

The Midwife.

The Care of the Umbilical Cord.

BY MISS ETHEL HARRIET TRAFFORD.

Among the number of minor points in routine midwifery practice, proper attention to the cord holds an important place, and, indeed, it is not too much to say that it should be the subject of as scrupulous care as any other detail of the work. And, first, with regard to the tying and cutting of it, there seems to be considerable agreement among physicians generally that the longer the time that elapses before the child is separated from the mother, the better will be the effect on its health and strength. In his "Manual of Midwifery," page 215, Dr. A. L. Galabin says: "Hence, we get the startling result that to tie the funis immediately is equivalent to bleeding the child to the amount of three ounces, a bleeding which would correspond to one of about sixty ounces in an adult. . . . The extra amount of blood (secured by delay in cutting the cord) is an advantage to the child, especially as it gains very little nourishment from its mother during the first two days." With this consideration before our minds, let us trace the physiology of the matter. It seems clear enough that the more blood the child gets, the better for it, for "the blood is the life." Before birth, the child's blood is aerated through the medium of the mother; after birth and separation, it carries on the process of aeration by means of its own lungs. The maternal veins, then, are like some fountain, from which the little life receives a sustaining flow of strength that tides it, so to speak, over the few minutes of change from foetal life to independent human life. In those few minutes the two processes are going on, as it were, simultaneously. With every fresh breath, accompanied usually by a cry, the blood that is being pumped in is oxygenated, the lungs—previously collapsed and unused—are expanding, and the natural process of respiration becomes rapidly established. Do not let us, therefore, deprive the newborn infant of any of this precious and, indeed, indispensable material. Only too often, perhaps, is the midwife tempted to hurry through the necessary work in the shortest possible time, especially if the labour has been a tedious and trying one; very easily may she shorten the time by cutting the cord, for, the child having arrived, and breathing having been established, she now sees the end of her long and weary

vigil, and her one idea, most naturally, is to "get forward" with things with all possible despatch. This idea is not in itself to be blamed, but let the child have the best chance of getting all the blood that it can. When the cord feels limp, pulseless, and cold is the time to ligature and sever it, and not until then. When a labour has lasted several hours, five minutes more or less can make little difference to the midwife, though, as we all know, she has to think of the needful rest due to herself. If this delay in cutting the cord is beneficial to normal and healthy infants, how much more will it be so in the case of those who are delicate, sickly, or born in a state of asphyxia? With the last-mentioned, artificial respiration has usually to be resorted to, and it can quite well be carried out before the cord is cut and the supply of blood cut off. On the other hand, every midwife and monthly nurse has doubtless seen cases where prompt cutting of the cord has been necessary, as with haemorrhage, or where there is knotting and twisting of the cord round the child's body in such a way that its own life is in peril, or it pulls dangerously on the placenta, etc., but such cases are comparatively rare. The urgent necessity of saving the life of the mother or child then overrides every other consideration.

When the cord is tied, this should be done at least two inches away from the umbilicus, and another inch should be left for cutting, so that there may be no danger of the ligature slipping. Neglect of this trivial precaution in midwifery has been the cause probably of much loss of infant life. One instance of it that came to my knowledge, was peculiarly remarkable as well as distressing. The child, unable to be born by the natural channel, was skilfully and successfully delivered by Cæsarian operation. The clever surgeon who performed this ligatured and cut the cord too short, with disastrous results to the infant, who died of haemorrhage.

No doubt, his thoughts were largely occupied by the precarious condition of the mother and the wonderful piece of work he had just carried through, but it seems sad that after the safe delivery of a living child failure in the technique of such a simple though important detail should have had such a tragic result.

There is no absolute necessity for tying the cord on the maternal side, though this is generally done as a matter of routine and cleanliness.

The after care of the cord requires a few

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