

## Care of an Infant for the First Twenty-four Hours of Life.

By Miss AGNES M. SILVER.

The first thing to be considered is the care of an infant that is quite healthy and well developed, born after a normal labour. Fortunately, these form by far the greatest number that call for our attention. Cases of abnormal labour are the exception, not the rule, and as far as the infant is concerned, it is very noticeable how Nature seems to make special endeavour to carry on the race with all the vigour she may—sometimes at the expense of the parent. (In this, both in the animal and vegetable kingdoms, she has made for herself the converse rule to the one laid down by the midwifery profession: "the life of the mother must be considered before the life of the child.") I have often been struck very forcibly by the fine development and perfect state of nutrition of infants born of emaciated, half-starved mothers in the poorest parts of London. Improper feeding and insanitary surroundings may, indeed, soon change their appearance, but Nature seemed to have been determined to make a supreme effort to give them a good start in life.

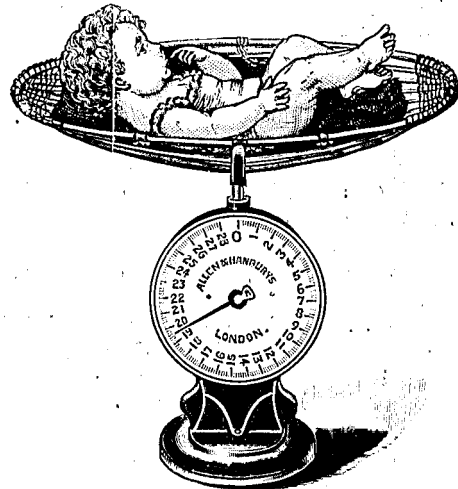
The independent life of a child dates from the moment when its first respiratory attempt is made—that is to say, when it begins the work of aerating its own blood.

The earliest duty of the nurse is to attend to the eyes of the child. Directly the head is born, before the eyes are opened, all discharge (liquor amnii, &c.) should be thoroughly removed with aseptic cotton wool dipped in saturated solution of boric acid. This is a matter of the greatest moment. Infantile ophthalmia, once so frequently met with, is now happily more rarely seen, largely owing to these precautionary measures. Each piece of wool should be passed once across the eye, then thrown away, and another piece taken. The mouth, throat, and nostrils must be gently cleansed of mucus with the finger covered with a soft cloth dipped in plain tepid water. As the child is delivered, receive it and carry it forward and lay it on the bed on the left of the mother. I have seen a careless nurse place the child in such a position that the cord was shamefully dragged upon at the umbilicus. The infant now usually begins to cry vigorously and use its limbs from the effect of its contact with the cold air. This is Nature's method of causing inflation of the lungs. Expansion of the lungs is a gradual process. It begins with the first cry, but, we are told, even in healthy infants it is probably not complete until about forty-eight hours have passed. In a few minutes the purplish colour of the skin changes to a pinkish hue. If the child does not cry out, one or two smart slaps and friction on the back will at once cause it to do so.

The cord should not be ligatured until its pulsa-

tion has ceased. The ligatures should have been placed in a bowl of corrosive sublimate lotion. Three threads knotted at each end serve the purpose very well. One ligature should be tied in a reef knot 2 in. from the child's umbilicus, and another as close as possible to the mother's vulva. The cord is divided by cutting it with blunt, round-pointed scissors half an inch above the first ligature, the nurse shielding the child from injury by placing her left hand round the scissors. The severed end is squeezed into a piece of wool. The child is then wrapped in warm flannel and laid in a cot near the fire, well covered with blankets.

As soon as the nurse is at liberty, she washes and dresses the child. The clothing has been warming in front of the fire, and *everything* that she will



WEIGHING MACHINE.

require she places in readiness. The following list should be provided:—The bath, soft towels, flannel apron, cold-cream soap, a piece of soft flannel for washing (to be destroyed after the bath), powder-box, warm olive oil, vaseline, safety pins, needle and thread, a ligature, boracic acid lotion for the eyes, dressing for the cord. In private practice a weighing-machine should be at hand, and the child be weighed before its bath. Its weight, recorded each week, is the most accurate indication we have of its state of nutrition.

The room should be warm; the nurse sits on a low chair on the right side of the fireplace. The child lies on her lap; she cleanses its eyes for the second time with warm boracic lotion. If the mother is suffering from a purulent vaginal discharge, the doctor may have ordered a weak solution of nitrate of silver to be prepared. Two or three drops should be instilled into the outer corner of each eye after the cleansing process has been done. The baby should then be carefully examined to see if there is any injury or imperfection or deformity, such as swellings on the head or body, hare-lip, cleft palate, or imperforate anus. The condition of

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