

The Midwife.

MEMORANDUM OUTLINING A NATIONAL MATERNITY SERVICE SCHEME FOR ENGLAND AND WALES.

(Abridged.)

ADOPTED BY THE BRITISH MEDICAL ASSOCIATION.

The Annual Representative Meeting of the British Medical Association, 1929, adopted an exhaustive and important Memorandum as a contribution, on lines acceptable to the medical profession, towards the establishment of a National Maternity Service Scheme for England and Wales. It should be carefully studied by all Associations of Midwives, as well as by certified midwives.

The desire of the Association in presenting a Maternity Service Scheme is to make a contribution to the improvement of the present unsatisfactory position of the puerperal morbidity and mortality rates of this country. Any such scheme must cover the ante-natal and post-natal period as well as the actual confinement.

The aim is the provision for every pregnant woman of the services of a midwife and a doctor, the latter taking responsibility, ante-natal, natal and post-natal, for the case, attending at the confinement if thought necessary by himself, or if desired by the patient, or if sent for by the midwife on her finding some abnormality. The scheme is based on three principles supported by facts (incorporated in an Appendix):—

(a) That the normal case can be safely treated at home;

(b) That maternal mortality and morbidity can be very greatly reduced when proper ante-natal care and supervision during confinement is provided in all cases, together with institutional accommodation for cases of complicated labour;

(c) That maternal morbidity can be greatly reduced with proper post-natal care and treatment.

In this scheme it is proposed to utilise the services of the practising doctor and midwife with as little additional machinery and institutional accommodation as possible. Provision is made for attendance by a doctor and a midwife at a stage when such attendance is considered essential. Both doctor and midwife are apportioned their proper share of the responsibility, and the services of the one are intimately related to the services of the other. Whilst recognising that women cannot be compelled to take advantage of the benefits provided under the scheme, the Association believes that the more the advantages of the scheme are appreciated, the more will women realise that their safety lies in their acceptance of it.

Scope of Scheme.

The scheme envisages the pregnant woman engaging the services of a midwife at an early stage of pregnancy; care by the midwife from that time throughout pregnancy; an immediate reference to the doctor, if any abnormality whatever is found; and an ante-natal examination by the doctor not later than the thirty-sixth week of pregnancy.

The scheme provides for:—

(1) Efficient ante-natal care throughout pregnancy in every case;

(2) Attendance in every case by a certified midwife during labour and the puerperal period;

(3) Attendance by the practitioner chosen by the patient during pregnancy, labour and the puerperal period, when his attendance is requested by the midwife, or when,

as a result of his ante-natal examination the doctor has declared his personal attendance to be necessary;

(4) The provision in every case of at least one post-natal consultation (including if necessary examination) between the patient and the practitioner;

(5) The services when necessary of a second practitioner (for example, to administer anaesthetics);

(6) The services of a consultant when considered necessary by the practitioner during pregnancy, labour or puerperium. (Generally, such services should be obtained locally);

(7) The provision of beds for such cases as in the opinion of the doctor require institutional treatment; treatment in the institution being, as far as possible, continued by the same practitioner;

(8) Supply of sterilised obstetric dressings in every case; and

(9) Provision of ambulance facilities for patients requiring to be removed to institutions.

NOTES.—(a) Any person included in the service who wishes the doctor to attend at the confinement in any event may arrange for this at her own expense and still avail herself of the services of the provided midwife;

(b) In suggesting that, in the absence of an earlier reference by the midwife, the pregnant woman should be examined by a doctor not later than the thirty-sixth week, the Association is governed by the opinion expressed by experts in this matter, namely, that, in any scheme which allows normally for one ante-natal examination only, this is the most advantageous time for the medical examination. Between the thirty-second and thirty-sixth week, the position and size of the child relative to the pelvis may be clearly diagnosed and any necessary corrections made;

(c) The service would be carried on as outlined by the doctors and midwives now in practice. It is not suggested that the choice on either side should be limited in any way. Any doctor who wished to take part in the scheme, whether giving service under the National Health Insurance Acts or not, would be able to do so, and no doctor giving service under the National Health Insurance Acts need take part if he did not so desire. Similarly, any midwife would be free to take part or not as she wished. The woman would be attended by the doctor and midwife of her choice, subject to their willingness to undertake the case.

Persons Covered by the Scheme.

The scheme should include within its scope all women except those who are themselves exempt or whose husbands are exempt from National Health Insurance Acts contributions by reason of being non-manual workers with wages over the limit fixed by the Acts.

The Position and Responsibility of the Doctor in the Scheme.

The Association would emphasise the necessity for an improvement in the training of doctors in maternity work. If there is any value in a liberal education, it is clear that the doctor with his preliminary scientific education, followed up by a long and arduous training in scientific methods, should always be the bedrock on which the medical services of the country, including midwifery, must be built up. Midwifery, an essential part of the training of all medical students is, like the whole of the practice of medicine, an art founded on science. Hence the stress placed by all medical educational authorities on the necessity for a thorough training of the medical student in the basic

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