

## The Midwife.

### THE FUTURE OF MIDWIFERY.

Midwifery is a branch of work in which trained nurses have been slow to specialise, though most of them realise the desirability of obtaining the certificate of the Central Midwives Board. It is of such national importance that the certified midwife of the future should also be a registered nurse, that it is worth while to consider why, so far, nurses have not been greatly attracted to the practice of midwifery.

First, there is the economic side. It is usually essential to trained nurses that they should earn salaries which will keep them in moderate comfort, and from which they can put by something for the time which is a spectre in the background to many workers, the time when they can no longer earn an income on which to support themselves. Regarded from this standpoint, the prospect offered by midwifery has been of the poorest.

If a nurse starts an independent practice as a midwife, the fees which she has been able to command compare most unfavourably with those obtainable in any branch of nursing, although admittedly nurses have been poorly paid; and in the rare instances where she has been in such demand as to obtain a reasonable competence, the heavy work entailed by attending so large a number of cases is so exhausting that sooner or later it is almost inevitable that she will break down. If, on the other side, she considers the possibility of work in connection with one of the philanthropic associations which supplies midwives to the poor, the salary offered has usually been so minute as to close the possibility of work in that direction.

From the professional side also, the work, while deeply interesting, has, in the past, it must be owned, been somewhat monotonous, for in district midwifery, until comparatively recently, a midwife's work has been limited to attending at the confinement, and visiting the mother and child for ten days afterwards.

#### A BROADER OUTLOOK.

It is now realised that the work of the midwife should extend over a much longer period than the above, and, moreover, that it is of such national value that it should be subsidised out of public funds. Thus, the Midwives' Act of 1918, which came into force at the beginning of last year, authorised local supervising authorities both to contribute to the training of midwives and to compensate them for loss of practice by reason of their having come into contact with infection. Further, it places upon midwives the duty of calling in registered medical practitioners to their assistance in emergencies, and requires the local supervising authority to pay the doctor called in a sufficient fee. The fact that no provision was made to pay the fees of doctors so summoned was, in the past, one of the chief difficulties of midwives.

### ANTE-NATAL WORK.

The supervision of the health of expectant mothers is now recognised as of great importance. Not only can much useful advice be given to these mothers as to personal hygiene, the management of their health, and the desirability of attending a dental clinic, if necessary, but a history of dangerous and abnormal conditions, such as albuminuria, rickets, varicose veins, and venereal disease, may be elicited, and the patient brought under the care of a medical practitioner at a treatment centre. Thus, many confinements which would be abnormal, and dangerous to mother or child, or both, run a normal course, if deviations from the normal are detected and treated beforehand. This preventive work is interesting and satisfying to anyone who has the welfare of the race, as well as of the individual, at heart. The midwife who attends the confinement, is the person who should undertake this ante-natal visiting, and it is highly important that she should also be a trained nurse.

The Ministry of Health said in a recent circular, "The visiting of expectant mothers before confinement, and of infants during the first ten days after birth, is at present undertaken in some areas by Health Visitors. The Ministry of Health are of opinion that this work should be assigned to the midwife (where a midwife has been engaged by the mother) wherever this can be done consistently with the efficient discharge of the important duties involved."

#### THE CAR AND THE TELEPHONE.

Another drawback to midwifery work has been the isolation of midwives in rural areas, the long distances they have had to cover, and the day and night work necessitated. Those who have studied in France what wide areas in district nursing can be covered by the use of the motor-car realise what might be done in this country by working from a centre, connected with outlying villages by telephone. The countryside would be efficiently served, and the workers would have the comfort of a well-organised home and the stimulus of congenial society, with the result that many efficient women would be attracted to midwifery work.

Speaking to midwives at the Annual Midwifery Conference, Miss Olive Haydon said: "My last plain word is that the majority of the profession are unequal to the high task, the minority only are doing their uttermost to fit themselves for it. Ruskin said: 'The greatest minds are marked by nothing more distinctly than an inconceivable humility, acceptance of work or instruction in any form and from any quarter; they will learn from everybody.' Midwives can learn from patients, colleagues, inspectors, books, lectures, but those who pride themselves on having nothing to learn are 'fools and blind'—a danger to the community."

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