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PROTECTION OF THE FAMILY FROM THE NURSING VIEWPOINT

by

Margaret M. Campbell

1. Introduction

The family is the unit on which any society is built and the greater the effort made toward strengthening it and keeping it whole, the more closely knit, productive and effective that society should be. The approach toward "Protection of the Family" may be made from any one of a number of points of view, e.g., economic, social, educational, as well as health, and each is inter-related to the other.

The Maternal and Child Health Programme, as part of the generalized health approach, is particularly concerned with that time when, in the life of the family unit, it should be functioning most effectively. That is, when it should be the most productive in its contribution to the wealth of the nations, but, unfortunately, when it tends to meet its greatest hazards, especially from the health point of view. This programme properly should be concerned with meeting the health needs of the family from the pre-conceptual period to the end of adolescence of the offspring. This paper, therefore, considers the family as a unit throughout this particular period and the specific role of the nurse and midwife in helping to meet the health needs which arise during this time.

2. General Considerations

In some countries, legislation and facilities may be set up to provide for pre-marital physical examination including blood testing of men and women thus contributing to freedom from certain diseases and defects as an initial start for a family. The public health worker, whether she be nurse or midwife, is concerned at

this point in assuring that persons prior to marriage have the benefit of this examination, and in helping to stimulate the enactment of such legislation and setting up of such services where they may not yet exist.

Taking the pre-conceptual period as the starting point or initial contact of the nurse with any one particular family, she is concerned with teaching both man and wife the value of prevention of illness through periodic physical examination including chest x-ray and blood testing, of specific measures directed toward promoting a safe environment both at home and in their places of employment, of personal hygiene, and of early and adequate treatment of defect and beginning illness. She may accomplish this teaching through home visiting or through service in clinics and classes held in industrial plants, factories and other establishments where large numbers of people are gathered together. In an organized industrial health programme, she has the opportunity to help in the organization and operation of the health facilities including emergency and first aid measures, referral of illness of employees for medical attention, clinics for partial or complete physical examination, and classes or groups to enable employees and their families to gain health information through talks, films, etc. Home follow-up of employees absent for health reasons gives the public health nurse scope for education and assistance on a broader scale through individual contact with family members.

She may be concerned with rehabilitation of a family member disabled through industrial accident or chronic disease and may be responsible for his referral to a source of assistance in order that he may again become a contributing member to society within the limits of his residual handicap.

3. Maternal Services

The public health nurse and midwife have a particularly important role in protection of the family during the pre-natal, natal and post-natal period. Fatality or permanent impairment of the health of the mother or child directly concerned, may result in health and economic disadvantages for the rest of the family and may be a contributing factor to the disintegration of the family unit.

First, with regard to pre-natal care, the primary objective is to get expectant mothers under the supervision of a qualified medical advisor and attendant as early as possible in the pregnancy. The public health nurse has an important part in

this regard because, as a home visitor, she may be the first contact the expectant mother has with any agency from which she may obtain the necessary care.

The pre-natal supervision rendered by the public health department or agency usually takes the form of organized clinics with follow-up into the home. The public health nurse and midwife take part in both these services. Their clinic responsibilities include not only assistance with history-taking and physical examination, but also individual and group teaching with regard to personal hygiene, home sanitation, nutrition, care of the infant, mental hygiene, etc. Home follow-up includes repetition and re-emphasis of the teaching carried out in the clinic and assistance with preparation for delivery. It also provides the opportunity for the home visitor to assess the health needs of other members of the family and to assist, insofar as she is able, in meeting those needs.

With adequate planning and preparation during the pre-natal period, the expectant mother should approach her delivery with confidence and happy anticipation. The nurse or midwife, each in her particular role, assists in assuring the safe and competent delivery, immediate and post-observation to detect or prevent beginning complication, and specific instruction of less competent attendants in the routine care of mother and child during her absence if delivery has taken place in the home.

