

The Training of the "Baby Specialists"



THE KARITANE NURSE AND HER WORK

A SHORT ACCOUNT OF THE TRAINING GIVEN TO THE KARITANE NURSES WHO ARE DOING SO MUCH FOR THE MOTHERS AND BABIES OF THE DOMINION

THERE seems to be rather an erroneous idea among those who are not actually acquainted with the Plunket Society's hospitals throughout New Zealand, as to the work done by Karitane nurses during their training and afterwards.

To call such a nurse "Only a glorified nursemaid"—an opinion voiced by those who do not know her—is a gross injustice.

To say that there is no scope for her future career in New Zealand is also an uncalled for and extremely wrong statement. The number of requests for their services one is compelled to refuse daily, owing to their scarcity, entirely refutes such a suggestion.

To quote a recent statement made by Miss Patriek, Director of Plunket Nursing, who frequently travels round the whole of the New Zealand branches of the Plunket Society: "If 50 more trained Karitane nurses could be liberated from the training schools to-morrow, I am quite sure that work could be found for them all."

Quite recently Karitane nurses have been asked for, and sent to England, India and America, and quite a number of people in various parts of Australia are so anxious to procure their services that they are willing to pay all expenses from New Zealand and back there, in order to obtain them for varying periods—so that there is no doubt about their popularity.

The status in the private home of these nurses is the same as that of a trained nurse, combined with the advantage to the parents that the fees are not so high.

The majority of trainees come from a class which is not forced to regard it as a lucrative profession, but rather as a work of national importance, which at the same time gives scope to intelligent reasoning, and provides an interesting and womanly occupation.

Many general trained nurses—unless they have had the advantage of Plunket training or special experience—whose knowledge of the feeding and care of infants is in most cases extremely poor, have been forced to admit that these young "baby specialists" are their superiors in this special branch of nursing, and are often quite relieved to hand over a difficult infant to their care, and are greatly impressed by the results of their skilful handling and dieting of the baby.

The fact that these nurses are usually younger than the majority of professional nurses is not detrimental. Youth is more enthusiastic in what it undertakes, and the possession of a sense of responsi-

bility usually rests with the individual, whatever age she may be. These young people have not had any previous training which might prove confusing to them, as in the case of a general trained nurse, who has perhaps been in several institutions, and has to eradicate old ideas before adopting new ones. They come to the school with a mind fresh to absorb its own special theory and practice. They have not had time to become tired and jaded before they commence this special training.

Brief Particulars Regarding the Training

During the whole 12 months' course a Karitane nurse learns the value of Preventative work, in comparison with that of Curative, from the ante-natal care of the mother, until the baby is old enough to take an ordinary adult diet.

Probably the most interesting part of her training, to the average nurse, is the work done with the mother and her baby. These mothers come into residence at the hospital, in order to alleviate some trouble which they feel powerless to deal with alone. The most common fault in their treatment of the baby is usually overfeeding. The nurses learn how to deal with this condition, by test-weighing before and after putting the baby to the breast—by limiting the time at the breast and regulating the hours of feeding, etc.

Then, again, mothers bring babies who are not sufficiently fed. These cases are most interesting, because such wonderful results can be attained with the right treatment. Many a mother who otherwise might quite easily follow the line of least resistance, and artificially feed her baby, is given correct advice and treatment; and by right dieting, water drinking, and local treatment of the breasts, is able to happily rear a healthy, normal infant promising 100 per cent. of fitness later on, and able to withstand the wear and tear of modern life.



Many other troublesome abnormalities are also dealt with and righted in this department of the hospitals. This mothercraft training is invaluable, as when the nurses leave their training school a large number of their cases outside consists of such as these.

Although when finished, these nurses usually only deal with one mother and one baby at a time, they are at the same time disseminating knowledge which is of untold value to that mother, and to all who come in contact with her.

Even if such a nurse were only to take charge of perhaps six babies in a year, she would at the end of that period have justified her existence by aiding in the production of six healthy citizens, who might otherwise have in time become six incipient dyspeptics.

The psychological part of this work in the hospital is also important for future experiences. The nurse learns to deal with human nature, and gains confidence and tact thereby.

Although natural feeding is always the first consideration in Plunket principles, part of the training is spent in learning to make up the various humanised milk mixtures suitable for babies for whom it is necessary, for some good reason or another, to provide a substitute.

The nurse learns food values and how to apply them when dieting babies and older children—how to grade such foods when a baby's digestion is not normal. Her practical experience of the cases in hospital teaches her the effect of properly modified cow's milk on the infants, and the history of feeding prior to admission teaches her what can happen when scientific principles are not applied to feeding.

She learns correct cot-making, ventilation of rooms, the making of suitable baby clothes, technique of feeding and bathing a baby, how to care for milk in the home, the care of eczematous babies and the special care needed in the nursing of premature babies—all of these matters of great importance as far as the saving of infant life is concerned.

At the termination of her training she is compelled to pass a theoretical and practical examination covering all the subjects, and is only granted a certificate if judged to be efficient. Every effort is made by those in charge of the hospitals to secure the best type of girl for this most essential welfare work, and unsuitable trainees are weeded out in the early part of their training.