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A study of maternity services rendered by public health nurses

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Thesis

A Study of Maternity Services Rendered By
Public Health Nurses

Submitted By

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CHAPTER I

INTRODUCTION

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INTRODUCTION

It has seemed apparent for some time that there is a change in trends in maternity services in Massachusetts. Both public health agency reports and available statistics indicate that more emphasis is being placed on group teaching through parents' classes, with a corresponding decrease in services to prenatal patients in their homes. Furthermore, there has appeared to be some resistance on the part of physicians to home visits to their private patients by public health nurses.

In the light of these developments, and in the absence of information from other sources, it seemed advisable to ascertain whether a similar trend existed in other states, and what influencing factors were at work. The Public Health Nursing Section of the Massachusetts Department of Public Health therefore undertook a nation-wide survey. It was decided to include both prenatal and post-partum services in this survey.

The first study, now in process by the Public Health Nursing Section of the Massachusetts Department of Public Health, covered the trends found in public health nursing agencies located in large cities throughout the United States. This report should show the trends in the rural areas of our country.

CHAPTER II

STATEMENT OF THE PROBLEM

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STATEMENT OF THE PROBLEM

The problem of this study is to investigate and thereby attempt to determine the current trends in maternity services offered by public health nurses throughout the United States. The areas of both prenatal and post-partum nursing activities were included.

CHAPTER III

TECHNIQUE AND METHOD OF STUDY

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TECHNIQUE AND METHOD OF STUDY

The data were gathered through a normative survey, using a questionnaire. On September 15, 1953, the questionnaire, accompanied by a covering letter, was sent to each Director of Public Health Nursing of the State Department of Public Health in the remaining forty-seven states. Of the total questionnaires sent, thirty-five were returned completed; three states reported that they were unable to participate because of their inadequate statistical records; the remaining nine did not reply. (Table I)

The findings were tabulated on work sheets and finally transferred to tables covering each point discussed.

Table I Questionnaires-Returns

No. Sent to State Directors	Returned		Returned Completed	
	No. of States	%	No. of States	%
47	38	80.85	35	74.47

CHAPTER IV

DISCUSSION OF RESULTS

CHAPTER IV

DISCUSSION OF RESULTS

It is interesting to note that of the thirty-five state health departments participating, twenty-six provide direct nursing service to local areas. The other nine have a consultant service which is similar to that which is offered by the Public Health Nursing Section of the Massachusetts Department of Public Health. (Table II) It is necessary to mention that each area within each state varies to some degree, depending upon the needs and the desires of the community and its members.

This section of the report contains the responses received from each director as she described the trend within her state. All of the answers do not total to the number of states participating because there are more policies and services included than one per state.

The results of the responses to the questions asked are divided into five areas:

Part I - Home Visits to Maternity Patients

Part II - Parents' Classes

Part III - Attitude of the Medical Profession

Part IV - Sources of Referrals

Part V - Maternity Standing Orders and Maternity Manuals

Table II Type of State Service Given by Each State Nursing Section

	No. of States	%
Direct Service	26	74.28
Consultant Service	9	25.72
No. States Participating	35	

Part I - Home Visits to Maternity Patients

Questions pertaining to antepartum patients included:

1. What are your policies for case selection?
2. What is the frequency of visits?
3. What types of services are rendered?

The responses to these questions varied to some extent. Of the thirty-five states participating, twelve report that the trend is toward accepting all patients who are referred to the nurse; nine find it necessary to select only those patients with special problems, ie, patients with complications of pregnancy, history of premature deliveries, extremely young or old primiparas, or those with socio-economic problems; six still accept only patients who are referred by private physicians; four accept only clinic patients; and four visit all midwife cases. (Table III)

Twenty-one states report that the frequency of home visits made is based on individual and family needs; five visit routinely once a month; one visits once in each trimester; and one visits midwife cases weekly. Three state that the frequency of visits depends upon the amount of time the public health nurse in the area has for home visiting. Four were not specific in their answers. (Table IV)

