

meaning of every duty required in Obstetric Nursing.

In the near future we may hope to see this important portion of Nursing work taking a position in the Nursing art as definite in its own domain as Medical or Surgical Nursing is, second to neither in importance, exceeded by neither in interest.

My professional sisters may ask upon what grounds I claim this high position for Obstetric Nursing.

By way of reply I will first outline the phenomena that constitute that singular and sensitive, but transitory condition, commonly called the puerperal state, for in them we shall find the foundation of scientific Nursing as opposed to a shallow and haphazard empiricism.

The uterine changes that follow parturition are twofold—a diminution in bulk, and a decrease in the weight of the uterus. The size of the womb directly after delivery depends upon the degree of contraction that has taken place; but, speaking generally, it may be said to be eight to ten inches long, about the same in breadth, and its walls an inch thick. The diminution in size of the uterus is brought about by a gradual contraction of its tissue, so that in six or seven days it only fills the pelvic cavity and hypogastric region, and is not much larger than a cricket ball.

Now, uterine contraction is the initial step on the path of recovery, and every Nurse should understand its true meaning and significance, be able to define the uterus, and know how to guard the *fundus*, and in this way render intelligent and efficient aid to the accoucheur in critical conjunctures. Besides which, a knowledge of the *post-partum* condition of the uterus gives a value to clinical observation on the part of the Nurse often of great service to the Doctor.

The decrease in weight of the uterus is still more remarkable. Immediately after delivery it has been computed to weigh one pound to one pound and a-half; at the end of the first week, one pound three to one pound five ounces—a decrease of three ounces; in the second week, ten to eleven ounces; in the fifth, five to six ounces; and it is supposed, under favourable circumstances, to reach its normal weight of one and a-half to two and a-half ounces at the end of the second month. Now, we see that the most rapid diminution in weight takes place the second week after delivery, by which time lactation should be established.

The atrophy of the proper uterine tissue commences about the fourth or sixth day after delivery, and consists in the transformation of the muscular fibres into molecular fat. While this degeneration continues the uterus rapidly diminishes in volume

and weight. This singular process is commonly called the involution of the uterus, and with lactation, constitutes that changeful and critical condition we may almost call the "parturient diathesis;" it is perfectly unique, and resembles no other state. It is as though Nature, wise in all ways and works, having completed her structure (the infant), takes away the scaffolding—a perilous task. Whatever helps her is *good* Nursing; whatever hinders her is bad. From this necessarily imperfect sketch my readers can understand why and how evil influences from without act with such lethal force upon a sensitive parturient patient, and how important careful and intelligent antiseptic precautions are in Obstetric Nursing. The golden rule that "prevention is better than cure" shines with peculiar lustre here.

The channels of elimination through which the effete uterine tissue is removed from the maternal system are the colostrum of the lacteal secretion, and it is thought the lacteal discharge, but I think we may consider that all the excretory organs play a part in the work of removal, and the state of the skin, lungs, kidneys and bowels should be a matter of careful concern, and be kept in a condition to perform their tasks. We shall see as we go along that diet, regimen, cleanliness, and wise sanitation—all of which are implied in Obstetric Nursing—are the factors most to be relied upon to secure the good recovery of the patient.

In addition to the septic dangers of child-birth, there is the danger of perilous hæmorrhage; and every Nurse should be instructed how to render efficient aid in this serious complication. We shall point out, in due time, how much a thoughtful preparedness, on the part of a Nurse, may help to mitigate the dreaded evil, and even tend to turn the ebbing tide of life in favour of the sufferer. Cases of post-partum hæmorrhage demand some of the highest qualities in Obstetric Nursing. Calmness, promptness and knowledge, all are needed in a Nurse to help on successfully the accoucheur. Nor are the duties necessary to aid the recovery of the patient any less important in a Nursing point of view; watchfulness, carefulness, implicit obedience to Medical instructions are qualities all called into play, as we shall see hereafter. I earnestly commend a thoughtful attention to the duties required in cases of puerperal hæmorrhage to every woman who is studying for Child-bed Nursing.

In my judgment Obstetric more nearly resembles Surgical Nursing than any other. The lesions, complications, sequelæ of childbirth, the operations from slightest to severest, on the maternal, the congenital defects, deformations, lesions, ophthalmic troubles, treatment of the umbilical cord, &c., on the infantile side, point in a

[previous page](#)

[next page](#)