The Midwife.

CENTRAL MIDWIVES BOARD.

To the Editor of The British Journal of Nursing. 19, Queen's Gate, S.W.7.

DEAR MADAM,

I am directed to send, for your information, a copy of a letter which the Chairman of the Central Midwives Board has addressed to the Matrons of Institutions approved by the Board in respect of the First Period of Training of Pupil-midwives.

> Yours faithfully, L. FARRER BROWN, Secretary.

From Sir Comyns Berkeley, Chairman of the Central Midwives

July 12th, 1940.

DEAR MATRON,

At the request of my colleagues on the Central Midwives Board I am sending a copy of this letter to the Matrons of all the institutions approved for the first period training of pupilmidwives. It is a circular letter. I earnestly hope, however, that it will not receive from you the cold, impersonal reception which is often the fate of circular letters, but will be regarded as a personal appeal to you to co-operate with the Board in a matter of national importance. This matter concerns the maintenance of an adequate supply of midwives.

Owing partly to the diversion of many doctors and nurses to

war service, additional strains have been placed on the mid-wifery service since the outbreak of war. The need for ensuring a good supply of entrants to the profession, great as such a need was in peace-time, is greater still now. The Board has reason to think that those in charge of first period training schools can render great assistance in the task of ensuring that this need

is met.

The number of pupil-midwives who, after passing the First Examination, have proceeded to the second period of training with a view to qualifying as midwives, has steadily increased since last September. The progress which has been made has been most encouraging, especially since all the evidence before the Board points to the fact that those who have qualified as midwives under the new scheme of training are of the quality desired. To ensure, however, that the number of midwives qualifying annually is adequate, the number of pupil-midwives who proceed to the second period of training must be increased by between 300 and 400 a year. The number of pupil-midwives who, after passing the First

by between 300 and 400 a year.

The required number will be attained if 50 per cent. of the pupil-midwives who pass the First Examination of the Board take the second period of training. The Board, therefore, desires to appeal to the Matron of each first period training fore, desires to appeal to the Matron of each first period training school to make this her aim—that at least 50 per cent. of the pupil-midwives of her school go on to a second period training school and qualify as midwives. This aim has already been achieved by a large number of the first period training schools. Indeed, in the case of several of such schools over 90 per cent. of their pupil-midwives have entered second period training schools after passing the First Examination.

In making this appeal, the Board is fully conscious of the serious difficulties which stand in the way of many pupil-midwives who wish to complete both parts of the midwifery training. The Board is striving to reduce and overcome these difficulties, and will continue to do so. It asks the Matrons

difficulties, and will continue to do so. It asks the Matrons of first period training schools to help it by encouraging all their pupil-midwives who have a genuine interest in midwifery work to qualify as midwives, despite the difficulties which exist. It is in the power of the Matrons to exercise a widespread influence in this respect.

It is possible that as the war propresses the need for the ser-

It is possible that as the war progresses the need for the services of nurses in the treatment of war casualties may lead many state acceptance. state registered nurses who would otherwise have entered on midwifery training to consider postponing such training until after the war. The Board is strongly of the opinion that if any state registered nurse intends ultimately to practise as a midwife she should be added to the practice as a midwife she should be added to the practice. midwife, she should be advised, in the national as well as in her

own interests, not to postpone beginning her training as a pupil-midwife. The midwitery service is a vital national service which must be kept going at full strength.

I realise the heavy burdens which, like all Matrons, you are

being called upon to bear at the present time, but from my long experience of the nursing profession and its leaders, I feel confident that you will do your utmost to respond to this appeal.
Yours sincerely,
Comyns Berkeley,

Chairman of the Board.

[We quite realise that the extended training for a Midwives' Certificate under the recent Act makes for greater efficiency, but the fact remains many Registered Nurses have neither time nor money to spare a year for the extended training, and thus the deficiency of candidates. During recent months we have received many suggestions from Matrons of Midwifery training schools that the term of training for Registered Nurses should be reduced during the War.—ED.]

SUCCESSFUL EARLY TREATMENT OF A VESICO-VAGINAL FISTULA.

At the American Marathi Mission Hospital, Wai, Satara District, India.

By FLORENCE M. RIDLEY, R.N., S.C.M.

The patient was a 16-year-old primipara. Face presentation.

Admitted to hospital, 22-1-40, at 12.45 a.m.

In labour "since 20-1-40, about 7 p.m."

Membranes ruptured, "21-1-40, about 7 p.m." Cervix fully dilated.

On admission—patient having strong pains and using them well.

Bladder full and rectum loaded, but attempt to pass a catheter failed.

Vulva and perineum very cedematous. Baby's face presenting at vulva. Tongue black and swollen, protruding through baby's greatly swollen lips.

Baby born naturally, 22-1-40 at 2.18 a.m. Face badly

macerated.

Lived five hours.

Placenta and membranes expelled normally at 2.44 a.m. Patient sustained a perineal tear. Four silkworm gut sutures inserted.

General condition-fair.

22-1-40. Ist day.

Puerperium.

Patient put in Fowler's position—on Gatch frame. Lochia very offensive. Wash downs q.4.h. Iodine Lochia very offensive. douches 3i to Oi b.d.

Maximum temp. 101.6 at 4 p.m.

23-1-40. 2nd day.
Swelling of vulva subsided—but vagina began to slough.

Maximum temp. 103°, at 12 noon.

Treatment continued. R. Liq. paraffin 3i b.d.

24-I-40. 3rd day.

Treatment continued.

Maximum temp. 101.4 at 4 p.m.

25-1-40. 4th day. Vagina sloughing badly. Vagina lightly packed with cod liver oil dressing, b.d.

Iodine douches, etc., continued. Maximum temp. 102° at 12 noon.

26-1-40. 5th day.
All treatments continued. Maximum temp. 101.6at 4 p.m.

previous page next page