A Nursery for Premature Infants

An interesting account is given in "The Modern Hospital" for March, 1923, of nurseries established in some of the large maternity hospitals in New York.

In this article it is stated that the use of the incubator has been given up. As my readers know, the incubator has not been used in New Zealand for premature infants. These are cared for very successfully in both the public and private maternity hospitals in carefully-heated bassinets, and by individual nursing care and feeding. At the Karitane Harris Hospital there is a small room specially heated and closed from outside air, for two or three prematures, but equal success has been attained in the ordinary nurseries.

The one described in the article from which I am quoting is for eight cribs, each of which is divided from the other by a glass partition " large enough to prevent cross-infection and small enough for minimum interference with ventilation, being one foot from floor, three feet high and but two feet deep." The nursery is equipped much like a general nursery. The temperature is kept at 80 degrees and for this purpose there are two radiators of unequal size, the small one for mild weather, the large one for cold, and the two together for exceptionally cold weather. Additional heat according to individual needs is furnished by electric pads, for which base plugs are provided. To offset the reduction by such high temperature of the normal humidity, pans of water are kept on each radiator with mesh wicks spread on perforated shelves. Temperature and relative humidity readings are recorded every four hours. Ventilation is obtained by common window ventilators at the bottom of the window sashes and by a screened ventilator at the top. The door is kept open to give cross ventilation. The infants' heads are protected from draughts by a muslin hood over the head of the bassinet. As premature infants are peculiarly susceptible to respiratory infections, protection from draughts without killing the gentle movement of the air is imperative. Science has shown that the physical condition of air (temperature, humidity, motion) has a more vital effect upon the body than the chemical condition. Both physical and chemical conditions are more easily controlled in a ward than in an incubator.

A point often not realised is made that in estimating cubic feet of air space the number of adults needed to care for the patients should be taken into account. The article concludes by saying: "After all is said and done, success with premature babies, after prompt removal to a proper temperature, depends upon nourishment and infinitely careful nursing. Breast milk is the one desideratum." In the hospital the methods of which are described. one nurse is assigned to the care of each four infants. The treatment is described as follows:

ROUTINE IN PREMATURE ROOM.

Temperature of room, 75 to 80 degrees Fahr., hygrometer reading.

Water in humidors on radiators.

Identification.—Babies wear anklet with name plainly written in indelible ink. Admission card at head of bed in holder.

Weight.—Babies are weighed daily when bathed.

Bath.—Babies are bathed daily with warm sterile albolene and cotton. Buttocks cleansed with warm albolene and cotton each time diapers are changed.

Eyes.—No treatment unless ordered. If discharging eyes are cleansed with 2 per cent. boric acid solution on sterile cotton.

Mouth.—No treatment unless ordered by doctor.

Temperature.—Babies are taken from bassinet every four hours for temperature and changing.

Feeding.—Feed with special small nipple, on nurse's lap if necessary. If baby refuses or cannot nurse from bottle, breast feeder or a medicine dropper is used. Fluid charts are kept on all babies. Nursing charts are kept on babies that go to the breast.

Clothing.—Babies are kept in warm Canton flannel bags, with hood (not cotton). Winter bag made of double-weight Canton flannel. Besides being in this bag, baby wears shirt and