

# Travelling back to the 1940s: inspirations from a midwifery casebook written between 1947 and 1948

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The Hong Kong Museum of Medical Sciences was honoured to receive the precious donation of a casebook from a senior midwife, Mrs Kai-ying Poon Yam, who underwent midwifery training during the 1940s in Hong Kong. Mrs Poon continued to serve as a midwife until her retirement in 1978. The

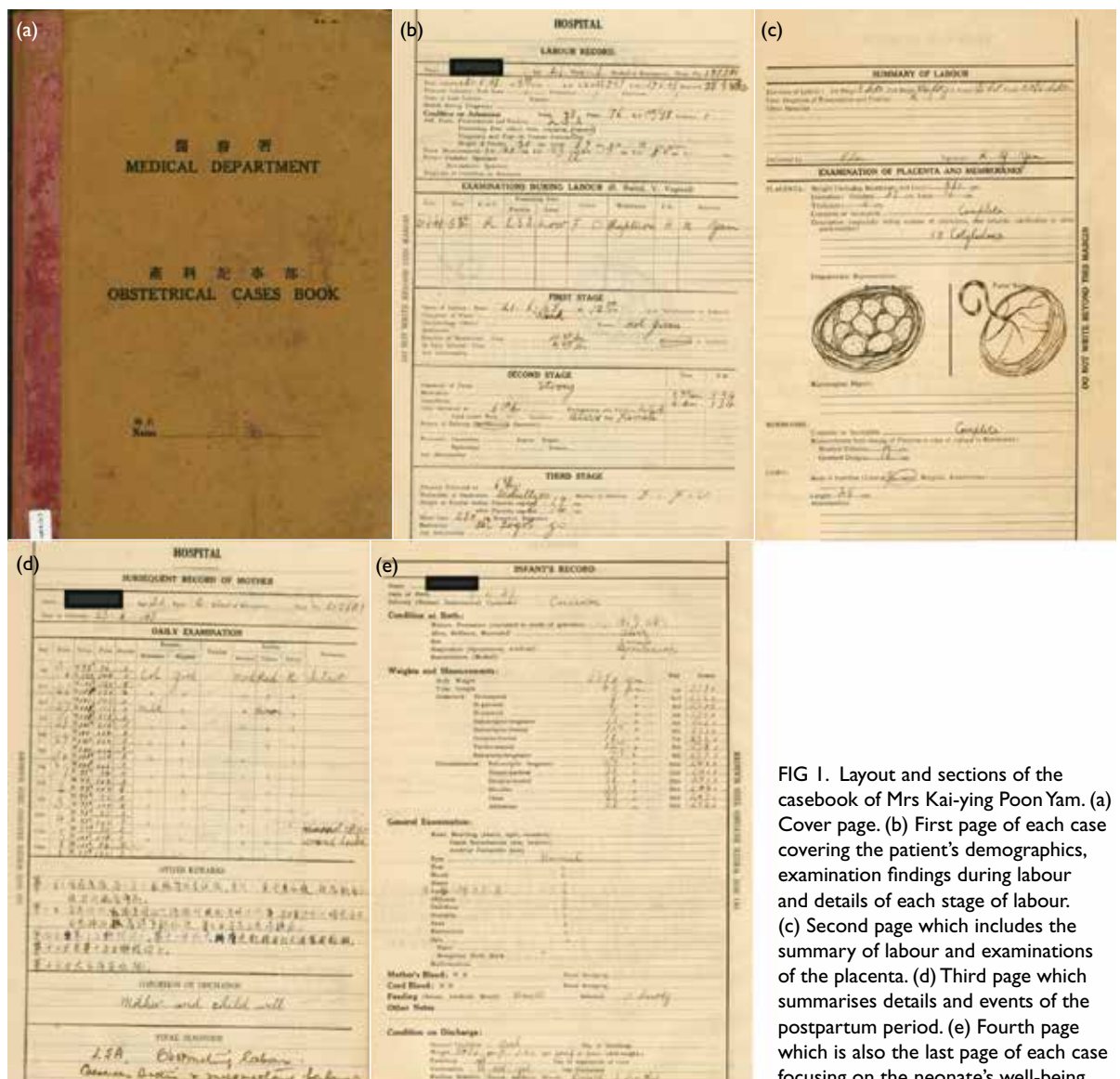


FIG 1. Layout and sections of the casebook of Mrs Kai-ying Poon Yam. (a) Cover page. (b) First page of each case covering the patient's demographics, examination findings during labour and details of each stage of labour. (c) Second page which includes the summary of labour and examinations of the placenta. (d) Third page which summarises details and events of the postpartum period. (e) Fourth page which is also the last page of each case focusing on the neonate's well-being

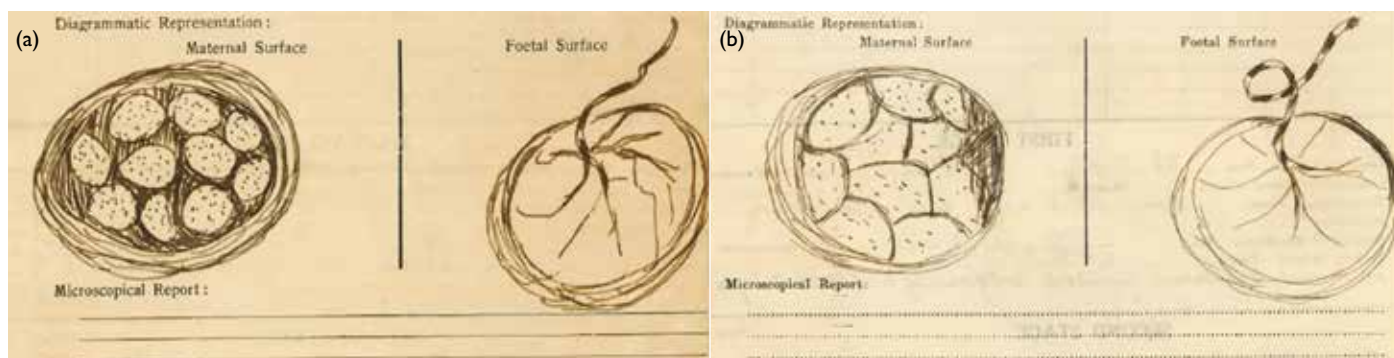


FIG 2. Drawings in the casebook of Mrs Kai-ying Poon Yam demonstrating examination findings of the placenta. (a) A normal placenta. (b) A placenta with marginal placenta previa

casebook contained detailed summaries of 30 births that she participated in during her placement at Tsan Yuk Hospital between 1947 and 1948 and provides valuable insight into midwifery training in Hong Kong during that time.

The Midwives Council of Hong Kong has been responsible for the accreditation of midwifery training since 1910.<sup>1</sup> In order to qualify as a midwife, students enrolled on to a 1- or 2-year training programme depending on whether they were already qualified nurses or not.<sup>2</sup> Tsan Yuk Hospital began delivering midwifery training in 1922 and the Tung Wah Group of Hospitals joined shortly after.<sup>2</sup>

The birth rate in Hong Kong steadily increased after the Second World War, leading to the ‘baby boom’ era. At first, pregnant women preferred to deliver at home or in a maternity home due to the shortage of resources.<sup>2</sup> However, in the 1950s, attitudes changed due to the poor living conditions and high risk of infections, making hospitals a more popular choice.<sup>2</sup> The concept of remaining in hospital postpartum until stitches were removed was well accepted by expectant mothers. As such, the period when Mrs Poon (also known as Ms Kai-ying Yam when she was a student midwife) underwent her training was a very interesting time to observe the rapid development and transformation of obstetric care in Hong Kong.

