



THE MIDWIVES' UNION SECTION

Hon. Secretary—Miss S. M. Round (Sister Sallie) All Saints' Dispensary, Panvel, Dt. Colaba, Bombay.

Members are asked to send any helpful notes of cases, and articles for this Section to the Secretary.

A MIDWIFE'S RESPONSIBILITY IN BREAST FEEDING

By A. VALERIE GRAHAM

From *Nursing Notes*

At the present time—more than ever—there is much controversy over Breast Feeding, and Infant Feeding generally; and it is highly important that we, as midwives, should have a firm stand, and very definite opinions on this matter.

Childbearing, and lactation are normal functions, though owing to the lives we lead, diets, etc., they are becoming more and more difficult, so that, obstetrical specialists, having their work almost entirely amongst the abnormal have at times been led to say that childbearing and lactation is pathological, not physiological. It is up to us therefore, whose work is with normal childbearing, and lactation, to see that we leave not a single stone unturned to maintain the normal, a power that is greatly in our hands, and a duty we must never forget.

Lactation should never be separated, in our minds, from childbearing; the one is a normal function following on, and governed by the other; and those who have studied and seen the great advantages to mother and child accruing from normal easy breast feeding can never have any doubt of its "worthwhile-ness" (to coin a new word!)

Now why has any doubt or controversy crept into the matter? Well the reason is that difficulties have crept into breast feeding owing to present day life, and many have taken the line of least resistance, and made no effort to overcome these difficulties, many of them being due to happenings before the time of suckling or due to the effects of matters apparently unconnected with suckling.

If we as midwives are out to maintain the normal in both mother and child, mother's normal health and well-being commences with conception, and if we are to get the fullest benefit of normal lactation, we want a healthy baby, ready and able to suckle normally, and so do its part in exciting the flow and secretion.

In the present day, everybody is acknowledging the psychological effect on pregnancy, and lactation, and we as midwives see every-day of our lives, how very great is the "nerve" effect on lactation. With very few exceptions, a happy mother desiring to suckle her baby, and from the onset of pregnancy being led to believe that she can do so, she will do so without any difficulty at all.

It is difficult to overestimate the marvellous faith a "mother" has in the midwife she knows and trusts, and if we are going

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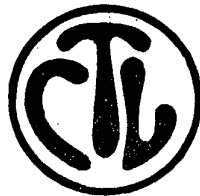
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to inspire our "mothers" to give their babies of their best and suckle them, *we must* let no sort of doubt creep into our own minds as to the normal function being possible, and best; as if we do, we shall most assuredly convey that doubt to our "mothers" one of the first steps to upsetting their faith in their powers.

Make your "mother" realise from her earliest pregnancy that she will suckle her baby easily, and with advantage—in every way—to both.

All of us are daily growing wiser as to advising our mothers re diet; and when impressing on them the value to their growing infants of fresh fruit, vegetables, milk, water, etc., tell them how much this well balanced feeding (avoid the word diet as much as possible, it always savours of illness) will affect the supply of milk when suckling time comes. And don't forget, it really is part of our duty as midwives to see that our mothers are enabled to get the variety and sufficiency of food they need. A midwife must have every agency for assisting this at her finger tips, and use her powers of persuasion with both applicant and assistant.

Don't forget it isn't only the mother with the small purse that wants her food well balanced, our more well-to-do mothers often need much advice in this line, so many still think that quantity is the only consideration. "Father" must also be roped into the service, he must be given to understand how much a contented happy environment stands for and the importance of mother being spared heavy lifting, and over-work.

Then comes the care of the breasts. The old gamp midwives did much harm to the nipples by their so-called "breaking the nipple string," producing a thing, almost unknown in the present day, the depressed nipple, so little known, that the flat nipple is now the so-called depressed nipple, but thirty years ago, the older mothers often had a really depressed nipple, and the more you tried to get hold of the nipple the further it sank in.

Trouble from these nipples gradually swung the pendulum too far the other way, and especially recently, much too much has been made of the care of the nipples and breasts—having a very bad mental effect, which, as before mentioned, is of such vital importance.

Practically no nipple is so tight now-a-days that a normal baby in the hands of an experienced midwife, will not easily pull out. The pregnant mother, constantly fiddling with her nipple is setting up in her mind a doubt as to its efficiency when the time for suckling comes. Two things are certainly important, one is to explain to the mother of every class, the fact that, owing to the somewhat sticky exudation from the nipple throughout pregnancy—the *nippletip* and areola (explain the term) need a *special* wash daily with soap and water, not just a share in the general wash of the breast, and also that owing to this same stickiness she should wear an easily washed brassiere: the second is, mothers with sagging heavy breasts should have them supported, without pressure; the easiest and best can be as cheap

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If the nipple looks very flat, and is really difficult to grip, show the mother how to gently draw it out, or more correctly press it forward with finger and thumb at the "root," after washing night and morning. Also if she has a very delicate skin during washing, whilst still wet, hold the nipple in thumb and finger and rub into the tip, not all round, a little glycerine and borax, then rinse off and dry.

I think the mother without a resident midwife should be encouraged to have a small movable enamel basin, so as easily to wash her hands before suckling or in any way handling her breasts. Also breast swabs. Avoid suckling at empty breasts. Big hungry babies should have a complementary feed—it is far more likely to encourage suckling than discourage. I state this after long experience of both ways; starving the baby before the breast milk becomes established frequently leads to an angry, nervous, disappointed baby very difficult to settle down when there is sufficient. During the first 48 hours, it is a mistake to wake the baby to suckle, do not suckle more often than three-hourly, but if, as is often the case, the baby sleeps for even eight hours, don't wake it. Make every effort to time your visits in the early days near suckling time, the advantage of superintending helping and instructing is very great.

The earliest you possibly can after delivery, put the baby to the breast, I'm sure this has a definite effect on the early establishment of the milk. See that the mother is comfortable—if she isn't, baby will be the first to know—and see that she is comfortable, on her side, so that the nipple points to the mouth of the baby on her arm; and see that the baby's buttocks are lower than its head. Just a few minutes at one or both breasts will do the trick—one mother and baby will get to the job naturally and easily (even a primipara) another may need a good deal of help from you. A little colostrum gently expressed to the nipple tip and wiped over with a swab will excite baby's interest.

Having encouraged a pregnant mother to keep her breast and nipples clean during pregnancy, it will need little more impressing during lactation; constant swabbing and washing tends to "spoil" the nipple surface.

To be continued,
