

registered nurses or registered sick children's nurses. The corresponding figures for last year were 280 and 176 respectively.

The number of First Examination passes was 87 less than last year, a decrease of 2.4 per cent., and in the Second Examinations there was a very slight decrease in the number of entries and an increase of 1.3 per cent. in the number of passes. It will be remembered that in the last report a decrease of 3.6 per cent. was shown in First Examination passes and an increase of 5.9 in the Second Examination passes.

Midwife Teachers Diploma Examination.—Non-residential courses of instruction were conducted in London, Birmingham, Leeds and Liverpool.

Part I of the Midwife Teachers Diploma Examination was held in June and November, 1949, and of 156 entries, 44 candidates were successful. Part II was held in July, 1949, and January, 1950, and of 85 entries, 36 candidates were successful.

Midwife Teachers Training College.—Jointly with the Ministry of Health, the Royal College of Midwives, the Royal College of Obstetricians and Gynaecologists, the University of London and the South West Metropolitan Regional Hospital Board, the Board appointed representatives to the Council of the Midwife Teachers Training College, which has been established at Kingston to provide a residential course for midwife teachers. In addition, the Board has provided secretarial assistance to the Council, the Board's Assistant Secretary being appointed Secretary to the Council.

Inter-Board Meetings.—With the National Health Service well under way the number of hospital confinements showed a marked increase, which resulted in a shortage of facilities for district training throughout the United Kingdom in spite of all efforts to tap possible sources of material in outlying districts. Representatives of the Board, the Central Midwives Board for Scotland, the Joint Nursing and Midwives Council for Northern Ireland and the Central Midwives Board, Eire, attended a special meeting at the Board's offices to consider the possibility of reducing the number of district cases required to be conducted by a pupil-midwife during second period training and the effect of such a reduction on reciprocal agreements amongst the Boards. It was finally agreed that such a step would result in a lowering of the standard of training and that ten district cases, to be taken over a period of three months, was the minimum that should be required.

This decision was confirmed at a second meeting held later in the year when the main item for consideration was the effect on reciprocal agreements of the Eire Nurses Bill, which had recently been introduced.

Duration of Lying-in Period.—Consideration was given to an extension of the dispensation in respect of midwives working wholly in institutions regarding the cessation of their attendance after ten days of the lying-in period. The Board decided to inform the Minister of Health that it was prepared to extend until January, 1951, the dispensation relating to midwives working in institutions, with the effect that it would not take disciplinary action against a midwife in respect of alleged misconduct solely on account of the period of attendance given, in a case where she had attended the patient during the time occupied by the labour and a period of not less than ten days thereafter. In addition, the Board decided to ask the Minister for guidance as to the action it should take after January, 1951, and to inform him of its view that, until such time as the above dispensation expires, arrangements should be made wherever possible for patients discharged before 14 days to receive some attention from domiciliary midwives.

Midwives (Amendment) Bill.—The Board was consulted by the Ministry of Health on points of a non-controversial nature requiring legislation and these points were subse-

quently included in the text of the Midwives (*Amendment*) Bill, which received its second reading in the House of Lords on March 21st, 1950. The clauses of the Bill will be commented upon in the next Annual Report, when it is hoped that it will have become an Act of Parliament.

Supervision of Midwives in Hospitals in the National Health Service.—In November the Board issued a circular on the supervision of midwives by local supervising authorities in accordance with the Midwives Acts, 1902-36, particularly with regard to midwives working in hospitals which now form part of the National Health Service. This circular explained that under Section 23 (1) of the National Health Service Act, 1946, "The local health authority shall be the local supervising authority for the purposes of the Midwives Act, 1902-36," and the duties of the local supervising authority imposed by Section 8 of the Midwives Act, 1902, remain the same as before July 5th, 1948. It is the duty, therefore, of the local health authority to exercise general supervision as hitherto over all midwives practising within their area in accordance with the Rules of the Central Midwives Board.

Attention was drawn to the rules contained in Section E, which regulate the practice of midwives and midwives acting as maternity nurses, and, particularly, to Section D of the Rules, which sets out the procedure to be applied in the case of any complaint relating to the conduct of a midwife and the duty of the local supervising authority to investigate such complaint and report to the Board whether a *prima facie* case of misconduct has been made out, irrespective of the employer or place of employment of the midwife.

Administration of Nitrous Oxide and Air Analgesia.—During the year analgesia in childbirth received much publicity owing to the introduction into the House of Commons of a Private Member's Analgesia in Childbirth Bill. As a result amendments "for the removal of doubt" were inserted in the National Health Service Amendment Act, 1949, to cover the provision of analgesia training and equipment by local supervising authorities.

In October an amendment was made to the Board's rules regulating the administration of nitrous oxide and air analgesia by a midwife on her own responsibility. This amendment was designed to permit a midwife to obtain a medical certificate regarding a patient's fitness to receive analgesia at any time during pregnancy, instead of one month before confinement.

The training of midwives and pupil-midwives in the administration of nitrous oxide and air analgesia has continued throughout the year, and the position at March 31st, 1950, was as follows:—

Certificates issued by hospitals	4,666
Certificates issued by other Boards	254
Certificates issued by the Board (of this number 2,384 were compulsory prior to enrolment) ..	9,163
Midwives proved proficient but not issued with a separate certificate—	
(a) by the Board	5,259
(b) by other Boards	105
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	5,364
Total number of midwives proficient	<hr/> <hr/> 19,447

Of this total 11,118 were in practice in 1949. 245 institutions were approved by the Board to provide this training at March 31st, 1950.

Chassar Moir Attachment or Reservoir Bag.—In March, 1949, the Board was asked by the County Medical Officer of Health for Hertfordshire to authorise domiciliary midwives in that county to participate in an experimental series using the reservoir bag or Chassar Moir attachment, which permits of the delivery of a few breaths of pure nitrous oxide at the commencement of the administration of the analgesic,

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