

OUR PRIZE COMPETITION.

HOW WOULD YOU DEAL WITH THE UMBILICAL CORD FROM THE MOMENT OF BIRTH TILL ITS SEPARATION FROM THE CHILD?

We have pleasure in awarding the prize this week to Miss Martha Mary Webb, Nurses' Home, Queen Charlotte's Hospital, N.W., for the following article on the above question.

PRIZE PAPER.

Directly the child is born, the attendant should make her hands thoroughly aseptic by washing and immersing them in an efficient antiseptic solution preparatory to severing the umbilical cord or funis, of course previously having prepared the necessary sterile ligatures and scissors.

She should then take hold of the cord, feeling if pulsation has stopped, and make gentle pressure towards the baby, thereby sending a little extra blood along to it.

The next procedure is to take one ligature and tie the cord in a firm, tight reef knot about two or three inches from the umbilicus, in case of any intestinal protrusion. Then ligature again, about an inch and a half from the first ligature, in the direction of the mother, this preventing undue hæmorrhage, which might be dangerous in the event of twins.

She now holds the cord lightly in the left hand, allowing it to rest on a sterile, dry wool swab to absorb moisture, and with the scissors severs it between the ligatures, cutting towards the palm of the left hand to avoid any accident to baby.

The next attention is to dress the cord after the baby is bathed.

It should then be re-ligatured, as, owing to the bathing and the shrinking of the composition known as Wharton's jelly that envelops the cord, the first ligature is apt to loosen; then, with a piece of sterile gauze and some pure starch powder, or starch and boracic powder mixed, the dressing can proceed.

The procedure is to powder the base of the cord well and pull it through a central slit in the dressing, lay it upwards on the baby's abdomen, put on plenty of powder, fold the dressing over nice and flat, and apply a flannel binder firmly to keep it in position.

During the first twenty-four hours the nurse should frequently be on the watch in case of hæmorrhage from the cord, which should be promptly re-ligatured if necessary.

The dressing of the cord should be done just as carefully and with as great aseptic precautions every day until it separates, as the

umbilical cord and the umbilicus are the greatest mediums for septic infection the baby possesses.

The average date of separation is about the sixth or seventh day, but sometimes it occurs as early as the fourth day, or as late as the fourteenth day. The separation must not be hurried by manipulation in any way, as there is no cause for alarm if normal conditions exist and there is no inflammation or offensiveness.

When the cord has separated, a pad of sterile linen should be worn over the umbilicus, to prevent irritation and sepsis by friction of the flannel binder.

HONOURABLE MENTION.

The following competitors receive honourable mention: Miss F. M. Garrett and Miss E. Islip (London); Miss A. Wellington (Guildford); Miss F. Sheppard (Tunbridge Wells); Miss M. Cameron (West Bournemouth); Miss E. M. Dickson (Rochester); Miss E. McLernon (Brighton); Miss G. M. Lewellen (Clacton-on-Sea); Miss E. F. Moakes (Holme-wood); Miss M. Hamilton (Dublin); and Miss E. Douglas (Belfast).

Miss E. Islip, referring to the dressing of the cord, gives as the reason for turning it upwards on the child's abdomen that it is to lessen the risk of its getting damp with urine.

Miss F. M. Garrett remarks that the reasons for tying the cord at the maternal end, as well as placing the ligature near the child, are (1) that in the case of twins, an occurrence which is not always discovered until after the birth of the first child, it may happen that one placenta supplies both children; (2) any staining of the bed from the placental (or maternal) end of the cord is avoided.

The first is an important point, as it is sometimes advocated that if the cord is securely tied near the child there is no need to tie the maternal end; but it will be appreciated that in the case of twins hæmorrhage might ensue if the maternal end were not also tied.

Miss A. Wellington, referring to the powder selected for dressing the cord, mentions that Fuller's earth must not be used, as it might cause tetanus.

Miss F. Sheppard rightly insists on the importance of not dragging upon the cord when the knots of the ligatures are being tied.

Miss M. Cameron draws attention to the point that the ligatures used should not be too thin, or there is a danger of their cutting through the cord.

Miss E. M. Dickson points out that when pulsation in the cord has ceased, it should be pressed between the thumb and finger for a

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