

The Midwife.

THE CARE OF THE NEWLY-BORN INFANT.

Miss Annie E. Ellershaw, of Johannesburg, in an article in the *South African Nursing Record*, says in part:—

"There still exist in the nursing world some very estimable women who are quite satisfied that they have done their duty to the infant when, after tying the cord, squeezing the breasts, bathing and dressing the child, they give a little oil, or butter and sugar, and place it in its mother's arms—to keep it warm—and if it cries give it a little alcohol to quiet it! Well, in times gone by this treatment of the infant may have been considered quite correct, but not now. In these more enlightened days we recognise that the 'special' care of the infant begins as it is 'being born.' As soon as the head is born the eyes ought to be gently and quickly bathed with biniodide of mercury 1-5000, so as to lessen the risk of sepsis to the eyes from vaginal discharges, and when the child is born the eyes should be shaded from glare or bright light. As soon as the cord has ceased to pulsate, it must be tied very firmly about two inches from the umbilicus—ligaturing at this distance lessens the danger of tying a portion of the bowel which may have protruded into the cord. Now, whilst waiting to tie the cord, the infant's hands should be sponged, and the eyes again attended to by using separate swabs (for each eye) of wool dipped in warm boracic lotion, and, opening the eyelids, squeezing the lotion into the eyes, then swabbing the eyelids very gently.

"The mucus from the mouth must be carefully removed by using a little sterilised linen, gauze or wool (damp) tightly wrapped round the finger, and covering the nail, and introducing the finger into the child's mouth, clearing it of all mucus. The nostrils also need a little attention. If the child does not breathe satisfactorily, and you can hear the loose rattle of mucus in lungs and throat, after tying and cutting the cord, hold the infant up by its feet and you will find mucus running from nose and mouth. Clear, and repeat the treatment if necessary. The infant then is covered with a warm flannel (receiver) and placed in a warm basket or cot. If it is covered with vernix caseosa (white cheesy sort of stuff) it is just as well to rub over the body a little olive oil, which appears to absorb it.

"A little incident of my training days has just flitted across my brain. It is with reference to 'vernix caseosa.' I was attending a second case in a tenement building when a youngster ran up to me and enquired if I were taking a baby to his mother, because if so, I must take care to let her have a clean one, as the one I left at a neighbour's 'they said was very dirty'!

"The temperature of the first bath should be 105 deg. F. Cold water must be put into the bath first, then heated to the required temperature by the addition of boiling water. The child's head and face are washed first and dried, then the body and limbs are rubbed all over with soft flannel and soap (Castile, Cuticura and Velvet soaps are nice for babies), and immersed in the bath, rinsing off all soap, and also at the same time removing any remains of vernix caseosa.

"When the infant is lifted from the bath, it must be laid on its chest, either on the lap, well protected with an apron and thick towel, or on a specially prepared table."

After describing the dressing progress in detail, Mrs. Ellershaw continues:—

"Now, whilst all this bathing and dressing is in progress, a nurse has ample time to find out whether the infant has any imperfections, such as cleft palate, hare-lip, talipes, spina bifida, nævus, imperforate anus or penis, and if there are any, she must call the attention of the doctor to them at once.

"Sometimes in very young infants the breasts become very much inflamed. They must not be squeezed, but a thick layer of absorbent wool put over them. This prevents pressure, and the inflammatory condition will disappear in a day or two if not interfered with.

"It is a great mistake for nurses to think that the newly-born infant because it cries needs feeding. It must cry—it is good to cry—it develops the lungs to cry, and after it has cried, it may be a little thirsty, and so, in its own way, it asks for a drink of water, which may be sweetened, and a little warm sterile water at intervals for the first two days is really all the dear wee mite requires in the way of food, but it does ask very plainly and pitifully to be kept warm, dry, and comfortable; and because it is good and does not cry, it does not want to be put aside and forgotten—it just asks to be loved!

THE TAPLOW HOUSE NURSING HOME.

Mrs. Du Pre, whose husband, Member of Parliament for South Bucks, is now away on active service, has turned Taplow House, Taplow, into a maternity home for the wives and widows of naval and military officers. The house, rechristened the Taplow House Nursing Home, stands in charming grounds, twenty-one miles from London, and has accommodation for twenty patients. Miss E. South, trained at St. Bartholomew's Hospital, has been appointed Matron, and been helping to furnish it, but cannot take up work there till October, as she is doing sister's holiday duty in the Maternity Ward at St. Bartholomew's. Miss Pilkington trained at Guy's Hospital, London, and the Rotunda Hospital, Dublin, is in

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