OBSTETRIC NURSING.

— By Obstetrica, M.B.N.A. —

PART I.—MATERNAL.

Chapter III.—Duties Immediately After Delivery.

After binding, it is a great comfort to a patient to have her feet raised to a level with the hips by placing them on a pillow. It serves to rest her lower limbs and take off a sort of dragging feeling from the pelvis. I always do it to my own patients, and invariably get thanks and "That is nice" for my pains. You must next pay attention to the state of her feet, and ascertain if they are cold, knowing how much women suffer from cold feet. You can well understand that, after delivery, the discomfort of cold feet must be very great; besides which, it is distinctly injurious for a recently-delivered woman to have her feet and lower extremities cold, as it tends to keep the flow from the uterus. In the first instance, you can wrap them up in a piece of old blanket or woollen shawl, which you make quite warm at the fire before applying it, and place it over the feet and *up to the knees*. Never imagine you can warm your patient's feet properly by piling a folded blanket or shawl over them. You oppress her with the weight, and more often than not her feet are not warmed by these means.

The circulation goes down after labour, and delicate women have no warmth to lose. If you find that the application of warmed flannels does not succeed, have the foot-warmer out at once. Do this at all times, summer or winter, and as much goes to the shape of same, I may as well tell you that I recommend and use in my practice a block-tin one, of best make, and in form somewhat cylindrical. It has no angles; it is twelve and a-half inches long, six inches wide, and six inches high; it goes very evenly under the pillow upon which the patient's feet rest. Of course, when her feet are thoroughly warm, you can remove the foot-warmer, but if the weather be cold, it is as well to put it on the *left* side of the bed, and let it warm the bottom of the bed. In our portion of nursing work the beds are almost always large, and are not so soon warmed as small Hospital ones are.

There is another consideration. I entirely deprecate the plan (pursued, I am aware, in numberless instances) of the Nurse sleeping in the same bed with the patient. It is good for neither, and there is no ground for it on the plea of keeping the bed warm, if the plan I have stated is carried out. Having done all this, you replace the bedclothes comfortably over the patient, remembering what I told you in a former paper (No. 78) of our journal—viz., "Nothing is more oppressive to a recently delivered woman than a weight of bedclothes on her chest"; and as she has on her flannel bed-jacket, or "Nightingale," she does not require to be overdone with them. You can now remove the pieces of carpet or drugget you put beside the bed when preparing the room for labour; also readjust the vallance, take away the foot-pan with the soiled napkins, &c., and remove any washstand slops there may be. If in the day-time, draw down the window blinds, make up the fire, and put the room perfectly tidy.

Your next care will be to note the state of the patient's pulse, and from time to time the uterus. First as to the pulse; after the tumult of labour the heart requires rest, and a diminution in the rate of its pulsations is a favourable omen after delivery; during labour the heart, as it were, sympathises with the uterus, its beats increasing in frequency during the "pains," and decreasing in the intervals. Their task ended, these faithful allies require and deserve rest, and hence the importance of repose to the patient. The average rate of pulsation after normal labour is sixty, or even less, but this decline need not occasion you any disquietude; whereas a *rise* above the normal rate of pulsation in health is grave, and if the rate should reach ninety or one hundred most serious, and may be regarded as a precursory symptom of secondary hæmorrhage or severe nervous shock, and in either case the Nurse must summon Medical aid.

As to the uterus, there are two points to observe —the amount of the flow, and its *character*. Much depends upon this last. In a previous paper (No. 83 of our *Record*) I pointed out to my readers that during pregnancy the uterus requires and contains an enormous amount of blood; after delivery there is, as you know, a great decrease in its size (this matter was also touched upon in my introductory paper in No. 74 of the *Record*), brought about by the contraction of its tissues, and in this way a quantity of *mixed* or capillary blood is squeezed out of the vessels from the bared placental site; and this discharge is no cause of anxiety, even though it be copious, as in the case of multiparous, nor does it occasion any distress to the patient, and it generally comes away in coagula, preceded by a contraction of the uterus, commonly called an "after pain," and these flows and pains are intermittent, and the blood discharged dark in hue.

But there are times when all this is changed. The flow is bright in hue, and there is a rapid and *continuous* trickling (increasing in volume) of arterial blood from the vagina; the diapers are quickly saturated; there are "no pains." Signs

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