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MATERNAL MORTALITY

Report of Meeting held at Central Hall, Westminster, on February 28, 1928

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THE Chair was taken by the Hon. Mrs. Alfred Lyttelton, D.B.E. On the platform were Dame Janet Campbell, Sir George Newman, the Speakers, and members of the Committee. There were about 600 delegates present.

Dame Edith Lyttelton called on Lady Cynthia Colville to read the Queen's message, which was as follows :—

> " The Queen views with grave concern the continued high rate of maternal mortality. Her Majesty feels that a very real endeavour should be made to remove this reproach from our national life. The Queen trusts this may be achieved through the education of mothers themselves in the need for ante-natal care, through inquiry into the immediate causes of mortality in child-birth, and through a wider provision of first-rate medical and midwifery services. The Queen considers that the time has come for concerted action to be taken in dealing with so pressing an evil, and will await with interest the conclusions of this conference."

The Chairman then said that she proposed to call upon the experts on the platform to deal with the matter of the Resolution with which she felt she was less intimately in touch with than they. She then read the Resolution which was to be submitted at the end of the meeting and called on Dr. Fairbairn.

DR. FAIRBAIRN, St. Thomas's Hospital, Chairman of the Central Midwives' Board, stated that he was glad the recommendations had been drawn on general lines, for in this way he hoped they would receive wide acceptance. Divergencies of view would arise later on when general principles were translated into detailed schemes.

The problem of maternal mortality was one of long standing, in this as in every other country, and it was necessary that the best minds and the most skilled observers should be engaged to grapple with it. To instance one aspect, puerperal fever was responsible for one-third of the deaths in child-birth, yet it was not known how much of the infection was present in the patient or how much was carried to her by attendants and others.

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Owing to the limited time at his disposal, he would deal chiefly with that side of the problem of maternal mortality which he had specially studied, namely, the training of midwives.

To begin with, why did he urge the employment of midwives as the ordinary attendants on normal labour? For this reason, that the midwife more often secured physiological labour, because she was prepared to wait. Medical practitioners, owing to their long training, were an expensive social instrument. It was quite impossible for the doctor to spare the time from his other patients to wait on nature, yet the securing of natural labour was the basic principle in preventive medicine. It was as much a criterion of success in practice as the securing of natural digestion and natural functioning of heart and lungs, and experience proved that it was more often obtained by the midwife than the doctor.

Maternal mortality was lowest in those countries with a well-trained corps of midwives, *e.g.*, Holland, Italy and the Scandinavian countries. It was highest in the U.S.A., where the services of midwives were not generally or systematically used by the citizens.

In England, the best results are obtained in the hospitals and outdoor charities where the midwives work under good supervision, with medical help available in case of need; for example, the Queen Victoria Jubilee Institute, the East End Mothers' Home and the General Lying-in Hospital.

Rapid advances had been made in the training of midwives since the Midwives Act was passed 25 years ago, when the compulsory period of training was three months; this was later raised to six months, and was now twelve months. Many difficulties had to be overcome in improving the training owing to the natural objection of training schools and hospitals to any disturbance of their system of working the institution. A good deal of opposition had been encountered from the fact that small and unsatisfactory places, with too scanty material to provide an "obstetric atmosphere," were no longer allowed to train midwives. The number of pupils any institution could take was limited by the Central Midwives Board, and the Board was also endeavouring to improve the theoretical training by eliminating the small lecture-classes and concentrating the lectures into centres with adequate teaching material. For instance, in a Midland city which had previously had three training schools, a really excellent combined course had been started. Where possible, courses were being arranged under the ægis of a University, as was the case at Birmingham, Durham (College of Medicine, Newcastle), and Leeds. The new C.M.B. rules also insisted that the first five cases must be taken indoors, in order that the pupil might be taught a proper technique before working on a district.

But as well as the need for improved training there was the need for post-certificate instruction, if the midwife, working on her own, far from the big centres, was to maintain a high standard of work. The Post-Certificate School that is run by the General Lying-in Hospital, as well as that hospital's Post-Graduate Week, were good examples of what could be done on these lines. It was to be hoped that similar schools would be started throughout the country, as the cost was not heavy and the results extraordinarily successful.

Almost more important than the question of training was that of employment. The best women trained do not practise as midwives, because, though the work is responsible and exacting, the economic return was poor. The future prospects are bad, as fifteen years was as long as even the strongest could stand the wear and tear of practice. The question as to how conditions could be improved was fully considered in Dame Janet Campbell's report.

Team-work was required between the practitioner and the midwife; the doctor should be responsible for the ante-natal examinations and the general supervision of the confinement and lying-in, and the midwife should attend the confinement and only send for the doctor if there was some complication or abnormality present.