The trend in twenty-eight of these states is toward a "family health service", consisting primarily of health supervision; only three of these twenty-eight give bedside care, and one takes blood for serology testing. Temperature, pulse, respirations, blood pressure, and urinalysis are done as ordered by physicians in

Table III HOME VISITS TO PRENATAL PATIENTS: Policies for Case
 Selection of Prenatal Patients

<u>Policies</u>	<u>No. of States</u>	<u>%</u>
All Referrals	12	34.28
Private Physicians Patients Only	6	17.14
Clinic Patients Only	4	11.42
Other:		
Midwife Cases	4	11.42
Patients with Special Problems, i.e., complications, history of premature deliveries, social and/or emotional problems.	9	25.71
No Report	0	
Total States Participating	35	

Table IV HOME VISITS TO PRENATAL PATIENTS: Frequency of Visits to
Prenatal Patients

Frequency	No. of States	%
Based on Individual or Family Needs	21	60.00
Once a Month	5	14.28
Once Each Trimester	1	2.85
Other:		
Depending on Nurse's Time - At Least Once	3	8.25
Midwife Cases Under Constant Supervision -		
At Least Once a Week	1	2.85
Not Specific	4	11.40
No Report	0	
Total States Participating	35	

seven states and routinely for midwife cases in four. One state conducts antepartum clinics; five were not specific; and two did not report. (Table V)

Questions pertaining to post-partum patients included:

1. What are your policies for case selection?
2. What is the frequency of visits?
3. What types of services are rendered?

The variations in these responses were greater than in those pertaining to antepartum patients.

Seventeen states report that their policy is to accept all post-partum patients who are referred to them for visits; seven visit only when special problems are present such as premature babies, congenital deformities, post-partum complications, and/or emotional or socio-economic problems; five visit only private physicians' patients; four are concerned primarily with visiting all midwife cases; four visit those patients which were known to the nurse during the antepartum period only; four are still assisting with home deliveries. While three state that they visit all clinic or hospital referred patients, another state follows only the patients attending their State Maternal and Child Health Clinics. (Table VI)

Again, twenty-one report that the frequency of home visits made is based upon the needs of the individual and the family. One visits once a month; one once during the post-partum period; one at least twice; and two depending on the amount of time the public health

Table V HOME VISITS TO PRENATAL PATIENTS: Types of Services Rendered
to Prenatal Patients

Service	No. of States	%
Bedside Care	3	8.25
Prenatal Supervision	28	80.00
Family Health Service	28	80.00
Other:		
TPR, Bld. Pressure, Urinalysis per Physician's Orders	7	19.95
TPR, Bld. Pressure, Urinalysis for Midwife Cases	4	11.40
Conduct Prenatal Clinics	1	2.85
Take Blood for Serology	1	2.85
Not Specific	5	14.28
No Report	2	5.70
Total States Participating	35	

Note: Responses do not total number of states participating because most states render more than one service.

Table VI HOME VISITS TO POST-PARTUM PATIENTS: Policies for Case

 Selection of Post-Partum Patients

<u>Policies</u>	<u>No. of States</u>	<u>%</u>
All Referrals	17	48.57
Private Physicians Patients Only	5	14.28
Clinic and Hospital Referrals	3	8.25
Other:		
Home Deliveries	4	11.40
Known as Prenatal Patients	4	11.40
Special Problems, i.e., Complications, Premature Babies, Social and/or Emotional Problems	7	19.95
State MGH Clinic Patients	1	2.85
All Midwife Cases	4	11.40
No Report	5	14.28
Total States Participating	35	

Note: Responses do not total number of states participating because policies vary in different areas within each state.

nurse has for home visiting. Six were not specific and three did not report on this topic. (Table VII)

Again, twenty-eight report a trend toward a family health service. Seventeen include demonstrations of care, such as baby baths and formula preparation; ten primarily give post-partum and infant health supervision; eleven perform special treatments; five give bedside care; and two demonstrate post-partum exercises. (Table VIII)

Questions pertaining to the changes in case load include:

