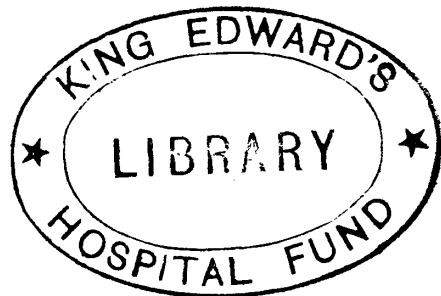
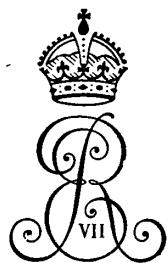


King Edward's Hospital Fund For London



CONVALESCENCE FOR MOTHERS AND BABIES

A REPORT OF AN INQUIRY INTO
THE NEED FOR CONVALESCENT
ACCOMMODATION FOR MOTHERS
ACCOMPANIED BY BABIES OR
YOUNG CHILDREN

King Edward's Hospital Fund for London,
10 Old Jewry, E.C.2



February, 1954

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FOREWORD

By

SIR HENRY TIDY, K.B.E., M.D., F.R.C.P.

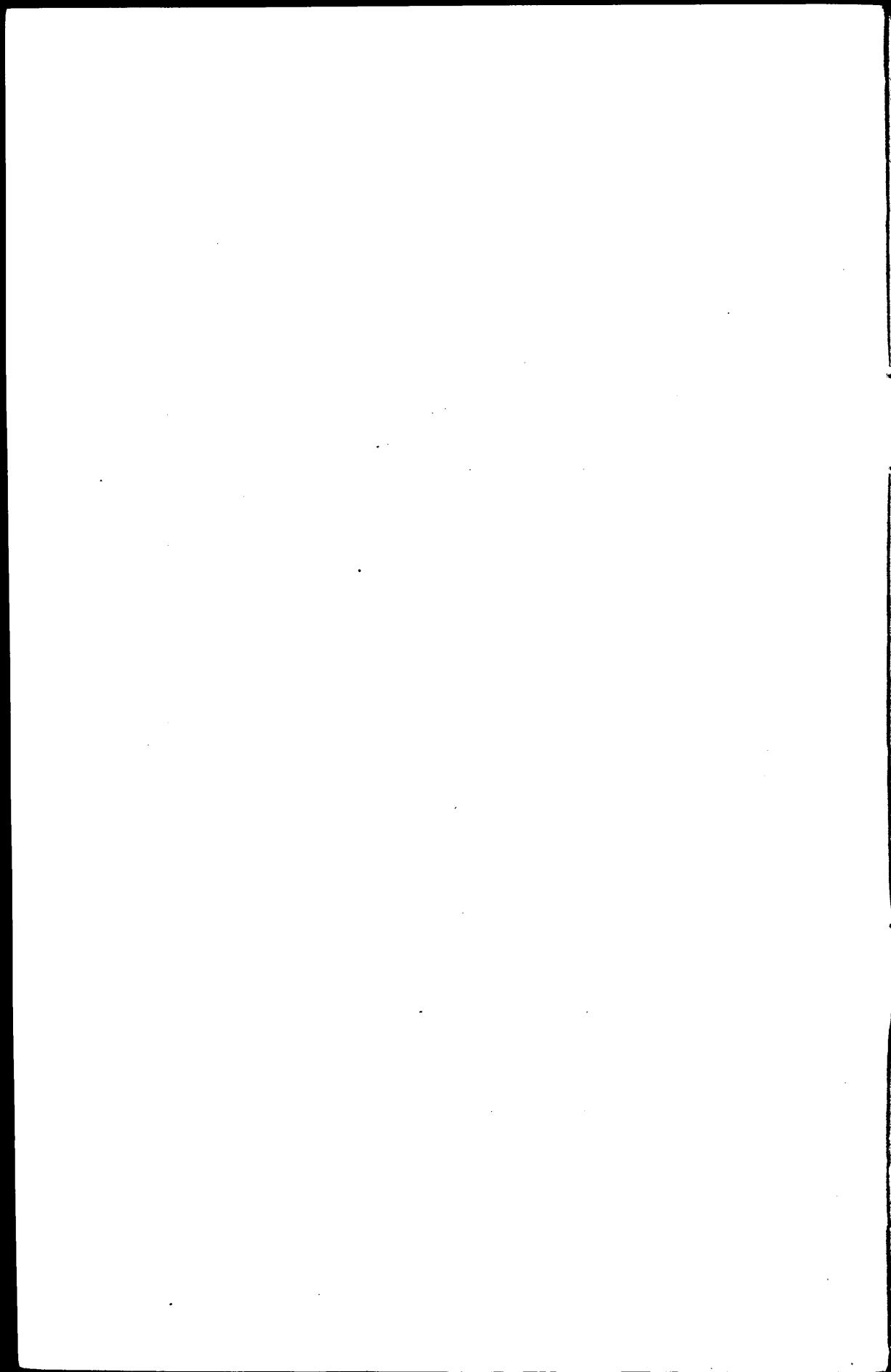
Chairman, Convalescent Homes Committee

The King's Fund, as a result of visits to Convalescent Homes, was aware that there was little convalescent accommodation for mothers with babies or young children. This knowledge, and the suggestion from the Institute of Almoners that the matter might be investigated, decided the Fund to authorise this enquiry.

The number of patients proved to be small, as will be seen from this report, but the problem is none the less vexatious. The solution may well be considered to lie not so much in the provision of more homes and beds as in the happier settlement of the difficult personal relationship between patients and staffs, and in the reduction of the long delays often experienced in arranging admissions.

HENRY TIDY.

February, 1954.



A Report by King Edward's Hospital Fund for London of an Inquiry into the need for Convalescent Accommodation for mothers accompanied by babies or young children.

INTRODUCTION

1. In the course of six years' work with Convalescent Homes, reports have been received that there is difficulty in arranging convalescence for mothers who have to be accompanied by their babies and/or young children up to five years of age. The reason for this appeared to be partly because there was insufficient accommodation and partly because cases are of a wide range, needing a variety of treatment and accommodation. Almoners were well aware of these difficulties, and in December, 1952, the Joint Metropolitan Regional Convalescent Homes Committee of the Institute of Almoners asked if the King's Fund would undertake an inquiry into the problem.

Method of Enquiry

2. The Convalescent Homes Committee decided to undertake this inquiry and accordingly asked certain London hospitals if they would be good enough to record information about these cases over a period of four months. The Almoners of the hospitals concerned agreed to help and the Fund wishes to thank them for their trouble in providing the necessary information for this inquiry. The inquiry took place between 1st March and 30th June, 1953.

3. The following 13 hospitals kindly took part in the enquiry :—

Belgrave Hospital for Children.
Dulwich Hospital.
Guy's Hospital.
The Hospital for Sick Children, Great Ormond Street.
