

## LOCAL ORGANISATION.

There should be a definite organisation of the whole midwifery service through some form of local machinery under the supervision of a Central Department. The unit of organisation for any such scheme should be the County Borough and the County, and possibly the Urban District where the population is over 100,000.

It is suggested (a) that every midwife on the Roll should be eligible to take part in the Midwifery Service. That there should be freedom of choice from an authoritative list of all the practising midwives on the part of patients, and reasonable freedom of rejection of cases on the part of midwives. (b) That a midwife on the list must be willing to have allotted to her by the Local Authority a reasonable number of patients. (c) That no greater number of cases shall be attended by one midwife than in the view of the Local Supervising Authority she is able to attend efficiently. (d) That whenever possible efficient attendance by the midwife should include antenatal care, and should be co-ordinated with any analogous work done by Maternity Centres or otherwise. (e) That whatever payment be regarded as due to the midwife for her services should be made direct to her by the local body appointed to act as channel for the State aid, and that the midwife shall not be allowed to take any further fee from the mother in any case for which she receives the State-provided fee.

The method of each Local Authority establishing a midwifery service in its own area is discussed, and it is considered that the most economical method would be by the employment of the requisite number of exclusively whole-time salaried midwives. Against this it is felt that such a scheme would be far from popular, and that working women would only reluctantly resort to the Service through lack of freedom of choice. While not considering that the employment by a Local Authority of some whole-time midwives need necessarily be wholly laid aside, the Association is of opinion that "the basis of the scheme should be payment per case with as much freedom of choice as possible both for patient and midwife."

## REMUNERATION OF THE MIDWIFE.

It is considered important that the suggested remuneration of £1 5s. or £1 should be paid direct to the midwife through the local body responsible for carrying out the scheme, as unless the fee is guaranteed to the midwife there will not be sufficient inducement to the best class of trained midwife to enter and remain in practice.

## THE PLACE OF THE DOCTOR IN THE SCHEME.

It is pointed out that no scheme for a State Midwifery Service can be regarded as satisfactory which does not make provision for the payment of the doctor's fee when called in in emergency, and that it is also necessary and equitable that in ordinary cases, quite apart from abnormality, a doctor must be as eligible as a midwife for receiving the State-provided fee if he will render the requisite service.

It is suggested, therefore, that doctors shall be eligible for the State-provided midwifery fee on the same basis as midwives, if, in addition to their own attendance at the case they provide efficient nursing without charge to the patient. Where a doctor is called in under C.M.B. rules by a midwife, the requisite fee must be payable to him through the local body, without charge to patient or midwife. It is not suggested what the proper fee in the latter case would be, as it is regarded as largely a matter for the medical profession. It is held that no extra fee should be payable in the event of any abnormal condition supervening in a case where the doctor was originally engaged to attend the confinement himself.

## THE POSITION OF HOSPITALS, DISTRICT NURSING ASSOCIATIONS.

It is suggested that agencies providing midwifery services, most of which undertake the training of either medical students or midwives, and district nursing organisations, should be eligible for the State-provided fee on analogous conditions to those for the private midwife. Some of these institutions might be used as the nucleus of the whole-time salaried midwives. It is rightly emphasised that where an association draws the State-provided fee conditions must be attached by the Central Department so that an efficient service is secured, and the midwives employed are in receipt of an adequate salary.

## ADMINISTRATIVE CONTROL.

It is suggested that the administration of the scheme should be undertaken by a Joint Committee of the Public Health Committee and of the Local Insurance Committee in each Administrative County and County Borough, and that the Committee should include representatives of working women, and so forth.

## THE COST OF THE SCHEME.

It is believed that the only satisfactory arrangement will be for the State to bear the full cost of the midwives' and doctor's fees, as it is considered that the difficulties attending the collection of part payment from the mother are insuperable.

It is also urged as important that the standard fee should be provided from the Exchequer, and no proportion of it from the local rates.

The estimated cost of the scheme for England and Wales is about £1,000,000 per annum if efficient midwifery services are to be secured for every confinement where the income is below the £160 limit.

## INSPECTION OF MIDWIVES.

Lastly, the Central Department should inspect the local bodies so as to ensure that local inspection is adequately carried on by properly qualified persons, who should also instruct and assist the midwives. There should also be proper systematic provision for the training of midwives, carefully supervised from a Central Body, with a proper system of Exchequer grants.

We have reserved our comments on these proposals for our next issue.

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