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HISTORIC PERSPECTIVES

During the past several 100 years, both maternity nursing and nursing of children have changed dramatically in response to internal and external environmental factors. Expanding knowledge regarding the care of women, children, and families, as well as changes in the healthcare environment, influenced these developments.

Maternity Nursing

Major changes in maternity care occurred in the first half of the twentieth century, which shifted care from a home setting to a hospital setting. This change continues as healthcare reform attempts to improve the quality of care while advancing in medical technology. Despite changes, healthcare professionals attempt to maintain the continuity of care.

Childbirth Practices

Childbirth usually occurred at home with the assistance of a midwife whose training came from an apprenticeship with an experienced midwife. Physicians were usually only for serious problems. Childbirth was considered a natural event and often had well-documented medical records. Complications were not uncommon, resulting

Emergence of Medical Management

In the late nineteenth century, technologic developments that were available to physicians but not to midwives led to a decline in home births and an increase in physician-assisted hospital births. Important discoveries that set the stage for a change in maternity care included the following:

- The discovery by Lister that puerperal sepsis, often called the "white death," could be prevented by hygiene practices
- The development of forceps to facilitate birth
- The discovery of chloroform to control pain during childbirth
- The use of drugs to initiate labor or increase uterine contractions

Advances in operative procedures such as cesarean birth. By 1900, 80% of births in the United States occurred in hospitals. Maternity care became highly regimented. All antepartum, intrapartum, and postpartum care were managed by physicians. Lay midwifery became illegal in many areas, and nurse-midwifery was not well established. The woman had a passive role in birth as the physician "delivered" her baby. Nurse primary functions were to assist the physician and follow prescribed medical orders after childbirth. Teaching and counseling by the nurse were not valued at that time.

Unlike home births, early hospital births limited the bonding between parent and infant. During labor, the woman often received