

## OBSTETRIC NURSING.

— BY OBSTETRICA, M.R.B.N.A. —

## PART II.—INFANTILE.

## CHAPTER IV.—INFANTILE FEEDING.

(Continued from page 209.)

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

AS soon as the breasts begin to fill, the infant should be applied to them, and *before* doing so I should advise that the nipples be supplied with a little *white* vaseline or glycerine, and when the infant is taken from them, they should *at once be wiped dry*, with a soft napkin, and some vaseline used to them. Very frequently, in spite of all care, the nipples become, in a few days' time, very tender and excoriated, and in this case a nipple shield must be used *at once*, and continued until the nipples are healed. At the first flush of the milk we often have immense engorgement of the breasts, and the infant cannot suck them until they are relieved first by *careful* friction with some simple lubricant. I find camphorated vaseline as good as anything, and drawing part of the milk off with a breast-pump. As soon as the *tension* on the breasts is eased, the infant can take the milk easily; slings also are a comfort here. With respect to the frequency with which a newly-born infant should be put to the breast, I can tell you but little, for *paper rules* are of little value, because they must be modified to suit circumstances—and the baby! For instance, after a satisfactory meal an infant will sleep for six or eight hours at a stretch; to rouse him up would be of little use, for a sleepy baby will *not* suck, however urgent may be the need for it. If the lady is uncomfortable from an excess of milk, and the baby is asleep, *draw* the milk off, put *some* of it into a clean cup, and stand it in a basin of hot water ready for the infant when he wakes up, and possibly the mother is sleeping. *Never* wake either of them up from sleep; day nor night a little management will avert the necessity for it. The more they sleep the better for both.

The best way to give the infant the breast-milk is with the nipple shield (reversed). As I have pointed out to you before, never use a spoon, nor, in breast-fed infants, the bottle. Of course these arrangements apply to the little emergencies that occur at the beginning of lactation, at

a time when both patients require the greatest consideration, and a careful Nurse will contrive that neither shall interfere with the comfort and well-doing of the other.

By the second week things will run more smoothly, and it is an excellent plan to get into *methodical* ways, and let the infant have the breast at regular intervals—and in this matter almost everything depends upon the mother herself; and I think most nursing mothers will admit that *regularity* in the matter of breast-feeding influences the milk-flow, and this again re-acts on the baby's appetite, and they are both ready for each other at the *same time*. At least such is the outcome of my professional experience.

Some of our patients are apt to be impatient in suckling, and do not let the infant have his fill; hence he is not satisfied, and his Nurse has to get into the bad habit of *hand-feeding*, to supply the infant's needs, by which plan the *regularity* of breast-feeding is interfered with—*confusion* comes in, and when the milk is ready for the baby, he does not want it; and so Nurse has to draw it off, and hence all the real good and comfort of suckling is broken into, and neither mother nor child are really well.

To make this matter plainer to my young Obstetric Nursing readers, we will take a cycle of twenty-four hours any day in the second week after delivery, just as a little illustration of the value of *method* in this portion of our work, even at that early period of infantile life.

We will begin our "day" after baby has had his morning's washing and dressing (say, about ten o'clock)—a process that will almost always have a tendency to sharpen his appetite. His mother had her breakfast nearly *two* hours ago, and there is a good one waiting for the baby—and he takes his time over it. Then repose follows repletion, and slumber both, baby is laid softly down in his cot, and more often than not (if care be taken to induce it) he sleeps for at least four hours—say, till two or half-past two p.m., or even more. At eleven a.m. the mother has her milk gruel, and at half-past one her dinner, and there is one ready for the baby. *After* their dinner (?) (I don't in the least know why) babies are not so often sleepy, they generally prefer being nursed for awhile and looking about them (a laudable desire); but his Nurse has other duties to attend to, and cannot allow that kind of thing to go on for more than an hour, when he has to be put into his cot, and like a philosopher, resigns himself to circum-

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