

delayed labour, and there is no reason to suppose that it is otherwise in cases where accidental hæmorrhage occurs. The treatment of this emergency, therefore, by rupture of the membranes, would appear to be based on unscientific grounds. The rational treatment is to plug the vaginal cavity tightly up to the os, being careful, of course, to notice that concealed accidental hæmorrhage is not occurring, that is to say, that hæmorrhage is not taking place behind the plug, within the uterine cavity. The plug acts as an irritant, and causes the uterus to contract, and the os to dilate, and so brings on labour. External friction, over the uterus, may also be employed to bring about the same result. Plugs must not be left in position more than a few hours, but before this time has elapsed medical assistance will probably have been procured, if not the plugs should be removed, and, if necessary, renewed. One of the most common causes of accidental hæmorrhage is a blow over the abdomen. Any over-exertion, such as lifting a heavy weight, may also bring it on. Degeneration of the placenta also occasionally causes it. It will be understood that severe accidental hæmorrhage indicates danger to the life of the child, inasmuch as it is a sign that considerable detachment of the placenta has taken place, and therefore the blood supply of the child is materially diminished.

UNAVOIDABLE.

The hæmorrhage which occurs in cases of placenta prævia is known as unavoidable, for the reason that if the placenta is attached to the lower third of the uterus it is quite impossible that the labour should take place without a considerable, and usually a very alarming, amount of hæmorrhage occurring. As has previously been stated in speaking of cases of placenta prævia the attachment of the placenta is near the cervix, or entirely over it. It will readily be understood, therefore, that with each successive pain the contraction of the uterus, and the dilatation of the os uteri, the placenta becomes more and more detached, while the lower portion of the uterus, instead of contracting, and so closing the sinuses, caused by the detachment of the placenta, is dilating, and the hæmorrhage, consequently, is excessive. The placenta prævia may be complete or incomplete. It is known as complete when the placenta completely

covers the os, and as incomplete when this is only partially the case. The condition is known as marginal placenta prævia when the edge of the placenta can be felt upon vaginal examination, or when the insertion of the placenta occurs anywhere within the zone of the lower third of the uterus. Medical assistance must at once be procured in cases of placenta prævia, and till it arrives the obstetric nurse must plug the vagina tightly, right up to the os. The plugs used should be of absorbent wool, with strings attached, or a gauze bandage may be used, but whatever method is adopted the plugging must be thoroughly carried out. If the cotton wool plugs, which should be covered with an antiseptic lubricant, are used, the number employed must be carefully noted, when they are inserted, and when they are removed. Friction over the uterus must not in this case be employed, as it is not desired to hurry on the labour, but simply to control the hæmorrhage until medical assistance arrives. The medical practitioner will probably peel away the greater portion of the placenta from its attachment. If the os is fairly well dilated, the descent of the head of the child may, by exercising pressure upon the placental site, prevent the further occurrence of uncontrollable hæmorrhage. Sometimes the condition of the patient necessitates version being performed, and a speedy termination to the labour being brought about. The exhaustion of the patient in cases of placenta prævia often indicates a very grave condition, and the very greatest care is necessary in the subsequent nursing. The life of the child in cases of placenta prævia is frequently lost.

POST-PARTUM HÆMORRHAGE.

This condition is now of comparatively rare occurrence when a labour has been skillfully managed. It is caused by relaxation, instead of contraction, of the uterus. If the obstetric nurse, as soon as the head of the child is born, places her hand over the uterus, and never lifts it until the placenta is expressed, and the uterus is felt to be well contracted, post-partum hæmorrhage seldom takes place. Should it occur, friction over the uterus is one of the most valuable means at the disposal of the obstetric nurse to secure contraction of the uterus; secondly, a hot, not a warm, douche may be given. The temperature

[previous page](#)

[next page](#)