

# The Midwife.

## THE SCOPE OF THE MIDWIFE.

Time was, not so many years ago, that if a midwife could conduct a normal delivery satisfactorily and attend to the mother and baby for ten days subsequently she was held to have performed her whole duty, and for this responsible work three months' training was held, even by the Central Midwives Board to suffice in the case of a woman with no previous training. Quite recently that training has been extended to six months, and now there is a prospect of its extension to twelve months.

Dr. Janet Campbell, Senior Medical Officer for Maternity and Child Welfare, Ministry of Health, recently pointed out in her report on the Training of Midwives that "mechanical expertness in normal delivery is far from sufficient fully to equip the midwife," and midwives themselves are well aware that if they are to do the best for their patients they must keep in touch with them through the period of gestation, must acquaint themselves with their previous history, with the pelvic measurements, particularly in the case of a primipara, must periodically test the urine, and, in the case of a multipara, must enquire into the history of previous confinements. Thus a midwife must include ante-natal work in her attendance on a maternity case. And, if she is to do the best for the child she must follow it up for at least a year either in its own home or in a post-natal clinic, supervision which might well last, provided that the Certified Midwife is also a Registered Nurse, until the child is of school age.

True, there is the Health Visitor, but we are dealing with the ideal state of things, and with flesh and blood, not with machinery, and the person whom the new mother will be most likely to trust and consult in regard to the upbringing of the new baby is the one who has guided her through the period when she was with child, and delivered and cared for her during the lying-in period.

Here, it may be pointed out, that the Board of Education, which spends a considerable sum in giving grants-in-aid of £20 to approved training institutions for each pupil midwife who expresses a *bona fide* intention to practise midwifery (such grants amounting in the year ending March, 1923, to approximately 13,600, in respect of 670 pupil midwives), would get much better value for its outlay if it made the condition of the grant that preference should be given to Registered Nurses.

A woman holding the double qualification of Registered Nurse and Certified Midwife, might be a power for good in a rural area, and would find ample scope in devoting herself to midwifery and its allied branches of ante and post-natal care, and the supervision of infants up to school age.

The effect such care would have on raising the standard of national health may be estimated

from the Report for the year 1922 of Sir George Newman, Chief Medical Officer of the Board of Education, who states that "it may be safely assumed that from 80-90 per cent. of children are born healthy and with the potentiality of leading normal and healthy lives. Whatever be the facts of parentage, the tendency of nature is to reassert the right of each generation to the heritage of healthy birth." Of recent years the measures adopted for Infant Welfare have more or less ensured the supervision of the new-born child for the first year, but "the fact is that after the first year of life the young child has to bear a heavy burden of environmental neglect, associated with bad housing, poverty, and absence of hygienic supervision. As a result, the School Medical Service is faced with the hard issue that out of an infant population born healthy, 35 to 50 per cent. of the children who are admitted to school at five years of age bear with them physical defects which could have been either prevented or cured.

What more attractive and fruitful sphere of work could offer to a woman with a love of little children, and an appreciation of the importance of a healthy race to her country, than the ante- and post-natal care of its children?

We should always, moreover, keep in mind in this connection that the advent of the telephone and the motor-car has completely changed the problem of midwifery in rural districts. The provision of a two-seater, which a midwife could easily learn to drive herself, would make her services available over a wide area.

## REDUCTION OF SALARIES.

Mrs. Price, Secretary, Irish Nurses and Midwives Union, writes the Press in regard to the reduction of midwives' salaries:—

"One dispensary midwife, in Meath, appointed at the advertised salary of £80, and duly sanctioned by the Dail L.G.D. at that salary, has been reduced to £40, plus £15 bonus. Another, in Kildare, was appointed and sanctioned at £67, and is now reduced to £40, plus £15 bonus. Three others, in Rathdown, were each separately, and on three different dates, sanctioned at a salary of £75 with £10 travelling allowance, and are now reduced to £40, plus £15 bonus, which was laid down by the British L.G.B. in 1920, as the highest initial salary they would sanction. In all these five cases Mr. Blythe alleged that sanction had been given "in error," and the nurses, not those who made the "error," must suffer. They are not prepared to go on suffering indefinitely. Apart from these individual cases, the scale of salaries claimed by this union, commencing at £75 a year, has been granted by several county Boards of Health, but in no case will the L.G.D. sanction a higher scale than that laid down by the British L.G.B. in 1920."

[previous page](#)

[next page](#)