

THE MIDWIFE.

We are not commenting on the new murder machines—the pilotless planes—because we feel sure the Censor would not pass our criticism upon them.

We therefore rejoice to find that the innocent and defenceless babes of our wonderful airmen are being rescued and cared for by skilled members of our profession. As can be seen in the picture on this page, these little lambs are indeed precious in these days of stress.

A NATIONAL MATERNITY SERVICE.

In a report recently published, the Maternity and Infant Health Services Committee of the Royal College of Obstetricians and Gynaecologists recommends the formation of a national maternity service which would include all existing services and be controlled by a single administrative authority. Integration is regarded as absolutely essential for efficiency.

At the outset the report states, as annotated by *The Times*, that a maternity service should have three principal aims: to bring the mother safely through pregnancy, labour, and the puerperium; to secure the birth of a healthy infant; and to leave the mother at the end of her lying-in as well as she was when she became pregnant.

The fall in the maternal mortality rate is, in the opinion of the committee, by no means commensurate with the great improvements in medical science. They believe that by making better use of our present resources the rate could be forced considerably lower. Moreover, the obstetrician must not be concerned only with survival but also with the health of the mother and child.

It is proposed, therefore, that for the purposes of a national service the country should be divided into areas having a population of about 1,000,000 and yielding about 15,000 births a year, and further divided into large health regions.

In the regions the service would be based on key or primary centres consisting of not less than 100 lying-in beds (with at least a third of them antenatal beds), antenatal and other clinics, a department for infants under a paediatrician, laboratories, and teaching and research facilities. These key centres would, where possible, be a part of a university medical school, and would have at their head a whole-time professional obstetrician.

In the areas the service would be based on divisional maternity centres, closely associated with the key centres, and at the periphery would be small local centres. The whole service should act as a single unit with all parts integrated and should be actuated by the principles of continuity, completeness, and co-operation.

Schools for Midwives.

To overcome the difficulty of a shortage of well-trained staff, it is suggested that the university centres should be the undergraduate schools, and some of the divisional centres the postgraduate schools and schools for midwives. The whole process would have to be gradually evolved until the standard of practice had been considerably raised.

The committee believes that general practitioners should take an important share in the national service, but their belief is equally strong that it is not an advantage to child-bearing women that any practitioner should practise obstetrics and be employed in the service, but only those with special experience. Suggestions are made for the close association of practitioners with the service through local centres.

Some improvements are urged in post-natal treatment.

It is pointed out that hospital treatment is seldom required after childbirth, but peace and quiet and freedom from anxiety are essential. Two weeks or more in a post-natal hostel, the committee suggests, would make all the difference to the health and happiness of mother and child, and the nearer the hostel to home and friends the better.

In Large Centres.

Of midwives, the committee says that, good as is their work, it would be improved by training in large maternity centres with a first-class obstetric staff. They should be also State registered nurses, and for the purposes of a national service, should have better training in the management of newborn babies.

The members of the committee were:—

Dr. Eardley Holland (chairman), Dr. Dugald Baird, Dr. A. C. H. Bell, Dr. J. B. Blaikley, Dr. Alice Bloomfield, Dr. Francis J. Browne, Dr. Daniel Dougal, Dr. E. C. Fahmy, Dr. A. A. Gemmell, Surgeon Commander E. A. Gerrard, Dr. W. Gilliatt, Dr. J. P. Hedley, Dr. James Hendry, Dr. C. H. G. Macafee, Dr. Alan Moncrieff, and Dr. James Young.

The report is published from the Royal College, 58, Queen Anne Street, W.1, price 1s. 6d.



Photo:.]

[Graphic Photo Union.

A WARD SISTER REMOVES AN AIRMAN'S TWINS TO PLACE OF SAFETY.

REDUCING THE INFANT DEATH-RATE IN SCOTLAND.

The infant death-rate in Scotland is very high, and the increasing importance of reducing it was under consideration at a recent meeting of the Scottish National Health Visitors' Association at Stirling. It was urged that in the realm of preventive medicine the health visitor would in future be of vital importance. Among the measures in attacking the problem of infantile mortality, visitation of the home by health visitors was still one of the best.

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