1. Has there been an increase or decrease in your state's maternity case load over the past five years?
2. State causes.

Of the thirty-five states participating, nineteen report an increase in the maternal case load. Four give an increase in nursing staff as the reason; three boast of an increased birth rate; one credits Parents' classes for the increase; one has extended its services to include maternity services within the past five years, and one credits in-service education and improved supervision of public health nurses for increasing the case load. (Table IX)

Sixteen report a decrease. The primary cause given by six states is the increased resistance of private physicians to referring their patients to the public health nurses. Five state that they have had a decrease in their nursing staff; three that there has been increased pressure for other services, primarily those connected with geriatrics; one finds more physicians in rural areas which relieves the nurse of

Table VII HOME VISITS TO POST-PARTUM PATIENTS: Frequency of Visits
to Post-partum Patients

Frequency	No. of States	%
Based on Family and/or Individual Needs	21	60.00
Once a Month	1	2.85
Once During Post-partum Period	1	2.85
Other:		
Depending on Nurse's Time	2	5.70
At Least Twice	1	2.85
Not Specific	6	17.14
No Report	3	8.25
Total States Participating	35	

Table VIII HOME VISITS TO POST-PARTUM PATIENTS: Types of Service
 Rendered to Post-Partum Patients

Service	No. of States	%
Bedside Care	5	14.28
Demonstrations of Care	17	48.57
Post-partum and Infant Health Supervision	10	28.50
Family Health Service	28	80.00
Other:		
Special Treatments	11	31.35
Post-partum Exercises	2	5.70
No Report	2	5.70
Total States Participating	35	

Table IX CASE LOADS OF MATERNITY PATIENTS: Increase in Case Load in
Five-Year Period Ending September, 1953

Reason	No. of States	%
Increase in Nursing Staff	4	40.00
Inter-Agency Referral System	0	
Improved Public Relations	0	
Other:		
Increased Birth Rate	3	30.00
Extension of Services	1	10.00
Mothers' Classes	1	10.00
In-service Education Program and Improved Supervision of Nurses	1	10.00
No. States Showing an Increase	10	28.50
Total States Participating	35	

some visits; and one quotes the discontinuance of EMIC (Emergency Maternity and Infant Care Program) as the cause of the decrease.

(Table X)

Two states find that the case loads remain unchanged. Seven did not report. (Table XI)

Part II - Parents' Classes

Questions pertaining to this part of the report included:

1. Are Parents' Classes conducted in your state?
2. What are the policies for admission to classes?
3. Are classes a substitute for home visits to prenatal patient?
4. Are home visits made to class members?
5. What is the preparation of the public health nurses who teach these classes?

Thirty-one of the thirty-five states report that parents' classes are conducted within their areas. (Table XII)

Eighteen accept all who are interested in attending; eight accept only patients who are under medical supervision; and five accept only clinic patients. It is interesting to note that three states report that parents' classes are also being taught by hospital personnel in local areas of their states and under the auspices of the hospitals. (Table XIII)

Nine report that classes are a substitute for home visits. However, the twenty-one who stated that classes are not a substitute,

Table X CASE LOADS OF MATERNITY PATIENTS: Decrease in Case Load in
 Five-Year Period Ending September, 1953

Reason	No. of States	%
Decrease in Nursing Staff	5	31.25
Increased Pressures for Other Services	3	18.75
Increased Resistance of Private Physicians	6	37.5
Other:		
More Physicians in Rural Areas	1	6.25
Discontinuance of EMIC	1	6.25
Number of States Showing a Decrease	16	45.75
Total States Participating	35	

Table XI CASE LOADS OF MATERNITY PATIENTS: Case Loads Changed in
Five-Year Period Ending September, 1953

<u>Changes</u>	<u>No. of States</u>	<u>%</u>
Number Showing Decrease	16	45.75
Number Showing Increase	10	28.50
Case Load Unchanged	2	5.70
No Report	7	19.95
Total States Reporting on Case Load	30	85.70
Total States Participating	35	

Table XII PARENTS' CLASSES: States Where Parents' Classes are Conducted

	No. of States	%
Conduct Parents' Classes	31	88.25
Do Not Conduct Parents' Classes	4	11.40
No Report	0	
Total States Participating	35	

