

Finish with the first movement. Do each movement five times, sponge for five minutes, massage for 10 minutes.

This treatment should be carried out between feeds, but never within half an hour after or before a feed.

8. A baby under 7 lbs should be fed three hourly but if he is bigger and has been fed four hourly it sometimes stimulates the milk glands to put him to the breast every three hours for one or two weeks.

Always feed from both breasts, beginning with the one he finished with at the last feed, unless he has a strong liking for one and not the other, then he should be fed first from the one he dislikes.

Feeding from one breast only at a feed frequently causes the milk to decrease through lack of stimulation. When both breasts are taken they so adjust themselves that both are thoroughly emptied. Until the milk increases, give only about 5 minutes at each breast as this may cause inflammation.

When he has finished, express any remaining milk by stroking the breast from above and around in a downward direction, then squeezing it just above the nipple between the thumb and fingers. Do this for five minutes only and receive the few drops of milk in a scalded vessel and add it to the baby's feed.

If possible keep a detailed record of progress, showing baby's weight, amount of milk sucked at each feed, amount of milk expressed, artificial food given, description of baby's motions, sleep, crying, vomiting, etc.

See that both mother and baby are in comfortable positions before commencing the feed, it is sometimes helpful to put the baby on a pillow.

If the mother cannot come to hospital or visit a clinic regularly, she should be shown how to express, do the hot and cold sponging followed by simple rubbing movements and told how much extra food to give the baby.

A good method is to teach a relation or friend how to do the massage strokes.

Much depends upon the psychological outlook of the mother but cases have been known where the milk has been fully re-established after the baby has been weaned as long as six weeks.

(To be obtained in leaflet form.)

A DIFFICULT BREAST FEEDING CASE

BY SISTER ANN CARLETON, S.R.N.

Women's Medical College Hospital, Ludhiana.

Mrs. X was admitted to hospital a short time before labour began. Up to her seventh month she had had vomiting in the early morning and a feeling of nausea most of the day. But at the time of admission she showed no symptoms of anything abnormal. Though she claimed to be strong and healthy, she did not look robust.

The baby was small for a European, weighing just over 6 lbs. She was also very pale, but there did not seem to be anything abnormal about her otherwise. However, the very first day, she showed signs of sticky eyes, which, when the discharge had been examined, proved to be due to a mixed infection of streptococci and streptococci. How she got this infection we do not know, as we had had no septic cases for some time in the Maternity block. The next calamity that happened was that the mother developed cracked nipples, which were so painful that she hardly knew how to suckle the

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baby. We treated them with Tinc. Benzoin Co. But they did not seem to improve. Meanwhile the breasts got enlarged and one of them flushed. We worked hard with fomentations etc. But it soon became apparent that an abscess was forming, and after a few days, this was opened. Meanwhile, the baby's eyes were considerably better, but now her umbilicus was damp and red—we had been feeding her still from the good breast, and complementing her with lactogen. But she lost weight rapidly, and had too many stools. One day she completely collapsed and it seemed as if she could not pull through. I shall always feel that it was only in answer to prayer that she came round that morning, for, for quite a time she was pulseless and her temperature was only 96°.

Meanwhile, to our dismay, the mother's other breast was now infected, so that it was not possible to give the mother's milk at all to the baby. We continued expressing from both breasts, so that the milk supply should be kept up, but we did not get more than a dram or two each time. This second breast was also opened.

Fortunately for the baby, another mother who had a baby a week or two older than this one, offered to draw off milk and send it over, until the mother's own milk should be re-established. This was undoubtedly the means of saving that child's life. Although the second mother was fully feeding a big eleven pound baby, she managed to draw off 12½ oz. every day for our little one. From that day, the child began to improve.

As soon as the first breast got well, we put the baby back again, and it wasn't very long before she was able to suck from both. But to begin with there was very little milk indeed, and the nipples began to crack again. This time we treated them with glycerine and tannic acid, and after a short time, they healed. The mother was faithful in her hot and cold sponging and expressing. It was interesting to see how the milk came up. The baby was on 3 hourly feeds, and to begin with, would only suck ½ oz. while 1 or 2 drams would be expressed. Gradually she learned to suck more, and the mother was able to express more, until at length, after six weeks' anxiety, they were sent home, with the child fully breast-fed. Since then she has been gaining steadily, and I hear that now she is plump and rosy and all that a mother's heart could desire!

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Pour into the mould of womanhood; time with enthusiasm, finish with a cap, and garnish with ambition.

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Anon.

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