

## OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

## PART I.—MATERNAL.

## CHAPTER VI.—LACTATION (DUTIES DURING).

*(Continued from page 220.)*

WE must now turn to our shields, and describe the different kinds used and how to use them. I shall confine myself to four sorts (there may be forty for all I know)—the flat or discoid, and the bell-shaped, made of glass; and these again may be short or long. Of the flat shields, the first that ever came under my notice was made of wood—I think box. It was circular in form, about the circumference of an ordinary areola. It had a conical projection in the centre to fit over the nipple, and the end was perforated with holes. The shield was placed over the nipple, and the baby was put to the breast, and had to do the best he could with it, but it was rather “hard lines” for him. This wooden contrivance certainly protected the nipple from the baby’s mouth, but it was very hard and uncomfortable for the mother as well as he. Then came another flat shield, made of *all india-rubber*, just the shape of the other; it stuck to the nipple like a limpet, and the more the child pulled the tighter it stuck. These were dreadful things. I condemned the first I ever saw; the remedy was worse than the evil, and in point of fact the flat shields for suckling are a mistake, whatever they are made of. We will now make a move in the right direction, and get to the *short* bell-shaped glass nipple shield, with a teat at the narrow top part; they are full of faults, like the others, and the one great disadvantage of them all is that the mother has to sit up in bed to use them. Again, this short glass shield has an india-rubber teat to it, and nine times out of ten it is far *too* long, tickles the back of the infant’s throat, makes him sick, and disheartens him for further proceedings. To obviate this difficulty I use a bone ring like that on a feeding-bottle teat. The advantage of this is that we can shorten the teat at will, and also give the child a *point d’appui* for his tongue when sucking; still, a *short* shield is not the *right* shield.

We will now pass on to the long-tubed shields, which combine all the points we require—protection to the nipple, comfort to the mother and child. The nipple end is of glass like the short shields, but there is a point of difference of much importance in the shape of the narrow end of the shield, to which the tubing is attached; it should be bent at *right angles* to the shield, and not be *straight* as it is in the short shield, in order to facilitate

the downward flow of the milk. The length of tubing varies—nine to ten inches is none too much, as it can be altered to suit circumstances. At the far end of the tube is a connecting joint called a union, to which tube and teat are attached at either end. Now a great deal goes to this union, as to whether it be made of wood, porcelain, or glass. The first is the worst; the last is the best, as it is better to keep clean, and you can *see* whether it is so or not. Nor is it so clumsy as earthenware unions. Having connected the teat with the tubing, you put on the bone disc, which has a hole in the middle to pass the teat through. In selecting these nipple shields always choose the best make, especially as regards tubing and teats. These last should be short, pliable and smooth. You should always have a stock of tubing, teats, unions, and discs by you, that you may fit up or repair the shields when required; and under any circumstances you will have to take them to pieces frequently in order to clean every part of them. With respect to the nipple glass, it should not be *too small*, or the nipple may be bruised by being tightly drawn into it during the act of suction.

Having described the shield, let us say a word about how to use it, for a want of knowledge and common sense in this matter may lead to failure and nullify all the advantages it possesses.

You may ask, “Why is a long-tubed shield any better than a short-tubed one?” Because the mother is not obliged to sit up to use it (the short shields are *not* safe to use any other way), and the infant can be kept in bed while taking the breast.

We will now fix a long-tubed shield. If on the *right* breast, the patient must lie comfortably on her *right* side, her head rather high on the pillow. You wet the rim of the shield, and place it over the right nipple, and press it firmly against the breast, the patient holding it in position herself. Place the infant straight on the bed, his arms perfectly free, and well *below* the shield, about half the length of the tube from the nipple. Before putting the teat into his mouth, draw the breast gently with the shield, and fill the tube with milk, wipe and place it in the infant’s mouth, and leave the rest to his *savoir faire*. If the flow of milk be too copious, press the tube and so stop supplies for a brief period, and let him swallow what he has received. This is a better plan than taking the teat from the infant’s mouth from time to time. You quite understand that the breast is to be kept covered over with the bed-jacket, or shoulder-shawl, and the baby with the bed-clothes, but not smothered up. Make both your patients comfortable, and they can go on as long as they like. When the *left* breast is given the patient lies on

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