

OBSTETRIC NURSING.

— BY OBSTETRICA, M.R.B.N.A. —

PART II.—INFANTILE.

CHAPTER II.—DUTIES AT BIRTH.

(Continued from page 237.)

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

YOU will require from three-quarters to a yard of fine new Welsh flannel; fold it in half, longwise, the open sides forming the front, which of course will be left open; in the middle of the back fold a box-pleat about two or three inches wide. You have now to fashion the arm-holes and sleeves, which you do by cutting a slit about three inches long on each side of the flannel at the top, and then joining up the two open sides of the slit to about two inches, just sloping it slightly to fit the top of the arms. The garment must be shaped round the neck something like a pinafore, and a runner made of the silk ferret that binds it round, into which we run a narrow piece of white sarcenet ribbon. Just below the arm-hole, and the whole width of the flannel, we make another runner, to hold another piece of ribbon to go round the waist. The garment must be bound all round with silk ferret, also the arm-holes, and strings or buttons put on to fasten it down the front. From this brief description my nursing readers can understand that this little barrow-coat* is comfort and simplicity itself. It protects the *shoulders, chest, and arms* of the infant, which the routine "long flannel" does *not*, and it is a matter of the highest importance that these parts should be protected. By means of our runners and ribbons we can fit the "coat" round the neck and waist to any sized "baby," which does away with a constant source of "worriment" to poor "Monthlies." A straight shirt must be worn with the barrow-coat—we do not require "flaps," as they would distinctly embarrass us. You put on the garment as baby lies face downwards across your knees, putting first one arm and then the other into the arm-holes, *always* remembering to raise the arm by placing your hand *under* the elbows, and passing the hands into

* I am not quite sure of my etymology with respect to the word barrow-coat, having never seen it in print, and writing it as pronounced. Perhaps some of my women readers could put me right—if I am wrong.

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the sleeves of the flannel. Having now placed the shirt, the napkin, and the flannel, you must turn baby over on his back, in the way I have directed you, and proceed to adjust those articles. The front of the shirt will have to be folded over the abdomen, and if too long turned up an inch or two. We must next fasten up the napkin; and I must ask your attention to what I am going to tell you about this simple manipulation, for like "baby binding," it is so easy; numbers of Nurses never learn to do it properly. The first step, as I have just told you, is to pass the upper part of the napkin well *under* the belly-binder as the infant lies face downwards across your knees, when he is turned over on to his back; take the inner and lower part of the napkin in your left hand, and pass it well, but not *too lightly* over the genitals, and hold it there, whilst with your *right* hand you draw the upper and outer side of the napkin firmly *over the top* of one hip, tucking the ends *under* the buttock; pass the fold to your left hand, to be held there with the first; do the same with the other side of the napkin; and, lastly, taking the *outer* and *lower* fold of the napkin, place it over all the other folds held in your left hand; pin them all firmly together with your *right*, and never loose your *left hand* until this is done; and I venture to assert that the integrity of your baby's garment will be quite unimpeachable. What sort of pin shall we use to fasten on with? For my part I prefer a long straight pin—one of our ordinary binding pins, in short—to the so-called "safeties"; for the real "safety" consists in how you place your pin, not in that article itself; and when you put it in position, pin on *to your own fingers*, so that in the event of any "pin-sticking" carelessness it is the Nurse that finds it out, not the baby. Darn your straight pin well in and out, and bury the point in the many folds of the napkin, and you need have no fear as to where it has gone to. Numbers of Nurses prefer safety-pins; the objection I have to them is that they so often belie their name. The pin slips from the cap (especially in badly-made ones), and the point sticks out; and I have seen poor babies' thighs scratched and dug into by that wretched "safety," that *won't fall out* as a straight pin would, supposing it were carelessly put in. So I recommend straight pins as being easier to put in, and easier still to *take out*. Having dwelt somewhat tediously I fear upon the adjustment of baby's napkin, we will say a few words about "changing" the same; and when you consider how frequently this has

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