

in the first period schools. Both classes of pupils take their training together after the non-nurse pupils have completed their preliminary course.

They must attend at least 33 lectures given by a senior obstetrician and five by a pædiatrician as well as regular tutorial classes given by a midwife teacher.

Examinations are held four times a year and more than 1,000 pupils are examined each time. Every pupil is examined by an obstetrician and a midwife teacher appointed by the Central Midwives Board.

#### The Second Period of Training.

At least three months must be spent in attending women in their own homes. The remaining three months may be taken in an associated hospital approved by the Central Midwives Board for second period training. There are, however, several schools where the whole of the second period training is domiciliary.

#### Midwife Teachers.

More than 600 senior midwives now hold the Midwife Teachers Diploma. To obtain the diploma a midwife must attend a highly specialised course of training. She may take this course at a provincial centre, usually attached to a medical school, or at the Royal College of Midwives, which employs a full-time senior midwife teacher. Candidates taking these courses continue in the posts they hold in training schools. A full-time residential course can be taken at the Midwife Teachers Training College in Kingston, Surrey. This College accepts 17 students each term of six months. Students from Malaya, Palestine, Canada, Australia, Austria, Borneo and various provinces of India and Africa already have been trained there as midwife teachers.

#### The Work of Midwives in England.

When she has qualified as a midwife, a woman may work in hospital or as a district midwife. In hospitals midwives work, of course, with medical staff. District midwives are employed by local authorities, which are the counties or large cities or towns, and these authorities are responsible to the Central Midwives Board for the proper practice of all midwives in their areas. The post of supervisor of midwives is held by a senior midwife who often holds the Midwife Teachers Diploma. The supervisor organises the work of the midwives and is available for help and advice.

Women who are delivered in their own homes may be under the care of a doctor who will attend the delivery if he thinks it necessary, or if the midwife sends for him. Practising midwives in this country may accept full responsibility for their cases in pregnancy, labour and in the lying-in period. It is usual for pregnant women to see a doctor at an antenatal clinic or, if they prefer, their own family doctor for at least two medical examinations in pregnancy. Midwives examine their cases in pregnancy at clinics or in their own homes or in the patients' home. They are allowed to administer nitrous oxide and air analgesia and to give drugs like pethidine and intramuscular ergometrine. They attend mother and child for 14 days following delivery, in all cases. If necessary they visit for longer periods and some authorities require the midwife to attend for 28 days.

## The Early Diagnosis by Midwives of Serious Medical and Surgical Disease in the Newborn.

By Dr. J. H. Gibbens, M.A., M.B., M.R.C.P.

#### The Extent of the Problem

SOME 15,000 BABIES DIE every year in this country during the first month of life.

Among these are babies with severe congenital malformations, incompatible with life, and many tiny premature

babies; but many babies could be saved by prompt diagnosis and early efficient handling in a specially equipped hospital.

#### The Midwives' Opportunities.

Midwives deliver many babies, and care for almost all, in the all-important first few weeks of life. Prompt action in calling for medical advice or arranging for the babies' immediate admission to hospital should be most rewarding.

In certain serious medical diseases of the newborn the greatest enemy is sepsis. Everything depends on the speed of diagnosis, otherwise the baby may die before the immensely powerful drugs which are now available have a chance to effect a cure.

The midwife needs constant vigilance and the ability to listen carefully to what the mother says if an early diagnosis is to be made. If the midwife is not satisfied, medical advice must be obtained immediately, or the baby and his mother referred at once to a special Children's Hospital. Only in such a hospital will all the facilities be available for treating the condition, and England is such a small country that with all the transport facilities available mother and baby can be in a first-class hospital within a few hours.

#### Serious Surgical Conditions.

Prematurity is no bar to successful operation. Figures were published recently in Boston, U.S.A. showing that of 159 babies weighing 5 lbs. or less, operated on during the first 14 days of life, 55 per cent survived. It may be asked— are such babies worth saving? Won't they grow up deformed or misshapen? Dr. Gibbens' answer is that, "It is not for doctors to justify the ways of God and man, our duty clearly is to save life and, if that is not possible, to save suffering. The devoted care of all children should clearly be our aim."

Again he emphasized the need for special centres where infants can be dealt with by surgeons with special experience. He felt that if all babies came under the care of half a dozen special surgeons in the first class Children's Hospitals in various parts of the country, we should see a great reduction in mortality.

#### THE BRITISH MIDWIFE.

WE HAD PLEASURE in accepting an invitation from the Royal College of Midwives to a pre-view of the film—"The British Midwife"—which was shown at the Stanley Schofield private theatre in 6-7, Old Bond Street, on September 1st last.

After signing the Visitor's Book, we were conducted up the stairs and introduced to Miss Marjorie Bayes, S.R.N., S.C.M., Congress Secretary, and other representatives of the Nursing Press, and Mr. Stanley Schofield.

Miss Bayes then told us that owing to the generosity of the donors, the British Hospital for Mothers and Babies, Woolwich, London, The Kent County Council, and especially from Messrs Cow & Gate, Ltd., they had received the film in time for the International Congress of Midwives.

Mr. Stanley Schofield should certainly be congratulated on this excellent production. Hospital and Clinic scenes, lecture and pre-natal examinations were all shown.

Then the Story of the District Midwife was extremely well done; with delightful scenes of family life, charmingly realistic with evidence of friendly understanding of the District Midwife, inspiring the confidence of the whole family.

Then we saw the actual labour period, a perfectly normal birth without a hitch!—a refresher in every sense of the word!

After the film we were entertained in the Ante Room by Mr. Schofield, who incidentally introduced us to the "father" in the country scene of the film.

Thus, with thankfulness in our hearts, we came from a happy and instructive picture of the high attainment of our Midwives today.

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