

THE TRAINING OF MIDWIVES

The Hon. Lady Acland contributes to the current issue of the *Nineteenth Century and After* an article on the Training of Midwives in which she discusses the urgent need of a supply of midwives to take the place in 1910 of the uncertified midwives who will no longer then be permitted to practice.

In summing up the situation Lady Acland writes:—"It seems to the writer that the work of those who induced Parliament to pass the Midwives' Act is only half performed. The skeleton is there, but it requires to be clothed and animated, and the resources of Nursing Associations, even assisted by grants from Poor-Law Guardians and Education Committees, appear totally insufficient to cope with the great and pressing need. The same arguments which were used on behalf of free education apply surely to an Exchequer grant for the training of midwives. In the one case it was urged that since the parents were forced to send their children to school it was hard they should also have to pay for education. May it not be said with at least equal truth that since the State has forbidden women to make use of the "friendly neighbour" and untrained "Gamp," the State is bound to see that another class of midwife is provided to fill the gap?"

We believe the most urgent problem in connection with the subject is not the training of midwives, though that is good work, but to show that there are openings for them when trained. If women believed that midwifery could be regarded as a means of affording self-support they would manage to find the necessary premium for training. At present there is no evidence that, when trained, they will, in many instances, be able to make a living wage.

We believe that there are very few who cannot pay a midwife's fee, if it is collected in small sums beforehand, but organisation is needed to place efficient midwives within reach of the people. Such organisation could, in our view, be best effected through a special branch of Queen Victoria's Jubilee Institute for Nurses.

THE LIMIT OF CHILD BEARING.

Dr. Reginald Duffield, writing in the *Lancet*, in reference to the usual standard for calculating the legitimate birth-rate, says that it is based on the number of married women between the ages of 15 and 45 years. The adoption of the higher age limit (45 years) presupposes that child-bearing has ceased by that time. Duncan states that child-bearing ceases between the thirty-sixth and forty-first years. Dr. Duffield finds, however, that in 1855 a considerable number of children were born of Scotch mothers aged from 50 to 55 years, and the Swedish returns indicate that child-bearing continues for some years after the term set by Duncan. He has been unable to find any evidence as to the frequency of child-bearing by English mothers at those late ages, and would be glad of information which will enable him to arrive at an estimate of the frequency of child-bearing by women aged from 45 to 50, and 50 to 55 years.

THE MIDWIVES' ACT.

There seems still to be considerable misconception as to the working of the Midwives' Act after 1910, as the writer of a letter in the *Times* recently is evidently of opinion that where a doctor is engaged to attend midwifery cases no one but a certified midwife may after that date work under his direction. She states that she is the "mother of a family, and the wife and daughter of old landed gentry, who consider their tenants' welfare and interests as their own," and "claims to know what she is writing about." The fact is that after 1910 no one may "habitually, and for gain, attend women in childbirth otherwise than under the direction of a qualified medical practitioner," unless certified under the Midwives' Act.

In the parish of which she writes this lady says at least three midwives would be needed, and might easily be required at the same time in half-a-dozen different places, none less than three miles from each other. There are several married women accustomed to these cases "quite competent to officiate till the doctor comes," but who "would decidedly decline to leave their homes for training, however short." "The doctor is always sent for, and usually arrives in time." How he manages it when a midwife would be wanted in six places, all three miles apart, at the same time, does not appear, but it is clear that if he is in attendance then the Act does not apply to the women who work under his direction, and receive two shillings a day for attending on mother and infant. One is tempted to wonder whether this lady, who considers her tenants' welfare and interests as her own, was herself satisfied to be nursed by one of the women who decidedly decline to leave their homes for training, however short. We hardly think so. Lastly, she asserts that she declines to assist in the training and maintenance of midwives, "but will keep my hardly saved guineas to pay for an experienced monthly nurse in cases of lingering and bad recovery." We may perhaps be permitted to point out that prevention is better than cure, and that in the practice of a competent midwife such cases are conspicuous by their absence.

Miss Lucy M. Robinson, who comments on the letter in a subsequent issue of our contemporary, pertinently inquires:—"If the married women referred to 'decidedly decline to leave their homes for training, however short,' why should they assume responsibilities and claim fees for which they have no training and incur no expense? And by what good fortune are the cases straightforward—i.e., without danger—when the doctor is absent? . . . The danger of infection can be safeguarded only by knowledge; and if mischief has set in the most experienced monthly nurse, for whom your correspondent says she then sends, would be probably too late to be of avail."

The fact is the working-class mothers have suffered enough needlessly. They are entitled to skilled care, and it is for the State to see that they receive it. How this may best be effected without pauperising those who can afford to pay is a matter for expert investigation.

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