

The Midwife.

CENTRAL MIDWIVES BOARD.

The Central Midwives Board at its last Meeting had under consideration a letter from the County Medical Officer of Health for Durham on the question of suspension and disinfection of Midwives when necessary to prevent the spread of infection.

The Board decided to inform the Medical Officer of Health—

1. That under Rule F.1 a midwife must be suspended from practice when necessary for preventing the spread of infection, and that, in the Board's opinion, the Local Supervising Authority, being the Body which is conversant with the facts of each particular case, is the proper Body to decide when suspension is necessary.

2. That under Rule E.6 a midwife liable to be a source of infection cannot attend another maternity patient unless she has been disinfected to the satisfaction of the Local Supervising Authority (unless the Local Supervising Authority relieves her from that obligation), and that, in the opinion of the Board, the Local Supervising Authority is the proper Body to prescribe the manner in which it shall be satisfied that adequate disinfection has taken place.

3. That the spread of infection should not be risked merely because midwives may suffer through suspension from practice. The Local Supervising Authority should compensate any midwives who suffer through such suspension.

A letter was also considered from the Hon. Secretary of the Birmingham Maternity Hospital forwarding the following Resolution passed by the Medical Board of the Hospital:—

"Since the teaching of this Hospital Staff tends more and more to make students and pupil midwives depend on abdominal rather than vaginal examinations and to discard vaginal examinations which are not absolutely essential, the Medical Board of this Hospital would respectfully ask the Central Midwives Board to reconsider Clause D of their latest memorandum regarding the training of pupils."

Also a letter from Dr. Statham, of the Royal Infirmary, Bristol, referring to the subject of vaginal examinations, and hoping that *repeated* vaginal examinations are not approved of nor considered obligatory, and that the Board is in sympathy with the practice of impressing upon pupil midwives the danger of making any vaginal examinations as a routine, unless circumstances render it necessary in the interests of the mother and child.

The Board decided to send the following reply:—

That the Board considers that the question of vaginal examinations has two aspects: (a) that of practice; (b) that of training.

It agrees that as regards (a) unnecessary vaginal examinations are to be avoided, and that this should be embodied in teaching; but as regards (b) it is not safe that those who undertake the conduct of confinements should be unfamiliar with the method, or deprived of the knowledge which in many cases can only be gained by internal examinations. The Progress of a Labour can only be observed by the changing conditions ascertained by more than one examination.

The Board notes that in the Extern Department vaginal examinations are regularly practised.

THE MAY EXAMINATION.

The results of the May Examination conducted by the Central Midwives Board are as follows:—Candidates examined, 686; candidates passed, 558. The percentage of failures was 18.7.

MIDWIVES AND MATERNITY HOMES BILL.

The Midwives and Maternity Homes (Scotland) Bill, as amended in the Standing Committee, has been read a third time in the House of Commons.

REGISTRATION OF STILL-BIRTHS.

1. The Births and Deaths Registration Act, 1926, which came into force on the 1st July, requires the registration of still-births by the Registrars of Births and Deaths. The definition of still-birth for this purpose in section 12 of the Act is as follows:—

"'Still-born' and 'still-birth' shall apply to any child which has issued forth from its mother after the twenty-eighth week of pregnancy and which did not at any time after being completely expelled from its mother, breathe or show any other signs of life."

2. For the purposes of the Births and Deaths Registration Acts a child which, whatever the period of pregnancy, breathes or shows any other signs of life after complete expulsion from the mother, is a live-born child; and if it dies, even within a brief period only after birth, both the birth and the death must be registered by the Registrar of Births and Deaths.

3. A still-born child may not be buried in a burial ground until a certificate of the registration of the still-birth has been obtained from the Registrar of Births and Deaths and delivered to the person having control over the burial ground. In certain circumstances a certificate (which will serve the same purpose) can be obtained from the Registrar that he has received notice of the still-birth.

4. Section 7 of the Act requires that when a still-birth is registered, the relatives giving information must either (i) deliver to the Registrar of Births and Deaths a written certificate that the child was not born alive, signed by a registered medical practitioner or certified midwife who was in attendance at the birth or who has examined the body of the child; or (ii) make a declaration in the prescribed form to the effect that no registered medical practitioner was present at the birth or has examined the body, or that his or her certificate cannot be obtained, and that the child was not born alive.

5. It will be seen that where neither a registered medical practitioner nor a certified midwife has been in attendance or present at the birth, or where his or her certificate cannot be obtained, a declaration must be made to this effect and that the child was not born alive. If such a case is brought to the notice of the Local Authority by the Registrar, it is desirable that the Medical Officer of Health should arrange for inquiries to be made, for example, by a Health Visitor, in order that he may be in a position to inform the Registrar whether he is satisfied that the child was really still-born, or whether there are any suspicious circumstances attaching to the case.

Midwives are closely affected by this Act, both because they are frequently in attendance on the mothers at the birth of still-born children, and also because fresh obligations are therein imposed upon them.

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