

# The Midwife.

## SAVING LIVES AT BIRTH.

### New Enquiries Planned.

THE MINISTER OF HEALTH, MR. HILARY MARQUAND, in a message read at the Festival dinner in London on June 7th of the Royal College of Midwives—Parliamentary duties preventing the Minister from being present—announced that new investigations are being started with the aim of reducing still further the deaths of both babies and mothers at childbirth.

Referring to the progress in making analgesia available to mothers at home confinements, Mr. Marquand said that by last year just over 7,000 midwives in the public domiciliary service or nearly 92 per cent. of the total employed, were qualified to use gas and air analgesia. There were now more than 6,000 gas and air machines and relief was given last year in over 140,000 home cases.

“Even more important, of course, than the relief of pain in childbirth is the safety of the mother and child,” he went on. “Here again the continued fall in maternal and infant mortality rates shows that we are still making progress. The infant mortality rate fell last year to the new low record of 29.8 per thousand; while the maternal mortality rate in 1950 was 0.86 per thousand—also a record. While such factors as penicillin, the sulphonamides and the national blood transfusion service, and the greater attention paid by the community to the feeding of expectant mothers have contributed to this improvement, few would deny that the steady raising of professional standards in the midwifery services is entitled to some share of the credit.

“Maternal mortality, too, has for many years been made the subject of enquiries in which Medical Officers of Health have co-operated with the Ministry. These enquiries have played a great part in bringing to light the causes of maternal deaths and indicating the means by which many of them could be avoided. We are now intending to pursue these enquiries on a wider basis and by the end of the year hope to have in operation a country-wide scheme of investigation by Medical Officers of Health and consultant obstetricians.”

A recent trend of some concern to midwives, both from the training and employment aspects, was the rapid decline in the number of domiciliary confinements. This decline was due in part to the fall in the birth-rate, but there had also been, since the inception of the National Health Service, a marked increase in the proportion of confinements taking place in hospitals or maternity homes. This proportion varied very widely from one district to another; in some places it had been less than 30 per cent. of the total number, and in others over 80 per cent.

“The growing demand for hospital confinement,” added the Minister, “may be due to two facts: it is generally more convenient to go into hospital and often cheaper. It is clearly most important that there should be a proper balance between institutional and domiciliary midwifery, and a number of methods have been suggested for achieving this balance; among them are an adjustment of insurance benefits and various ways of selecting maternity cases for admission to hospital according to need. This question of selection has been before the Advisory Committees concerned, and in the light of the advice they have offered, I will shortly be giving some general guidance to hospitals and local authorities.”

### A “Smother-Proof” Baby Pillow.

ONE OF THE chief maternity hospitals in Sydney is using what is described as a “smother-proof” pillow for babies, invented and patented by a young mother with a baby son.

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child’s head is comfortably supported though there is no filling. The sheet of cotton can be tightened or loosened by a simple screw device. If the baby rolls over, face downward, it can still breathe as the fabric is porous.

### Nurses and Midwives Council.

Agreement has been reached by the Nurses and Midwives Whitley Council relating to the payment of a service allowance of £15 at the end of six months service to trained nurses who are continuously engaged whole-time in any form of tuberculosis nursing during the year starting June 1st, 1951.

The agreement is to operate for an experimental period of one year only, and it will be reviewed by the Whitley Council towards the end of the period.

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