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NEW YORK STATE DEPARTMENT OF
HEALTH

THE PARENT'S BOOK

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STATE DEPARTMENT OF HEALTH

EDWARD S. GODFREY, JR., M.D.
Commissioner

The Parents' Book



New York (State) Dept. of Health.
Issued by

1 DIVISION OF MATERNITY, INFANCY AND CHILD HYGIENE

Elizabeth M. Gardiner, M.D.

Director

Circular M I C H 31

NEW YORK
STATE DEPARTMENT OF HEALTH
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MARRIAGE CERTIFICATE

The law requires that for every marriage performed in this State a marriage certificate shall be filled out by the clergyman or magistrate who officiated at the ceremony and forwarded to the State Department of Health for permanent record. A marriage license and certificate is a legal record of the greatest importance. It establishes the date and place of marriage and legitimacy of children born to the parties married. It is required for many legal purposes and is necessary to prove a woman's right to government or other pensions.

BIRTH REGISTRATION

It is of the utmost importance to have the birth of every child promptly and properly registered. The law requires that this be done within five days by the attending physician, midwife or by the parents, if there has been no attendant. Registration of births is made to the local registrar; information as to his office location may be obtained at the city, town or village hall.

Birth registration is necessary in order to prove, among other things, the child's age and citizenship, his right to go to school, his right to go to work, to inherit property, to marry, to hold office, to obtain passports for foreign travel, and to prove his mother's right to a pension, if she is a widow. If there is any doubt about whether the birth of a child has been registered, an inquiry may be sent to the State Department of Health at Albany where the records are filed. If the birth has not been reported, the Department will furnish a blank to be filled out and returned. It is suggested that a memorandum be made below of certain facts recorded in the birth certificate.

Baby's name.....

Father's name.....

Mother's maiden name.....

Sex of baby.....

If twin or triplet, give number in order of birth.....

Date of baby's birth.....

(Month)

(Day)

(Year)

Birthplace:

City, town or village.....

County.....

State.....

Attending physician or midwife:

Name.....

Address.....

NEW YORK
STATE DEPARTMENT OF HEALTH

EDWARD S. GODFREY, JR., M.D.
Commissioner

Suggestions for Prospective Parents

Revised August 1942

The Modern Baby's Bill of Rights

"The baby owes nothing at all to his parents. He has no responsibilities, no duties. The parents owe everything to the baby. Their responsibility to him is complete. Their duties are endless. They are most solemnly bound to use every effort to keep him in good health and happy, to build up his constitution to fit him for the world, and to launch him upon the world. In time their responsibility lessens but it never disappears; whatever happens, it cannot end. In other words, we are bound to see that children are given the best opportunity to develop to the limit of their growth and capacity."

ARNOLD BENNETT

Issued by
DIVISION OF MATERNITY, INFANCY AND CHILD HYGIENE
Elizabeth M. Gardiner, M.D.
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FOREWORD

When marriage takes place, it is natural to assume that the man and woman concerned are expecting to undertake the establishing of a home. The complete home consists of husband, wife and children.

Parenthood is a responsibility, but also a privilege and a joy, if it is anticipated, faced courageously, and prepared for intelligently.

Because the State is interested in the welfare of its citizens, and because, too, of its belief that every child to survive and flourish best needs its mother, this booklet has been prepared so that reliable information for expectant parents may be placed in their hands to guide them toward a better understanding of the function of childbearing and rearing, to the end that mothers and babies may survive the event of childbirth.



Suggestions for Prospective Parents

Most of the difficulties arising during pregnancy or at the time of birth can be foreseen and avoided, if the mother is under the care of a competent physician; and the earlier in pregnancy this care begins, the better chances the mother and baby have for health and safety.

Maternity should be taken seriously by both parents; it is unfair to the mother, the baby and the doctor, to trust to luck and permit almost the entire nine months of waiting to elapse before engaging the physician. Physicians and hospitals are prepared to give the utmost in service and protection, but they can not be expected to perform miracles, or to undo the harm of months of neglect, when they are called unexpectedly, to deal with last-minute emergencies.

The expectant father has responsibilities. As soon as pregnancy is suspected, he should arrange for an immediate visit to the physician selected, accompanying his wife, so that he, too, may understand the results of the examination, and assist in carrying out the instructions given. On the occasion of this first visit to the doctor, it is a good plan to inquire as to the probable cost of his services, including prenatal care (care before the baby is born), the delivery, and hospital accommodations, if they are planned. There is then a longer time provided, during which small amounts can be set aside from weekly or monthly earnings, so that the final expenditure may be met without undue burdening of the family resources. It is necessary, too, that he appreciate the needs and condition of the one who is to become the mother of his child, and give such assistance, sympathy and cooperation as will best improve her health chances and those of her unborn baby; relieving her of worry, nervous strain and overwork, and providing opportunities for healthful recreation.

Pregnancy

Pregnancy is a term used to describe the state of a woman with child, or the period during which she is carrying the child within her body. This condition has its beginning at conception, which is the term used to describe the fusion of the male and female germs which is the starting point of the creation of a new being.

Because it is never known accurately just when conception has taken place, it is difficult in the first weeks to determine whether or not pregnancy exists, and if so, just when it will terminate. For this reason certain signs are depended on and these are often spoken of as probable or positive signs of pregnancy.

Signs of Pregnancy

1 *Missing one or two monthly periods* when they have previously been regular. This is one of the earliest and most suggestive signs.

2. *Morning sickness or nausea*; this together with a missed period may be the first indication to suggest pregnancy, beginning about the sixth week.

3 *Changes in the breast* are usually noticed very early; the breasts become larger, more sensitive with a darkening of the area around the nipple, often accompanied by tingling, prickling sensations, quite different from those sometimes noticed during monthly periods.

4 *Frequent urination* is usually noticed in the first weeks of pregnancy, when the uterus as it grows larger presses against the bladder; it is also due, in part, to the increased congestion at the base of the bladder along with congestion of the other pelvic organs which is characteristic of pregnancy. This symptom usually subsides as the uterus attains sufficient size to carry it up further into the abdomen.

5 "*Quickening*," or the feeling of the child's movements is usually first noticed by the mother between the eighteenth and twentieth week. It is a later but very significant sign.

6 *Skin discolorations* may appear on face and neck, and in the case of brunettes there may appear a dark streak from below rising toward the navel.

A missed period or two with one or more of the above signs should cause a suspicion of pregnancy, and provide the occasion for a visit to the physician, so that if pregnancy is a fact, prenatal care (care before birth of the baby), may be started at once. It is a wiser precaution to make the visit at this time, than to wait for the observation of "quickening."

7 *Enlargement of the abdomen* is usually noticeable by the third month.

8 *Heart sounds of the baby*, which are more rapid than those of the mother, are discernible between the eighteenth and twentieth week.

9 *Contractions of the uterus*, or the feeling of rhythmic movements within the abdomen, provide an early sign at about the eighth week but are not noticed by all women, especially with the first baby. They are more easily felt by placing the hands over the abdomen.

10 *Feeling the baby's body*, its head, back, buttocks and feet constitute a late but positive sign of pregnancy.

Probable Date of Confinement

Pregnancy terminates 280 days from the time of conception, but as the definite time of conception is never known, the date of confinement is usually estimated according to the following rule, although birth may take place a few days earlier or later than the date so estimated.

RULE: By counting back three months from the beginning of the last monthly period, and adding seven days, the probable date of confinement may be determined.

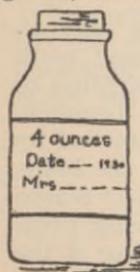
EXAMPLE: Last period began July 30. Counting three months back will give April 30, adding seven days will indicate May 7 of the next year as the date when confinement will probably take place.

Engaging the Doctor

If the suggestions thus far given in this booklet have been followed, the first visit to the doctor will be made by the middle of the second or by the third month of pregnancy, at the latest. If in the opinion of the physician pregnancy exists, he will doubtless wish to make a thorough *physical examination* at this time.

Physical Examination

Such an examination usually includes teeth, tonsils, thyroid gland, heart, lungs and digestive organs; measurement of the pelvis or the bony framework which carries the baby as in a basket; he will weigh his patient, take her blood pressure, and also a specimen of blood for laboratory analysis. As examinations of the urine are necessary at frequent intervals, it is wise even at the time of this first visit, to take a specimen of that first passed in the morning. This should be placed in a clean four- or six-ounce bottle, plainly labeled, giving the expectant mother's name, address and the date taken.





TAKING THE MOTHER'S BLOOD PRESSURE

History

The doctor will take a *history*, that is, he will ask many questions about the mother's past health, the health of members of her family; if she has had other children, what her experiences were during the other pregnancies and labors. All his questions should be answered fully and frankly, because he is able to make a more accurate diagnosis when fully informed.

Regular Visits to the Doctor

At the time of the first visit, the physician will arrange for future ones, usually one every month for the first six, and every two weeks, or oftener, during the balance of the period. He will explain to her what directions he would like her to follow; his instructions should be listened to very carefully and adhered to implicitly.

Visit to the Dentist

Good teeth are important for good health and their care is, therefore, doubly important during pregnancy. Unsound teeth may interfere with proper chewing and so prevent absorption of all the valuable elements in the food and may also disturb digestion. Infections about teeth may produce poisons that are absorbed by the body. These are dangerous to both the mother and the baby. Unless the physician definitely advises against it, there is no reason why all necessary dental work should not be done during pregnancy. A visit to the dentist early in pregnancy, cleansing of the teeth morning and night and massage of the gums should be part of every mother's prenatal routine.

Prenatal Clinics

If a private physician's services are beyond the means of the expectant mother, she should find out whether there is a prenatal center or clinic in the vicinity of her home; if so, she should take advantage of this service, reporting to the clinic and following instructions given her there, as she would the instructions of a private physician.

Local Health Departments

Many of the hospitals and several of the city departments of health are carrying on prenatal clinics at the present time, but if there are no clinics near, there are usually public health nurses connected with city or county boards of health, and their help, advice and guidance should be sought.

Public Health Nurses

In cases where frequent visits can not be made to the physician, the public health nurse will, when requested by the doctor, make follow-up visits and report to the physician the results of her observations.

If the delivery is to take place in the home, the expectant mother will need a nurse, or if this is out of the question, arrangements should be made with a relative, friend or neighbor who is to act as helper.

Private Trained Nurse

If the services of a trained nurse are planned, the physician will suggest one. A private nurse should be engaged some time before the expected date of confinement, and since there is some uncertainty as to just when that will be, it is advisable to have an understanding with her as to just when her pay is to begin. The nurse engaged usually visits the home a few weeks before confinement to suggest suitable home arrangements.

Visiting Nurses

In some of the cities of the State, there are visiting nurse associations which provide hourly nursing service for a small fee. If household help can be had at the same time, this often works out fairly well.

