MATERNAL MORTALITY

In Relation to the Departmental Committee's Report on the Training of Midwives

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The conscience of the British public was profoundly stirred about two years ago by an almost sudden realisation of the high rate of Maternal Mortality, and of its static character.

The blow to our national self-esteem was the greater that social legislation had during the last twenty years met with considerable success in dealing with the problem of Infant Mortality. But during that period the maternal death rate was found to have remained stationary. The aphorism which had crystallised during the war to the effect that it was safer to be a soldier in France than a baby in England gave place to a new phrase : that maternity was a more deadly occupation than any of the scheduled dangerous trades. In 1928 Mr. Neville Chamberlain set up two Departmental Committees : (1) to inquire into the working of the Midwives Acts, and (2), composed entirely of doctors, to inquire into the causes of Maternal Mortality.

From the first of these two reports, which appeared early last autumn, it can be seen at once how much more complicated is this subject than that of Infant Mortality. There the problem fell readily into two parts : (a) economic, and (b) educational, and since the Maternity and Child Welfare Act of 1918, the provision of free milk and dinners to nursing and expectant mothers on the one hand, and the organisation of municipal and voluntary clinics on the other, have gone far towards the remedying of a pressing national evil, as evinced in the astounding drop in the infant death rate from about 140 to 70 per 1,000.

But Maternal Mortality presents a more involved aspect, although that, too, has its educational and economic difficulties.

Perhaps the simplest plan is to consider for a moment the three parties concerned in the process of maternity: (a) the mother, (b) the doctor, and (c) the midwife, since each of these has rights no less than responsibilities.

(a) On the mother is laid the duty of seeking competent advice early in her pregnancy, and engaging her doctor, midwife, or both, in good time. The increased attendances at ante-natal clinics as an earnest of the serious spirit in which young mothers approach motherhood—and Infant Welfare Centres all over the country certify to the decreasing reluctance to ante-natal supervision.

(b) The doctor.—Even when a midwife only is engaged for of confinement, ultimate responsibility must rest with the doctor in case of any difficulty or abnormality, and for this reason he must be qualified by first-rate training and experience for the most difficult and exacting work, often required at a moment's notice.

Adequate ante-natal care will reduce emergencies to a minimum, but there will always be a residuum when unforeseen circumstances will suddenly endanger the life of mother or infant, or both, and for these he must be prepared with ready and efficient skill. This implies a thorough training with adequate material, which admittedly is not always available, especially where medical students and pupil midwives are trained in one institution. A falling birthrate on one hand, and a longer period of training both for doctors and midwives on the other, tend to intensify this difficulty, which can probably only be remedied by a better distribution of available training material.

It is hard to imagine a more terrible predicament for a conscientious man than to be confronted with an immediate emergency for which he is equipped with theoretical knowledge insufficiently reinforced by experience.

The Committee felt that even for a normal pregnancy, with the confinement conducted by a midwife, there should be some medical supervision, and recommended at least two examinations, one pre- and the other post- natal, to be carried out by the mother's own doctor who would thus be ultimately responsible

for the safety of mother and child. Furthermore, in cases of special difficulty or for consultative purposes, a specialist should be readily available at the instance of the general practitioner.

(c) As regards the midwife it has been pointed out that in Holland (where obtains the lowest maternal death rate in the world) a far longer period of training, amounting to three years for the complete curriculum, is required for practising midwives, but the Departmental Committee did not recommend such a drastic alteration to a course of training which only lately has been increased to a year in the case of midwives without general nursing qualifications.

But they are insistent that in the future all midwives should be fully-trained nurses and they recommend a much fuller use of refresher courses as essential to the maintenance of a high standard in practical midwifery.

The elimination of the handy woman and the employment of midwives only, for maternity nursing, are further reforms outlined in the Report. The status of the midwife has never been commensurate with the dignity and responsibility of her calling, and yet 60 per cent. of deliveries in this country are conducted by midwives, a procedure that has much to commend it. From a medical point of view, the normal confinement is a tedious affair, uncertain as to time and duration, and it is often difficult for a busy and able general practitioner to spare the time and patience which should rightly be devoted to a mother, especially in her first confinement. In countries where no midwives conduct maternity cases, the temptation to what is sometimes called "meddlesome midwifery" must be a pressing one when confinements do not occur in homes or hospitals, and it is not altogether surprising that general progress in scientific hygiene is not necessarily accompanied by a low maternal death-rate.

There is a further paradox in the whole question of institutional confinements. Whereas these must always be preferable to births occurring in unsuitable home surroundings, medical opinion is not agreed as to whether is is desirable that confinements should normally take place in hospitals. There appears to be a greater risk of puerperal fever in an institution than in an average home, and whilst the process of infection in cases of

puerperal fever and sepsis remains to some extent mysterious it seems impossible to advise universal institutional accommodation for maternity cases.

The Departmental Committee has forcibly recommended an increase of fee for the midwife, suggesting a minimum of £2 10s. 0d. for each case. This should free her from the ceaseless financial worry that causes many an excellent midwife to abandon a profession which she loves and which sorely needs her, and there will then be no hardship in precluding her from taking an undue number of cases, say over 150 a year, in her efforts to eke out a precarious livelihood.

Though it was felt that a doctor should in every case be a principal inspector of midwives, the Committee hope that in the future a uniformly first-rate class of woman may be attracted to a noble profession, with better pay, better prospects, better organised promotion to posts of teacher and sub-inspector, adequate holidays and sickness relief, with opportunities for refresher courses and with some security for old age, sickness and retirement.

All this would seem to foreshadow some scheme of National Maternity Service, implying additional benefit to insured persons, and though the details can well be left to the administrative authorities, it would appear that public opinion is now ripe to demand a broad co-ordinating scheme that will include the best features of present usage in the country, and will ensure an effective midwifery service for every mother who requires it.

CYNTHIA COLVILLE.