

The Midwife.

ANTE-NATAL SUPERVISION.

Sir George Newman, Chief Medical Officer, in his Annual Report for the year 1923 to the Minister of Health, writes:—

"There were 2,971 maternal deaths in 1922. Of these deaths puerperal sepsis forms the largest group (1,079); puerperal albuminuria and convulsions (556) comes next, hæmorrhage (390) follows, and other 'accidents' of childbirth (304) come fourth.

"Many of these deaths come within the scope of preventive medicine. Puerperal sepsis in a large proportion of cases can be avoided by the exercise of greater professional skill and care. Puerperal toxemias, including albuminuria and convulsions, can usually be dealt with satisfactorily if seen in the early stages, and most 'accidents' can be foreseen and guarded against. Ante and post-partum hæmorrhage cannot be anticipated, as a rule, but prompt and correct treatment does much to reduce fatal results. We cannot plead ignorance as an excuse for permitting this regrettable loss of life, with its associated burden of morbidity among the women who survive, to continue; and indeed public opinion appears to be gradually awakening to the grave issues concerned. It is not a problem which can be solved by effort in any one direction, it requires the active co-operation of the doctor, the midwife, the nurse, the local authority, and last, but not least, of the patient herself.

'The competence of the *medical practitioner* necessarily depends largely on the training he has received at the medical school. Until recently there has been an unfortunate tendency to regard practical midwifery as a subject inferior to medicine or surgery and scarcely worthy of the personal attention of a senior teacher. Therefore, not a few doctors now in practice have had to acquire their knowledge of clinical obstetrics in a more or less haphazard way and have not had the advantage of careful systematic teaching. Moreover, the importance of ante-natal supervision has been almost entirely overlooked. It is, therefore, satisfactory to note the progress which has been made during the past few years in the training given to medical students in midwifery and gynaecology.

"*The midwife* has also heavy responsibility in regard to maternal mortality. She is primarily concerned, it is true, with normal cases only, but many accidents and emergencies may arise in her practice and a favourable issue may depend in considerable degree upon her quickness and skill in recognising difficulty and applying first-aid treatment pending medical help. The maximum period of training required of any pupil midwife is six months, a time which compares unfavourably with the requirements of other European countries, and it is not only the length of the training but

the quality of the training that is in need of consideration, though in many ways there has been definite improvement during the past few years. For example, more facilities have become available for in-patient training and more attention is given to ante-natal care and to infant management, but even so, as no one recognises more clearly than the best midwives themselves, much remains to be done before the average midwife is properly equipped to play her full part in the care of maternity.

"The trained *maternity nurse* is clearly an important factor and has opportunities of observation which she may neglect or turn to good account, but the untrained handywoman so often employed as 'nurse' is an obvious source of danger, not only because of what she may or may not do, but because the employment of an ignorant and often prejudiced woman at a time when the mother is particularly receptive to wise or foolish counsel tends in itself to retard progress.

"The *local authority* have various powers in regard to maternity under the Maternity and Child Welfare Act. For example, they may subsidise or even provide a midwifery service. They may maintain a Maternity Home; they may establish ante-natal centres and offer treatment for the minor disabilities of pregnancy; they may influence professional and lay opinion as to the care and education which the expectant mother should receive; and they may teach the mother herself the personal and general hygiene which she should practise. If such powers are fully exercised there seems no reason why any mother who is willing to accept help should lack proper care at her confinement.

"*The mother* herself, however, with her instinctive desire to escape notice during pregnancy, her trust in family traditions and practices, and her frequent reliance upon ignorant advisers, is perhaps the greatest obstacle to progress in ante-natal care. Compulsion is useless and would merely defeat its own end. We must, therefore, rely on education. Mothers have been taught to look after their babies, and it ought not to be impossible to persuade them and their husbands of the advantages of taking care of health during pregnancy and to welcome and not resent advice to do so. But the education must be active and vigorous and pressed home by every available means, and I suggest that far more use might be made of infant welfare centres for this purpose than is at present the case.

If these various agencies would consent to regard their responsibility in this matter with due seriousness and to act together, we should very soon create a tradition and habit of ante-natal care which would inevitably be reflected in reduced mortality returns and in a greatly lessened amount of post-natal morbidity."

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