

PUBLIC HEALTH.**A MATERNITY AND CHILD WELFARE SCHEME.**

BY GRAEME HALKERSTON.

Each borough has its maternity and child welfare scheme now. Such schemes have for their objects the bringing down of the infantile mortality figure, and the making and keeping fit of children under five. Women doctors, nurses, health visitors, women sanitary inspectors, and midwives are all employed under a perfect scheme.

Being especially interested in the borough of Middlesbrough where the infantile mortality figure ranges about 140 per 1,000, I propose taking its scheme as an example. The members of the staff work under the statutory committee of maternity and child welfare and the sanitary committee. The head of the staff is a woman medical officer who is responsible to the medical officer of health. The success of any maternity and child welfare scheme is due in a large part to the personality of the women on the staff. The health visitors must get on well with the medical officer who in her turn must get on well with her committee and with the general practitioners. The health visitors must prove themselves acceptable to the mothers. It is useless for nurses to enter this department of their profession simply as a means to make bread and butter. I can imagine nothing more dreary to a nurse than to be a health visitor if she does not like the work. She will see no interesting sick cases as she does in hospital, or even as a district nurse. The health visitor's work is preventive. In selecting a health visitor, her personality is almost as important as are her qualifications. If she is rabid over efficiency, she will fail. I knew one health visitor who went round her district pulling comforters out of babies' mouths and throwing them in the fire. The mothers bought fresh ones. She laughed at and scolded the midwives for their old-fashioned customs. What is required is a patient tolerance, a willingness to help mothers who seek advice, and a tact either in giving unsought advice, or in leaving mothers alone. As to qualifications, the more the better. It is a relief to the head of a scheme to deal with trained women. The usual qualifications are:—(1) that of a general trained nurse; (2) that of a fever trained nurse; (3) the C.M.B. certificate; (4) a sanitary inspector's or health visitor's certificate; (5) a training in social work.

Middlesbrough has 130,000 population, which implies about 2,500 births a year. There are five health visitors and five child welfare centres. The health visitors receive a tram allowance with each monthly pay, and £15 a year for uniform. A fortnight's holiday is given in the summer, and other holidays throughout the year bring the holiday up to a month. The hours are short, from 9.30 a.m. to 5 p.m., with an hour and a half off at midday. Each visitor has a district to herself, with an average of 500 births a year, and

she attends her own centre one afternoon weekly. There is a sixth health visitor who is supervisor of health visitors and assistant inspector of midwives. (The medical officer is the inspector of midwives.) There is also a whole time woman clerk who takes charge of all registers, and a nurse to visit all notified cases of measles. An address book is kept in the health office of women who wish work, and we are often able to throw a day's charring in their way, or send them out as untrained home helps. There are no municipal home helps.

The health visitors and the midwives receive periodic addresses from the medical officer, which ensures that there be a uniformity of teaching by the members of the staff. There is then no chance of the medical officer advising 3 hourly feeds, a health visitor 2½ hourly feeds, a midwife 2 hourly feeds. If a mother receives the same advice from every one she turns to, she will begin to think it must be correct.

When the health visitors arrive in the office in the morning each receives the notifications of birth for her own district, makes out cards for the new cases, and starts on her round of visits. Births notified by midwives are visited on the date of receipt. Births attended by doctors are visited after a fortnight. A child is visited every two months until a year old (unless more frequent visits are indicated), and then every six months until the child is five, when his card is handed over to the school medical officer. At the end of each week the cards of the children visited during the week are given to the medical officer for inspection.

The health visitors' work at the centre where there is an average attendance of from 30 to 40 in an afternoon, includes weighing of children and bringing mother and child before the medical officer. Expectant and nursing mothers, and children up to 5, are eligible for attendance at centres. Each centre has its own committee of voluntary workers, who welcome the mothers, give them a penny tea, arrange for short addresses (happy lecturer who can make the mothers both laugh and cry!), give help with cutting out clothes and sewing, etc.

The Middlesbrough scheme includes a municipal maternity home for a minimum of 15 cases, and a municipal children's hospital for a minimum of 20 cases. These are at the moment being furnished, and will be opened in a few weeks. The medical officer is only administrator to the maternity home. Each doctor who sends in a case comes and acts as obstetrician himself, unless it is a midwife's case, when the maternity home staff conduct the labour. Mothers' and children's teeth will be attended to in the new building. Cases of ophthalmia neonatorum, poliomyelitis, marasmus, rickets, and, in short, such cases as are not urgent enough for the limited space in a general hospital, will be admitted. Minor operations, such as circumcision, removal of tonsils and adenoids, etc., will be performed. The medical officer is clinician as well as administrator to the children's hospital.

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