

## The Midwife.

### MIDWIVES ACT, 1936.

By the authority of the Minister of Health, there has been issued from his Department to local supervising authorities in England and Wales a Memorandum drawing their attention to the provisions of the Midwives Act, 1936, which came into operation on July 31st, and urging them at once to take steps to formulate their proposals for establishing a salaried service of midwives. The letter which prefaces the Memorandum and is signed by Mr. A. B. MacLachlan (Assistant Secretary), points out that under the Act local supervising authorities are required before submitting their proposals to the Minister, to consult voluntary organisations which employ, or are willing to employ, salaried midwives in their areas, also that the Minister regards it as of the utmost importance that the midwives employed in the new service should be suitably remunerated, and expresses his confidence that the contributions of Local Authorities to voluntary organisations will be sufficient to enable those organisations to pay adequate salaries to all the midwives they employ.

The Memorandum states that "the Act requires that midwives employed in the new service, whether by local supervising authorities, welfare councils or voluntary organisations, shall be the whole-time servants of these bodies, but it does not require that they shall devote the whole of their time to midwifery and maternity nursing."

Public funds will thus be employed to support voluntary organisations which may employ, and in many instances no doubt will employ, the worker known as a nurse-midwife, a woman who holds no statutory qualification as a nurse, but obtains prestige as such through her status as a State Registered Midwife.

Under the heading, "Prohibition of Unqualified Persons" it is pointed out that, after a certain date, it will be a penal offence for a male person or any person who is neither certified under the Midwives Act, 1902, nor registered in the general part of the Register of Nurses required to be kept under the Nurses' Registration Act, 1919, to receive any remuneration for attending as a nurse on a woman in childbirth. Exceptions are made in regard to persons undergoing training as part of a midwifery course recognised by the General Medical Council, or by the Central Midwives Board, with a view to becoming duly qualified general practitioners or certified midwives, or any person who attends on a woman in a nursing home registered, or exempt from registration, or in Hospitals or Institutions excepted from the definition of Nursing Home in that Act.

Thus persons can attend on women in childbirth in Christian Science Houses without supervision, and the patients are without the protection which the Act is designed to afford.

Attention is drawn to the provisions of Section 9 of the Act, which empowers the Central Midwives Board to frame rules regulating the grant by the Board of diplomas in the teaching of midwifery.

It is further pointed out that "County Councils will no doubt appreciate the importance, if undue expenditure is to be avoided, of arranging if possible for Nursing Associations to provide a service to cover the whole of the rural parts of the counties. This will, in a number of cases, involve an extension of the activities of the Associations to areas not previously served by them, and as the midwives employed by the Associations normally devote a substantial part of their time to district nursing, and as the contributions made by local authorities under the Act will relate only to midwifery

and maternity nursing, the Nursing Associations will require additional funds in order to pay that part of the salaries of the additional midwives appointed by them which relates to other than midwifery and maternity nursing work. It may be necessary, therefore, for a County Council to consider the question of a fuller exercise of the power conferred upon them by Section 67 of the Poor Law Act, 1930, to subscribe, with the consent of the Minister, towards the funds of Nursing Associations. Such subscriptions would not, of course, rank for grant under the Midwives Act."

As we point out elsewhere on this page, during the year 1935, the total number of Queen's Nurses doing midwifery, in connection with the Queen's Institute, *i.e.*, nurses holding the double qualification of State Registered Nurse and State Registered Midwife, was increased by 81, and the number of Village and other Nurse-Midwives working in connection with the Queen's Institute was decreased by 248.

The effect of the policy of the Government under the new Midwives Act of urging upon County Councils "the importance, if undue expenditure is to be avoided, of arranging, if possible, for Nursing Associations to provide a service to cover the whole of the rural parts of the counties," under-cuts the Nurses' Registration Act, is unjust to the sick poor, and to State Registered Nurses.

It may reasonably be hoped that the effect of the new Midwives Act will be to raise the standard of midwifery throughout England and Wales. In regard to the standard of nursing of the sick poor in the rural parts of the counties the Act cannot fail to depreciate its quality.

### STATISTICS COMPILED BY THE QUEEN'S INSTITUTE OF DISTRICT NURSING CONCERNING MIDWIFERY CASES.

We have received from Miss Mercy Wilmshurst, General Superintendent of the Queen's Institute of District Nursing, an interesting report on midwifery cases undertaken by Queen's Nurses and Village Nurse-Midwives, working in connection with the Queen's Institute, during the year 1935, which we print in part:—

#### REPORT.

**Number of cases attended** (no doctor engaged for the confinement), 65,538 (decrease of 2,981).

**Total number of Midwives**, 3,920, of whom 1,100 were Queen's Nurses (an increase of 81) and 2,820 were Village and other Nurse-Midwives (a decrease of 248).

The decrease in the number of cases, though more marked in the south of England, has been fairly general in all parts.

Of the patients attended, 17,399 (or 26.5%) were primiparae.

The number of maternal deaths was 168, a maternal mortality rate of 2.56 per 1,000 births.

This compares with two previous years as follows:—

1935 rate per 1,000—2.56.

1934 rate per 1,000—2.74.

1933 rate per 1,000—2.26.

Twenty-one patients (or 32 per 1,000) died from associated causes, which reduces the maternal mortality from puerperal causes to 2.24 per 1,000.

The rate in urban areas is 1.85 per 1,000.

The rate in rural areas is 2.78 per 1,000.

Among the deaths, 44 (26.2%) were primiparae, and 46 (or 27.4%) had had five or more previous pregnancies.

Of the total cases, 60,419 were in England with a maternal mortality of 2.56 per 1,000; and 5,119 were in Wales with a mortality of 2.54 per 1,000.

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