

The Midwife.

Midwives and National Insurance.

BY A CERTIFIED MIDWIFE.

It is impossible at the present moment to direct too much attention to the very insecure position of midwives under the National Insurance Bill. May I outline our position?

THE PROSPECTS OF CERTIFIED MIDWIVES.

We pay, and pay heavily according to our means, and the probable return for our outlay, for our training as midwives. In relation to such return it was stated at the last special meeting of the Central Midwives' Board that one poor woman who obtained the certificate of the Board as recently as 1905, has been driven by privation to *pawn her certificate*. Imagine the straits to which she must have been reduced. The fees we are expected to take for our skilled and responsible work are absurd. They average 7s. 6d. a case if we are fortunate. 5s. or less is much more usual. For this we have, according to the rules of the Central Midwives' Board:—

(1) To keep ourselves "scrupulously clean in every way," and to wear washable dresses and aprons. Quite right. But washing costs money—or time and labour, which represent money.

(2) To provide ourselves with midwifery bags fitted with all necessary appliances, antiseptics, etc. Incidentally I may remark to provide the patient with the lubricant and antiseptic used.

(3) When sent for to a case of labour "not to leave the patient after the commencement of the second stage . . . until the expulsion of the placenta, and as long afterwards as may be necessary." (In a primipara the second stage is often of many hours' duration.)

(4) To clear up after the confinement, and remove all evidences of it before leaving the patient's house.

(5) To be responsible for the cleanliness, and to give full directions for securing the comfort and proper dieting of the mother and child during the subsequent ten days.

(6) To keep a register of cases in connection with which 19 different items are to be recorded.

(7) To notify the Local Supervising Authority (a) when we advise that medical help is sent for; (b) in the event of the death of mother or child before the arrival of a doctor; (c) in a case of still-birth. The use of certain pre-

scribed forms is compulsory, and if medical help is sent for two copies must be made in addition to the original.

I may add that our patients do not live at our doors, and that time (again the equivalent of money) and shoe-leather, no inconsiderable item in a midwife's expenses, are expended in going to and fro to patients' houses. It is on record that one certified midwife (but a *bonâ fide*) walked three miles each way to her case—six miles a day for ten days—and that her fee was 2s. 6d. And that in Hertfordshire, which is not the poorest of the English counties.

Half-a-crown for walking sixty miles and undertaking and performing the duties enumerated above. Could women's labour be ground down to a lower level? Is it any wonder that midwives feel to the uttermost the hardship of their unenfranchised position, and their consequent inability to influence legislation?

And now comes a case in point. Legislation is in progress, vitally affecting us, and our vested interests—which the Chancellor of the Exchequer admits should be treated with care, consideration, and tenderness—nay more, imperilling our means of self support. On the first reading of the National Insurance Bill Mr. Lloyd George stated to the House of Commons that the 30s. maternity benefit would cover *doctoring and nursing*. No mention of the midwife who, by the terms of her certificate, "is entitled by law to practice as a midwife in accordance with the provisions of the Midwives' Act, 1902," and who is at present in attendance at half the confinements in the country.

On the second reading he further stated, as you pointed out last week: "Healing was the first charge. . . . The State was raising £25,000,000, and there was nothing to prevent the doctors from walking off with every penny of that money."

Further, the Chancellor of the Exchequer, on June 1st, attended a Representative Meeting of the British Medical Association, listened to the views expressed on behalf of the Association and gave his own. He stated that it was proposed to set up an Advisory Committee for the purpose of drawing up regulations for the administration of medical benefit. On this Advisory Committee there are to be medical members in touch with medical practice in the country. The profession can send in names from which a choice can be made. The Advisory Committee will have from the end of

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