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MATERNAL MORTALITY

REPORT

October, 1934

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MATERNAL MORTALITY

OUR last Conference was held at a time of considerable difficulty, and as we then pointed out national and international financial stringency was such that there seemed no immediate possibility of the redemption of the larger pledges for the improvement of the maternity services given under happier conditions; and while urging the maintenance and reasonable expansion of arrangements already made by Local Authorities for maternal welfare, the Conference were obliged to accept for the moment the limitations imposed on them. Now that some degree of prosperity appears to be returning to this country, we put forward once again the claims of Maternity for complete protection and support.

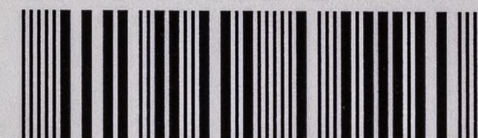
Maternal Mortality

The death-rate associated with childbearing remains almost stationary, and approximately four mothers still die for every 1,000 babies born alive. The deaths from puerperal sepsis, the principal cause of maternal mortality, tend to rise rather than to decline. The fact that the puerperal rate is 4.51 in 1933, as against 3.87 in 1911, is both arresting and disturbing.

It is incredible that the efforts made during the past ten years or so to improve conditions of midwifery can have failed to give some beneficial result, at least in the reduction of maternal suffering and sickness. But until statistical returns give positive evidence of a declining death-rate, and as long as we are convinced that a substantial part of the mortality is avoidable,* we cannot believe that enough is being done to solve one of the most puzzling and complex problems of preventive medicine.

It has been suggested that the death-rate is to some extent misleading, and that deaths associated with childbirth have in fact declined, although the decline is masked by an increase in deaths from *septic abortion* which are said to be particularly prevalent in certain areas. Since 1926 the Registrar-General has published separate figures for deaths from sepsis following abortion and following childbirth which suggest that fatal cases of septic abortion are increasing. This is a matter which should receive

*The Interim Report of the Departmental Committee on Maternal Mortality and Morbidity stated, and the Final Report confirmed, that at least half the maternal deaths are preventable.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special consideration in areas in which illegal abortion is believed to be of frequent occurrence.

In order to ascertain as far as possible the extent to which Local Authorities are using their powers under the Maternity and Child Welfare Act, the reports of Medical Officers of Health have again been analysed. We desire to express our appreciation of the kindness of Medical Officers in supplying copies of their reports, and, in some cases, in giving supplementary information.

COUNTY COUNCILS

There are sixty-two administrative counties in England and Wales. Of these we have analysed sixty-one reports for the year 1932.

As far as we can gather from the reports of the Medical Officers of Health of the County Councils, the position with regard to the powers of a Local Authority under the Maternity and Child Welfare Act, 1918, is as follows :—

(1) The appointment of Health Visitors, whose duties include Attendance at an Ante-natal and Post-natal Centre, and the visiting of expectant mothers.

All have Health Visitors, part of whose duty is to visit the expectant mothers. It will be observed later that there are County Councils who apparently have no ante-natal centres, and it is difficult to see what, if any, arrangement is made for post-natal examination.

(2) The establishment of Ante-natal Clinics for expectant mothers, and of Post-natal Clinics which mothers can attend immediately after confinement.

In forty counties it is stated that ante-natal clinics have been established.

(3) Assistance to Midwives.

(*a*) *Provision of sterilised maternity outfits free or at cost price.*

This very valuable provision is carried out by sixteen County Councils. These figures do not include " bags " lent.

(*b*) *A subsidy to enable a midwife to practise in a district which would otherwise not support her.*

This power is used by nineteen.

(*c*) *The appointment, where necessary, of municipal midwives.*

This power is used by two. We have only included midwives employed by municipal hospitals or nursing homes where these are specifically stated to be working on a district.

(*d*) *The payment of part fees to a midwife when the patient cannot afford the full fee.*

This power is stated to be used by six. Several Authorities have an insurance scheme for mothers who may need the services of a doctor.

(*e*) " *Refresher* " *courses for practising midwives.*

This power is used by fourteen County Councils. We have not included odd groups of lectures to Health Visitors, &c., but only definite post-graduate courses. The necessity for these "refresher " courses is obvious. According to the reports, the number of County Councils providing these courses appears to be lamentably few. We noted in 1928 that twenty-five County Councils exercised the power.

