

The Midwife.

MIDWIVES BILL.

THE SECOND READING IN THE HOUSE OF COMMONS.

In our last issue we gave a summary of the Bill to amend the Midwives Acts, 1902 to 1926, presented in the House of Commons by Sir Kingsley Wood, Minister of Health, on March 18th. In this issue we propose to devote space to the Debate on the Second Reading in the House of Commons, which took place on April 30th.

Sir Kingsley Wood (Minister of Health), in moving the second reading of the Midwives Bill, said that the main purpose of the measure was to establish an adequate service and sound training of midwives, and to ensure that every expectant mother, whatever her circumstances, would be able to obtain the services of a qualified midwife. It was also designed to raise the status of the midwifery profession by providing adequate salaries and sure prospects for those entering the profession and further facilities for their instruction.

In the last ten years, in England and Wales, nearly 3,000 mothers died annually in childbirth. It was disappointing that there had been little reduction in the rate, despite attacks on the problem. But where organised midwifery attention was given, the maternal death rate fell to about 2 per 1,000 births, compared with the general rate for the country of 4 per 1,000.

The midwifery service in this country was far from satisfactory. It was ill-paid and overcrowded, and there were too many part-timers. There were some who were unqualified, though the law did not prevent them acting at childbirth.

An Adequate Service of Premier Importance.

He believed it was beyond question that to place at the disposal of the mothers of this country an adequate service of well-trained midwives was of premier importance and would be a real contribution to the reduction of the present toll of motherhood.

The Minister further emphasised the fact that the midwife occupies a particularly responsible position, very often a hard one, and he hoped that these proposals might mean some substantial improvement in her lot and general conditions. He also stated that the Bill provides that organisation of the new service shall be entrusted to the local authorities, who are the local supervising authorities under the Midwives Act. He wanted hon. members to note particularly that each local supervising authority was required to secure the whole-time employment of a sufficient number of midwives for attendance not only as midwives but as maternity nurses to meet the needs of the area for domiciliary midwifery, and the authority would carry out this duty by making arrangements with voluntary organisations, or, where necessary, by themselves employing midwives.

The Case of London.

The Minister said that the case of London had been specially considered. It was necessary that the new service in London should be comprehensive and organised on a wide basis, too. One of the difficulties in London would be to work out a scheme which would include the service of salaried midwives already provided by a number of voluntary hospitals. These services naturally took no account of borough boundaries and it was not uncommon to find that midwives working for voluntary hospitals in London

work in three or four or five different boroughs. It was therefore essential that the arrangements in London should be entrusted to a body which could plan for London as a whole. He called attention to the fact that about 25 per cent. of all confinements in London take place in London County Council hospitals, at which there are ante-natal clinics and where specialists in all branches of maternity work are available. Salaried midwives appointed by the London County Council would therefore have this fine service at their back, and it would be possible for them to enlarge their experience by taking duty in hospitals when they were not engaged in domiciliary work.

The Position of Unqualified Persons.

The Minister has also taken power in the Bill to deal with the position of unqualified persons. At present, he said, any unqualified woman might nurse a woman in confinement if a doctor had been engaged, and she worked nominally under his supervision and direction. There was no doubt that such employment was dangerous both to the mothers and to the children. No doctor who worked with an uncertificated woman could always be sure that he would be at hand at the critical time. In the Bill the Minister of Health was empowered, when an adequate salaried midwifery service was in being, and not before, in any area or county district, to make an order under which it would be an offence for any person who was neither a midwife nor a registered nurse to receive remuneration for attending as a nurse a woman in child-birth or at any time during the 10 days immediately after the birth. He hoped the House would regard that as a real and necessary provision for the success of this service.

He then dealt with the question of finance.

In conclusion the Minister asked the House to give the Bill a unanimous Second Reading; he knew there were no party divisions on this subject having an object which was dear to all of them, the safety of the mother and the improvement in so vital a respect of the national health and well-being.

DEBATE.

Mr. Arthur Greenwood (Wakefield) welcomed the Bill for what it was worth, but considered it very restricted in character. On the question of expenditure all that the Bill offered was that "the total additional expenditure of the authorities . . . may ultimately amount to approximately £500,000 per annum. That," said Mr. Greenwood, "is a very significant contribution to a great constructive service, compared with the willingness with which hon. and right hon. gentlemen spend money on the destructive services." He referred to maternal morbidity, concerning which he said poverty had a bearing, quoting a report by the medical officer of health for Smethwick, which reported an increase in the maternal mortality rate in that town and attributed a considerable portion of those deaths to poor nutrition on the part of the mother.

He asserted that "no nation can spend its money twice" . . . "every increase of expenditure on armaments will be met by a demand for a diminution of expenditure on the social services." He and his friends welcomed the Bill for what it was worth, though they were sorry that it was not better.

Major Hills (Ripon) contended that the Bill was a very good Bill and that it went a very long way. He believed that a good midwifery service was the most effective weapon in reducing maternal mortality, there was nothing which could compare with it for effectiveness. The Bill

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