

# The Midwife.

## BABY HEALTH WORK.

At the second annual meeting of the American Association for the Study and Prevention of Infant Mortality, when the chairman of the Section on Nursing and Social Work was Miss M. A. Nutting, we learn from the *Johns Hopkins Nurses' Annual Magazine* that the keynote of all baby health work—education—was sounded over and over again by Miss M. H. Ahrens, Miss Harriet L. Leet and Miss A. M. Gallagher, it being the constant assertion of all baby welfare workers that infantile mortality is to be prevented mainly by intelligent motherhood, which can only result from intelligent teaching.

Dr. S. Josephine Baker's paper on instruction in infant care carried on in Little Mothers' Leagues continued the strain of this idea. The "little mothers" are young girls of working class families in public schools who are taught by school nurses something of the care and feeding of infants. The desirability of making still further use of maternity hospitals or wards in the instruction of young mothers was presented by Mrs. Reginald Foster, while the relation of the midwifery problem to infant mortality, as well as the relation of the nursing profession to midwifery, were discussed by Miss Van Blarcom.

Since about 50 per cent. of the births in the United States are attended by midwives, and since the function of the midwife should primarily be that of a visiting nurse, who would attend only normal and uncomplicated cases, it was urged that this undeveloped field ought to suggest an opportunity for visiting nurses to perform a social service of inestimable value. The better care from trained attendance not only provided poor mothers and babes with better nursing care in their hour of need, but with better medical care as well, since trained midwives did not discharge the grave responsibilities which are so commonly assumed by ignorant women. This better care was recognised as one feature in the decrease in England during the last few years of unnecessary death, blindness, mental and physical degeneracy of infants, and invalidism of mothers.

Dr. S. Josephine Baker urged the importance of making provision for training and supervision of midwives in America, rather than elimination of them. She believed that the midwife was an economic necessity and could not be eliminated, and moreover that the absence of midwives would work havoc amongst the poor. Doctors do not perform the same service for their patients as is offered by midwives, and Dr. Baker felt that the so-called elimination of midwives would merely be a covering up of the problem, for apparently they would practise whether permitted by law to do so or not, and in order to practise would pay doctors to sign their birth certificates!

Although there are strong opinions both for the recognition and the elimination of midwives, the general feeling was that whatever course was ultimately followed, the desired end would be obtained—that is, better care for mothers and infants.

## NATIONAL INSURANCE ACT.

### ADMINISTRATION OF MATERNITY BENEFIT.

The following notes on the Maternity Benefit to which our attention has been directed, will be of interest to our readers:—

Under Clause 18, provision for Maternity Benefit in normal cases is through the husband's insurance. Maternity Benefit, in the two abnormal cases of (1) single women and (2) wives of uninsured men, who are themselves insured, is provided through the woman's insurance, and is administered by the approved Society to which she belongs.

The Act therefore invites a single woman to provide for Maternity Benefit for herself while single, and after having made an unsuitable marriage with a man who makes her earn the livelihood.

Looking at the Act as an Insurance Act, Clause 18 compels a single woman to put by for the purpose of obtaining Maternity Benefit while single, and after making an unsuitable marriage.

It is demoralising for an individual to insure against distress due to his own wrong-doing, however right it may be that money should be forthcoming from charity or taxation to ameliorate distress of this kind.

Looking at the Act as a measure for the Relief of Distress, Clause 18 relieves (1) fallen women and (2) women who have been unwise or unfortunate enough to marry uninsurable men who compel them to work during the child-bearing period, at the expense of all wage-earning women belonging to the same approved Society.

It is unjust that such a charge for the purposes of relief should fall entirely upon one class of the community.

In the interest of morality and of justice, it is important that public attention should be drawn to the first part of Clause 18 of the Insurance Act.

## MIDWIFE v. NURSE.

At an inquest held at the Whipps Cross Infirmary, concerning the death of a woman who died in the infirmary, some strong comments were made by the Coroner, Dr. Anbrose, as to a nurse being sent from a Nursing Home at Walthamstow, to attend the deceased when a midwife was engaged.

Miss M. F. Martin, certified midwife, deposed that she went to the house where Nurse Bater was

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