Obstetric Nursing.

—— BY OBSTETRICA, M.R.B.N.A. ——

PART II.—INFANTILE.

CHAPTER VII.—SPECIAL DUTIES.

(Continued from page 351.)

WE have now to consider the infantile troubles arising from head-last—commonly called "breech labour." The chief peril in these cases arises from compression of the cord during the birth of the head, and the point of danger lies in the upper strait of the pelvis; and the pressure is sometimes so prolonged as to prove fatal, and baby is still-born. Under favourable conditions, the birth may take place with perfect safety to the infant, and by the natural powers alone—"powers," by the way, but too often mistrusted (hence Nemesis)—and no special nursing care is needed. In the majority of cases the infant is live-born, and so far the danger of cord-pressure overcome. Are there no others to menace the infantile safety? There are; and here good nursing will come in.

The interruption to the fœtal circulation takes place when the head is clearing the conjugate, and ceases a few seconds afterwards by its complete expulsion, and the peril is *extra*-uterine.

The troubles we are about to discuss occur *in utero*, and during labour, hence they affect the infant. I need scarcely remind my Nursing readers that prolonged parturition, as in primapara, is a very untoward factor in increasing these pressure perils, the parts of the fœtus most affected by them being the cranium, the abdomen, and the genitals. With respect to the former, we must bear in mind that in breech labours the force of the fundal muscles falls upon the crown of the head. The very reverse takes place under normal conditions, and the fœtal head is protected from their expulsive power by the intervening portions of the child's body. In rapid labours this cranial pressure is a matter of no moment; in protracted ones, it is so serious as to tend to the speedy death of the infant, even though it be live-born. The symptoms are the same as those I have so recently described to you as arising from severe pelvic pressure: the countenance has an expression of misery; sharp, shrill, pitiful cries continue intermittently until the last; the respiratory nerves are affected; and, although the pulmonary circulation may have been temporarily established, it cannot be maintained. The effects of abdominal pressure upon the fœtus is one of much interest, as they will require care and tenderness in the matter of nursing from the hour of birth.

What is the effect of prolonged abdominal pressure? And we must remember we are discussing the unfavourable aspects of a complication of childbirth—serious at the best. The evacuation of the meconium from the intestine is a natural consequence of breech presentations, and is generally regarded as diagnostic, though this is not always so; for the meconium may escape into the fœtal sac under other conditions, and it is only after the rupture of the membranes that we perceive it in the cases we are considering. The more tardy the expulsion, the more severe the abdominal pressure, the more profuse is the discharge of the meconium, and in severe cases the infant is greatly distressed (suffering from congenital diarrhœa); the abdomen presents a sunken appearance, dragging, as it were, from the diaphragm, the limbs hang listlessly down; the infant is too feeble for cries. As soon as the pulmonary circulation is established, and the infant separated, he should *at once* be wrapped in hot flannel, and placed on a pillow near the fire. Nourishment must be administered promptly. A teaspoonful of milk, or, better still, cream, one of warm water, and ten drops of pale brandy must be given from the reversed nipple shield I have so often told you about, every quarter of an hour until baby revives. The washing and dressing must be deferred for at least an hour (or even two hours) after birth; and all the precautions I have pointed out to you in earlier papers must be *strictly carried out* to avoid chilling the abdomen. You must take very tender care of your little patient for some days, remembering that coming into the world has been a very severe ordeal to the sensitive frame.

Amongst our older Obstetricians it was quite a routine practice, in order to "resuscitate" in severe breech cases, to resort to measures of the most drastic (dare I write "barbaric"?) character—worse than the evil they were supposed to meet; for *when* successful, they could have been dispensed with, and when not, why? I allude to the alternate hot and cold effusions. Nurses had to prepare a pan, or basin, of hot water, and one of cold, and poor baby was "doused" first into the one and then into the other, until every spark of vitality (if he ever had any) was "doused" out of him.

(To be continued.)

Cocoa "Gruel."—Many cocoas now sold are so adulterated with farinaceous, starchy matter, that they disagree with many; causing eructation, "fullness," and consequent indigestion. To such as have found this the case, **De Jong's Cocoa** is strongly recommended as most easily digested and ten times more nutritious. For samples—14, St. Mary Axe, E.C.

Loeflund's Hordeum Compounds.—C. Pepsine (in **dyspepsia**), c. Iron (in **chlorosis, anæmia, jaundice**, pleasant and digestible for ladies and children), c. Quinine (an excellent tonic in **neuralgia, nervous headache,** and **debility**) c. Lime—hypophosphit (in **rickets, scrofulosis**, very digestible). 3s. 6d. Sold by Chemists, and Loeflund, 14, St Mary Axe, E.C.