

The Midwife.

Some Aspects of Modern Midwifery.

In the Annual Report of Miss du Sautoy, Inspector of Midwives under the Somerset County Council, from March 1st, 1908, to February 28th, 1909, it is interesting to observe the effect of training, and consequently of knowledge, in inducing midwives to send for medical aid. In 1908, trained midwives attended 2,236 cases in the county, and sent for medical aid in 12.21 per cent. *Bonâ fide* midwives attended 1,623 cases, and sent for medical aid in 7.63 per cent; from which it is evident that the effect of training is not to lead midwives to suppose that they can dispense with medical assistance in difficult and abnormal cases, but rather to make them realise the necessity for securing it; so that the trained midwife is really the ally of the doctor.

MIDWIFERY AS A REMUNERATIVE PROFESSION.

Another point clearly brought out in this report is that in the County of Somerset, and presumably in many other counties also, there is little possibility of a livelihood being earned by women engaged in midwifery only. The total number of births in the County of Somerset for 1908 was 8,788, and of these rather more than half have been attended by midwives.

Of the 23 midwives in the county working on their own account, some work as private nurses and others did not act as midwives. The 15 in regular practice averaged 43 cases each, which, at fees varying from 5s. to 10s. 6d. a case, gives an income of about £15 per annum.

Of the *bonâ-fide* midwives, one had 209 cases, six between 50 and 75, nine between 25 and 50, and ninety-one under 25. The fee charged by *bonâ fide* midwives varies from 5s. to 7s. 6d., so one midwife made a moderate income (assuming that she had no bad debts), six earned under £20 each, and 100 under £10. These statistics show the uselessness of women training in midwifery with the object of eventually making a livelihood. Its practice in most country districts can only be regarded as a means of supplementing an income derived from other sources.

THE COMBINATION OF NURSING WITH DISTRICT MIDWIFERY.

The question is further raised as to the possibility and safety of combining general nursing with midwifery work.

Formerly, when the means by which infection is conveyed were not so well understood, nurses were right in restricting their practice either to general nursing or to midwifery only, and in abstaining from practice of the latter for prolonged periods after attendance on an infectious case. But it must even then have occurred to them to wonder why doctors had charmed lives, and could attend midwifery cases after exposure to infection, while nurses and midwives were prohibited from doing so; and modern science has proved to us that safety for the lying-in woman lies in the direction of a knowledge of the laws of asepsis, and of adequate disinfection for both doctor and midwife after exposure to infection, without which both are equally unsafe.

The resolution passed recently by the Central Midwives' Board in regard to the suspension of a midwife after laying out the dead, or attending cases of infectious illness, incorporates the views of this expert authority, founded on knowledge of the principles and practice of asepsis. It is as follows:—

“That prolonged suspension after infection is not to be recommended—(a), because suspension without adequate disinfection is useless; (b), because adequate disinfection renders suspension unnecessary. The time of suspension from practice should be limited to the time required for adequate disinfection, which should not take longer than 24 hours.”

In a country district, where maternity cases are comparatively rare, the most practical means of providing competent assistance for the lying-in woman will probably be found to be through the thoroughly trained district nurse who is also a certified midwife. She will understand and practice asepsis as taught in the modern training schools; she understands the necessity for thorough disinfection after attendance on infectious cases, and the methods of carrying it out, and, further, the use of rubber gloves has made it possible to undertake without risk attendance on cases in which a combination would formerly have been impracticable.

That Queen's Nurses should also be certified midwives is urged by Miss Amy Hughes, General Superintendent of Queen Victoria's Jubilee Institute, who says that “without this special knowledge nurses would be of little value in rural places, and especially in the isolated districts of Wales, Scotland, and Ireland, even though the Midwives Act does not apply to the two last-named countries. The

[previous page](#)

[next page](#)