Further Education for Midwives

by Edith Teague

The millions of babies born daily in the population boom throughout the world are seen by world leaders in terms of problems of food production, living conditions and health standards.

But to women throughout the world the cold statistics are seen in human terms of the care given to mothers and their babies at birth.

The person closest to the mother when her baby is born and whose care and attention brings it safely into the world is more often than not a midwife.

Main Concerns

It is the midwife and her training and skill which are the main concerns of the International Confederation of Midwives, an organisation dedicated to raising the standards of maternal and child care throughout the world, which has its headquarters in London.

It is a building well-known to girls all over the Middle East who aim to take midwifery their career. They go to Britain to train or widen their knowledge at one of the many training schools throughout the country.

It is to the small, but comfortable, ground-floor office of the federation’s executive secretary, Miss Marjorie Bayes, who is also assistant secretary of the Royal College of Midwives, that the girl from overseas goes for advice on the job that will help so many mothers and babies in her own country later.

A large number of girls go from Iran, which together with Turkey and Greece is a member country of the International Confederation of Midwives. But students from other countries not yet affiliated to the Confederation may still go to it for help.

“We get Lebanese girls, the majority of whom already taken their nursing training at home, and if this is recognised by the General Nursing Council for England and Wales the midwifery course can be cut from two years to one.” Miss Bayes said.

Bicycle Transport

Greek girls have an excellent midwifery training. Others—they range in age from 19 to 35—travel from Ethiopia, Cyprus and Egypt. One or two go each year from Turkey, from as far away as Colombo, from Morocco and the Sudan.

During the two-year training course the pupil midwife spends 18 months in hospital and after passing an examination she continues training for a further six months of which three months is spent with a qualified midwife working with mothers and babies in their own homes.

One thing that does strike the girls as unusual when they leave their hospitals to see mothers and babies at home is the English midwife’s mode of transport—usually a bicycle. So learning to ride a two-wheeler is a rather unusual aspect of the midwifery course!

When training and examinations are over, many of these girls stay on in Britain to take specialised courses, such as the care of premature babies, or spend a period as a staff midwife in hospital.

This is just one side of Miss Bayes’ work. When I called to see her she was drawing up a preliminary schedule for the 14th congress of the International Confederation of Midwives to be held in Berlin in 1966. Some 1,300 delegates from all over the world are expected to be present. The congress is concentrating on the social and economic aspects of midwifery practice.

World-wide Requests

Apart from promoting international understanding these congresses also help midwives from developing countries to learn from other delegates in whose homelands training and practice are more advanced.

To the office in Mansfield Street, London W. 11, go inquiries and requests for information concerning midwifery training from all over the world. As we talked a telephone call gave the news that equipment details for an ante-natal clinic had been completed.

“This is for one of the girls who has completed her midwifery training and is going back shortly to the Cameroons,” said Miss Bayes. “There is a great need in many parts of Africa for clinics giving ante-natal care and guidance.”

This is one direction in which the confederation helps to raise midwifery standards. It also aims to increase the numbers of midwives and see more training schools are opened.

To these ends a joint study group with the International Federation of Gynaecology and Obstetrics has drawn up a questionnaire on the training and practice of midwives and maternity nurses which has been sent to 122 countries.

13 Pages of Questions

The complete report of its findings will be presented at the 1966 congress, and an interim account will be given at the International Congress of Gynaecology and Obstetrics at Buenos Aires next September. The survey’s 13 pages of questions cover the training and practice of midwives pre-natal care; statistics on births and plans for extending midwifery education.

This exhaustive report, the details of which will be completed by ministries of health, midwives and obstetricians in the 122 countries, will not only produce facts and figures for the experts to work from to improve the care given to the mother and baby, but through this it will ensure that every mother in every country wants—security and peace of mind before, during and after the birth of her child. And, of course, a happy, healthy baby.

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