

Cross Nursing Service insists that every soldier in his hour of need, shall be provided with the same standard of highly skilled nursing as the country demands in relation to his medical and surgical care.

OUR PRIZE COMPETITION.

MENTION SOME OF THE CAUSES WHICH MAY DELAY DELIVERY IN CHILDBIRTH, AND THE COURSE YOU WOULD ADOPT TO ASSIST THE PATIENT IN EACH CASE.

We have pleasure in awarding the prize this week to Miss Grace A. Tomson, Audley Gardens, Seven Kings, Ilford.

PRIZE PAPER.

Delay in delivery in childbirth may be due to many causes, but the chief ones are the eleven following:—(1) Deformed or contracted pelvis; (2) deformity of foetus; (3) abnormal presentation, such as face or shoulder; (4) presentation of cord; (5) placenta prævia; (6) uterine inertia; (7) loaded rectum; (8) distended bladder; (9) twins or triplets; (10) an abnormal quantity of liquor amnii; (11) owing to second, third, or fourth vertex presentation.

It is wise to discover by vaginal examination as early as possible the probable cause of the delay, and, from a midwife's point of view, if it be due to any of the first five reasons mentioned, a doctor should be sent for immediately, as it will be far easier for him to counteract some of the causes before the membranes have ruptured. Meanwhile, before he arrives, in the case of a cord presentation, the patient should be advised to adopt the knee and elbow position, while the midwife, with a thoroughly disinfected hand, gently presses back the cord as far as possible, so that during the pains it will not get squeezed between the foetal head and the bony parts of the pelvis, which would cause the child to be born asphyxiated or dead.

If placenta prævia should be present, efforts should be made to arrest the hæmorrhage as far as possible by using the following treatment:—Put the patient to bed at once, with her head low and the foot of the bed raised. Plug tightly the vagina with gauze or pledgets of wool soaked in weak lysol or biniodide of mercury; keep these in place with a T bandage, and apply a tight binder round the abdomen. Have plenty of boiling and sterilised cold water ready in case of necessity later on.

The other five causes mentioned can generally be treated successfully by the midwife herself in the following ways:—

(6) Uterine inertia is sometimes due to relaxed muscles of the abdomen or over-tired-

ness of the patient. Gentle friction of the abdomen with the hand will sometimes help contraction. The patient's strength should be maintained by nourishing food, chiefly in liquid form. If the condition is due to over-tiredness or exhaustion, the pains often come on more strongly if the patient can be induced to sleep.

(7) *Loaded Rectum*.—If possible give $\frac{1}{2}$ oz. of castor oil, and follow up later on by giving a copious enema of fairly warm soap and water, injected slowly.

(8) *Distended Bladder*.—If the patient is unable to relieve the bladder naturally, the urine must be drawn off with a catheter. A soft rubber No. 8 will be found the most convenient sort.

(9) *Twins or Triplets*.—If the presentation is normal, only patience is required.

(10) *An Abnormal Quantity of Liquor Amnii*.—It is often necessary to rupture the membranes and to apply a tight binder to the abdomen, as this will help to bring the foetal head down lower in the pelvis.

(11) *Second, Third, or Fourth Vertex and Breech Presentations*.—As a rule, very little can be done in these cases to hasten delivery; only much patience is required, and, in a breech presentation, much care should be used in the delivery to ensure the child's legs or arms do not get dislocated or broken in the process, and that the head is kept flexed. The midwife may insert two or three well-lubricated fingers of her right hand into the vagina, and gently bring the limbs down into place, making sure that the arms do not get extended over the head. In dealing with cases of breech presentation she must remember the rules of the Central Midwives Board as to the conditions in which she is enjoined to send for medical help.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Catherine Wright, Miss S. Simpson, Miss J. Robinson, Miss F. Gregory, Miss F. James, Miss Dobson.

QUESTION FOR NEXT WEEK.

How would you nurse a patient in a continuous bath?

INFANT FEEDING.

Dr. F. S. Toogood, lecturing at Bedford College for Women on "Infantile Dietetics," said that an infant of from a day to four weeks old should have nine feeds in the twenty-four hours from a mixture which should include from one to six ounces of top milk, from one to two ounces of lime water, three to six ounces of sugar, and ten to twenty ounces boiled water.

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