committee on Maternity Care of the Children's Welfare Federation and a special committee appointed by the New York Obstetrical Society

The "Standards" herewith presented have been prepared to serve as a basis for judging and evaluating maternity work. They will later be modified according to the criticisms which it is hoped will follow the circulation of this pamphlet. . . .

Preliminary to the preparation of the first draft of these Standards, the maternity work was observed in a selected group of hospitals with varying policies, procedures, and problems.

In the preparation of these Standards, the Committee has kept in mind the following facts:

1. There is a variation in the technic, administrative policies, and physical arrangement of hospitals and clinics, as well as in the facilities of the private practitioner's office.
2. Institutional and private care of obstetric cases overlap in varying degrees.

GENERAL PRINCIPLES

These Standards are presented in the belief that:

1. Certain minimum requirements for the conduct of obstetric cases are applicable with modifications to organizations and individuals engaged in the practice of this branch of medicine.
2. Adequate maternity care for all mothers in any community presupposes the acceptance of such minimum requirements by all institutions, organizations and individuals giving any maternity service.
3. The aim of adequate maternity care is the minimum of mental and physical discomfort for every woman during pregnancy; the maximum of mental and physical fitness at its termination, with the reward of a well baby and the knowledge whereby she may keep herself and her baby well.
4. Standards developed with institutional practices in mind are as a whole adaptable to private practice with certain minor changes and omissions.
5. Every organization and individual giving maternity care, should make a conscientious effort directly or indirectly to teach the community the value of and the need for medical and nursing care from the time pregnancy is suspected.
6. While independent centers giving prenatal care are at times necessary, it is important that such centers have a definite working agreement with hospital services, for the reception of patients and their subsequent treatment.

*For lack of space these "Standards" are presented herewith in an abbreviated form but those interested may obtain a copy of the complete pamphlet by addressing the Children's Welfare Federation, 244 Madison Avenue, New York City. The "Standards" are of course tentative and the Committee which has prepared them is desirous of comments and suggestions for possible incorporation in subsequent editions.

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7. It would appear desirable for each community to establish a local committee on Maternity Care, made up of interested professional and lay groups or individuals. This committee should serve as a clearing house for information, should endeavor to develop improved facilities for obstetric care where these are deficient or lacking, and should stimulate the adoption of uniform standards by those engaged in maternity work.

Section I

Prenatal Care

Prenatal Care is the supervision, care, and instruction given to pregnant women. This care should include:

A. A visit to a private physician or clinic as early in pregnancy as possible, at which the following points should be noted:
   1. Personal history.
   2. Menstrual record.
   3. History of present pregnancy with particular reference to the occurrence of nausea, vomiting, vaginal discharge, constipation, urinary disturbances, headaches, etc.
   4. General physical examination.
   5. Arrangement for subsequent visits and care at delivery.
   6. Instruction accompanied by printed advice on hygiene of pregnancy.
   7. Abdominal examination, palpation, auscultation, at and after fifth month.
   8. Blood examination, including hemoglobin, red cell count, Wassermann and Kahn tests, if and where possible.
   9. Urethral and cervical smears, where indicated.

B. Regular visits to the physician or clinic at least once a month during the first seven months, and then every two weeks or oftener as indicated.
   Internal and external pelvimetry after seventh month in all cases.

C. Group teaching in prenatal clinic which will instruct the mother in the care of herself, the preparation for delivery and the care of the baby upon its arrival. . . .

D. Arrangements for referring of clinic patients to other institutions equipped to give the desired care which for any reason cannot be given by the institution or organization first approached.

E. A carefully integrated medical social plan for clinic patients, by developing a contact between the clinic and the patient which will help to solve any social or economic problems which may affect the health and peace of mind of the patient or prevent her following instructions.

F. Home visits by a supervised public health nurse in accordance with the physician's instructions, are desirable both for institutional and private practitioners' patients. . . .
   The nurse's visit is of value only if she sends a report of her findings and advice, on each visit, to the hospital or doctor caring for the patient.
   Where public health nurses are advising patients in the hygiene of pregnancy and those patients are not as yet under supervision of a hospital or a doctor, the nurse should work under standing orders from the Medical Committee. . . .