(4) Maternity Homes or beds in a Maternity Hospital for :—

(*a*) *Complicated cases.*

It appears that forty-six counties provide beds for these.

(*b*) *Patients whose home circumstances are unsuitable for a confinement at home.*

Only thirty-seven provide for these. It is particularly difficult to get an accurate idea of this number as only a certain number of places specifically state the fact. It is probable that some " special circumstances ", and " by arrangement ", include these cases.

(*c*) *Ante-natal observation.*

We assume from the description of accommodation that beds would be available for these cases in twenty-six counties.

(*d*) *The treatment of puerperal sepsis.*

Thirty-eight counties have reported that beds are available for this purpose.

(5) Home Helps.

Only five counties appear to make use of this provision.

(6) The Provision of Milk or Food during the last three months of pregnancy and during lactation.

This is stated to be provided in thirty-five counties.

(7) Complicated Midwifery.

(*a*) *The fees of doctors called in by midwives for an " emergency " in connection with a confinement must be paid, if necessary, in whole or in part.*

This being a statutory obligation, is in force in all counties.

(*b*) *The fee of a consultant called in by a doctor for a complicated midwifery case or for puerperal infection.*

Thirty-five counties note that they use this power.

(*c*) *Skilled nursing for patients confined at home.*

We can only find that twelve provide this. This figure includes only one or two places who employ special nurses. All the rest

are grants to local nursing associations for *more* than simply puerperal sepsis cases.

(*d*) *Bacteriological examination in cases of puerperal infection.*

This is arranged for in eighteen counties. We consider this may be an under-statement and that most counties now have these facilities when occasion arises though they appear not to be used to the full.

(8) Convalescent Home Treatment for mothers after confinement.

This is only stated to be available in four counties.

(9) District Nursing Associations. Payments can be made for midwifery and maternity nursing, or for the nursing of puerperal fever. Assistance can be given towards the establishment of new Nursing Associations in areas where a midwife is required.

It is stated that this is made use of in forty-one counties.

(10) Provision can also be made for assisting unmarried mothers and their children.

This provision appears to be used by thirteen Councils.

We have not included Public Assistance accommodation except when special facilities are attached, nor diocesan and voluntary homes unless a grant is made by the Local Authorities.

Roughly speaking, it appears that about twenty-nine County Councils are aiding the Maternity Service of the district by putting into force half or more of the services they have power to provide.

COUNTY BOROUGHS

There are eighty-five County Boroughs. Reports from eighty-four have been analysed, for the year 1932.

(1) The appointment of Health Visitors, whose duties include Attendance at an Ante-natal and Post-natal Centre, and the visiting of expectant mothers.

All have Health Visitors.

(2) The establishment of Ante-natal Clinics for expectant mothers, and of Post-natal Clinics which mothers can attend immediately after confinement.

Eighty-three County Boroughs have established ante-natal clinics.

(3) Assistance to Midwives.

(*a*) *Provision of sterilised maternity outfits free or at cost price.*

Only twenty-two County Boroughs provide these. This figure does not include " bags " lent.

(*b*) *A subsidy to enable a midwife to practise in a district which would otherwise not support her.*

Ten County Boroughs operate this.

(*c*) *The appointment, where necessary, of municipal midwives.*

This power is used by nine only. We have only included midwives employed by municipal hospitals or nursing homes where these are specifically stated to be working on a district.

(*d*) *The payment of part fees to a midwife when the patient cannot afford the full fee.*

Thirty-one Boroughs appear to use this power. Several Authorities have an insurance scheme for mothers who may need the services of a doctor.

(*e*) " *Refresher* " *courses for practising midwives.*

Definite courses of lectures are provided by thirteen Borough Councils. We have not included odd groups of lectures to Health Visitors, &c., but only cases in which a definite post-graduate course is mentioned.

(4) Maternity Homes or beds in a Maternity Hospital for :—

(*a*) *Complicated cases.*

Seventy-two Boroughs state they have beds.

(*b*) *Patients whose home circumstances are unsuitable for a confinement at home.*

Sixty-six Boroughs have beds. It is particularly difficult to get an accurate idea of this number as only a certain number of places specifically state the fact. It is probable that some " special circumstances ", and " by arrangement ", include these cases.

