

aware from the experience gained through its penal procedure, have existed hitherto in the supervision of midwives.

The Board also wholeheartedly supports the view expressed in the Ministry of Health's circular regarding the Regulations that a supervisor of midwives "should be regarded as the counsellor and friend of the midwives rather than a relentless critic." The Board is convinced that, if supervisors of midwives adopt the rôle recommended by the Minister of Health and thereby gain the complete confidence of the midwives under their supervision, they will play an important part in raising the standard of midwifery practice throughout the country.

For some time prior to the passing of the Midwives Act, 1936, the Board had been conscious that the steadily widening conception of the nature and extent of the midwife's duties rendered necessary the introduction, at the first favourable opportunity, of radical changes in the curriculum of training for pupil-midwives. For over five years the Board had been preparing a new scheme and apart from the Midwives Act, 1936, would have proposed a revision of the training rules during the year under review. The decision, however, to reorganise the domiciliary midwifery service of the country appeared to the Board to demand, and at the same time to make practicable, changes of a more far-reaching nature than previously had seemed possible. Accordingly, in preparing the new rules, the Board had special regard to the conditions which, it is expected, will exist when the provisions of the latest Midwives Act have become fully effective, and to the qualities which practising midwives will then be required to possess. It also assumed that the aims underlying the new midwifery service will be fully realised and in particular that the status and salaries of midwives will be raised to a level which will attract to the profession women of the right type.

NEW "SECTION B." OF RULES.

On February 12th, 1937, the Minister of Health approved the new training and examination Rules on the preparation of which the Board had been engaged for a considerable time. The two most important changes effected by the new Rules are:—

(i) The period of training will be extended from six months to 12 months for State Registered general trained nurses and from 12 to 24 months for other pupil midwives.

(ii) For each class of pupil midwife the course of training will be divided into two parts; a first period extending over six months for State Registered general trained nurses and 18 months for others, and a second period extending over six months in all cases. Each period will be completed by an appropriate examination, those successful in the second being awarded the Certificate of the Board and admitted to the Roll of Midwives. Rules have also been framed and submitted to the Minister of Health for approval regulating the post-certificate courses for practising midwives in accordance with the provisions of the Midwives Act, 1936.

"The Board believes that the new scheme of training is capable of producing midwives of a standard of skill and proficiency comparable with that of midwives in any other country. The success or failure of the scheme, as of any training scheme, will," it says, "depend ultimately on the quality of the teachers responsible for its conduct; other requisites of training such as buildings and equipment are of a lesser degree of importance. This appears to the Board to be specially true in the case of training for a craft such as midwifery, in which a sympathetic understanding of human nature is an essential attribute for complete success in practice. If the training scheme embodied in the new rules is to produce the desired results, it is of the first importance that the teachers responsible for the practical instruction should not only be highly

skilled as midwives, but should have a trained ability for teaching, should be up to date in their methods both of practice, and of instruction, and should feel and retain enthusiasm for their teaching work.

It should be noted that in connection with Rule 17 (a) the Minister of Health approved an amendment on October 20th, 1936, extending the period of a midwife's responsibility for a lying-in patient, from 10 to 14 days, in a normal case. This amendment came into force on January 1st, 1937.

USE OF ANALGESICS BY MIDWIVES.

The Board state that they gave special consideration to the conclusions expressed in the report of the British College of Obstetricians and Gynaecologists on analgesics suitable for use by midwives, and have now sanctioned the use of the administration of gas and air by a midwife, acting as such, by Minnitt's or similar apparatus during labour, provided that certain defined conditions are fulfilled.

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

Owing to the general growth of the Board's activities the Board, with the approval of the Minister of Health has made a considerable increase in the number of the clerical staff.

The office of the Board has been removed from 1, Queen Anne's Gate Buildings, to 23, Great Peter Street, Westminster, London, S.W.1. Copies of this Report, price 4d. net, can be obtained from His Majesty's Stationery Office, Adastral House, Kingsway, London, W.C.1. We advise midwives to procure and study it.

The Voluntary Hospitals Committee (County of London) has just issued its annual report for 1937. It is one of the functions of the committee to act as a link between the voluntary and municipal hospitals, and the report describes arrangements concluded with the King's Fund whereby the committee is to give advice on all schemes of extensions undertaken by voluntary hospitals.

DECREASE IN MATERNAL DEATHS IN LONDON COUNTY COUNCIL HOSPITALS.

What is described as "a gratifying decrease" in the number of maternal deaths occurred in London County Council hospitals during 1936. The report on the hospital services of the Council for that year, now published, states that the cases treated reached the record total of 17,936, an increase of more than 2,600 on 1935, and the number of deaths 63, or 3.51 per 1,000.

The proportion of these women who had received ante-natal supervision at the Council's clinics had risen to 90.9 per cent., and out of the 16,302 cases so treated there were only 32 deaths, or 1.96 per 1,000. Among the other 1,634 cases which had received other ante-natal treatment or none at all there were 31 deaths, or 18.46 per 1,000.

Dr. Letitia Fairfield, Senior Medical Officer, points out that these figures must be interpreted with caution, because abnormal cases admitted did not necessarily mean that they had not had ante-natal care.

At a meeting of the Central Midwives Board, held on April 7th, the secretary reported a letter from the Ministry of Health notifying the reappointment of Miss Edith Greaves, Dr. W. Allen Daley and Mr. H. A. de Montmorancy, and the appointment of Miss Georgina B. Cameron, as representatives of the Ministry on the Board for the year commencing 1st April, 1938.

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