## OBSTETRIC NURSING.

— By Obstetrica, M.B.N.A. —

### PART I.—MATERNAL.

### Chapter III.—Duties Immediately After Delivery.

*(Continued from page 236.)*

THE first duty when you have put your patient straight after her delivery is to bind her, and as good binding plays a large part in good Nursing, a few remarks on that subject may not be otherwise than opportune.

Why do we bind? And what is the real value of the obstetric binder? In your training days you may have heard "binding" spoken of in connection with the word "contraction," and such expressions as "exciting," "promoting," and "maintaining" contraction may have been familiar to your ears. I think I can show you that neither the binder nor binding has anything to do with contraction, and as regards the uterus, the binder has but little, if any, value, and might almost be dispensed with. The obstetric binder has a value, as I shall point out to you in due time; but promoting contraction is certainly not the value that it has.

The chief stimulus to uterine contraction is cold and well-applied friction, and in relaxed *post-partum* conditions of the uterus we resort to both these measures; but if the cold be not constantly renewed, the contraction excited by its first application is not maintained, as you know by clinical teaching and experience. The proper manipulation of the uterus in cases of threatening or actual *post-partum* hæmorrhage is a necessary and important part of Nursing duties, and every Nurse should be instructed to perform it *rightly* and effectually. The first point is to define the uterus accurately. The manœuvre can only be taught at the bedside; but there is no harm in reminding you how it is done. Immerse your *left* hand in cold water above the wrist; place it *flat* on the abdomen towards the right side, and in the direction of the right iliac region, where you will find the uterus. Put the *palm* of your hand over the fundus, and with your whole hand make firm but equable pressure in a downward direction. If you are fortunate enough to possess a well-arched palm, your control over the uterus will be all the more complete, and you will feel it lessening and hardening under your grasp. As your hand gets warm the uterus relaxes and enlarges, and you will have to re-apply the cold from time to time, and repeat these manipulations until the contraction is sufficiently satisfactory to permit of your desisting from them. At this point I must call your attention to the extreme importance of the *palm* of the hand in Midwifery Nursing, both in its maternal and infantile portions, especially the latter. A great deal goes to the hand, as you will see as you go on. A thick, heavy hand is out of place in our work; and a good obstetric Nursing hand is a distinct gift. The palm should be hollow, and the whole hand strong, firm, and *light*—the lightness of well-balanced strength, with a reserve of force behind it. A feeble hand is a heavy hand, and not often steady. Very long fingers, too, are a disadvantage, and decidedly in the way. These chirurgical points are not at all fanciful; they are the outcome of a wide experience and close observation. Let me illustrate my position: Nurse A has a reputation for "good" babies; Nurse B is famous for "bad" babies, who are always crying. Both women are kind, and both know their work. Now you will most likely find that the difference lies in the fact that the former Nurse has a perfect obstetric Nursing hand, and the babies (who are excellent judges) feel the comfort of it, and are "good." Nurse B would earn more, and do better, at clear starching (the only occupation for women, to my knowledge, that is *not* overdone). So there is consolation for her after all.

Returning once more to the *post-partum* condition of the uterus, we will assume that you have just had a very satisfactory clinical experience of the great physiological fact of uterine muscular contraction, and that your well-directed manipulations have resulted in a practical demonstration of it. In addition to this paramount safeguard against *post-partum* hæmorrhage, there are other factors involved, too interesting and important to be altogether overlooked, though probably not so well known to my professional readers, and for that reason I will just very briefly outline them, somewhat imperfectly, as my remarks are intended to call your attention to certain points rather than to completely elucidate them, which would not be within the range of these papers.

The blood demand of the gravid uterus upon the general circulation is an enormous and ever-increasing one. To keep pace with this imperative command and meet the singular exigencies of that organ, the nutrient vessels that have to nourish both the uterus and fœtus are very different from the blood vessels in other organs of the body. The arteries of the gravid uterus are greatly increased in size, and all through the substance of the uterus there are infinite numbers of anastomosing arteries, and these arteries are *serpentine* in their course, which, as my readers know, is quite unlike the arteries in other parts of the body,