The mothers preferred to be attended by a doctor because such attendance made possible the use of anæsthesia and the rapid termination of the labour, but for all artificial interference a price had to be paid. The risk in the individual case might be trifling, but spread over the country it meant a serious increase in the maternal mortality and morbidity rate. This—and the importance of careful ante-natal supervision—needed to be realised by the mothers and the public.

Miss STEEN, of the Three Counties Nursing Association, spoke of her intimate association with midwives during twenty-one years. She dealt with the state of things obtaining before the Midwives Act was passed in 1902 and said that a great deal more was still needed to be accomplished.

The training of midwives had been lengthened first from three to six months, and then from six to twelve; the curriculum had been extended and the technical knowledge required was infinitely greater than in the beginning, but even twelve months was not enough. They had arranged, by the courtesy of the Training School, to extend the training of their last students to fourteen and seventeen months respectively.

It was difficult to obtain suitable women. Numbers of women went through their midwife's training simply to become Health Visitors or Inspectors of Midwives. She felt that a scheme should be devised by which they would be required to work a year in a district as practising midwives before they could gain their certificate. In this way a large amount of experience would be available for the Public Health Services and the districts would benefit greatly. Women of education should be drawn into the

work who would not be content with assimilating just sufficient knowledge to enable them to get through the examination successfully.

In the area in which the Three Counties Nursing Association operates the population was sparse and scattered. In two of the districts the routine practice was for all primapara cases to be seen by the doctor during pregnancy. In the other two districts a medical man was only called in in case of necessity.

The work of midwives is mainly to their credit as far as it goes. If it fails it is in the carrying out of ante-natal work. This did not appear to be sufficiently thorough or systematic. There was a great need for more keenness in educating the mother. The Welfare Centres were too far off for some of the expectant mothers, and they were discouraged by this difficulty and by the delay while the children were being seen.

There was a danger of country midwives becoming slack and getting into a groove, as they had not the facilities for keeping up their knowledge which the towns offer. Post-graduate teaching was greatly needed, but it was very difficult to send midwives away for it.

Dr. Lyster, Medical Officer of Health for Hampshire, was most kind in arranging for about two lectures a year by eminent obstetricians, and as many nurses as possible have on each occasion gladly availed themselves of the invitation to attend.

The lectures are given in Winchester (30 miles distant), and the only means of getting there in time is by motor. Not all the nurses are able to get away at the same time, much to their regret.

There is a very real and urgent need for these country midwives to get more, and regular, post-graduate teaching.

They all long for fresh instruction, and a Post-Graduate Week such as was held in Maidstone, for Kent, during last October, with especial regard to ante-natal work, would be most valuable.

When one remembers what the life of a country midwife is in charge of an isolated district where she may be miles from a doctor, and where delay or a wrong judgment may bear such disastrous consequences, it must be realised how paramountly important it is for that midwife to be supplied with the very fullest and most thorough education on the subject that is possible.

A certain number of the nurses on the Three Counties Nursing Staff go into the cottages to nurse.

No assistance towards the payment of the fee is made by the Local Authority, but twelve districts round the Home are affiliated to the Association. The district subscribed one guinea per year, in consideration of which a nurse was supplied at a reduced fee, and the local Committee of the district still further reduced this fee to the patient, if necessary.

A ward of three beds was provided in the local Hospital, and there were two beds in the District Nurse's cottage.

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In the Hampshire area women who had engaged a midwife to attend them in their confinement might insure against the payment of the doctor's fee, if the midwife found it necessary to call him in, by a payment of 5s.

The recent Act for the registration of Maternity Homes was essential. Before this came into force, an instance was given of a woman, certainly untrained in midwifery, who used to take cases into her home, and who was herself at one time suffering from a septic and discharging leg.

There are many midwives working in country districts who would gladly welcome regular visits from their Inspectors from whom they could obtain friendly advice and counsel. Talks between the midwives and Health Visitors, and a lecture once or twice a year from a specialist in obstetric work, would be most valuable.

Summarising, Miss Steen said that from her own observation she had come to two conclusions, viz., that the pupil who is intending to practise midwifery should have more than twelve months' training and that the latter part of the time should be devoted to actual practice under highly trained supervision before a final certificate was granted; that there should be in country districts regular post-graduate teaching for midwives who were unable to leave their work and get it elsewhere.

