

OBSTETRIC NURSING.

— BY OBSTETRICA, M.R.B.N.A. —

PART II.—INFANTILE.

CHAPTER V.—HAND FEEDING.

(Continued from page 259.)

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

WE now have to attach the glass tube to the lower end of the tubing, just below the band. This tube is four inches long, and just fits inside the bottle. About two inches from the bottom end is fixed a little india-rubber band, that protects it from breakage, and also helps to keep it fixed. We notice a slight indentation in the tube, dividing it into an upper and lower portion: in the latter we see a small piece of glass, open at one end, round, and closed at the opposite—that moves up and down in the little canal in which it is imprisoned; for it cannot escape from the lower end of the tube, which is slightly narrower than the upper part. This little valve rises and falls with the suctorial efforts, and thus *regulates* the flow of milk from the bottle to the tubing, cutting off further supplies until needed—that is, when baby has had time to swallow that sent on to him. During a pause, the milk column presses on the little stop, and opens the tube for more to flow in. This ingenious contrivance safeguards our baby from the risk of choking from a too-rapid milk-flow.

So much for the fittings; we have next to consider the glass bottle.

The bottle, to which we have just put the fittings, is oval in shape, flattened on the underside to keep it steady when laid down, and of course narrowed at the neck, which is bevelled to fit the screw-stopper, round which is fixed the india-rubber washer, to keep it firmly in. Down the centre of the front and upper side of the bottle a thermometer is embedded, which scales from 60 degs. to 140 degs. Just below the 100 degs., a little arrow is fixed at 98 degs. (blood heat), the normal temperature of breast milk, which can be accurately ascertained by means of this scale. As a matter of practice, I recommend that the food be mixed at a higher temperature, say 120 degs., *before* it is put into the bottle, and allowed to cool down to 98 degs.; or if there is hurry, by dipping the bottle into *cold* water. There are only two ways of raising the temperature of the food *in* the bottle—either by adding

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boiling water to it, which upsets all the *proportional* arrangements so important in hand-feeding, or plunging the bottle into boiling water to the imminent risk of breaking it, from the great thickness of the glass. I also deprecate the plan of keeping the food hot *in* the bottle, upon hobs or in ovens, as is so often done. There has been a contrivance introduced lately for keeping the food warm *in* the bottle, a sort of hot box, on the lines of the old "cosies" we used for keeping our tea hot *in* the tea-pot—that is better, perhaps, than hobs or ovens, but for my part I do not advise any such "make-shift" arrangements. A Nurse can always keep water boiling in the day, and there are admirable contrivances for doing so at night, or if milk alone is required, you can boil that. Mix your food for baby *fresh*, and *in small quantities* at a time, and give what is left over to the cat or her kittens; they are the best of "cosies" to keep it warm.

We must now return to our bottle. Its fluid capacity is eight ounces, graduated into ounces and half ounces on each side of the thermometer like a medicine glass. By means of this scale a Nurse can always be sure of the proportions of the infant's food, and also know how much baby takes at a time, and hence get a good idea of how much to mix for a feed; and, to my knowledge, we have no other way of being sure of these facts except with the bottle I have described to you. When you mix the food *in* the bottle, put the cold milk in first and the hot water afterwards. With regard to keeping the bottles *clean*, the first point is not to permit them to get *dirty* by allowing the milk to remain in them. Pour out all that is left over from a feed into a clean jug, and at once rinse out the bottle with *cold* water. It should be well washed once a day, inside and out, with hot water and Californian borax, or the borax dry soap will keep them in excellent condition and clear. You can rinse out when necessary with the Condy solution, and, if the weather is sultry, keep them immersed in it till you want them for use. This a good plan in big towns, notably London, under all circumstances.

I think I have now brought before my sister workers all the points of the Thermo Safety Feeding Bottle, and leave them to think them over, and judge for themselves. As Obstetric Nurses, you will have to familiarise yourselves with every form of hand-feeding contrivances, including the tubeless bottles now in much repute in certain circles.

We have dwelt upon most of the practical

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