

The milk does not usually "come in" until the third day. The first milk is slightly cloudy, sticky, contains yellow streaks and is called colostrum. Breast milk is a living secretion and contains all the food requirements for the infant. Breast-fed children resist infection of all kinds better than those artificially fed. Great care and attention to aseptic technic must be given to the breasts in order to avoid infection.

- D. Diet--The milk of a woman depends greatly upon the diet. On the day of delivery the patient should have a liquid diet but beginning the next day she should have a regular, full diet. The patient is usually thirsty and drinks much. The loss of liquids during labor, and in the lochia, urine and sweat explains the thirst.
- E. The bowels--There is no need to do anything to stimulate a bowel movement before the third day unless the patient seems to need emptying of the lower bowel. Generally an enema is given on the third or fourth day. Constipation is the rule for two or three weeks postpartum, but usually, when the patient resumes her customary duties, the condition improves. When the patient has a complete perineal laceration, the attention to the bowels is an important item.
- F. The bladder--must always be emptied within the first ten hours after delivery, and thereafter at least three times a day. The patient often has difficulty in urinating due to various reasons caused by labor, all other peruvative means should be tried before a catheter is resorted to. After the bladder is emptied the first time they can usually urinate spontaneously, thereafter.
- G. Pulse and temperature--the nurse should take the pulse, temperature, and resp. at least twice a day --A.M. & P.M. The pulse should be counted frequently during the first five days, and the temperature taken if it shows any increase in rate. Variations in temperature and pulse give us reliable information. Labor does not as a rule, raise the temperature more than one-half degree. In normal cases, a patients temperature should not go above 99° F. Even this makes one suspicious of infection.
- H. A "Nervous Chill" may occur immediately following delivery but a chill occurring on 3rd or 4th day is usually a warning of infection. Check temperature every hour proceeding a chill and report to ward nurse or doctor. A rapid pulse in the puerperium, in the absence of fever, points to hemorrhage recovery from severe hemorrhage, or heart disease.
- I. After Pains. Multiparas, because their uteri lack tonus, suffer more with painful uterine contractions than do primiparas. Occurring in the latter, they give rise to the suspicion of infection or the retention of clots or placental fragments in the uterus. Nursing aggravates the pain. Medication perorder of officiating doctor.
- J. General Treatment: This is the same as for any bed patient as regards bathing, changing the bed, and other duties.
- K. Visitors. The lying-in room should be quiet and restful. The puerpera must be given opportunity to recover from the strain of labor and recuperate her strength from the exhaustion of pregnancy and delivery. Therefore only the nearest relatives are to be allowed in the lying-in chamber during the first week. Even these visits should be short. Aside from the nervous disturbance caused by too many visitors, there is the danger of the introduction of infection.
- L. The time of getting up may vary with the doctors orders.

Definitions:

Puerpera - a woman in confinement

Puerperium - the period of confinement

Multipara - a woman who has had several children

Virulent - poisonous bacteria

Primipara - a woman who has had but one child

Eclampsia - convulsive attack

Asepsis - freedom from infection

Perineum - space or area between rectum and genitalia

ROUTINE NIGHT DUTIES II--7

- 1-GIVE MEDICATIONS AND DO TREATMENTS.
- 2-CARRY BABIES TO MOTHER AT 12-3 -6.
- 3-GIVE ALL BED PATIENTS A BASIN OF WATER TO WASH HANDS AND FACE AT 6 A. M.
- 4-FILL ALL BORIC ACID SPONGE JARS ON NURSING MOTHERS BEDSIDE TABLE.
- 5-FILL ALL SPONGE JARS IN MEDICINE ROOM.
- 6-FILL ALL EMPTY ENAMEL CANS AND TAKE TOOPERATING WORK ROOM WITH LID UP-SIDE DOWN ON CAN.
- 7 -CHANGE DIRTY COVERS ON ALL TRAYS IN MEDICINE ROOM AND LEAVE SET UP COMPLETE AND READY FOR USE.
- 8-CLEAN BOTH UTILITY ROOMS AND LEAVE IN ORDER.
- 9-COUNT DIRTY LINEN SUNDAY--TUESDAY AND THURSDAY NIGHTS.
- 10-KEEP SUPPLIES MADE AS: FOLDED GAUZE, SPONGES, ETC.
- 11- ROUTINE URINE SPEC. TO LAB. AT 6A.M.
- 12-LEAVE DESKS CLEAN AND IN ORDER.
- 13- CHECK NURSERY FOR SUPPLIES AND LEAVE CLEAN AND IN ORDER.

