

## Obstetric Nursing.

— BY OBSTETRICA, M.R.B.N.A. —

### PART II.—INFANTILE.

#### CHAPTER VI.—GENERAL DUTIES.

(Continued from page 132.)

**W**ITH respect to sleep, "that consummation so devoutly to be wished" for the good of our little patient, and the comfort of his Nurse, it might appear unnecessary to say anything; but those of my readers who have had most experience in our portion of Nursing work will, I think, agree with the writer that even from very earliest infancy slumber can be promoted or hindered by good or bad management respectively (of course this remark applies to healthy infants and normal cases). When we calmly consider the immense importance of sleep—the rest of the brain—to infantile *growth* and well-doing, we must admit, that whatever tends to encourage it is a proof of good nursing. The first point to consider is that the infant must be got into a habit of going to sleep *in* his cot, and not by being rocked in his Nurse's arms as a preliminary measure—a common result of this soothing (?) process being that he wakes up as soon as he is laid down, when the process is again repeated, and a bad precedent becomes established. I also advise that the usual practice of rocking an infant to sleep when laid in the cot awake should be dispensed with. When once begun, it only leads to more rocking, and the infant will not be quiet without it—nor *with* it—when the Nurse has made a habit of it. Another point to bear in mind is that the infant's slumber should *never* be broken day nor night; patiently wait for his awakening. Another means of promoting sleep is by regularity in all the duties required for our little patient's comfort—bathing and dressing, feeding and changing. Cleanliness leads to a sense of comfort, and that will induce to slumber, and so again will fresh air, and the ventilation of the room must be attended to. Purity of air is always an important factor in helping on peaceful slumbers, and the infant system is very sensitive to the evil effects of vitiated air. As I have already touched upon the subject of ventilating the lying-in room, in my earlier papers, I must refer my readers to them.

Shall an infant be taken out of his cot for the sake of a little recreation when he is awake—no duties requiring his removal? Obstetric Nurses

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differ on this matter—some holding on sternly to the rule that the infant shall only be taken up to tend him for the *first month* of his existence; others, again, will take him up every time he awakens, night or day, from the first. As usual, we shall here, as in mightier matters treat the *juste milieu* as more consonant to common-sense than either extreme. For the first eight or nine days I am in favour of autocratic rule, but after then I am disposed to take a more genial view of the situation, and consider that during the *day* an infant may be taken up and carefully nursed, and thus allowed an opportunity of taking a limited view of the world—*i.e.*, the room into which he has so recently entered; and, furthermore, I am distinctly of opinion that the babies enjoy this privilege (especially the girls), and that these diurnal efforts at *self-improvement* on their part, on the "Something attempted, something done," rule of the poet, "may earn a night's repose"!

The value of these few practical measures to induce sleep will become more manifest when we regard them as a sort of antidote to what we may call the "crying evil" of Obstetric Nursing. It is a melancholy fact that, even under the best of management, numbers of our babies indulge in what appears to be "causeless crying," and, for some mysterious reason or another, these outbreaks take place at night. It is a somewhat humiliating confession to make as regards our sex, but the girls have a worse reputation for these "crying fits" than the boys. Whether it be they are less amenable to an appeal to their creature comforts (stomachs), or whether, as women are born to weep, they begin at once, I know not: but there is one remarkable fact, common to both *sexes*, that they neither appear to be a bit the worse for their misapplied vocal efforts. It is the poor Nurses who are the sufferers! And it is for *their* sakes I must try and get on the right side of Mr. Editor, and ask him to put forth a prize for a Competition Essay on the subject, in order to elicit the opinions and experiences of *Obstetric Nurses*, with a view to some prophylactic measures (there is *no* cure) to deal with this dire infliction. I should be delighted to compete myself—and even venture to select by anticipation a book, or books, of the value of *five guineas*\*—say, "English Dramatists of the Six-

\* As Obstetric Nurses, we could not *possibly* accept less, conscious of the importance of our theme, and knowing that it affects more "beds" than all the Hospitals in the United Kingdom put together, we could not consent to be placed on a level with such every-day matters as kitchens, laundries, badges, and mutton broth.

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