

Obstetric Nursing.

— BY OBSTETRICA, M.R.B.N.A. —

PART II.—INFANTILE.

CHAPTER V.—HAND FEEDING.

(Continued from page 78.)

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

NOW, in these cases, a *very* small thermometer is a handy thing, or a sensitive finger can be a very good test when you know what *blood-heat* is. Of course these rules are not autocratic. A healthy vigorous infant may on the fifth day from birth take two or three tablespoonfuls at a feed, and we can bring our feeding-bottle into use by that time, but I do earnestly enjoin Nurses *not* to give food *too* often, nor in too large quantities *at a time*—it is always ejected. You need not take the infant up to feed him; he is more comfortable in his cot, and you can use the bottle from the first, if you prefer it to the little plan I advise, which I find more suited to the *early* suctorial efforts; but in either case remember, he is to be *fed* and *watched*, and not allowed to *feed himself*, as careless Nurses let him do in bottle-feeding.

There is one point about early infantile feeding we are apt to overlook—that all our *rules* (?) as to quantities are rather *guesses* than anything else, because the only knowledge that could really guide us, the *breast yield* itself, is withheld from us by Dame Nature. All we do know on that matter is that some infants *are* satisfied after sucking, and sleep for hours afterwards, which I consider our best test as to the *sufficiency* of the meal (?), and others are *not*. Can the breast-yield, then, be always the same?

In hand-feeding, we also must *watch* the effect of the quantities we give. If the infant appears satisfied, and, above all things, sleeps afterwards, we may fairly consider we are about right; if, on the other hand, two things follow after a feed—vomiting or crying—we may surmise that, in the first case, we have given too much, and, in the latter, too little, food. If a Nurse has reason to think that the milk is difficult to be retained in the stomach, a portion of the water added might be *replaced* by lime-water—say, a tablespoonful in the half pint of food. If you *add* the lime-water without subtracting an equal portion of plain water, you *disarrange* the proportion.

† Loeflund's Malt Extract Lozenges contain 30 per cent. "Pure Hordeum" with white sugar. Best lozenges for children, delicious; flavour, very digestible, cause no acidity. Invaluable for throat affections. In tins and bottles, 6d. and 10d. R. Baelz and Co., 14-20, St. Mary Axe, E.C.

By the fourth or fifth day the infant can be fed from his bottle, and our routine instruction being that the infant is to have *two ounces* (four tablespoonfuls) every two hours, during the greater part of the twenty hours of the day—viz., from five a.m. to eleven p.m., and if these feeds were given regularly they would amount to eight feeds, equal to sixteen ounces, or about three-quarters of a pint of milk and water per diem. I very much question if the average breast yield reaches this amount of fluid, to judge from the comparatively small quantities we draw off at a time, in cases of engorgement; and hence I regard the instructions as somewhat "autocratic"—and so does the baby as far as I know of him! Oftentimes he will *not* take two ounces at a time, nor will he take it *every* two hours from the mystic five a.m. to eleven p.m., if he happen to be sleepy; and the more he sleeps the better. Still, a Nurse can get one practical rule to go upon out of her instructions—viz., that the total quantity ordered—*two ounces*—is (to *begin* with) in *excess* of the needs of a newly-born infant; but at the beginning of the second week, it may be taken by a healthy baby; that feeding *times* are more in his hands practically, and the Nurses than the "autocrat" during the time of her attendance. The total quantity given per diem should not exceed a pint; intervals must, to a large extent, depend upon *circumstances*; to a baby a day is twenty-four hours. He is often *most* wakeful at that part of it we call *night*, and slumbers most peacefully at that part of it we call *day*, and hence ruthlessly upsets our nice calculations! Still, I recommend strongly, *method* in early infantile feeding, and am quite of opinion the more food our baby takes in the day, the better he will sleep at *night*—also his Nurse.

There are *two* rules in bottle feeding that we may regard as *absolute*—that baby is to be fed lying in his cot, and *watched* whilst he is fed. How are you going to place this feeding-bottle, having, of course, put into it the requisite quantity of food? Let us take a little hint from Nature, and we shall find that in her hands the milk flows *from above* downwards into the infant's mouth, according to the law of gravitation as regards *fluids*; but in artificial feeding we are apt to *reverse* this arrangement, for ninety-nine times out of a hundred the feeding bottle is placed a long way below the mouth, and our baby has to get his food into it from *below* upwards from the depths of his bottle.

I have found the following little plan as good

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[previous page](#)

[next page](#)