Physiology of Pregnancy and Prenatal Care

Many temporary changes take place in the body of the pregnant woman; changes in the structure of organs, such as the breast and uterus, and changes of function according to the needs of the growing baby. The breast must change in such way as to secrete and excrete breast milk; the uterus enlarges, in order to accommodate the increasing size of the infant. Through her arteries the mother must send nourishment to the baby through the placenta, or after-birth; the baby takes what he can use and sends the rest back to her as waste by the veins leaving the placenta. The mother actually builds her baby, and if her food does not provide the elements necessary for growth, her own body tissues are called upon to supply the deficiencies.

It is evident from the above that there are two functions of the expectant mother that are of paramount importance: First, that she provide through her own diet suitable food for the growth and development of the baby and maintenance of her own health at the same time; and second, that she shall be able to eliminate her waste materials and those of her baby as well.

Elimination

Because elimination must be done for the baby as well as the mother, an extra burden is placed on certain organs, particularly the kidneys, bowels and skin.

Care of the kidneys. The urine gives early evidence of faulty elimination and therefore should be examined at regular and frequent intervals; at least once a month for the first six and every two weeks or oftener as the doctor requires thereafter. The quantity passed every twenty-four hours is important (at least three pints) and sufficient fluids should be taken to assist the kidneys in throwing off impurities, six or eight glasses a day, unless otherwise ordered by the doctor.

Care of the skin. The waste material eliminated by the skin is increased somewhat during pregnancy. For this reason, frequent



bathing is necessary to remove waste products, dead skin particles and dust in order to keep the skin in active condition. As advised by the physician, a sponge or shower bath ought to be taken daily. Chilling should be avoided. Warm water is preferable to hot, and should be followed by a brisk drying with a rough towel.

Tub baths are considered inadvisable by most physicians and are forbidden in the last two months of pregnancy.

Mustard foot baths and surf bathing are prohibited during the whole period of pregnancy.

Cool baths are stimulating to the circulation, and can be taken if the mother is accustomed to them; warm water and soap are necessary, however, for cleanliness.

Care of the bowels. A satisfactory movement should take place every day. It is best to rely on laxative foods, rather than medicine, which should not be taken except with the doctor's advice. Taking an adequate amount of water, exercising in the open air, and cultivation of the after-breakfast toilet habit are valuable aids.

Diet

When the first visit is made to the doctor, he will inquire as to the quantity and kind of food the mother is in the habit of eating. Because of certain conditions he has observed, he may wish to change her food habits entirely, in which case his instructions should be followed closely.



SOME LAXATIVE FOODS

Control constipation by daily food:

2½ quarts of liquid.

6 or more servings of vegetables and fruits.

Use leafy vegetables and dried fruits freely.

3 or more servings of whole grain cereals:

oatmeal, brown rice, whole wheat breakfast cereals, whole wheat and dark rye breads.

Generally speaking, the woman who has a well-developed body, who has been free from chronic illness, need not change her habits of eating except in a few details. Those who are undernourished or overweight will require changes in both amount and kinds of food taken.

Food serves several purposes: it nourishes the mother and builds the baby, and must be of such character as to favor greater activity of the organs having to do with elimination of waste—the bowels, kidneys and skin. Not only must food be provided for nourishment of the baby before birth, but it is used partly to prepare the mother for nursing her baby after birth; furthermore, whether the mother intends nursing her baby or feeding it by formula, food is utilized in her body for the nursing function. In fact, it continues to be so utilized for some time after confinement. Quantity and kinds of food must be so planned as to prevent overweight, particularly from the sixth month on.

Digestion. In this process of the mother building the baby and eliminating for both, not only must suitable food and extra fluid be taken, but they must be easily digested, and for perfect digestion meals at regular hours, fresh air, exposure to sunshine, exercise and a happy frame of mind are necessary.

Food essentials. Food for all normal persons should contain certain essential elements: these are spoken of as *proteins* (milk, eggs, meat, fish, peas, beans, etc.) which are the tissue builders; *carbohydrates* (starchy foods such as the grains, also sugars) which provide heat and energy; *fats* (butter, meat fats, oils, etc.) which assist in providing energy and heat; *minerals* (iron, calcium, phosphorus, manganese, iodine and others) which aid in building blood, constructing the bones and teeth, and keeping the body running smoothly; and *vitamins* (minute quantities of substances found more abundantly in liver, in whole-grain cereals, leafy vegetables, milk and fresh fruits) which promote growth and development.

To best maintain the expectant mother's own nourishment and that of her baby, and to favor the growth and formation of a baby with good bones, teeth and muscle, her food must contain a larger proportion of the minerals and vitamins than was necessary for her own needs before pregnancy.

FLUIDS. To insure proper elimination, the fluid intake is tremendously important—about three quarts daily: one quart of this should be milk as beverage or in other forms, at least six or eight glasses of water, and the balance as soups, fruit juices and vegetable juices. There may be occasions when the physician considers it advisable to restrict the amount of fluid.

SUNLIGHT AND COD-LIVER OIL. Exposure of the body surface to sunlight during the summer months and taking cod- or other fish-

liver oil during the winter months are now recognized as having a very favorable effect on the mother's and baby's health. In the winter months, the sun's rays are not very valuable because of the angle at which they reach the earth, and because they must pass through thick clouds. This makes the use of cod-liver oil advisable. The doctor will recommend the proper amounts to be taken.

IODINE. In some regions of the State, near the lakes, goiter is more or less prevalent. The soil and water in these districts have lost their iodine and foodstuffs grown there may not provide sufficient iodine to meet the unborn baby's needs. Very small amounts in a suitable form are usually prescribed for the mother by the physician.

Food values. MILK. A quart of milk a day should be taken by the mother to supply sufficient calcium and other elements necessary to protect her and to provide for the baby's growth. Fresh pasteurized milk, or evaporated milk may be used; also skim milk, buttermilk, cottage cheese, or milk powder, but in using these latter forms, butter and cream should also be taken. Milk may be used in cooking, in the form of soups, white sauce, custards, puddings, and with cocoa.

Butter and cream are usually richer in vitamin A than most butter substitutes. Some margarins are enriched with vitamin A and are so labeled.

CEREALS. Whole-grain cereals give the largest food return and by their laxative effect help regulate the bowels. They have a high mineral and vitamin content. (Oatmeal, dark wheat cereals, brown rice, whole wheat and dark rye breads.)

Stale bread, whole wheat, Boston brown, bran, graham and rye bread, and toast or zweiback, may be used.

VEGETABLES. Such greens and leafy vegetables as spinach, chard, lettuce, endive, water cress, cabbage, kale, collards, cauliflower, brussel sprouts, asparagus, string beans, dandelion greens, turnip or beet tops are of high value in the diet for pregnant women. These with potatoes and carrots should be used freely. Vegetables not readily digested should be avoided. Three, preferably five, vegetables a day whenever possible are advisable.

FRUITS. Fresh fruits are cheapest and best in their season. Dried fruits are also valuable, have laxative action and are cheap. Oranges, grapefruit, tomatoes or vegetables and fruits that can be taken raw should be used daily.

EGGS, FISH, MEAT. At least three or four eggs a week, boiled, poached, coddled, or scrambled, are desirable unless forbidden by the physician. They may be used in cooking.

Meat or fish should be taken once a day, unless forbidden by the physician and during the last months of pregnancy less often.

Fresh pork, veal, goose, sausages and bologna should be avoided.

SWEETS. Sweet foods are apt to lessen the appetite for more important foods and should be taken sparingly.

Food cravings. Occasionally the expectant mother craves some particular article of diet, and prefers to eat this food to the exclusion of others. This is sometimes an indication that the diet is inadequate and unsatisfying in some respect and needs some revision by the physician. Whatever its cause, it should not be indulged to the extent of interfering with her intake of essential foods.

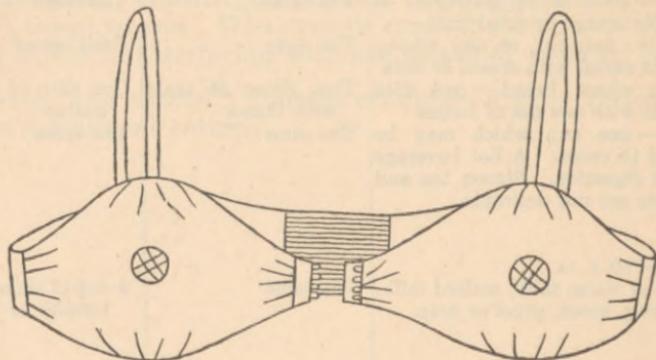
Tobacco and alcohol. Tobacco should be greatly restricted, and alcohol prohibited entirely.

Constructing An Adequate Diet

<i>The average pregnant woman needs</i>	<i>The underweight needs</i>	<i>The overweight needs</i>
BREAKFAST		
Fruit — such as $\frac{1}{2}$ grapefruit or whole orange or dried fruit	The same	The same
Cereal — oatmeal, or any whole-grain cereal with cream or milk	The same	Omit cereal
Whole wheat bread — one slice toast with one pat of butter	Two slices of toast with butter	One slice of toast with butter
Milk — one cup which may be used in cocoa. A hot beverage aids digestion. Strong tea and coffee are not desirable	The same	The same
LUNCH — 10 A. M.		
A cup of warm milk, malted milk, eggnog, cocoa, gruel or soup	The same	A cup of skim milk, buttermilk or clear soup
DINNER		
Meat, fish or egg	The same	The same
Potato — one baked	Two baked	Omit potato
Green vegetable	The same	The same
Whole wheat bread — one slice with butter	The same	The same
Dessert — baked custard with fruit	The same	The same
Milk — one cup	The same	The same
LUNCH — AFTERNOON		
Not necessary	Glass of milk or fresh fruit	Omit
SUPPER		
Soup or some other hot dish	The same	Omit
Salad — raw vegetable or fruit with mayonnaise	The same	Salad — raw vegetable or fruit with mineral oil mayonnaise
Whole wheat bread — one slice with butter	Two slices of bread with butter	One slice bread or toast with butter
Fruit — stewed or ripe	The same	The same
Cake — one piece of sponge cake	The same	Omit cake
Milk — one cup	The same	The same

Clothing

Clothing for the expectant mother should be loose, light in weight, comfortable and adapted to the climate. Weight of the clothing should be carried from the shoulders, with no constriction of any part of the body. Tight waistbands and round garters are harmful. Side garters may be attached to the maternity corset or abdominal support.

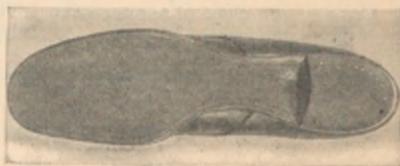


HOMEMADE BRASSIERE, SHOWING ELASTIC INSERT AT BACK AND OPENINGS FOR DEVELOPMENT OF NIPPLES

Adapted from Children's Bureau Publication No. 4

A maternity corset may be worn, or a waist without bones, which gives support to the breasts and the abdomen. Some women prefer the abdominal support, which is made from a straight piece of heavy muslin and fitted to the figure with darts along the lower edge, in combination with a brassiere like the one in the picture, which is made from stout drill or muslin, with a piece of elastic webbing in the back to allow for expansion.

