

# The Midwife.

## REPORT OF THE DEPARTMENTAL COMMITTEE ON THE TRAINING AND EMPLOYMENT OF MIDWIVES.\*

We refer in our Editorial article to the Report of the Departmental Committee on the Training and Employment of Midwives, and have there expressed our views as to its dangerous inadequacy. In these columns, therefore, we propose to refer very briefly to some of the findings of the Committee. At the outset we may note that the Report is signed by all its members (who did not include one State Registered Nurse), but that Dr. Fairbairn, and Mrs. Bruce Richmond signed it with certain reservations which are incorporated in the Report.

In the second place we desire to impress upon all Registered Nurses and Certified Midwives the importance of making themselves fully acquainted with the recommendations of this Report, some of which if adopted would certainly affect them prejudicially.

### Bureaucratic Control of Expert Functions by the Minister of Health Recommended.

From the following recommendation of the Committee we strongly dissent:

"It appears to us that the time is now opportune for the assumption by the Minister of Health of the sole responsibility for approving and inspecting training institutions and teachers, and of laying down the lines of the curriculum of training."

It further suggests that "an Advisory Committee might be formed consisting of persons appointed by the Minister on the nomination of representative bodies (including the Central Midwives Board) to advise him regarding matters coming within the scope of his approving and inspecting duties."

It would be equally appropriate to confer upon the Minister of Health the power to define the curriculum of medical education, and we are sure that the Medical Profession would not for a moment tolerate such a proposal.

The Committee propose to leave to the Central Midwives Board its judicial functions and the conduct of examinations, and that for the exercise of these duties the Board might be constituted as follows:—

### Proposed Reconstitution of the Central Midwives Boards.

"(a) Three members elected by vote of the midwives on the Roll who have given notice of their intention to practise during the year preceding the election.

(b) Two members jointly nominated by the County Councils Association and the Association of Municipal Corporations, one of whom should be a medical officer of health and one a member of a Local Supervising Authority.

(c) Two members—registered medical practitioners—nominated by the British Medical Association, one of whom should be in general practice and one an obstetric specialist.

(d) Two members nominated by the Minister of Health one of whom should be a mother who is neither a certified midwife nor a registered medical practitioner."

It will therefore be seen that the Report contains extremely dangerous recommendations, and that both Registered Nurses and Certified Midwives should be on the alert to prevent their being carried into effect. They should, moreover, study the very convincing arguments

embodied in the "Reservations" of Dr. J. S. Fairbairn and Mrs. Bruce Richmond.

They say: "The points in which we dissociate ourselves from the majority of the Committee concern those recommendations that involve the splitting up of the functions hitherto assigned to the Midwives Board, and their distribution between a reduced Board, the Ministry of Health, and an Advisory Committee. In our opinion the suggested changes have no necessary relation to the other recommendations contained in the report and are in no way essential to the midwifery service outlined therein. These proposals, if ever carried into effect, would, we think, be detrimental to the development of a midwifery profession of the kind envisaged by the report, to the maternity service and thus to the mothers of the country.

"No evidence to justify the drastic changes contemplated above was put before the Committee. The Ministry of Health was heard at an early meeting (June 27th, 1928) but no hint was given that a transference of any part of the work of the Central Midwives Board was desired or thought advisable. No suggestion of the need for such transference was brought forward by any bodies or individuals appearing before the Committee until late in the taking of evidence (February 13th, 1929), when a proposal to this effect was submitted by the London County Council. That body is the largest Local Supervising Authority in the country and its opinion on matters concerning practice by midwives naturally carries great weight. But it has no concern with or experience of the training of pupil midwives and its evidence in this regard is, therefore, much less valuable.

"The grounds on which these recommendations are based are given in pars. 100-106 of the report and will be found practically to amount to (a) lack of regular inspections of training schools by officials of the Midwives Board, and (b) the evils of dual inspection, if an inspectorate of its own was instituted by the Board.

(a) "It may be taken for granted that with the greatly extended formation of Maternity hospitals, subsequent to the War, a stage has been reached when a closer supervision and inspection of training institutions is called for than it has been the custom of the Midwives Board in the past to exercise. We should have welcomed a recommendation that the Board should exercise a wider and more general inspection than it has done, especially if poor law institutions, none of which are liable to inspection by the Midwives Board, were included.

(b) "'Dual inspection' appears to us to be a bogey that loses its terrors when closely examined. An adequate report to the Ministry of Health on structure and arrangements of an institution, and that on teaching carried out in it, must necessarily be made to different departments and must thus be always 'dual.'

Dr. Fairbairn and Mrs. Bruce Richmond say further:

"The midwives should have control over their profession at least equivalent to that exercised by registered nurses over theirs, and it is scarcely disputable that a gradual increase in the elected representatives should be the aim, so that both, with some outside help from the medical profession and others, may ultimately be able, as other professions are, to determine conditions of training and entry and to maintain their own professional standards. Anything that lowers the status and prestige of the ultimate authority over them, anything that postpones the possibility of their obtaining the control over their profession that is granted to other professions, must cause deep and bitter resentment among midwives.

With these views we are entirely in agreement.

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