The Midwife.

THE CENTRAL MIDWIVES BOARD.

Following the death of Sir Comyns Berkeley, the Central Midwives Board has elected Mr. Arnold Walker as Chairman and Mr. J. P. Hedley as Vice-Chairman for the rest of the Board year until 31st March, 1946.

MINISTRY OF HEALTH: NATIONAL UNIFORM FOR MIDWIVES URGED.

The provision of a national uniform for State certified midwives was urged by a deputation from the College of Midwives which was received recently by Alderman Charles Key, Parliamentary Secretary of the Ministry of Health.

The deputation asked that immediate steps should be taken to frame legislation empowering the Central Midwives Board to make rules providing for a national uniform, which it would be an offence for anyone except a State certified midwife to wear. This step was recommended in the report of the Midwives Salaries Committee.

As midwifery was now a national service it was considered that it was only right that there should be a national uniform. This would help considerably to raise the status of the profession and greatly assist in recruitment.

Alderman Key, in his reply, said that the Ministry was certainly in favour of a national uniform, and the College of Midwives could rest assured that the necessary legislation would be promoted as soon as a convenient opportunity occurred. He emphasised, however, that owing to the extreme pressure of Parliamentary business it was impossible to do this in the present Session. Meanwhile, he suggested that the College should approach the Central Midwives Board with a view to designing an agreed uniform which could then be prescribed when the necessary powers were obtained.

A COMPLETE MATERNITY SERVICE.

We quote the following remarks from an admirable article in *The Public Assistance Journal:*—

One of the most important sections of the structure of a

comprehensive national health service must inevitably be the provision of a complete maternity service. The ground for this has been very thoroughly explored during the last five years from different directions, but so far official pronouncements on the coming national health service, including the White Paper, have given no very clear indication of special attention to the particular problems involved. P.E.P. (Political and Economic Planning) has now performed a valuable service by the publication of a broadsheet on the essentials of a complete maternity service in which the facts of the situation and the data obtained from the studies of the past few years are collated and analysed and a working policy is outlined. Stress is laid on the point that it is urgently necessary that a clear conception of the nature and organisation of an efficient maternity service should be formed. Such a conception would include proper co-ordination of the administrative services; the organisation of efficient team work between the various sections of maternity and welfare provision and between hospitals and clinics; and the full recognition that the birth of a child is a social as well as a physiological event and involves psychological and social as well as medical needs. In some directions it is urged that more information is needed. It is argued that the series of regional surveys of hospital resources, valuable as they are, have not produced a clear picture of the extent to which further provision for confinement in institutions is necessary or desirable in different parts of the country. Nor as yet have any detailed studies been made, comparable to the

hospital surveys, of the way in which general practitioners actually do their work in different areas. In regard to the organisation of the service itself, it is laid down that this should be designed to conduct a single continuous combined operation, involving teamwork on the widest scale, working in close association with the child health services and staffed as far as possible by experts. The present services, it is freely admitted, represent an enormous advance when compared with the situation which existed 25 or 30 years ago, but there are still gaps, inadequacies and variations. The total loss of life involved in maternal mortality, stillbirths, and neo-natal mortality (the "obstetric mortalities") is gradually falling but it is still substantial, and there is a great volume of maternal morbidity. Much of this wastage of life and health could be prevented by better provision in the maternity services. For example, main facilities which should be provided without charge to the patient should include ante-natal supervision and advice starting as early as possible; where necessary, obstetric consultant advice and treatment; accommodation in ante-natal hospital wards where required; free choice between confinement at home or in an institution; midwifery and medical and analgesic services for home patients, including emergency obstetric units from the hospitals to be called in if sudden complications arise; post-natal care, with domiciliary nursing where necessary; and special provision for admittance to hospital of premature and weak babies and their mothers. In addition, there should be auxiliary services, not necessarily free of charge, to include supplementary milk and food, domestic help, nursery accommodation, convalescent homes; and financial assistance where this is required.

59,000 Fewer Babies Last Year.

A drop of 59,299 in the number of live births in England and Wales in 1945, compared with 1944, is shown in the provisional figures issued by the Registrar-General recently.

The 1945 total was 685,544, representing a rate of 16.1 per 1,000 population. The number in 1944 was 744,843, or 17.5 per 1,000.



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