Shoes deserve special attention. The feet are apt to become larger as the weight of the patient increases, causing strain on the



TYPE OF SHOE SUITABLE FOR EXPECTANT MOTHER

arches. High cut oxfords with broad low heels and wide toes, an inch longer than usually worn, and fitting snugly over the instep are the safest and most comfortable type. High heels should not be worn; they are dangerous because they may be the cause of tripping and falls, and because they throw the body out of natural position, putting undue strain on the muscles of the back.

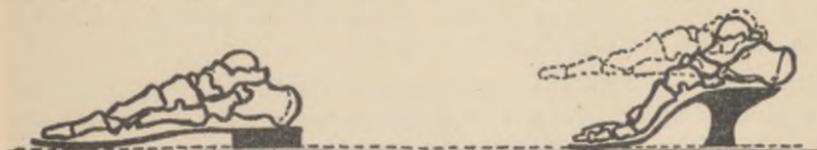


DIAGRAM SHOWING EFFECT OF HEIGHT OF HEEL ON
BONY ARCH OF FOOT

From "The Baby Book" by Herman N. Bundesen

Dresses. Almost every department store has a section devoted to special apparel for expectant mothers, so that they may be attractively as well as comfortably clothed. Tucks, pleats, buttons and loops are provided to allow for expansion in size.

Exercise, Fresh Air, Rest

Fresh air is necessary for everybody, but it is doubly important for the expectant mother who must take into her lungs sufficient oxygen for her baby and herself and from the lungs must expel the used air for both. The bedroom at night, the living room by day should be supplied with a steady stream of fresh air through the windows opened at top and bottom. Daily two-hour walks promote digestion, stimulate elimination by skin and lungs and promote sleep. For those unaccustomed to walking, it is well to commence with a half-hour walk, increasing the daily period until one or two hours can be taken without undue fatigue. In inclement weather, when there is danger of chilling, exercise can be taken on a covered porch or in a room with windows wide open, provided the expectant mother is protected with sufficient warm clothing.

All violent exercises and sports are to be avoided, such as dancing, swimming, horseback riding, tennis and long climbs. Motoring over smooth roads and in comfortable cars can be indulged in, but jolting and jarring are dangerous. Driving automobiles should be prohibited after the sixth month.

Housework provides an opportunity for healthful exercise provided it is done in well-ventilated rooms with avoidance of washing, sweeping, heavy lifting, hanging pictures and running the sewing machine by foot. In the later months it is advisable to curtail trips up and down stairs to a minimum.

If the expectant mother is engaged in factory, shop or office work, it is wise to stop work at least one month and preferably two

months before confinement and not resume it earlier than six weeks after.

Work and exercise of all kinds should be done with avoidance of fatigue. If the household duties are unusually heavy and help can not be had from husband or other members of the family, frequent rest periods of ten to fifteen minutes, sitting or lying with legs elevated, will relieve strain. With a little forethought many duties can be performed while sitting.

Sleep and rest. In the adjustment of the mother's body to her increasing weight, she is apt to tire more easily than at other times. For this reason it is important that she have at least eight hours' sleep out of every twenty-four, sleeping alone, if possible, and with bedroom windows wide open. Fresh air during the day, open windows at night, a comfortable bed with light, warm coverings, and a warm bath with a hot drink on retiring will often aid in producing sleep.

Care of Mouth and Teeth

As pointed out before, a diet providing a sufficient quantity of the necessary minerals and vitamins will do much to keep the mother's mouth and teeth in good condition. In addition, however, it is essential to have any necessary dental work done without delay. Modern dentistry has developed many new, safe and painless methods so that dental work may be done without danger to the pregnant woman. Gum boils, buried snags, dead and aching teeth are possible sources of danger and should receive early attention unless the physician definitely advises against it. Using the tooth brush every morning, after each meal and before retiring, and rinsing the mouth with a small quantity of baking soda in a glass of water will aid in the performance of good dental hygiene.

Any condition of mouth, nose or throat accompanied by the presence of pus (matter) should be corrected as early in pregnancy as possible.

Care of the Breasts

General good care during pregnancy aids in preparing the mother for breast feeding. Almost every mother can nurse her baby if she will. It is the baby's right to have the food intended for him; the cheapest, freshest, safest, most perfect food. Breast milk contains the necessary elements, in the right proportions, for the growing infant. It is always ready and does not need to be prepared. It is always sweet and free from dirt. Fewer breast-fed babies suffer from bowel trouble and fewer of them die than bottle-fed babies.

The nipples must have care before birth in anticipation of breast feeding. They should be kept clean at all times. Gentle washing daily with warm water and castile soap with a clean piece of cotton

for each nipple, will remove crusts and usually keep them in good condition. Depressed or retracted nipples should be called to the attention of the doctor early in pregnancy. Heavy pendent breasts should be supported by a comfortable brassiere. Tight



BREAST TRAY, IMPROVISED

brassieres may do harm by interfering with free circulation. Underdeveloped nipples are sometimes helped by making circular openings in the brassiere where the nipples can emerge; this has the advantage of allowing more contact with the air and forcing out the nipples to the proper shape for suckling.

The breast tray in the illustration has the advantage of keeping the articles necessary for breast care assembled in one place, protected from contamination. Before touching or caring for the nipples, the hands should be well scrubbed with hand brush, soap and water.

Intercourse

Intercourse during the early weeks of pregnancy is thought to be a frequent cause of miscarriage. It should therefore be limited, especially at such times in the month when the menstrual period usually occurred, before pregnancy. During the last three months it should be omitted entirely. Intercourse shortly before commencement of labor is dangerous because of the possibility of introducing into the birth canal, germs which may cause infection.

It should also be omitted for the first six weeks after delivery. The safest plan is to limit intercourse during the first six months and omit it entirely in the last three.

Traveling

While traveling is accomplished these days without much discomfort, it is advisable to consult the physician when a journey of any length is contemplated.

Mental Hygiene

A calm, contented, happy state of mind is natural to some people, but in others it is to be cultivated. An expectant mother can do much to cultivate mental ease, which is an important part of health by planning her work in such a way as to minimize fatigue and allow for plenty of exercise out of doors. The husband should share in this planning and lighten her burdens in every possible way. It is his privilege also to meet with patience, gentleness and sympathetic understanding the natural nervousness, irritability and occasional fears that the expectant mother sometimes feels. His poise, good temper, help, and showing that he is sharing her anticipation are as necessary for her welfare as the home and material necessities he provides.

Worry, nervousness and fears menace mental and physical health. The expectant mother should not worry over pain or other symptoms she may experience; these should be told to her physician, who will deal with them. Fears that the mother may mark her baby by seeing some unpleasant sight are entirely ungrounded. There is no connection between the nervous system of the mother and that of the baby, so that any effect of "maternal impressions" on the baby is impossible.

Discomforts and Complications of Pregnancy

Nausea and Vomiting

Nausea with or without vomiting is one of the earliest and most common discomforts of pregnancy. Because it is usually experienced in the morning before arising it is often referred to as "morning sickness." It commences at about the fourth week and subsides six or eight weeks later. Taking a hot drink with dry toast or crackers, or a glass of milk half an hour before getting out of bed will often lessen this trouble. Eating small meals five or six times a day and lying down without a pillow after each meal are also helpful in correcting this symptom.

When vomiting is frequent and persists longer than the usual period of six or eight weeks, or when the mother's nourishment is seriously impaired, it should be referred to the doctor for treatment.

Heartburn

You may suffer from heartburn, a condition which has nothing to do with the heart, but arises from a changed position of the stomach caused by the pressure of the enlarging uterus. The change in position favors the retention of stomach contents longer than usual, and the consequent irritation starts a reversed flow of the material upward causing, in turn, contraction of the lower end of the esophagus (gullet) with burning sensations. Your physician will prescribe suitable medication and indicate a corrective diet. In general, small meals and avoidance of starch and fatty foods, sweets, pastry and acid beverages are recommended.

Distress and Flatulence

Small amounts of food well chewed will in most cases prevent the feeling of distress after eating. Regular bowel movements and avoidance of foods that cause gas during digestion, will usually assist in correcting this condition.

Varicose Veins, Piles

Pressure of the growing uterus on the veins returning from the lower part of the body will frequently cause swelling of the feet and legs and distention of the veins (varicose veins) which may appear not only in the legs but also in the vulva. If the swelling of feet and legs is not relieved by the sitting position with feet raised, the doctor should be consulted.

Wearing a properly fitted support for the abdomen; keeping off the feet as much as possible; bandaging the legs with woven or elastic cotton bandages are measures taken to relieve varicose veins. The bandages are applied from the ankle upward and wound smoothly while the leg is elevated. Taking the right-angle position



RIGHT-ANGLE POSITION. BANDAGE PROPERLY APPLIED
FOR VARICOSE VEINS IN LEGS

several times a day is most helpful. To do this the patient should lie flat on her back on the bed, with legs and thighs against the wall at a right angle with the body. If the varicose veins are high up, a pillow should be placed under the hips while taking the right-angle position.

For hemorrhoids or "piles" every precaution should be taken to prevent constipation by the selection of laxative foods, outdoor exercise and liberal quantities of water. If the hemorrhoids protrude they should be gently pushed back while lying on the side with hips raised. The application of cold compresses or an ice bag will assist in reducing them, but if they are persistent and severe, the doctor should be called.

Cramps in the Legs

The pressure of the heavy uterus on nerve trunks may cause cramps in the legs, especially during the latter part of pregnancy. Gentle rubbing and the application of heat will usually give relief. Bending the foot back and forth is also helpful.

Caution

If there is pain in the legs *after* the baby comes, they should *not* be rubbed or treated with any home remedy; this is a matter for the doctor's immediate attention and treatment.

Itching

Itching is a very annoying complaint and is caused by the increased activity of the skin glands. It may be relieved by bathing with a solution of baking soda and water, or by the use of a bran-bag instead of soap in the bath. This symptom sometimes occurs when insufficient fluids are taken.

Discharges

The normal vaginal secretion is increased during pregnancy, but if it becomes very profuse and irritating, or if it changes in color from the normal whitish discharge, the doctor should be consulted. Douches should *not* be taken except under the doctor's advice. Bathing externally with soda and warm water or anointing with olive oil, and avoiding the use of soap, will often relieve the irritation.

Toxemia

In the foregoing, attention has been called to the fact that during pregnancy the mother must throw off the waste from her baby as well as herself. Unless elimination by kidneys, bowels, skin and lungs is perfect, a condition of toxemia or poisoning may take place with serious results to mother and baby. For this reason it is necessary to call the doctor's attention to the following symptoms:

- 1 Excessive and persistent vomiting
- 2 Repeated headaches
- 3 Dizziness
- 4 Swelling of legs, hands and face
- 5 Inability to see as well as usual, or appearance of spots before the eyes
- 6 Pains, especially at the pit of the stomach.

The presence of one or more of these conditions may not mean that toxemia is present, but they should be considered as warning signs, to be reported to the doctor, and a specimen of urine should be sent him for examination. There is usually ample opportunity to prevent the *serious consequences of toxemia if, when these symptoms first appear, they are dealt with at once.*

Miscarriage

Miscarriage means the loss of the baby before it has attained sufficient growth to be able to live outside the mother's body—that is, before the end of the sixth month. The chief causes for miscarriage are: overwork of a heavy character such as washing, sweeping, lifting or moving heavy objects, running the sewing machine, or other types of taxing labor; indulgence in strenuous sports; jolting; long journeys by train or boat; some constitutional disease of the mother; abnormal position of the baby; tumor growths in uterus and other organs.

