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EDITORIAL.

DOES THE QUALIFIED MIDWIFE GET A FAIR DEAL UNDER THE NATIONAL HEALTH SERVICE ACT WHICH CAME INTO EFFECT ON JULY 5, 1948 ?

In modern times qualified Midwives have become a highly skilled and efficient body, and their devoted work in this field of Nursing has earned the warm esteem of the public they serve.

It is very much feared, and therefore much regretted, that under the conditions laid down in the National Health Service Act the professional Midwife will disappear.

In the opinion of Mr. W. Gilliatt, President, Royal College of Obstetricians and Gynaecologists, expressed in *The Times* of July 7, "The greater part of the maternity service in this country has been and can safely be left in the hands of the midwives (the midwives had complete responsibility for 75 per cent. of all domiciliary births in 1946), provided that experienced practitioners are available for ante-natal consultations, for abnormalities arising during labour or the puerperium, and for post-natal examinations.

"The public have been told that every expectant mother can have the services of a doctor who undertakes maternity work.

"It is doubtful whether this promise can be implemented. If it is, there will be little place for the fully trained midwives who, in the past, have borne the responsibility of this large proportion of normal confinements, a feature of which the midwives have been justly proud. If it is not, the midwives' help will be still needed, but removal of their responsibility will seriously hamper recruitment to their ranks."

Midwives feel that ultimately it is intended that every expectant mother will have the services of the medical practitioner, and it is grossly unjust that the midwife should have to continue her services, in the meantime, shorn of her professional responsibility and status.

In spite of the fact that the higher education for midwives still advances, she must, under the Act, revert to the status of a maternity nurse.

The Writing on the Wall.

Theoretical and practical training to qualify for the hallmark of S.R.N. or S.C.M. have, perhaps, never been more exacting than to-day, and apropos the passing of the Professional Midwife, no doubt the writing on the wall is there for those who care to see: the subversive trend against the prestige and best interests of the Nursing Profession is more and more apparent, and should be nipped in the bud.

This trend to encroachment on the administrative positions pertaining to her profession by persons who

are not State Registered Nurses (such as Wardens) will leave the nurse the drudge and Cinderella of her calling. In the past these posts were the plums of well-earned promotion, and should be the prerogative of her profession.

Do our colleagues realise that, apart from consideration of mere justice, due recognition of status and responsibility is more precious to her than material gain, and should be gallantly defended? A. S. B.

NATIONALISED, NOW WHAT ?

Overnight the Management of our Hospitals passed from autonomy to centralism. The central administrators bear a very heavy responsibility, and it is to be hoped that they keep a level head and pause well before sweeping aside established customs, for it is far easier to destroy than to build. We are all anxious to see our National Health Service stand eventually second to none in the world, but we are also anxious that we abate not one jot of our present standards. It is so easy, in a change of management, to go through chaos before reaching greater perfection, through a too hasty change of regime.

The Nursing Profession has a large part to play in the success of a National Scheme. It is disquieting, therefore, to find that Nursing has very little representation on the Regional Boards and few local Management Committees have appointed a Nurse Member. The Oxford Regional Board is the only one I have heard of where adequate machinery has been set up to discuss Nursing matters. It seems to be leading the way in having formed a Nursing Advisory Committee on which all types of Hospitals in the region are represented by their Matrons. Points raised by the Regional Board are discussed by the Nursing Advisory Committee and the result of their deliberations goes to the Nursing Sub-Committee of the Regional Board and from there to the local Management Committees. Congratulations to the Oxford Regional Board for its fine example, which, it is to be hoped, will be followed by other Regions.

It will be very wrong if the opinion of only one Nurse, the representative on the Regional Board, is taken to govern Nursing matters. She has a difficult enough task just now since the Nursing Profession's Policies are not too clearly defined and the field of Nursing presents a happy hunting ground for theorists. It was somewhat reassuring to read the timely warning sent out by the General Nursing Council which showed that they were not relaxing their vigil.

The British College of Nurses, Ltd. is also watching, and while ready and anxious to do all in its power to promote the success of the Scheme, will not hesitate to publish its opinions and comments. D. W.

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