(*c*) *Ante-natal observation.*

We assume from the description of accommodation that beds would be available for these cases in fifty-nine Boroughs.

(*d*) *The treatment of puerperal sepsis.*

Sixty-eight Borough Councils would appear to have beds for this purpose.

(5) Home Helps.

Twenty-four Borough Councils state they provide these.

(6) The Provision of Milk or Food during the last three months of pregnancy and during lactation.

Sixty-nine state they provide this, but this number is probably under-estimated.

(7) Complicated Midwifery.

(*a*) *The fees of doctors called in by midwives for an " emergency " in connection with a confinement must be paid, if necessary, in whole or in part.*

This, being a statutory obligation, is in force in all County Boroughs.

(*b*) *The fee of a consultant called in by a doctor for a complicated midwifery case or for puerperal infection.*

Thirty-seven Local Authorities pay this fee.

(*c*) *Skilled nursing for patients confined at home.*

Twelve provide this. This figure includes only one or two places which employ special nurses. All the rest are grants to local nursing associations for *more* than simply puerperal sepsis cases.

(*d*) *Bacteriological examination in cases of puerperal infection.*

Twenty-two reports are definite. We consider this may be an under-statement and that now most towns have these facilities when occasion arises, though they appear not to be used to the full.

(8) Convalescent Home Treatment for mothers after confinement.

We have concluded that probably more are sent away than is stated. Only eleven reports are definite.

(9) District Nursing Associations. Payments can be made for midwifery and maternity nursing, or for the nursing of puerperal fever. Assistance can also be given towards the establishment of new Nursing Associations in areas where a midwife is required.

Thirty definitely state that they do this.

(10) Provision can also be made for assisting unmarried mothers and their children.

Twenty-four note that they make a grant. We have not included Public Assistance accommodation except where special facilities are attached, nor diocesan and voluntary homes unless a grant is made by Local Authorities.

Roughly speaking, it appears that about forty-four County Boroughs are aiding the Maternity Service of the district by putting into force half or more of the services they have power to provide.

METROPOLITAN BOROUGH COUNCILS

The position in London is, of course, exceptional. The Borough Councils are the Maternity and Child Welfare Authorities, and are thus responsible for most of the maternity work, but the London County Council is the Local Supervising Authority and is, therefore, responsible for the inspection of midwives and for duties arising out of the Midwives Acts such as the payment of fees to

doctors called in by midwives. The L.C.C. also provides the post-certificate classes for the midwives.

In addition to this, under the Local Government Act, 1929, the L.C.C. has greatly increased the number of Maternity beds in Maternity Departments of the hospitals formerly under the Guardians, has established ante-natal clinics in connection with these, and has made arrangements for consultant services to be available for difficult cases. Ambulance services are provided by the Council.

There are twenty-nine Metropolitan Boroughs, from twenty-eight of which we have received reports for 1932.

(1) The appointment of Health Visitors, whose duties include Attendance at an Ante-natal and Post-natal Centre, and the visiting of expectant mothers.

All have Health Visitors.

(2) The establishment of Ante-natal Clinics for expectant mothers, and of Post-natal Clinics which mothers can attend immediately after confinement.

All have ante-natal clinics.

(3) Assistance to Midwives.

(*a*) *Provision of sterilised maternity outfits free or at cost price.*

This very valuable provision is carried out by sixteen Metropolitan Boroughs. This figure does not include " bags " lent.

(*b*) *A subsidy to enable a midwife to practise in a district which would otherwise not support her.*

None of the Boroughs state that they make such subsidies, which are not necessary in London.

(*c*) *The appointment, where necessary, of municipal midwives.*

Six Boroughs make such appointments.

(*d*) *The payment of part fees to a midwife when the patient cannot afford the full fee.*

This power is stated to be used by eleven. Several Authorities have an insurance scheme for mothers who may need the services of a doctor.

(*e*) " *Refresher* " *courses for practising midwives.*

This is the business of the London County Council as Local Supervising Authority.

(4) Maternity Homes or beds in a Maternity Hospital for :—

(*a*) *Complicated cases.*

It appears that twenty-three Boroughs provide these.

(*b*) *Patients whose home circumstances are unsuitable for a confinement at home.*

Twenty-two Boroughs provide these. It is particularly difficult

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to get an accurate idea of this number as only a certain number of places specifically state the fact. It is probable that some "special circumstances", and "by arrangement", include these cases.

