

The Midwife.

THE MATERNITY BENEFIT.

The Report has just been issued of the Committee appointed by the Glasgow Obstetrical and Gynæcological Society to enquire into the effects of the maternity benefit on the teaching and practice of midwifery in Glasgow.

The committee's data were obtained (a) from medical institutions and public bodies; (b) from the replies of general practitioners to a series of questions. The questions were addressed to 450 medical men. Of the 222 who made returns, only 166 gave replies suitable for the purpose of the inquiry.

As to the effect of the Maternity Benefit under the National Insurance Act, information derived from various sources, including some of the agencies engaged in social work, makes it appear that those who formerly made good provision for an expected confinement still do so. There is for them, however, only a change in the method. The maternity benefit is a substitute; there is no evidence of a disposition to regard it as an additional provision, and sometimes even in this class the expenses of the confinement are not dealt with as having the first claim on the money. Among others of the insured the money is not wholly applied to the purpose for which it has been named; and the desire to set free a portion for other uses, good or bad, is likely to influence the kind of attendance sought for. Moreover, the payment of the whole amount after the event to people who have no means and little credit also tends to divert it to other ends.

Enquiry shows that very little, if any, of the midwifery practice in Glasgow has been transferred to the medical profession in consequence of the Insurance Act, but more work is being done by midwives. In Glasgow, as in Scotland generally, there is no commonly recognised standard of training for maternity nurses, and no State regulation of their practice. Many who act as midwives are wholly untrained, some are inadequately trained, and only a small proportion could satisfy the requirements for registration in England. All the grades of nurses mentioned were employed before the passing of the Act and are still employed. Yet it may be that among these different grades women are seeking what they believe to be better service, being now enabled to pay for it. Inquiry, therefore, was made upon this point. Answers, however, were affected by the fact that at the beginning of the year the belief prevailed that only certificated nurses or doctors could sign the claim for benefit. When this was found to be an error, the improvement in practice which resulted from it was not maintained. Reckoning among affirmative answers the replies of those who note the initial improvement, but who deny its continuance, 57 practitioners say that women now seek better

attendance; while 64 say that they do not. Forty-five return "no knowledge."

A fact to be taken into account as likely to have a deciding influence in the choice is that when the wife and mother is laid aside there is need for a housekeeper as well as a nurse. Now that there is money available it is probable that housekeeping services, which before were rendered freely by friends or neighbours have now to be paid for; and that the "handy-woman" who will care for the house as well as the patient, is preferred on that account to the midwife who carries on "a practice," or to the well-trained nurse whose whole time could not be engaged by the poor, even if she were willing to undertake the house-keeping. It is probably in this that the explanation is to be found for the falling-off in the outdoor cases of the Maternity Hospital. The possibility of obtaining nursing and other services for the same fee as for nursing alone is, it may be presumed, sufficient to bring about this result. On this account, then, any movement that there may be among a section of the insured towards a better kind of attendance in childbed is likely to be counterbalanced by a movement in the opposite direction among those of another section.

EFFECT ON MIDWIFERY TEACHING.

The outdoor practice of the Maternity Hospital is the only means in the city by which practical instruction can be given to medical students in the conduct of normal labour; and the practice is also used for the training of nurses. Formerly the number of cases was not in excess of the requirements for these purposes; and the reduction in that number during the first year of insurance—a reduction which amounts to 30 per cent. of the whole—is seriously hampering practical teaching. While it may be possible by adjustment so to utilise these restricted resources that the minimum requirements of the examining boards shall be met an enforced limitation to the minimum is to be deplored, and it is not to be expected that the present minimum will continue indefinitely. The situation which has arisen calls for serious consideration on the part of those concerned in the teaching of midwifery.

GENERAL EFFECT OF THE MATERNITY BENEFIT.

To the general question whether the Maternity Benefit had favoured the comfort and safety of the mother and child, 57 practitioners replied in the affirmative, 36 in the negative, 16 had observed no change, 3 were of opinion that the Act had been prejudicial in this direction, 24 that the effect was doubtful or partly beneficial and partly prejudicial, while 30 could express no opinion. Such a want of decisiveness in the general result of the replies to this question in itself indicates that the Maternity Benefit has not promoted in Glasgow the comfort and security of mothers and infants to the extent that might have been hoped for.

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