

## OBSTETRIC NURSING.

— BY OBSTETRICA, M.R.B.N.A. —

## PART II.—INFANTILE.

## CHAPTER II.—DUTIES AT BIRTH.

(Continued from page 292.)

At their completion, this Course of Lectures will be published as one of the Series of "Nursing Record Text Books and Manuals."

I WILL just bring before my Nursing readers a little plan for feeding the newly-born I have found serviceable when we have to give fluids in small quantities. Take a long-tubed glass nipple shield, hold the glass end reverse way up, place the teat into the infant's mouth and let him suck it; then pass a teaspoonful of fluid into the glass, and let it drop, as it were, into the infant's mouth, pressing the tube with your fingers at intervals to allow him to swallow what he takes before giving any further supplies. And I would impress upon my nursing readers that in feeding the newly-born effort should be in excess of nourishment, instead of the contrary and more frequent procedure of nourishment being given in excess of effort on the infant's part. In acting thus we only take a lesson out of Dame Nature's book, who allows a scanty supply to the infant to begin with, and that only obtainable after commendable efforts. It appears to me to be so often overlooked by Nurses and other women, that it is not the fluid poured down baby's throat that is of use to him, but that which is retained on the tender infantile stomach. I use the nipple shield plan for a day or two until the infant takes to the breast or the bottle permanently. We can tell by it how much food he takes at a time, and I prefer it to spoon-feeding, and bottles are too large. Many medical authorities deprecate feeding newly-born infants at all, on the ground that food is not required by them. Nurses and mothers hold different opinions, and know that multitudes of infants cry for food soon after birth, and are only pacified by it, and it is not unreasonable to infer there may be some sensation of hunger that has to be appeased; besides which, the ordeal of birth, bathing, and dressing make some demands upon their tender vital powers, and they cannot live on air. When an infant declines food, never force it on him; wait until he asks (?) for it by cries. Our next care is to place our baby to rest in his cot. I do not advise this to be done immediately after feeding, and if Nurse has ten or fifteen minutes to spare, she can cradle baby comfortably upon her

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left arm and hand. As I have told you in a previous paper, if he be a vigorous baby he appears to enjoy (?) looking about him, and his Nurse is not unwilling to indulge this natural desire, as it gives her an opportunity of observing if he is able to keep the food down you have given him, before laying him in his cot.

We will give a few words to our baby's cot, the descendant of the historic cradle, that painters have loved to introduce into their scenes of cottage life and humble homes, and poets have turned into a symbol of repose in the word "cradled." From the cradle to the grave was supposed to mark out the span of human life. The old English cradle was made of wood, mostly oak, long, and rather narrow in shape, with a hood to it, and fixed on large rockers. I have seen numbers of these clumsy-looking cradles in rural districts. Then there was the large wicker cradle, also hooded and fixed on rockers. After the wicker cradle came the more modern bassinette, also wicker, which was upholstered in white muslin, over coloured glazed calico, and matched the basket; this, too, was on rockers. Then there was the cot, which, like the cap, marked social distinction. It was made of costly woods, carved, and oftentimes gilded; of artistic form and canopied with lace, sometimes surmounted by a figure representing the guardian angel of the slumbering babe, or that symbol of mundane distinction, a coronet. I confess to a leaning towards an artistic and a beautiful cot; but we will eliminate the strawberry leaves! The cot of humbler homes was mostly made of wood (generally mahogany), long and narrow in shape; the two sides, ends, and bottoms were made of cane, like chair-seats. This cot was also swung from a frame that ran on castors; at the head part was a support from which curtains could be hung. Now we come to our modern metallic cot, made of brass or iron, enamelled, and gilt; they are often very handsome, and about the best for our baby. They, too, are swung from a frame, and have a support at the head for curtains. In form the metallic cot is much the shape of those we have described.

The cot bedding should consist of a horse-hair mattress of the very best quality, and a small down pillow. Sometimes a down bed is supplied, but in my judgment it is not necessary. For cot clothes, one under-blanket and two upper of softest finest Witney; for sheeting I prefer the finest twilled calico to linen, the pillow-cases to be

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