

The Midwife.

THE CENTRAL MIDWIVES BOARD.

MONTHLY MEETING.

The Monthly Meeting of the Central Midwives' Board was held at the Board Room, 1, Queen Anne's Gate Buildings, Westminster, on July 30th, Sir Francis Champneys, Bart., M.D., Chairman of the Board, presiding.

On the report of the Standing Committee, a letter was received from Miss Puxley, of the Ministry of Health, containing further observations on matters arising out of the proposed new Rules as to training, and a reply sent in the terms of a letter drafted by the Chairman, and approved by the Board.

The letter from the Secretary of the Blackburn Branch of the National Association of Midwives, reported in our July issue, was again before the Board, asking its opinion on the certificate the Health Committee of that town propose to issue annually to members, and action taken.

AUGUST EXAMINATION.

At the August Examination, held by the Board, 590 candidates were examined, and 457 passed, the percentage of failures being 22.5.

CENTRAL MIDWIVES BOARD FOR SCOTLAND.

The July Examination of the Central Midwives' Board for Scotland, held simultaneously in Edinburgh, Glasgow, Dundee and Aberdeen, has concluded with the following results:—

Out of 127 candidates who appeared for the Examination 117 passed. Of the successful candidates 31 were trained at the Royal Maternity Hospital, Edinburgh, 43 at the Royal Maternity Hospital, Glasgow, 3 at the Maternity Hospital, Aberdeen, 9 at the Maternity Hospital, Dundee, 9 at the Queen Victoria Jubilee Institute, Edinburgh, 6 at the Cottage Nurses' Training Home, Govan, Glasgow, and the remainder at various recognised Institutions.

MATERNAL MORTALITY.

The Ministry of Health, in a Circular (517) issued to Local Authorities, calls attention, by direction of the Minister of Health, to a Report* by Dame Janet Campbell, Senior Medical Officer of the Ministry for Maternity and Child Welfare, on "Maternal Mortality associated with Child-bearing," recently issued by the Department, in which questions are raised of considerable importance to the public health.

The Circular states that the maternal mortality rate for the country as a whole is equivalent to about four maternal deaths for every 1,000 live births, and this figure has been fairly constant for more than 20 years. Although there has been some reduction in the deaths from puerperal septic infection since the passing of the Midwives Act, 1902, the deaths from other causes and accidents of childbirth have remained sufficiently numerous to prevent any lowering of the average total death-rate.

The maternal deaths directly due to childbearing, though greatly to be deplored, represent only one aspect of the sacrifice of life and health which mothers may be called upon to make. The numbers, some 3,000 per annum, are relatively small compared with the total deaths at all ages

and from all causes, but these numbers do not adequately portray the magnitude of the issue. In the first place these women are for the most part young and healthy, and their loss involves exceptional domestic distress. Secondly, these deaths are indicative of an immense burden of suffering and ill-health among those women who are fortunate enough not to succumb to causes which prove fatal to others. Such deaths are necessarily associated with a large number of infant deaths before, during, or shortly after birth, some at least of which might be prevented.

Since 1900, while the maternal mortality rate has remained almost stationary, the infant mortality rate has fallen with astonishing rapidity from 154 to 69 (provisional figure for 1923) per 1,000 births. But the fall has occurred almost entirely subsequent to the first few weeks of life, while the still-birth rate and the death-rate during the first month have been scarcely affected at all. This neo-natal death rate, which is intimately bound up with maternal death and injury, can be substantially reduced only by measures which are also likely to secure the most efficient practice of midwifery in the widest sense.

The reduction of this maternal and infant death rate is no insoluble problem. The number of deaths remains high mainly because, until recent years, little direct attention has been paid to this question, and because, even now, no sufficiently systematic and vigorous measures are taken to prevent and treat puerperal disease. There must always be certain risks connected with childbearing, but under favourable conditions they should be relatively negligible. The mother should return to normal health and strength after her lying-in with a healthy baby which she is able to nurse herself. Unfortunately, at the present time, many women are left with some more or less disabling physical injury which causes ill-health and may lead to difficulty in, or be deterrent to, subsequent confinements. The knowledge that such suffering frequently follows childbirth is bound to add materially to the natural anxiety with which most women regard an approaching confinement. It should be the aim of those responsible for maternity and child welfare services to relieve the prospective mother of unnecessary anxiety and to reduce the risk incurred.

Various suggestions for the prevention and remedy of the present high rate of maternal mortality are set out in the Report mentioned above, many of which are already in operation, though often only in partial degree. Special reference may be made to the following matters:—

Ante-natal Supervision.—The most important desideratum of a maternity scheme is to secure the adequate professional care of the expectant mother, but this cannot be done unless (a) medical practitioners and midwives are willing to undertake this duty as an essential part of the treatment of every midwifery case which they are engaged to attend, and (b) every mother is willing to accept and follow the guidance of her professional attendant. Ante-natal supervision is required primarily to detect and provide timely treatment for abnormal conditions, but it has an almost equally important function, namely, the education of the expectant mother in the care of her own health and in the proper management of her baby when it is born.

Ante-natal supervision may be given partly through the doctor or midwife engaged by the patient, but also by means of *Maternity Centres* established by the Local Authority. The number of such centres has gradually increased, and there are now in this country some 560 ante-natal centres organised either independently or in connection with an infant welfare centre or maternity hospital. But there is a need for many more such centres if every expectant mother is to have opportunities for advice.

* Reports on Public Health and Medical Subjects, No. 25. Price 1s. Published by His Majesty's Stationery Office.

[previous page](#)

[next page](#)