

# The Midwife.

## THE MIDWIVES BILL AMENDMENT ACT.

As we go to press the Midwives Act Amendment Bill has passed the Report Stage and Third Reading in the House of Commons. We can therefore only briefly comment on it at the present time, and deal fully with it in our August issue.

Seven sessions have been held during the Committee Stage but it has emerged with very few amendments.

What has been made very plain in the course of the Committee Stage is that while the Act will protect women in childbirth by providing that any person neither certified under the principal Act, nor registered in the general part of the Register of Nurses required to be kept under the Nurses' Registration Act, 1919, who receives any remuneration for attending as a nurse on a woman in childbirth, or at any time during the 10 days immediately after childbirth, shall be liable on summary conviction to a fine not exceeding £10.

It further provides that every local authority shall submit to the Minister of Health its proposals for carrying out its duty under the Act to provide that the number of certified midwives available in its area for attendance on women in their own homes as midwives or as maternity nurses during and from time to time for at least 10 days after childbirth is adequate for the needs of the area.

In relation to the certified midwives their terms of employment under the Act should be greatly improved. They are to be whole-time employees in a domiciliary service, whether employed directly by the local supervising authorities or by arrangement with welfare councils or voluntary organisations, and although the scale of salaries is not regulated in the Bill, as urged by Miss Eleanor Rathbone, M.P., it is anticipated that the salaries of the midwives of the domiciliary service shall approximate to those of health visitors, which are usually about £200 per annum. While this is a very modest remuneration for the responsibilities and hard work of midwives it is certain that a very small proportion of midwives are at present remunerated on this scale. Moreover, the Bill provides for an appeal to the Minister of Health against any authority, whether a voluntary or a public authority, which is not paying a reasonable salary to midwives.

Therefore, the interests both of women in childbirth and of the midwives who attend them are safeguarded. But, when we consider the implications of the Bill in regard to the care of the sick poor, more especially in rural districts, as explained by the sponsors of the Bill during the Committee Stage, it is far otherwise.

It is abundantly clear that the midwives of the new domiciliary service who are "whole-time servants" are to be employed in other ways connected with the public health of the area, combining general nursing and midwifery, and the Parliamentary Secretary of the Ministry of Health stated that provision for this was covered by Clause I, sub-section (1) so that the Amendment which Mr. Duncan wished to move in Committee on page 1, line 27, at the request of the Queen's Institute of District Nursing—"such midwives to include nurse-midwives employed as whole-time servants by the voluntary organisations" was unnecessary.

### What is a Nurse-Midwife?

By a nurse-midwife we understand a midwife who is certified under the Midwives Act, 1902. She may not otherwise practise as such. The State, through the Central Midwives Board, has examined her knowledge, and found

her competent to undertake the responsible office of midwife.

On the other hand, the term nurse in combination with midwife does not usually, if ever, denote a State Registered Nurse. The knowledge of nursing of the nurse-midwife has not been examined by the authority appointed by Parliament—the General Nursing Council for England and Wales—to undertake this duty. It is this hybrid person whom it is proposed to continue to make available for the care of the sick poor in rural districts throughout England and Wales under the amended Midwives Act.

The time is opportune to provide through the present Bill, and the subsidised service proposed to be established, that its whole-time employees when liable to be employed in general nursing duties, as well as in midwifery, should hold the double qualification of State Registered Nurse and State Certified Midwife.

Justice to the sick poor and to State Registered Nurses alike demands it.

### QUEEN CHARLOTTE'S HOSPITAL.

At the recent annual meeting of Governors and subscribers at Queen Charlotte's Hospital, Marylebone Road, N.W., Sir Samuel Scott, who presided, referring to puerperal fever, said that at the isolation hospital in Hammersmith 289 cases had been treated. The special research work which had been carried on over the past four years in the Bernhard Baron Memorial Research Laboratories, which had been rendered possible by the financial grants and active assistance of the Rockefeller Trust and the Medical Research Council, had been actively continued with encouragingly successful results. It had been established that the microbe responsible for puerperal fever was in most cases not harboured by the mother herself. On the side of discovering an active remedy as opposed to the problem of prevention, results were also hopeful. Recent work in the laboratory and the wards made it appear probable, as had been claimed a few months ago in Germany, that a certain dye was able to control many of the more serious streptococcal infections, for which treatment hitherto had been very unsatisfactory. This development was the more gratifying in that it was quite unexpected.

### THE MIDWIVES INSTITUTE.

In a letter to the *Times* the Duchess of Devonshire and other influential signatories appeal for financial support for the Midwives Institute.

The Institute, they say, has made special efforts to spread the knowledge of actual conditions among practising midwives to-day which have resulted in the Midwives Bill.

At the headquarters of the Institute in London there is a continual demand for information from local authorities, midwives, and the public in every part of the country, since there is no other organised source of supply from which it may be obtained. The cost of obtaining this detailed information and of its dissemination is very heavy. For the next year or two until the salaried service is in working order there is no hope of being able to raise the subscription paid by the members to headquarters, a sum quite insufficient to cover the work accomplished.

The Midwives' Institute, the signatories state, is therefore obliged to appeal to the public for funds to enable it to continue the work of making available the experience and knowledge of its members.

Donations may be sent to the Duchess of Devonshire, care of the Midwives' Institute, 57, Lower Belgrave Street, S.W.1.

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