

MIDWIFERY STANDARDS.

The question of standards of training is one of the most important with which the nursing and midwifery professions can be faced; and those who realise its importance are willing to make almost any sacrifices in support of this belief.

The fact that the question is one not only of national but imperial, and international interest has lately been exemplified by the resignation of Miss J. Bell, Lady Superintendent of the Melbourne Hospital, of her position on the Council of the Royal Victorian Trained Nurses' Association, "as the strongest protest it is in her power to make against the narrow parochialism of the policy of that body, in dealing with the revision of rules and regulations in relation to the midwifery section."

Miss Bell condemns the action of the Association in setting "a higher value on a six months' certificate from a small midwifery hospital in Australia . . . than they set on the certificate of such an important hospital as Queen Charlotte's, London," which grants a certificate to trained nurses after four months' training, and which is a recognised school under the Central Midwives' Board. The Australasian Trained Nurses' Association has also adopted a similar policy.

Miss Bell argues with force that "in dealing with their general training schools, the A.T.N.A. bases its terms of training on the proportion of daily occupied beds; and it is incomprehensible that they do not apply a similar reasoning when dealing with midwifery hospitals. To follow the argument they employ in dealing with these to its logical conclusion and apply it to general hospitals would be to assert that the four years' training received in large metropolitan schools, like the Sydney, Royal Prince Alfred, and the Melbourne, was inferior to the training received in small hospitals having a daily average of ten occupied beds—because the pupils spend five years in the latter."

She considers it is not so much a question of qualification as of retaliation, in the case of the A.T.N.A. at any rate, in refusing to recognise the certificates of the C.M.B., because that body was unable, under their Act to grant reciprocal terms to the A.T.N.A., not because of any supposed inferiority, but because it would have required a special Act of Parliament to deal with the matter."

THE CRUX OF THE QUESTION.

The crux of the question is really not whether the Australian Nurses' Associations accept or refuse this or that certificate from the United Kingdom, but that they should secure in every State of the Commonwealth—as Queensland and Western Australia have already done—the registration of midwives, and that a legally constituted Midwives' Board for Federated Australia should recognise only the certificate of the legally constituted governing body for midwives in this

country—the Central Midwives' Board. The position of Australian midwives would then be impregnable in asking that any midwife who produced evidence, satisfactory to the Central Midwives' Board in this country, of having been trained as a midwife and registered in a British possession in which a Midwives Registration Act is in force, and which admits to its register British registered midwives on reciprocal terms, should, on payment of the prescribed fee, be registered under the Midwives Act, provided that the standard of training and examination in such British possession was equivalent to the standard adopted by the Central Midwives' Board.

It is doubtful whether Parliament, if asked, would sanction a reciprocal arrangement between a statutory authority and a voluntary association; and in our judgment this would not be expedient. But certainly Queensland, Western Australia, and New Zealand, could press, through their respective Governments, for the inclusion of a clause in the above sense, in the Amending Bill to the Midwives' Act, when re-introduced. There is now so much interchange between the British Dominions beyond the seas and the Mother Country, that the lack of such reciprocity is a real hardship.

This brings us to the question of equitable conditions of reciprocity. The curriculum defined by the Central Midwives' Board is excellent, but there is a consensus of professional opinion that the term of three months' training, which is all that is insisted on, is too short for the theoretical training to be thoroughly assimilated; or for the greatest benefit to be gained from the practical experience obtained.

In New Zealand, Queensland and Western Australia, women who are not trained nurses are required to take a twelve months' course in midwifery before registration. On the other hand, Miss Bell has pointed out the importance of equal advantages in regard to the clinical material available.

The truth is that throughout the Empire there should be the same standard of practical and theoretical training, and of its duration. The world is now too small for any other course to be satisfactorily maintained. The mothers of the race are all entitled to equal skill in their attendants, and, for its attainment, there must be equality of training.

RECTAL EXAMINATION DURING LABOUR.

Some German obstetricians are advocating examination by the rectum instead of the vagina during labour, as they consider it materially lessens the danger of infection. The skull, fontanel, sutures and the breech, if presenting, can be palpated through the rectum and the mouth of the uterus felt if the edges are thick. All necessary information can thus be obtained.

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