King's College Hospital.
Middlesex Hospital.
Mile End Hospital.
North Middlesex Hospital.
Royal Waterloo Hospital.
St. Giles Hospital.
St. Helier Hospital.
St. Thomas's Hospital.
Victoria Hospital for Children, Tite Street.

4. Hospitals were asked to record details of each application of a mother and child jointly for convalescence or recuperative holiday. They were also asked to give details of cases that would have been recommended if there had been suitable convalescent accommodation for them.

REPORT OF INQUIRY

5. During the period of four months that the inquiry was conducted, 66 instances were reported of mothers with babies or small children applying for convalescence.

Classification of Applications

6. The 66 applications fall into three categories, viz. :—

- (i) Mother requiring convalescence after a difficult confinement, and needing to be accompanied by the new baby. Total: 36 cases.
- (ii) Mother requiring convalescence for reasons other than confinement, and needing to be accompanied by a young child or children. Total : 14 cases.
- (iii) Baby or child under five years of age, requiring convalescence and needing to be accompanied by the mother. Total : 16 cases.

SECTION I

MOTHER REQUIRING CONVALESCENCE AFTER CONFINEMENT

Applications

7. The 36 applications for convalescence in this category were as follows :—

In 29 cases the new-born baby was well and no other children had to accompany the mother.

In one case the new-born baby was well and one other healthy child had to accompany the mother.

In one case the new-born baby was well and two other healthy children had to accompany the mother.

In two cases the new-born baby was debilitated, but no other children had to accompany the mother.

In three cases the new-born baby was a poor feeder and in one instance there was another child to accompany the mother.

Admission to convalescent homes was arranged for 22 cases, and not arranged for 14.

Cases for which admission was arranged

8. The 22 admissions consisted in every instance but one, of a mother needing convalescence after a difficult confinement, and to be accompanied by her healthy baby. The single exception was a case where both the mother and the child were debilitated. In no instance was admission arranged where other children had to go away with the mother.

In 14 cases the patients went to National Health Service homes. There was virtually no delay in arranging admissions.

In six cases the patients went to independent or private homes, the payment of fees being arranged by local health authorities. The average delay in arranging admissions was 16 days.

In two cases the patients went to private homes, being assisted for the fees by a Samaritan Fund contribution. There was no delay in arranging admission.

