

"We hope that prompt administrative action will be taken to stop this new and unwelcome trend which could wreck the structure of the midwifery services."

#### Midwife and Doctor as Partners.

In the Report the Working Party state: "It seems to us that the assets and liabilities of doctor and midwife are complementary and that the arrangement under the new health service, with the two working in partnership, may prove to be a good one. It will only be successful, however, if both parties recognise their partnership." A review of the working of the maternity services in three to five years' time is recommended to ensure that this partnership is being maintained and that "there is no danger of the midwife being ousted from her proper place."

#### Administrative Considerations.

Disagreement with the Nurses' Working Party is recorded on the question of amalgamating the General Nursing Councils for England and Wales and for Scotland with the respective Central Midwives Boards. The Working Party, however, recommend definite liaison arrangements between the two Central Midwives Boards and closer co-operation between the Boards and Councils by means of an informal Consultative Committee.

#### Reasons for the Shortage.

The report reveals that of the 74,219 women on the English Roll of Midwives at March 31st, 1947, only 17,095 had notified their intention to practise in 1948. The Working Party find that many practising midwives are greatly overworked and that the shortage is due to nurses taking the midwifery qualifications without intending to practise; to the unsatisfactory nature of the present course of training; the high rate of examination failure; and to lack of promotion prospects.

Two questionnaires were sent to over 20,000 midwives. The Working Party's investigations were helped by receiving over 76 per cent. completed returns to the first questionnaire and over 84 per cent. to the second.

#### POINTS IN DETAIL.

Discussing some of these points in more detail the Working Party observe:

#### The Midwife's Role.

Emphasising that the midwife is no mere "delivery woman" whose prime function is the skilful delivery of a live child, the Working Party add: "This is indeed the climax of her task, but it started months before, early in pregnancy, and should, in our view, continue for at least a month after delivery. This last change has been urged on us by many of our witnesses and we are convinced of its desirability. It implies that the midwife will remain in attendance, visiting perhaps two or three times weekly, during that difficult period when the newly delivered mother is finding her feet, getting about again and coping with a small baby."

#### Cars.

"We have met instances where a midwife was entirely dependent on public transport and her two feet for all her journeys. The former is nowadays crowded and uncertain, and queuing for buses and trains and standing in crowded vehicles with all her paraphernalia is an exhausting and exasperating prelude to the exercise of the skill and judgment required of a midwife. We are tempted to wonder what the reactions would be if doctors were expected to work in such conditions.

"Most local authorities give a bicycle allowance, but this is not good enough. . . . The general public is not awake to this problem. If it were, the sight of a midwife on a bicycle would prick its conscience.

"The right answer seems to us to be that every midwife, whether in town or country, ought to be provided with a car and given sufficient financial help to run it. . . . We have no doubt that such a policy is in the best interests of mother and midwife alike."

#### Living Out.

"We think all hospital personnel should be given the option of living out, and even encouraged to do so. The psychological effect would be excellent, both in bringing into the hospital the extra-institutional atmosphere of the homes outside and in reducing the grumbles of those living in who would at least feel that they were doing so of their own free will and could get out if they wanted."

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