

The Nursing of Maternity Cases.

By MARGARET BREAY,

Late Superintendent St. John's Maternity Home.

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BREASTS.

THE breasts of the lying-in woman require attention on the part of the obstetric nurse. The patient may, with advantage, be directed to bathe the nipples daily for some weeks, or even months, before delivery, with eau-de-Cologne or other spirit. This will harden them and render them less liable to crack. Few things are more painful than a cracked nipple, and it is quite worth while to take some pains to avoid it. After delivery it is important to remember that the nipples of the mother should be washed before and after putting the child to the breast, and they may, with advantage, be anointed with glycerine and borax also. The adoption of this course will lessen the likelihood of cracked nipples on the part of the mother, and the contraction of thrush on the part of the child. The use of honey and borax is advocated by some authorities, but it has been found that honey provides a suitable nidus for the cultivation of the thrush bacillus, while glycerine is uncongenial to it. The mother must be taught to hold the child in a position, when feeding it, in which the nostrils are free for breathing.

If the nipples are depressed, or flattened, as sometimes happens, frequently from the pressure of stays, it may be necessary to draw them out by means of a breast glass; should the child still be unable to suck, the use of a glass nipple shield, to which an india-rubber teat is attached, will probably overcome the difficulty.

The obstetric nurse should inspect the breasts of the lying-in woman at least once daily; should they become knotted or painful, they may be gently kneaded in the direction of the nipple to assist the flow of milk; but, frequently, enveloping the breasts in absorbent wool, and so keeping them warm, will help to dilate the lacteal ducts, and the normal flow of milk will follow. Tenderness, redness, or a knotted condition of the breasts should never be neglected, as they may readily develop into inflammation, or even into a mammary abscess. Should a child be still-born, the care of the breasts is important.

It must be remembered that under this circumstance the milk should not be drawn

off, as the breasts will only be refilled, and the engorged condition aggravated. Pressure may be applied by means of absorbent wool, and a thin folded towel; the towel is passed under the breast, and meets over the opposite shoulder. Support is also afforded to the breast by the same means. The aperient, given on the third day, is usually house physic, instead of castor oil, and belladonna plasters are, as a rule, applied to the breasts not later than the second or third day. If this course be adopted, and the patient is limited to a small amount of fluid for the first few days there will be little or no trouble.

PUERPERAL FEVER.

At the present time, owing to the introduction of the antiseptic system into our lying-in hospitals, puerperal fever is a most rare occurrence, but in days gone by the death-rate from this one cause was at times appalling. But though our lying-in hospitals have been purified, many deaths still occur annually from this disease; which is mainly, if not entirely, preventible, and it behoves every obstetric nurse to be scrupulously conscientious in the observance of even wearisome antiseptic minutiae. Should any case under her care develop this disease the nurse should never, in her own mind, absolve herself from all responsibility with regard to it, assuring herself that she has observed all possible precautions; on the contrary, she should carefully consider every detail for which she was responsible, remembering that "a chain is no stronger than its weakest link," and question herself as to the possibility of any carelessness on her own part in one respect having rendered useless the elaborate precautions observed in other particulars. She must also immediately abstain from visiting any other lying-in cases for so long a period as shall be considered necessary by a medical practitioner. Before undertaking a fresh case she must be thoroughly disinfected by taking a soap and water bath (including her head), followed by sponging with carbolic—one in forty—or perchloride of mercury—one in four thousand—and her clothes must all be changed. She should also spend as much time in the open air as possible. The cause of puerperal fever appears to be the multiplication in the blood of living organisms, which may be introduced in various ways, and which are also contained in the lochial discharge. It will be understood, therefore, that the self infection of the patient is possible,

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