9. From the evidence supplied by the records there is nothing to show why some patients were sent to National Health Service homes and others to independent or private homes, these being assessed as to the payment of fees by the Local Health Authority.

Cases for which admission was not arranged

10. There were 14 instances in which admission was not arranged. The reasons are listed in the following paragraph. In each instance the case consisted of the mother and a well baby, unless otherwise stated.

In five cases the mother refused convalescence because she had been away from home so long that she wished to return as soon as possible.

In four cases the mother refused convalescence for various social or private reasons. (One of these was a mother with new baby and two other children.)

In two cases there was considerable delay in arranging convalescence and admission had not been arranged by the time the survey closed.

In one case the mother refused convalescence because of the assessment, but it was a difficult case consisting of twins with feeding difficulties and another child of 14 months.

In two cases there was no suitable home. (One application was for mother with baby and a toddler, and in the other, the mother went away alone, leaving the baby in hospital.)

In ten out of the 14 instances, the mother ultimately refused convalescence for family or social reasons. In only two cases was it recorded that no suitable home was available.

11. There was no delay in obtaining vacancies for cases sent to National Health Service homes or to private homes when fees were paid by Samaritan Funds. But there was an average delay of 16 days for cases sent to independent or private homes when the fees had to be settled with Local Health Authorities.

SECTION II

MOTHER NEEDING CONVALESCENCE FOR OTHER REASONS THAN AFTER CONFINEMENT

Applications

12. There were only 14 applications for convalescence in this category. Admissions were arranged in every case except one, which was due to the mother refusing on social grounds. In one other case the mother went away alone on account of the long delay.

All cases except one had been out-patients. In eight instances the mother was accompanied by one healthy child and in six instances by two healthy children. The children's ages were between nine months and six years.

13. The conditions from which the mothers suffered were :—

Chest conditions	...	...	...	7
General debility	...	...	...	4
Anxiety state	...	...	...	1
Arthritis and anaemia	...	...	...	1
Duodenal ulcer (in-patient)	...	...	...	1

All were considered recuperative holiday cases and admissions were made either to recuperative holiday homes or to small private homes or guest houses.

Payments were arranged for the 13 admissions in the following ways :—

In four cases the Local Health Authorities paid for both mother and child, or children.

In four cases the Local Health Authorities paid for mother and a Samaritan Fund for children.

In one case the Local Health Authority paid for mother and the child did not go away.

In one case the Local Health Authority paid for mother and the parent paid for the child.

In one case both mother and child were paid for out of a Samaritan Fund.

In one case the mother and child were paid for by the parents.

In one case the parent paid with help from a Samaritan Fund.

14. The average delay in arranging admissions was 25 days. Some at least of this is undoubtedly due to the time spent in the applications passing through the administrative departments of the Local Health Authorities. It does not necessarily indicate an undue pressure on the recuperative holiday beds.

SECTION III

CHILDREN REQUIRING CONVALESCENCE AND NEEDING TO BE ACCCOMPANIED BY THE MOTHER

Applications

15. There were 16 applications for convalescence in this category. Admission was arranged for seven cases, and not arranged for nine cases.

Cases for which admission was arranged

16. Details of the seven cases, together with the reason why the mother was needed are as follows :—

<i>Age of Child</i>	<i>Diagnosis</i>	<i>Reason as Stated</i>
4 years	Appendicectomy	Only child, inseparable from mother.
2½ years	Debility	Mother also debilitated.
1 yr. 7 mths.	Pneumonia	Too young to go away alone.
1 year	Gastro-enteritis and feeding difficulties	Mother to learn management of the child.
8 months	Debility	Mother to gain confidence in management.
4 months	Pneumonia	Mother breast feeding.
3 months	Feeding difficulties	Mother for mothercraft training.

In each case the child had been an in-patient in hospital and the convalescence was arranged at private or independent convalescent homes. Payments were made either by the parents or from Samaritan Funds. In no instance in this section of the survey was a National Health Service home used or payments made by Local Health Authorities, but almoners state this was incidental and that there is no bar to such arrangements. There was virtually no delay in arranging admissions.

Cases for which admission was not arranged

17. The nine cases for which admission was not arranged are significant because they may point to where the need lies for more accommodation. Details of these cases together with the reason why the mother was needed are as follows :—

<i>Age of Child</i>	<i>Diagnosis</i>	<i>Reason as Stated</i>
3½ years	Debility	Mother and another child of 11 months. Mother refused for social reasons.
3 years	Debility	Mother also debilitated. No suitable vacancy.
1 yr. 5 mths.	Feeding and management difficulties	Mother to gain confidence. No suitable vacancy.
1 year	Cleft palate and debility	Mother debilitated and another child of four. No suitable vacancy.
6 months	Feeding difficulties	Mother to gain confidence. No suitable vacancy.

