



THE LABOUR PARTY

Prevention of Maternal Mortality
AND
The Government's Attack on
Local Government

REPORTS

To be presented by the Standing Joint
Committee of Industrial Women's
Organisations to the National Con-
ference of Labour Women, Portsmouth,
May 16 and 17, 1928

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THE PREVENTION OF MATERNAL MORTALITY

Report to be presented by the Standing Joint Committee of Industrial Women's Organisations to the National Conference of Labour Women to be held at Portsmouth, May 16 and 17, 1928.

The reduction of the rate of infantile mortality in Great Britain during the last forty years, and especially its greatly quickened rate of decrease during the present century, has been a signal proof of the value of social legislation and the advance in national welfare due to the extension of public health work in the sphere of maternity and child welfare. Broadly speaking the main landmarks in this progress have been the following legislative Acts:—

Public Health Act, 1875 (England and Wales), 1897 (Scotland).

The Factory and Workshops Acts, 1901. Section 67 deals with the protection of women following child-birth.

The Midwives Acts, 1902, 1918 and 1926 (England and Wales), and 1915 (Scotland).

Notification of Births Acts, 1907 and 1915.

National Health Insurance Acts, 1911 onwards, with establishment of Maternity Benefits and their payment to the mother, etc.

Maternity and Child Welfare Act, 1918.

How far the influence has been felt may be judged by the figures below.* The fall in the birth-rate has doubtless also had its effect. A striking fact is that the fall in the death-rate of infants is actually a greater one than that of the general death-rate.

A Tragic Failure

But the last column of the Table is a record of tragic failure. The death-rate of the infants has been reduced,

* Figures given in the Report refer to England and Wales unless otherwise stated.

Infants - Care and hygiene

R/101

11/11/28 Municipal Finance

but that of the mothers in childbirth has remained almost stationary. Indeed, in the last year, the rate has once more shown a slight upward tendency.

TABLE SHOWING BIRTH-RATE, DEATH-RATE, INFANT MORTALITY RATE AND TOTAL PUERPERAL MORTALITY, 1891-1926.

Years	Birth-rate	Death-rate	Infant Mortality rate	Total Puerperal mortality (old classification)
1891-1895 ..	30.5	18.7	151	5.49
1896-1900 ..	29.3	17.7	156	4.69
1901-1905 ..	28.2	16.0	138	4.27
1906-1910 ..	26.3	14.7	117	3.74
1911-1915 ..	23.6	14.3	110	3.81
1916-1920 ..	20.1	14.4	90	3.88
1921-1925 ..	19.9	12.2	76	3.69
1926 ..	17.8	11.6	70	3.87

The Protection of Motherhood. Dame Janet Campbell. Page 3.

The infantile rate itself shows some very disquieting features. The following Table gives the ages of the babies, and shows that the reduction is mainly in the later months of the first year of life. In the first four weeks the rate is far higher. Dame Janet Campbell, commenting on the Table given below, says:—

“It is scarcely possible to discuss maternal mortality without reference to still-births and deaths during the first few days and weeks of life, as these are so closely associated with the health and well-being of the mother during pregnancy and at confinement. The still birth rate remains at about 3 per cent. and the reduction of the neo-natal death-rate has been small compared with the reduction of the infant mortality rate as a whole.”

DEATHS PER 1,000 BIRTHS REGISTERED

Year	Under 4 weeks	4 weeks to 3 months	Total under 3 months	3 to 6 months	6 to 12 months	Total under 1 year
1906-1910 ..	40	23	63	22	32	117
1911-1915 ..	39	20	59	20	31	110
1916-1920 ..	37	17	54	14	22	90
1921-1925 ..	33	13	46	12	18	76
1926.. ..	32	12	44	10	16	70

The Protection of Motherhood. Dame Janet Campbell. Page 7.

UNPICKING. 10 mins
LINING. 20 min
COLLATING. 2h
SEWING.
LOOK THROUGH

STABBING

up Labels
14

incalculable service, some 3,000 women die or so soon after that their death must be attributed to childbirth. Those 3,000 deaths, when compared with the deaths from all causes, might seem a small number, but it must be remembered that childbirth was a strictly physiological act. Those women did not die from disease, but in the performance of a perfectly natural function, in obedience to one of the greatest laws of nature. They were not doing something contrary to nature, but something ordained by nature, and making to nature their supreme contribution. We were losing, in this way, not only 3,000 individual persons, but persons at the zenith of their fertility, at the most important and fruitful juncture of their lives, when we could least afford to part with them. A mother was also a home builder, and such a loss as this was not only profoundly pathetic, adding to the sorrow of the world, but was also in the highest degree wasteful and injurious to the economy and welfare of the State.”

