

The Midwife.

POST CERTIFICATE EDUCATION FOR NURSES.

BY MISS OLIVE HAYDON.

(Concluded from page 168).

The problem is how can the midwives be enabled to profit by these opportunities? The first stumbling block is the apathy of many midwives, and their want of recognition of their own shortcomings; many of them continue practices contrary to modern teaching (*e.g.*, two-hourly feeding, night feeding, tight binders, slack antenatal investigations and supervision). Others for some reason or another attempt to carry on their work in a water-tight compartment, and fail to co-operate with other workers, who, they may retort, do not co-operate with them; there are also many who neglect their own education in what concerns their professional status and knowledge; they belong to no association, they read no midwifery papers; if lectures are given in their area they do not attend; they never buy or read a new book, they have never heard of post-certificate courses.

These are plain words. Unless we can wake up these self-satisfied, sleepy, slack people, they will continue to bring discredit on our profession. It behoves each midwife at this conference to do her part to rouse midwives with whom she comes in contact, to their opportunities. Let us consider three of these:—(1) Membership of a midwives' association; (2) work with maternity and child welfare centres; (3) post-certificate training.

(1) If the midwife is not already a member of an association, get her to join, and work with it for better things. All associations should start a lending library, with a few up-to-date books, which could be discussed or criticised at one of the meetings; they should ask for a lecturer from the parent association (12, Buckingham Street, Strand) to come down and give them information as to policy, methods of raising standards, defending interests, obtaining post-certificate education.

(2) Every practising midwife should associate herself with the work of the Maternity and Child Welfare Centres (if possible she should join the Committee). Her special knowledge is of value, and incidentally she will learn much of the after-care necessary for mothers and babies. While retaining the ante-natal care of normal mothers, the Centre will be of service in dealing with abnormal pregnancies, educating young mothers, etc.

(3) With regard to post-certificate training, the difficulties of taking a course of one or two months are not insuperable. The Board of Education will give grants, either for supplying a *locum* or towards the expenses; where there

is more than one midwife in an area, it should surely be possible for one to do double duty, while the other is away; we must learn to regard other members of our profession as colleagues, and not as rivals, and do our best to be mutually helpful.

If pressure is brought to bear on the County Councils, through the Inspector of Midwives and Medical Officer of Health, the financial aid will be forthcoming. Gloucester County Council is already sending some of the midwives practising there to take the course arranged by the General Lying-in Hospital, at 77, Southampton Street, Camberwell, S.E. Please note the address. The course is a comprehensive one, but its main aim is to secure a higher standard of practice in normal cases, to show how valuable "team" work is, both for ante-natal, natal, and post-natal work, and to refresh and bring up to date the theoretical knowledge of the midwife.

Those who join the course hoping for dramatic cases, will be disappointed; one of the best tests for a good midwifery practice, in my opinion, is the small number of abnormal cases; these are best treated in hospitals or institutions.

Surgical cleanliness, early diagnosis, patient waiting, non-interference in normal cases, preventative nursing, good note-takings and keeping of registers, simple teaching of the mother by demonstration, co-operating with other health-workers—these are the subjects that will be impressed on the post-certificate pupil; they are her everyday needs.

The treatment of abnormal cases, the assistance a midwife can render, the artificial feeding of infants, are also in the curriculum, but their place is secondary.

Why? Because with improved general health early treatment for abnormal conditions, early diagnosis of conditions likely to lead to complications, good nursing, and clever management of breast feeding, abnormal cases will become more and more rare. Thanks to the improved education of medical students and midwives, to the dissemination of knowledge among women, destructive operations, septicaemia, white leg, complete lacerations of the perineum, are becoming more rare; with further education, sounder practice, increased knowledge due to research and new discoveries, we can anticipate a day when eclampsia and other uraemias, obstructed labour, sepsis, and possible ante-partum haemorrhage will chiefly have a historical interest. In this campaign for prevention of illness, midwives have an important part to play; it is up to them to fit themselves more adequately for that part.

Those who are not satisfied with the present status, pay, and conditions of midwifery practice, have more to do than whine; let them unite with other members of the profession to bring in a new order of things, and compel the public to value their services, as that of honourable women.

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