

The Midwife.

THE WORK OF THE MIDWIFE IN RELATION TO ANTE-NATAL AND NEO-NATAL MORTALITY.

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In an interesting paper presented at the National Conference on Infant Welfare, held in London in July, Miss Olive Haydon said:—

"I have sketched out ideals for the midwife's work in relation to ante-natal and neo-natal mortality *vis-à-vis* with the medical profession and other agencies. In conclusion, I want to touch on the midwife's work *vis-à-vis* with the patient; it is mainly threefold, educative, preventive and practical, and of these three perhaps the most important, is the education of the expectant mother, for mother and the baby. The education begins at booking—unfortunately this is seldom before the sixth month; much writing has already been done on what Professor Thomson has called 'the docket' of the new-born child, and much is irremediable. But the normal rapid growth and development of a normal foetus may be retarded or interrupted by the ill-health or excesses of the mother during the last three months; hence the need for forewarning help, and continued careful observation for abnormal signs and symptoms, so as to secure early medical treatment for physiological breakdown or infection. The former history, the general condition, and the physical examination of the patient should guide the midwife in dealing with the patient and help her to form an opinion as to whether it is advisable in the interests of the mother and unborn child to be attended by her. The midwife will receive with caution and some inward scepticism the explanation of the causes of previous miscarriages; she knows that thousands are attributed to shocks and falls, a very few to albuminuria, syphilis, &c., and still fewer to the taking of noxious drugs and drastic purges. She ought not to be content that a series of miscarriages have been attributed by a doctor to those refuges of the destitute, 'habit' and 'a weak inside.' She may even dare to inspire the woman who has been told she would never carry a child to full term, with optimism. The careful examination of the breasts and nipples begins the education on the value of breast-feeding, careful investigation into the causes that lead to its abandonment with previous children forewarn and forearm the midwife. If it has been given up because the mother has had to go to work, there is always hope that she may be convinced that her primary duty is not washing or charring, or any other work in the labour market, but the persistence in breast-feeding.

"With an eight-hourly working day, and four-hourly feeding, there should now be fewer children fed from tins or poisoned slowly with contaminated milk, deprived of its accessory growth products by sterilization.

To give right valuations and right perspectives is as much ante-natal work as to see that neither overwrought brain, over-fed or under-fed digestive system, nor under-nourished blood starve the unborn child, and starve the new born child by preventing successful breast-feeding. There is one subject on which there is some difference of opinion in the medical, dental and midwifery professions—the advisability of extraction or repair of the teeth during pregnancy. There is little or no difference of opinion in the attitude of the patients; they all with one accord wish to put it off to some more convenient, and in their opinion, safer season. If the midwife fails to persuade them that both their own health and breast feeding will suffer if they have dirty mouths, I doubt if any other person will prevail on them, to have treatment.

"The midwife is shrewd enough to know that faulty mothercraft, poverty, the health and surroundings are far greater factors in ante-natal and neo-natal mortality than hard work, smoke-laden atmosphere, bad midwifery, or even those plagues of the midwife's life, and the joy of some doctors—the 'Born before arrivals.' A midwife's judgment of the character and capacity of the mother and home life is by no means to be despised; she has unique opportunities of studying these in her repeated and welcomed visits to the home. I regret that time only allows of few details of the many-sided work of a midwife, but I conclude that most of my audience have first-hand knowledge of it; if not, I am at their service. In the past our enthusiasm for a better order of things has often been smothered by the apathy of the general public, by the impossibility of carrying into practice our ideals, by the exigencies of the day and night work, by our limited knowledge, and by want of facilities. When this great movement for prevention of ante-natal and neo-natal mortality took fresh life (it was born, and led a rather attenuated existence many years before both in lying-in hospitals, and in the practices of some medical men and midwives) the leaders either ignored or despised the midwives—they were more inclined to abuse her than to use her. It is only recently that champions have arisen to point out that the modern midwife is neither a negligible force nor a pernicious necessity, but a useful agent in combating the fall in the birth-rate, in reducing the maternal and foetal mortality rates, in carrying into the homes enlightened and refined ideas as to the function of fatherhood, motherhood, and the upbringing of children—and last, but not least, in fostering the maternal instinct in the unmarried mother."

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