

OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

PART I.—MATERNAL.

CHAPTER VI.—LACTATION (DUTIES DURING).

(Continued from page 195.)

WITH respect to the conditions just indicated—viz., engorgement, tenseness, and tenderness—there are three points to be thought about. First, what form of belladonna shall we use? As we require a lubricant as well as a sedative, I recommend equal parts of belladonna liniment and pure glycerine. That I adopted many years ago, and have found most serviceable in my experience. We shall have to use friction, and *how* are you going to rub? With an energy that might add to the refulgent splendours of the copper saucepans in the delightful kitchen described to us by Miss Foggo-Thompson the other day? I have so often witnessed the ill-effects of misdirected efforts in this matter of breast friction that I must ask your thoughtful attention to what I am about to tell you.

In the first place, then, we are not going to rub at all—in the ordinary sense of the word. In an early paper I pointed out to you the importance of the *palm* of the hand in our portion of Nursing work, and in that instance it related to certain manipulations required by the uterus, and here again I shall have to emphasise its practical use. It is not unusual to see a Nurse proceeding in this wise: the ends of her fingers are dipped into the embrocation (some of which has been poured into a saucer), and the breasts “prodded” about with it, in various directions, generally *from above downwards*, first on one side and then the other, the breasts being in the meantime unsupported. These remarkable manipulations go on until the liniment is used up, and we safely say the same with the patient! Other Nurses, again, go flat-handed to work, and in a style that would be invaluable to a member of the shoeblack brigade!

We do not intend to emulate these shining examples of “how not to do it.” We have engorgement and tenderness to deal with, and we go carefully and gently to work. Put the belladonna and glycerine liniment on to the hob, or in a jug of hot water, to get a little warmed before you begin; pour some of it into the palm of your left hand; support the breast from *below* in the palm of your *right* hand, holding it well up; spread the liniment well over the top part of the breast with your left hand, and then taking the whole circumference of the breast between the palms of both hands, and having the fingers closed over it,

gently work the breast about. Then put some more of the embrocation into the palm of the *right* hand, and apply it to the under part of the breast, repeating the same manipulations as before; continue them until you feel the breast softening under your touch, and some of the colostric milk pouring from the nipple. When this takes place desist from your efforts.

You must be particularly careful *not* to let the embrocation touch the nipple; in fact, you must keep clear of the areolæ as well during the time you are rubbing the breast. After you have finished, wrap them up in soft flannel, cotton wool, or white wadding, which is about the best, and then prepare for slinging them.

Among the duties demanded by lactation there is none that affords such comfort to your patient, or better helps on breast treatment, than careful slinging. Whether in cases of simple engorgement or in the distressing hypertrophy of the breasts that so often accompanies lactation, slinging is an indispensable accessory, and half the efficacy of poultices or fomentations depends upon the way in which that breast support is carried out.

What shall we use for slings? We have various things provided for us, such as old silk scarves or handkerchiefs, or woollen or cashmere comforters, or strips torn from old sheet or tablecloths; preferable to any of these, I think you will find flannel the best, old or new. It is soft, warm, without being heating, light and porous; it does for wet or dry slinging, as it does not stiffen under moisture, or get cold, and holds the pins in well that fasten the slings. The strips should be from a yard and a quarter to a yard and a half long, according as may be required, and from nine to ten inches wide, but these measurements can of course be modified to suit individual cases.

How are you going to apply these strips? It is no unusual thing to find a Nurse putting all the weight of a heavy breast round our hapless patient's neck, and thereby nullifying all the comfort and support a sling should give. Other Nurses again make their slings so *narrow*, that they are more like a rope round the breast than anything else. Let us avoid these common errors, and endeavour to substitute for them other and more rational and comforting arrangements. The rule to be observed in slinging is to support all the weight of the breast from the shoulder. To do this the slings must be put on cross-belt fashion, the *right* breast being supported from the *left* shoulder, and the *left* breast (if both have to be done) from the *right* shoulder, and securely pinned on either or both shoulders respectively.

Before fixing the slings remove the bed-jacket, and slip the lady's night-dress from the shoulders almost to the waist. I need scarcely tell you that

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