

OBSTETRIC NURSING.

— BY OBSTETRICA, M.R.B.N.A. —

PART II.—INFANTILE.

CHAPTER I.—INTRODUCTORY.

(Continued from page 173.)

At their completion, this Course of Lectures will be published as one of the Series of "Nursing Record Text Books and Manuals."

IN my introductory paper to the first portion of my subject, I pointed out to my Nursing readers that, as regards the mother, the parturient state resembled no other state; and now I must remind you that the conditions of early infantile life are like no other state, and never recur in the same individual. The knowledge and management of these conditions constitute a most important part of Obstetric Nursing, and are absolutely special to it; hence we shall have to give them careful and minute attention.

In an early paper, to which I must refer you, I pointed out the first duties to the newly-born—told you what to do, and how to do it; hence it is not necessary to repeat them now. We will let our little friend be where we left him, on the bed in his receiver, and make our preparations for washing and dressing him; and here let me remind you that there is not the slightest necessity for hurrying on these duties; in fact, they are better deferred until the infant has had plenty of time to vigorously exercise his lungs and limbs.

Where you will have to attend to the infant—that is whether in the mother's room, or an adjoining one—will depend a good deal upon the arrangements of the house, or the wishes of the lady. If in the former arrange to sit in such a position as will enable you to watch the patient from time to time, to note any symptoms that may arise to indicate the existence of hæmorrhage—such as restlessness, yawning, or pallor. If you have to leave the lady's room, you must either defer doing so for at least an hour after delivery, or get someone to watch the patient during your absence and report to you anything that may require your presence. I must earnestly impress upon my younger Nursing readers the prudence, if not the actual necessity, for these precautions, as disaster may follow from their neglect. When making preparations for labour, you will have put out the infant's clothes to air with the mother's, and also have secured beforehand a plentiful supply of hot and cold water; so

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those duties done, we will get things in readiness for the washing and dressing of the baby.

And here I must premise that I shall enter very minutely into all the details of the infantile portion of our duty, and I fear to some of my Nursing readers they may appear trivial, tedious, unnecessary. They know all about them, they may say. Possibly they do; but a wide experience in Midwifery work has long shown me that women engaged in Midwifery Nursing cannot have a wide and comprehensive knowledge of it, from the sheer want of *experience*. Their period of instruction is comparatively brief, and women who get from nine to ten cases a year at most would scarcely in a lifetime obtain the *experience* that would cover a year's work of women engaged in institutional or private Midwifery practice. A recognition of this fact long since convinced me that there was no portion of Nursing work where a practical manual could be of more use than in ours, and it is to strengthen the hands of women to whom are entrusted the care and management of the newly born that I applied myself to my task, and I trust that what I have to impart will prove of use and profit to my sister workers, and show the immeasurable importance of a *good Nurse* to the health, well-being, and comfort of the little patient.

What shall we wash our baby in? Ninety-nine times out of a hundred we are supplied with about the worst thing we could have—hand-basins of the most aggravating character. The size of some is adapted to an infant Daniel Lambert, of others to a Liliputian baby; sometimes the contour of the rim is broken by "jags," that fill us with apprehension for the shoulders of our baby lest they should be scratched; and again the integrity of the entire structure (?) appears to be jeopardised by ominous "cracks," giving rise to fears of impending dissolution of the component parts of this doubtful bit of crockery, only kept together by strips of something or other plastered on the outside. We will decline hand-basins then, and decide that our baby, like a true-born Briton (as we shall assume him to be all through), shall begin life with his bath; and I will describe one to you, made many years ago by the directions of a Nursing friend of mine, who had a very aristocratic connection, and "her baby's" bath was as much a matter of course as his *layette*. It was *oval* in shape, and bevelled round the top, and like other baths, painted outside and enamelled in, and was often made to look very "smart." It was sixteen inches long, twelve

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