

The Midwife.

CONFERENCE ON THE MIDWIVES ACT.

A Conference to consider the new Midwives Act and its operation will be held by the Royal Sanitary Institute in the Central Hall, Westminster, on Thursday, 22nd October, 1936, at 2.30 p.m.

The Right Hon. Sir Kingsley Wood, M.P., Minister of Health, has kindly consented to preside and to address the Conference, and the discussion will be opened by Dr. John J. Buchan, Medical Officer of Health of Bradford.

MATERNITY SERVICES (SCOTLAND) BILL.

A Bill to make further provision with respect to maternity services in Scotland and to amend the Midwives (Scotland) Act, 1915, was presented in the House of Commons, on July 27th, by the Right Hon. Sir Godfrey Collins, K.B.E., C.M.G., M.P., Secretary of State for Scotland, supported by the Lord Advocate and Colonel Colville, M.P., Parliamentary Under Secretary of State.

The main purpose of the Bill is to improve the standard of domiciliary midwifery in Scotland and to secure adequate nursing and medical services for domiciliary maternity cases. It places an obligation on each local authority to make adequate arrangements within its area, either through voluntary associations employing midwives, or by arrangement with midwives in private practice; or they may themselves employ midwives. The Bill also provides for an Exchequer Grant towards the cost of the additional services and deals with other related matters.

The Explanatory and Financial Memorandum which prefaces the Bill states that it is not possible at present to forecast accurately what the total additional expenditure of the authorities on account of the new service will be, but on such statistics as are available it is estimated that it may ultimately amount to approximately £120,000 per annum.

Clause 1 (2) provides that every local authority shall take such steps as the Department of Health for Scotland may require to secure that there are available facilities for medical examination and treatment during pregnancy, medical supervision during the lying-in period and post-natal medical examination, and also for the services of obstetricians for consultant purposes.

Clause 6 (1) prohibits on or after the date on which this section is applied to the area of any local authority, any person who is neither certified under the Midwives (Scotland) Act 1915, nor registered in the general part of the Register of nurses required to be kept under the Nurses' Registration (Scotland) Act, 1919, from receiving any remuneration for attending in that area as a nurse on a woman in childbirth, or at any time during the 10 days immediately after childbirth. Any person disregarding this prohibition will be liable on summary conviction to a fine not exceeding £10.

The provisions of this subsection are not to apply in the case of any person undergoing training with a view to becoming a duly qualified medical practitioner or a certified midwife, or who attends on a woman in any maternity home or hospital the status of which is defined in the Bill.

The Bill provides that the Central Midwives Board for Scotland shall be empowered to frame rules—

(a) regulating the grant by the Board of diplomas, being diplomas in the teaching of midwifery, to midwives presenting themselves for examination for such diplomas; and

(b) providing, in relation to proceedings before the Board for the removal of the name of a midwife from the roll of midwives, for the summoning, attendance and examination of witnesses, the production of documents, the administration of oaths and the taking of affirmations.

FURTHER DEVELOPMENTS IN GAS AND AIR ANALGESIA IN LABOUR.

An article in these columns on Gas and Air Analgesia in the relief of pain in midwifery by Dr. John Elam, Anæsthetist to the Wellhouse Hospital, Barnet, in our issue of September, 1935, aroused a great deal of interest, and an article by the same author on "Further Developments," in the *St. Bartholomew's Hospital Journal* is of corresponding importance. In it Dr. Elam refers to the discussion held on the whole question of relief from pain in midwifery by the Association of Anæsthetists in October, 1933, when Dr. Minnitt of Liverpool showed a machine that he had devised for the *self administration* of a mixture of nitrous oxide and air.

The British College of Obstetrics and Gynæcology have now carried out an investigation of various methods of giving relief in midwifery to see which method or methods might be safe for midwives to use, the cost of this investigation being financed by the National Birthday Trust Fund. Dr. Elam states: "A large number of patients in different hospitals were given analgesia in labour by various methods and a careful study made of the results, and a report has recently been issued by the College. As a result of the investigation the College are not in favour of the use of chloroform, but they have decided that the investigation has proved that the administration of gas and air by the Minnitt apparatus is safe for use by midwives in hospital provided that a recent examination by a medical practitioner has revealed no contra indication thereto.

"The College find that gas and air analgesia is a safe method of giving relief in labour, that labour is in no way prolonged and there is no increase in forceps deliveries and that there is no harm to the baby and they recommend its use for midwives in hospitals, but they advise these midwives should have a special training before using gas and air analgesia."

The College further recommend "that one other responsible person should be present in addition to the midwife in charge of the case."

Dr. Elam's comments in this relation are: "The College do not at present advocate midwives being allowed to use gas and air analgesia for their own patients in domiciliary midwifery, but have suggested further investigation shall be carried out to see whether this very important step can be taken. It is, of course, of the utmost importance that this further investigation shall be made, because both in hospital and in private practice the midwife is occupying a more important position, and there are many thoughtful people who consider that if we are to have safer and better midwifery we must leave the cases more and more to the midwife. The midwife and the midwife alone can give sufficient time to the case, and it is just this matter of time that is so all-important."

In regard to the person in charge of the administration and the machine, Dr. Elam writes:—

"In a mechanical age, when we are all used to complicated machinery in everyday life, the gas and air machine presents no terrors to its users, and a midwife who can care for an Austin Seven, or a woman who can look after a vacuum cleaner, can certainly be trusted to manage a gas and air machine. The user and not the machine is the important factor, and it is our experience that if the administrator is careless and allows the gas cylinders to become empty without noticing this or fails to screw them firmly on to the apparatus, bad results will be obtained, while the good midwife obtains good results."

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