

## Obstetric Nursing.

— BY OBSTETRICA, M.R.B.N.A. —

### PART II.—INFANTILE.

#### CHAPTER IX.—CONGENITAL MALFORMATIONS.

(Continued from page 161.)

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

**C**ONGENITAL malformations may arise either from an imperfect or abnormal development of some one or other of the foetal organs, internal or external, during intra-uterine life, or from a persistent form of some lowtype of organic structure, and these defects only become manifest at the time of birth.

I shall merely touch, in this chapter, upon some of the more common forms of these malformations, and point out to what extent and in what way they affect the health, or, in some instances, jeopardise the lives, of the newly-born.

We will commence with the head, taking its two divisions—the cranium and the face.

With regard to the former, the cranium sometimes becomes enormously enlarged during foetal life by an effusion of fluid from the arachnoid, or secreting membrane of the dura mater, the fibro-serous membrane that encloses and protects the brain. Like all the other serous sacs in the body, this is a closed cavity, and hence, as there is no possible escape for the effused fluid, the foetal head becomes abnormally large. This disease is called hydrocephalus. One effect of the swelling is to seriously increase the perils of parturition, and there are three ways in which delivery may be effected. 1st. The natural powers. 2nd. Forceps. 3rd. Perforation of the head with a trochar, which, by liberating the fluid, lessens the size of the head; nor is this operation necessarily fatal to the infant. As far as the writer's experience goes, the *first* and *third* methods more conduce to the infant's safety than the *second*. The hydrocephalic head is not readily compressible, nor can *pressure* diminish the quantity of the fluid, and the soft, fluctuating globular tumour is not easily grasped by the fenestræ. However, this is a midwifery question, though not without interest in Obstetric Nursing. We will assume that baby is born living, and that Nurse has at once a little invalid on her hands, for a watery head is a serious malady and requires medical care from the first, and Nurse has only to

carry out medical directions. The care of the head is in the Nurse's hands; it must be most carefully supported on a pillow, and the infant moved about on it, and when bathing, dressing, or *changing*, the pillow must be placed across her knees, so that the head is never allowed to *hang down*. All the directions with respect to these duties, I have given you in earlier papers, must be strictly carried out, for *careful* and *constant* support to the enlarged and heavy head is a matter of *first* importance in these distressing cases.

With regard to feeding, the infant can take the bottle without any trouble, but breast-feeding is rather more difficult, as the breast has to be taken to the infant, instead of the infant to the breast, as is usual, on account of disturbing the head by movements. When the maternal milk flow is abundant, a *long-tubed nipple shield* must be used for suckling, so that the infant can take the milk from the breast as he does the bottle—lying on the pillow. If, however, the mother's milk is deficient in quantity, or not sufficiently nutritious, it would be better for the infant to have a wet Nurse, than to have recourse to bottle feeding.

We will now turn to a rarer and quite opposite condition to hydrocephalus; instead of an enlargement, we get an abnormally diminished size of the head, from an absence of cranial plates, and hence the soft pulpy mass of the brain becomes exposed to view, and from the peculiarly flattened out appearance of the head and face, these infants are popularly called cat or dog-faced infants, and very strange myths have been evolved to explain (?) this abnormal but none the less accountable malformation. Infants so born are called anacephalous, they are nearly always stillborn, and hence the cases are of more interest in a midwifery, than a nursing sense, especially as the peculiar condition of the head renders the the diagnosis somewhat obscure. There are no difficulties nor dangers attending delivery, and for the most part the mothers do well. As Obstetric Nurses you may have opportunities of seeing a case of this kind, and I hope the little I have told you about them will guard you against giving credence to the "dog-faced" legend.

Before leaving the subject of the head, we will mention the ears, that may almost be called its appendages; with the exception of the lobes, they are for the most part composed of cartilaginous tissue, and as regards external configuration, they vary considerably in shape. The typical ear is placed *close* to the head, it is small, firm, and compact; the lobe delicate. Like some of the other *external* organs of the body, *i.e.*, the nose, hands

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