

The Midwife.

SALARIED MIDWIVES.

Sir Robert Young, O.B.E., Member for Newton, Lancashire, asked the Minister of Health the number of salaried midwives appointed since August 1st, 1937; what was their distribution throughout the counties of England; and whether there had been any difficulty in getting the requisite number required in any part of the country.—Mr. Bernays, Parliamentary Secretary to the Ministry of Health, replied: The number of salaried midwives included in the proposals of local authorities, under the Midwives Act, 1936, is approximately 7,550, and I am sending the hon. Member particulars of the geographical distribution of this number. I think it is safe to assume that a large majority of the midwives have already been appointed. Returns showing the exact numbers appointed by the end of this year will be available in February next. As regards the last part of the question, my right hon. friend is not aware that any serious difficulty has been experienced in any part of the country in securing the requisite number of midwives.

THE STATE REGISTERED MATERNITY NURSE.

The position of State Registered Nurses when acting as Maternity Nurses is one upon which Registered Nurses are anxious to obtain a definite pronouncement from the Minister of Health. In the event of a State Registered Nurse holding the "First Certificate" of the Central Midwives Board being accused of unskilful treatment in dealing with a maternity case, or of unprofessional conduct, by what authority will she be required to account for her actions, the General Nursing Council for England and Wales, which is the body authorised by Parliament to register Nurses, or the Central Midwives Board, which under the Rules of Training and Examination of Section B, has instituted an examination and taken power to award a certificate, the First Certificate bearing the Note:—"This Certificate does not entitle the pupil whose name is inserted herein to admission to the Roll of Midwives or authorise her to hold herself out as certified under the Midwives Acts 1902—1936."

That being so, what jurisdiction can the Central Midwives Board have over State Registered Nurses when the Midwives Act, 1902, was "An Act to secure the better training of *Midwives* and to regulate their practice, and subsequent Acts, including that of 1936 deal solely with *Midwives*?"

The position is one which needs clarifying, and the British College of Nurses, as will be seen on page 10, is endeavouring to obtain from the Minister of Health a definite pronouncement as to the position, in such circumstances, of the State Registered Nurse when acting as a Maternity Nurse.

PREPARATION FOR MOTHERHOOD.

Mr. L. C. Rivett (obstetric surgeon to in-patients at Queen Charlotte's Hospital), addressing students at the Winter School for Health Visitors and School Nurses, at Bedford College, Regent's Park, spoke on preparation for motherhood. He said that it would be very much wiser if, in the course of the development of education, we could arrange things so that a woman did not embark on pregnancy until she had completely settled down to her new life and had learned how to manage her own home. Among English girls the years between 19 and 25 were the best for having a first baby.

Dr. N. Langdon Little, who also addressed the students,

said that if they knew how vegetables were cooked in boarding houses and hotels they would never give them to a baby and would probably never eat them themselves. For some incredible reason, mothers found it difficult to give young babies drinks of water, but it was imperative for the tiny toddler to have an adequate supply of water. A raw carrot was an excellent thing for a child to chew on.

CENTRAL MIDWIVES BOARD.

ANALYSIS OF TRAINING FOR 1937.

The Central Midwives Board has published a very useful analysis of training for 1937 showing in each case the first entries, and of these the number who passed, who failed, the number of re-entries, and of these also the number who passed and who failed, in connection with each training school.

The list is not only of interest, but it is also of importance to those who are contemplating training, because, naturally, those schools which are successful in passing a large percentage of candidates are desirable to enter for training, while those which have many failures are to be avoided. Certain it is that the quality of the material offering itself for training varies and therefore results must also be somewhat variable. But nevertheless the quality of the teaching given is of supreme importance, and where a hospital obtains a consistently high average of passes it may be assumed that the teaching given is of a high quality, and that even unpromising material may be successfully coached to obtain a pass.

Where a training school has many failures, those searching for a school in which to train will pause before making application to be accepted as a pupil, but will prefer to wait for a vacancy in a school where the results are more successful. To most midwifery pupils the payment of the requisite fees is a matter of importance, and even should the training be, as in some instances, free, the fact that they are earning nothing and are paying out a certain amount is a consideration. We therefore welcome this analysis of training, and commend it to the attention both of the heads of training schools and of would-be trainees.

EXAMINATION PAPER.

NOVEMBER 10TH, 1937. FROM 2 TO 5 P.M.

1. Describe the amnion and its relations. What are its functions: (a) during pregnancy; (b) during labour?
2. What are the *common* causes of the head of the child floating above the brim of the pelvis at the 38th week of pregnancy?
How would you recognise each cause you mention?
3. What are the causes of prolapse of the umbilical cord?
What are the dangers of this complication?
Pending the arrival of medical aid, how would you deal with a case in which this complication had occurred?
4. What are the common disorders of the genital tract resulting from childbirth?
How may they be recognised?
5. In what circumstances must you, during your attendance, summon medical aid on behalf of the new-born child?
What notifications would you have to send in such circumstances?
6. The child has just been born and you find on palpation that the uterus is still very large. What further examination would you make and what would you do in accordance with what you find?

[previous page](#)

[next page](#)