(c) *Ante-natal observation.*

From the description of accommodation it would appear that beds would be available for these cases in twenty Boroughs, but in practice we presume that under the L.C.C. they would be available for all.

(d) *The treatment of puerperal sepsis.*

Twenty-four Boroughs have reported that beds are specially kept for this purpose.

(5) Home Helps.

Seventeen Boroughs appear to make use of this provision.

(6) The Provision of Milk or Food during the last three months of pregnancy and during lactation.

This is provided in twenty-six Boroughs.

(7) Complicated Midwifery.

(a) *The fees of doctors called in by midwives for an "emergency" in connection with a confinement must be paid, if necessary, in whole or in part.*

This duty is undertaken by the L.C.C. in London.

(b) *The fee of a consultant called in by a doctor for a complicated midwifery case or for puerperal infection.*

Twenty-five Boroughs note that they use this power.

(c) *Skilled nursing for patients confined at home.*

Thirteen Boroughs provide this.

(d) *Bacteriological examination in cases of puerperal infection.*

Nine Boroughs mention that they carry out this service.

(8) Convalescent Home Treatment for mothers after confinement.

This is stated to be used in seventeen Boroughs.

(9) District Nursing Associations. Payments can be made for midwifery and maternity nursing, or for the nursing of puerperal fever. Assistance can be given towards the establishment of new Nursing Associations in areas where a midwife is required.

It is stated that this is made use of in twenty Boroughs.

(10) Provision can also be made for assisting unmarried mothers and their children.

This provision appears to be used in nine Boroughs.

We have not included Public Assistance accommodation except when special facilities are attached; nor diocesan and voluntary homes unless a grant is made by the Local Authorities.

Roughly speaking, it appears that about twenty-two Metropolitan Boroughs are aiding the Maternity Service of the district by putting into force half or more of the services they have power to provide.

A number of Authorities have made extensions or improvements in their Maternity Services during the past year or so, and these have not yet had time to mature or exercise any definite effect.

With regard to the very valuable scheme, which we mentioned in our last report, for the provision by the Westminster Hospital on behalf of the Westminster City Council of a comprehensive Maternity Service, we now understand that the Hospital has established a panel of doctors to be called upon by the midwives of the area in abnormal maternity cases. The London County Council, as the Supervising Authority under the Midwives Acts, has given its approval to the scheme and has expressed its appreciation of the interest taken and co-operation offered by the Westminster City Council in the endeavour made to secure adequate medical assistance for midwives.

It would be well if similar arrangements could be made by large hospitals in other parts of London, and by some of the great cities in the provinces, as the adoption of such a scheme should go far towards removing the difficulty, frequently expressed by midwives all over the country, of obtaining the services of a doctor without harmful delay in an emergency.

It would appear from our investigations that the position still is that while some Authorities are using a large percentage of their powers, these being usually the more important and fundamental services, none are using them entirely.

Much, therefore, still remains to be done on our part to induce all Local Authorities to put into force all the powers they have under the Maternity and Child Welfare Act, and we must continue our efforts unrestingly until this slur on our citizenship is removed.

Ante-natal Supervision

In view of the findings of the Departmental Committee on Maternity Mortality and Morbidity in regard to ante-natal work, the comments of some of the Medical Officers of Health are of interest.

The Medical Officer of Health for Dewsbury, in recording an increase of attendances at the ante-natal clinic of 22 per cent. of the notified births in 1930 to 52 per cent. in 1932 states that this "steady increase . . . suggests that the urgent necessity for ante-natal care may be at last gaining recognition."

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The Medical Officer for Plymouth says: " Six years ago mothers attending ante-natal clinics had to be persuaded to undergo examination, now they expect it and accept it as the ordinary routine procedure. Thus far has public opinion advanced. The demand for a higher all-round midwifery service will naturally follow."

The Medical Officer for Wolverhampton points out that: " The feeling amongst mothers against ante-natal supervision is gradually dying out," but against this one reads the comment of the Medical Officer for Bath, that perhaps the weakest link is the lack of intelligent co-operation on the part of the mother and her friends.

The Medical Officer for Leeds, in recording the lowest maternal death rate ever recorded in the city, states his opinion that if more use were made of ante-natal clinics and more attention paid by doctors, mothers and midwives to ante-natal hygiene the rate could be further reduced.

