

a measurable distance of the great unknown and final journey. For such—and in these days of electrical living there is no doubt their number is ever increasing—the ministrations of a stranger, whose ways are as novel as her uniform, are often regarded merely as a necessary evil; and it cannot be denied that this feeling may be so acute as entirely to neutralise the good results of skilful care and attendance. We have often thought that this view of the matter—as explanatory, for instance, of the apparent impossibility of satisfying some patients—is often overlooked. It is very important, however, in relation to the subject we are now considering, and we will recur to it, if possible, next week.

OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

PART I.—MATERNAL.

CHAPTER II.—DUTIES DURING LABOUR.

(Continued from page 224.)

AS the labour progresses and the birth of the child gets near at hand you must have the receiver ready to take it in, with one or two napkins; place them at the foot of the bed, or on the rail of the bedstead toward the left side; the thread and scissors you will put in your belt, as I told you before. The best thing for the infant's receiver is a square of new fine Welsh flannel; the *worst* things are knitted or crocheted *woollen shawls*, for they distinctly embarrass the "baby," who invariably and without distinction of sex entangles his or her fingers and toes in the meshes, leading to "difficulties" in that direction in the matter of extrication from same. The receiver must *never* be of *coloured* flannel, whether new or washed; the same with the small shawls, if you are obliged to have them.

During the birth of the infant, if not engaged with the uterus, you remain at your post at the foot of the bed, and support the patient's knee as I directed you. Her *right* foot should of course be firmly placed against some part of the foot of the bedstead, and your supporting the knee keeps her right leg in position, and this support should be given until the child is born; you then gently lower it, and remove the pulley from the patient's hands, and place her head comfortably on the pillow; it is apt to get into an awkward position during the last expulsive pains. Turn her face to the air, gently wipe her face and forehead with one of the clean handkerchiefs I told you to have handy, and give her if she wishes it (as most women

do) some drink—a little warm tea with milk in it, or cold brandy and water (weak), if preferred. Draw the night-dress and jacket over the chest, to avoid chilling, after the profuse perspiration that often accompanies the last pains of labour.

When the infant is separated, take him or her (and we will give the *pas* to the predominating sex on this occasion) from the accoucheur in a napkin, that you have just previously warmed by the bed-room fire; turn him over your *left* arm, face *downwards*, so as to drain out the mucus from the mouth and nostrils; then cover him over with the flannel receiver, and lay him down on the left side of the bed, towards the top, and under the bed-clothes. Take another napkin, and wipe the head, face, nostrils and eyes; put a corner of the napkin over the forefinger of your right hand, and clean out the mouth. Having done all this, place the infant on his right side, leaving the face open to the air, and the limbs perfectly free. An infant should never be "swaddled up," but have full liberty to exercise his limbs and lungs to his heart's content, and engaged in this laudable occupation you may safely leave him, whilst you attend to more important duties.

There is not the slightest necessity for hurrying on the washing and dressing of the infant; it is *better* deferred until the pulmonary circulation is more fully established. The object of keeping him on the mother's bed, and under your eye (as it were), is to watch for the possibilities that may occur to a newly-born infant—choking from an accumulation of mucus in the trachea, and secondary umbilical hæmorrhage, both of which disasters require instant attention. The former is not unusual; the latter is very rare, but extremely serious, and if unchecked inevitably fatal. Hence you see the importance of keeping the infant under your observation, whilst you are engaged in the imperative duties demanded by the mother, and if he were in another room how could you do this?

From the birth of the child to the expulsion of the placenta, the patient is under the exclusive care of the accoucheur; and all you have to do is to help him in any way he may desire. Let him have a good supply of napkins, and as they are soiled put them into the foot-pan I told you to have ready at the foot of the bed. Remember you are not to leave the room until the delivery is completed, nor in fact if you manage thoughtfully need you scarcely ever leave the room for anything during the crisis of labour, and for this end I advised you as to your preparations for it. When the placenta is delivered, put it in a clean chamber, and keep it dry; it may have to be examined, and that cannot be done satisfactorily if it is wetted; also this plan facilitates the cremation

[previous page](#)

[next page](#)