During her training at Tsan Yuk Hospital, Mrs Poon participated in 513 normal deliveries and 84 abnormal deliveries and she recorded 30 in detail in her casebook. Of these cases, 24 were spontaneous vaginal deliveries, three were instrumental deliveries, two were by caesarean section, and one required interval version. Of note, both caesarean sections were performed by Prof Gordon King, who was the head of the Department of Obstetrics and Gynaecology of The University of Hong Kong.<sup>3</sup> Three babies unfortunately died. Each case was recorded on four

A4-sized pages and included demographical details, examination findings, details of the various stages of labour, findings from examination of the placenta, postpartum progress, and neonatal measurements and progress (Figs 1 and 2). Although the content of each record indicates that many practices were largely similar to those used today, there are some differences which demonstrate a different focus of care and changes in patient management. The Table summarises the differences between the content of the casebook and present-day obstetric practice.

Tsan Yuk Hospital was one of the key providers of maternity services in the 1940s. In 1948 alone, Tsan Yuk Hospital managed 4830 admissions in which 4577 babies were delivered.<sup>4</sup> Most patients delivered vaginally, with 88 instrumental deliveries and only 28 caesarean sections.<sup>4</sup> Seventy early neonatal deaths and two maternal deaths were recorded.<sup>4</sup> These numbers are impressive and likely the result of high standards of professional practice by both doctors and midwives like Mrs Poon. As a midwifery student at Tsan Yuk Hospital in 1948, Mrs Poon was not only an invaluable frontline member of staff but she also made a significant contribution to the development of maternity care in Hong Kong.

Through the casebook, Mrs Poon presents as a model student midwife, demonstrating her professionalism and skill in practising the art and science of midwifery. The casebook is also comprehensive enough to reflect the high standards of midwifery training at that time. Today, all student midwives are assigned designated mentors who provide individual guidance during placements and every clinical experience log must be countersigned by the supervising midwife. The element of supervision which Mrs Poon would have received cannot be gauged merely by reading the casebook, but it would be interesting to know the degree of independence and coaching provided

TABLE. Comparison of details in the midwifery casebook of Mrs Kai-ying Poon Yam with present-day practice

	1940s	Present
Demographic details	Patient was identified by name and hospital number	Each patient is identified by a unique hospital number
Body temperature	Recorded in degrees Fahrenheit	Recorded in degrees Celsius
Medical history	Focused on obstetric history and health during pregnancy	Assessment of overall health, including past medical history and family history
Pelvic measurements	Detailed pelvic measurements	No routine pelvic measurements
Assessment of cervical dilatation and fetal position	Rectal and vaginal examinations	Vaginal examination
First stage of labour	Enema given Auscultation of fetal heart sounds Cardiotocography not available	Enema not given Use of Doppler for assessment of fetal heart sounds Cardiotocography available if needed
Second stage of labour	Intermittent fetal heart auscultation every 15 minutes	Continuous fetal heart monitoring
Third stage of labour and examination of placenta and membranes	Measurement of weight and dimensions Description and detailed drawing of placenta and cotyledons	Measurement of weight only Description only
Record on normal deliveries in students' casebooks	Record deliveries by both midwives and doctors	Only normal deliveries conducted by the midwife are recorded
Subsequent examination of mother	Physical examination	Similar to that practised in 1948
Postpartum breastfeeding education	Clean nipples before breastfeeding	No nipple cleaning before breastfeeding
Neonatal care	Apgar scores were not recorded as this system was not developed until 1962 Head-to-toe assessment with detailed physical measurements of the infant Daily baby bath Did not require paediatric assessment prior to discharge	Apgar scores are recorded at the first and fifth minutes following birth Head-to-toe assessment done with birth weight available ± body length and head circumference Delayed baby bath Mostly assessed by a paediatrician prior to discharge

to student midwives at that time. Although she practised midwifery before technologies such as cardiotocography were available and the advent of active midwifery research, Mrs Poon's records demonstrate a holistic approach and remarkable continuity of care for the women and their babies.

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