Section II

Delivery Care

A. General Considerations, for the attending physician or hospital staff:
   1. Every patient in labor should be carefully watched from the beginning until such time after the completion of labor as her condition appears entirely satisfactory.

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2. The patient should be kept reasonably quiet.
3. Privacy for the patient during delivery is desirable and should be provided if possible. . . .

B. Hospital Delivery:

Both medical and nursing facilities should be as adequate at night as in the daytime.

Patients admitted in labor should be transported directly to the labor room and not delayed for history taking.

1. Ward Patients,
   a) The resident should be notified when the patient goes into labor, or in hospitals having no resident, the chief of the obstetric service should be notified directly.
   b) The patient should be transferred to a labor room where she should remain until she is ready to be delivered.
   c) A nurse should be assigned to watch the patient during labor; and to give, as far as possible, her undivided attention to the patient and keep the physician informed of the patient's progress and prepare the patient for delivery according to the technic employed by the institution.
   d) The chief of the obstetric service should be responsible for maintaining the medical standards and should be in charge of the delivery service.
      (1) There should be a graduate doctor assigned to conduct each delivery. . . .
   e) There should be adequate nursing service at delivery. . . .

C. Home Delivery.

1. As a result of prenatal instruction there should be a thorough understanding by the patient of the procedure for summoning physician and nurse at the onset of labor.
2. After labor has started, arrangements should be made to keep the patient under constant observation throughout labor.
3. The nurse's responsibility should include:
   a) Making the necessary preparations for delivery early in labor.
   b) Watching the progress of the labor carefully and noting any change in the patient's condition; getting in touch with the physician at regular intervals if the physician should be called away during labor or is otherwise detained.
   c) Urging the patient to bear down only as and when directed by the physician.
4. The physician should,
   a) Make necessary examinations.
   b) Give orders for preparation of patient and "set-up" if patient is in labor.
   c) Instruct the nurse, if it is necessary for him to leave the patient when she is in labor, as to—
      (1) Where he may be reached.
      (2) The name of another physician who is available and should be called if he cannot be reached or has not arrived by the beginning of the second stage of labor.
      (3) What procedure he wishes her to follow if patient delivers before he returns.
5. An attempt should be made to maintain the same standards in home deliveries as are maintained in hospital deliveries.

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Section III

After Care

Care of patients after delivery should include careful inspection and supervision and every effort to guard against complications.

A. For Mother:

1. Patient should be kept warm in delivery room for at least one hour after delivery, under careful observation.
2. After being returned to a warm bed, patient should be made comfortable, given a warm drink, and kept under observation.
3. Arrangements should be made for the patient to spend at least 9 or 10 days in bed after delivery. Hospital patients should be kept in the hospital 12 or 13 days and arrangements should be made for patients delivered at home to spend an equal length of time resting in bed, after delivery. . . .
4. Adequate diet of well-cooked, nourishing food. . . .
5. Visits by the physician as often as may be needed, and at least on the first, third, fifth, seventh, and tenth days if patient is at home. . . .
6. Nursing care. . . .
7. Patient should be examined by physician at the time of discharge and at four, eight and twelve weeks after delivery for purpose of noting:
   a) Progress of involution.
   b) Uterine displacement.
   c) Anemia, general condition.
   d) Condition of cervix (speculum examination).

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B. For Baby:

1. Thorough physical examination as soon after birth as possible.
2. Medical supervision. . . .
3. Nursing care. . . .

Section IV

Qualifications and Responsibilities of Hospital Personnel

I. MEDICAL PERSONNEL

A. General Considerations:

1. There should be an obstetric staff made up of the chiefs of each service which should have the entire responsibility for the professional care of the patients.
   a) In general hospitals the obstetric staff should be a division of the regular staff.
   b) The obstetric staff should be presided over by a chief of staff.
2. The responsibility for the entire obstetric service should rest with the chief of the obstetric service, although it will be necessary for him, acting as director, to delegate certain responsibilities involved in the management of subdivisions of the service.

