

The Midwife.

Analysis of Deaths in 1954.

THE REGISTRAR GENERAL'S Quarterly Return* for the March Quarter, 1955, was published recently. The Return, which also includes some statistics for the year 1954, relates to England and Wales.

Marriages.

The number of marriages registered in the March quarter was 100,239, which was 4,570 more than that for the March quarter of 1954 (95,669). The average for the corresponding quarters of the five years 1950-54 was 98,475.

Births and Deaths.

The main figures of births and deaths for the March quarter have been previously published in the Registrar General's Weekly Return. The following is a summary.

The total number of *births* registered in the quarter was 169,361, representing a rate of 15.5 per 1,000 population. This compares with a rate of 15.9 for the corresponding quarter of 1954, and an average birth rate of 16.4 for the first quarters of the five years 1949-53.

The *stillbirth* rate for the March quarter was 23.1 per 1,000 live and stillbirths; this was 0.6 lower than that for the first quarter of 1954.

The number of deaths registered in the March quarter was 168,637, representing a rate of 15.4 per 1,000 population. The figures for the corresponding quarter of 1954 were 153,116 and 14.0 respectively. The average death rate for the first quarters of the five years 1949-53 was 15.4.

The *infant mortality* rate for the March quarter was 29.0 per 1,000 related live births, which was a new record low rate for a March quarter; the previous record for a March quarter was 31.0 in 1954.

Notifiable Diseases.

There were 51 notifications of *Diphtheria* in the March quarter, compared with 64 in the corresponding quarter of the previous year.

There were 13,193 notifications of *Pneumonia*, compared with 10,328 in the corresponding quarter of 1954. The provisional death rate per million living from Pneumonia was 919 compared with 690, and from *Influenza* 224 compared with 65.

There were 139 notifications of *Poliomyelitis*, compared with 254 in the corresponding quarter of 1954.

There were 9,840 notifications of *Tuberculosis*, compared with 11,429 and a death rate of 202 compared with 228.

Death Rates in London and Cities Abroad.

In the March quarter the death rate per 1,000 population in Greater London was 14.3. This compares with 12.1 in Munich, 11.3 in Copenhagen, 10.9 in New York and 9.1 in Rome.

Causes of Death in 1954.

A provisional table of the causes of death in England and Wales in the year 1954 shows that deaths from several infectious diseases declined to record low figures; these include tuberculosis, diphtheria (with only nine deaths), whooping cough, and measles (with 50 deaths compared with a previous record of 141 in 1952).

On the other hand, the main causes of death which showed a continuing tendency to increase in 1954 were cancer of lung, leukaemia, vascular lesions affecting the central nervous system, coronary heart disease, hypertension, motor vehicle accidents, accidental poisoning, accidental falls and suicide.

Infant Mortality in Great Britain and Northern Ireland and in other Countries.

The death rate of children under one year of age in England and Wales as a whole in the fourth quarter of 1954 was 25 per 1,000 related live births, the rate for Wales being 27. The rates for Scotland and Northern Ireland were 31 and 32 respectively, while the rate for the Irish Republic was 37.

Children Under 15 Years of Age.

The estimated number of children under 15 in England and Wales at mid-1954 was 9,955,000. Figures are given in the Return for each administrative county, county borough and metropolitan borough.

* The Registrar General's Quarterly Return, No. 425, H.M.S.O. price 1s. 6d. net (or by post from P.O. Box 569, London, S.E.1, price 1s. 7½d.).

The Care of the Baby in the Home of England.

By Miss E. K. Bally.

IN ENGLAND ABOUT 40 per cent. of all babies are born at home and their care during the first 14 to 28 days is the responsibility of the domiciliary midwife.

The baby born at home is fortunate, as he immediately becomes a member of the family and from the beginning has the care of both mother and father.

During the Ante-Natal period *Parentcraft Teaching* is essential both individually and in groups. This is organised by the midwife who may be assisted by other members of the Health team. The father is encouraged to play an important part in the preparations in the home.

Health Education is carried on daily by the midwife during her post-natal visits, often the first Mothercraft lessons are given to the older brothers or sisters watching the baby's toilet—finally, the mother, who watches them daily, carries them out herself under the midwife's supervision during the last few days of the lying-in period.

Medical Care, often the family doctor, is available under the National Maternity Service, and a paediatrician may be called in for consultation by the General Practitioner if necessary. When the midwife ceases attendance she hands over to her colleague the Health Visitor, who will continue supervision until the child, at five years of age, is taken over by the School Medical Service.

For Premature Babies.

In most areas there is a Special Service (heated cots, ambulances, etc.) for transfer to hospital. If the baby is to remain at home, in some urban areas midwives with special training in the care of premature infants, are employed. In more rural areas some midwives may have that special training, if so they will be relieved of other duties to care for the premature baby when the need arises. The service also provides special equipment for use in the home.

It will be seen that the care of a normal baby may well be undertaken in the home from the time of birth. Some of the advantages are that he will not at any time be separated from his mother. He will have his father's care from the beginning. The same midwife is responsible all the time. The family doctor is available if required. The risk of infection is less when there is no contact with other babies. In the quiet and natural atmosphere of the home breast-feeding and a good sleep routine will be more easily established, and the baby quickly assumes his rightful place in the family.

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