

caused by the spasm of the lower uterine segment, is the result of the same influence, whilst apprehension and fear of failure are intimately associated with many of the difficulties in breast feeding. The manifestations of fear have nothing to do with social status and anxious people are to be found in all classes of the community, although it is interesting to note that women living under primitive conditions do not suffer to the same extent the disturbances in childbirth which are the lot of their more civilised sisters. The emotion of fear through the sympathetic nervous system causes the circular fibres to contract when they should relax, resulting in muscular tension and a rigid cervix. This state may be compared to the retention of urine in urethritis, where the fear of pain refuses to allow the sphincter muscles to relax. This obstruction makes the patient more nervous and so there is a vicious circle, which can be broken only by obtaining some degree of relaxation. Drugs most often work like a charm. Relaxation is achieved, pains become regular and labour is hastened instead of slowed by the drug because the muscular tension is removed. When fully dilated, if the patient has not been deprived of food or sleep nor worried by anxious people around her, and all else is well, she is ready to work. Here the scene changes, it is now no use to try to divert her mind with bright conversation, she is not interested, her mind is on the work, she has to produce a child. The patient must be in such a position that when she has a pain she can work and put her hands tightly on the pulley while she presses with her feet, when it passes off she can relax completely, and may even sleep. Soon the child is born. The mother's heart beats with joy, strangely enough her heart beats as usual. What actually happens is that her uterus contracts with joy—it is a more temperamental organ than the heart and it is more directly concerned with the matter in hand. It contracts also if she is under an anæsthetic, missing all that is going on, but it contracts much more vigorously when the mother is wide awake and naturally stimulated by joyful emotion. One does not need to be a student of advanced psychology to know that every newborn creature desires to stay close to its mother. It is perfectly obvious in animal life, and yet the unfortunate little human is removed to strange surroundings, where he is lonely and homesick; however, he is young and soon forgets and turns his attention to food. The mother, as she listens to her infant crying when he is having his first bath, and getting in to his underwear, has almost forgotten the aforementioned anguish—not quite—all that is needed is for her to nurse her baby and it will never cross her mind again, so let the two get together, the shorter the interval the more completely the pain is forgotten. The husband sits beside them, for, as the child demands the protecting care of the mother, so both need the protection of the father and husband. Thus we picture complete domestic joy, the absolute quintessence of the home, which is the corner stone of the nation.

Prevention of Fear.

Prevention of fear: Strictly speaking, fear in an expectant mother cannot be wholly prevented. The aim of psychological care is to reduce to a minimum those factors which tend to aggravate the natural fears. Our task is to study the expectant mother and learn her outlook and her way of meeting life and from that decide what her reactions will be. The midwife must first of all have confidence in herself, which is possible only if her professional knowledge is good; she must in addition avoid fuss and be quiet, calm, patient and sympathetic. Everyone knows by immediate perception the person in whom one has confidence, the person whose qualities one tries to develop in oneself. Make friends with the patient and by what she says and sometimes by what she leaves unsaid an idea is gained of

her character and what her behaviour is likely to be. Confidences should not be forced, but allowed to come, which they will, to the tactful nurse. The course of pregnancy and labour can be explained and any fears and misunderstandings may be dealt with as opportunity offers. Some women, especially if they have had other children, seem to know if things are not progressing normally, and the feelings of the patient concerning her condition should always receive attention.

Relatives not uncommonly require careful and tactful handling, and one sometimes feels that it is more important, and also more difficult, to control the relatives than it is to look after the patient.

The prevention of fear requires constant watchfulness combined with careful supervision in an unobtrusive way, and every patient must be treated in a manner decided entirely by the circumstances and needs of her particular case. There is no one more suited or in a better position to do this than the midwife if she will take as much trouble with the psychological aspect of her patient as she takes with the physical condition, and she will be amply rewarded by her increased efficiency and value to her patients and to the community.

Lactation. As midwives we see the tremendous effect the nervous system has on lactation, and with few exceptions the happy mother desiring to suckle her baby, and from the onset of pregnancy being led to believe that she can, will do so without any difficulty. If for any reason there is definite opposition—"as no one in the family has ever been able to feed their babies"—a beginning may be made by the suggestion that a fortnight's feeding is better than nothing and gives baby a start. The value and advantages when stressed correctly are usually sufficiently impressive to gain the mother's interest, especially when she realises the immunity to infection gained from breast milk for her baby. One cannot overestimate the marvellous faith the mother has in the midwife she knows and trusts. To inspire a mother to give of her best to her baby no shadow of doubt must be allowed to creep into the nurse's mind as to the normal function being possible. Should this happen, most assuredly that doubt will be conveyed to the mother, and will be one of the first disturbing factors to undermine her faith and powers. From the earliest days of her pregnancy the mother must be made to realise that she will suckle her baby easily and with advantages to herself and child. After confinement it is a mistake to wake a baby every three or four hours; allow him to sleep six to eight hours for the first two days. Big hungry babies should receive a drink of boiled water, as starving before breast milk is established frequently leads to an angry, nervous, disappointed baby, difficult to satisfy when there is sufficient. The advantages of superintending, helping and instructing is very great during the first days. The confidence conveyed to both the mother and baby engenders a serenity which is the fundamental factor throughout successful lactation. One of the most trying phases in breast feeding is engorgement, due to incorrect sucking reflex during first few days, when the nipples have not been drawn out and the baby chews on a flattened nipple, causing tenderness, which later develops cracks, the mother suffers pain and loss of sleep, and gradually becomes exhausted and irritable. Quite soon both baby and mother are in a highly nervous state. The result of inefficient nursing, such excruciating discomfort has a very lasting effect on the mind and may influence the desire for breast feeding both in the present and in future pregnancies. What should have been a joy becomes an anguish, a mental state which retards milk secretion very rapidly. The quiet, calm, midwife will avoid these complications—nothing is too great or too small that will in any way help towards natural and easy breast feeding.

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