

In the same way the retirement of midwives suffering from chronic ill-health could be facilitated. Many midwives continue in practice, although physically unfit to do so, because they have no other means of subsistence.

Midwives in future, the Report states, could be more highly trained in all aspects of their work. The adoption of a scheme for a salaried midwives' service will make it possible to raise the period of training required for the attainment of the C.M.B. certificate to a minimum of three years.

Summary.

The Committee is of opinion that a great advance in the efficiency of the general midwifery service of the country can be secured by taking measures to raise the status and remuneration of midwives, and recommend the introduction of a municipal salaried whole-time midwives' service in all areas not already served by salaried midwives.

The proposal for the establishment of a municipal midwives' service accordingly forms the basis of the detailed scheme submitted in Part II.

Our Comments on Part I.

1. We support the Committee's view that normal confinements where the conditions are suitable can be satisfactorily and safely conducted in the person's own home, and that it is not necessary greatly to increase hospital accommodation for *normal cases* in order to deal effectively with the problem of maternal mortality.

2. The claim that "the *nursing* of every maternity case should be conducted by a qualified midwife" and that "the services of a midwife are essential to every maternity patient," together with the recommendation that "legislation should be introduced to ensure that unqualified persons should not be permitted to 'attend women in childbirth for gain,' whether or not such attendance be under the supervision of a medical practitioner" raises important issues which are likely to be hotly debated on the floor of the House of Commons should such legislation be introduced. A private member's Bill, even if its sponsor secured a place in the ballot, and it came to a Second Reading, would be unlikely to progress further, and a Government within measurable distance of a General Election, and remembering the "landslide" which occurred to the Conservative party in the matter of votes in 1905, largely owing to the heated controversy over the Education Bill, as recorded in the life of Sir Robert Morant, will scarcely desire to risk votes at the polls by introducing so contentious a measure.

First it would have to define the "unqualified person," and as from the point of view of the Joint Council of Midwifery that is every one who is not a "qualified midwife," State Registered Nurses with a certificate in maternity nursing would get busy in the lobby.

Then there would be the medical practitioner who prefers to have his maternity cases nursed by State Registered Nurses accustomed to the niceties of private practice, rather than risk the danger of introducing to his private patient a midwife who if not loyal to him might undermine his practice by making use of the opportunity so afforded by holding herself out as competent and ready to take complete charge of the case on a future occasion.

There are also the Maternity Hospitals to be considered which have well-organised schools for maternity nurses, which would have to close down at once if such a Bill were passed, thereby losing a considerable source of revenue, and the private patients who were looking forward to engaging once more the nurse they liked so well and trusted so thoroughly, and found that maybe they would be unable to have her because there was a Bill before Parliament which if it passed would prohibit it.

And if its supporters say they did not mean it to apply to private patients, we reply: (1) that they claim "the

services of a midwife are essential to every maternity patient," and (2) "why should the Government promote a Bill which allows the well-to-do patient an unrestricted choice of maternity nurse, and only restrict the choice of the poor?" Then we foresee the Socialist members would take a hand, and the Government, if it determined to carry the Bill through, would have to put on the closure.

Would it be politic or worth while? We think not.

We, of course, are of opinion that the "second in command" to the doctor in charge of a maternity case should be a skilled professional person, but a State Registered Nurse with a maternity certificate is that.

With the proposal for pensions for midwives we are in agreement.

In regard to improved training we believe that a more capable and efficient public servant would be created if the period of training required for the attainment of the Certificate of the Central Midwives Board were two years, combined with the qualification of State Registered Nurse.

PART II.

Part II., as we have indicated, is the "Outline of a Scheme for the Establishment of a Salaried Midwives' Service in all Areas," the responsibility being placed on the appropriate Local Authority. We have only at present space to refer to two points.

Future Recruits.

In regard to future recruits to the proposed Municipal Service, the Report states:—

"In view of the fact that there are 52,872 midwives on the Roll, although only 15,442 are at present in practice, and that a large proportion of those not in practice are State Registered Nurses with excellent records who might appear at first sight to be the best candidates for future appointments to the Midwives' Service, the Committee feels that it is necessary to emphasise that experience of general nursing is not an adequate substitute for experience of the practice of midwifery, and to recommend that future recruits to the Midwives' Service should be drawn from the ranks of midwives who have been in recent practice or who have had recent experience in the Labour Wards or Districts of a recognised Maternity Hospital."

Because a State Certified Midwife holds the additional qualification of "State Registered Nurse, with excellent records," why should the Committee desire that she should be discriminated against in connection with appointments in the proposed new service? It is, in any case, probable that Local Authorities will use their own judgment in regard to the appointments they make.

Supervision and Inspection.

With the recommendation of the Committee as to supervision and inspection we are entirely in sympathy. The Committee states:—

"The present arrangements for the inspection and supervision of midwives are unsatisfactory. The work of inspection is as a rule carried out by medical women attached to the Public Health Service, or in some cases by Health Visitors. In many instances the inspectors have only a superficial knowledge of the work of the midwife in domiciliary practice. As a result the midwife has come to regard inspection as a disciplinary procedure, whereas it might be made of real educational value if differently conducted.

"The Committee therefore recommends that the actual supervision and inspection of midwives should be carried out by senior members of their profession who are experienced in actual practice. At the same time it is recommended that with the large units of administration it may be advisable to appoint in addition a medical practitioner as chief inspector." The Report will repay careful study.

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