The Midwife.

BREAST FEEDING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It is good in these materialistic days to be credited with a star, but unless one has an ultimate point it is exceedingly difficult to judge how far one may safely wander. This was realised in framing the Nurses' Registration Acts, our endeavour ever being to insist that the nurse should receive her training in the wards of *a hospital.* Given that standpoint she could then modify her work to suit her patients and their surroundings, wherever they lay. Dr. Truby King rightly stresses the absolute necessity of understanding the importance and technique of breast-feeding. I do more than assume that in the majority of cases if the knowledge of how to breast-feed their infants *is correctly conveyed* to mothers it will ensure its practice. Simplicity, cheapness and efficiency in the correctly fed infant are advocates in themselves. It is largely because the mothers are wrongly advised, and the results so poor, that breast-feeding has been neglected. Learning correct caloric and percentage feeding is equally important. The teaching is in no way adapted only for the wealthy. The "Plunket Nurses" use it up and down New Zealand, and "Truby King" trained Health Visitors testify to its efficiency in urban and rural districts in this Kingdom. Personally, my two most successful cases of re-establishing lactation were in Kennington and Greenwich. The former, a woman with her second child, six weeks old, a mal-developed breast complicating the situation, added to the fact that the mother was apathetic and thought bottle feeding much easier than persevering with a screaming infant at the breast. She became enthusiastic, however, when her milk steadily increased, though the first ten days called for unadulterated optimism on the part of the nurse. The second case—a good, though worried mother, with her fifth child—"only breast-fed the others for a few weeks, then milk went." They had each been brought up on different foods, the mother not being satisfied with any one. In this case the child was 10 weeks old, much under weight, had frequent green stools, colic and sometimes vomiting, and once a sudden attack of glossitis, when we nearly lost what we had gained with the breast milk by his inability to suck! In this case I was unable to borrow scales for test weighing and had to be satisfied with weekly record of weight from the Centre. Knowing that the child was a certain age and a certain weight, I calculated its theoretical caloric allowance—a simple process. I had also to allow a margin for extra food required to attain correct weight, bearing in mind that I was dealing with a "damaged" digestion. The obvious was to rush up the natural supply as quickly as possible. In doing this two courses are open: (1) Rather underfeed the baby with supplementary and keep it hungry for sucking so as to create good stimulation of the breasts; during this process you have to deal with the mother's mentality, because probably there is a further loss of weight in the child while at first little increase in the breast milk is noticeable, especially when test weighing is not being carried out. (2) Risk reduced production of breast milk by feeding infant up to full allowance with supplementary food. This is *always* given after the breast. The breast milk yield is highest at 6 a.m., so it is seldom necessary to supplement at this hour; at 10 a.m. the milk is less and the lowest yield is reached at 2 p.m.; the 10.30 p.m. draught is generally the next in quantity to the 6 a.m. Note how Nature provides for the long fast which should be observed in all normal infant feeding. Calculating on this basis I compiled a complementary feeding table which, with a little adjustment, proved satisfactory till it was dropped as full breast feeding was established. The night feed was stopped without inconveniencing the father, who had to turn out at 5 a.m. The mother's constipation was overcome and she developed a plump figure which necessitated an adjustment of her clothing; she was transformed from a sallow, thin, worried mother into a grateful and convincing missionary to neighbours, mothers and nurses at the Centre, while the baby was the cynosure of all eyes.

It is when death threatens most nearly that *we* make our most careful calculations; though it is not necessary when you know the value of mixtures to waste time with pencil and paper. A slight error in an acute case may expend the last ounce of carefully husbanded strength on unnecessary vomiting. I have no objection to a screen round a child's bed; I took exception to "a tent made with blankets" when nursing summer diarrhœa. As for relying on "common sense removing the screen when the occasion arose," it is a commodity seldom met with; in issuing his instructions Dr. Truby King always essays to make them "Fool proof."

The arrangement of screens round the cots at Earl's Court Centre often calls for remark. The cot (when not on the balcony) is placed between the ever-open French windows and the screen, which, being higher than the cot, prevents a draught, as when one is seated beneath a high cliff. I quite agree with Miss Beilby in beginning parental instruction with the young, but although "the education of the majority is from various reasons slow," the barriers are not insurmountable, and where the nurse cannot directly make an impression she can often make a big score through a convinced mother acting on other women.

I am, yours, &c.,

J. B. N. PATERSON.

previous page next page