

The Midwife.

*POST CERTIFICATE EDUCATION FOR MIDWIVES.

By MISS OLIVE HAYDON.

COLLEAGUES,—Last year I had the pleasure of addressing you on the need of the Midwife for post certificate education. After a year's further experience, I am still of the opinion that it is one of the most urgent needs of our profession. If the midwife is to play a dignified part in the great campaign of preventive medicine she must be better educated, have an up-to-date knowledge of her work, and she must not only be the confidant of her patient—the skilled "accoucheuse," the careful monthly nurse—but also the teacher of the mother, the educator of the baby, and the co-operator with other social and health workers. Is this a too visionary and exalted ideal for those who have taken up the ancient office of Midwife? I think not—until it is realised there will continue to be a higher rate of maternal mortality and morbidity, a higher rate of infantile mortality and preventable illness than there should be. It is difficult to over-estimate the value of a highly skilled Midwife who takes a comprehensive view of her duties to the expectant mother, the nursing mother and the unborn babe, and the new-born babe.

Contrast for a moment the position of the Midwife at the end of the nineteenth century and in 1920. The Midwife at the end of the nineteenth century was either wholly untrained or had had a short training of three months. As a class, they were looked down upon; many of them were women of little education; their work was ill-paid, in spite of its responsibilities; and it was unappreciated, except by the mothers and a few who knew of steady good work in the homes of the people done by them. In certain areas, it was difficult to get medical help; there was little opportunity for those Midwives who lived in rural areas to keep in touch with modern developments; living in scattered areas, association was difficult; inspection was not always very helpful, regular, or sympathetic; the Midwife herself did not have very exalted ideas of the usefulness of her work; and she plodded on, often isolated, nearly always poor, frequently overworked. But there were those who had the prophetic vision of her possibilities, who realised her needs, who worked for the uplifting of the profession—not least among these was Sir Francis Champneys (President of the C.M.B.), the Council and officers of the Midwives' Institute, and its associations.

In 1920, the training has been lengthened, the syllabus enlarged; the Midwife is definitely recognised as an important worker in the health field (*vide* Ministry of Health, Maternity and Child

* Read at the Nursing and Midwifery Conference, 1920

Welfare circulars); and it is realised that her help and co-operation are necessary and desirable. The fees of the medical profession called in according to the rules of the C.M.B. are guaranteed by the L.S.A. The Midwives' associations are increasing, both in numbers and vitality. The quality of the Inspectors' work is on the up-grade; and in many areas they are educating the Midwives. The Midwife herself is slowly awakening to the fact that she is an important person; her friends and champions are increasing, her critics are more numerous (I include this in the advances). The pay is still inadequate, although raised; but subsidies and guaranteed salaries are becoming more common. Bona fide Midwives are dying out or being removed from the roll, and the entry of trained nurses and educated women into the profession is a lever that will ultimately do much to raise the status. Midwives are, in many cases, sitting on child welfare committees; there are Midwives on borough councils; and shortly there are to be Midwives nominated to sit on the C.M. Board. Finally, there are grants offered by the Board of Education for post certificate education; and there is a pioneer post certificate school in connection with York Road Hospital, as well as advanced courses and short post certificate courses organized by some of the local supervising authorities or leading lying-in hospitals.

(To be concluded.)

PUERPERAL SEPSIS.

One of the questions brought forward at the annual meeting of the British Medical Association at Cambridge—Puerperal Sepsis—has aroused interesting expressions of opinion in the *B.M.J.*

Dr. A. Campbell Stark sweeps aside the charge that pathogenic organisms which cause puerperal sepsis are removed by the doctor or nurse from the entrance of the vagina, where they are harmless, to a site farther up—say 2 in. higher—where they become extremely virulent. The fact that a large number of cases of puerperal sepsis occur in patients who have not been touched by doctor or nurse is, in his opinion, sufficient to refute this absurd opinion.

Dr. Campbell Stark writes:

"The truth is that, in these days, puerperal sepsis is in every case an autoinfection, and its incidence has no relation whatever to manipulations during labour. The reason why one patient contracts it and another does not is part of the general problem of individual incidence of infection, and of this at present we know little. It is impossible for anyone who has personally attended, say, a thousand labours, to arrive at any other conclusion."

[previous page](#)

[next page](#)