

The Midwife.

THE INTERIM REPORT OF THE DEPARTMENTAL COMMITTEE ON MATERNAL MORTALITY AND MORBIDITY.*

The Interim Report of the Departmental Committee on Maternal Mortality and Morbidity, appointed in June, 1928, by the Right Hon. Neville Chamberlain, M.P., then Minister of Health, with Sir George Newman, K.C.B., M.D., F.R.C.P., as Chairman, and Dr. Jane H. Turnbull, C.B.E., M.D., one of the Medical Officers of the Ministry of Health, as Secretary, is an extremely important document, and should be studied with care by all interested in this question.

It is submitted to the Right Hon. Arthur Greenwood, M.P., Minister of Health.

TERMS OF REFERENCE.

The terms of reference were "To advise upon the application to maternal mortality and morbidity of the medical and surgical knowledge at present available, and to inquire into the needs and direction of further research work."

The Committee state "the report is concerned with the result of our consideration of upwards of 2,000 maternal deaths, and contains certain recommendations for the prevention of the deplorably high death-rate attributed to childbirth. We propose to reserve for a subsequent report further inquiries and recommendations concerning morbidity associated with pregnancy and the puerperium, puerperal sepsis, statistical aspects of the maternal mortality rate, methods of public education in the preventive side of the problem, and some outstanding questions involving research in which we are now engaged, together with an account of our investigation into an additional number of maternal deaths.

A Stationary Mortality Rate.

"The total mortality among women during pregnancy and childbearing has remained almost stationary for many years. It was one of the first subjects to which the Ministry of Health gave its attention on its establishment in 1919, as the first Minister of Health (Dr. Addison) recognised its paramount importance to the wider problem of the national health. A special section of the Medical Department of the Ministry was created at that time to deal with maternity and child welfare staffed by medical women under the direction of Dame Janet Campbell. In the ten years which have followed action has been taken to awaken public interest in the subject and to guide Local Authorities in their administration of the Public Health Acts chiefly concerned with it. . . .

"Nor has renewed interest been lacking in the medical profession, both in research work and in practice, supported by a powerful and increasingly enlightened public opinion. Nevertheless, and in spite of the continuous improvement in the health of the child and the remarkable reduction in the infant mortality rate, there has been no corresponding reduction in maternal mortality.

"Since 1911-1915 the infant mortality rate has declined from 109 per 1,000 in that period to 74 per 1,000 in 1929. On the other hand the total maternal mortality from childbirth itself in 1911-1915 was 4.0 per 1,000, and in 1929 reached the figure of 4.3 per 1,000. In other words, in spite of the general and particular advance of the science and art of medicine in its application to childbirth, and in spite of the efforts made and arrangements designed to reduce this death-rate, the mortality position remains, on the whole, unimproved."

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The Primary Avoidable Factors.

In considering the primary avoidable factors in maternal mortality the Committee have subdivided these under four heads:—

- (a) Omission or inadequacy of ante-natal examination.
- (b) Error of judgment in the management of cases.
- (c) Lack of reasonable facilities.
- (d) Negligence of the patient or her friends.

They state that "the investigators have found it more difficult to obtain information about the nature of the ante-natal care than about the subsequent history of the case, and it is probable that the numbers in this group are under estimated. From the information available it appears that in most of the instances of complete absence of any ante-natal care the responsibility rested on the patient. There is still a large section of the population that does not realise the advantages of obtaining competent pre-natal advice or recommendation.

"But it is also evident that the quality of the supervision given leaves a good deal to be desired. This is not surprising, as it is only within the last few years that any close attention has been paid to the supervision of pregnancy, and the majority of doctors and midwives have had little or no systematic training in this branch of midwifery. Even those who are now most alive to its value realise that we are only beginning to understand the full implication of 'ante-natal care.' Therefore, although some degree of ante-natal care is given to the majority of pregnant women, the general position is far from satisfactory.

Ante-Natal Care.

"The importance attached by the Committee to systematic and skilled ante-natal care as a means towards the reduction of maternal mortality can," they say, "hardly be overstated, and their opinion is supported by evidence given by witnesses of wide obstetric experience representing the great medical bodies who have appeared before them."

The pioneer of ante-natal work in this country was Dr. J. W. Ballantyne, of Edinburgh, who was the first serious student of the physiology and pathology of the pregnant state, and the first obstetrician to teach that the right conduct of labour could not be separated from the observation and treatment of conditions obtaining during pregnancy. His work on "Ante-natal Pathology and Hygiene," published in 1902, first brought the study of obstetrics into the field of preventive medicine. The ante-natal clinic and the pre-maternity beds which he established in connection with the Edinburgh Royal Maternity Hospital, were the forerunners of the considerable provision on these lines found in England to-day. When the first National Conference on Infant Mortality was held in 1906, Dr. Ballantyne gave an address on ante-natal causes of infant mortality, which set forth the close connection of problems of infant mortality and ante-natal hygiene.

"In 1914 the first circular taking cognisance of ante-natal care as a factor in public health was issued by the Local Government Board. This circular offered grants to Local Authorities providing *inter alia* clinics for medical observation of expectant mothers and their instruction in the hygiene of pregnancy, home visiting and provision of beds for the treatment of ante-natal complications."

The Sterilisation of the Hands.

A special report on the sterilisation of the hands, which the Committee regards as of commanding importance, has been

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