B. Staff:

1. The chief of the obstetric service
   a) Should be a licensed registered physician, a specialist in obstetrics, and skilled in all of the operations of his specialty.
   b) He should be responsible for:
      (1) The policies and organization of the department.
      (2) The relationships within the department.
      (3) Coordination with other hospital divisions.

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(4) Delegation of the responsibilities involved in the management of subdivisions of the service to the physician of the next rank.
(5) Establishment of standard technic.
(6) Calling of regular staff meetings for discussion of obstetric subjects in general and the analyses of case histories of all cases having unfavorable results.
(7) Development of an organized educational program for internes and medical students assigned to the obstetric service.

2. All attending physicians on the Maternity Service should be licensed, registered physicians who have a thorough knowledge of their specialty.
The attending physician in charge of the antepartum clinic
a) Should have had postgraduate experience in obstetrics including:
(1) An interneship in a recognized maternity hospital or a general hospital with a first class maternity service.
(2) Experience which has developed teaching ability.
(3) An understanding of the policies of the institution and the interrelationship of the various services.
(4) A knowledge of clinic procedures and ability to demonstrate them.
b) He should be responsible for:
(1) The general direction of the clinic service.
(2) Supervision of medical personnel in the clinic.
(3) Consultation on abnormal cases in the clinic and on home service (when there is one).
(4) Verification of all abnormal measurements.
(5) Instruction of internes and students in clinic procedures.
(6) Supervision of recording on all histories and records.
(7) Supervision and consultation in follow-up of postpartum clinic. (It is desirable that he have the opportunity of visiting clinic patients delivered in the hospital.)

The attending physician in charge of the hospital maternity service
a) Should have had postgraduate experience in obstetrics including:
(1) An interneship in a recognized maternity hospital.
(2) Experience which has developed a thorough theoretical and practical knowledge of normal and complicated cases.
(3) Experience in performing versions and instrumental deliveries including all types of instrumentation.
(4) Practical experience in care and feeding of newborn infants.
b) He should be responsible for:
(1) Planning of details of ward routine.
(2) Examination of new patients.
(3) Supervision of treatment.
(4) Supervision of records.
(5) The conduct of the delivery service.
(6) Instruction of internes and students in delivery room technic and conduct of labor. (Also to be available to give lectures in obstetrics to nurses.)
(7) Regular daily visits to postpartum patients in wards.
(8) Checking of observations and notations made by the resident or internes.
(9) Assignment of responsibility for care of the newborn child, providing constant supervision. (Either through pediatrician or daily visits by doctor in charge of service.)
(10) Examination of patients before discharge from hospital.

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The attending physician in charge of the outdoor maternity service

a) Should have had postgraduate experience in obstetrics including:

(1) An interneship in a recognized maternity hospital.

(2) Experience in teaching obstetric technic and procedures.

(3) A knowledge of the principles of public health and of the available facilities for assistance with care in the home.

b) He is responsible for:

(1) Conduct of delivery in the home.

(2) Assignment of cases to internes and students.

(3) Instruction and supervision of internes and students in home delivery.

(4) Careful observation of notations on treatment prescribed and service given.

(5) Arrangement for regular visits to postpartum cases.

(6) Checking up on final examination of postpartum cases before dismissal.

(7) Supervision of the baby and where necessary, referring of baby to a private physician, clinic or baby health station.

3. The resident or senior interne on the obstetric service:

a) Must be a regular graduate in medicine from a recognized school and have the following supplementary experience:

(1) A junior interneship on the obstetric service.

(2) Sufficient instruction and experience under intelligent supervision to give him:

(a) Knowledge required for intelligent management of usual cases.

(b) Ability to recognize abnormalities or conditions in which he needs assistance.

(c) An appreciation of technic and procedures in delivery room and ward service.

b) He should be directly responsible to the doctor in charge of the service to which he is assigned . . .

