

Public Health and Maternity Section

Midwives in America, England and India

The September number of "The Trained Nurse and Hospital Review" contains an interesting article entitled "Nurse Midwives for Tomorrow," by Miss Hazel Corbin, R.N., Director, Maternity Centre Association for New York City. The training of nurse midwives has been a vexed question in America for many years. The fact, that a country so well advanced in other respects, has little provision for the poorer mothers and mothers in isolated districts, and, therefore, fails to face a fundamental necessity if public health is to be maintained, is extraordinary. Without an adequate maternity service, a public health scheme is like a building without foundations. The argument against training midwives appears to be the belief that only a doctor practised in obstetrics is capable of delivering a woman. Statistics in England, India, and other countries, prove this to be untrue. If there were sufficient doctors in America to adequately care for all the nation's mothers, one might understand such a state of affairs, but normally although there is one doctor to about 800 people it is a country of great distances, and the distribution does not cover the outlying districts.

In her article, Miss Hazel Corbin ably attacks a social system, which makes no provision for its poorer mothers. She states that in 1941 "more than 200,000 expectant mothers had to rely on the far from satisfactory ministrations of well-meaning but untrained women who called themselves midwives." We, ourselves know that many confinements in America are attended by only a "practical" or untrained nurse and/or the unfortunate father, who sometimes has to nurse his wife, himself. Therefore, we are glad to read that—"In recent years the medical and nursing professions, civic-minded citizens, health leaders, and last but not least the governments—federal, state and local—have realized this great fault in our (American) social framework." Miss Corbin asks who is to care for these mothers in these days, when large numbers of doctors have been called up for the war, and says that "ideally every mother should have the care of an experienced obstetrician, assisted by a nurse especially trained in obstetrics in a hospital that meets all the tests. But no-one familiar with the critical situation caused by the war, or no-one who knows the vast areas of this nation without hospitals, with an unequal distribution of doctors and nurses, has even the faintest hope that this standard of care can be provided in the near future," and to counteract this she recommends nurse-midwives, *viz.*, graduate nurses who have taken a six-months course in midwifery. We do not consider this long enough fulfil modern requirements. The Central Midwives' Board demands a year's training for fully qualified nurses. Bombay has followed suit, and other Indian provinces are doing all they can to rise to the same standards. Nevertheless, it is good to hear that America has at last made a beginning. The first nurse-midwives who went out from the New York Maternity Centre Association frequently met with opposition from doctors, nurses and the public, but they have overcome this difficulty. "The nurse-midwife has now cared for enough mothers and babies to prove that she is a safe obstetric attendant when she is part of a properly organised service. She has cared for mothers under difficult conditions, in crowded city tenements, in isolated farm homes in the sparsely settled mountain fastnesses of the South. She has cared for white as well as negro women, all in that part of the population that are ill-fed, ill-housed, ill-clothed, ill-doctored, and she has cared for them safely. Today, the nurse-midwife is recognized as important in the framework of the future. Communities are earnestly pleading for more of them." In conclusion, Miss Corbin says, "Some way, somehow, this training must be provided, so that American mothers and babies may be well-cared for, so that none will be forgotten."

It is to be remembered that until the outbreak of the war, English trained nurse-midwives were being recruited for the Kentucky Frontier Service, and it is interesting to compare condition in America with those which prevail in England and India. In an article, "A Stocktaking of the Midwifery Service," published in "The Midwives' Chronicle and Nursing Notes," Mr. L. Farrer Brown, B. Sc., Barrister-at-Law, states the following facts:—"At the present time about 90 per cent. of the confinements in England and Wales are attended by midwives. In about 65 per cent. of the total, the midwives act in the capacity of midwife, in 25 per cent. they act as maternity nurses. The

nation is, therefore, within a short distance of providing, as was recommended by a Departmental Committee in 1929, that every pregnant woman shall have the services of a skilled midwife at her confinement".

The course of training for midwives is now divided into two parts. The first part for pupil-midwives who are State registered nurses extends over six months, but pupils without this qualification must take 18 months. The second part extends over six months and is the same for all pupils. There are 90 Part I schools and 76 Part 2. Before any school is accepted, it is inspected and its suitability carefully considered. An educational supervisor, appointed by the Central Midwives' Board, carries out thorough inspections. She is a midwife and acts as a personal link between the Board, the training schools and the teachers.

There are between 15,000 and 16,000 practising midwives. Recent figures show that out of 85,242 cases attended by Queen's Nurses and village midwives, the maternity mortality rate was only 1.70 per 1,000 births.

In India we have still a long way to go, but we are advancing. Bombay has reciprocity with the Central Midwives' Board and in the city of Bombay, 80 per cent. of the mothers are confined in institutions. Sir Mangaldas Mehta, who has done magnificent work in bringing the Bombay maternity services and midwifery up to such a high standard, considers that his method is more suited to conditions in our big cities than domiciliary midwifery. Nevertheless, a high grade domiciliary midwifery service is needed to cover scattered areas and towns where there are inadequate hospitals. The Bombay arrangement of health centres, combined with midwifery wards, which are distributed throughout the city in easy reach of all pregnant women, is excellent, and might well be copied elsewhere, and Madras has many health centres with resident staffs of health visitors and domiciliary midwives. We need many hundreds more midwives and the lack of sufficiently well-organized and well-trained supervisors is a crying necessity. For lack of this many midwives deteriorate in actual practice.

Mr. Farrer Brown points out that the midwifery service in England is not far removed from a State Midwifery Service of whole-time practitioners, whose salaries are paid either direct from public funds or are the subject of grants from such funds. The service has suffered much from the war; it has been difficult to carry out the routine organisation because of the air raids and the evacuation of pregnant women to the country, but in spite of this, the midwives have done splendid work. We have already printed accounts of their heroic behaviour during the air raids.

The supervision in England has been, and is, very strict, but, while no detail misses them, the supervisors are nurse-midwives of great character and kindness, to whom the midwife may turn for help and advice.

To say that there is perfect co-ordination between the health services in England would be untrue, but much is being done to achieve this.

We feel that combined health units, which provide not only for maternity, child welfare and preventive medicine, but are linked up with dispensaries or hospitals are badly needed, not only in other countries, but especially in India. Better supervision is an urgent necessity and nurses, health visitors and midwives need to be safeguarded.

While the standard for nurses and midwives is slowly improving, it is a sad fact that that for health visitors is steadily going down. While co-ordination is needed, it should not be the health visitor's function to spend most of her time supervising midwives and dais, which seems to be the only thing for which some local bodies think health visitors have been trained.

Health clinics alone are of little use unless there are good dispensaries and hospitals available within easy distance, so that the people in need of medical treatment can be sorted out and sent to them. Prevention should always come before cure, but in spite of the good work which they may do, it is cruel to the health workers and the public, to provide a health centre which is not linked up with a clinic or hospital, especially in India, where so much illness prevails. Much illness may be prevented and should be prevented, but the sufferers should also be relieved.