

6. Inability to urinate.
7. Pain or excessive tenderness over the uterus of a constant character. Tardy involution.
8. Any soreness of the breast or nipples.
9. Any pain or swelling in the limbs.

GENERAL INSTRUCTIONS.

In caring for lying-in patients, try to interest the mother, her relatives, neighbours, and friends, who may be present to assist in carrying out the strictest cleanliness. Teach them to arrange for sterile water and as much clean linen as possible. Impress the importance of proper feeding of the child. Urge the mother, when intelligent, to procure Emmett Holt's book "The Care and Feeding of Children." It will be of the greatest assistance to her in keeping her child well and healthy.

The weight of the infant should be recorded on the record sheet twice each week. Do not consider the case fit to discharge till the cord has dropped and the stump perfectly healed.

Never assume to give the mother permission to sit up without consulting the physician.

Do every detail conscientiously, and do not show alarm in presence of the patient over any unfavourable symptoms that may arise.

Care of the Bowels and Bladder.—The bowels, in ordinary cases, are stimulated to move by two compound cathartic pills or one small teaspoonful of compound licorice powder administered on the evening of the second day. An evacuation will then be secured usually about the time of the nurse's arrival on the morning of the third day. If not, the nurse should give a soap and water enema before cleansing the vulva. The patient should be directed to take either of the cathartics mentioned on each alternate night while in bed, unless the bowels move normally. When there are stitches in the perineum or the patient is very weak from hæmorrhage or difficult labour, a bed-pan must be used when evacuating the bowels or bladder. Otherwise, the patient may be allowed to sit up over a jar or vessel for that purpose. Most patients can do so and are better for it, as it permits the vagina to empty itself of all clots and accumulations of lochia.

Failure on the part of the mother to urinate for 12 hours after labour should be reported to the physician in charge. The pouring of warm water over the vulva at the time of giving the external douche, will often enable the mother to empty the bladder, as will the sound of running water from a tap near the room. These simple things should be tried first. If they fail, the patient may be helped gently into a sitting posture over a bed-pan resting on the side of the bed.

A catheter should be the last resort and used under a doctor's directions as follows:—A glass or soft rubber catheter (No. 8) should be boiled for 20 minutes in a closed vessel in plenty of water. With sterile hands cleanse the meatus carefully with

pledgets of cotton dipped in solution of bichloride of mercury (1 to 2,000). Oil the tip of the catheter with sterile vaseline and introduce gently by sight. When ready to remove the instrument, pinch the end to prevent air entering the bladder as it is withdrawn.

Time of Rising from Bed.—The mother may be permitted to move about in bed, changing her position from side to side, and she must be encouraged to lie a portion of the time on her face, unless the physician has ordered to the contrary. She may also be allowed to rise from her bed a few minutes while the mattress is turned and aired after the seventh day, when all is going well and the doctor permits, and sits up for an hour or so on the ninth or tenth day when normal and there are no stitches in the perineum.

When there is or has been a rise in temperature, hæmorrhage, or abnormal pulse, the more quiet the patient the better, and all rising or sitting up must be forbidden. A little fatigue in a patient struggling to overcome some mild complication may be just enough to turn the balance and create a serious illness, where only a slight deviation from the normal would have been present without it.

Mothers should be discouraged from sitting up in bed with the limbs cramped to nurse the baby during the first few days of the puerperium.

The temperature chart should be kept in a neat and accurate manner and handed to the physician in charge, properly signed and dated, when the patient is discharged.

Mother's Diet.—The first two days the mother may be given milk, soup, toast and soft-boiled eggs. Do not be afraid to urge her to take plenty of such simple food.

After the bowels have moved on the third day, direct her to take oatmeal, rice, meat once daily (white meat of chicken, lamb chops or beefsteak), baked potatoes, boiled beets, onion, celery, and, in fact, any plain food simply cooked, with soup, milk, and eggs as above. If breasts are inclined to be swollen and turgid, restrict fluids slightly. If the temperature rises, return to liquid diet.

Tea and coffee must be taken weak and in great moderation. Cocoa is thought to increase the flow of milk, and should be suggested when the flow is scanty. Do not fail to ask daily about the appetite and in regard to the quantity and quality of food taken.

ANTISEPTIC AGENTS.

The free and thorough use of soap and hot water for the hands, instruments, utensils and patient should never be neglected with the idea that an antiseptic solution will correct all errors and be quite sufficient to render all things sterile.

The thorough use of soap and hot water is the first and most important step in obstetrical asepsis.

Heat, in the form of steam or boiling should be used in sterilising cotton gauze, ligatures, basins,

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