OBSTETRIC NURSING.

— By Obstetrica, M.B.N.A. —

PART I.—MATERNAL.

Chapter VII.—The Lochial Period (Duties During).

(Continued from page 4.)

BEFORE leaving the subject of antiseptics, let me direct your attention to their relative value in Obstetric, Surgical, and Medical Nursing respectively, and to show you how the object of their use differs in the two former from the latter.

In Surgery, as in Midwifery, we have to *protect* our patients from evil influences *from without*, and on almost parallel lines—namely, we have a *wound* to keep aseptic if possible, or render antiseptic if necessary. To do this we have in each case to destroy certain microscopic organisms and germs, with high-sounding names, but all *bad* alike, as tending to destructive tissue changes, leading to absorption of pus, and possibly fatal pyæmia. In Midwifery we have to fear the zymotic poisons for our patient, that would not affect in the same manner Surgical wounds. We also have to meet another danger. I have said repeatedly that the puerperal state is *not infectious* to others ; nor is it ; but under certain enthetic diseases there is very great risk from *contagion* to those attending parturient women suffering from them, and similarly these last may be infected by Surgeons, Midwives, or Nurses, unless the most stringent antiseptic manual precautions are adopted in all instances where the evil is suspected or exists.

Now, in Medical Nursing a Nurse has at *once* to prevent the spread of infectious diseases *to others*. There is but little to be done to *protect* the patient ; he has the disease already ; and whilst a Medical Nurse takes every measure to check the risk of infection for others or herself, she has not the prophylactic resources as regards her patient that an Obstetric Nurse has, and in leaving this subject of antiseptics and their use, I commend this distinction to your thoughtful consideration.

The next point to which I must direct your attention are the *post partum* changes that take place in the uterus during this period of convalescence ; and I earnestly advise every Obstetric Nurse to perfect herself by use in those manipulations, in order that she may note these points, which she has such abundant opportunity of doing, for in this way she can render intelligent and important aid to the Accoucheur, who has not always the same advantage as regards the patient. The first cause of anxiety after delivery is the amount of muscular contraction in the uterus ; it should harden under pressure, and feel firm, equable, and almost globular in shape. These primary contractions are intermittent in character, and relax at intervals to admit of the escape of blood or coagula that may have accumulated in the uterus, and give rise to those "after-pains" I have described to you in a previous paper. You will next note the gradual diminution in size that takes place after delivery ; as the uterus lessens, it descends towards the pelvis, in the direction of the right iliac fossa, and with this decreasing bulk the sanguineous discharge from the uterus disappears and the risk of hæmorrhage with it. These successive changes in the external form of the uterus mark equally important changes in the lochia, and these discharges again the alterations that are taking place in the lining membrane of the uterus and at the placental site. What are the deviations from these normal conditions that should occasion anxiety on the part of the Nurse, and lead her to draw the attention of the Medical Attendant to them ? To begin with : if instead of the alternate contractions and relaxations, with a tendency towards relaxation, the uterus not feeling firm in the intervals, but *flabby*, and not hardening under well directed pressure, but remaining large and "doughy," with copious discharges of blood and coagula, and this after twenty-four hours of delivery, you may feel sure that the safety of the patient is being imperilled, and that you should report the state of things at once to the doctor ; or, again, the uterus may feel firm and be diminishing in size, but if two or three days after delivery you find the lochia bright in hue, and *arterial* in character, you also report it, as this condition may be due to laceration of the cervix, or to something in the cavity of the uterus, preventing the closing of the uterine vessels, and hence you find *persistent* hæmorrhagic symptoms. Alterations in the lochial discharges have to be observed. After the grumous condition and *dark* hue that marks the *second* change, you find the lochia persistent and offensive, you may infer that some inflammatory mischief is going on in the os uteri or vagina, and this condition should be reported to the Medical Attendant. Again, the greenish fluid that generally marks the termination of the lochial condition may be unusually abundant and fetid, and give rise to a feeling of pain *in* the cavity of the uterus, and this should also be mentioned to the doctor, for *some* patients will tell him nothing about themselves, so you must be vigilant on their behalf. It is at this period (the lochial) that the utmost cleanliness must be

previous page next page