

OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

PART I.—MATERNAL.

CHAPTER II.—DUTIES DURING LABOUR.

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AT this moment let me just pause to point out to a Nurse that the ever-present thought in her mind (and I enjoin her to keep it there), during all these preparations for delivery, is the possibility of serious hæmorrhage afterwards, and the supreme necessity there is for precautionary measures to meet and mitigate the evil should it unhappily arise. If the accoucheur has to wait for what is necessary the delay will add intensely to the dangers of the crisis, and certainly not add to your reputation as a thoughtful Nurse.

We have briefly described to you the characteristics of the first stage of labour, and you will now have to observe the severer symptoms that mark the so-called second or expulsive stage. The pains increase in frequency, in force, and in duration; the patient can no longer keep up, and you must assist her on to the bed, and position her for delivery. Take off the wrapper and put on a short flannel jacket, which should be a perfectly loose fit; place the patient on the lower draw sheet at the foot of the bed, and, of course, on the right side of it. She must lie on her left side, face towards the foot of the bed, and her head on the pillows that are at the top of the lower draw sheet and crosswise to the bed.

You may now perceive that a most remarkable change has come over the character of the labour, quite different from the "pains" that marked its incipient and early progress, which is due to a new element altogether, called voluntary effort or "bearing-down pains." Now what is the cause of this? The uterine contractions are precisely the same as they were at first, although they are no longer controlled by a fluid medium, and consequently they act directly upon the body of the child; but this is not the cause of voluntary effort.

The uterus is an involuntary muscle, and a woman has no more control over its muscular action than she has over the muscular contractions of her heart, though both can be influenced as you know in a singular degree by emotion, acting through the sympathetic nervous system; and let me pause, just to impress this fact upon your mind, and to show you how tenderly, though firmly and cheerily, you must ever act towards a woman in labour, as pleasurable or adverse emotions have a distinct influence upon its course, more especially its early stage.

But to return to the subject of the expulsion stage of labour. At this supreme juncture Nature calls to her aid an auxiliary force of the most momentous importance—the abdominal muscles, which are, as you know, voluntary, and therefore under the control of the will, and hence the patient exerts her will and "bears down" during the uterine contractions ("pains") that mark the second stage of labour, and the combined influence of these two different sets of muscles completes the birth of the child.

What we have to do now is to assist the patient in these efforts, the chief point being position. Lying on her left side, with her knees drawn up, and her feet firmly fixed against the bedpost, or some part of the foot of the bed; and to still further assist her efforts a pulley should be fixed at the bedpost, and on a level with the draw sheet. The best thing for a pulley is an old silk scarf; it is so soft to the hands. First put the ends together level and tie the scarf to the bedpost, and then fasten the ends together and make a loop for the patient to pull at. Pass the loop over the left foot and leg, and between the knees, before handing it to her, and it must be adjusted so that she can pull upon it rather short than otherwise, so as to get full power over the pulley, which is of course only to be used during the "pains."

Some teachers instruct their Nurses to place a pillow between the patient's knees to support the right leg, during the pains, but I do not advise that plan myself; the pillow gets in the way, and oppresses the patient. I prefer to have the right knee supported by the Nurse's hand during the "pains," and kept up to a level with the right hip, as the better means of affording help.

Now as to the position that the accoucheur and the Nurse should respectively take up at this stage of labour. The doctor's chair should be placed on the right side of the bed towards the foot; on the bed beside him should be placed four or five napkins, and a pot of carbolated vaseline. The Nurse should stand at the foot of the bed, rather towards the left side, as in this position she can best attend to the wants both of patient and accoucheur. *Never* get in front of him; nothing is more embarrassing; and when it is necessary for you to support the patient's knee, you can do so from where I have told you far more easily than anywhere else. All that you have to do for or give to the patient must be done or given on the left side of the bed, towards the foot of course; you must leave the right side of the bed free for the doctor.

If you have to give the patient any drink, put your right hand and arm under the top pillow, and gently raise her up from the shoulders, and then with your left hand give her the tea, &c., and

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