The Midwife.

COUNTY PALATINE OF DURHAM.

TRAINED MIDWIFERY SCHEME.

The Council of the County Palatine of Durham have adopted the following recommendations of the Medical Officer of Health, Dr. T. Eustace Hill, O.B.E.:—

(r) The County Council to guarantee to every approved trained midwife devoting her whole time to the work of midwifery a salary of £120

per annum.

(2) In addition, such midwife to be guaranteed a bonus of 4s. per case up to 150 cases per annum. The bonus would ensure that a midwife attending 150 cases per annum would have a total income of £150, and would be an inducement to the midwife to increase the number of her patients.

(3) The midwife, except in strictly necessitous cases, to charge a fee of ros. 6d. for each confinement which it will be her duty to collect and which will be set against the income guaranteed by the

Council.

(4) The midwife to attend all women who need her services within the area in which she practises.

(5) The midwife to attend as a maternity nurse under a medical practitioner when her services are so required, and to charge a minimum fee of 5s. for such services, the Council's bonus of 4s. being also payable in respect of each such case.

(6) The midwife to act under the directions of the County Medical Officer, and to co-operate with the Maternity and Child Welfare Centre of the district in which she practises, so far as the interests of the mothers and infants under her

care require it.

(7) The midwife to be allowed two weeks' holiday each year, and to at once report absence from duty owing to illness or other cause to the

County Medical Officer.

(8) An agreement embodying the whole and any other necessary conditions to be entered into between the County Council and the midwife, renewable annually and determinable at any time in case of negligence, incompetence or misconduct on the part of the midwife.

CENTRAL MIDWIVES BOARD.

PENAL CASES.

At a Special Meeting of the Central Midwives Board for the hearing of charges alleged against four midwives, on March 30th, the following were struck off the Roll and their certificates cancelled. Midwives Elizabeth Green (No. 3180), Bertha Ellen Hudson (No. 31035), Ann Wales (No. 11165), who were also prohibited from attending upon maternity cases in any capacity, and Midwife Charlotte Unwin (No. 45067 C.M.B. Examination).

HIGH STANDARDS FOR MIDWIVES IN NEW ZEALAND.

DEAR MADAM,—In the report of the meeting of the Central Midwives Board on Thursday, November 17th, given in your issue of November 26th, 1921, I notice the opinion given by the Board that the standard of midwifery in New Zealand is not equivalent to the standard adopted by the Board,

and the reasons given for this opinion.

When one compares the short training given under the rules of the Central Midwives Board viz., 6 months (not long ago only three)—to a woman without previous training as a nurse, with that given under the New Zealand Midwives Actviz., 6 months for registered nurses and 12 months for untrained women, which it is proposed by an amendment of the Act to raise to 18—it is obvious that the standard of the latter is very much higher. The minimum number of lectures laid down are twelve from the medical officer during each term of six months, and the twelve months' trainees have the benefit of attending the double course. minimum number is invariably exceeded; and as well as the lectures the pupils are set examination papers periodically, and given bedside instructions. All this by the medical officer. And what about the Matron, whose part in the training of the pupils appears to be ignored by the Central Midwives Board, but to whom in the opinion of nurses themselves a major part of both practical and theoretical instruction is due.

The Board has also assumed that the medical practitioner giving lectures is not necessarily approved by the midwifery authority. In this it is mistaken, as all the heads of training schools, both for general and midwifery nurses, must be so approved. In the past the application of midwives holding the C.M.B. certificate for registration in New Zealand have been too generously accepted, and it is scarcely fair to those training in our institutions to continue to register women with only half the period of training required in New Zealand, especially in view of the Board's decision re reciprocal registration of New Zealand midwives. I have ascertained that under the Victorian and the Queensland Acts a full equivalent term has to be made up and the examination passed, by midwives from overseas, from schools under authorities with whom a reciprocal agreement has not been arrived at.

This is only just, and I think New Zealand

should make the same requirement.

I hope you will publish this letter, as the report to which I refer conveys an erroneous impression regarding the training of midwives in this Dominion.—I am, Yours faithfully,

H. MACLEAN.
Director, Division of Nursing.

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