

The Nursing of Maternity Cases.

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AFTER PAINS.

AFTER pains usually occur for some hours, and even days, after labour is over. They are due to the efforts of nature to effect contraction of the uterus, and unless they are unusually severe it is best not to interfere. They are commonly very slight, or not present at all after a first confinement, and increase in severity with succeeding pregnancies. This fact is probably due to the want of tone of the uterus, from which multiparas often suffer. Severe and prolonged after pains should be referred for treatment to a medical practitioner.

APERIENTS.

It must be remembered that aperients which are administered to the mother act also upon the child. The aperients usually given to lying-in women, should the child be a living one, are castor oil \bar{z} ss. on the morning of the third day, and liquorice powder \bar{z} ii. should one be necessary subsequently. If the child be stillborn, house physic, on the third day, followed by saline purgatives, are usually given.

THE PREPARATION OF THE LYING-IN ROOM.

A room should be chosen which is airy, quiet, and as far as possible from all lavatories and drains, preferably one with a dressing-room opening out of it. If the confinement is to take place in a private house, the nurse must satisfy herself that no case of an infectious nature has been previously nursed in the room. In a maternity home the rooms should always be sulphured each time they are vacated. This process is carried out as follows:—All crevices and chinks are stopped, and the register of the chimney let down, some live coals are then placed in a suitable receptacle, which may stand on an inverted bucket. This should always be placed in a large shallow pan, such as is used in Devonshire for scalding cream, which should contain water, so that should any burning sulphur fall over the edge of the receptacle it will fall into this and be rendered harmless. Flower of sulphur (a quarter of a pound to a single-bedded room, or half a pound to a double one) should then be placed on the coals, and the door of the room, including the key-hole, closed and stopped. It should be

kept closed for twelve hours, after which time the windows should be thrown open, the bedstead and furniture washed with 1 in 20 carbolic, and the mattress brushed. The bed should then be made up in the manner previously described, and in a maternity home—in which it is very necessary that beds should be kept made up in readiness for emergencies, but which may not be required for some days—a hot water bottle should be placed in the bed, and refilled night and morning. The fire must be also laid, and everything be in readiness for the reception of a case at any moment.

THE CONTENTS OF THE LYING-IN ROOM.

The less there is in the room, beyond what is absolutely necessary, the better.

One of the glass and aluminium trolleys, now commonly used for ward dressings, should, however, contain the following articles: Medicated sponges, of absorbent wool, covered with gauze and enclosing a capsule containing eucalyptus; absorbent wool; lint; glass vaginal and uterine tubes; catheter; glass kidney tray; two glass bowls with different coloured rims—one for lotion, the other for the placenta; a pint graduated measuring glass; medicine and minim glasses; a pair of *blunt* scissors; case containing scissors, needles and cotton (ready threaded), pins, safety pins, ligatures (made of not less than seven strands of the thread known as "whitey-brown" knotted at each end, and about eight inches long); narrow tape; callipers; short forceps; perineal needle and surgical needles, silver wire, silkworm gut and silk sutures; a hypodermic syringe; ergotin; chloroform; tr. opii; chloral; bromide of potassium; liquid extract of ergot (this must be fresh as ergot speedily loses its efficacy); perchloride of mercury—1 in 4000; carbolic lotion—1 in 40; boracic lotion; brandy; mercurialized glycerine—1 in 1000; solid ferri perchlor. (these must be kept under lock and key); vaseline; plenty of soft towels, mackintoshes, and accouchement sheets.

There must also be a good supply of sterilized water, both hot and cold. A bed bath, a douche tin, and a Higginson's syringe must also be always at hand.

For the use of the patient there must be provided a nightdress, a flannel petticoat, a dressing-gown, and bedroom slippers, sanitary towels, a binder, uterine pad, laundry pins, and a soft-knitted pulley, if the case be not a first one.

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