4. Junior internes.

a) Must be regular graduates in medicine.

b) Are responsible to the resident or senior interne . . .

5. Medical students.

a) Are directly responsible to the resident.

b) Should be:

(1) Present at all deliveries, whether assisting or not.

(2) Required to make a careful study of the patients on the obstetric service.

(3) Responsible for carrying out minor duties assigned to them by the resident.

(4) Allowed to assist at deliveries in accordance with the amount of observation, experience, and ability of the individual student.

II. NURSING PERSONNEL

A. General Considerations:

1. The nursing service should be under the direction of a superintendent or Directress of nurses.

a) In hospitals having a school of nursing, this may include both the responsibility for the nursing service and the development of a scheme of instruction and training.

b) There should be adequate assistants depending upon the volume of service and the size of the school of nursing.

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2. Each institution must of course, make its own division of service which will, in general, be divided between the following groups:
   a) Assistants responsible for the supervision of the nursing service in the different divisions or departments of the hospital.
   b) Head nurses.
   c) Floor duty nurses.
   d) Students.
   e) Attendants.

B. Staff:
1. The Directress of the school of nursing or the superintendent of the nursing service must be a graduate, registered nurse. . . .
2. The Nursing Supervisor of the maternity department or hospital must be a graduate registered nurse, well qualified by training in this field.
3. The assistant supervisors or head nurses must be graduate registered nurses with postgraduate experience in maternity work and teaching ability in their own specialty. They should have the following responsibilities:
   a) Clinic Supervisor.
   b) Ward Supervisor.
   c) Delivery Room Supervisor.
   d) Visiting Nurse Maternity Supervisor.
4. Graduate Nurses assigned to the maternity service should be registered nurses who have had instruction and demonstrations in the policies and technics of the institution or agency with particular reference to the department in which they are working. They are responsible to the nurse in charge of the service.
5. Student nurses assigned to the maternity service should have:
   a) Theory in obstetrics and pediatrics either before or concurrently with their practical experience.
   b) Demonstrations of the accepted procedures and technics employed by the institution and supervision in carrying them out.
   (Student nurses should never carry the responsibility for home deliveries but should always be accompanied by the supervisor or an older staff nurse. The senior nurse should remain with the student until she feels that the case is progressing satisfactorily and it is within the experience of the individual nurse to complete the case with safety to the patient.)
6. Attendants employed or trained in the maternity department of an institution should have:
   a) Instruction and demonstrations in the procedures and technics to be employed in care of the patient.
   b) Regular and careful supervision.

III. SOCIAL SERVICE PERSONNEL

Sufficient personnel should be available to do the social service and follow-up not covered by the nursing personnel.

Section V

Space, Equipment, and Facilities

A. Clinic:
1. Organization.
   a) It is desirable that every maternity clinic should be directly connected with a hospital maternity service.
   b) The maternity clinic should either provide for separate sessions for prenatal and postpartum clinics or refer postpartum patients to the gynecologic clinics.