Bleeding and abdominal pain indicate the possibility of miscarriage. The mother should go to bed and send for the doctor at once. Any material expelled at such time should be saved for his inspection.

Neglected miscarriages may cause serious results, affecting the future health of the mother. There is always the possibility of blood poisoning and perhaps death.

Bleeding

Bleeding from the vagina in the latter part of pregnancy should be considered a danger signal. The patient must *report to the physician at once*, and stay quietly in bed. *The doctor should respond at once*, determine the cause of bleeding and give treatment.

Syphilis

Syphilis has very serious effects both on people contracting the disease and on children born to them while they are infected. A law has been passed in New York State requiring a physical examination and blood test for syphilis before marriage can take place. Another law requires that every woman have a blood test for syphilis during her pregnancy. It is hoped that these laws will do much to wipe out this very serious disease and protect children from the consequences of this disease in their parents.

If untreated, syphilis in the mother may cause miscarriages, stillbirths and babies infected with syphilis. If the mother receives adequate treatment during the last five months of pregnancy, the baby's chances of being healthy are good. This is another important reason for going to the doctor early in pregnancy.

Danger Signals of Pregnancy

Report to the physician at once:

- Persistent nausea or vomiting continuing after the third month and such symptoms, if severe, before the third month
- Persistent or severe headaches
- Dizziness
- Swelling of the hands or feet
- Blurring of the sight or spots before the eyes
- Puffiness under the eyes or elsewhere about the face
- Decreased urination
- Persistent backache or neuralgia pains, especially about the pit of the stomach
- Lessening or stopping of movements of the baby after they have begun
- Bleeding or a bloody discharge
- Pain in the lower back followed by cramp-like pains in the abdomen
- Mental depression, anxiety or apprehension.

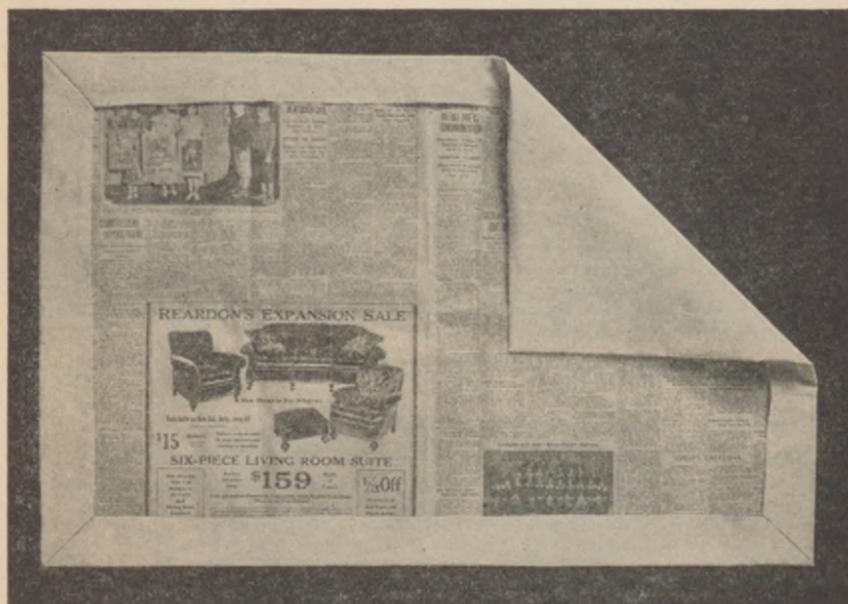
Preparations for Home Confinement

Supplies

Articles and materials to be prepared should be ready two months before the expected date of confinement.

For the Mother

BED PADS: Three or four, to cover half the bed, of quilted material thirty-six inches square, or made with newspapers.



BED PAD, SHOWING MITERED CORNERS

To make newspaper pads, take ten thicknesses of newspaper, open to full size, and cover with freshly laundered old muslin, clean gauze or cheesecloth. Fold edges of the cloth over to underside of pad, miter and overcast seams at corners. These covers, when soiled, may be washed, boiled and ironed, and fresh newspapers inserted, making possible a constant supply of clean pads for use during the lying-in period.

As a precaution, where possible, the entire mattress may be covered with oilcloth, put on under the bottom sheet.

SANITARY NAPKINS: Two to six dozen, or a supply of freshly laundered old muslin for extra pads. These should be kept wrapped in muslin.

The pads may be bought ready made or may be made at home of absorbent cotton wrapped in gauze or in old soft cloths that have been washed and boiled. Cut the cotton into pieces ten inches long, four

inches wide and one inch thick. Cut the gauze into pieces of the right size to fold around the cotton and allow it, when folded, to extend two or three inches beyond the cotton at each end.

ABSORBENT COTTON: Two pounds in half-pound packages

STERILIZED GAUZE: Five yards

TOWELS: One dozen, old, soft towels

NIGHTGOWNS: Sufficient number for daily change, and suitable for nursing baby

SHEETS: Plenty of sheets and pillow cases

UNBLEACHED MUSLIN: Four yards, for abdominal binders—torn into strips two yards long, eighteen inches wide

HAND BASINS: Two, agate or enameled

SAFETY PINS: Two dozen, size 0; two dozen, size 4

BORIC ACID POWDER: Four ounces

VASELINE: White, one tube

WASH CLOTHS: Two, distinctly different

FOUNTAIN SYRINGE: Two-quart, or enema can (with rectal tip)

DOUCHE OR BED PAN: One, agate or tin

PITCHERS: Two, large

SUPPLY OF NEWSPAPERS

SOAP: Castile, one bar

ALCOHOL: Eight ounces

TINCTURE GREEN SOAP: Four ounces

STOCKINGS: One pair, white

SLOP JAR: One

NAIL BRUSHES: Two, cheap, stiff, type that can be boiled.

SKEIN OR BOBBIN: Narrow cotton tape to tie the cord

BED JACKET OF SHORT KIMONO

ORANGE WOOD STICKS: Two

SCISSORS

HOT WATER BAG with flannel cover

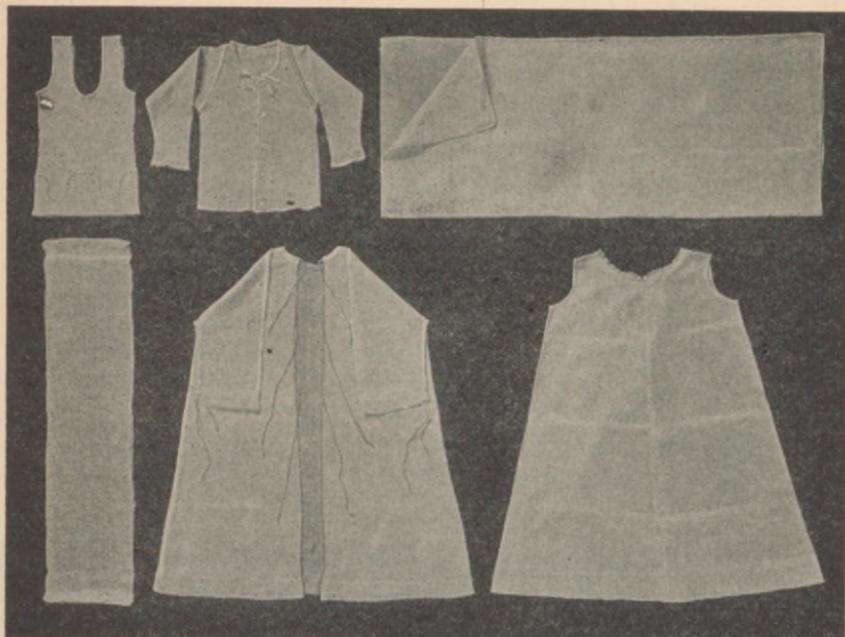
MEDICINE GLASS and straws

BLANKET: Old, soft and clean; or shawl, to receive the baby at birth.

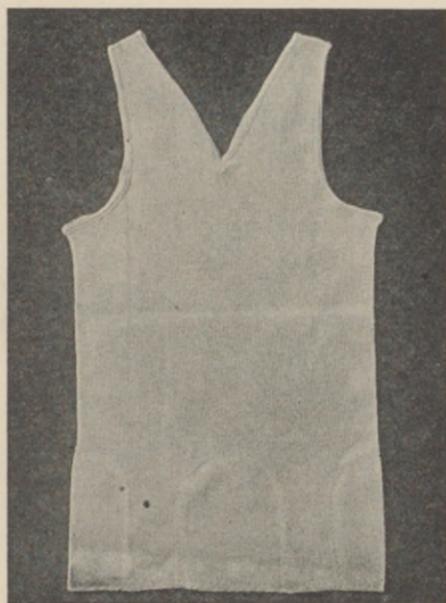
All articles such as pads, towels, or sheets, which will come into contact with the mother or baby must be freshly washed, boiled, ironed on both sides, folded and wrapped in clean muslin. The hands should be carefully washed before ironing and the materials handled only by the corners. Especially avoid rubbing the hands over the ironed surface. The last surface ironed should be folded inside.

After they are wrapped the articles should be kept in a separate place where they are protected from dust and are not likely to be handled until needed.

In most communities sterile obstetric packages can be obtained through the public health nursing service.



