EMERGENCY OBSTETRIC SERVICE.

(FLYING SQUAD)

In 1935, in the two districts Lanarkshire and Newcastle-upon-Tyne, those responsible for the care of mothers-to-be established an emergency obstetric service for the treatment in their own homes of patients who developed some complication of pregnancy and were so desperately ill that removal to hospital might have had fatal results. So successful was this experience that it was soon adopted by other centres until now almost every maternity hospital has a Flying Squad capable of bringing, not only obstetric aid, but also means of resuscitation to the patient by means of blood transfusion. The organisation of the Flying Squad must be different in each area, for instance in a big city like Birmingham, with a population of about one million, people centred round the hospital, it is easier to get to a patient quickly than it is in areas which serve a scattered population.

In the big cities admission to hospital after temporary measures of resuscitating the patient is often possible, for after transfusion it is frequently safer to transfer a patient to hospital for obstetric treatment than to undertake it in the home.

In country areas entailing long journeys the Flying Squad must be prepared to meet the emergency to the full in the patient's home.

It will be seen, therefore, that the Flying Squad must be adequate in personnel and equipment and both must be of the highest order. The responsibility is great, but it has been shown by statistics that by good team work and good equipment many lives can be saved.

It may be interesting to show how the Flying Squad works and I can write of Birmingham as a typical example. When a doctor needs the Flying Squad, he telephones to the maternity hospital. Calls occasionally come in direct from midwives who cannot get a doctor, or from the ambulance service, or from the police. The resident Surgical Officer at the hospital receives the call and assembles the team. The hot water bottles are filled, the blood is taken from the refrigerator, and the Flying Squad sets out. In Birmingham we reckon to arrive at the patient's home within half an hour of the receipt of the telephone call provided the case is situated within the City. The Flying Squad is transported by ambulance, one being kept always in readiness at the ambulance depot. The advantages of this means of transport are threefold:

(a) The patient can be transported to Hospital if necessary;

(b) the equipment is too bulky to go with ease into the average size car and

(c) the ambulance always knows the way, and can get through traffic quickly.

The Flying Squad team consists of an obstetrician, a nurse and a medical student.

(1) The Obstetricians. It is usual to have a rota of the obstetricians attached to the hospital so that one is always on duty to take these calls. He must be skilled in obstetric work as well as in resuscitation work. The surgeon in charge
of the Flying Squad is responsible for organising the rota, for receiving suggestions, and for the general maintenance of equipment.

(2) The Nurse. There is also a rota of staff midwives on call day and night. They know every detail of the apparatus and are responsible for seeing that the equipment is in order when they return from the case. The apparatus is checked over each month by a senior nurse.

(3) The Medical Student. One of the resident midwifery students in the hospital goes on each call to learn, and to give practical help.

The equipment consists of one hold-all containing blankets and hot water bottles, three leather bags containing all the equipment necessary for dealing with the case, two sterile drums containing instruments, two insulated boxes containing blood, an oxygen cylinder.

Such details as means of lighting the room must not be forgotten, and we always include a tin of biscuits for the personnel as frequently their attendance is required for long periods.

We in Birmingham keep a duplicate of the entire equipment so that we can answer two calls at once if necessary.

Experience has shown that to be able to take the means of giving skilled attention to a patient in her own home is far better than trying to bring her into hospital, and as most of these calamities are due to haemorrhage followed by shock, the blood transfusion service is responsible for the success of the service, for without it obstetric skill would be considerably hampered.