

## The Midwife.

### PROPOSALS FOR A STATE-AIDED MIDWIFERY SERVICE IN ENGLAND AND WALES.

(Concluded from page 232.)

#### EDITORIAL COMMENT.

We welcome proposals for a State Midwifery Service, as we believe it is the only method of making adequate provision for the care of women of the poorer classes in childbirth. A necessary preliminary is to place proposals before the public in black-and-white, and this service has been rendered by the Association for Promoting the Training and Supply of Midwives. The free discussion of these proposals is now desirable.

Most people will concede the urgency of devising means of attracting to the practice of midwifery both women who are already qualified and others who are considering what calling they shall adopt. To attain this end, we believe the points of primary importance are (1) A more thorough, broader and prolonged training; (2) the assurance of an income commensurate with the skilled, responsible, arduous and important work undertaken; (3) freedom from vexatious conditions of work; and (4) liberal representation of midwives on any bodies controlling their work and economic conditions.

(1) The document before us, although stating it is essential that there should be proper provision for the training of midwives, is silent as to what it considers an adequate standard of training.

Dr. Janet Campbell, one of the Senior Officers of the Board of Education, in respect of England and Wales, in her Report on the Physical Welfare of Mothers and Children, compiled for the Carnegie United Kingdom Trust, in making suggestions for raising the standard of midwifery, includes improved training, post graduate teaching, additional qualifications, improved status, improved financial position, and inspection of midwives. It is manifestly useless to arbitrarily raise the remuneration of midwives if their efficiency is not materially raised also. Dr. Campbell indicates twelve months' training as the minimum desirable, and emphasises the point that it is impossible to make wholly satisfactory provision for clinical teaching unless hospital, as well as district, experience is available. She discusses also the question whether or not a second certificate indicating more advanced knowledge and experience than the existing C.M.B. certificates would be advantageous. "At present, the uneducated village woman, who has, with much difficulty, succeeded in passing the examination, and the highly trained and experienced matron of a maternity

teaching hospital have precisely the same qualifications, and, in theory, the same privileges and limitations."

Dr. Hope, in his paper read before the Association, also emphasises as essential that a longer and more adequate training should be provided at smaller cost to the student, and that the calling shall be rendered less arduous and more attractive. These are points to be taken into consideration.

(2) We think that the proposal for an assured income of not less than £150 per annum in towns and £120 in rural districts, under normal peace conditions, is a fair one as a working basis. The number of cases attended annually by the midwife must depend upon the amount of time devoted to ante-natal work. Possibly, eventually, post natal work—the supervision of the infant during the critical first year of life—will also devolve on the midwife and decrease the number of births which she attends. It is, from the financial point of view alone, unsound to spend time and money on conserving the health of the expectant and lying-in mother and to ignore the infant when born. Certainly the most suitable person to undertake post natal work and to command the confidence of the mother is the midwife (with broadened training), who knows the previous history of mother and infant.

(3) If educated women are to be attracted to practise midwifery, inspection must be in the hands of experienced and discriminating inspectors. Inspection of finger nails; such details as the cleanliness of residences, equipment and bag linings ought not to be necessary if midwives are educated women taking a pride in their work. Dr. Hope says: "If it were thought desirable to supervise midwives direct from a Government Department nothing would be simpler, and the midwife would lose the apprehension—well founded I fear in some localities—of the possibility of inquisitorial inspection by persons less qualified than herself; and Dr. Janet Campbell considers that a medical woman (not too young) is likely to make the best inspector of midwives, provided she has had the requisite experience of district midwifery. Failing a woman doctor, a well-educated and experienced midwife, preferably one who is also a fully trained nurse. Dr. Campbell points out that "a source of justifiable irritation among midwives in some areas has been the appointment of inadequately qualified health visitors as inspectors. To appoint to such a position a young health visitor who may indeed possess the C.M.B. certificate is absurd."

(4) It is of vital importance that midwives should be represented on any bodies charged with their control, and we regret to find no suggestion of this in the proposals put forward by the A.P.T.S.M. The proposal is that the new Ser-

[previous page](#)

[next page](#)