BAND, SHIRT, DIAPER, GAUZE, SLIP AND PETTICOAT



BAND WITH V-NECK TO PREVENT
SLIPPING OF SHOULDER STRAPS

For the Baby

DIAPERS: Two dozen or more, outing flannel or cotton birdseye (the latter better if washing machine is used for laundering), size 22 x 27 inches

BANDS: Two to four, washed gauze, eighteen inches wide and twenty-seven inches long, folded to six-inch width; for use until the navel heals. Three knitted bands, size 2, with shoulder straps, to use later

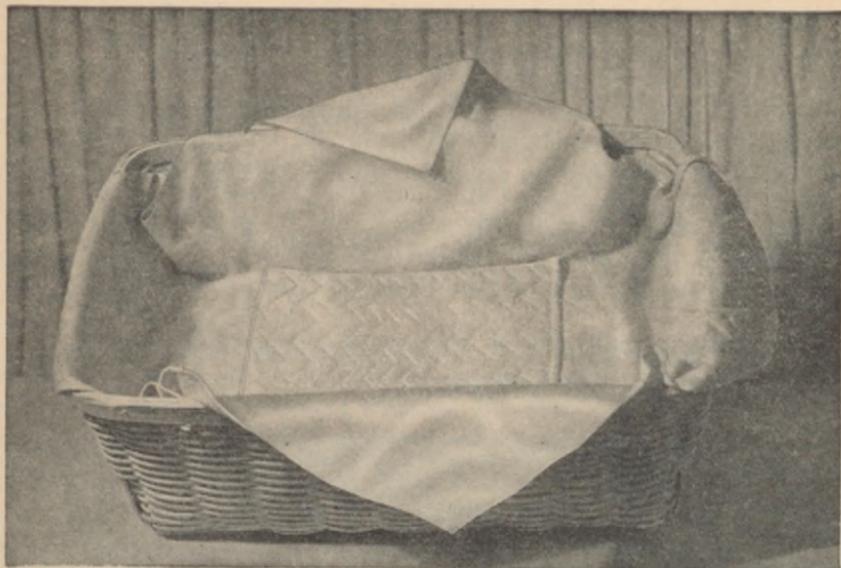
DRESSES OR SLIPS: Four to six, white nainsook, twenty-one inches long from shoulder, perfectly plain, finished at neck and wrists with plain band and tied with tape. Open all the way down the back

NIGHTGOWNS: Four, muslin, flannel or stockinet, twenty-seven inches long, open all the way down the back. May have tape run through bottom hem to keep garment down over baby's feet

PETTICOATS: Two, flannel (mixed cotton and wool), and two cotton (nainsook, lawn or longcloth), twenty inches long from shoulder; open all the way down the back



ARRANGEMENT OF PAD WITH CLOTHES OPENING DOWN BACK



BABY'S BED

SHIRTS: Three, cotton, size 2, high neck and long sleeves, open all the way down the front

FLANNEL SQUARES: Three, cotton and wool flannel or outing flannel, thirty-six inches square, pink or blue, which can be used instead of coat and bonnet for the very young baby. Also used in the basket bed

BED: Separate crib; basket, bureau drawer or box fifteen by thirty inches, padded, may be used

MATTRESS OR PILLOW: Hair preferred. A blanket, or table or bed padding, folded to size, makes a very soft, smooth mattress and may be washed and boiled and dried in the sun

TURKISH TOWELING CASE: Two to four, eleven by sixteen inches, into which rubber sheeting is inserted for a protective pad

RUBBER SHEETING: Two or more pieces cut to fit cases

PILLOW CASES: Two of muslin and one of rubber sheeting or oilcloth, for the mattress

OLIVE OIL OR MINERAL OIL: Six ounces

CASTILE SOAP

TOWELS: Four. Old, soft towels best; two Turkish

WASHCLOTHS: Two, old pieces of linen (face cloth smaller)

TOOTHPICKS to make cotton swabs

SAFETY PINS: Assorted sizes, two dozen

HOT WATER BAG with flannel cover

MEDICINE DROPPER

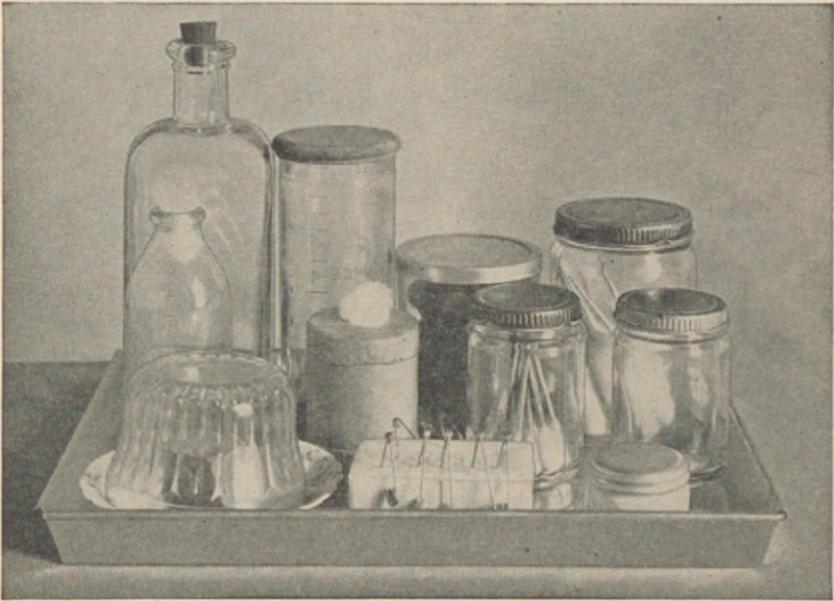
BOTTLE and NIPPLES for giving baby water; $\frac{1}{2}$ -pint size best

COVERED PAIL for borax water for soiled diapers (may be same one used for mother at delivery)

TRAY with five jars, $\frac{1}{2}$ -pint size, properly cleaned and prepared: One each for boiled water, nipples, absorbent cotton, oil, and small toothpick swabs. (Jelly, candy, or mayonnaise jars may be used if carefully cleaned and boiled.) A dish for soap, a cake of soap in which to stick the safety pins, a pint bottle for the day's supply of boiled water for the baby to drink

PAPER BAGS: Two-pound size, to be used for waste.

NOTE: Sterilized supplies, such as cotton swabs, cord dressings, gauze, and gauze sponges, may be obtained in drug and department stores. If home sterilizing is absolutely necessary, the local nurse should be consulted or directions should be secured from the State Department of Health.



BABY'S BATH TRAY

L a b o r

The termination of pregnancy in the act of expelling the child is termed "labor." If the mother has had good medical supervision and has taken care of her health during pregnancy and made preparations for confinement, it should end happily with a safe mother and healthy baby, in spite of the pains and fatigue of labor.

If arrangements for a hospital delivery have been made, the mother should be ready to go when regular pains start. She will take with her the bag, which has been packed some time before, containing her nightgowns, toilet articles, slippers, dressing gown and the baby's first outfit.

If a home confinement has been planned, her room and supplies should be in readiness about two weeks before the date when the baby is expected. The room selected for the delivery should be convenient to the bathroom or running water and should be the best lighted, ventilated, sunniest and cleanest room in the house. All its furnishings should be thoroughly cleaned in preparation for the event. Hot water and soap, or washing soda (half a pound to three gallons of water) are very satisfactory for cleansing purposes. The room should be warm in winter and cool in summer. Rugs, carpets, unnecessary draperies, hangings, upholstered furniture, and ornaments should be removed. Aside from the bed, all that will be needed are a table, a strong light (a lantern-style flashlight is a valuable addition to the confinement supplies), and several chairs, including a comfortable rocker. The bed should be single, if possible, and elevated to about thirty inches in height, by wooden blocks under its legs. If the mattress is soft or sags, two or three table boards should be placed between the springs and mattress to give a firm, level surface.

When labor begins, the bed should be made ready, the mattress protected by rubber sheet or oilcloth, or several layers of newspapers. An extra sheet folded in the middle is pinned across the mattress to be under the usual sheet, in such a way as to come under the hips.

Labor commences with pains in back and abdomen, with bleeding or watery discharge. While waiting for the physician, a large quantity of water should be boiled ten minutes in a covered vessel with ladle, then set aside to cool, still covered and untouched. A kettle of water should be kept boiling, so that hot water may be had at any moment.

The patient should take a sponge bath, comb and arrange the hair (if long) in two braids; get out the baby clothes and confinement supplies. She may walk about or go to bed as preferred.

*Emergencies**

It sometimes happens that the baby is born before the arrival of the doctor or nurse, when labor comes on earlier than was expected,

* Adapted from "Prenatal Care" (p. 38), Publication No. 4, Children's Bureau, United States Department of Labor.



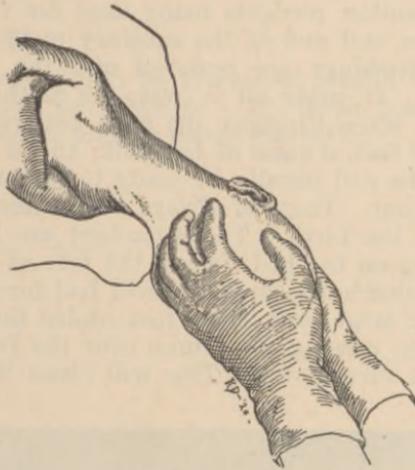
BED PREPARED FOR HOME CONFINEMENT

or the doctor is at some distance. In an emergency like this it is necessary for the expectant mother and her family to know what to do.

The delivery room must be set in order and the bed freshly made. The mattress should first be protected with the rubber sheet or oilcloth or newspapers, as described on page 31, and the extra folded sheet. The mother's external parts should be well washed. The confinement supplies, still in their packages, unopened, should be put close at hand. A large kettle of water with ladle should be boiled and cooled without being uncovered. At the same time the scissors and tape for trying the cord should be boiled for ten minutes and left untouched.

Meanwhile, if matters have gone so far that the pains are returning every five minutes, or if the "waters" have broken, the woman should go to bed; she will lie on her back with her knees drawn up and spread apart. (If the doctor is in charge, he may prefer another position.) When the pain comes, the patient will bear down but will not attempt to strain except when she feels she must.

Whoever is at hand to help will then put one of the delivery pads underneath the mother's hips and should thoroughly disinfect the hands by scrubbing them for ten minutes in warm water, using a brush and plenty of soap. The attendant will sit by the mother until the baby is born, but should not touch her. After the head is born, if the face of the baby turns blue, the mother should be told to strain vigorously, and at the same time she may press with both hands upon her abdomen, while the attendant grasps the baby's head in both hands and pulls it steadily and gently downward.



DELIVERY OF HEAD

*From "Obstetrical Nursing," Carolyn Van Blarcom
By permission of The Macmillan Company, publishers*

As soon as the child is born he should take a breath and cry. If he does not do this, the attendant should slap him smartly upon the buttocks. When he cries, he should be laid down close enough to the mother so that the navel cord will not be stretched, care being taken not to smother him nor allow any of the discharges to touch his face. Then the attendant will tie the cord tightly in two places; one, two inches from the child's navel, one, an inch nearer the mother, using pieces of sterilized bobbin or other string *that has been boiled*. The cord is then cut with the scissors *between the two ties*. There will be a single spurt of blood, but bleeding will cease immediately if the cord is tied tight. If bleeding from the baby's navel should not stop altogether, the cord should be tied again nearer the baby without disturbing the first tie. The cord dressing should be put in place at once. The baby should then be covered with a light, warm blanket, removed to a place of safety while the mother is being taken care of, *and kept warm*.

The separation of the afterbirth usually takes place within ten to thirty minutes. Sometimes it takes as much as two hours, but the process must not be hurried, unless under the doctor's directions. Sometimes the mother can help by straining as she did to bring the child; but unless the doctor or nurse has arrived it is better to be patient and wait for the contents of the uterus to be expelled naturally. All the soiled pads and dressings and everything that has been expelled should be saved for the doctor's inspection.

After the soiled bed pads have been removed, the region around the vagina is carefully washed with sterile warm water, pieces of sterile gauze or cotton pledgets being used for this purpose. An abdominal binder and one of the sanitary pads are then put on. All the soiled dressings are removed and the pad beneath the mother renewed. If, after all is over, the mother suffers from a nervous chill, as often happens, she need not be alarmed. A hot water bag at her feet, a glass of hot milk, and a blanket will soon warm her, and she will usually be ready to fall asleep to rest after the fatigue of labor. There is always a considerable discharge of blood just after the birth. The attendant can help to stop this bleeding. Sitting on the bed, facing the foot of the bed with the hands on the mother's abdomen, she will feel for the uterus, which will be a rather large, soft mass just under the navel, and will massage it gently, passing the thumb over the front of the organ, while the fingers surround it. This will cause the muscles of the



MESSAGE OF UTERUS FOR CONTROL OF HEMORRHAGE

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uterus to contract and will help to stop the bleeding. The massage should be begun gently, as soon as the child is born.

