



THE MIDWIVES' UNION SECTION

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

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

THE ASPHYXIATED BABY

From the Nursing Mirror, August 1st, 1936

I am going to deal first with two points only, concerning emergencies in delivery, when the baby may be injured, and then go on to discuss asphyxia. The first point arises in discussing the delivery of the baby's shoulders. In difficult cases there comes a time, perhaps, when the head is delivered and the shoulders do not descend as they should. We try the anterior shoulder and then the posterior with no success. But if you take hold of the posterior shoulder and turn it very gently round through an angle of 180 degrees, you will find the rotation quite easy, and if you are very gentle you will do no harm to the child. You should practise this with a normal delivery first. Put your finger carefully into the axila and then turn the baby. Secondly, in a breech delivery, the reason, I think, why we get difficult breeches is because the cervix is not fully dilated. The longer we leave a breech case alone the more chance the cervix has to dilate. There is in reality no violent hurry, though we always feel there is and we are nervous of wasting time. But once the head is in the vagina and the mouth of the baby clear, the child can get all the air it needs if a speculum or two fingers are inserted into the vagina. It will breathe quietly and happily, so do not hurry! Wipe away the mucus, let the baby have air, give the cervix a chance to dilate.

We now come to the cases when the baby is born in a state of asphyxia. They are extremely important, for, though you may send for the doctor immediately, by the time he gets to you the baby will either be breathing or dead. It therefore all hangs on what the midwife can do during those first fifteen minutes after birth.

The First Breath. The mechanism by which a baby breathes is not always thoroughly understood, even as much as we know about it. When the child is born, its chest is collapsed to the uttermost, and we cannot therefore perform artificial respiration, for if we do, and press still further on the chest, we cannot get it any smaller, and it cannot inspire. This is one reason why artificial respiration is no good to get a baby to breathe until it has taken its first breath. But with the first breath the air and blood go into the lungs. Again, when the child is born, its trachea is flattened out like a tube until it breathes. The glottis is also slightly closed. If we try to suck air into the lungs by artificial respiration, we are trying to do it through a false tube, and, until the trachea is opened up, no air can possibly get into the baby's lungs. As soon as the trachea opens the lungs will expand.

Unless the child has made some attempt to breathe, therefore, it is no good pumping away at its chest. The brain normally sends the impulse to open up the trachea and stimulates the muscles at the end of the tracheal rings. In order that the respiratory centre may act, it must be in a normal, healthy condition, with a normal blood supply. We may get a failure to breathe due to some paralysis of the respiratory centre, or we may have suffocation caused by the presence of a foreign body in the larynx or the pharynx. This will probably be blood or mucus. We may have a condition of shock in the body with or without obstruction. You know yourselves that suffocation does not occur with good management on the part of the midwife, but shock may be due to cedema of the brain or moulding. The result of this condition of shock is to cause the blood-vessels to dilate, particularly those in

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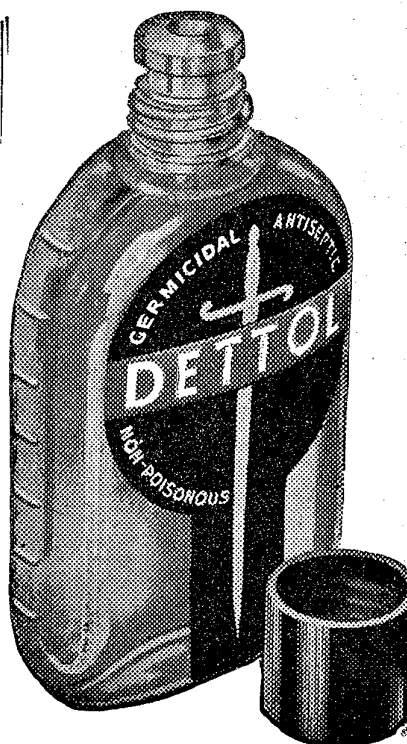
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the child's abdomen. In a case of surgical shock, except in a newly-born child who has never breathed, the cessation of respiration means death, and even in the newly-born child it must be treated very quickly.

Condition of Shock. Now, how can we relieve the condition of shock in order that we may get some response from the baby and that the trachea may open up? Unless there is cerebral hæmorrhage, it is possible usually to relieve the shock and the child will then recover. First of all, carefully clear the air passages. In ordinary cases we swab out the child's mouth, but if the baby is shocked, clear out the pharynx by means of an aspirator—use a catheter with a long piece of soft rubber tubing attached. Pass this piece of soft rubber to the back of the baby's throat. The tongue will tend to drop backwards, and it will then obstruct the air passage, so hold it forward and fasten it, if necessary, with a safety pin. If you feel you must do something to induce respiration, the good old method advocated in the Bible of breathing life into the child with your own breath is as good as any. But personally I feel that if a baby cannot open up its own trachea when the air passages have been cleared it stands a very poor chance of survival.

It is very important to place a shocked baby in a warm place. Separate it quickly from the mother, clear the air passages, and put the child in a warm cot with its head slightly lower than its heels. Hot-water bottles and the radiant heat of a fire are the best forms to apply. Let the nurse sit on a stool in front of the fire with the baby wrapped up on her lap. That is as good a way of warming a baby as any.

Personally, I do not believe in putting the baby in a hot bath, since its head will then be higher than its heels, and this is wrong in case of shock. The hot-water bottle is a very good means of providing heat; it is of no use to cover the child in a number of clothes and blankets, since a new-born baby has very little heat in it to retain, and it needs the artificial heat from outside to warm it.

A Good Substitute

Carbon Dioxide. 'The case was in the depths of the country. The patient proved to have a funnel pelvis and had a very bad forceps delivery. The baby's head was severely crushed, a case of white asphyxia. We had no Carbon Dioxide apparatus, and for a few moments we felt nothing would make him breathe, then we remembered the soda water syphon. We turned it upside down, let off the first lot of water, pressed the lever again and held it bubbling under the baby's nose. In a moment he took a deep breath, changed colour and all was well.'

Midwives, please send us accounts of cases and resourceful dodges for use in emergencies.

THE MOTHERCRAFT PAGE

Treatment For Constipation

1. **Regular Habits.** Hold the baby out regularly.
2. **Extra Water.** Give the baby 1 to 4 oz. of warm boiled water an hour before the evening feed. Start with 1 oz. at 2 months old, increasing to 4 oz. at a year.
3. **Prune Juice.** For a baby under 3 months give 1 to 3 teaspoons in the day.
4. **Prune, Spinach or Lettuce Puree.** Not to be given before 3 months old. Give 1 to 3 teaspoons under 6 months. Give 1 to 6 teaspoons over 6 months.
5. **Massage.** Rub stomach with a circular movement, starting at the right groin, straight up to the ribs across stomach under ribs, down left side to left groin. Do this for 5 minutes, twice daily.