

The Nursing of Maternity Cases.

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INVERSION OF THE UTERUS.

AN accident which may occur during the third stage of labour or subsequently is inversion of the uterus. In the large majority of such cases the inversion is due to mismanagement, notably to traction on the cord. It will be obvious that if the placenta be adherent, or even retained, and traction is made upon the cord, there is great danger that not only the placenta, but also the wall of the uterus itself will be pulled down. The inversion may be incomplete or complete. The fundus of the uterus may be inverted within the uterus itself, or it may descend through the os uteri into the vagina, or it may appear externally in the form of a tumour, the external covering of this being the mucous lining of the cavity of the uterus. It will be readily understood that if partial inversion occurs it is likely to go on to entire inversion, as the inverted portion acts as a foreign body within the uterus and stimulates this organ to contract upon it and expel it. Inversion may also be caused by unskilled expression of the placenta, owing to unequal pressure being made upon the uterus. It is also stated that inversion occasionally occurs spontaneously after delivery, but it is probable in these cases that some slight inversion has occurred previously and been overlooked.

The symptoms of inversion will be (1) in incomplete cases the irregular shape of the uterus which may be felt through the abdominal walls; (2) the disappearance of the uterus from the abdominal cavity, and its appearance externally in the form of a tumour; (3) the collapsed condition of the patient; (4) there may also be considerable hæmorrhage. In any case of inversion medical assistance must at once be obtained.

HOUR-GLASS CONTRACTION.

Hour-glass contraction of the uterus, due to irregular and spasmodic contraction, also occasionally takes place. It most frequently occurs after an ill-advised administration of ergot. Medical assistance must be procured. If the placenta is still within the uterus, it is evident that the condition must be overcome before this can be expelled.

RUPTURE OF THE UTERUS.

As has already been stated, this accident generally occurs in cases of precipitate labour, or in those in which ergot has been given during the first and second stages. The condition is one of the utmost gravity. Should the rent be a large one, the child may escape into the abdominal cavity. It is scarcely necessary to say that medical assistance must be at once procured. Death is common in cases of rupture of the uterus.

RETAINED AND ADHERENT PLACENTA.

Retained placenta is due to inertia of the uterus during the third stage, sometimes also to inadvised attempts to express it prematurely upon the part of the attendant. Friction over the uterus, and judicious expression generally suffice to produce expulsion. Adherent placenta on the other hand is caused by fundamental changes in the decidua scrotina, so that the placenta itself becomes united by fibrous tissue to the uterine wall. Medical assistance must, therefore, be sent for, as it will be necessary to peel away the placenta before it can be removed.

DEAD FŒTUS.

Should a fœtus be born dead, more especially if it is decomposed, the nurse should communicate with a medical man. It is usual, at the present day, to give an intra-uterine douche to the mother under these circumstances, but this should never be done except under medical direction. If the nurse is told to administer an intra-uterine douche, she must remember that any want of carefulness on her part may occasion the death of the patient. The chief points to be remembered are (1) the douche must be administered from a proper douche tin, never with a Higginson's syringe, as air might inadvertently be injected into the uterus with fatal result; (2) the water used must be sterilized; (3) a non-poisonous antiseptic, if any, must be used, such as permanganate of potash, or boracic acid; (4) the temperature of the douche must not be under 110 degrees or over 115 degrees Fahr.; (5) the douche tin must be held at a low level, otherwise the force of the flow may be great enough to cause the fluid injected to pass through the Fallopian tubes into the abdominal cavity, and set up fatal peritonitis; (6) on no account must any force be used in passing the tube within the uterine

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