While the attendant is caring for the baby, either the mother herself can be rubbing the lower abdomen or someone else in the family can help temporarily. Cracked ice, wrapped in gauze, may be laid over the uterus to help in the contractions, and sometimes putting the baby to breast will serve the same purpose. These measures are especially necessary if the amount of bleeding seems excessive and the doctor has not arrived.

When the doctor comes, he will repair any lacerations (tears) that may have occurred during the baby's birth.

Birth Registration

The baby's birth should be registered within five days by the attending physician or midwife. If there has been no such attendant, the parents must register the birth.

After the Baby Comes

The Lying-In Period

After the birth of the baby, it takes six to ten weeks for the mother to regain her normal state and full strength. During this time the uterus gets smaller, there is a loss of body weight, there is an improvement in the tone of the abdominal and pelvic muscles and the breasts establish their function of supplying nourishment for the baby.

While the uterus is decreasing in size, there is the danger of its getting out of place due to the overstretched supporting ligaments. For this reason the mother should have sufficient rest and avoid physical exertion. It is essential that there be an examination made by a physician at the end of six weeks.

A vaginal discharge persists for about two or three weeks, changing in color and quantity. Foul odor or a marked decrease in the amount should be brought to the notice of the physician promptly.

Owing to the overstretching during pregnancy, the muscles of the abdomen are flabby and soft and the skin lies in folds. The muscles gradually regain their tone, the excess abdominal fat is absorbed and the abdominal wall regains the normal state in a few weeks. If for any reason the muscles do not regain their tone a properly fitting support may be worn. The lines which came during pregnancy remain.

Digestive Tract

At first there is little appetite, but the patient is very thirsty. There is apt to be constipation due to sluggishness of the bowels, together with the lack of exercise and the recumbent position. This should be corrected by the physician.

Position in Bed

For the first hour or two after the birth of the child, and after the mother has been cared for, she should lie flat on her back without a pillow under her head and the uterus should be massaged occasionally to prevent a hemorrhage. See page 40. To prevent backward displacements of the uterus, it may be advisable later to lie on the abdomen for a few minutes several times a day.

Daily Bath

The patient should have a bath of warm water and soap each morning with an alcohol rub at night if possible. She must be protected from possible chilling during her bath. Tub bathing may be resumed after the vaginal discharge ceases.

Diet

For the first few hours the patient's diet should consist of liquids, followed by light nourishing food until she goes on full diet.

A DAY'S FOOD PLAN FOR LYING-IN PERIOD**Breakfast:**

Cereal: of any kind with milk or cream (a well-cooked cereal is preferable)

Fruit: preferably orange or grapefruit (juice or pulp)

Toast and Butter

Milk: which may be used in cocoa—tea and coffee if doctor allows it

Lunch:

(midmorning) a cup of warm milk, malted milk, or eggnog

Dinner:

Thin Soup or Broth

Meat, small portion; or *fish;* or *eggs*

Two Vegetables: a leafy vegetable and a bulky vegetable (creamed or baked)

Salad: with oil dressing

Bread and Butter

Dessert: a very simple pudding or ice cream

Lunch:

(midafternoon) a cup of warm milk, malted milk, or eggnog

Supper:

One Hot Dish: such as milk toast, cream soup (vegetable flavor) creamed or escalloped vegetable; cocoa

Bread or Toast and Butter

A Simple Dessert: such as a stewed fruit sauce and a piece of sponge cake.

Bowels

A regular movement of the bowels each day is essential to health. This should be regulated by proper food and the drinking of liquids. Taking enemas or drugs should be avoided unless ordered by the physician.

Sitting Up

Sometimes the patient is allowed to sit up in bed after five or six days following labor, unless there are complications, and is permitted to sit on a chair for a short period on the tenth day, and then for a longer time each day following. The mother should remain in her room for at least two weeks and not undertake full activities for at least four to six weeks.

Exercises

Exercises should be taken only if the physician approves. Their purpose is to strengthen the abdominal muscles and benefit the general physical condition of the patient; to aid in the decrease in size of the uterus; to prevent displacements of the uterus, and to prevent constipation.

Breasts

Absolute cleanliness in the care of the breasts and nipples is important. The nipples may be protected by covering with a freshly laundered piece of muslin. Any soreness, redness, or pain in the breast or any trouble with the nipples should be reported to the physician.

Lactation

For the first two or three days after the baby is born the breasts secrete only the yellowish fluid called "colostrum." As soon as the mother has had sufficient rest from the delivery, the baby should be placed at the breast. The colostrum is intended for him, and has a slightly laxative effect. The colostrum is followed by the secretion of milk and this rapidly increases in quantity, and in most cases will be sufficient for the baby's needs provided the breast is emptied completely and regularly at each nursing.

Babies are usually fed every three hours for a while and then the time between nursings is increased to four hours. With the coming of the milk, the breasts are often tender and painful, but this lasts only a day or two. Milk may not flow freely for four to five days.

Things to remember about breast feeding are:*

The act of suckling helps to restore the uterus to its normal size and tone.

Breast milk is the most perfect and the safest food for the baby.

With patience and persistence almost every mother can nurse her baby.

Breast milk is seldom, if ever, bad for the baby; if he fails to gain, it is usually because of insufficient quantity rather than poor quality—and quantity can usually be controlled by proper food, sufficient fluids, sufficient rest, complete emptying of breast at each feeding, and regularity of nursing.

A full milk-producing diet consists of milk, eggs, leafy vegetables, fresh fruits, cereals, some meat. Creamed dishes, creamed soups and salads help to maintain a good milk supply.

* More detailed instructions regarding breast feeding will be found in the New York State Baby Book, which is available on request.

A DAY'S FOOD PLAN FOR THE NURSING MOTHER

Breakfast:

Milk: at least one cup (eight ounces) which may be used in cocoa. Coffee and tea, if used at all, should be taken in moderation.

Cereal: whole grain with milk or cream (a well-cooked cereal such as oatmeal is preferable)

Bread: preferably whole wheat, graham, rye or bran bread

Butter

Fruit: fresh or dried; cooked or raw. Fresh fruit at least two or three times a week

Lunch:

(before nursing) a cup of warm milk, malted milk, eggnog, or cocoa

Dinner:

Soup: preferably creamed with vegetable flavor

Meat: small portion; fish; cheese; peas; beans; or lentils

Salad: made of lettuce, romaine, endive or cress

Vegetables: such as potato, beets, carrots, tomato with a frequent use of greens such as raw cabbage, celery, cooked spinach, beet greens or chard, etc., served with a cream sauce

Bread and Butter: coarse breads if possible

Dessert: puddings made with a milk and egg foundation; ice cream or ices; fresh or canned fruit

Lunch:

(before nursing) a cup of warm milk, malted milk, eggnog, or cocoa

Supper or Luncheon: (if dinner has to be eaten at night)

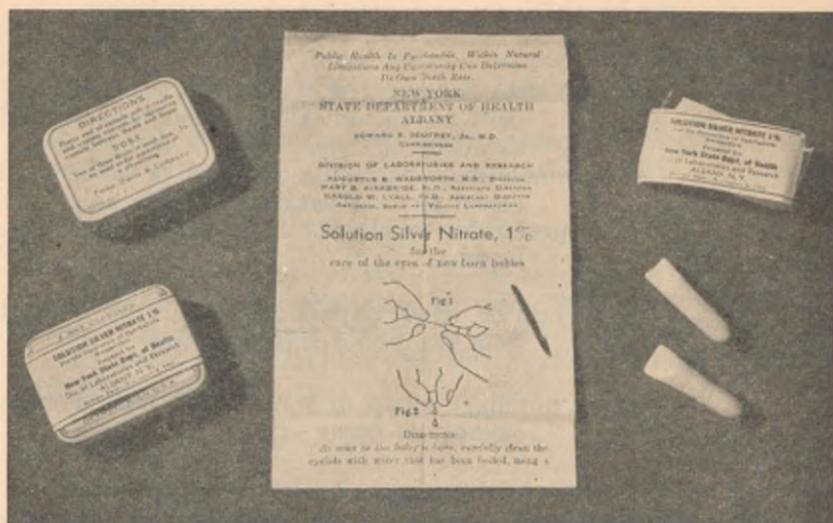
One Hot Dish: preferably one in which milk is used such as creamed or scalloped vegetable; or a creamed soup; or macaroni and tomato; rice and tomato

Bread and Butter

A Light Salad, if desired

Dessert: such as stewed or fresh fruit and cake

Water: should be taken frequently between meals.



OUTFIT SUPPLIED BY STATE WITH EYE DROPS IN WAX CAPSULES

The Newborn Baby

The newborn baby should be received and wrapped in a clean warm blanket, preferably flannel, which has a warmed diaper inside to protect it. The baby's eyes should be washed with plain tap water that has been boiled and cooled to body temperature and then eye drops (supplied by the State Department of Health free through local health officers) should be put into each eye. The navel is to be covered with a pad of sterile gauze until healed.

When a midwife has been in attendance, if anything goes wrong with the baby or mother a physician must be called at once. Care should be taken to see that the baby passes urine and that the bowels are moved, reporting to the doctor at once any difficulty.

The baby should not sleep in the same bed with the mother.

If sore eyes develop, the best available medical attention should be secured at once, and the condition should be reported immediately to the local health officer.

If the baby's breasts swell or contain milk they should not be massaged, rubbed or in any way manipulated; an abscess may result. They should be let alone or a small compression binder of flannel, with a piece of sterile gauze on each breast may be applied.

Bathing

At first his skin should be gently rubbed with liquid vaseline or olive oil, paying particular attention to body creases. A sponge bath is given until the navel is fully healed, usually about the seventh to the tenth day, after which the bath may be given in a tub or basin.

Premature Delivery and the Care of the Premature Baby*

In spite of every effort and for some causes that are unavoidable, a certain number of deliveries occur prematurely. A premature baby is not so well developed at birth as a baby born at full term. The earlier the baby is born, the more difficult it is to keep him alive. A baby born only two or three weeks before the expected date may be quite strong and little different from a full-term baby. A baby born seven or eight or more weeks early may be very small and difficult to save, and occasionally a baby born at full term is exceptionally small and feeble. All babies weighing less than five and one-half pounds at birth should be treated as if premature.

Many babies weighing only two or three pounds at birth can be saved if the proper care is given them. Premature babies born at home are often best cared for in their home surrounding unless a hospital suitably equipped for the care of these small infants is available. Such a hospital will have special rooms for these babies and will have doctors and nurses on the staff who are trained to care for them and who will be able to feed them properly. Great care should be taken to keep the baby warm while he is being carried to the hospital, as chilling at this time decreases the chances of saving his life. He should be wrapped immediately after birth in wool flannel or cotton batting and in several soft wool blankets, and if the hospital is more than a short distance away hot water bottles should be used to keep him warm during the trip.