<i>Age of Child</i>	<i>Diagnosis</i>	<i>Reason as Stated</i>
1 month	Pneumonia	Mother breast feeding and another child of three. No suitable vacancy.
3 weeks	T.B. Contact	Mother breast feeding. No suitable vacancy.

In two other cases, it was not possible to obtain vacancies for the mothers and the children (aged seven months and six months respectively) were accordingly sent to homes by themselves. Thus there was failure to obtain vacancies for no less than nine of the 16 applications in this category.

DISCUSSION

18. (i) During the four months period of the inquiry, 66 cases were reported of mothers with babies and/or small children applying for convalescence. Admission to homes was arranged for 42 cases and not arranged for 24. Of the 66 cases, 49 had been in-patients, and the remaining 17 were drawn from out-patient departments.

The total number is small when it is compared with the numerous cases of mothers and babies who must have passed through the hospitals during that time. In the 13 hospitals there were approximately 1,900 beds for women and 840 beds for children. Thus from a numerical point of view, the problem is not a large one.

The 66 applications however fall into three distinct categories, and in these can be recognized two small but well-defined groups which involve special difficulties and which account for most of the cases for which admissions were not arranged.

(ii) In the first category, which is of mothers requiring convalescence after a difficult labour, there were 36 applications for admission to a convalescent home, but in 14 cases it was not arranged. At least nine of these 14 cases were due to the ultimate refusal of the mother to stay away longer from home.

It is possible, as an almoner suggests, that women do not expect to be in hospital for more than two weeks after confinement and make arrangements for this period. Following a difficult confinement a mother already may have been longer than two weeks and has become anxious to return home. This difficulty might be overcome by more satisfactory arrangements for "home help."

The mother's anxiety would obviously be increased by undue delay in obtaining a vacancy. When fees are paid by Local Health

Authorities the average delay in this category is 16 days, and the uncertainty would be a disturbing factor.

In only two instances is it recorded that there was failure to obtain a suitable vacancy. Thus there is no evidence of a serious lack of accommodation for the present number of applications.

(iii) In the second category which is of mothers requiring convalescence after sickness, of the 14 applications admission was arranged in 13 cases. In one case the mother went away alone.

It is noticeable that all the cases, with one exception, were out-patients. The explanation of the absence of in-patients may be that women who are in hospital for sickness have been compelled to make other arrangements for their children for an indefinite period and are prepared to go to convalescent homes without them. This would not apply to out-patients,

In no case was there failure to obtain a suitable vacancy, and there is no evidence of lack of accommodation for the present number of applications.

In this category there is an even longer delay in arranging admissions, the average being 25 days. This uncertainty is a serious matter for a mother who has to make arrangements for her home in her absence. It is apparently due, as in the previous category, to lengthy formalities when fees are payable by Local Health Authorities.

(iv) In the third category, which is of babies or young children requiring convalescence and needing to be accompanied by their mothers, there was failure to obtain a suitable vacancy in nine of 16 applications.

This failure was not due to unwillingness on the part of the mother to go away with the child or to the condition of the child, but to lack of accommodation, only a few homes being suitable for and willing to admit this group of convalescents. Some homes are attached to parent hospitals and give priority for admission to patients from that hospital. The result of this arrangement may well be that few, if any, beds are available for the use of other hospitals. This may explain why there were no reports of admissions to National Health Service homes. Information from authorities of homes which admit such cases and from almoners indicate certain difficulties which may arise.

Many of the applications are due to trouble with infant feeding or in management by the mother. It is necessary for homes accepting such cases to have certain basic principles for

infant feeding and for education of mothers. They cannot permit a mother to follow some crank theory. On the other hand, slight variations to which a mother is accustomed may not be of great importance and a mother may well resent insistence on re-education and teaching on the part of the nursing staff in such circumstances.

It is impossible to lay down rules to deal with such difficulties. A combination of flexibility and firmness is required. Tact and personality on the part of the Matron are the essential factors for success.

The homes also emphasize that the mothers must not be in too close and continual contact with the nursing staff, and a separate sitting room is essential.

Although these difficulties are very real, convalescent homes undoubtedly exist which cope with them successfully, and have numerous applications for any vacancy.

It is possible that the number returned in this category is not a true reflection of the demand and that more accommodation is required.

