

The Nursing of Maternity Cases.

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SPINA BIFIDA.

THE formation of a spina bifida has been previously described. It may here be mentioned that the usual treatment of spina bifida is to inject the tumour with Morton's solution. Excision of the tumour is rarely attempted, and this only when it is situated quite low down. If the sac of the tumour becomes broken, death is likely to ensue both because of the escape of cerebro-spinal fluid and also from septic meningitis. Purely palliative measures consist in protecting the tumour with a gutta-percha shield. It is important to remember that the infant must not be laid upon the tumour, as pressure upon it may cause convulsions, or even death.

ARTIFICIAL RESPIRATION.

If a child is born asphyxiated, and apparently dead, artificial respiration must be performed, and should be persisted in for at least half an hour. After the cord is severed the child should be laid on a table in a warm room in front of the fire. The nurse standing behind the table with the head of the child towards her, raises the arms and draws them well up over the head. She then slowly lowers them and, with the fore-arm flexed upon the upper part, presses them against the ribs. This proceeding may be repeated indefinitely, and the nurse should never cease until it is quite obvious that there is no hope of producing animation. It is a common fault with novices, probably caused by the excitement consequent upon a critical situation, to perform artificial respiration too hurriedly. This is a mistake. The movement should not be performed more than about once in every three seconds, and should be deliberately and thoroughly carried out. It is necessary also to clear the child's mouth of mucus and to see that the tongue does not fall back and so impede the entrance of air. Brandy may be rubbed on the tonsils, and friction of the chest may also be proceeded with. Any roughness is of course to be avoided. Occasionally nurses scarcely appear to recognize how fragile a life (if life

there be) they are dealing with, and set to work so vigorously that their manipulations would be trying even to a robust child.

JAUNDICE.

An infant in the first week of its existence often becomes jaundiced. The condition is one which usually passes off without any measures being taken with regard to it. A free action of the bowels no doubt assists this. It is stated, with what truth I am unable to say, that if the cord is severed shortly after the birth of the child, that jaundice is not so likely to occur subsequently as if the cord is not severed until pulsation has ceased. In any case it would seem that the time indicated by Nature for the severance of the cord is when she has ceased to supply the child with more blood by its medium.

IN CONCLUSION,

It is well that all nurses should know that in extreme cases baptism, performed by lay persons, has in all ages of the Church been decreed valid, and, therefore, if the necessity arises, a nurse is perfectly justified in baptizing a dying or apparently dying infant. Should the child subsequently recover, it must be received into the Church as any child which has been privately baptized, but the sacrament of baptism cannot be repeated. To be validly performed, the baptised infant must be sprinkled with water "In the name of the Father, and of the Son, and of the Holy Ghost." It is a curious fact how much better members of the Roman Catholic Church are instructed as to the validity of lay baptism than are those of the English Church, or the various denominations which practise infant baptism. I remember once hearing of the unexpected death of an infant of extremely poor and ignorant parents in Battersea, as I thought, unbaptized. Some weeks afterwards I heard that these people were Roman Catholics, and inquired whether the child had been baptized. "Oh, yes," was the answer; "in our Church anyone may baptize a person who is seriously ill, so when the baby was taken ill the lady upstairs came down and baptized her." It would be well if English church people were more systematically instructed as to their duties with respect to baptism. A nurse should at least see that an infant, whenever the parents desire, or do not disapprove of, baptism, should not die unbaptized.

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