Mr. ARTHUR GREENWOOD, M.P., ex-Parliamentary Secretary of the Ministry of Health, said that it was an astounding and arresting fact that of all the "dangerous occupations" in this country—including mining and seafaring—motherhood was the most dangerous. The death of 3,000 mothers each year in England and Wales as a result of child-birth presented a stubborn problem. What was perhaps even worse was that thousands of young mothers were unnecessarily damaged or invalided every year. The death-rate does not reveal the incalculable loss resulting from unreported and untreated injury and ill-health arising from pregnancy. The tragedy is the more serious because, as Sir George Newman had pointed out, a good deal of the maternal mortality and sickness could be prevented.

Mr. Greenwood said that as an amateur he would not touch upon the professional and technical questions involved in attacking the stubborn and stationary maternal mortality rate. Leaving those aside, there seemed to be three main lines of possible advance—the development of National Health Insurance, the development of the work of local authorities in regard to maternity and child welfare, and the improvement of general social environment.

The first two questions hung together. It was essential to co-ordinate the activities of local authorities with those of the National Health Insurance Scheme. The latter must clearly be

brought into proper co-operation with the local health services if the maternal mortality rate was to be reduced.

As regards health insurance, proposals had been made for its extension, and would probably be dealt with by other speakers. As regards local authorities, Parliament had conferred duties and powers upon them for dealing with mothers and infants, but there was wide divergence in the extent to which these duties and powers were carried out by different authorities. Efforts should be made to bring the least active up to the level of the most active authorities. Whatever may be the truth about the obscurities of puerperal fever, it could certainly be said on the authority of all who had considered the subject, that proper maternal care was absolutely essential.

Maternity and child welfare was a problem of human life and one of the demands was that all local authorities should be required to carry out, fully and generously, the duties which they now possess. If the powers already in the hands of local authorities with regard to ante- and post-natal care were fully carried out, he felt convinced that the 3,000 deaths of mothers in childbirth would begin to decline.

In his last report on maternal mortality Sir George Newman had referred to the control of the external environment. Healthy homes would have a substantial influence in reducing the size of the problem of maternal mortality. Here, again, local authorities had laid upon them by Parliament definite responsibilities, and it still remained true that powers existed, which had not been fully used, to ensure that expectant mothers should enjoy opportunities of healthy living, healthy homes, and a healthy environment.

A strong public opinion was essential if the standing national disgrace of maternal mortality is to be removed. It is vital that those who are acquainted with the problem should raise a crusade to bring home to the people the need for definite, sustained and determined action. He hoped that out of the Conference would come a definite appeal to the public of the country to appreciate the human tragedy which lay behind the cold figures of maternal mortality. If they could make the masses of the people understand the big, simple issue and what it meant to our national life, the problem would be solved.

Mrs. HARRISON BELL, member of the Royal Commission on National Health Insurance, spoke of the operation of the Act as being curative rather than preventive. Sickness and disability were dealt with after their occurrence instead of steps being taken to keep people in good health so that there should be no need for medicine and treatment.

In her personal experience she had found that though Approved Societies were active in seeing that no person received a benefit

to which he or she was not entitled, there was no provision for seeing that all those entitled to benefit received it.

With regard to Maternity, there was, of course, the Cash Benefit payable to the insured woman and to the wife of the insured man, but this was swallowed up in payment to doctor or midwife, as it was not the duty of the panel doctor to attend confinements. The practice of societies differed with regard to the treatment of pregnancy cases, but in any case unless a woman was herself insured she would have no treatment during pregnancy.

Dependants of insured persons should be brought under the Act so that the wives and children of insured men should obtain medical benefit. She alluded to Mr. Greenwood's statement that motherhood was the most dangerous of occupations and showed how, apart from those injured and invalided, 1,992 out of the 3,000 annual deaths in child-birth were between the ages of 25 and 35 years of age and, therefore, of women in their early prime.

To cope with such a situation a great extension of medical benefit was needed. Medical attendance during pregnancy was essential for all mothers; pre-natal examination at the third month; the attendance of doctor or midwife at confinement and post-natal examination.

The Government Actuary had worked out the cost of a limited scheme, but, useful as this was, it did not by any means include all that was needed.

We still adhered to the proposals of the Washington Convention on Maternity, now ratified by Germany and many other countries, which provided for full and healthy maintenance for the mother for six weeks after child-birth and, if she claimed it, six weeks before.

There were two reports made by the members of the Royal Commission on National Health: a Majority Report which confined itself to budgeting within the present financial limits, and a Minority Report which asked for further State aid for maternity on the grounds that such expenditure was true economy since it would result in health and efficiency for mother and child.

