

The Midwife.

THE CENTRAL MIDWIVES BOARD.

THE ANNUAL REPORT.

As we go to print we have to thank the Central Midwives Board for a copy of the Report submitted to the Minister of Health by the Board on its work during the year ended March 31, 1945. Most interesting; we hope to give space to its consideration in our next issue.

AN AMENDED RULE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have to refer to the Board's letter of August 2nd, 1945, relating to the amendment of section B.4 (a) (i) of the Board's Rules providing that a Registered Sick Children's Nurse may be admitted to the shortened period of midwifery training extending over six consecutive calendar months for the First Certificate of the Board.

I am directed to inform you that the Minister of Health has approved an amendment to rule C.2 (b) of the Board's Rules to include State Registered Sick Children's Nurses among those who are eligible for entry to the Midwife-Teachers' Certificate Examination provided they are otherwise qualified under this section of the Rules. The amended Rule, which will come into operation as from November 1st, 1945, reads as follows:—

" . . . (b) Her name appears on the general part of the register of the General Nursing Council for England and Wales or the General Nursing Council for Scotland or the Joint Nursing and Midwives Council for Northern Ireland or the General Nursing Council for Eire, or on the part thereof containing the names of nurses trained in the nursing of sick children, by virtue of having passed the examination of one of these bodies or some other examination recognised by the General Nursing Council for England and Wales."

Yours faithfully,

A. J. BENNETT, *Secretary,*
The Central Midwives Board.

PRIORITY FOR EXPECTANT MOTHERS.

A scheme to give priority of position in shopping queues to expectant mothers was announced by Sir Ben Smith, Minister of Food, who expressed the hope that retailers would help to put it into effect.

Food offices, he said, were being instructed to affix to the inside cover of the RB2 green ration book, issued to expectant mothers, a label bearing in red the words "Queue priority, please." Expectant mothers would have to produce this to get priority.

This arrangement is by no means popular with hard-worked women, who have little time to spare.

BLOOD TRANSFUSION IN MATERNITY CASES.

We have received the following instructive information from the Ministry of Health.

It has been said that an efficient Transfusion Service is now recognised to be a part of every well-equipped maternity hospital, not for use simply as an emergency measure but deliberately as well, in carefully selected cases.

Blood Groups.

Blood is made up of plasma (fluid) which circulates around the body, and the corpuscles which are carried by it. Blood groups are the categories into which people are divided according to the composition of the corpuscles in

their blood. There are four main blood groups which are inherited according to well recognised laws.

The Rhesus Factor.

In 1940 it was further discovered that there was a factor in the red blood cells which was also inherited and could appear in any red cells irrespective of the group to which they belonged. This factor always occurs in the red cells of the Rhesus monkey, and the scientists named it the "Rh" factor.

Most human beings have this "Rh" factor in their blood cells and are called Rh positive, but about 15 per cent. are without it and are termed Rh negative.

When an Rh negative woman has a baby by an Rh positive father, the child is liable to develop a form of anaemia which may be fatal. Formerly these babies were stillborn or died soon after birth, but it is now known that transfusion with Rh negative blood saves the life of the baby and, should the mother need a transfusion, that it is essential that only Rh negative blood be used.

What happens in these cases is that the babies are almost always "Rh" positive, and before they are born the red cells pass from the baby into the mother's circulation, where antibodies to the baby's Rh positive cells are formed. These antibodies then pass back into the baby and destroy the positive red cells, causing anaemia. But if the baby can be given a transfusion with Rh negative cells the antibodies are soon eliminated and the child thrives. Special stores of Rh negative blood are now kept for this purpose and the lives of many mothers and babies are being saved in consequence.

Only seven or eight persons of every 100 donors belong to the Rh negative type of group 0 (which is the safest blood to use in these cases), so to provide, for example, for 76 transfusions that were given last year in one maternity hospital alone, 1,000 donors were needed. From this, it is easily understood that a large number of donors are required to supply the needs of maternity hospitals throughout the country.

Other uses of Blood Transfusion in Maternity Cases.

Loss of blood in childbirth is inevitable, but Nature has in most cases prepared the mother for this by increasing her blood volume and filling her tissues with fluid. In cases of obstetric shock, however, causing severe hæmorrhage, transfusion proves a life-restorer.

Some degree of anaemia in pregnancy is common, especially where the diet of expectant mothers is lacking in the blood building foods. Most of these anaemias can be corrected during the ante-natal period by medical means, but for the few intractable cases, transfusion at an appropriate time renders the mother fit for the coming confinement.

Blood Donors.

So many people became blood donors during the War that from personal experience or hearsay, it is widely known how few donors suffer any discomfort at all.

Blood saves life in peace as well as in war. Besides the accidents and illnesses for which it is vital the lives of our mothers and babies must not be endangered by any lack of supplies of blood they might need.

A special appeal is made to those already on the donors' panels to continue their support and attend when called upon for a further gift. In addition, many more volunteers are needed.

Those not already enrolled in the Blood Donors Service should apply to the nearest large hospital or the Local Blood Transfusion Service Depot.

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