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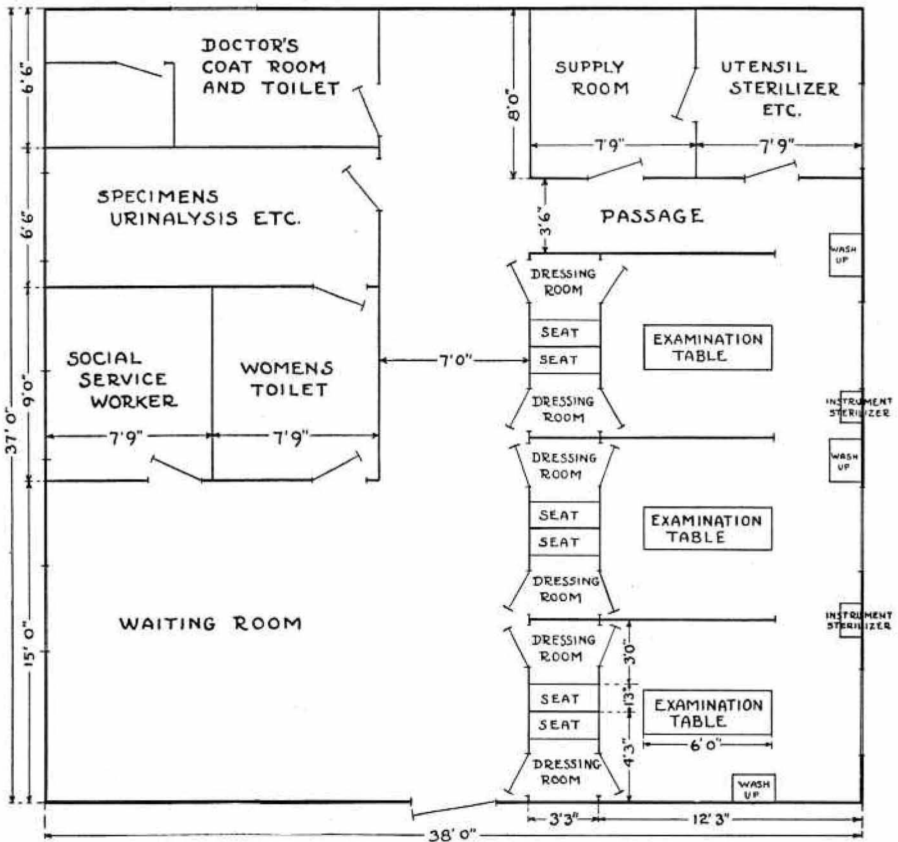
c) As far as possible, clinics should be conducted on an appointment basis.

d) The number of patients should be limited to allow for a thorough physical examination for each new patient and as much time as is needed for examination and treatment of each old patient, depending upon the needs of the individual patient. (Six patients an hour would seem to be the maximum of what one doctor can care for.)

2. Attendance of Staff.

a) The staff should be assigned definite hours in the clinic and should be required to be prompt in attendance.



b) A record of attendance should be kept and analyzed periodically. No physician should hold an appointment whose record of attendance is not satisfactory. (Attendance and work should be reviewed at regular staff conferences.)

c) The medical staff should be relieved as far as possible of all duties not directly concerned with the diagnosis and treatment of patients. Trained assistants for performing the executive, social service nursing, clerical, and technical functions should be provided.

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3. Physical Equipment.
   a) A separate waiting room for maternity patients.
      Comfortable low chairs (not benches).
      Complete teaching exhibit. (With space for group instruction.)
      Educational posters on wall.
      Toilet room directly connected with the clinic.
   b) Individual dressing cubicles—two for each examining room with mirror, coat hanger, and chair in each.
   c) Examining room or rooms which insure privacy to the patient.

B. Hospital Maternity Service:
1. Maternity cases should be confined to a part of the hospital which is physically separated from the rest of the hospital, or preferably a separate building.
2. The number of patients admitted for care should be limited to the number that can be adequately cared for. (One hospital bed can provide care for approximately 24 mothers a year; on the basis of 14 days in the hospital for each patient, with consideration for days bed is unavoidably empty.)
3. The maternity section should include as a minimum,
   a) A completely equipped delivery room. . . .
   b) An auxiliary delivery room should be provided for septic or suspicious cases including . . .
   c) Labor rooms, where patients may be kept under observation and given individual attention from the time they go into labor until they are ready to be delivered.
   d) Wards for maternity patients,
      Should be as small as possible with a capacity not greater than 12 beds. The beds should be separated by partitions where possible.
   e) Nurseries:
      (1) Well Baby Nursery.
      (2) Nursery for Premature Babies.
      (3) Nursery for Isolation.
4. Records.
   a) Record Content:
      (1) The object of the record is to gather together all available material which will help in the diagnosis and treatment of the patient. It should include all phases of work with or for the patient.*
   b) Filing Facilities . . .

*Sample Record Forms may be found in the complete booklet.

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