The Medical Officer for Hull reports that among the 2,133 mothers attending ante-natal clinics there were only three maternity deaths, and two of these had only had one attendance though advised to attend regularly.

The following table given in the Report of the County Medical Officer for Flintshire is of interest: " It is gratifying to be able to indicate in the following Table that not a single death occurred amongst the patients who attended the Authority's Ante-natal Centres during the year under review :—

MATERNAL DEATHS—RELATIVE INCIDENCE

Deaths amongst	Number of Confinements	Number of Maternal deaths	Deaths per 1,000 Live births	Deaths per 1,000 Total births
Mothers attending Centres ..	585	0	0	0
Mothers not attending Centres	1,194	10	9·05	8·38
Total confined mothers ..	1,779	10	5·95	5·62 "

The County Medical Officer for Gloucestershire says that it was hoped to be able to open a new centre every three months till a reasonable number was available . . . in all districts. The Committee have been " regretfully " obliged to limit expenditure and no new centre was opened in 1932. (One was opened in March, 1933.)

The County Medical Officer for Monmouthshire says that " unfortunately hospital in-patients' waiting lists are so large that many women wait untreated for years and this contributes in no small part to chronic ill health amongst the mothers."

The County Medical Officer for Kent says that " prejudice on the women's part is diminishing . . . it is noteworthy that second or subsequent attendances are becoming the rule."

In a very comprehensive report from Lindsey, Lincolnshire, the Medical Officer says that arrangements for ante-natal supervision in villages are very incomplete. Where an ante-natal clinic is not within a reasonable distance it has been decided that each patient in a midwife's practice should be examined as a routine measure by the local medical practitioner in the presence of the midwife and a report made of any abnormality observed and any ante-natal treatment thought necessary.

The County Medical Officer for Buckinghamshire records that the difficulties of ante-natal treatment in rural areas have increased owing to financial depression and need for economy.

Dr. Ashworth, of the Boston Welfare Centre, says: "It is regrettable that no provision has been made for ante-natal work in this large area. The midwives have frequently expressed a desire for a clinic as their heavy district work prevents them from doing much ante-natal work."

The Warwickshire County Medical Officer notes that attendances at ante-natal clinics merely touch a fringe of an important service. The development of clinics, he suggests, must inevitably be slow and restricted.

The Medical Officers in many cases maintain that the family doctor should be approached by the midwife for ante-natal care, but often complain that they cannot secure the co-operation of the general practitioner.

The Medical Officer for Cumberland says, in regard to the increase in the number of ante-natal examinations by general practitioners, that it is more desirable that an examination be made by the practitioner who is likely to be called in at the confinement in the event of a difficulty, rather than by a whole-time officer of the Authority who will *not* be present.

It is also encouraging to find that more interest is apparently being taken in post-natal work.

A large number of Medical Officers of Health deplore the continued high maternal death rate and press for a better service.

It is pleasing to note throughout the reports that the standard of ante-natal work by the midwives has improved.

The Medical Officer for Newport, Mon., says that " the majority of the midwives devote more care to their patients' health during pregnancy than was the custom in former years. This additional supervision is demanded by the Central Midwives Board, but the midwife is not recompensed for her ante-natal care. Several if not all of the midwives are finding it increasingly difficult to obtain their full fees from their patients, although the patients are in receipt of the Maternity Benefit allowance under the National Health Insurance Scheme."

A tribute is paid to the co-operation of the midwives by the Medical Officer for Oxford who says: " The (ante-natal and post-

natal) clinics started with small beginnings, but thanks to the co-operation of the midwives the attendances are rapidly increasing and the accommodation is often insufficient."

As in previous years we observe that attendance at clinics and interest in them is in proportion to the efficiency with which they are run.

Milk and Food for Expectant and Nursing Mothers

In analysing the reports it has been noted that in many districts the unimpaired health of infants during these times of depression is mentioned, but the same is not said of the mothers. Indeed the County Medical Officer for Monmouthshire says: "Among the mothers there is some evidence of under-nourishment, and many show obvious signs of the depression."

