

apparatus for intra-venous injection. Blood transfusion services should be more generally organised.

The Committee advocate post-certificate experience before registration as a practising midwife. That a handy-woman should never be employed as a maternity nurse, and that a trained midwife should always be available to carry out maternity nursing in cases attended by a doctor or a medical student working under a doctor's direction.

That new maternity accommodation should where practicable be associated with general hospitals.

The Report concludes with some useful appendices.

SUGGESTIONS FOR INCLUSION IN A NATIONAL MATERNITY SCHEME BY THE INCORPORATED MIDWIVES INSTITUTE.

The Incorporated Midwives Institute (12, Buckingham Street, Strand, London) which represents midwives in all parts of the country, has issued a leaflet putting forward suggestions for inclusion in a National Maternity Service. It urges that the present unsatisfactory position with regard to maternal mortality urgently requires a remedy, and that since success depends on attack from all sides, the midwife, with her specialised knowledge of the normal case in the home, which is its natural setting, has a definite contribution to offer in the consideration of a maternity scheme. She knows the needs and economic difficulties of her patients, and she has also practical experience of co-operation with the medical profession and other bodies.

The Institute considers that these suggestions are specially opportune at the present time in view of the need for economy, and the fact that the sum of over four million pounds is being spent annually on the care of mothers and infants, with little or no reduction in the maternal mortality rate or in the neo-natal death rate. It suggests therefore that some revision of the distribution of the money available for this purpose is desirable, and expresses the belief that co-operation and co-ordination of the work of midwife, doctor and local authority could produce a much greater number of natural deliveries and make for a better outlook on maternity. There is no doubt, it says, that an element of fear has been created by unnecessary publicity, which undoes a great deal of the good to be derived from the existing improved and expensive services.

RECOMMENDATIONS.

In making recommendations with regard to a National Maternity Scheme, the Institute assumes that the necessary funds would be obtained mainly through insurance, and, in necessitous cases, would be provided by the Local Authority.

Included in the Recommendations are:—

The provision in every case of the services of a qualified midwife chosen by the patient, to act either as a midwife, or, where the case is booked by a doctor, as a maternity nurse. The freedom of choice granted to the mother under the National Insurance Act should be maintained. The Scheme should cover the provision of at least one medical ante-natal and post-natal examination by the doctor.

Cases of abortion should be included, and necessary hospital accommodation.

Any Scheme should cover the provision of ambulance facilities for patients requiring to be removed to hospital, and of telephone facilities for midwives who should be indemnified for any expenses incurred in respect of such facilities.

ANTE-NATAL SUPERVISION.

In regard to ante-natal supervision the Institute considers that the ante-natal record card issued by the Central Midwives' Board, covers the scope of the midwife's duties as to ante-natal care and gives uniformity in practice.

LABOUR.

Midwives should be thoroughly taught, in theory and practice, the use of sedative and other drugs in obstetric practice as laid down by the Rules of the Central Midwives' Board, and no obstacle should be placed by Local Authorities in the way of Midwives using such drugs, provided they understand their use and application.

PUERPERIUM.

Midwives consider that the work for each mother outlined by the Report of the Departmental Committee on the Employment and Training of Midwives is necessary. They consider that one great argument in favour of a National Maternity Scheme is the need for more adequate attention by the midwife to important nursing duties than is possible under present conditions.

POST-NATAL CARE.

The midwife should advise every woman she attends to present herself voluntarily for at least one medical post-natal consultation.

PAYMENT OF MIDWIFE.

The Institute considers it essential that proper financial arrangements should be made, as unless the fee is adequate, or a sufficient income is guaranteed to maintain the standard of life which professional status requires, women of good type will not be attracted into the profession. Further that midwives consider that the services, during pregnancy, labour, and the puerperium for each mother outlined by the Reports are necessary, and might be held to justify an inclusive fee of three guineas per case *which could be considered the average standard.*

The Local Authorities should set up a panel of all midwives willing to serve from which necessitous patients could engage. Such midwives should be paid the full district fee by the local authority, which should use its power to pay part fee in cases not wholly necessitous. This should also apply to the nursing of cases of abortion.

The Institute advocates that midwives should meet through the local branches of the Midwives' Institute, and decide on a fair fee for the district and agree not to hinder each other in any way. They should then meet in consultation with the medical practitioners through the local branch of the British Medical Association, and with the voluntary agencies, and together with the representatives of these approach the Local Authority with a view to obtaining the agreed fee in necessitous cases.

Also that the maternity homes and hospitals should never charge the patient less than the agreed fee of the district charged by midwives or doctors, plus some proportion of the cost of maintenance according to means.

The Institute is of opinion that in order to promote co-operation and efficiency, midwives' organisations should have the right to representation on all committees of Local Authorities dealing with midwives, and with maternity and child welfare, also on insurance committees.

INSPECTION.

The Institute express the opinion that the post of Inspector of Midwives should be filled by women who are *fully trained State Registered Nurses, and hold the certificate of the Central Midwives' Board.* They should have had such prolonged experience in the actual practice of midwifery, both institutional and domiciliary, as will enable them to be helpful advisers and teachers to the midwives they inspect.

The Institute does not consider the work of Inspector of Midwives should be undertaken by any one not having this knowledge and experience, opinions in which we strongly concur.

We commend the suggestions of the Midwives' Institute to attention as emanating from Midwives themselves.

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