

Turnbull, J. H. ....	1	1	0	0
Whitehouse, W. H. ....	2	2	0	0
	87	64	23	26.5
Total .....	347	267	80	23.1

### Can Midwives Make a Living Wage?

The Association for Promoting the Training and Supply of Midwives appointed an Advisory Committee last year (1906) to consider the whole question of the supply of midwives (especially in view of that part of the Midwives' Act that will come into operation in 1910), and to collect the necessary information, and a sub-committee was entrusted with the work, consisting of Mrs. Wallace Bruce, Dr. C. J. Cullingworth, Mr. A. G. R. Foulerton, Miss Gill, Miss Alice Gregory, Mr. T. Almond Hind (who was unable to attend), Miss Lucy Robinson, Dr. E. C. Seaton, and Miss Wilson, with Mrs. E. V. Lucas as honorary secretary, and a summary of the results of the inquiry is embodied in a report, which has been arranged in tabulated form, and presented to the Advisory Committee on June 14th, 1907.

The reports and tables are printed in the *Lancet*, and should be studied by all those interested in the efficient care of poor lying-in women.

One fact is made apparent, and that is that an enormous amount of hard work has to be done for a very small remuneration, and that almost every medical officer's report shows that in spite of a certain economy in numbers which will be made when well-trained and more active midwives are employed, the number of cases for each midwife will remain too small to enable her to be self-supporting. On the question of the average remuneration of the midwives, Miss Amy Hughes has furnished valuable information. Queen Victoria's Jubilee Institute for Nurses is the largest employer of midwives in the country. "The midwives working for the Institute in country districts are not paid by the case, but are paid a salary. The salaries of the Queen's Nurses begin at £30 a year and all found; the salaries of village nurses range from £45 to £70, and they "find themselves." The payment of the patients to the Association varies from 2s. 6d. to 15s. (in Sussex from 1s. 6d. to 7s. 6d.; in Yorkshire from 5s. to 30s.; and in Herefordshire from 5s. to 21s.).

In reference to the question of the possibility of earning a livelihood, Miss Hughes says: "We have no districts (in connection with Queen Victoria's Jubilee Institute) that could support a midwife who did no other work, and it is our experience that rural midwifery can be quite well combined with "non-infectious" nursing. In fact, this seems to be the best solution to the rural problem."

Mr. Foulerton makes the following observa-

tions: "This inquiry having been made mainly with the view of ascertaining the means of subsistence available, under the existing condition of things, for properly qualified midwives, we may call attention to the following facts. In the first place, the supply of certified midwives is, at first sight, and as judged merely by the actual number of births, very much in excess of that required by the demand for their services. The number of certified midwives whose names appear in the last edition of the Midwives' Roll (1906) is 23,278, and the total number of births registered in England and Wales in 1906 was 934,391; so that if all the certified midwives were in practice there would have been only about 20 cases for each, assuming that about 50 per cent. of the births were attended by medical practitioners. On the other hand, a number of certified midwives do not practice as such but are engaged only in general and monthly nursing and the returns before us suggest that the proportion of actually practising midwives may be estimated as being about 62 per cent. of the whole number, or about 14,430. And on this estimate there would have been about 33 cases for each midwife actually in practice, representing a gross annual income of about £16 10s. . . . We believe that the fee paid to a midwife in rural districts varies between 5s. and 10s. a case, but rarely exceeds 8s.; in towns the fee would appear to vary from 5s. to 15s.; but 10s. per case would seem to be a fair average. And under these conditions it is obvious that comparatively few of the midwives who are in practice can be earning a living wage by direct payment from patients. Under the conditions prevailing in sparsely populated rural districts, we feel convinced that it is simply impossible for a midwife to earn a living wage, or anything approaching a living wage, unless she is working under a county or other charitable association."

The difficulties here shown to exist in regard to the possibility of a trained midwife earning a livelihood in private practice in rural districts are met with also in connection with the various local associations which are frequently only able to offer very small and inadequate salaries for the services of a district midwife. The association that initiated the present inquiry has been confronted with this difficulty in a form that has occasioned much anxiety, for when it has expended its funds on the training of suitable women as district midwives it has found it no easy matter to place them. "In many cases," says the last annual report (1906), "the barest living is offered, with no possibility of anything whatever being put aside for old age, or even the necessary clothing or holidays; and this is supposed to suffice for a woman whose possession of the certificate of the Central Midwives' Board shows her to have good abilities, and to be fitted for responsible and very arduous work."

The object of this report is to furnish information, not to suggest remedies. The matter, however, is urgent, and the sub-committee earnestly hopes that some efficient means of overcoming the present difficulties will speedily be devised.

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