Table XIII PARENTS' CLASSES: Policies For Admission to Classes

Policies	No. of States	%
All Interested	18	58.06
Private Physicians Patients	8	25.80
Clinic Patients	5	16.12
Other:		
(Three comment that hospitals are also conducting classes)		
No Report	0	
Total States Participating in Classes	31	

agree that the number of visits required are lessened by class attendance. No report was received from one state. (Table XIV)

Twenty-four states recommend that visits be made to patients at home regardless of class attendance. Three do not feel that home visits are needed if parents attend classes. Four did not comment. (Table XV)

Twenty-one states prepare their public health nurses for teaching classes through in-service education programs. Seven insist that the teacher hold a public health nursing certificate; five require a Red Cross Instructor's Certificate; two require a B.S., and one demands that teaching experience is essential. (Table XVI)

Part III - Attitude of the Medical Profession

Questions pertaining to this section included:

1. What is the attitude of the local medical profession to public health nurses visiting their private patients?
2. What is the attitude of the local medical profession to their private patients attending Parents' Classes?

The responses to these questions fall into four areas. Twenty-one states report that the general attitude of the physicians toward the nurses visiting their private patients is passive; seven feel that the physicians are willing, usually when the patients tell them how much they have enjoyed the nurse's visits; three state that there is still much strenuous objection voiced by the physicians;

Table XIV PARENTS' CLASSES: Are Classes A Substitute for Home Visits?

<u>Responses</u>	<u>No. of States</u>	<u>%</u>
Yes	9	29.01
No	21	67.69
No Report	1	3.22
Total States Participating in Classes	31	

Table XV PARENTS' CLASSES: Are Home Visits Made to Members of Classes?

<u>Responses</u>	<u>No. of States</u>	<u>%</u>
Yes	24	70.91
No	3	9.67
No Report	4	12.89
Total States Participating in Classes	31	

Table XVI PARENTS' CLASSES: Preparation of Public Health Nurses

Teaching Parents' Classes		
Preparation	No. of States	%
Public Health Nursing Certificate	7	22.54
In-Service Education	21	67.69
Red Cross Instructors' Class	5	16.12
Other:		
B. S.	2	6.44
Teaching Experience	1	3.22
Total States Participating in Classes	31	

and two state that the physicians are eager for assistance when the service is thoroughly explained to them, emphasizing the need for improved public relations. No report was received from two states. (Table XVII)

The pattern is similar in regard to classes. Fifteen answers were "passive"; six were "willing"; three were "objection"; and four were "usually eager". (Table XVIII)

Part IV - Sources of Referrals

The questions pertaining to this section include:

1. What are your sources of referrals for:
 - a. Prenatal Patients
 - b. Post-partum patients
 - c. Parents' Classes

In both prenatal and post-partum cases, referrals to public health nurses are made in about equal proportions by doctors, hospitals or prenatal clinics, public health nurses, and others. Under "others" are included referrals from families, neighbors, midwives, clergymen, but usually by newspaper publicity. The same is true of referrals to parents' classes. (Table XIX)

Part V - Maternity Standing Orders and Maternity Manuals

The two questions asked in this section were:

1. Do your standing orders, approved by the Medical Advisory Committee, include services to prenatal and post-partum patients?

Table XVII PARENTS' CLASSES: Attitude of Medical Profession to Public
Health Nurses' Visiting Their Private
Patients

Attitude	No. of States	%
Excellent (Eager) [#]	2	5.70
Good (Willing)	7	19.95
Fair (Passive)	21	60.00
Poor (Strenuous Objection)	3	8.25
No Report	2	5.70
Number of States Participating	35	

Note: # When service is explained.

Four other state that the attitude is improving, especially with the younger physicians.

