

The Midwife.

THE MIDWIFE'S DUTY TO POOR MOTHERS. A GREAT OPPORTUNITY.

It is within the memory of some midwives still in practice in England and Wales that the agreed services of a midwife to the patient began and ended with the labour itself, there was no enquiry into the previous history, and the confinement having taken place the midwife retired and the handy woman carried on.

The passing of the Midwives Act in 1902 brought about a change for the better in this respect, for under the Rules framed by the Central Midwives Board, Certified Midwives were required to attend their patients for the ten days subsequent to the confinement, and to report any abnormal conditions to their local Supervising Authorities (if they had sufficient knowledge to recognise such conditions).

As time went on it was recognised that this did not suffice, that a woman with child should be seen by a medical practitioner both near the beginning and end of her pregnancy and should be kept under observation and visited periodically by the midwife who would eventually attend her, and ante-natal service now forms part of the duty of every midwife under the Rules of the Central Midwives Board.

And still the preventable toll of maternal deaths continues. The Departmental Committee on Maternal Mortality and Morbidity appointed by the Minister of Health in July, 1928, in their Interim Report in July, 1930, have told us that as a result of their investigation into 2,000 deaths of women in childbirth during the two years under review not less than one half were directly preventable under suitable conditions. Such a statement may well rouse the consciences of nurses and midwives to consider what they can do to help to reduce the preventable mortality rate amongst poor mothers.

Registered Nurses are becoming increasingly alive to the incompleteness of their equipment for their work unless they add to it the qualification of Certified Midwife.

They apply for, and perhaps obtain, grants to enable them to procure the certificate of the Central Midwives Board, or they save and themselves pay the considerable fees of the Maternity Training Schools. And, the certificate gained, the majority of nurses think no more about it except as an added qualification.

And yet what a great opportunity is theirs. There are mothers, many of them whose lives might be saved by their skilful care. It is a form of social service which offers a most satisfying life which Registered Nurses may well ask themselves whether they should not definitely adopt as a career.

Of course the conditions of service must be suitable, and earning capacity has to be considered; the Ministry of Health is now alive to this, and before long it is probable that there may be a National Maternity Service. If this is under professional direction much will be done to popularise midwifery as a career at least for some of the most active years of life.

Then the organisation of the work to cover a larger area, the notification of calls through post offices and police stations, the provision of cars or other means of conveyance, taking the midwife quickly to the case, all these will increasingly lessen the burden and fatigue of the work.

We appeal therefore to nurses holding the dual qualification of Registered Nurse and Certified Midwife to give very serious consideration to the question of their duty to working class mothers, and to their share in Public Health work in this connection.

SUPPLY OF MIDWIVES.

It is now generally recognised that the services of a qualified midwife should be available for every confinement, whether she acts as a midwife in charge, or as a maternity nurse under the direction of a doctor. The employment of a midwife to carry out maternity nursing not only secures for both mother and child the advantages of skilled attention, but also obviates the risks associated with the employment of a handywoman or untrained "nurse."

LIGHT ANÆSTHESIA FOR WOMEN IN CHILDBIRTH.

Dr. Stella Churchill is pressing the Health Committee of the London County Council to consider the advisability of light anæsthesia for women in childbirth in the hospitals under its control. She states that practically every well-to-do woman has this form of treatment, and asks why it should not be available also for women of lower station. There are a large number of maternity beds in the hospitals which have recently come under the control of the London County Council, and Dr. Churchill is of opinion that the benefit of light anæsthesia would be a blessing to many women to whom hitherto it has been unknown.

VISIT OF LADY MEHTA TO QUEEN CHARLOTTE'S HOSPITAL.

During her visit to this country, Lady Mehta, wife of the Prime Minister of Bikaner, India, visited Queen Charlotte's Maternity Hospital, in the Marylebone Road, W., and was introduced to a tiny baby who had made its appearance into the world less than an hour before her arrival, and also nursed the hospital's latest triplets.

"In my own country," she said, "I am particularly interested in maternity welfare work, and I have learnt a great deal from my visit."

KUALA LUMPUR MATERNITY HOSPITAL.

At the Chinese Maternity Hospital, Kuala Lumpur, F.M.S., says the Selangor annual administration report, there were in 1929 3,018 confinements, as compared with 2,801 in 1928. In addition, the hospital matron and midwives attended 332 confinements outside the hospital. Eight probationary midwives from the hospital presented themselves during the year for the Government midwifery examination, and all passed.

OUTLINE IN OBSTETRICS FOR NURSES.

By F. W. RICE, M.D.

This is a book which has come to us from America. Dr. Rice has lectured to nurses for 11 years, and this outline is a collection of the notes he has used. It is in tabular form, very clear, concise and complete, and covers the whole ground of obstetrics for nurses—*anatomy, physiology, processes of pregnancy and birth, with symptoms and treatment, also babies' early disorders.* There are 50 Review Questions for a nurse to test her own knowledge, many blank pages for notes, and an index. The illustrations are numerous and good, some photographic and some schematic. It should be very useful both for students and for graduates, a book to keep handy for reference.

Students must beware of the differences in American spelling. Methods of treatment are much the same as ours. Dr. Rice in his introduction gives the qualities that he considers necessary for the making of a good nurse, one who comes up to the ideal of Florence Nightingale whose pledge he quotes. It is familiar to most of us, and the obligation taken by members of the British College of Nurses very much resembles it.

K. M. L.

[previous page](#)

[next page](#)