The family is usually particularly responsive to teaching at this time of crisis and its confidence in the competence of the well-organized, intelligent and thoughtful health worker does much to make any instruction she may give, more meaningful and effective.

Post-natal care includes the daily nursing care of mother and child for a certain period following delivery and during this time of concentrated service, the nurse or midwife has an ideal opportunity to observe the adjustment of the family to its changed situation and to assist in the strengthening of family ties and easing tensions, through thoughtful counselling. Incidental health teaching continues to be an important part of each contact with the mother and family, whether it takes place in hospital or in the home. If delivery has taken place in hospital, the health worker can be of greatest assistance to the family if she visits the mother immediately on her discharge from hospital. Ideally, she would have visited the home prior to discharge to prepare the household for the return of the mother and child, but this is seldom possible due to staff shortages.

From the post-natal programme, a smooth and automatic carry-over to the infant health programme is accomplished. The nurse has already instructed the mother in the proper methods of infant care and feeding. She has made certain the birth has been registered. She should continue to watch for signs of development of post-partum complications in the mother and of illness in the infant and she should make any necessary efforts to refer the family to appropriate agencies wherever medical, social or economic problems are found to exist. Finally, she should have laid the groundwork for paediatric supervision of the infant, either through the private physician or child health clinic and have assured that plans are made for the mother to have her post-natal medical check-up.

4. Infant and Pre-school Health

The aim of the programme as directed toward the normal infant is one of supervision and education, and is carried out through well-child clinics and home visits. In the clinic, the public health nurse assists in record-keeping and history-taking, and carries out health teaching of the mothers on an individual and group basis. She may administer immunizations and treatments according to the instruction of the physician in charge. She encourages the mother to seek assistance with all problems affecting the family health situation and counsels or refers according to need.

Additional duties may include those in connection with programmes for special groups, i.e. pre-mature infants, handicapped or sick children, etc., for special emphasis because of known need such as promotion of dental hygiene, mental hygiene, etc., or for research into some particular aspect such as nutrition, statistics, etc., and in each, service is rendered or information collected for the purpose of raising the standard of health of the individual and family.

5. School Health

Between the fifth or sixth year and early adulthood, children who go to school spend a large part of approximately one half of the days of each year in the school environment. During this formative period of the child's life, the school must be responsible for a large portion of the essential influences for mental and physical health and education. Insofar as the school has importance as a source of health instruction and development of desirable health habits, so has the public health

nurse responsibility for providing expert consultant service to the school teachers in health matters and information. In the matter of school environment, she may be responsible for observing and reporting to school authorities for correction, potential health hazards and faulty situations with regard to school sanitation. Hereby, not only is the preventive aspect brought to the fore but by example, to-morrow's citizens are taught the components of a safe and healthful environment. In addition, the nurse carries out certain examinations and assists the doctor with others, informs parents of results and assists them in obtaining early treatment of disease and correction of defect. Of particular concern are measures designed to meet the special needs of certain handicapped children such as health supervision of the blind, hard of hearing, crippled, pre-tubercular, and for those with cardiac ailments or epileptic tendencies. Perhaps the most important aspect of the nurse's work with this group is in the field of mental hygiene where she works with the family, teacher and individual in helping to bring the handicapped child into his group and minimize his feeling of being different from other children. Her responsibility also, is to assist the family to obtain necessary treatment to complete rehabilitation and guidance in living with any residual handicap.

6. Conclusion

In outlining the nurse's role in protection of the family, measures have been included which ease the burden and immediate risks of motherhood and serve to prevent invalidism in later life. Most of the benefits of services to children such as well-child clinics, school health programmes, and efforts toward the early detection and correction of defect, are reaped in later life in terms of a healthier adulthood and middle-age. The results of the efforts of the nurse and midwife working as part of the public health team can never be accurately measured as they apply to the individual family, but on the basis of a large enough sample, they can be assessed in terms of reduction of morbidity and lengthening of the lifespan through prevention of pre-mature death.