

## The Nursing of Maternity Cases.

By MARGARET BREAY,  
Late Superintendent St. John's Maternity Home.

(Continued from page 508.)

FOR midwives to give ergot before the birth of the child, is, of course, absolutely inexcusable. The effect is to cause strong and uncontrollable uterine contraction, and should there be any impediment to the birth of the child, the death of the infant, and even of the mother, may be the result. It is, however, not uncommon for an obstetric nurse to give ergot before the expulsion of the placenta. I desire to point out, therefore, that this should never be done except under medical direction. Firstly, the nurse must, of course, satisfy herself that the case is not one of twins, and, secondly, the placenta may be adherent, and the effect of ergot would be to cause contraction of the uterus and os uteri, and, therefore, if it became necessary to peel away the placenta, the difficulties would be very greatly increased had ergot been administered. In ordinary cases, friction on the abdomen over the uterus, and expression of the placenta by means of uniform pressure over this organ, will be found sufficient to cause it to be expelled. In no case, and under no circumstances, should traction ever be put upon the cord.

When the placenta appears, the nurse should catch it in her right hand, and carefully twist the membranes into a cord, so that they may come away intact. After it is expressed, it must be removed from the room, and put on one side until the nurse has time to examine it thoroughly and assure herself that it is complete, and that none of the membranes are left behind, after which it should be burnt.

While speaking on the subject of cranial presentations, it may be well to mention that the face, instead of the occiput, is sometimes the presenting part. This occurs but seldom, and is caused by the extension, instead of the flexion, of the head at the brim of the pelvis. The uterine contractions, and downward pressure, tend to produce flexion, and, consequently, cases which begin with partial extension usually end as ordinary vertex presentations; and face presentations are extremely rare. They may be diagnosed by feeling the eyes, nose, and mouth of the child; and, when the case is recognized, extreme care should be taken not to injure the eyes of the

child by examination. The condition is not a grave one, and, beyond the fact that the *caput succedaneum* appears upon the face, and that the child is consequently disfigured for some days, there is nothing extraordinary likely to occur. The *caput succedaneum* which appears on the presenting part of the child, is caused by pressure, and the more tedious the labour, the larger the swelling. It will readily be understood that, owing to the enormous pressure exerted on all sides by the uterus upon the child, that part which is forced through the os uteri, and is consequently comparatively free from pressure, is liable to considerable extravasation of serum, and even blood, from the congested tissues, and the result is a swelling upon the child, usually over one of the parietal bones, at its birth. The exudation causing the tumour is soon removed by absorption, and is of no consequence, but in the case of a face presentation, the "*caput*" may considerably disfigure the child, and the mother should at once be assured that there is no cause for alarm.

An obstetric nurse should be competent to attend all cases of natural labour—and natural labour, provided that other complications, such as placenta prævia, prolapse of the cord, etc., are not present, may be defined to mean any presentation in which the long diameter of the child is co-incident with the long diameter of the mother, and in which the progress and ending of parturition is perfectly continuous and natural; consequently, if the breech, knee, or foot of the foetus is the presenting part, the nurse should be competent to manage the case. The condition will be recognized, first, by vaginal examination; and, secondly, by the fact that the head of the child will be distinctly felt in the uterus through the abdominal walls. Upon vaginal examination, if the breech presents, the groove between the buttocks will be felt, and, after the rupture of the membranes, the pressure exercised by the uterus upon the child's abdomen frequently causes *meconium* to be passed, and this will stain the examining finger. This evidence is, of course, absolutely conclusive. As in a cranial, so in a breech presentation the flexion, rotation, extension and restitution of the presenting part is gone through. It is advisable to leave as much as possible to Nature, and merely to assist her in her opera-

[previous page](#)

[next page](#)