

The Midwife.

CENTRAL MIDWIVES BOARD.

EXAMINATION PAPER.

May 11th, 1938.

Candidates are advised to answer all the questions.

1. Describe the vagina and its relations.
2. What do you mean by the brim of the pelvis? What part does it play in midwifery? How can the size of the brim be ascertained in a pregnant woman?
3. How would you diagnose a breech presentation? What difficulties may arise during labour and what are the possible dangers to mother and child throughout this period?
4. What are the common causes of albumin in the urine of a pregnant woman? How would you distinguish between them?
5. What drugs and antiseptics may be used by a midwife in her practice? State the circumstances in which they may be used, giving their doses and strengths respectively.
6. Describe in detail your management and feeding of a premature baby during the first week after its birth.

THE MIDWIFE

THE SAFETY OF MOTHERHOOD.

Mr. Robert Bernays, M.P., Parliamentary Secretary to the Ministry of Health, was present at the Conference and Post-Graduate Course of the Association of Inspectors of Midwives and gave an address to the members.

Mr. Bernays said that safer motherhood was a national question of supreme importance. It intimately affected the happiness and unity of family life; it involved the very future of our race.

The last few years had witnessed a decline in maternal mortality. We had every reason to hope for a further and more marked decline in the future.

The Midwives Act of 1936 had gone to the root of the problem in assuring to every mother the services of a trained midwife in her confinement. The new service was now well established.

Nearly 2,000 domiciliary midwives had been appointed by local authorities as their direct full-time employees. They had already attended 50,000 confinements as midwives, and nearly 12,000 confinements as maternity nurses. 4,500 domiciliary midwives were now employed by voluntary associations under arrangement with Local Authorities. They had attended 80,000 cases as midwives and nearly 40,000 as maternity nurses.

Nor was this all that we were doing to strengthen the domiciliary midwifery service.

Rules of the Central Midwives Board embodying important changes in the training of midwives had recently received the approval of the Minister of Health. Under the new rules the training course was divided into two parts: a first part devoted to both theory and practice and lasting six months for trained nurses, and 18 months for women with no previous professional qualification, and a second part devoted primarily to practical work. All women intending to practise midwifery in the future would have to take both parts of this training and to pass both the examinations which terminated each part. Only in this way would they be admitted to the Roll of Midwives.

Increased Exchequer grants were now available to assist the training of students who intended to become practising midwives.

Provision had been made for post-certificate courses for practising midwives. The Midwives Act placed upon local authorities the duty of making the necessary arrangements, and required practising midwives to take these courses once every seven years. The Midwives Board had made rules prescribing their nature and extent, and grants had been provided towards their cost.

Dealing with the work of the Supervisors of Midwives who constituted the members of the Association, Mr. Bernays said it should be their aim to foster in the midwives, who looked to them for guidance, the sense of membership of a great organisation; an organisation which had an essential part in combined action for a great national purpose—the protection of the life and health of mothers throughout the whole course of child bearing.

BIRTH-RATES, DEATH-RATES AND INFANT MORTALITY FOR THE YEAR 1937.

Provisional figures.

According to a return published by the Registrar-General, the birth-rate in England and Wales during the year 1937 is provisionally estimated at 14.9 live births per thousand of the population, and the crude death-rate at 12.4 deaths per thousand of the population. The number of deaths of children under one year, per 1,000 live births, was 58.

The birth-rate for 1937 is 0.1 above that for 1936, and 0.2 above that of 1935 and 0.5 above that for 1933, the lowest on record.

The crude death-rate is the highest recorded since 1929 and is 0.3 above that of 1936, an increase which is largely associated with the heavy influenza mortality of the first quarter of the year.

The infant mortality is 1 below that of 1936, and only 1 above that of 1935, the lowest recorded.

In 122 County Boroughs and great towns of England and Wales, including London, the birth-rate during 1937 is provisionally estimated at 14.9 live births per thousand of the population, the crude death-rate at 12.5 deaths per thousand, and the deaths of children under one year at 62 per 1,000 registered live births.

The corresponding figures for the 148 smaller towns, with estimated resident populations of from 25,000 to 50,000 at the 1931 census, are estimated as follows:—

Birth-rate, 15.3; crude death-rate, 11.9; and infant mortality, 55.

In the Administrative County of London the corresponding figures are estimated at: birth-rate, 13.3; crude death-rate, 12.3; infant mortality, 60.

SWEDEN WIDENS ABORTION LAW.

Both Chambers of Parliament in Sweden have passed a law making abortion legal in a number of cases where it has not been permitted hitherto. Abortion will be allowed for "humanitarian" reasons, as in cases of violation and when the expectant mother is under 15; for "eugenic" reasons, as when the father or mother may be expected to transmit to the child lunacy, imbecility or a serious physical disease; and, finally, for "mixed medical-social" reasons, as in the case of worn-out mothers.

In an earlier stage it was proposed to legalise abortion for social reasons, for instance in cases of economic privation or social disgrace, but in the Bill now adopted by Parliament these social reasons have been omitted.

We should imagine such cases will have to be very carefully supervised.

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