

OUR PRIZE COMPETITION.

DESCRIBE YOUR MANAGEMENT OF THE PATIENT'S BREASTS IN AN OBSTETRICAL CASE FROM THE MOMENT HER CHILD IS BORN.

We have pleasure in awarding the prize this week to Miss Gladys Tatham, Davos Platz.

PRIZE PAPER.

When the patient was sufficiently rested after labour, I should wash the nipples with boracic lotion (1-50) and put the infant to the breast for a few minutes. Four hours later I should repeat the proceeding, but with the other breast. During the first two days it will be amply sufficient to give the child the breast every four hours only, after the flow of milk is established the child should be fed every two hours during the day, up till eleven at night. After eleven it should not be fed again until five the next morning. After each feed the nipples should be washed with boracic. If the breasts are very heavy, a breast binder ought to be used for support. The under side of the breasts ought to be carefully powdered to prevent the skin becoming sore in the crease.

If the patient has sore nipples, it may be necessary to use a nipple shield when the child is feeding. Between the feeds tincture of benzoin may be painted over the nipples, or a weak solution (1-5,000) of hydrarg. perchl. mercury may be used. Care must be taken to thoroughly wash off any application before the baby is again put to the breast.

"Hazeline cream" seems to suit some cases very well. In severe cases it may be necessary to take the infant from the breast for a few days, whilst more drastic treatment, e.g., painting with silver nitrate, is being carried out.

In cases of engorged breasts it is often sufficient to support the breasts with cotton wool and a firm bandage, and to massage them gently with olive oil, always working from the circumference inwards to the apex, so as to assist the circulation in the milk ducts. Should this be insufficient, hot fomentations and a breast pump should be used. If the woman is not nursing her baby, all liquids should be restricted to a minimum, and a saline purge given daily. Some authorities recommend that once bandaged (as they should be directly after labour if the mother is not going to nurse the child), the breasts should be strictly left alone. The diet must be carefully attended to, and if the pain is very severe, codeine may be given. But this treatment naturally lies with the doctor to prescribe.

If an abscess of the breast occurs, whether

from infection through a sore nipple, or from engorgement of a milk duct, medical assistance must be promptly obtained. The usual treatment consists of hot fomentations and incision.

During the whole period of lactation the breasts need care: regular washing, bathing with boracic before and after the child is fed, avoidance of cold, regular alternation in the breast used, and regularity of meal times for the baby. A mother suffering from syphilis, tuberculosis, severe anæmia, severe rheumatism, sepsis, cardiac or renal disease, is not in a fit condition to feed her infant, and the latter should be bottle-fed. In all cases a mother should begin to wean her baby not later than at seven months; by the ninth month it should be entirely hand-fed. If another pregnancy commences, the child must be weaned earlier.

A nursing mother should avoid alcohol, take plenty of milk and nourishing food, and generally live as hygienic a life as possible. (An ideal unattainable in our slums, where the seeds of impoverished and ignorant motherhood are already sown, a heritage of pain for the future generation.)

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Ména Bielby, Miss P. Thompson, Miss James, Miss J. Cunningham, Miss Macdougall, Miss T. Jones.

Miss Ména Bielby writes:—

After the mother has slept for seven or eight hours, if she intends to suckle the child, the breasts should be prepared by washing with soap and water, the nipples then sponged and carefully dried, using warm saturate solution of boracic acid and sterilized cotton pledgets. The solution should be kept in a stoppered glass vessel. The appliances for the breasts are best kept together on one tray. The nipples should be washed in this way before and after each feed. They should not be touched by the fingers unless the hand has been disinfected.

The baby should then be put to the breast in order that:—(1) The mother may be relieved of and the child receive the benefit of the colostrum. (2) To assist permanent contraction of the uterus. (3) To promote secretion of the milk. (4) To draw it off before undue distension of the breasts ensues. (5) That the child may early acquire the habit of sucking. (6) Because the nipples can be more easily drawn out before the breasts become full.

QUESTION FOR NEXT WEEK.

Give a short description of the following diseases, with details of their general nursing and management (a) chorea, (b) acute meningitis.

[previous page](#)

[next page](#)