

## OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

## PART I.—MATERNAL.

## CHAPTER VI.—LACTATION (DUTIES DURING).

(Continued from page 208.)

WE have now to take into consideration the breast management in the case of a *prima-para* who intends to suckle her infant—the most critical, anxious, and difficult of this portion of our Nursing work, the evil effects of neglect, ignorance, mismanagement, or misfortune in these cases leading but too often to life-long and irreparable breast damage.

In the first place, we do not begin with repressive measures; we rather wish to encourage than to diminish the flow of blood to the breast. We have precisely the same natural conditions to deal with that we had in the case we so recently discussed, but we meet them and treat them in a widely different manner. We require no purges if we have a copious flow of milk. With engorgement and tenderness we relieve the breasts; we do not relieve the system, and so we resort to a measure that we did not require before—drawing; and again we have nipple troubles to encounter, that gave us no concern at all before. Let us assume that it is the fourth day after delivery, that the bowels have been relieved by the aperients I told you of in a recent paper, and that the flow of milk is such as to cause engorgement and tenderness of the breasts; our first duty is to relieve them by careful drawing.

And here I will digress a little, to remind my young obstetric nursing readers how much we owe to modern appliances in this part of our work, by pointing out to them what used to happen without them.

Not so many years ago, it was the custom to employ women as breast-drawers (and it may be so now in rural districts, for all I know), and those women who had a reputation for this *delectable* art were very much in request. Uxorial aid, again, was pressed into the service. The great disadvantage of these adult efforts was, they were *intermittent*, the results being summarily ejected each time they were repeated; hence the nipples were made tender, and the breasts teased rather than comforted. The best "breast-drawer" under the circumstances we are now considering—viz., engorgement—was a two months old "baby," of an obliging disposition, good suctorial powers, a sensible appreciation of his advantages, and a vigorous appetite; under these happy conditions, our little ally carried all before him, and what was a great deal more to his credit, *down* him, to the

much comfort of our patient. Times are altered now, and we have our mechanical breast-drawers to rely on, instead of adult or infantile suctorial exertions.

I will just bring before your notice the three kinds of breast pumps most known and used.

The first I will describe was on the *piston* principle, made entirely of glass. It was too weak for the strain put upon it, and was hardly safe for that reason, and constantly getting broken; but for all this they were very efficient in a light and skilful hand. The breast end of the pump was just like those of to-day; the piston part resembled the glass vaginal syringes that used to be, but I trust never will be used by or for women again, as they are excessively dangerous. This form of breast pump was useful in its day, and found great favour in my eyes, and I may say hands, for in early practice a lady was so pleased with the, to her, *new* contrivance that her husband, an electro-plate manufacturer, had made for and gave me a handsome morocco case, lined with purple satin, to keep my *treasure* in. Think of this, my nursing friends, and then look at the paper or cedar boxes in which we place our breast pumps of to-day! I stuck to my pet piston principle with a tenacity worthy of a better pump; and now have one under my consideration I may perhaps show you some day *when* our Executive have completed their arrangements for a Grand International Exhibition of Nursing Appliances (including prize kitchens), to be held in Hyde Park, when of *course* the "Obstetric Exhibit" would be the admiration of our friends and the despair of our enemies from its *unique* and interesting character!

Next to this kind of pump was another of more modern make, all glass, with a long india-rubber tube, with glass mouthpiece for drawing with attached to it. This familiar contrivance is called a "breast exhauster." Judging from what I have seen, suffered, and know of this instrument of torture, I should rather call it a "jaw exhauster." They do for simple cases and for self-use, which is the right way to use them, and I always encourage those of my patients who prefer them to "exhaust" for themselves. They soon get tired of it! I pity the Nurse who has to do it.

Third and best (up to date) is the almost universal breast-pump, with the india-rubber suction ball, a blessing to Nurses. They require no suctorial efforts, and are easily worked. Before you apply them to the nipple, wet all round the rim of the glass-end and press it firmly against the breast before you begin to work the pump, which you do by pressing in alternately and then relaxing the ball with the palm of one hand, whilst you keep the pump in position with the other.

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