BATHING OF BABY

Remove all clothing.-

Weigh and record baby weight.-

Take rectal temperature.-

Use clean basin and washcloth for each baby.-

Shampoo head with baby soap being careful not to get soap in the eyes.-

Dry hair well.-

Wash the buttocks with soap and water and dry.-

Put a few drops of baby oil in your palm and oil the body completely, giving especial care to the folds of the neck, under the arms etc.-

Put clean, sterile sponge with alcohol over the navel- apply binder, diaper and baby shirt.-

Report any noted rash or bleeding of navel or other abnormality to the nurse in charge.-

After the bath, if it is not time to nurse, give the baby approximately two ounces of warm sterile water.-

NOTE: The sterile water is prepared daily in a provided bottle with Karo added for the babies.

When in doubt do not hesitate to ask the nurse in charge.

Since we have shortage of baby shirts, also the danger of them getting lost, will you please wash the baby shirts and binders daily.-

Care of New Born

After the baby is born it is taken to the Nursery for cleaning:

I. Tray for baby's bath:

1. Silver Nitrate 2% (ophthalmic)
2. Clean pan (small)
3. Wash cloth
4. Dry soft clean cloth
5. Baby oil (warm) Not hot
6. Alcohol or Boric Acid Sponges
7. Dry applicators
8. Green Soap Sol.
9. Cotton Balls
10. Mercresin or Merthiolate

II. Before the baby is brought to the Nursery see that the room is warm and a blanket and hot water bottle is in the bed. The foot of the bed is elevated. Set the bottle of baby oil in a pan of warm water.

III. The Baby

1. 2 drops of 2% Silver Nitrate is dropped in both eyes to prevent any infection. A common infection is Gonorrhea. However, not all mothers have Gonorrhea but this is a safe guard in case they do. This procedure is also a law.
2. The baby's head is washed with soap and water and dried with a cloth. Ears and nose is cleaned with applicators.
3. Oil is applied to the baby and gently removed with cotton balls. Oil is then applied to entire baby and left on. Cleanse all creases.
4. Weigh the baby and record the weight.
5. The cord:
 - A. Cleanse area with alcohol or boric acid sponges and paint with merthiolate to sterilize the area. This is important.
 - B. Note if the cord is bleeding or not and report to the Nurse at anytime if it is. Be sure and do this because if it is bleeding the baby can bleed to death in a short time.
6. Cleanse Genitalia.
 - A. In girls open vulva and clean with oil or cotton.
 - B. In boys retract the ~~foreskin~~ ^{foreskin} and cleanse with oil or cotton.
7. Dress the baby
 - A. Apply a sponge to the cord and put on binder.
 - B. Diaper
 - C. Shirt
 - D. Wrap baby in warm blanket.
 - E. Place baby in bed on right side. This is done to aid the heart in opening all heart valves.
 - F. Let the baby cry to expand the lungs.
8. Handle the baby with firm hand, even though it is a baby it will sense anyone handling it who is afraid.
9. Baby is not breast fed for 12 hours. but may have water in 3-4 hours.
10. After the first day or next morning the procedure is the same only the eyes are cleaned with boric acid solution and silver nitrate is not instilled again unless ordered by the doctor.