

OUR PRIZE COMPETITION.

DESCRIBE THE MANAGEMENT OF A NEWLY-BORN INFANT FOR THE FIRST WEEK OF LIFE.

We have pleasure in awarding the prize this week to Miss Dorothy M. Clarke, the Infant Welfare Centre, Sydenham, S.E. 26.

PRIZE PAPER.

The management of a newly born infant must be divided into two classes:—

- (a) The child born at full term.
- (b) The child born prematurely.

(a) At birth the child is covered with a greasy substance, the *vernix caseosa*. This is removed by applying olive oil, and then washing with warm soapy water. The temperature of the first bath should be 100° F., gradually reducing the heat to 80° F. A strong healthy baby should be, from the beginning, bathed twice daily.

Great care must be taken with the eyes of a new-born baby. They should be bathed night and morning with warm boracic lotion, being careful to use a fresh swab for each eye, and bathing from the inside, outwards. At the least sign of discharge, a doctor must be sent for.

Baby's mouth must not on any account be cleaned out—there is no need: Baby has a natural mouth wash, its own saliva, and although this is present, only in a very minor degree, in the newly born child, it is sufficient to be a satisfactory mouth cleanser. The poor baby who has his mouth carefully cleaned out with boracic, &c., is almost sure to be a victim to thrush, because the delicate lining to the baby's mouth becomes injured and the thrush parasite can do its worst.

A healthy baby should be out of doors as much as possible, from the very beginning. Windows should be kept open and the room at a temperature of 55° to 60°. A delicate baby should be out on fine warm days, well wrapped up, and a hot bottle to its feet. The temperature of the room in which it is should be 60° to 65° F.

Baby's clothes should be loose and warm. The only clothes needed for the new-born baby are:—A woollen vest, flannel binder until the navel is healed, a napkin, pair of booties, and a woolly coat. When baby is not in his cot, he should have a light, warm shawl.

Before putting on the napkin, it is advisable to put vaseline on the buttocks, because the first stools consist of a dark greenish substance, the meconium, which is very sticky. Baby should be put to the breast every four hours from the time it is born. Even before the mother has

anything for the child, it is good for both mother and child that it should be put to the breast very regularly.

Baby's day could be divided as follows:—20 hours' sleep, 1 hour 30 minutes feeding (six feeds 15 minutes each), 2 hours 30 minutes to be spent in kicking, being nursed, crying (the crying at intervals is good, it helps to expand the lungs), and ablutions.

(b) The premature baby should, as far as possible, have its pre-natal conditions imitated for it—warmth, quietude and darkness.

The baby born before full term should not be bathed. It should be oiled twice daily with warm oil and wrapped in cotton wool, and should have a cap of cotton wool made for its head. The child should be either kept in a cot with hot-water bottles, an incubator, or an electric cot, the latter being the most practical, as, without any difficulty, the child is kept at an even temperature. The bed should be made by lining the cot with a full-size blanket, and then putting in the mattress, &c. The two sides of the blanket can then be folded over the child, and it is in this way protected from draught. Electric wires are now fixed from any light in the room and brought on either side of the cot (outside) where two long bulbs (as used for a heating radiator) are fixed. A thermometer should be kept inside the cot, and the light turned out should it rise above 70°.

The room should be kept darkened and quiet. No visitors should be allowed.

The child should be put to the breast, or have the milk drawn off and be fed, if too feeble to suck, three-hourly, and as it gets stronger, four-hourly.

The above method of managing a baby's mouth represents modern, and no doubt, sound teaching. We are learning to leave Dame Nature alone as much as possible, realizing that she knows what is best for her children.

But we cannot agree that a baby who has his mouth "carefully anointed with boracic, &c." (glycerine and borax for choice), "is almost certain to be a victim to thrush." Experience proves the contrary. A maternity nurse should always ascertain the wishes of the physician-in-charge on this point.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Isolen M. Moore, Miss E. Ford, Miss Catherine Wright, Mrs. M. Farthing, and Miss Alice M. Burns.

QUESTION FOR NEXT WEEK.

Describe your method of disinfecting after an infectious case in a private house, (a) the patient's room, (b) yourself.

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