

The Midwife.

THE CARE OF PREMATURE AND FEEBLE INFANTS.

The notes of an interesting lecture on the above subject, delivered by Dr. Young at the Boston Floating Hospital, and furnished by Miss Mary I. Hall, of Oakland, California, are published in the *Nurses' Journal of the Pacific Coast*. We publish them, in part, below, as of value to midwives as well as nurses.

The subject is especially vital from the standpoint of the nurse, as in a great many cases the baby is left to her care, while the physician is busy with the mother. Too often the baby is left to shift for itself.

The first few hours of a premature baby's life are extremely important. Its vitality is at its lowest ebb at this time, and the intelligent care of the nurse may mean to the child the difference between life and death.

What is a premature baby? Obstetricians have made arbitrary rules and terms: abortion, which terminates pregnancy before the sixteenth week; miscarriage, which terminates pregnancy between the sixteenth and twenty-eighth week. Babies at this time are not viable. They are not sufficiently developed to carry on an extra-uterine existence.

Obstetricians apply the term premature labour to a delivery which takes place after the twenty-eighth week. The chance of life to the child increases as the birth nears the full term. Thus, the child has a better chance of life at thirty-two weeks than at twenty-eight weeks. The more its weight and development, the better are its chances of life. There is an old saying that a seventh-month baby will live when an eighth-month child will not, the reason being that a seventh-month baby is considered a premature baby, while an eighth-month baby is often considered a normal child, and is not given the care which it should receive. It is just as well to consider all children born between the twenty-eighth week and full term as premature, and treat them as such.

Theoretically, the treatment consists in making conditions outside the uterus as near as possible like the conditions within the uterus. These conditions are, first, warmth, and a constantly even temperature. Within the uterus nourishment and oxygen are supplied to the child through the placenta. The child is pro-

tected from the disturbing effects of noise and vibrations, and is in darkness. These conditions we wish to simulate as much as possible. We can supply all artificially, excepting that the baby has to breathe and he has to assimilate his own food. We can keep him warm, and keep him in a quiet place, and in a darkened room, but he must take his own air and food.

In the care of these babies, warmth is the most important thing. Try to keep the child from being chilled or lowered in body temperature. It is literally a cold world for a premature baby. The brain is not fully developed, especially the so-called heat regulating centre, the function of which is to keep the body temperature even. This centre in premature babies is very delicately balanced. If it tips downward, it is hard to get it back again.

The child comes from a temperature of 100 degrees to a temperature between 60 and 80 degrees. If he is not looked after carefully, he may receive a chill from which he never recovers. All babies have a slight drop in temperature at first. Premature babies have a more marked fall than full-term babies. It will sometimes drop to 90 degrees, but they generally die when it falls so low. Keeping them warm at the outset prevents this lowering of temperature. For this reason they must be kept warm from the moment of birth.

There are some cases on record, written up by a French doctor, which were normal in every particular, but became chilled, and 98 per cent. of these died. Of those kept warm from birth, 23 per cent. died. The lowering of body temperature makes a difference of saving two babies out of every 100, or 77 out of every 100. Seventy-five were kept alive by being kept warm, but if they had chilled they would probably have died.

Premature labour may be sudden, and there is often no time for elaborate preparations. If there is to be a Cæsarian section, there will be sufficient warning to get ready. First is needed a crib or basket, padded on four sides, and a sheet over the top, covering three-quarters of the space from the bottom to the face of the child, protecting the eyes from the light and producing partial darkness. It should be warmed by hot-water bags, or use the new electrical pad, which serves well. When born, do not bathe and dress, but have ready a premature jacket of cotton wool, covered with a double thickness of gauze.

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