

Rules and Instructions for Visiting Nurses in Maternity Out-Clinic Work.*

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FIRST VISIT TO THE PATIENT AFTER LABOUR.

The first post-partum visit should be made early on the day following labour.

On entering, the nurse should greet the mother cheerfully, and while laying off her hat and gloves observe the case in a general way. Inquire how she has been since the doctor's departure, note the expression of her countenance. Take pulse and temperature at once, while arranging for hot water, clean basin, towels, &c.

Take up the baby and examine its eyes carefully.

If mother's temperature and pulse are normal and baby's eyes free from pus, the toilet of the child should be performed first.

(If the eyes are affected, or mother's temperature higher than 100.4° Fahr., summon the doctor at once and wait for further orders, if possible.)

Before beginning with the child, prepare the antiseptic solution for the mother's vulva as follows:—

How to Prepare Solution for Batting Mother's Vulva.—From the kettle in which it has been freshly boiled for fifteen or twenty minutes, pour water into the clean basin carried in the bag, add one bichloride of mercury tablet (7.3 grs.) to a basin full of water. This will make a solution strong enough (1 to 2,000) for the first five days. For the remainder of the convalescence, one-half tablet will be sufficient in ordinary cases. This hot solution must be allowed to stand in some safe place to cool till needed.

How to Bathe the Baby.—Before sitting down to bathe the child, get everything necessary ready and within easy reach. Clean clothing unfolded and aired, clean soft towel and bath cloth, basin of clean tepid water, green soap from the bag, absorbent cotton in copper cylinder, a little warm sweet oil in clean saucer (fresh lard will answer), bottle of boric acid solution from the bag, medicine dropper, a little of the bichloride solution just made in cup, pulverised boric acid and a cup of cold sterile water with spoon.

After scrubbing the hands in warm water, take the baby on the lap and begin with its face. Use a clean piece of cheesecloth—never a sponge. Very little soap is needed, if any, the first week. When used, rinse off carefully before drying on a clean,

soft towel. Apply the warm sweet oil last and wipe it off gently.

Do not wash the mouth, but give a teaspoonful of clean sterile water to drink instead. Be sure that the spoon as well as the cup is quite clean for this purpose.

Care of the Baby's Eyes.—Do not drop anything into the baby's eyes unless they show signs of being sore. If there is an excess of secretion, cleanse the lids first by laying on little pledgets of cotton wet with warm boric acid solution, leaving them in place a few minutes; then wipe the little crusts away gently. Open the lids carefully with thumb and finger of one hand and with a medicine dropper filled with warm boric acid solution flush out the eye freely, till all the white or yellow secretion is washed out, holding the child's head so that the secretion from one eye will not drain into the other. If the solution is properly warmed to about blood heat (95° to 98° Fahr.) the child will not be annoyed and will open the eyes nicely if not asleep to permit a thorough cleaning.

Bathe the child's hands by dipping them into the warm water, dry and oil the arms, chest, and back in turn, taking particular pains with the folds of the neck and axilla.

Care of Navel.—If the dressing about the navel is dry and clean, do not remove it, but lift up its border carefully to see that the navel is not moist. Put on the clean binder and knitted vest to ensure warmth while finishing the bath.

Next, unpin the diaper and sponge the folds of the groins and buttocks, oil, and wipe dry. Examine the genitals closely, and in the case of girls remove the white secretion (vernix caseosa) often found even after the first oiling. Wash the parts with boric acid solution, if irritated, oil freely, and wipe with absorbent cotton. Quickly bathe and wipe the limbs and pin up the diaper with the ends folded in, so as not to carry the discharges, when soiled, on to the navel dressings. Instruct the mother to change the diaper as soon as soiled and to pin it in the same manner, explaining the reason for so doing.

If the cotton navel dressing has become soaked with the discharges it must be removed. This is easily done by soaking it in hot sterile water. The navel stump should then be bathed in a warm bichloride solution, dried with alcohol and again wrapped in dry sterile absorbent cotton. Before doing this the nurse must prepare her hands especially for it by scrubbing with green soap and hot water, using nail file and finger brush, and after rinsing off the soap, soaking the hands for two minutes in bichloride solution (1 to 2,000).

Dress of Infant.—In dressing the child, pin the binder on smoothly, but not too tight. The skirts, &c., should be slipped on from below. To prevent the child's scratching itself or putting its fingers into its eyes and mouth, the sleeves can

* Reprinted from the *National Hospital Record*.

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