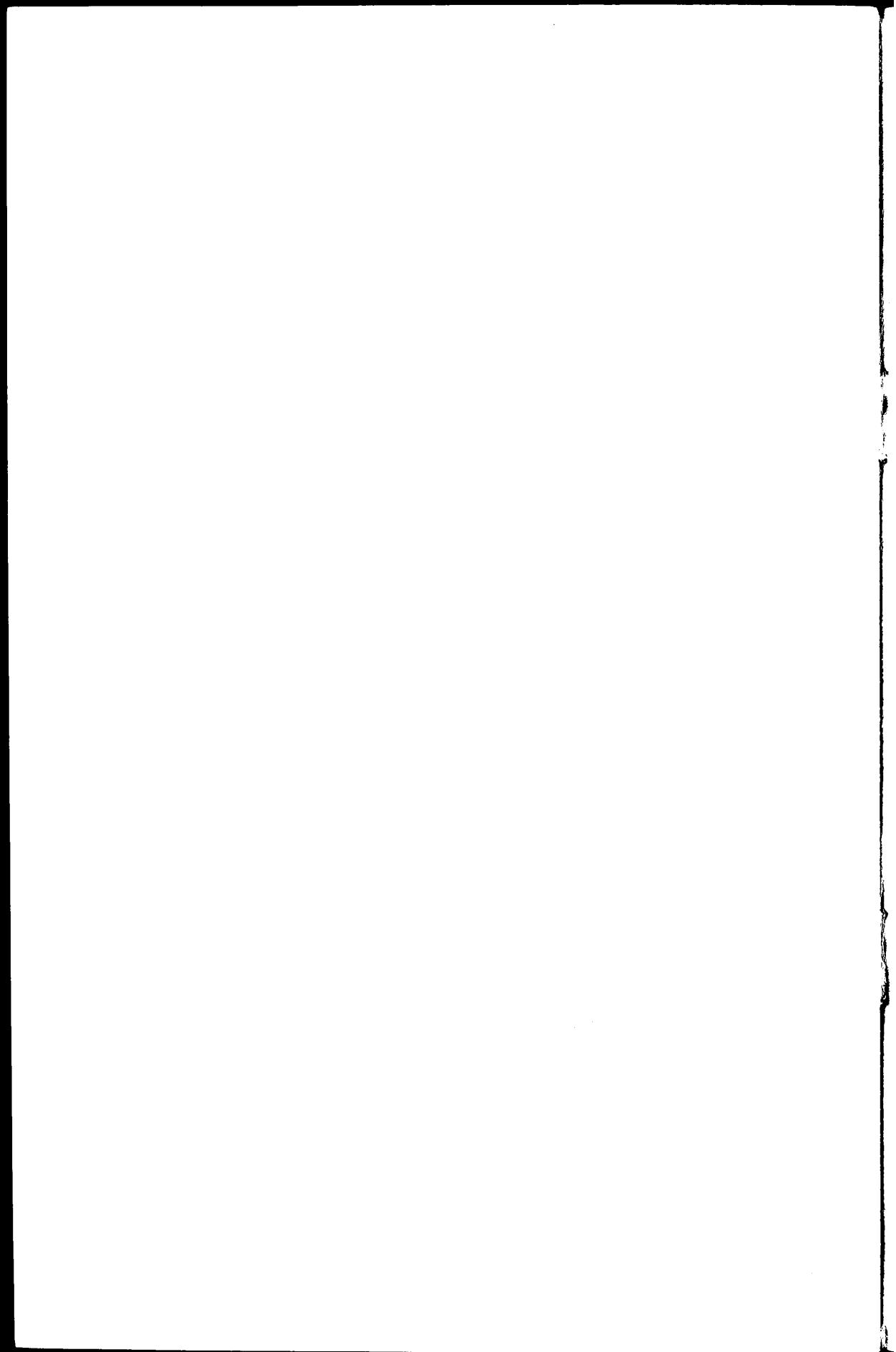
CONCLUSIONS

19. (i) Mothers recommended for convalescence after difficult confinements frequently insist on returning home. The provision of satisfactory "home help" might induce them to accept convalescence.

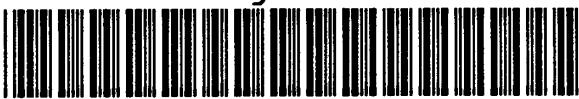
(ii) There is no evidence that suitable convalescent accommodation is insufficient for the present number of applications for mothers accompanied by healthy children, but it is probably limited.

(iii) There is a lack of suitable convalescent accommodation for babies and young children who need to be accompanied by their mothers. There is difficulty in arranging for the payment of the fees for a mother who is not ill but has to accompany her convalescent child.

(iv) The long delay in arranging admissions when Local Health Authorities contribute toward the payment of fees is a disturbing factor. Attempts should be made to shorten the formalities involved.



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