I pointed out to you in my paper (No. 84 of our journal) the importance of the recumbent position after delivery, and why we bind and compress, and you now see the practical value of them. Again, the lining membrane of the cavity of the uterus about the region of the bared placental site may be very sensitive to pressure, and give rise to that feeling of excessive tenderness of which some women complain after the "pain" has died away. We must also remember that the gravid uterus is a colossal muscle, and after the tremendous expulsive efforts of parturition, it may ache from fatigue, as any other muscle of the body would after violent exertion. This may be one reason why some women complain of "after pains" almost immediately after delivery, and the extreme tenderness of the uterus on *pressure*, though they feel the comfort of the *support* the binder affords.

With respect to the character of these painful *post-partum* contractions, they are intermittent, recurring at uncertain intervals, and varying in duration and strength, and they are generally followed by some sort of discharge from the uterus. They continue to distress the patient on and off for one or two days after delivery. When they are passing away, the intervals become very much longer than at first, the patient having only three or four in a day, for instance, but the "pain" itself will be as strong as at the beginning, and the last may be almost the worst of all.

The nursing duties required for this peculiar distress are, first, the comfort and support that good binding and compressing afford; the *recumbent position*, which favours the escape of coagula after the contraction has passed off, and thus prevents their accumulating in the uterus, which, of course, adds to the evil, and keeps up loss. *Perfect repose* is the most important point of all. Every movement of the body—especially any sudden movement—tends to increase the slight internal hæmorrhage that goes on for hours after delivery; hence the more movement, the more is the flow increased, the more are coagula formed, and the worse the "after pains," and the greater the patient's distress.

I have alluded in a previous paper—No. 89 *Nursing Record*—to the mischievous idea that used to prevail at one time, and is far from extinct yet, that it is good for a woman to lose freely after delivery, and that the flow should be rather encouraged than repressed; I earnestly impress upon you the fallacy of this notion, and that good nursing recognises no such practices. It led to another evil, viz., in order to make up for the loss a woman was to be sustained by stimulating food and drinks, both injurious to her at the time at which they were administered, and thus other troubles followed in their wake, that all might have been *prevented*, but had to be cured (?) by measures rather worse than the initial error itself. I shall have to enter upon this subject again as we go on.

Fluid nourishment taken in the recumbent position through a feeding tube is the safest way to feed your patient for the first twenty-four hours after her delivery, however good her "time" may have been. The food should be given warm, but not hot. One of the distressing effects of "after-pains" is the loss of sleep they occasion; hence nourishment has to be given frequently. Milk gruel, eggs beaten up in tea in the way I told you in No. 91 of the *Nursing Record*, chicken broth (into which you can stir a tablespoonful of cream), custard if delicately made, can all be taken through a feeding tube, just raising the patient's head, but not otherwise disturbing her; they are all bland and nourishing foods, and in my judgment wiser to be given than solids for the first few days, though of course we can dispense with the feeding-tube by that time. There is no harm in continuing it, especially if you have a proper bed-table to place across the bed, on which to rest basins or cups and saucers, the patients can eat with their hands, but many of mine like the *lazy* way of taking their drink through a tube, and have the *ingratitude* to blame their adviser for putting them up to it!

Before leaving the subject of "after-pains," I must call your attention to a rarer form of them, which requires totally different measures to those I have just described. It consists of a sort of spastic condition of the uterus. The attack comes on one or two hours after delivery; the "pains" are so frequent as to be almost persistent. There is generally an imprisoned clot, gripped as it were by the uterus, that the contractions fail to expel; the uterus is hard to the touch, and extremely tender. No pressure can be borne, binder has to be unfastened, compresses removed, the patient cannot bear to be on her back, she lies on her side and draws up her knees. The best relief is afforded by the application of *continuous heat to the uterus*, hot flannels, or—better still—bran put into a shallow tin dish with as little water as possible just to moisten it, heated in the oven, and then put into a flannel bag and placed over the uterus, is a very comforting remedy. Hot milk, and if there is much distress from pain a little pale brandy added, is the best form of nourishment. See that the feet and lower extremities are warm; if the latter are cold, have foot-warmer to them. These measures tend to relax the uterus, a clot or two escapes and relief is afforded; these attacks last for many hours after delivery and are worse at night. Young, delicate women, who have borne

previous page next page