Dr. V. de A. Redwood, Medical Officer of the Rhymney Urban District, says: "Compared with normal times, in my opinion there is a considerable amount of under-nourishment in mothers, more than in infants, due to unemployment, working short time, and shortage of money in the home due to illness, delay in payment of compensation after injury, &c."

The Medical Officer for Merionethshire notes that, "It is to be regretted that so many of the babies have to be artificially fed; this, in many instances, is due to the fact that the mothers are insufficiently nourished, owing to the bad economic conditions."

The Medical Officer for Smethwick notes that the "standard of midwifery practice in Smethwick is definitely improving and the supervision of midwives is more close and exacting. There is no doubt that the women are suffering from the results of the industrial depression and its effects seem, in Smethwick at any rate, to be bearing very hardly upon the expectant mothers." He also says: "The poorer classes in Smethwick to-day (as in most other towns) are consuming insufficient of the basic articles of diet, and too high a proportion of those types of foods which are poor from a dietetic point of view. The consumption of milk, the best and one of the cheapest foods, is deplorably low, especially among children and expectant and nursing mothers. First class proteins and fats, such as fish, eggs and butter are being used less, and their place taken by second class foods, with an unduly high starch content. There is too much bread and margarine in the diet to-day . . . I attribute a considerable proportion of these deaths to poor nutrition on the part of the mother. It is probable that when economic circumstances are at their worst, the mother denies herself the necessities of life to improve the lot of her husband or children, and when in addition to her ordinary life she is bearing another child, her misguided unselfishness is having deleterious effects upon two valuable lives. The result is that she is weakened, is less able to resist the strain

of childbirth, is more susceptible to puerperal infection, and runs a greater risk at her confinement. The unborn baby is also similarly affected."

From Southampton it is reported that "owing to widespread poverty, the maternity services and grants of free milk and cod liver oil have had to be greatly increased." (The milk grant has been more than doubled.) "The increase of unemployment entails a diet which, while usually adequate in quantity, is often inadequate in quality."

In view of such remarks as the above, such a step as the following, noted by the County Medical Officer for Monmouthshire, is especially to be deplored :—

"In view of the serious financial position of the County it was ordered by the County Council early in the year that the Maternity and Child Welfare estimates should be reduced by the annual figure of £3,260. This year (1933–34) a saving of £637 is required in addition to the above figure of £3,260. To carry out this instruction it was found necessary to revise the scheme for the provision of milk for necessitous mothers and for infants, to ensure that the supply should be strictly limited to those who are in need on medical grounds." *

Writing on this subject, the County Medical Officer for Salop says: "Milk is supplied free in necessitous cases and, before the necessary order is given, each case is carefully inquired into by the Medical Officer of the Centre and one of the lady helpers; or where there is no Centre, by the Health Visitor and a local responsible person. The opinion of the Relieving Officers is obtained in all cases, and all the reports are carefully scrutinised at the central office. Notwithstanding this careful supervision there has been a gradual increase in the amount of free milk supplied, no doubt chiefly as a result of the prevailing industrial depression, which is bringing a larger number of families within the scope of the scheme. Although the sum of £1,659 was spent on free milk in the year ended March, 1933, it must be recognised that this is undoubtedly preventive work of great value, because, if a considerable proportion of the poorer people go short of important articles of diet, as seems probable, the provision of milk should greatly improve the health of the children, lessen the amount of rickets, and diminish the number of infectious illnesses which are so frequently associated with this condition."

In concluding our analysis, one cannot but agree with the County Medical Officer for Monmouthshire that "to reduce the efficiency of the Maternity and Child Welfare Service would be false economy, for what is being done now for the infant is for the benefit of the next generation."

* We also note that in this County a grant of £350 to the Monmouthshire Nursing Association to provide Midwifery scholarships was terminated by the County Education Committee.

GENERAL CONCLUSIONS

We note with great pleasure that, speaking generally, there has been definite progress and improvement in maternity services in most parts of the country, in spite of financial difficulties, and of the apathy which naturally follows a policy of inaction. We feel, however, that the time has come for a further advance in the quality and comprehensiveness of the services offered, and we welcome an announcement by the Minister of Health on May 8, saying that he proposes to issue a new circular urging Local Authorities to make fuller use of their powers.

