principles of science. The Association is satisfied that the General Medical Council, the body responsible for the curriculum of the medical student in this country, is fully alive to the necessity for maintaining and improving the standard of training in midwifery in the various medical schools, and has taken active steps to that end during the last few years. The value of and necessity for post-graduate education cannot be too strongly emphasised.

The procedure under this scheme would be very similar to the arrangements which are frequently made now. The scheme clearly sets out the proper responsibilities of both doctor and midwife.

It will be the doctor's responsibility to see and advise such women as have chosen and been accepted by him whenever they are referred to him by the midwife for any condition arising during or out of the pregnancy. In every case he will make a complete ante-natal examination between the thirty-second and thirty-sixth week, reporting according to the prescribed method and stating his opinion either :—

(*a*) That the case appears to be normal, and can probably be safely attended at home by the midwife ;

(*b*) That there are such conditions as make it desirable that the doctor shall be present at the confinement at the patient's home ;

(*c*) That further ante-natal examinations or treatment are necessary ;

(*d*) That there are such abnormalities present as make it desirable that the delivery should take place in hospital.

The Midwife and Her Duties.

This scheme, while it contemplates close co-operation between the doctor and the midwife, is not intended to minimise the importance of the latter. On the contrary, assuming that she will attend the cases of normal labour, a great deal of responsibility is thrown on her for seeing that in no case entrusted to her shall any abnormality, however slight, be neglected. The feeling of responsibility will tend to increase the interest of the midwife and enhance the value of her work.

The ordinary procedure, very similar to that frequently adopted at the present time, will in general be as follows :—

The prospective mother will select the doctor and the midwife of her choice. Engagement will commence from that moment and end when the puerperal period is over. The date at which the engagement will commence will, of course, vary with circumstances in the case of each woman, but is certain to become earlier as the advantages of early supervision are more generally understood. It will be the duty of the doctor or midwife respectively to inform the patient of her rights under the scheme. It will also be the midwife's duty to ask such questions and to make such observations as will satisfy her that the woman's general health is good ; to examine the urine ; and to instruct the woman in the preparation it will be necessary for her to make for her confinement. The midwife will see that the woman attends at the doctor's surgery or that he visits her at her home, and will, if possible, be present at the examination (thirty-second to thirty-sixth week).

On finding any abnormality the midwife will send the patient to the doctor, who will examine and report on a prescribed form his opinion and the treatment to be adopted, stating when he would like to see the patient again. If it should be necessary for the patient to go to an institution, the doctor should arrange for this. The midwife should not be permitted to send a patient direct to a hospital or institution on her own responsibility, nor should she be allowed to requisition the services of a consultant ; these duties should fall on the practitioner. Careful instructions should be laid down for the midwife by means of Rules made by the Central Midwives Board as to the extent of her ante-natal duties in normal cases, and as regards those signs which, when noticed in the patient, demand the reference of the patient to the doctor.

The midwife will be responsible for attending in her confinement, and for at least fourteen days thereafter, any patient falling into class (*a*), (*b*) or (*c*) as set out above.

Training of the Midwife.

Midwives taking part in the scheme must be trained for it and kept under supervision. At present a large proportion of midwives are inadequately trained in ante-natal care, and therefore cannot be entrusted with the responsibility which has been described above. The problem at the moment is to supply a sufficient number of well-educated and well-trained women who will actually practise midwifery. Three factors combine to produce the shortage which at present exists—the life is hard—the pay too small—and there are no prospects of advancement.

The betterment of these factors would allow insistence upon a specified standard of education of the women presenting themselves for training. The Association considers that in the present training of the midwife more importance than is necessary is attached to the theoretical side. The training should be as practical as possible, and the preventive side always kept to the front.

There should be, as part of the C.M.B. examination, a practical examination, embracing the clinical examination of pregnant women and the testing of urine, etc., which would give the examiners a much better idea of the candidates' practical ability than any number of answers to written or even oral questions. Such an examination could, without much difficulty, be arranged in the out-patient departments of maternity hospitals. It is very desirable to provide facilities for post-certification instruction.

Supervision of the Midwife.

The Association believes that closer helpful supervision and less punitive inspection of the midwife's work is required. A supervisor should be one who has been in the active practice of midwifery herself, and the district of which she has charge should not be so large that she cannot get to know her midwives well, and visit them frequently, not so much to find fault, as to help and inspire. She should be encouraged to make use of her great opportunities for improving and maintaining the standard of midwifery practice in her area, by organising lectures, clinical demonstrations, etc. Such supervisors should preferably be those who have been sisters in maternity hospitals. The salary attached to the post of supervisor should be higher than the income usually attainable by the practising midwife, as the prospect of advancement to such posts would probably attract women of a better stamp than those who have undertaken the midwife's training in the past. In some areas these supervisors may possibly be responsible to a registered medical practitioner acting under the Medical Officer of Health.

The Handy Woman and "Home Helps."

As the scheme assumes the presence of a midwife at every confinement, the dangers of the handy woman are removed. There will probably be a period during the introduction of the scheme in which a midwife will not be available in every case, but it is hoped that this period will be very short.

The home help, that is, the person who looks after the home, sends the children to school, etc., will still be needed and this is one reason amongst others for the continuance of a cash maternity benefit. Voluntary agencies and public health authorities are at present helping lying-in women in this way, and probably some official method of increasing the provision of such persons should be worked out in connection with this scheme.

previous page next page