

# The Midwife.

## THE CENTRAL MIDWIVES BOARD.

At the 147th Examination held by the Central Midwives Board in February, 925 candidates were examined, 713 candidates passed and the percentage of failures was 22.9.

As the certificate of the Central Midwives Board is becoming increasingly demanded by a number of organisations appointing Registered Nurses for a variety of positions, especially abroad, numbers of nurses are wisely securing the double qualification of Nursing and Midwifery.

Since our last issue, the Queen, attended by the Lady Amptill, has visited Queen Mary's Maternity Home at Hampstead.

The Quarterly Return of the Registrar-General for the last quarter of 1933 and, provisionally, for the whole of that year, shows that in England and Wales the birth-rate for 1933—namely, 14.4 per 1,000 population—was the lowest ever recorded. It was also the lowest recorded for the fifth year in succession. The birth-rate for the last quarter of 1933 was 12.8 per 1,000 population.

The death-rate for 1933 was 12.3 per 1,000 population, and the marriage-rate 15.7. The mortality of infants under one year was 64 per 1,000 live births.

## THE CONTRACEPTIVES BILL.

On Tuesday, March 20th, the Contraceptives Bill, introduced into the House of Lords by Lord Dawson of Penn, was read a third time and passed, and sent to the Commons.

It is very regrettable that during the Committee Stage, on February 27th, Lord Dawson should have moved and carried an addition to Sub-Section (1) providing "that nothing in the foregoing provisions shall render unlawful (1) the sale or offer for sale of any contraceptive by a qualified medical practitioner, registered nurse or certified midwife, to a person or to the husband or wife of a person, whom the practitioner, nurse or midwife is attending professionally."

There are cogent reasons why registered nurses and midwives should not be empowered to sell contraceptives.

### In Regard to Registered Nurses.

If the Provision became law, it would confer upon nurses powers not given to them by the Nurses' Act, namely to "offer for sale" and thus to prescribe, contraceptives to persons whom they are "attending professionally." This is entirely outside the province of a nurse, nor does she receive instruction during her training as to the prescription of suitable contraceptives. Moreover when she attends a patient professionally she does so under medical direction, and the prescription of drugs and appliances is the province of the doctor, not of the nurse.

To give this authority to nurses by Act of Parliament, would be to alter the relations between medical practitioners and nurses.

The power to prescribe, and supply articles so prescribed would put a nurse in private practice in a very invidious relation to a patient who desired a particular contraceptive, and would be quick to know that the nurse could obtain it for her irrespective of its suitability and of the approval of the medical practitioner in charge of the case. If the nurse persisted in the correct attitude that she would only obtain contraceptives on the prescription of the medical

attendant, the patient might even dispense with her services and secure those of another nurse who was more com-  
plaisant.

Also many legal complications may arise, which the nurse might have to defend.

A registered nurse should not be placed in this position by Act of Parliament. Her duty is to carry out medical treatment, not to prescribe it.

### In Regard to Certified Midwives.

The position of a Certified Midwife in relation to this question is much the same as that of a Registered Nurse.

Under the Midwives Act she is entitled to conduct cases of normal labour independently, further, under the Midwives Act she may carry, and in emergencies which may arise she may, before the arrival of a doctor, prescribe and administer drugs concerning the uses and action of which she has received instruction during her training. But, outside such emergency, no power is conferred upon her by the Midwives Act to procure contraceptives for women she may attend professionally.

Moreover she is not as a rule called in to attend a patient professionally until conception has taken place, in which case if she procures contraceptives for the patient she may easily become involved in procedures through which she may find herself criminally liable. No Act of Parliament should place a Midwife in such a position.

### In Conclusion.

Lord Dawson's Bill deals with an evil which needs legislation, but it has small chance of consideration in the House of Commons without Government support which at present is not forthcoming. Its only chance therefore of a first reading is as an unopposed Bill after 11 o'clock at night. But so long as it contains the objectional provision which we have referred to above, its first reading will certainly not be allowed to pass unopposed.

## MATERNAL MORTALITY AND MORBIDITY.

We have previously discussed extensively the Report on Maternal Mortality and Morbidity published in 1932 by a Departmental Committee appointed by the Ministry of Health.

The League of Red Cross Societies, commenting on this Report point out that in the problem of Maternal Mortality and Morbidity one of the most important factors is the mental attitude of the mother herself, not only towards ante-natal care but throughout childbirth and the lying-in period. Even in their first pregnancy many women do not submit themselves to any supervision, and in subsequent pregnancies this neglect is still more marked as they imagine that their experience renders it unnecessary. But as a matter of fact there are many risks special to the older women, and there is great need for competent advice throughout later pregnancies.

It is therefore essential for women to realise that pregnancy is a serious business which they should not be expected to face without the advice and support of both doctor and midwife; that while it is a personal matter, and not a subject for gossip and outside comment, it is important for them to seek confidential and competent advice at the very beginning. By so doing, they not only take out an insurance against a possible though remote risk, but they also minimise the many discomforts and disabilities which accompany pregnancy and which can be avoided by experienced counsel. The pain and the hazard of childbirth can be

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