The Midwife.

THE TRAINED NURSE MIDWIFE AND THE PRACTICE OF MIDWIFERY.

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Quite a large body of public opinion is in favour of the future midwife taking a special training unconnected with general hospital training, and an important part of their argument lies round the statement that the trained nurse often takes her training in midwifery simply as an additional qualification and never afterwards uses it.

Do Trained Nurses Practise Midwifery?

This is undoubtedly true of a certain number, but we must remember that so long as it is necessary for ambitious people to hold this qualification we must be prepared to give it to them, and the cause of midwifery will in my opinion suffer badly if we drive the trained nurse out of it and simply substitute obstetric nursing to supply her needs.

This argument has been carried further in a recent number of a journal of midwives and an accusation of frivolity, undue love of ease and comfort and general irresponsibility is levelled at the trained nurse as compared with the midwife. This seems both strange and inadvised at a time when an increasing number of trained nurses are specialising in midwifery and form a very important and integral part of the profession as the teachers of the new entrants and senior members of the Service.

Changing Qualifications.

In 1918, when I obtained my midwifery certificate, I was the first Sister in one of the best-known maternity hospitals to hold a general training certificate in addition to my midwifery certificate. In a very short time every Sister appointed had to hold both qualifications. Now it is the usual qualification and in many maternity hospitals this applies to all staff nurses, and in some cases training is only offered to nurses already on the general part of the State Register. Such nurses have no difficulty in obtaining posts on completion of their training and form the core of all training schools and teaching centres. They are the departmental heads of maternity wards and infant welfare centres, and cannot be disregarded when the midwifery profession is under discussion.

If we consider the enormous increase in maternity homes, we shall see that even if at present the supply is barely equal to the demand there is no justification for saying that trained nurses will not undertake midwifery work in hospitals at all events.

I have been privileged for the last twelve years to share in the growth of one of the largest Municipal Maternity Hospitals. This Hospital employs five Sisters in the Hospital and four in the district, also eight staff nurses in hospital.

Conditions which encourage Nurses to Practise.

All the Sisters are State Registered Nurses as well as midwives, and I think I can safely say none of them trained in midwifery with the intention of specialising in it. Of the earlier staff, three are Matrons of Maternity Homes and a fourth an Assistant Matron. I attribute this, first to a sound training in the best midwifery tradition; secondly, to the opportunity to obtain experience without the full responsibility; and thirdly, to the collective enthusiasm for the work which is generated in a good training school. As a final inducement, the material conditions are reasonably good but in no way excessive.

Furthermore, the district posts are much sought after, and this I attribute mainly to the fact that after qualification at least six months' experience is gained as a staff-nurse in hospital before taking up district work, and that the District Home offers a community life which is a very real improvement on individual extern practice in the eyes of most modern and well-qualified midwives.

Community Life for District Midwives.

It might be worth while to examine this statement in detail. Most trained nurses on completion of training are only too well aware of their inexperience and because of this are afraid to take up practice. They need to be persuaded to venture. Is this a fault? In my opinion it is rather a virtue, for it shows a proper appreciation of the responsibility attached to the work. After all, two lives are at stake, and no trained nurse is unaware of the dangers of hæmorrhage and the risks of infection. Also she is intelligent enough to realise that the general attitude for years has been to blame someone, when these contingencies occur, in many cases the unfortunate midwife. As a Staff-Nurse she gains experience, but always with someone at hand to support and advise her, and insensibly she gains confidence and skill until in due course she is ready to go out on a district and to meet such emergencies as come her way and to deal with them competently. Such a nurse is eminently suitable for any type of district practice, but in my opinion she will inevitably prefer a practice run on community lines rather than a single-handed one, for the following reasons:—

If she is thoughtful and intelligent she will have appreciated the real need for two skilled people in any serious midwifery emergency. Take the commonest, post-partum hæmorrhage. How can one person control the uterus and prepare a douche and take precautions against shock with no more help than a handy woman or an incompetent relative? It has been done and all honour to those who have done it, but is it fair or wise to take the risks if they can be avoided? A badly asphyxiated baby is a whole-time job if it is to be successfully revived and at the same time the third stage is in urgent need of skilful management!

So much for the professional side. From the point of view of the midwife herself—the more truly she loves her work the more she will give of herself, and the greater the need for suitable homes of rest and recreation. This does not mean the case need change hands in the middle, but it does mean the necessity for relief when it is

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