THE DISCUSSION

Mrs. MALONE, representing the Standing Joint Committee of Industrial Women's Organisations, raised two points. She first emphasised the importance of considering permanent injury and invalidism due to child-birth, as well as maternal deaths. The second point she urged was the need of inquiry into deaths occurring during pregnancy as well as the deaths due to child-birth.

Miss DANIELS spoke of the need of obtaining a medical inquiry into every death in child-birth.

Dr. MOORE, the Medical Officer of Health for Huddersfield, reminded the Conference that in the Queen's message Her

Gracious Majesty stressed first the desirability of educating the women themselves in the need to seek ante-natal care.

Dr. Moore proceeded to cite the experience of a town in this country where pregnant women fall into two groups—in one the death-rate in child-bed being a third of that occurring in the other group—the difference being due to the fact that in the group with the low death-rate every mother is visited by a woman doctor, who examines her and sees to it that she is normal, or if she be not so, after adequate examination, sends a report to the family doctor, pointing out the abnormalities, advises the woman to seek his help, and pays further visits to ensure that the woman actually has sought and received necessary treatment.

If such measures were general it would mean a saving of at least 1,000 maternal lives every year in this country.

Dr. Moore pointed out that this help could only be taken to the woman if her need and address were known.

By offering the inducement of a small fee in Huddersfield one got to know of from 35 to 40 per cent. of the total pregnancies, and he insisted that by this method there was no invasion of that privacy which is desirable and ought to be encouraged among pregnant women—the woman being visited in her own home, and wherever necessary a private consultation being arranged at the Public Health Department—far less publicity and exposure being involved in this method than by attendance at a Clinic.

Miss DOUBLEDAY, of the Midwives' Institute, said that local authorities should be urged to use their full powers ; and that the public should be educated to the ways in which the local authority could help. She thought that the appointment of doctor at the ante-natal centre should be given to one who was *specially* qualified for the work—many of these appointments went to persons who had no special experience in obstetrics—and that great care should be taken that no *separate* payment was allowed (under the National Insurance scheme) for ante-natal care.

Dr. ETHEL BENTHAM, J.P., urged that research into the causes of maternal mortality, which was the most important thing, should take into consideration the whole circumstances and surroundings of the women, not only the circumstances of confinement, or even the immediate ante-natal surroundings and treatment. She was quite certain that the maternal mortality and morbidity largely depended on the circumstances of early life, and she pointed out that in supervising the health of women and girls there was a gap in the provision of medical help and guidance in the important period between the ages of fourteen and sixteen and a total lack of provision for married women who had given up paid employment. During twelve years' experience at an ante-natal clinic she had hardly dealt with one young woman

who was perfectly healthy, even those who were expecting a first child. It was extremely important that the Government should set up a Committee to inquire into the multifarious aspects of the problem, medical, nursing and economic.

Mrs. RACHEL ALLEN, a City Councillor of Exeter, declared that the crux of the problem was the training of medical students. "The Medical Officer of Health," she said, "can call a midwife before him and if she has failed in any point he can report her to the Midwives' Board. Why can we not do the same with our doctors when they fail ? In my experience midwives do know their duty, and summon medical assistance in accordance with the rules, but doctors frequently fail to satisfactorily deal with complications, owing, in my opinion, to lack of training and experience. I urge, therefore, the vital necessity for adequate training and specialisation."

The Hon. Mrs. B. R. JAMES spoke of the need of bringing ante-natal and maternity work within the reach of country mothers, including those in very scattered country districts. The first requisite is a good district-nurse-midwife, but the distances they have to cover are far too great and they should be provided with small cars, to avoid the waste of strength in bicycling. Motor-bicycles are unsuitable as nurses cannot arrive at their case clean and dry.

In these districts ante-natal work can best be done in connection with the Infant Welfare Centre, and it is very desirable to send a car to fetch in mothers and babies and expectant mothers from distant farms and outlying villages to the Centre.

Mrs. MITCHELL, of the Midwives' Institute, said that for years the Institute had urged the necessity of a post-mortem examination on all women dying in child-birth. This is not with the object of attaching blame to any person in charge of the case. It is essential that the real cause of death should be ascertained, so that lessons learned from one fatal case may be used for the benefit of future mothers. This step is absolutely necessary if adequate steps are to be taken to reduce maternal mortality.

The Dowager Lady RAYLEIGH, representing the Essex County Nursing Association, said so little seemed to be known of the causes of maternal deaths in child-birth, and so much had already been done by the Government, Societies and local bodies to improve the training of midwives and the provision of their services for mothers, both for ante-natal care and during and after confinement, without appreciable effect on the mortality, that further knowledge seemed required before any other reforms are attempted.

This does not apply to the training of doctors—a subject on which she could give no opinion.

