

OUR PRIZE COMPETITION.

WHAT DO YOU UNDERSTAND BY A PREMATURE INFANT? WHAT ARE THE SIGNS OF PREMATURITY? DESCRIBE THE NURSING CARE OF SUCH AN INFANT.

We have pleasure in awarding the prize this month to Miss Eleanor Le Beau, F.B.C.N., Sister Tutor at the Hospital for Sick Children, Great Ormond Street, London, W.C.

PRIZE PAPER.

THE CAUSE OF SUCH PREMATURITY.

In many cases the cause of prematurity is unknown. Twins are frequently premature. There may be some abnormality in position. Certain specific diseases or ill health on the part of the mother.

The infant is cold, with subnormal temperature, possibly cyanosed, with feeble rapid pulse, which at times is almost imperceptible. Jaundice is common and prolonged. Sometimes the infant is too weak to cry.

The nursing of such infants resolves itself into three main points:—(a) The maintenance of warmth. (b) Feeding. (c) Prevention of infection.

THE MAINTENANCE OF WARMTH.

As the infant has no heat-regulating mechanism developed, this must be supplied artificially. Water is not used for cleansing purposes, but warm olive oil. The infant should be wrapped in cotton wool, with a loose garment fastened down the front, to lessen the need for disturbance, and a wool bonnet. A pad of wool should be used instead of a sundry.

The methods of securing continuous heat depend on whether the nursing is in an institution or the home.

IN INSTITUTION.

Some institutions have a special room for premature infants, the temperature of which is automatically regulated. The nurse gowns before entering, thus taking precautions against infection. This may have many advantages, but the temperature may not suit every infant.

The incubator is another method. In this the temperature can be maintained by changing bottles in rotation. A thermometer is kept inside. Ventilation is obtained by perforations in the lid. Oxygen may be passed in from time to time to keep atmosphere fresh. This method may have advantages, but in such a warm atmosphere germs can readily multiply, and the infant has to be perpetually disturbed, which is undesirable.

THE COT.

This should be placed near a fire, and protected from draughts, but at the same time allowing for a circulation of fresh air over the cot. The sides can be padded. A firm mattress should be used, and light but warm blankets. Hot water bottles can be placed round the blankets. Extreme care must be taken over these.

IN THE HOME.

A clothes basket makes a very convenient method. This must be padded and the basket secured from draughts. Temperature varies from 65° F. to 70° F.

FEEDING.

If the infant is able to suck at all and breast milk is available this is the best possible method. The greatest care must be taken to see that the infant does not get exhausted or chilled. If too feeble to suck the milk should be drawn off and given in a spoon, pipette,

or a special premature feeder such as the Breck. In some cases oesophageal methods are necessary.

In the case of artificial feeding, feeds should be established on the second day. The premature infant requires a relatively large feed, as the chief aim is to increase its body weight. Hard-and-fast rules cannot be laid down as each case presents different features.

Up to the end of the first week feeds might be given of one drachm in each feed, for ten or twelve feeds in 24 hours, then gradually increasing to one ounce in each feed. Feeds could then be regulated to two hourly by day and three hourly by night. On a caloric basis the premature infant requires about 60 calories per pound body weight, or three ounces of fluid per pound body weight in 24 hours.

The feed must be easily digested. Cow's milk peptonised. One part milk to two of water with sugar added, or half cream dried milk diluted to half strength and sugar added, or a diluted condensed milk with sugar may be suitable. The fact that premature infants have a tendency to rickets must be borne in mind, and measures taken to prevent it, in the form of extra iron and calcium.

GENERAL CARE TO PREVENT INFECTION.

The infant should be handled as little as possible, and the most scrupulous care exercised over utensils used in feeding. One person should attend to infant as far as possible, and no one coming in contact with any cases likely to spread infection should go near the cot. Premature infants succumb very rapidly to any infection.

It must be remembered that as the child is kept very warm it will be necessary to give it sips of boiled water between feeds.

Watch must be kept on the stools, to see if the food is suiting the infant, and alterations must be made on observing anything approaching an inability to digest the diet in use.

Close watch must be kept on the weight, but all precautions must be taken to see the infant is not chilled.

HONOURABLE MENTION.

Miss Edith E. Please receives honourable mention for her paper. She describes a premature infant as one born before full time, imperfectly developed, frail and languid. She writes:—

"A patient was urgently brought to the Cottage Hospital of which I was Matron, who was very ill with nephritis. The doctor said she must be delivered at once, or she would have eclampsia: anyhow, he said the child would be dead.

Labour was then induced and a very tiny girl baby weighing three and a half pounds was born alive.

She was too weak to be washed so she was rubbed gently all over with warm olive oil, dressed in gamgee tissue, and laid in a toy cradle, that first held a rubber bottle, as mattress; that was covered with wool and gamgee, and the baby covered with the same; she was fed with albumin water, which she took very feebly.

For several days it seemed impossible to rear her: but drop by drop, milk was given with the albumin water, and the life began to improve in her."

QUESTION FOR NEXT MONTH.

Describe modern methods you have seen used in the treatment of fractures, and the corresponding nursing care.

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