Table XVIII PARENTS' CLASSES: Attitude of Medical Profession to Their
Patients' Attending Parents' Classes

Attitude	No. of States	%
Excellent (Eager)	4	12.89
Good (Willing)	6	19.34
Fair (Passive)	15	48.35
Poor (Strenuous Objection)	3	9.67
No Report	3	9.67
Number of States Participating	31	

Table XIX Sources of Referrals

Sources	No. of States	%
Prenatal Patients Referred by:		
Physicians	21	60.00
Prenatal Clinics	16	45.72
Public Health Nurses	25	72.89
Others	21	60.00
Post-partum Patients Referred by:		
Physicians	20	57.00
Hospitals	17	48.57
Public Health Nurses	18	51.42
Others	20	57.00
Patients' Referred to Parents' Classes by:		
Physicians	18	51.42
Prenatal Clinics	8	19.65
Public Health Nurses	20	57.00
Others	19	54.27
No Report	0	
Total States Participating	35	

Note: Totals vary from number of States participating because referrals are made from more than one source.

2. Does your state have a Maternity Nursing Manual?

Twenty-two of the states have standing orders; seven do not, and six did not answer this question. (Table XX)

Only five states have a special Maternity Nursing Manual; fifteen report that it is included as part of the General Manual; eleven do not have a manual, and four did not report on this question. (Table XXI)

Table XX States Having Standing Orders, Including Services to Maternity
Patients

<u>Standing Orders Available</u>	<u>No. of States</u>	<u>%</u>
Yes	22	62.85
No	7	19.95
No Report	6	17.14
Total States Participating	35	

Table XXI States Having a Maternity Nursing Manual

<u>State Maternity Manual</u>	<u>No. of States</u>	<u>%</u>
Yes	5	14.28
No	11	31.35
Other:		
Included as Part of the General Manual	15	42.84
No Report	4	11.40
Total States Participating	35	

CHAPTER V

SUMMARY AND CONCLUSIONS

CHAPTER V

SUMMARY AND CONCLUSIONS

The majority of state directors report that home visits are made to all antepartum and post-partum patients who are referred to the public health nurse, and that the frequency of visits is determined by the individual and/or family needs. Health supervision is apparently the primary service rendered, with more emphasis placed on a "family health service". Demonstrations of care, ie, baby baths and formula preparation, still play a large part in the public health nurse's program. Can we then say that these are definite trends of the home visiting services of the nurse in the community?

The primary factor affecting the size of the case load is the number of nurses on the staff. The attitude of physicians toward public health nurses teaching their private patients has caused a decrease in the case load in many areas. Increased pressure for other services, primarily those connected with geriatrics, is another cause for decreased loads.

Parents' classes are taught in most areas. However, a vast majority agree that these classes are not substitutes for home visits and that visits are made to class members. Many replies indicate that fewer home visits are necessary if patients attend the classes. From this study, it appears that most of the rural public health nurses are prepared to teach these classes by intensified in-service education.

As previously indicated in this report, the general attitude of the private physicians toward the public health nurses' job is apparently passive. However, four states report that this relationship is improving and is particularly noticeable in contacts with the younger doctors. Two state that the physicians are eagerly accepting the nurse's service when her functions are thoroughly explained. Is this then a guide for the public health nurses in promoting improved services for their communities? Should we place more emphasis upon interpersonal relations between the physician and the nurse? The results appear to be fruitful.

The sources of referral for service are evenly distributed between private physicians, hospitals, public health nurses, and others.

Most states have standing orders, which have been approved by the medical societies, indicating that the need exists. Few areas have "maternity manuals" as such, but there is a tendency to include maternity nursing services in the "general manual", just as we tend to integrate all our services into a "family health service".

The public health nurse has a great contribution to make to the welfare of the families within her community. In this capacity, this study shows that, to some degree, she is participating effectively through visiting maternity patients in their homes; through teaching parents' classes; and by functioning actively in prenatal clinics in some areas.

This report indicates that further study needs to be undertaken in several areas to secure answers to the following questions:

1. Why does the physician object to the public health nurse visiting and teaching his patients?
2. What and how much does the average physician want his patient to know?
3. What methods should be employed to improve public relations between the local medical profession and the public health nurses?
4. To what extent are hospitals and other voluntary agencies in the United States undertaking to teach parents' classes?
5. How much additional preparation in maternity care is required of public health nurses in order to give them more security and greater knowledge so that their services may be more valuable to the community?
6. What preparation is required to enable the public health nurse to adequately teach parents' classes?