

It is permissible to act on one's own responsibility in cases such as the following: Extraction of breech presentation with multipara; version of the second twin, if it lies in transverse presentation; rupture of the membranes with normal head presentation if the uterine orifice is completely dilated; suturing of lesser ruptures of the perineum; administering of ergot with lesser hæmorrhages from the uterus post-partum (if the hæmorrhages are more violent we must send for the physician); blue asphyxia of the child; normal care of the puerperal mother and child.

After having passed the examination the midwives can apply for a district or settle down as private midwives, after first having reported to the district physician or the public physician.

The midwives range under the Board of Health and the Ministry for Justice, the same as the physicians.

The Ministry for Justice issues instructions for midwives which these must strictly observe.

The county and district physicians superintend the midwives, and, once a year, a conference is held, where anything of importance may be discussed, the county physicians giving a lecture and inspecting the instruments and the registers kept, especially on births.

CARE OF MOTHER AND CHILD.

I shall now tell you a little about the care of the puerperal mother and child, and the treatment of the infant.

If the mother is without fever and there is no nurse near to attend the patient, this is done by the midwife the first few days. In the country, conditions are a little different, because, owing to the long distances, it is impossible for the midwife to attend to the patient more than twice after the infant's birth, but very often a nurse is stationed in the village; if not, instructions are given to a sensible, clean, and tidy woman how to act if the mother's or the child's condition should become unsatisfactory.

Practically all healthy women nurse their children themselves.

In Copenhagen there are institutions for poor women where the mothers can have their children attended to and receive milk for themselves and their babies. Many people are in insurance societies for quite a small sum of money, and can consult the physician the society names without having to pay anything further.

THE DANISH MIDWIVES' ORGANISATION.

The Danish Midwives' Organisation consists of the ordinary Danish Midwives' Society, or head society. Under this, district societies are established all over the country, which guard the interests of the midwives everywhere, in consultation with the head society. The activity for a professional organisation of midwives began only after the publication of the *Journal for Midwives* in 1890, edited by the former assistant accoucheur, Dr. Th. B. Hansen. The first district society was established in 1891. The idea seemed a good one,

and shortly afterwards others were started. In 1902 the head society was reorganised, with the assistance of the former head of the school for midwives, Professor Leopold Mayer, who, upon request, at once accepted the chairmanship, this proving of very great importance for the welfare of the society. After some years Professor Mayer retired, and the society was fortunate enough to persuade Professor Hauch to become chairman. Professor Hauch has, during ten years, developed the society so greatly that, at the Professor's own suggestion, they were able to elect a chairman of their own class, so that in 1921 the chairmanship was taken over by Miss Johanne Petersen, a district midwife.

The head society counts 1,000 members, of which 700 are district midwives. The largest district society is the society for midwives in Copenhagen, which has 165 members. Denmark has three and a quarter million inhabitants, of whom 700,000 are in Copenhagen.

The Organisation has three objects in view: inwardly to form an amalgamation between midwives, so as to raise the standard of education and ability, and to tend towards securing a closer understanding and union between them. Outwardly, it is the object to guard the professional and economic interests of the profession, to submit the wishes of the profession to the Government and Parliament, to plead our case before the Board of Directors of Medicine and physicians, and also the municipal authorities, to secure our rights and mutual interests, to allow of an exchange of opinions and reciprocal duties.

Mutual application to Government and Municipality has resulted in bettering our economic condition.

The Organisation has also proved its great importance by securing a co-operation between physicians and midwives.

The above-mentioned *Journal for Midwives* is also of great importance, as physicians write very good articles for it, and midwives also report on their most interesting cases in their practice, followed by remarks from the editor. The Journal is edited by the former first accoucheur at the school for midwives, Dr. Tofte and Professor Gammeltoft's chief midwife, Miss Lützhöft Petersen.

Thanks to their organisation and the interest shown them by physicians, the midwives in Denmark now form a, to a very wide extent, known and important profession, which meets with appreciation by the public, the Government, and Parliament.

At the school for midwives we have, in the last five years, had 8,571, of which 1,098 were irregular cases, 60 cases of eclampsia, 88 placenta prævia, 110 accidental hæmorrhage, 41 prolapse of the cord, 124 contracted pelvis. With the latter Cæsarean section was made in 27 cases. 126 cases were twins. In 53 irregular cases the town midwives called the physicians belonging to the School. Of 8,571 births the puerperal mortality was below 1.6 in the thousand.

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