Miss CHAMBERLAIN said that she thought that medical students needed more training in midwifery work. It was no use preaching to women the desirability of ante-natal treatment and examination if the local doctors were incapable or unwilling to give it. Many doctors did not seem to appreciate what could be done by modern treatment, and they did not always avail themselves of the facilities provided by the local authorities.

Mrs. A. J. ARNHOLZ, a Member of the Hampstead Maternity and Child Welfare Committee, suggested that there should be supervision of all classes of maternal nursing homes, and that no general or surgical cases which are often of a septic nature should be allowed in a maternal nursing home, and *vice versa*.

Lady SELBORNE drew attention to the fact that Queen Victoria's Jubilee Nurses, who worked exclusively in the poorest districts, had only half the number of maternal deaths that were recorded on an average for England and Wales. Of the countries which had a lower maternal mortality rate than England, Italy and Holland were accustomed to depend on midwives, while the United States, where doctors were employed in preference to midwives, had a very high death-rate. " These facts," she said, " rather indicate that there is a danger in doctors. I know things have moved very much, but when I was young, doctors took very little precaution when attending a confinement case. If some of them took the precautions they take when performing abdominal operations, I believe the mortality among their maternity cases would be diminished."

Miss WORTABET, certified by the Central Midwives' Board, and a Member of the Matrons' Council of Great Britain and Ireland, and of the Royal British Nurses' Association, said that students in midwifery were not sufficiently trained in the technique of obstetric nursing. A midwife is not allowed to deliver abnormal cases, but a young or general practitioner is equally incapable of dealing with them.

In France, where maternal mortality is small, the course of training for midwives is two years, and both midwifery students and pupil midwives are trained in their nursing technique by the heads of wards in the Maternity Hospitals.

Miss ELSIE HALL, a delegate from the Midwives' Institute, thought the practising midwife should be linked up as a unit in the Public Health Service. Also that the mother's home was the *safe* place for normal confinement (ante-natal supervision would sift out the abnormal) and if the local authority would spend money on improving the housing rather than building Maternity Hospitals the maternal mortality would drop.

Lady SALISBURY, representing the Queen Victoria's Jubilee Institute for Nurses, said that she hoped special stress would be laid upon the first portion of the Resolution when forwarding it to the Ministry of Health, as it would be difficult to take action on the other points until the inquiry mentioned in it had been established, as the others must necessarily be dependent on its result.

Dr. INNES PEARSE, of the Pioneer Health Centre, Peckham, a delegate to the Conference from the Industrial Welfare Society, gave some information concerning an experimental Centre in London formed to investigate the conditions necessary for health, and the beginnings of disease. The organisation took the form of a Family Club. For a small weekly sum " member families " were entitled to an annual medical overhaul for all adults, and more frequent overhauls for younger members of the family. Besides this infant welfare, ante-natal, post-natal and parents' clinics for mothers and fathers were held.

Experience had shown that the people were willing themselves to pay for such a service. The success of the organisation depended upon the doctors being available during the people's time of leisure, while they were using the Centre for social purposes. The continuity of observation and confidence established between people and doctors rendered the Centre a very valuable field for research into the causation of maternal mortality.

Mrs. ALFRED LYTTELTON, in conclusion, said that a full report of the Conference would be sent to the Ministry of Health. " We want," she said, " to show that there is a determined body of people in this country who will not tolerate the continuance of this heavy death-rate, and who are determined that motherhood, which is at present the most dangerous of occupations, shall be made as safe as possible."

The following Resolution was then put to the meeting and passed unanimously :—

MATERNAL MORTALITY RESOLUTION

That this Meeting, consisting of individuals and representatives of Societies in touch with work among mothers and infants, pledges itself to work in all ways for the reduction of the continued high death-rate of mothers in child-birth.

It is clear that more information is needed as to the causes of the 3,000 deaths occurring annually ; that the professional care available for mothers both from midwives and doctors should be as perfect as possible and, when necessary, free to mothers both at the time of childbirth and for ante-natal care ; and that in every locality adequate maternity services should be available.

This Meeting therefore recommends :—

That steps should be taken to obtain a medical inquiry into every maternal death due to child-birth.

That the attention of the authorities responsible for the education of medical students should be drawn to the need for further training and experience in midwifery as a preliminary to general practice in medicine.

That an official Committee should be set up to advise upon the whole question of the training and employment of midwives.

That action should be taken in every area to induce all local authorities to make their maternity services adequate.

That the provisions of the National Health Insurance Acts should be readjusted and extended so that medical and midwifery services should be available for mothers both for ante-natal care and during and after confinement.

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