

OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

PART I.—MATERNAL.

CHAPTER VI.—LACTATION (DUTIES DURING).

(Continued from page 257.)

WE have dwelt so fully upon what we may call the topical measures of early lactation that we must now retrace our steps, and enter into the general Nursing duties required at this period of convalescence.

What are the symptoms that we notice in lactation? Shivering, thirst, headache, and general *malaise*. The patient does not feel so well as she did at first. There may be a rise in the pulse; possibly a slight rise in the temperature. These symptoms again vary very much in character and intensity. Speaking generally, we may say that the sooner the milk flow sets in after delivery the more favourable are the general conditions of lactation and the slighter the constitutional disturbance it occasions.

Let us take the symptoms in the order we have enumerated them.

1.—Shivering. This may be merely a chilliness on the surface of the skin—a “milk shiver”; sometimes so severe as to almost approach to a rigor, and yet not be followed by any of the bad symptoms we associate with ordinary rigors. Why is this? The answer to my mind involves a point of much interest in Obstetric Nursing; and I call your attention to it in order to save you anxiety, and prevent your taking measures that are not required in these cases. What is the cause of rigor? A subtraction of heat from the surface of the skin, leading to chilliness; and a determination of blood to some internal organ of the body, leading to pathological conditions such as congestion, inflammation, and so on; and we all know, from the experience of daily life, that “shivering” is followed by bad results of some sort, though they may be no more than merely a sore throat, or a common cold. In lactation we also get a determination of blood to the breast, not leading to bad, but good results, followed by the lacteal secretion, and a copious flow of milk ends all troubles from “chilliness.” These “chills” more frequently come on at night. Your first care must be to excite the action of the skin, and induce gentle perspiration. To do this, you are *not* to heap bedclothes over your patient, as is so often done, but wrap up the lower extremities and *abdomen* in a small blanket, or flannels made hot and placed *next the skin*. You will have to unfasten

the binder for this purpose. Place a woollen shawl over the shoulders, but do not oppress the breasts with weight or make them too hot. If the feet are cold, put a foot-warmer in the bed. Give the patient a cup of hot milk; or, if you have it ready, chicken broth or beef tea, or a cup of tea (half milk). I do not advise stimulants in these cases. By these measures you will set up warmth and moisture on the skin, and in due time the milk will come into the breasts. Say the flow sets in in the early morning; it will be wiser not to strip the patient on that day to wash her or change the night-dress, the skin being sensitive to chill from perspiration. You can use the bed-bath with carefulness, but no bed-making, nor anything that tends to fatigue or disturb your patient. Keep her quiet; any kind of excitement is to be avoided at this period. As I observed before, there is a tendency to headache and sometimes depression, and a little feverishness attending the onset of lactation. Thirst is also one of its concomitants.

I have pointed out to you in a previous paper the simple drinks suited to convalescence. Here you will find the acidulated barley water, taken in *small* quantities at a time, serviceable and refreshing, made *thin*. When the flow of milk is excessive we have to limit the amount of fluid given, and sometimes medicinal remedies have to be resorted to to diminish the tension of the breast; and these salines again give rise to thirst, which we must not assuage by fluids, but semi-fluids, such as fruit jellies (red and black currant) to moisten the mouth, day or night, in teaspoonfuls. No fruits, unless it be *fresh* lemon-juice in soda water, and in *small quantities* as regards the latter. I consider calves'-foot jelly very acceptable here; it contains a certain amount of nourishment, allays thirst, and can be taken at any time.

And here I must digress to give a few words of advice to my lay readers (if I have any), that unless they employ a *chef*, to get this useful invalid aliment from a first-class confectioner—fresh and fresh, as it is wanted. I am quite aware that calves'-foot jelly can be made (on paper) in any quantity, and, of *course*, superlative *quality*, at home; but a somewhat wide and *dismal* experience leads me to the conclusion that nothing is more uncertain than the *results* of the household jelly-bag, one of its amiable characteristics being an unwillingness to part with the jelly when we most want it! I also advise you to eschew the substitutes of commerce; for whether prepared in bottles (about the worst), plates, tins, or skins, I have a deep-rooted idea (it may be prejudice—we women are all wilful) that they are innocent of the feet of calves.

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