

# The Midwife.

## Midwife as Doctor's Partner. Proposals to Safeguard Status.

### WORKING PARTY'S REPORT.

THE Report\* was published on January 28th of the Working Party appointed by the Minister of Health, the Secretary of State for Scotland and the Minister of Labour in April, 1947, to enquire fully into the reasons for the shortage of midwives, including in its investigations the problems of recruitment, training and wastage.

It was composed of five members:—Mrs. M. D. Stocks, B.Sc., Chairman (Principal, Westfield College, University of London); Miss J. P. Ferlie, M.B.E., R.G.N., S.C.M. (Matron-in-Charge, Simpson Memorial Maternity Pavilion, Royal Infirmary, Edinburgh); Miss V. R. Shand, S.R.N., S.C.M., M.T.D. (Superintendent of Midwives, Lancashire County Council); Mr. Richard M. Titmuss, (Cabinet Office) and Miss Albertine L. Winner, O.B.E., M.D., B.Sc., M.R.C.P. (Ministry of Health).

The Working Party's recommendations are now being considered by the Minister of Health, the Secretary of State for Scotland and the Minister of Labour.

Among their main conclusions are these:—

#### The Proper Duty of a Midwife.

Describing the midwife as "the practitioner of normal midwifery," the Working Party urge that she should attend the mother and baby at least a month after delivery.

So that midwives should have some hand in shaping that part of the National Health Services with which they are concerned, it is recommended that a maternity services committee, composed of obstetricians, general practitioners and midwives, should be set up in each Hospital Region.

#### Training.

There should be a common basic training for nurses and midwives, followed—in the case of midwives—by a year's specialist training with a revised and improved curriculum. Basic training should include at least a four weeks' period in obstetrics. Except for certain special posts, there is no need for a midwife to be a State Registered Nurse, but until the new training can be adopted only State Registered Nurses should be trained as midwives. Existing holders of the S.C.M. qualification without a nursing qualification should be eligible for all midwifery appointments. Separate schools of midwifery, with finance and administration separate from the hospital system, should be set up. Pupil midwives should have student status and there should be obligatory refresher courses for all practising midwives.

#### Promotion.

Promotion prospects should be increased by ensuring that in institutions senior midwifery appointments are not absorbed by nursing personnel.

All maternity units of 50 or more beds should be in the charge of an independent matron; units of 30 to 49 beds, a superintendent midwife with rank of Assistant Matron; units of less than 30 beds, a departmental midwifery sister. The creation of a new rank of Senior Sister is recommended for those unwilling to give up contact with patients for advancement on the administrative side.

\* Report of the Working Party on Midwives, H.M. Stationery Office, Price 2s. 6d. Post free, 2s. 9d.

On the district every Local Health Authority should appoint as non-medical supervisor of midwives a certified midwife.

#### Conditions.

A survey should be made of the distribution of midwives, and inducement payments made to attract them to under-staffed areas. The number of cases a midwife should deal with should be reduced by 1953 to 55 a year in urban areas. Except for certain senior ranks the "straight duty" system should be instituted for institutional midwives and for domiciliary midwives off-duty times and adequate reliefs should be ensured by grouping. Other recommendations include cars for domiciliary midwives; option to live out for institutional staff, and time off for travel and study. Houses should be provided for established midwives and hostels for junior and pupil midwives.

#### Recruitment.

To remedy the shortage of midwives, allowing for the changing age structure of the profession and the reduction in the case load, recruitment in England and Wales must be increased from 1,790 (the annual average during 1944-47) to 2,100 newly qualified midwives a year by 1953.

Special steps are recommended to recruit from the 30-45 age group. Part-time workers should be encouraged and more guidance given to school-leavers on the scope of midwifery as a career.

#### Analgesia.

The Working Party consider that the limited means of analgesia at the midwife's disposal place her at a distinct disadvantage in the face of the growing public demand for relatively painless childbirth, and they urge that the Medical Research Council should be asked to set up a committee to find a more effective method of analgesia for use by midwives. "Without the addition of this weapon to her armamentarium, the midwife cannot play her proper part in the health team. Furthermore, until this problem is solved the swing away from domiciliary confinement will continue."

#### The Midwife's Professional Status.

The Working Party include a postscript on the status of the midwife: "When this Report was actually in the press our attention was drawn to many complaints both from Medical Officers of Health and midwives that general practitioners giving maternity service under Part IV of the National Health Service Act are tending to take over the whole of ante-natal care as well as relegating midwives to the status of maternity nurses. In some cases midwives are not seeing patients until they go to deliver them. Furthermore, pupils are getting no opportunity to see ante-natal care.

"This is entirely contrary to the development of the maternity services as outlined to us by representatives of the Health Department and as envisaged by us. . . . We recognise that it is right that a general practitioner should accept his full responsibility for his patient but not that he should exclude his partner, the midwife, whose function is, we should have thought, well established and clearly recognised. Moreover, as already stated. . . . we are convinced that it is not possible for the present number of doctors to take over complete responsibility for all maternity work in addition to their other commitments, even if this were desirable. As we have said, however, we do not consider it in the patient's interest for either party to monopolise the case. They should work as a team.

[previous page](#)

[next page](#)