

there is now only one Midwives Act, and the Act of 1951 is the sole authority for the constitution and functions of the Board.

*Area Nurse-Training Committees.* Section 2 of the Nurses Act, 1949, provided for the setting up of Area Nurse-training Committees with the following duties :—

(a) To have constant regard to methods of training nurses.  
 (b) To promote research and investigation into matters relating to the training of nurses, with a view to improving the methods employed, and to report to the General Nursing Council for England and Wales on the results of such research and investigation.

(c) To advise and assist authorities training nurses on the preparation and carrying out of schemes of training.

(d) To advise the General Nursing Council, and assist that Council if asked to do so, on matters relating to the approval of institutions for the training of nurses.

Under the second schedule to the Act and the Nurses (Area Nurse-Training Committees) Order, 1951, the Board are required to appoint one member to each Committee.

*Puerperal Pyrexia Regulations, 1951.* As a result of the publication of the Puerperal Pyrexia Regulations, 1951, the Board sent a circular to local supervising authorities in July, 1951, asking them to amend Notice No. 8 (Duties During Lying-in Period) of the Notices Concerning a Midwife's Code of Practice. Midwives are previously required to summon a registered medical practitioner if the patient had a continuously rapid or rising pulse rate or if she had a rise of temperature to 100.4 deg. F. for 24 hours, or its recurrence within that period, or a rise of temperature above 99.4 deg. F. on three successive days. The operative sentence of the Notice was now altered to read :—“ If the patient has a continuously rapid or rising pulse rate or if she has a rise of temperature to 100.4 deg. F. or a rise of temperature above 99.4 deg. F. on three successive days, a registered medical practitioner should be summoned.”

*General Practitioners in Training Schools.* The Board have been giving consideration for some time to the issues that may arise in training schools where general practitioners have charge of maternity cases, and have come to the conclusion that they should be guided by the following principles :—

(1) The Board cannot approve as a first period training school a hospital where general practitioners have charge of cases which are to form part of the pupil-midwife's clinical training.

(2) The second period of training is in the nature of an apprenticeship in which the pupil is expected to develop an increasing personal responsibility for her cases. Where, therefore, Hospital Management Committees decide that beds are to be made available to general practitioners in existing second period training schools, they should be asked to do all possible to ensure that general practitioner access does not prejudice midwifery training.

(3) The Board must take into account the degree of control of beds by general practitioners in considering new applications for approval as second period training schools.

The Board also proposed to keep under review second period training schools where general practitioners already had access in order to ensure that midwifery training, especially in the ante-natal care of the patient, received its due attention.

*The Administration of Nitrous Oxide and Air Analgesia by a Pupil-midwife on a Training District.* During the year the Board again considered the difficult problem whether a pupil-midwife should be permitted to administer nitrous oxide and air analgesia as well as deliver a patient on a training district. What a pupil-midwife may or may not do depends entirely upon her fitness to have responsibility delegated to her by the teaching district midwife; in their circular of November, 1950, the Board made it clear that responsibility should be delegated to her when she is fit to receive it, but

that the training of a pupil-midwife should in no way be allowed to interfere with the administration of any form of analgesia. They hoped as a result of this circular that procedures would be evolved which would avoid a conflict of these two principles.

Since it was issued, however, the Board have received many enquiries asking for a clearer definition of what a pupil-midwife may or may not do in the matter of the administration of analgesia. The Board, therefore, issued another circular in October, 1951, to local supervising authorities and second period training schools, in which they made it clear that they did not think it feasible to define rigidly and in detail the circumstances in which a pupil-midwife, single-handed, should be allowed to administer nitrous oxide and air analgesia and conduct the delivery. A pupil-midwife would usually, at some stage of her training, be capable of doing all that a trained midwife could do, and it was necessarily for the teaching midwife to use her discretion as to the measure of responsibility which might from time to time be safely delegated to the pupil. Provided, therefore, that in every case the pupil had received adequate instruction in, and was fully conversant with, the use of the apparatus and that the teaching midwife was satisfied as to the pupil's ability and was herself readily available in any emergency, the Board would take no exception to the practice of allowing experienced pupil-midwives to administer nitrous oxide and air analgesia and deliver the case, where the local supervising authority desired to authorise such a practice.

*National Uniform for Midwives.* Since February 1st, 1947, the Board have issued 4,340 signed permits to midwives for the purpose of acquiring part or all of the national uniform. Of this number, 650 have been issued during the year under review.

*Apportionment of Contributions between the Local Health Authorities under Section 23 of the Midwives Act, 1951.* The levies on the local health authorities of England and Wales to meet the deficiency in the Board's revenue for the year 1951, collected by apportionment amongst the various authorities amounted to £17,404 2s. 4d. as against £16,412 11s. 0d. for 1950.

#### ESTIMATE OF FUTURE BIRTHS.

##### 328,000 Babies expected in December and March Quarters.

THE QUARTERLY ESTIMATE of the numbers of live births to be expected in England and Wales as a whole during the six months October, 1952, to March, 1953, was recently announced by the Registrar General.

The final estimate for the December quarter is 158,000 and the provisional estimate for the March quarter, 1953, is 170,000 giving an estimated total of 328,000 babies in the six months.

There were 153,995 live births registered in the December quarter, 1951, and 173,503 in the March quarter, 1952—a total of 327,498.

During the week ended October 25th, there were 7,061 live births registered in the 160 Great Towns of England and Wales compared with 7,320 in the previous week. This brings the total in those towns from the beginning of the year to 328,915 compared with 338,618 in the same period last year.

#### JUST JOKES—CHILDREN

When Henry, aged nine, discovered that he would have to share one shaggy, exceedingly friendly pup with his little sister, Peggy, he staked out his claim thus : “ I'll take the head end—that holds the brains.”

“ That's all right with me,” little sister agreed. “ I'll take the tail end—'cause that's the end that shows he's happy !”

—Quarterly Bulletin—Frontier Nursing Service.

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