

The Midwife.

MATERNITY SERVICES.

Under the title "Maternity Services," Dame Janet Campbell (Hesseltine), D.B.E., M.D., formerly Senior Medical Officer for Maternity and Child Welfare to the Ministry of Health, discusses the question of Maternal Mortality under the threefold aspect of (1) the reduction of maternal mortality associated with child-bearing; (2) the reduction of injury, sickness and disability associated with, or consequent upon, childbirth; and (3) the reduction in the number of still-births and of infant deaths in the first few days or weeks of life. These three, as is pointed out, "are clearly inter-related, and methods which are successful in lowering the maternal death-rate must influence favourably the allied conditions."

The pamphlet (1s. net, Faber and Faber) is intended mainly for non-professional readers who are interested in this question and concerned as to our apparent lack of progress, indicated by the conclusion arrived at by the English Departmental Committee on Maternal Mortality that "about 50 per cent. of maternal deaths might be avoided if the necessary professional competence, the clinical facilities, the material aid, and the intelligent co-operation of the patient were available always."

The pamphlet mainly covers ground with which registered nurses, certified midwives, and social workers are already familiar; chief amongst the medical causes of maternal mortality and injury are puerperal sepsis, toxæmias, hæmorrhage, and accidents of childbirth. "Deaths from abortion, usually due to septic infection, should be placed in a class apart from those following childbirth at term."

Amongst social causes—contributory rather than exciting—are enumerated poverty, insanitary environment, overcrowding, overwork. But "maternal mortality is by no means confined to one social class. The well-to-do woman is not exempt, and probably suffers as many casualties proportionately as the working woman. But she is usually the victim of too much, rather than too little attention, or of a desire to make delivery speedy and painless, rather than of lack of facilities or of negligence."

It is unnecessary to discuss in detail the portions of the pamphlet relating to ante-natal care, care at the time of confinement, domiciliary midwifery, post-natal care, and women's clinics, one of the recognised functions of these now being to teach methods of birth control when this is justifiable on medical grounds. Concerning "the professional attendant, doctor or midwife," little need be said as to the training of the medical student and his subsequent obstetric practice as a registered medical practitioner. But this point it is necessary to emphasise. Dame Janet Campbell points out that "the success of the private midwife in domiciliary midwifery, is largely due to the fact that she is engaged in midwifery only . . . and, being limited to midwifery practice, she rarely comes in contact with any infection which might be potentially dangerous to the patient." If this hypothesis is correct, and most of those concerned in midwifery practice will agree that it is, then the contention that in the Maternity Service, is needed "the general practitioner possessing the sympathy and understanding which general practice teaches" as well as the "specialist obstetrician" must be unsound, for the general practitioner, not infrequently, comes in contact with infection potentially dangerous to the patient.

The Proposed Training and Qualifications of the Midwife.

Where State Registered Nurses and State Certified Midwives will join issue with Dame Janet Campbell is

on her proposals for "The Training and Qualifications of the Midwife (or Obstetric Nurse)."

With a contemptuous lack of appreciation of what is included in general nursing, Dame Janet Campbell suggests that "the most satisfactory training for the midwife would include a foundation of general nursing (one to two years) on which could be based a two-year course in midwifery. The 'midwife' could then rank professionally with the general trained nurse, but would be far better prepared for her special work than if she had taken the C.M.B. certificate after an ordinary nursing training."

The General Nursing Councils whose statutory duty it is to define and supervise the curriculum and training for State Registered Nurses know well that a period of three years is barely sufficient for the theoretical and practical training requisite for the adequate education of the Registered Nurse for the responsible duties which devolve upon her. One can only imagine that Dame Janet Campbell is unacquainted with the curriculum of training for general nurses.

An Impertinent Proposal.

That the present six months' training at present required by the Central Midwives Board for State Registered Nurses is too short is true. But this should be lengthened by increasing the period of midwifery training, not by shortening that of the general trained nurse.

Dame Janet Campbell further states that an obstacle in the way of such a training scheme as she proposes is that "neither the General Nursing Council nor the Central Midwives Board would have exclusive powers to organise and control it. A separate authority for the training of midwives would presumably be far less necessary if the midwife without nursing qualifications ceased to exist, while it would be advantageous to bring the new type of midwife into much closer relationship with trained nurses as a whole. *It would, therefore, be necessary to reconsider the constitution and functions of the two supervisory bodies, and it might be found desirable to merge the duties and powers of both under one professional Council.*"

The proposal is apparently put forward without reference to the General Nursing Council for England and Wales or the Central Midwives Board, and certainly without taking into consideration the views of State Registered Nurses and Certified Midwives. Happily these skilled and professional workers have the protection of Acts of Parliament, and the proposal for such a change would have to be submitted to its scrutiny. But the fact that it should have been made indicates the necessity for both nurses and midwives to keep close scrutiny on attempts to arrange their professional affairs without reference to themselves.

A Dangerous Suggestion.

Dame Janet Campbell also suggests that "if midwifery were placed wholly in the hands of women who were also qualified nurses ('qualified' in one year presumably!) it might be worth while to follow the example of Holland and train a body of maternity nurses (who would not be taught midwifery) to work with and under qualified midwives or doctors. . . . A statutory register of qualified maternity nurses might be set up, and it might be practicable eventually to limit maternity nursing 'for gain' to qualified midwives and to nurses on this register."

It is unnecessary for us to emphasise the undesirability and the dangers of this proposal. Maternity nursing should be in the hands only of State Registered Nurses possessing maternity training.

Remarks.

One of the suggestions made by Dame Janet Campbell is that "we should cease to train women in midwifery

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