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Editorial.

THE WORKING OF THE MIDWIVES' ACT.

Now that the Midwives' Act is getting into working order, the close connection between midwives and nurses becomes increasingly apparent. Thus it is already evident that an Inspector of Midwives should be either a qualified medical practitioner or a trained nurse, preferably the latter. Dr. Charles E. Paget, Medical Officer of Health to the Northamptonshire County Council, in a statement of the action taken with regard to the administration of the Midwives' Act in that county, explains that its Public Health Committee has been appointed as the local supervising authority, with himself as its executive officer. He proceeds to say: "In regard to the supervision of midwives it was also decided to give me assistance by means of a fully-trained nurse, who should herself be qualified to be put on the roll of midwives, and I am of opinion that such a female inspector should succeed in making the supervision both practical and helpful to the midwives themselves."

It is not indeed easy to see how in any other manner adequate supervision could be maintained. Such inspection must be performed by someone who is thoroughly conversant with all the duties a midwife has to perform, and these, if her work is to be of practical usefulness to the poor, must include not only the skilful delivery of the patient, but the nursing care of the mother and child during the lying-in period. She must know the nursing points likely to arise during this period, how to dress an infant before and after the separation of the cord, what to do should hæmorrhage occur, what to do should the breasts of the infant become hard, what are the dangers of ophthalmia in the newly-born, and many other details. In regard to the mother, she must be able not only to recognise the first indication of sepsis, but how to perform many things essential to the patient's comfort—how, for instance, to make her bed, and how to wash her

without danger of a chill, how to apply a binder firmly and comfortably, and how to carry out many other duties. In relation to all of these points, a trained nurse, who is herself a midwife, with the experience bred of the constant practical performance of such details, is excellently qualified for the post of inspector. Should a midwife fail to perform these duties skilfully, such an inspector can give a practical demonstration of right methods. Realising the importance of careful work, she will exercise close supervision and insist on the maintenance of high standards; at the same time, knowing the hardships and difficulties of a midwife's life, she will be able to sympathise with those with whom she is brought in contact, and to hearten them in their work, which is not only arduous; but often trying and lonely as well.

The line of demarcation between a midwife and a nurse should, in fact, be non-existent, and no doubt in time will be so. For, as a midwife should also be a nurse, so a nurse should have a knowledge of midwifery. Owing to the apathy of nurses in the past with regard to the necessity for experience in this branch, it has passed for the time being into the hands of specialists, but we are hopeful that, as midwives are finding out that to perform their work thoroughly some knowledge of nursing is necessary, so nurses will discover the deficiencies of any training which does not equip them for the care of maternity cases. In years to come we believe the callings of midwifery and nursing, which are even now converging, will be so fused as to be indistinguishable.

Dr. Paget reports that the important clause in the rules of the Central Midwives' Board respecting the distinction of the clothing of midwives by the local sanitary authority has led to a recommendation being sent from the County Council to the District Councils to provide proper steam disinfectors where such are not in existence; and that this recommendation is meeting with some satisfactory response. This is an eminently desirable result.

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