The Midwife.

THE CARE OF THE BREASTS AND HOW TO INCREASE BREAST MILK.*

[*Abridged.*]

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I have often thought that either or both of the above subjects would be excellent material for a doctor's lecture to an alumnæ association. Many a nurse during her first few years of private work would be glad of such help. As I look back, it seems to me that I knew very little about the detail of this work when I started out as a graduate, although I did not display my ignorance. We do not have as great responsibility in the hospital, nor do we watch the cases individually, as we do when outside.

Every nurse knows the general rules for the care of the breasts. Sometimes on private work a doctor will give special directions during the first week, and on the next case the doctor will give absolutely no help, even when the nurse is anxious and is looking for it. I think I have added more to my gray hair by worrying over breasts than in any other way.

I find the most satisfactory treatment during engorgement is to use hot stupes. A breast pump is not of any use until the breasts are well filled, and personally I like to forget there is such a thing unless it is absolutely necessary. A good rule to remember is that the baby is the best breast pump ever invented. A binder is applied, of course, to support the breasts, but must not be used too snug after the first week.

A very good way to ease the difficulty, either in case of overfull breasts or when a lump is present, is to have the baby nurse the right breast from the left side of the patient, placing a pillow for the baby to lie on to bring him high enough. The next time, the left breast from the right side, if necessary. This will empty the breast where most needed. I have found this a wonderful help.

Massage was taught in our hospital practice, but I find that many cases can get on without it, much to the relief of both patient and nurse, for it is nearly always painful. I remember a coloured patient in the hospital whose breasts were very swollen and sore when the milk came in. Massage was ordered, and when one nurse was tired, another was put on. Poor patient! I wonder how she stood it. Hot stupes would have been so much more comfortable! Some doctors instruct the nurse not to massage, giving as a reason the possible bruising of the breast. The nurse may resent this mentally, feeling that *she* knows how to massage, but there is nothing more sensitive than a sore breast, and it would be an easy matter to bruise it, even with the lightest handling.

In case of a lump appearing after the first week is over, we at once think, "Cold—how did she get it?" but I have found in several cases that the doctors say it is an obstructed duct. This, of course, is not the fault of the nurse (we hope, in case of cold, the nurse is not at fault either). A hot-water bag or hot stupes is good, though some doctors order cold application. Then when the baby is put to the breast, a little gentle massage over the spot helps open the duct.

Cold in the breast is preceded by chill, more or less severe, and followed by fever. An ice cap over the sore spot is the best treatment, much to the distress of the mothers and grandmothers. The patient, however, finds it very comforting, and the sore spot is gone in twenty-four to forty-eight hours. Sometimes it is necessary to put the baby to the sore breast at each nursing (while it lasts), and empty the other with the breast pump.

I wonder if other nurses have as trying experiences as I with sore nipples; in one or two cases it seemed as if nothing would heal them. Ordinarily, in mild cases, keeping the nipples sterile and using cocoa butter, or, when that fails, castor oil and bismuth sub-nitrate, will heal them; but in cases where there is a fissure we have more trouble, and nursing time is dreaded by both patient and nurse. The glass nipple-shield is quite necessary at this time to relieve the patient and give the fissure a chance to heal.

The three-hour schedule for nursing the baby is being used more and more, and is usually found successful. Discretion must be employed, and in cases where the baby is delicate or premature, a closer interval is needed, but the old idea that we *must* feed the baby every two hours is passing out. Nurses will agree that they are more ready for food and nurse much better than when we had to shake them

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previous page next page