OBSTETRIC NURSING.

— By Obstetrica, M.B.N.A. —

PART I.—MATERNAL.

Chapter III.—Duties Immediately After Delivery.

After the state of the pulse and the uterus has been ascertained, your next care is to consider what form of nourishment you shall give the patient, and this again has to be modified to suit the circumstances of the case, the condition, and also the wishes of the patient, and sometimes the hour of the day. If the woman has had the misfortune to have required chloroform enough to make her sick, she can of course retain nothing on her stomach but ice or cold water until the vomiting ceases. All things being favourable, however, the time-honoured milk gruel, given through a feeder, so as not to disturb the binder, is about the best thing. Some women complain of feeling *hungry* after delivery; in that case have the gruel made thick, with some thinly toasted bread put to it. You can also add a small piece of fresh butter, and salt instead of sugar if preferred. I have seen recently delivered women eat a good meal off gruel prepared in this way. Others, again, care not for food, but feel faint and thirsty, and the pulse shows they require some restorative nourishment. There is nothing more serviceable in these cases, nor more quickly prepared, than the following—viz., make some fresh tea (all black, and not too strong); put a tea-cupful of milk on to warm (it need not boil), break a newly laid egg into a tea-cup, take out the "tread," stir white and yolk *gently* together (they are not to be beaten up, remember), add a tablespoonful of cold milk, then gradually pour in the hot milk, stirring the while. Pour the hot tea to about half-full into a breakfast-cup (which you have previously warmed with hot water), and sweeten it. Then, stirring all the while, plunge the custard all at once into the hot tea; stir all together. You can add a dessert-spoonful of the best pale brandy the last thing. There are few patients who do not feel refreshed by this simple restorative; and as you may have to give it frequently during your time of attendance, either in tea, coffee or cocoa, it is as well to remind you how to prepare it, as so much goes to manipulation and method. If you curdle the egg, you spoil the delicacy of the drink. It can be given in small quantities through the feeder, though I prefer myself glass feeding-tubes to feeders for fluid nourishment. Whenever our patients are able, they are only too willing to feed themselves. They are very cheap, and you can get them any length you require; those without a mouthpiece, but smooth at both ends, are the best, as we can then easily clean them with a feeding-bottle brush. The patient can take fluids in the recumbent position very comfortably from them. Raise her head on the pillow, and put the tea, broth, gruel, &c., on to a tray—one of those cheap, but light, Japanese trays, with rims round them, are very handy—and place it over the bed-clothes at a convenient distance from the patient's mouth, as she can take her food herself. In these cases we do not want the feeder; it is apt to suggest what in our portion of Nursing work we never admit, unless under severe provocation—illness!

After feeding, the next important point is repose, and, if possible, sleep, which is best encouraged by the darkened room (if it be daytime), and perfect quietude at all times.

I pointed out in a previous paper (in No. 76 of the *Record*) how desirable it was for the patient's bed to be back to the window, and you now see one of the reasons for it.

Observe from time to time (about every fifteen minutes for the first six hours after delivery) the amount of discharge coming from the uterus, but do not change the diapers more often than is quite necessary, as that tends to increase the flow. When you have to do so, remember what I told you in a former paper—that the bed-clothes are to be turned back *longwise* from *right* to *left*, and no *further* than is needed. By this means you avoid exposure; and even if the patient was asleep, you would not awaken her if you did your duty gently. As to this all-important question of slumber, let me earnestly impress upon a Nurse the duty of her encouraging it in every possible way. If your patient has had some kind of nourishment after labour, she will often (especially a primapara) sleep for two or three hours, at least, if *left undisturbed;* but if once that natural yearning for rest after travail be broken in upon by any cause—light, sound, *talking*—the slumberous feeling passes off, perhaps not to return for hours, by which time "after-pains" may set in and make rest impossible.

The state of the bladder will be your next care, and as it is impossible to give any hard and fast rule as to when relief will be required, you must consult your own judgment and the feeling of your patient; in normal cases pressure symptoms are a sufficiently safe and practical guide to go by. The profuse perspiration that so often accompanies the last stage of labour tends to check the renal secretion, and it may be many hours afterwards before the bladder requires relief, especially if you are careful to avoid *chilling* the skin, when you are putting your patient into

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