

The Midwife.

THE CENTRAL MIDWIVES BOARD.

MONTHLY MEETING.

The Monthly Meeting of the Central Midwives' Board was held at the Board's Offices, 1, Queen Anne's Gate Buildings, on May 7th, Sir Francis Champneys, Chairman of the Board, presiding.

A letter was reported from the Secretary of the Central Midwives' Board for Ireland, enclosing the proposed New Rules as to Training, which have been prepared by that Authority.

It was resolved that the Secretary of the Central Midwives' Board for Ireland be informed that the Board has no observations to make on the Draft Rules of the Central Midwives' Board for Ireland other than to state that, as at present advised, it does not consider the training which has led to the appearance of the name of a candidate on the General Part of the Register (otherwise than by passing the Examination of one of the Joint Nursing Councils) or the Supplementary Part of the Register containing the names of Sick Children's Nurses, as justifying a reduction in the full period of midwifery training required by the Rules of the Board and her admission to the Roll under such conditions.

A letter was received from the Honorary Secretary of the Welsh Branch of the Society of Medical Officers of Health, stating that the Branch approved of the holding of a Conference between representatives of Local Supervising Authorities and members of the Board to discuss points raised out of the administration of the Midwives' Acts, but suggesting that the Welsh Authorities should not be grouped with English Authorities, and also suggesting the desirability of the Board approaching the Welsh Board of Health with a view to a Joint Conference with Welsh Authorities.

It was resolved that a reply be sent in the terms of a letter drafted by the Chairman and approved by the Board.

APPLICATION FOR APPROVAL.

The application of Dr. Edward Bruce Low for approval as a Lecturer was granted.

THE NEW RULES.

We hope in an early issue to refer to the New Rules issued by the Central Midwives' Board, which it behoves all midwives, and teachers of midwives; to study.

CENTRAL MIDWIVES' BOARD FOR SCOTLAND.

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

Out of 129 candidates who appeared for the Examination 120 passed. Of the successful candidates 26 were trained at the Royal Maternity Hospital, Edinburgh, 24 at the Royal Maternity Hospital, Glasgow, 5 at the Maternity Hospital, Aberdeen, 13 at the Maternity Hospital, Dundee, 11 at the Queen Victoria Jubilee Institute, Edinburgh, 11 at the Cottage Nurses Training Home, Govan, Glasgow, and the remainder at various recognised Institutions.

MATERNITY AND CHILD WELFARE.

Specimen Record Forms.

Nurses and Midwives who realize the importance of supervision of the health of the child under school age, and how many ills may arise if this is neglected, will welcome a Memorandum issued by the Ministry of Health (Memo. 100/M.C.W.), of which the subjoined forms a part. It should be useful for the guidance of local authorities and others.

1. It is generally recognised that the careful and accurate keeping of records is an essential part of a scheme for Maternity and Child Welfare, as it is of any public service which is concerned with the health of individuals. Provision is made in this way for a continuous health record of a child from the time it first comes under observation, irrespective of change in the observer, and for ready access to the facts of any particular case which is under consideration. When the child reaches school age the health record should be transferred from the Maternity and Child Welfare Service to the School Medical Service in order that the knowledge already gained may become available for the guidance of the school doctor. Supervision of Maternity and Child Welfare work as a whole is greatly facilitated, and accuracy and clearness of mind in those responsible for visiting or investigation are fostered, by the habit of writing down briefly what is observed. Although too much stress should not be laid upon the mere numerical recording of visits or attendances, this is in itself a check upon the amount and distribution of the work done. Without some permanent records it is indeed almost impossible correctly to gauge the progress made, either as regards the health of the individual or in the work generally.

2. The experience of the Department shows that the recording of work done under Maternity and Child Welfare schemes has not hitherto been placed upon a systematic basis. While admirable records are kept in many areas, in others either the notes are found to be meagre and lacking in purpose and therefore largely valueless, or the record keeping is unnecessarily diffuse or laborious and valuable time is occupied with duplication, &c., which might be avoided. The forms appended to this Memorandum have accordingly been prepared in the hope that they will be useful as a guide to the facts which it is desirable to note, and also to the general form in which these facts should be preserved.

3. It is fully recognised that the type of record must vary with the nature of the Maternity and Child Welfare work undertaken and that no uniform system can be applied to all schemes in all districts. Nor is it suggested that any satisfactory system of record keeping already in operation should be altered merely in order to make it conform more closely to the forms set out below. But it is hoped that these forms may prove helpful when existing records require alteration or addition.

4. The scope of Maternity and Child Welfare records varies with the extent of the scheme undertaken. While the work of health visitors and of infant welfare and maternity centres is common in greater or less degree to practically all schemes, records may also be needed in connection with visits of special inquiry and the inspection of midwives, and with institutions such as maternity homes, observation wards, children's homes, day nurseries, homes for mothers and babies, &c.

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