

The Midwife.

PRACTISING MIDWIVES.

"Trained nurses do not take up practising midwifery to any extent." That is a charge constantly levelled against nurses, and it is a true one.

Why is it true?

The reasons are twofold. They are concerned with the conditions of pay, and conditions of service.

CONDITIONS OF PAY.

In the first place, what is the definition of a "practising midwife?" We know of no pronouncement by authority—that is to say, the Central Midwives Board. In the absence of this we may take it that what is understood in the nursing and midwifery worlds by a practising midwife is one who works in the homes of the poor. For some reason which needs elucidating, matrons and sisters in Maternity Hospitals, and sisters in Labour Wards in Poor Law Infirmaries are not included in the term "practising," though they may spend their lives in the delivery and care of lying-in patients.

But why in the homes of the poor? Is a midwife not competent to deliver any woman in child birth? If not, why is she competent to attend on the poor? Certainly she is certified by the State Authority—the Central Midwives' Board—to be competent to attend cases of natural labour, which constitute about 92–95 per cent. of the total deliveries among rich and poor.

But here the midwife is up against a great economic question. Supposing she let it be known that she would undertake to attend women of all classes. The medical profession (whether justly or unjustly need not be here discussed) would certainly be up in arms. A lucrative branch of their profession would be in danger of slipping from their grasp. They would know well how to defend themselves, and in those five to eight per cent. of cases in which it is of supreme moment to midwife and patient that medical aid should be quickly secured, the midwife's appeal for assistance would, in all probability, be boycotted by every medical practitioner in the neighbourhood. In view of the urgency of the need in these abnormal cases, she dare not face the risk. She is, therefore, restricted to practising amongst the poor. This is work which is very congenial to many midwives, but neither midwives nor nurses are primarily out to find a congenial occupation, but one by which they can support themselves during their working years, and put by something for their old age. When the trained nurse considers the adoption of the *role* of practising midwife as a business proposition, she finds she must rule it out of court. Even with an average fee of 15s.

a case, she cannot do her duty by the patient at the time of delivery, and ten days afterwards, as she understands it, and take enough cases to make a living wage.

CONDITIONS OF SERVICE.

When we come to the conditions of service they are equally unsatisfactory. Midwifery is one of those difficult callings in which the work is very irregular, and, at the same time, the after care of mothers and babies requires clockwork regularity. The best method of combating the difficulty is for several midwives to work from a centre, so that they can relieve one another. But the practising midwife usually works single handed, and her work may take her from one side of her district to the other, a distance maybe of miles.

Furthermore, it is difficult for a midwife to start work on her own account, for, all over the country there is a network of associations, which supply midwives; the pay is meagre enough, but the conditions of service are even more distasteful to a trained woman. The work is usually under a lay committee. This committee begins by placing the midwife in its debt by paying for her training, and she is thus bound by her contract for a term of years, because it has advanced this money, and must work out her indebtedness to the committee. Further, in some instances, at any rate, her certificates are commandeered and retained until the term, generally of three years, is fulfilled. Why? No one but the owner has any right to a hospital certificate, and no one but the Central Midwives Board has authority to demand its certificate—for cause shown. Incidentally it is an open question whether even the Central Midwives Board has the right to demand a midwife's certificate until she has been tried and sentenced by the Board.

What moreover would happen if a midwife whose certificate had been impounded by the Committee of such an Association were cited to appear before the Central Midwives Board, and, as a preliminary, were required to surrender her certificate to its keeping, pending the settlement of her case?

Or, to take another instance, what would happen to the certificates supposing a nurse did not fulfil her contract with an Association supplying midwives? Would the Committee destroy her certificates—in which case they would presumably lay themselves open to an action for damages—or, if not, what is the use of impounding them? But the whole attitude of the lay plutocrat to the trained woman worker is both insolent and lacking in understanding and sympathy.

And people wonder why well trained, well-educated nurses do not take up work as "practising midwives."

Another instance of the treatment accorded to a practising midwife has been brought to my notice within the last week.

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