

# The Midwife.

## CENTRAL MIDWIVES BOARD.

Will our readers note that the Central Midwives Board is no longer located at Queen Anne's Gate Buildings, Westminster, S.W., but that the Offices are now established at 23, Great Peter Street, Westminster, London, S.W.1. Great Peter Street runs into Great Smith Street, Westminster, along which the 88 omnibuses pass, and is thus convenient of access.

## THE AUGUST EXAMINATION.

At the August Examination of the Central Midwives Board, 960 candidates were examined, including candidates from four Welsh and three Scottish Hospitals. 663 candidates passed the examiners, the percentage of failures being 30.9.

## THE CONDITIONS UNDER WHICH A MIDWIFE MAY ADMINISTER GAS AND AIR TO PRODUCE ANALGESIA.

In view of the widespread relief from pain in child-birth resulting from gas and air analgesia the following extract from an advisory memorandum issued by the Central Midwives Board will be of interest to State Certified Midwives who, under the conditions defined, will now be able to relieve an untold amount of suffering.

Extract from Advisory Memorandum as to the Drugs which may be properly Carried and Administered by Midwives.

Special attention is drawn to the fact that:—

(2) In the application of Rules E. 10. (a) and (b) the Board regards the administration by a midwife, acting as such, of gas and air by Minnitt's or similar apparatus for the purpose of producing analgesia during labour as treatment within her province, provided that (i) she has, either before or after enrolment, received at an institution approved by the Board for the purpose, special instruction in the essentials of obstetric analgesia and has satisfied the institution that she is thoroughly proficient in the use of the apparatus; (ii) the patient has within one month before her confinement been examined by a registered medical practitioner who has handed to the midwife a certificate in writing that the patient is in a fit condition for gas and air administration and (iii) one other person, being a state certified midwife, or a state registered nurse, or a senior medical student or a pupil midwife, is present at the time of administration in addition to the midwife in charge of the case.

Administration by a midwife of any other anæsthetic, otherwise than under the personal direction and supervision of a registered medical practitioner, is regarded as treatment outside her province.

## ARTIFICIALLY INDUCED ABORTION.

The Minister of Health, in referring recently to the investigations into maternal mortality, said that the official investigators obtained the impression that the practice of artificially induced abortion was increasing in this country and was certainly responsible for many maternal deaths. The main line of attack on maternal mortality must be the continuous improvement of our local maternity services. The keynote was the necessity for team work.

## WELL MERITED DISTINCTION.

We learn with pleasure that the University of Louisville, Kentucky, has conferred the Hon. Degree of Doctor of Laws on Mrs. Mary Breckinridge, Founder and Hon. Director of the Kentucky Frontier Nursing Service. Mrs. Breckinridge has worked with whole-hearted devotion to bring skilled midwifery to women in lonely outposts in Kentucky, and we are glad that her work has been thus honoured and recognised. The courage with which Mrs. Breckinridge and her brave band of nurses have dealt with their often dangerous work has aroused admiration throughout the world.

## HOW THE FRONTIER NURSE SPENDS HER TIME.

The following account of how a nurse of the Kentucky Frontier Nursing Service spends her time, published in the *Quarterly Bulletin* of the Service, will be read with interest:—

At eight-thirty in the morning the nurse grooms and saddles her horse and rides out on her district. All calls, except midwifery, have reached her before she leaves, and so far as is possible she has planned her work in relation to a certain creek. She will do a postpartum and a prenatal, answer a sick call and make such health visits as she can along a given creek. In such a regular day's work the nurse makes, on the average, eight visits.

Each district nurse carries under her immediate supervision approximately 100 families, which means about 525 people. Of this number she will have about 25 babies, infants under one year of age, whom she expects to see twice a month. About 100 will be pre-schools, children between one and six years of age, each one of whom the nurse tries to see once a month. Of the remaining 400 people, about 200 will be school children and 200 will be adults. According to our routine, school children are seen once in three months and adults once in six months. This routine of visits is, of course, for well people. Sick people, whether young or old, are seen as often as their condition warrants.

Of the 525 people mentioned above, from 10 to 20 will usually be maternity cases, either prenatals or postpartums. If prenatals and normal, they are visited once every two weeks until the seventh month of pregnancy and every week thereafter until delivery, regardless of the distance they live from the centre. If they are normal postpartums they are visited every day for the first 10 days within a three-mile limit, every other day if from three to five miles away, and on the third, seventh and tenth days if over five miles distant; thereafter, once a week until one month after delivery. If either prenatal or postpartum is not normal the case is visited as often as the condition requires.

A nurse-midwife has a definite district limited by well-known boundaries. For a single nurse centre, it is approximately a three-mile radius from her centre. In a two-nurse centre, the radius is five miles, each nurse taking half of the territory covered. Occasionally there are certain sections farther than five miles from the centre which for various reasons a nurse may carry for midwifery only. It is because of these distances that the routine for postpartum visits varies. One day a week the nurse-midwife does not go out on her district except for a midwifery or sick call. She stays in her centre for clinic visits and sees the people who come to her. Much of her health work and many of her prenatals are taken care of in this way.

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