The most notable advance in Maternity Services is the increase in the number of Maternity Beds, mainly in connection with the hospitals transferred to Local Authorities under the Local Government Act, 1929; and the willingness of the women to make use of these beds and of the ante-natal clinics set up in connection with them shows how much such facilities are appreciated. The shortage of hospital accommodation which formerly existed is thus being remedied in some areas, though it is not sufficient to have an adequate number of beds unless the hospital administration is also satisfactory. The attention of this Conference should, therefore, be focussed particularly on the improvement of domiciliary midwifery.

It is probable that the greater number of women will for many years to come continue to be confined at home rather than in hospital, and under proper conditions there is even less risk to the mother who remains at home than to the one who goes to hospital. "Proper conditions" include a competent midwife working in co-operation with a doctor who has supervised the pregnancy, is prepared to come if emergency arises at the confinement, and is able to call in a consultant, if necessary; they also imply careful maternity nursing, sufficient nourishment, and reasonably comfortable and sanitary surroundings. The medical and nursing supervision and care should continue until the woman is restored to her normal health.

Something has been done to secure these conditions, but not enough.

Medical Care

Not every doctor is interested in, or good at, midwifery practice. It is important that, as far as possible, a woman should be able to choose a doctor who is skilled in midwifery. The General Medical Council has, as already reported, taken steps to secure better training for medical students in midwifery. Further, Local Authorities in a number of areas have set up schemes for the ante-natal supervision by general practitioners of women who have chosen to be attended by midwives. Under such schemes the names of doctors desiring to take part are placed on a panel; the

mother chooses her doctor, the work is carried out under agreed conditions and in co-operation with the midwife; the fees are paid by the Local Authority. Such schemes are not as yet fully developed or effective, but they probably provide the most satisfactory means of ensuring such medical care as is desirable even in normal cases, and also secure prompt attendance by a doctor familiar with the patient in case of emergency. They should, therefore, be encouraged and supported.

Midwives

Midwifery is an underpaid and arduous profession. Good midwifery can never be self-supporting in working-class areas, and midwifery practice is not likely to be fully satisfactory until Local Authorities are prepared to spend enough money to enable their areas to be served by a sufficient number of capable midwives, giving their whole time to their work, and able to give each patient all the attention she needs. We are strongly of the opinion that Local Authorities should exercise their power to provide and pay midwives for necessitous women far more widely than is at present the case.

Maternity Nursing

Good nursing is necessary for safety. The untrained "nurse" or handy-woman is a definite source of danger. Yet she still flourishes, mainly because the woman who engages a doctor is often unable to pay a midwife in addition. It should be made impossible for any woman, whether attended by a doctor or not, to be without the services of a trained midwife for maternity nursing. This would seem to be the only effective way of getting rid of the handy-woman whose services could be retained in her proper capacity of Home Help.

Supervision of General Health

Something, though not enough, is being done to secure all these conditions for midwifery in the home; but very little, if anything, is being attempted to make sure that the woman is in a fit state of health to have children without undue strain, or that she is able to recover her strength sufficiently after one pregnancy before she is called upon to have another.

Overwork, underfeeding, worry, lack of sleep or rest, tend to reduce and depress vitality, and though under such conditions a woman usually bears a healthy child, it is done at an excessive cost to herself. The effect upon health of prolonged poverty due to unemployment has been carefully scrutinised, especially in "distressed areas", and the official Reports and Inquiries have shown comparatively satisfactory results at any rate as far as children and young people are concerned. But there is a widespread

impression that the health of the working mothers in these places shows definite signs of deterioration, and that there is among them an undue proportion of minor sickness, anæmia, nervous fatigue and malnutrition. These conditions are not fatal and do not appear in statistics, but they necessarily damage the woman's fitness to bear and bring up children, quite apart from the effect on the family of an ailing and discouraged mother.

It is impossible to measure the extent of disability so caused, but there is sufficient evidence of serious malnutrition among women to make it more than ever desirable that they shall be able to obtain such advice and assistance as is needed, not only during pregnancy and childbirth, but in the interval of child-bearing.

It is not possible to do all this under the Maternity and Child Welfare Act, but it is within the power of Local Authorities to set up Gynæcological, or Women's Clinics under the Public Health Acts, at which post-natal supervision can be arranged, and advice or treatment given for other ailments.

It is suggested that Local Authorities should be urged to set up such clinics, especially in industrial areas, as a means of protecting and safeguarding the health and well-being of working mothers.

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