Most premature babies are born unexpectedly, and it is wise for every expectant mother to have her equipment for the birth ready two months before the baby is due.

If, as is the case in many communities, a properly equipped hospital is not available, the premature baby must be cared for at home; in fact, in extremely cold weather, it is better to care for the baby at home for the first day or two. The advice of a physician specially trained in the care of babies should be obtained at once and followed closely. If a nurse who has been trained in the care of premature babies can be engaged, her experience will be a great help to the mother.

In caring for a premature baby there are three main problems which must be kept in mind constantly:

- 1 How can his temperature be kept even and between 97° and 99° F.?
- 2 How can he be protected from infections?
- 3 How can he best be fed?

Keeping the Baby at Normal Temperature

The premature baby's heat regulating power is very slight. His body temperature must be maintained for him by having the room

* Adapted from "Prenatal Care," Publication No. 4, Children's Bureau, United States Department of Labor.

in which he is to be born kept warm (80° F.), by preventing exposure, by using proper clothing to prevent loss of heat, and by applying external heat. All this is most important in the first hours and days of life.

Care Immediately after Birth

A premature baby may die from exposure unless proper care is given him at once after birth. As soon as he is born he should be wrapped in wool flannel or cotton batting, covering his entire body except his face. This is necessary in order to keep him from losing any of his body heat. The cord must be protected with a sterile dressing. He should be put at once into a warm bed which has been prepared for him (see p. 50 for homemade heated bed) in a warm room. His temperature should be taken by rectum soon after birth, and his skin should not be oiled until his temperature is normal (97° to 99°F.), and then only if his general condition is good and the room temperature has been raised to 85°F. He may then be cleaned with warm oil, one part of his body at a time being uncovered. It is much more important to keep him warm than to give him a bath. The complete oil bath need not be given for several hours or even a day or two after birth.

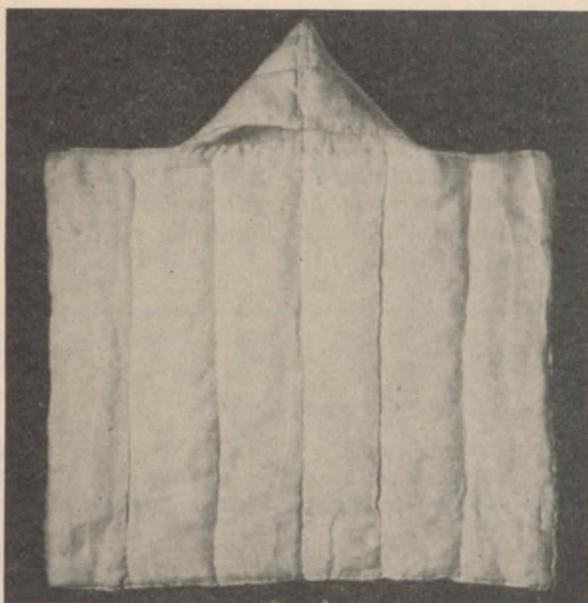
General Care

A premature baby should be exposed and handled as little as possible—only when it is necessary to oil him, feed him, give him drinking water, or change his diaper. He should be turned every two hours, but should not be picked up and handled unnecessarily. The room in which the premature baby is kept should be ventilated by means of a narrow cloth screen (two inches or more, according to the climate) at the top of one window, and a temperature of 78° to 80° F. should be maintained steadily, day and night. When the temperature in a room is as high as this, it is apt to be very dry. If a window is kept open, even a small amount of out door air coming in will bring with it some moisture. More moisture can be obtained by hanging wet sheets in the room or by keeping a kettle of water boiling on a small stove at a safe distance from the baby. The temperature inside the crib should be between 80° and 90° F. A thermometer should be kept in the crib with the baby so that the temperature in the bed can be known at any time. The baby's body temperature should be taken by rectum every four hours and recorded on a chart. It should be kept even and between 97° and 99° F.

Clothing

The first clothing that a premature baby wears is usually the wool flannel or cotton batting in which he is wrapped at birth and soft wool blankets. The clothes that have been prepared for him

are as a rule much too large, and the mother or nurse must prepare substitutes at once which can be put on and taken off with the least possible handling of the baby. The clothes must fit the baby snugly to provide the necessary warmth but must not be tight. For a week or two after the baby's birth it may be best to continue the use of the cotton batting or wool flannel wrapped closely about the baby's body and to use small squares of cotton batting as diapers. Soon after that, however, small shirts and bands of wool, flannel or knitted wool material and small diapers may be used. A few of the regular-sized diapers can be cut down to fit the tiny baby. If the diapers can not be changed without considerable handling of the baby, it is better to continue to use the cotton batting squares, which can be removed easily.



JACKET FOR PREMATURE BABY

A sleeveless padded jacket may be used as a wrap. The jacket may be made of two squares of cheesecloth or of some very thin cotton material (eighteen inches square), with a thick layer of cotton batting stitched between, having a piece of the padded material arranged as a hood, and should be long enough to cover the feet well and wide enough to lap over and be pinned in front.

It may be opened at the bottom for changing the baby's diaper. When soiled, such a jacket may be burned and a new one substituted. A small square of wool flannel or soft old blanketing may be used as a wrap instead of the cotton-padded jacket; but though

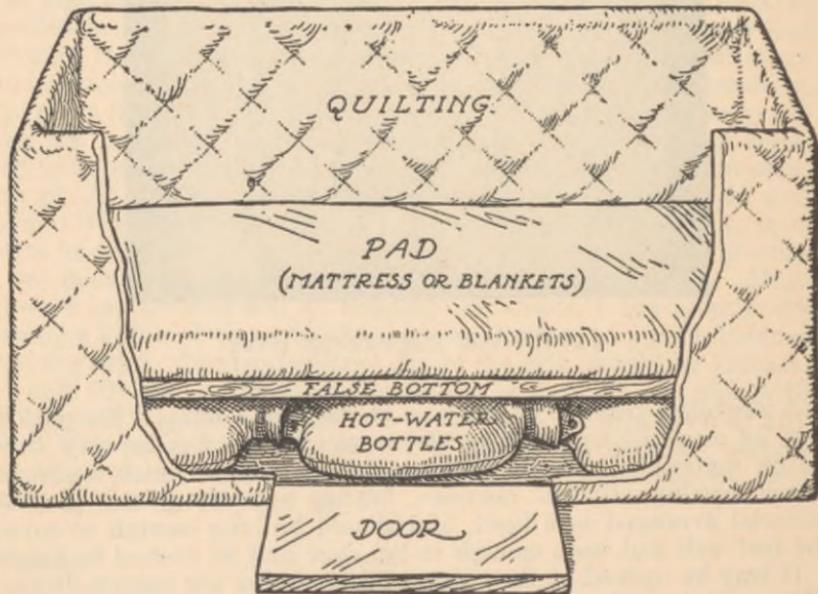
it is warmer, it is less convenient for changing the diaper without disturbing the baby.

A small size sleeping bag made of a double thickness of flannel or very light weight soft wool material may be used.

None of the baby's wraps should be so tight that his movements are hampered.

Homemade Heated Bed

It is sometimes necessary to prepare an emergency heated bed during delivery of a premature baby. Such a bed may be a small clothesbasket or wooden box, prepared as follows: Place a pillow or several layers of folded blanket in the bottom and cover this with a piece of thin rubber sheeting. Spread a cotton sheet or an old blanket over the rubber sheeting and provide small, soft wool blankets with which to wrap and cover the baby. Three hot water bottles should be filled with water at 115° F., placed in the bed before the baby is born, and kept in the bed to warm it and the blankets. (Warm bricks may be used instead.) The bed should not be allowed to get cold before the baby is put into it. After the baby is wrapped in warm blankets and put into the bed, the temperature inside the bed must be kept at 80° to 90° F., but no higher. The warm-water bottles should be refilled (at different times) with water at 110° to 115° F., and kept in the bed, but



BED FOR PREMATURE BABY.

From Children's Bureau Publication No. 4

outside the baby's wraps. If warm bricks are used, they must be wrapped up and placed outside the baby's wraps. Care must be taken not to have them too hot. Such a bed will serve at first until a better one can be arranged.

A better bed can be arranged by using a small clothesbasket or, still better, a box well padded inside and outside by quilting, into which is fitted a removable platform about four inches above the padded floor of the basket. A thin, flat hair pillow or several layers of wool blanketing should be used as a mattress to cover the platform. Beneath the platform, on the floor of the basket, three warm-water bottles are placed, which must be refilled whenever necessary to keep the temperature in the bed between 80° and 90° F. It is best to refill one bottle at a time, so as not to cool the bed too much. An opening should be cut in the side of the basket below the platform so that the warm-water bottles can be removed for refilling without disturbing the baby. The bottles beneath the platform should be at 115° to 125° F. If warm-water bottles are placed beside the baby in the bed, they should never be warmer than 115° F.

If the baby's bed is too hot, his temperature will rise above normal.

Bathing

With very small and weak babies it is frequently advisable not to give a bath for two or three days. It may, however, be necessary for the doctor or nurse to use the warm bath to stimulate the baby when he does not breathe well. If the complete daily bath can not be undertaken without danger of chilling the baby, it should be dispensed with or a partial bath may be given daily—washing the face, buttocks, and genitals only—without removing the baby from the heated bed and without exposing the rest of the body.

The baths should consist of a rapid sponging with oil or with water at 105° F. in a room 85° F., one part of the body only being exposed at a time to prevent chilling.

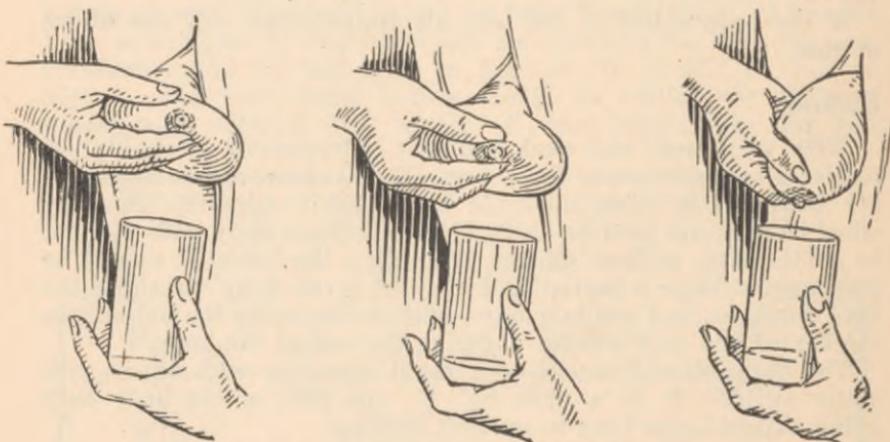
Protecting the Baby from Infections

Premature babies have very little resistance to disease. They are particularly subject to infections, especially colds. A cold is serious in a premature baby because it is very likely to develop into pneumonia, which may prove fatal. Every person who cares for a premature baby or comes in contact with him in any way must be careful to wash the hands before touching the baby lest some infection be carried to him. No one who has even a slight cold or other infectious illness should be allowed to care for a premature baby. No visitor should ever be permitted in the room where a premature baby is kept. These rules can not be kept too strictly. Colds, pneumonia, and ear infections are common causes of death in premature babies. A gown and mask should always be worn when caring for the baby.

