

CONFERENCE ON MATERNITY NURSING.

An important Conference on Maternity Nursing, convened by the Central Council for District Nursing in London, was held under the presidency of Sir William Collins, M.P., K.C.V.O., on June 4th, in the Board Room of the Metropolitan Asylums Board, Embankment, E.C. The business under discussion was to consider the need of further provision, or organisation, of Maternity Nursing in relation to the District Nursing Services of London under the following heads:—(a) To what extent is it desirable and practicable that Maternity Nursing should be undertaken by District Nursing Associations in London? (b) The relation of Maternity Nursing to Midwifery, and, in particular, whether it is essential that the Maternity Nurse should hold the C.M.B. certificate? (c) The question of co-operation with the hospitals for the purpose of nursing the extern maternity cases.

Sir William Collins said that the way in which the district nursing associations of London had given their help in connection with the nursing of measles, ophthalmia neonatorum, and whooping cough encouraged the Central Council to consider whether their help could be utilised in connection with maternity nursing. There were three classes of cases needing help, namely, women attended by midwives, by hospital students, and by doctors. The last cases were the most urgent as the nursing subsequent to confinement was almost always done by the friendly neighbour—an untrained woman.

He claimed with Miss Nightingale that nothing less than the best is good enough for the sick poor.

Sir Francis Champneys, discussing the question of a maternity nurse holding the C.M.B. certificate, was averse to the suggestion, first, because midwives and doctors were to a certain extent in competition, secondly, because a midwife was not necessarily the best person to do the maternity nursing. A monthly nurse had learnt her job, and knew it. The midwife was bound to give full directions for securing the comfort and proper dieting of the mother and child during the lying-in period, but was not bound to perform all the duties herself. The point, indeed, might become acute, as she had not the time to do the nursing. Before the war the material for training was short, and many of those who entered for the C.M.B. certificate did not intend to practise midwifery. Indeed, the time might come when the Central Midwives Board would have to require candidates who desired to enter for their examination to state that they intended to practise as midwives.

Sir Arthur Newsholme said that from a public health point of view the development of maternity nursing was necessary, and the Local Government Board was prepared to pay half the expenses in certain cases of midwife, doctor, maternity nurse, or home help. They were also pressing forward a scheme of maternity homes. One Medical

Officer of Health in the North reported that half the confinements took place in one or two rooms. Such homes were manifestly unsuitable for confinements and the Board were prepared to pay half the cost of patients in lying-in homes. They were also experimenting in removing the older children from the patient's house when the confinement took place at home.

Dr. Lauriston Shaw thought that the hospitals would welcome the provision of trained nurses for patients attended by their extern assistants, but that they were up against a very large question, as the number of nurses needed would be very great.

Dr. Ethel Bentham thought that if midwives were to make a living they had not time to do the maternity nursing. She also stated that in two cases under her notice, midwives, acting as maternity nurses, had deliberately prevented the patient from sending for the doctor in charge of the case.

Miss Puxley thought the nurse's point of view had not been sufficiently considered. In many cases the nurse in attendance might have to conduct the confinement whether she wished to or not. If she was not a midwife, what was she to do?

Mr. D. F. Pennant said that a meeting of Superintendents under Queen Victoria's Jubilee Institute had discussed the question, and had decided that in districts where maternity nursing is not sufficiently organized, the Associations affiliated to the Institute would be willing to co-operate in a scheme, provided that the Public Health authorities would make an adequate contribution to the cost.

Another speaker considered that the maternity nurse should reside in the patient's house for ten days. Presumably he had not acquainted himself with the housing question in London, or with the possibility, or otherwise, of providing sleeping accommodation for the nurse.

Miss Alice Gregory said she would deeply deplore the separation of maternity nursing from midwifery. If monthly nurses were provided for the poor they would not be more skilful than midwives, but less. It would be very disastrous to have inferior nurses. It was not necessary that the attendants on lying-in women should be general trained nurses, but it was frightfully necessary that they should be competent midwives with a knowledge of maternity nursing. The training required by the Central Midwives Board had now been raised to six months and she lived in the hope of seeing it raised to twelve months.

Other speakers took part in the discussion, and Miss Rosalind Paget put forward a sound view when she claimed that where possible the maternity nursing of the poorer classes in London should be undertaken by the district nursing associations, the nurses of which were well known and liked in the districts, and on friendly terms with the doctors. They were all fully trained in general nursing, and if, in addition, they had training in maternity nursing they were thoroughly experi-

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