

tions. The efforts of the nurse must be directed (1) to maintaining the flexion of the child's head throughout; (2) to delivering the head as quickly as possible after the trunk is born; (3) to avoiding undue pressure on the cord. It will readily be understood that extension of the head within the abdomen will in any case greatly complicate delivery, and, if the chin becomes fixed above the brim of the pelvis the death of the child may ensue. No traction, therefore, should ever be put upon the trunk of the child, but as soon as rotation of the trunk has taken place, pressure should be made over the uterus to assist the flexion of the child's head, and to aid in its expulsion, and the trunk of the child should be flexed towards the mother's abdomen. If any difficulty or delay in the birth of the head occur, an examination should be made to discover if a hand or arm is extended by the side of it, in which case this should be brought down, and, with regard to pressure upon the cord, as soon as the trunk appears a loop of the cord should at once be brought down, and the cord itself be placed in a position where it is likely to receive the least pressure between the pelvis and the child's head.

An infant born in this manner is frequently asphyxiated, but usually speedily recovers if the usual methods of resuscitation are employed. The cases of stillbirth from this cause, unless there be any malformation of the mother or child, are usually due to mismanagement.

After the expulsion of the placenta, the uterus should be distinctly felt in the abdomen, under the hand of the nurse, about the size of a cricket ball, and of the same hardness. The nurse must always bear in mind the possibility of twins, or even triplets, and anything unusual as to the contour of the uterus should arouse her suspicions. The possibility of twins must also be present in her mind, in the case of a breech presentation, as also the fact that if there be a second child the presenting part of that will probably be the vertex, and that, therefore, it may be possible for the chin of the first child to become hitched over that of the second.

Delivery being an accomplished fact, and contraction of the uterus established, the attention of the nurse must be directed to making the mother comfortable. The labour mackintosh and pad must be removed, as well as the petticoat worn during delivery, and under

a light blanket the patient must be placed over a bed bath, containing a solution of perchloride of mercury, 1 in 4000, and bathed. A vaginal douche of the same strength, and at a temperature of 115 degrees Fahr., is often also given. It must not be forgotten that pressure must be made over the uterus at the conclusion of the douche, in order to expel any lotion which might otherwise be retained in the vagina, or find its way into the uterus, and give rise to trouble. An antiseptic sanitary towel must then be placed in position, a pad be put over the uterus, and a binder applied.

The best binder to use is a straight piece of ordinary roller towelling, and nine pins will be required. Safety pins may be used, but those known as laundry pins are best. There is considerable art in applying a binder so that it may retain its position, and be applied without wrinkles, which would be uncomfortable to the patient. The lower edge of the binder must be placed well below the hips, the pins must then be put in position away from the nurse, and two of these should be placed below and three above the anterior superior spine of the ilium. Of the remaining four one should be used on each side to shape the binder to the waist. The towelling which is over should then be rolled up and the two pins placed through the folds, one at the top and the other at the bottom of the binder. The nightgown, which has so far been pinned up, should now be unpinned, and the patient is, for the time being, comfortably settled. A cup of well made gruel may now be given to her, and as soon as the child has been bathed and dressed, it should be brought to her and put to the breast. This will encourage contraction of the uterus, and also the flow of milk to the breast, though this will not be thoroughly established for at least twenty-four hours.

It occasionally happens that with a presentation which is otherwise normal, it is found, upon examination that a loop of the cord is the presenting part. The obstetric nurse must recognize that this condition is an extremely critical one for the infant, and must immediately send for medical assistance. Until this arrives the patient should be placed in the genu-pectoral position, and the cord should be pushed up behind the head. It will probably descend, however, with the next pain, and in these cases the child is frequently born dead.

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