Feeding

Human Milk. The feeding of a premature baby is a most serious problem. Mother's milk is the best food for him. Until the mother's milk is established, every effort should be made to get at least a few ounces of milk daily from some other mother nursing her own child or from the breast-milk agency, or to obtain a regular wet nurse. Any milk except that of a premature baby's own mother should be boiled for one minute.

The premature baby may be too weak to nurse or to draw milk from a bottle, and in that case the mother's milk should be expressed by hand or by a breast pump* and fed to the baby slowly by means of a medicine dropper or stomach tube. Feeding with a stomach tube (so-called "catheter feeding") should be undertaken only by a trained person. If a medicine dropper is used, it is well to slip a short piece of soft rubber tubing over the end to prevent injury to the baby's mouth. Occasionally a strong premature baby may be able to nurse or to take breast milk from a bottle.



MANUAL EXPRESSION OF BREAST MILK

Adapted from "Our Babies" by Herman N. Bundesen

* The breasts may be emptied by hand, by an electric breast pump, or by a hydraulic breast pump. Breast pumps may be rented or purchased through the physician. The ordinary suction pump is of little value. Emptying the breast by hand should be done as follows: Scrub hands and nails with soap and warm water for one full minute, using a brush. Dry the hands on a clean towel. Wash the nipple with cotton dipped in boiled water. Have a sterilized glass and bottle ready to receive the milk. If the glass you are using has no lip, you should also have a sterilized funnel ready. Place the balls of the thumb and forefinger on opposite sides of the breast one and one-half inches from the nipple. This is usually at the edge of the pigmented area. Press deeply and firmly into the breast until the resistance of the ribs is felt. Then bring the thumb and fingers tightly together well behind the base of the nipple. When the fingers and thumb are pressed deeply into the breast, keep them there and repeat the "together" motion 60 to 100 times per minute. Speed is important and is attained after some practice. The fingers should not slip forward on the breast lest the skin be irritated. It is not necessary to touch the nipple. If the stripping of the breasts is done in this way, it will cause no discomfort. If the milk expressed is not to be used at once, it should be kept on ice in a sterilized stoppered bottle.

As it may be some weeks before the baby is able to draw even small amounts of milk from the breast, it will be necessary for the mother to empty her breasts at regular intervals, not only to obtain milk for the baby during the early weeks of life, but to keep up the milk flow until the baby is strong enough to nurse.

If breast milk can not be obtained, artificial feeding will become necessary. The doctor will order the formula.

Care should be taken that the baby is not overtired during feeding.

Number and Amount of Feedings

It is best to withhold food for twelve hours the first day of the baby's life. During the second twelve hours the baby may receive three feedings. Expression of milk from the mother's breasts should be begun at the end of twelve hours, and the colostrum—and the milk when it comes—should be given to the baby. From then on he should be fed regularly day and night. Small babies fed with a medicine dropper should receive their food at two-hour intervals during the day and three-hour intervals during the night (ten feedings in twenty-four hours). Larger babies, whether fed with a dropper or from a bottle, may be fed from the start at three-hour or even four-hour intervals.

The baby needs daily a total amount of fluid (milk and water) equal to about one-fifth to one-sixth of his body weight in pounds. For instance, if the baby weighs three pounds, he will need daily one-fifth of three pounds, or three-fifths of a pound of fluid. As one pound is equal to sixteen ounces, three-fifths of a pound will be equal to about nine and one-half ounces. The three-pound baby's full requirement of fluid therefore during twenty-four hours will be nine and one-half ounces.

Such quantities, although needed, can not be given to the premature baby during the first days of life. The amount given daily will be at first small and the increases gradual. In fact, it is fortunate if the baby can take one-eighth of his body weight in total fluid (two ounces for each pound of body weight) by the fourth day.

The quantity of milk given in twenty-four hours at first will be half an ounce to an ounce of milk for each pound of body weight. This will be divided into ten feedings: each feeding will therefore be very small—one to three teaspoonfuls of breast milk. The total amount of milk given in twenty-four hours may be increased daily by one-eighth to one-fourth ounce for each pound of body weight, until usually by the tenth day the total amount of milk taken in twenty-four hours will be two to three ounces per pound of body weight. The rapidity with which the amounts can be increased will vary with the size and development of the individual baby.

Drinking Water. During the period when the baby is receiving very small feedings of breast milk, special care must be taken to give him small quantities (two to four teaspoonfuls) of boiled

water between feedings. He will need this to bring his total intake of fluid up to even the lowest requirement—two ounces for each pound of body weight. As he takes more milk he will require less water, but it is well to offer water to him between feedings even when he is strong enough to take an adequate amount of fluid at his feeding.

The Baby's Weight

Although occasionally premature babies will hold their birth weight, most of them will lose weight and should not be expected to regain their birth weight until the second or, what is more likely, the end of the third week. In very small premature babies an average daily gain of one-third to one-half ounce, with a doubling of birth weight in seventy-five to one hundred days, may be considered satisfactory.

Additional Foods

As premature babies are likely to develop rickets, it is important that the giving of Vitamin D should be started at the end of the first week. Since they need more Vitamin D than full-term infants, and their ability to cough and swallow are not well developed, preparations permitting small doses, but containing more Vitamin D, such as percomorph oil, viosterol or pure Vitamin D, are considered preferable to cod-liver oil. The physician will indicate the type and amount needed and how quickly the dosage can be increased.

Orange juice—one-half teaspoonful in water once a day—should be begun when the baby is two weeks old and the amount increased gradually so that at two months the baby receives one-half tablespoonful twice a day and at three months one tablespoonful.

Other foods should be added to the baby's diet as he grows older, as they are to the diet of the normal baby.

Sun Baths

Sun baths can not be given to small premature babies until they are strong enough to have part of their clothing removed and lie in the sun without chilling. In summer, when the sun is very warm, premature babies may be given sun baths at an earlier age than in winter. Because sun baths can not be given to premature babies when they are very young, special effort must be made to see that Vitamin D is given with great regularity. In hospitals artificial sun baths of ultraviolet light may be advised by the doctor.

Development

As he grows older a premature baby should become more and more like a small edition of a healthy full-term baby. Though small, he should have good color in his cheeks, his muscles should be firm, and he should gradually become more and more active and alert. He may be slower in learning to do some things, like holding up his head or sitting up; but if he gets the right kind of food and plenty of sunlight, he will usually catch up to the full-term baby of the same age by the time he is two or three years old.

Keep Well Service

Every baby should be under the continuous supervision of the doctor during his first year. Most physicians like to see the baby once a week during the first month and once a month until the baby is a year old.

When the baby is between six and nine months old, have your doctor vaccinate to prevent smallpox and give toxoid to prevent diphtheria.

Mother should take advantage of the advice and instructions which can be had at child health stations, which are now quite generally maintained in connection with departments of health.

Public health nurses are always willing to arrange for regular home visits to assist in keeping well babies well, and to give nursing care for sick babies, when requested by the physician.



PRENATAL LETTER SERVICE

Monthly letters of instruction will be mailed to any New York State expectant mother requesting them. Fill out this coupon and mail to

DR. ELIZABETH M. GARDINER

New York State Department of Health

Albany, N. Y.

Name

Address

Date of last menstruation.....or expected confinement.....

Name of physician who will attend.....

GLOSSARY

- Abdomen.**—The belly; the part of the body between the chest and the pelvis, containing the stomach, bowels, etc.
- Afterbirth.**—The mass of tissue (placental and membranes) expelled from the uterus after the baby's birth.
- Birth canal.**—The passage through which the child is born.
- Blood pressure.**—The pressure of the blood on the walls of the blood vessels. It is of special importance that the doctor take at each visit the blood pressure of the expectant mother because a rising blood pressure is one of the symptoms of toxemia of pregnancy.
- Calcium.**—Lime; a mineral required by the body, particularly for the teeth and bones.
- Circulation.**—Movement in a regular course, as the circulation of the blood in the vessels of the body.
- Colostrum.**—The first fluid from the breasts of the mother after delivery of the child but before the milk comes.
- Conception.**—The fertilization by the father of the egg in the mother which starts the growth of the fetus in the mother's body.
- Confinement.**—The time that it is necessary for a mother to remain in bed during and after the birth of her baby.
- Constitutional disease.**—A disease in which the whole body or a large part of it is affected.
- Delivery.**—The birth of the baby.
- Douche.**—A stream of water directed upon or into a part of the body.
- Enema.**—The insertion of a medicine or liquid into the rectum.
- Goiter.**—Enlargement of the thyroid gland, causing a swelling in the front part of the neck.
- Hygiene.**—A system of health rules or principles that will prevent disease and keep the body in good condition.
- Infection.**—The entrance into the body of germs that cause disease.
- Kidneys.**—The two organs in the abdominal cavity that secrete the urine.
- Laxative.**—A food that keeps the bowels open; a medicine that causes the bowels to move.
- Massage.**—Treating the body by systematic stroking, rubbing or kneading.
- Menstrual period (menstruation).**—The monthly flow in women.
- Miscarriage.**—Expulsion of the fetus before it can live outside the mother's body—that is, before the seventh month of pregnancy.
- Nausea.**—Sickness at the stomach.
- Navel.**—The place in the abdomen where at birth the cord was attached that connected the baby with the mother.
- Pelvis.**—The bony cavity formed chiefly by the hip bones and containing the uterus, vagina, bladder and rectum.
- Placenta.**—The organ within the uterus of the pregnant woman through which nourishment passes from her to the fetus. It is attached on one side to the uterus of the mother; a cord on the other side connects it with the fetus.
- Premature.**—Happening before the usual time, which in reference to the length of pregnancy is nine months; as, premature birth, premature labor.
- Prenatal.**—Before birth; refers to the period of pregnancy.
- Prenatal center or clinic.**—A place to which expectant mothers can go for advice free or for a small sum; usually connected with health departments or hospitals.
- Sterilize.**—To make free from all germs.

Syphilis.—A certain constitutional disease that is communicable through contact—by sexual intercourse or otherwise—with a person who has the disease or with his towels, drinking glass, or other personal belongings. The baby in the uterus will become infected with the disease from a mother who has it if the mother does not receive adequate treatment during pregnancy. For this reason a blood test (Wassermann) is necessary for all pregnant women.

Thyroid.—A large gland in the neck that is of great importance to the proper working of the body machinery. *See* Goiter.

Tissue.—A collection of cells forming part of the body, as bone tissue, brain tissue, muscle tissue.

Uterus.—The organ in which the unborn baby lies; womb.

Vagina.—The passage through which the baby leaves his mother's body at birth; the lower part of the birth canal.

Vitamins.—Certain food elements that are necessary for proper nourishment and growth. Lack of vitamins in the diet produces certain diseases such as rickets.

Womb.—Uterus.



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