

be due to careless ligaturing at birth, and for the most part it may be so, but there are instances when I think the *character* of the cord is a factor in the disaster. Some cords are so firm and resisting that it is difficult to lie down on to the vessels securely; others are so soft and gelatinous, that the threads (especially if *glazed*), are apt to cut into the coats of the vessels, and so lead to oozing. The umbilical hæmorrhage resulting from the first-mentioned cause, is as a rule so profuse as to be soon discovered, and we may fairly conclude that the *surgery* is at fault, and the trouble is promptly remedied. In the latter instance it is not so profuse, and many hours may elapse before the hæmorrhage is discovered; and this is one of the things you must be observant of in the newly-born. Fortunately the signs of mischief are so manifest, that *serious* results from it very rarely ensue; still, they *do* result, and infant lives have been lost from severe umbilical hæmorrhage; and even if not fatal, the loss of blood is sorely detrimental to infantile health, and I have known more than one instance where it has *never* been recovered. I am anxious to impress these facts upon the mind of my younger readers, because as Obstetric Nurses, they may at any time have to deal with this grave emergency.

Supposing that, some hours after the infant has been placed in his cot, you perceive a stain of blood on the front of the night gown, raise his clothes as he lies, and if you find the quantity of blood discharged *small, dark* in hue, and getting *stiff*, you may regard the matter as unimportant, in fact better left alone, and due to a *slight* oozing from the vessels of the *cord*. If, on the contrary, the flow of blood be *profuse, bright* in hue and *wet*, the clothes being quickly saturated with blood, you must *at once* undress the infant and re-tie the cord, for you know that the hæmorrhage is from the umbilical *vein*, that is, in direct communication with the infantile vascular system—hence its danger.

Here let me remind you how necessary it is in emergencies like these to be *calm* and prompt. Keep your fears to yourself and you will be the better able to allay those of others—especially the mother. This is an accident we cannot *always* conceal from her; and as it naturally excites her apprehensions, it must be her Nurse's part to soothe them. There ought to be no need to send for the Doctor, as every Obstetric Nurse who is properly instructed is perfectly able to "tie" and "separate" whenever necessary.

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When we have met the complication, let us turn our attention to our baby! In some cases, the infant appears but little affected by the loss of blood, in others, very distressful symptoms show themselves—the pallid face, the livid lip, the listless limbs, the coldness of the surface of the skin, show the severity of the hæmorrhage, and restorative measures must be resorted to at once. Except to change the stained navel rag, and apply a fresh belly-binder, which should be put on hot, no further dressing must be attempted until our little patient is revived again. Take the infant close to the fire, place him in your lap over your flannel apron; have a flannel petticoat, shawl or anything *woollen* that may be to hand, and have it made hot, and wrap the infant in it, leaving the face only free; pour a small quantity—a teaspoonful—of warm brandy and water down his throat, repeating the dose every ten minutes, until the circulation is restored, which will be marked by the return of the natural colour to the lips, and warmth to the skin. Make one of your hands warm by the fire, and place it palm downwards over the region of the heart, keeping your hand *under* the flannel the while. You can repeat this manipulation until the heart-beats return to their normal frequency. As soon as prudent the infant must be dressed and placed in his cot, which must be warmed in the way I told you in a previous paper. For food, one teaspoonful of cream, and one of milk to one tablespoonful of warm water, given in teaspoonfuls every ten or fifteen minutes, till the infant sleeps, is about the best nourishment; the brandy need not be continued after the circulation is restored.

A few days after umbilical hæmorrhage the skin often assumes a yellow jaundiced hue; but it soon clears, especially if the infant be breast-fed. Although under most circumstances it is not necessary to summon *immediate* medical aid, the occurrence should always be reported to the Doctor as soon as he comes; or if the infant shows great signs of distress, he must be summoned; but it is *most important* that the Nurse should act *promptly* in dealing with the disaster, and the *first* duty is to re-ligature the cord. I have never known a case of umbilical hæmorrhage terminate fatally that was dealt with *at once*.

There is another and rarer form of umbilical hæmorrhage, that takes place some days, or even weeks, after the exfoliation of the cord—it comes on without any warning or pain. Nurse, for instance, takes up the infant to change him, and finds the clothes and napkin soaked in blood.

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