

# The Midwife.

## DECLINE IN MATERNAL MORTALITY RATE.

Sir Kingsley Wood, the Minister of Health, delivered, on June 1st, his Presidential Address at the Seventh English-Speaking Conference on Maternity and Child Welfare at the British Medical Association House, Tavistock Square, London.

Sir Kingsley Wood said he was glad to be able to announce that the number of maternal deaths per thousand live births in 1936 in England and Wales had just been ascertained to be 3.81, as compared with a rate of 4.11 in 1935. It was the lowest rate recorded since 1922. Whilst it was too early yet to judge if this was a sure indication of prospective further reduction, it was not too much to hope that it was evidence of the results of the many efforts which had been made in recent years to reduce the maternal mortality rate.

### QUEEN CHARLOTTE'S MATERNITY HOSPITAL.

The 198th Annual Report of Queen Charlotte's Hospital for 1936 is a very interesting record of work which is progressing in all directions. Rebuilding is going on, and the demand for In-Patient treatment continues to increase, so that the building has been increased in size and will now comprise a full capacity of 112 beds, including 14 private wards for patients of moderate means. It will still, however, be necessary to utilise part for accommodating some of the Nursing Staff, as sufficient funds are not yet available to commence the Nurses' Home. From the economic point of view the result is to delay the final transfer of the Hospital into one self-contained unit, with a sufficient number of beds to meet the demands for admission. Furthermore, while the Hospital must be run in two large sections some miles apart, the costs of maintenance and administration are bound to be heavy. From the practical aspect, it is impossible to provide as a temporary measure, the standard of accommodation that the Nurses deserve.

The Service of Anæsthesia for Patients shows a progressive advance. While for some years every patient in the Main and Auxiliary Hospitals has received an anæsthetic during labour, it has not in the past been possible to extend this fully to the Districts under the regulations hitherto enforced by the Central Midwives Board, and because of the difficulty of suitable apparatus.

The alteration of the Central Midwives Board rules rendering it possible for midwives to administer gas and air under suitable conditions has, however, now made the desired extension possible. A portable form of gas and air apparatus has been designed, and is now in use in the Kilburn district. It is hoped shortly to find a means whereby it may be put into use on all districts. It is recognised that the cost of providing this service will be considerable, but it is eminently desirable. The Committee appeal strongly to all friends of the Hospital to help to maintain this service by contributions to the Anæsthetic Fund.

### Midwifery Training School.

State Registered Nurses who are contemplating obtaining an additional qualification that of State Certified Midwife should note the success of Pupil Midwives in the Central Midwives Board Examinations; 131 Pupil Midwives sat for this examination and seven failed, the percentage of failures thus being 5.3 per cent. compared with 28.6 per cent. over the whole country. We commend this striking success to the attention of trained Nurses.

## MATERNITY SERVICES (SCOTLAND) ACT.

The Maternity Services (Scotland) Act, 1937, which came into operation on May 16th, 1937, having received the Royal Assent before Parliament rose for the Whitsuntide Recess, is designed "to make further provision with respect to maternity services in Scotland, to amend the Midwives (Scotland) Act, 1915, and to provide for the combination of local authorities for certain purposes under the Notification of Births (Extension) Act, 1915."

The main purpose of the Act is to improve the standard of domiciliary midwifery in Scotland and to secure adequate nursing and medical services for domiciliary maternity cases, on lines recommended in the Report on Maternal Mortality and Morbidity in Scotland, by Dr. C. A. Douglas and Dr. P. L. McKinlay, published by H.M. Stationery Office in 1935.

The Act places upon every local authority in Scotland "the duty to make adequate arrangements for the provision to women, by whom or on whose behalf application is made, of the services in their own homes of certified midwives before and during childbirth and from time to time thereafter during a period not less than the lying-in period, and for that purpose the authority may arrange with voluntary associations employing midwives or with midwives in private practice, or they may themselves employ midwives."

The Act further provides that "every local authority, shall, as and where required by the Department of Health for Scotland, make adequate arrangements to secure that there are available for every woman (not being an in-patient in a hospital) by whom or on whose behalf application is made, facilities for :—

"(a) Medical examination and treatment during pregnancy;

"(b) Medical supervision during childbirth and from time to time thereafter during a period not less than the lying-in period;

"(c) Medical examination at least once after the expiry of one month after childbirth;

"(d) The services of an anaesthetist, when recommended by the medical practitioner; and

"(e) The services of an obstetrician to advise and assist where necessary and practicable."

In the setting out of these duties in detail the Scottish Act differs from that for England and Wales.

We do not find in the Maternity Services (Scotland) Act the provision which is incorporated in the Midwives Act for England and Wales, that "A midwife employed by an authority in pursuance of this Act shall be required to devote the whole of her time to the service of the authority." Presumably, therefore, it will not be obligatory in Scotland, as will be the case in England and Wales, for midwives who may not be State Registered Nurses to act as nurses of the sick poor, when not engaged in Midwifery duties, in order to fill in their time, if called upon to do so.

This is a point to which the Royal British Nurses' Association and the British College of Nurses took strong exception when the English Midwives Bill (1936) was before Parliament, and we may hope that those responsible for the Maternity Services (Scotland) Act took note of the claim of these Societies that unregistered nurses should not be subsidised out of public funds for performing nursing duties.

[previous page](#)

[next page](#)