placenta completely covers the os uteri, or it may be inserted in the lower third of the uterus on either side, when it is known as *incomplete placenta prævia.* The history of any hæmorrhage at the date of the usual monthly periods in the fifth or six months of pregnancy should cause a suspicion of placenta prævia, and the patient should be kept under careful observation at succeeding monthly periods. It will readily be understood that when the dilatation of the os uteri and the obliteration of the cervix begin to take place the placenta is partially detached from the placental site and that consequently profuse hæmorrhage occurs, at each pain.

Upon vaginal examination the placenta may be felt, either completely covering the os uteri or attached close to it; as labour progresses and the os uteri dilates, the placenta, which at first could be felt attached to the lower portion of the uterus, is distinctly made out covering the os uteri partially or wholly.

Immediately placenta prævia is recognized, a medical man must be summoned. Pending his arrival the obstetric nurse must plug the vagina, right up to the cervix or uterus, with cotton wool plugs, to which strings are attached, soaked in an antiseptic. These plugs should always be kept in readiness in an obstetric ward, or a maternity home, as, in cases of placenta prævia, the emergency frequently admits of no delay. It must be borne in mind that, to be efficacious, the plugs must be tightly packed, otherwise they will be worse than useless, but, if the plugging be thoroughly done, the hæmorrhage may be controlled until medical help arrives, otherwise the patient will probably bleed to death, for, in a few moments, a patient with placenta prævia may lose such large quantities of blood as to become blanched and delirious. The medical man, upon his arrival, will probably peel away the greater portion of the placenta from its attachment, and it may also be found necessary to turn the child, and deliver the patient, but, after the placenta has been peeled away, and the head of the child has descended, the alarming character of the hæmorrhage frequently ceases. It will be recognized, however, that the blood supply received by the child under these conditions is extremely small, and the risk to its life very great; indeed, statistics go to prove that the greater number of children, in cases of placenta prævia, are born dead.

Besides the danger to the mother of death from hæmorrhage, her risks are also increased by the fact that she is more liable than an ordinary lying-in woman to septic absorption: (1) because the position of the placental site enables external germs to obtain easier access, and (2) because if any decomposition takes place in the uterus, the discharges pass over the placental site and the wounded surface absorbs the impurities.

PROLONGED LABOUR.

Another condition which may demand medical interference, is that of prolonged labour. This may occur from various reasons, one of the most common, as previously stated, in primiparas, being rigidity of the os uteri. The possibility of hydrocephalus on the part of the child, or even of a monstrosity, must also be present in the mind of the obstetric nurse in cases of prolonged labour. Again excess of *liquor amnii*, and the consequent inability of the uterus to contract, may cause the same thing. If an obstetric nurse has satisfied herself that this is the case, she may rupture the membranes and so relieve this condition. Another cause of prolonged labour is uterine inertia. The reason of this may be that the patient is tired out, in which case if she is encouraged to sleep for a few hours, she will probably wake with brisk pains. If neither of these reasons appear to be the cause of the delay, the obstetric nurse may administer hot drinks, such as tea, beef tea, etc., and try to encourage the uterus to contract by abdominal friction. She must also bear in mind that in women who have borne many children the abdominal walls are apt to become flaccid, and the uterus in consequence ante-verted. The anterior portion of the cervix will then lie over the vagina, and if the nurse inserts her finger, and holds this up during a few pains the head of the child will probably descend, and the trouble be at an end. Failing these reasons, medical aid should be secured. In such a case the nurse should have in readiness a jug of hot sterilized water, deep enough to take a pair of midwifery forceps. A lubricant, preferably mercurialized glycerine 1 in 1000, sponges of absorbent wool, narrow tape, bowls, basins, hot water, etc. If forceps are applied it is necessary that they should first be warmed, and the nurse should prepare for this, if she sends for medical assistance.

(To be continued.)

previous page next page