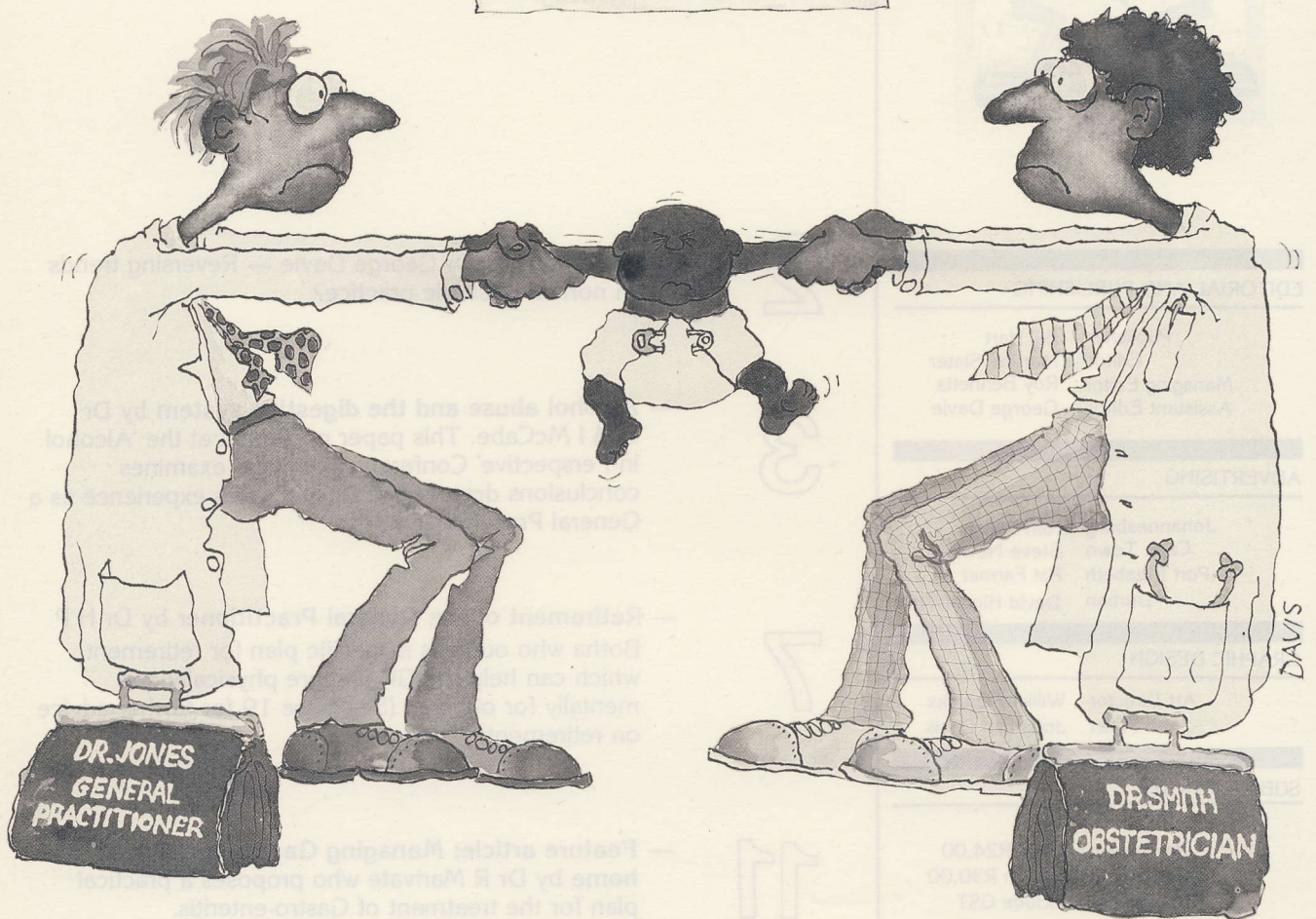


Comment Komentaar

by Dr. George Davie

LABOUR WARD →



Is normal obstetric practice once again becoming the preserve of the general practitioner?

About two years ago I analysed the confinement pattern in a private nursing home in Pretoria during the last decade. It was obvious that the trend for specialists to attend to normal deliveries was reversing. This still seems to be the case.

Why this should be so I am not quite sure. Perhaps it is part of the general change in attitude to living that has also made people turn to "nature" by consuming more "health foods" and practising yoga.

The fickle public may be bored with modern technology and be less

inclined to make pregnancy the brunt of unnecessary fuss.

Has antenatal care changed during the past twenty years? I don't think so. There have been a few advances in diagnostic procedures but many of the biochemical aids have enjoyed shortlived popularity.

The SONAR has become a fad amongst patients but does seem to have merit and the proper use of amniocentesis certainly has a place, albeit fairly circumscribed, in good obstetric practice.

Vigilance by means of the old parameters (mass, oedema, BP, urine) still is the cornerstone of care.

The delivery itself is best guided by

experienced watchfulness although management charts do add to the standardisation of labour progress communication amongst the people involved. The expert use of forceps and episiotomy is imperative.

Caring for the newborn requires the same resuscitative skills as before but the practice of detecting low glucose and calcium blood levels seems to be increasing and the number of jaundiced babies requiring UV-light treatment is staggering.

How can the Academy or National GP Group help in increasing the skills for the safe handling of normal obstetric practice? Do you have any ideas to contribute on this subject? □