“ . . . Not only did we lose 3,000 dead mothers, but every year there were some thousands of young women whose bodies were so seriously damaged in the course of childbirth that their health was permanently impaired, and in some cases they were put out of action as reproductive contributors to the race.”

“ . . . Then, again, there could not be a high proportion of maternal mortality or morbidity without consequent mortality or impairment among the newly-born. Infant lives were lost in three ways in this connection: (1) A number were lost by miscarriage; (2) a number were born prematurely, that is to say, too early to live; (3) upwards of 20,000 a year were born dead, and not less than 15,000 died in the first week of life. It was not good for a nation or for civilisation that we should lose between thirty and forty thousand children at the gate of birth, and if the course of healthy pregnancy and maternity was as it should be, a good many of these catastrophes would be avoided. Maternal and infant mortality were too often considered as separate problems; it should be remembered that the maternal problem carried also an infant problem, and the two were inseparable. Good maternity gave sound infancy, and nature had provided that the vast majority of infants were well born.”

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The Protection of Motherhood. Dame Janet Campbell. Page 7.

men, are the facts before us. We have done something in the saving of infant life. We all know well that it is less than it might have been. But when we examine the figures carefully, we see that the failure to care rightly for the health of the mother has had its reflections also on the well-being of the child. Indeed it could not be other wise. Our own experience tells us that, and we have the reinforcement of these strong words from the Chief Medical Officer of Health, Sir George Newman:—

“... Taking the average of the last ten years, there were every year about 750,000 women in England who gave birth to children, and they were fulfilling a unique service to the nation by being the source of the future generations. In rendering this inestimable service, some 3,000 women a year died either in the act or so soon after that their death must be attributed to childbirth. Those 3,000 deaths, when compared with the deaths from all causes, might seem a small number, but it must be remembered that childbirth was a strictly physiological act. Those women did not die from disease, but in the performance of a perfectly natural function, in obedience to one of the greatest laws of nature. They were not doing something contrary to nature, but something ordained by nature, and making to nature their supreme contribution. We were losing, in this way, not only 3,000 individual persons, but persons at the zenith of their fertility, at the most important and fruitful juncture of their lives, when we could least afford to part with them. A mother was also a home builder, and such a loss as this was not only profoundly pathetic, adding to the sorrow of the world, but was also in the highest degree wasteful and injurious to the economy and welfare of the State.”

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“ . . . The mothers of a nation were its primary asset ; they were not only the producers of its most precious kind of goods, but they were the educators and protectors in charge of the rising generation. We ought to consider not how little but how much we could do to facilitate and ennoble motherhood. What social difference did it make to the 3,000 husbands bereaved every year by this physical effort of their wives, what social difference to the many thousands of husbands who, though not bereaved, were profoundly disappointed, to whom it meant more than the loss of a companion, whose home life was thus suddenly undermined, and who found themselves in a world full of new embarrassments and temptations ? ”

Causes of Maternal Mortality

When we examine the cause of the deaths of these mothers, we find that according to the latest classification, now recommended internationally, the main causes are the following :—

CAUSES TO WHICH MATERNAL DEATHS WERE ATTRIBUTED (1926)

Total births registered	694,563
Total maternal deaths	2,860

Cause of death	All ages	15	20	25	30	35	40	45 and upwards
		to 20	to 25	to 30	to 35	to 40	to 45	
Puerperal hæmorrhage	339	2	31	71	90	92	47	6
Other accidents of childbirth	339	3	48	96	69	78	42	3
Puerperal sepsis	1,109	28	201	312	254	208	97	9
Puerperal convulsions	351	23	69	103	61	56	34	5
Total (includes others not above)	2,860	69	445	742	651	599	320	34

From Dame Janet Campbell's table given in *The Protection of Motherhood*, page 5. The less important causes are omitted.

It will be seen that in this new classification the rate appears higher than in the earlier one. This is because more recent scientific opinion has decided upon a better form of certification based on more accurate consideration of the real causes of death. This shows that the rate is distinctly higher than was previously thought.

TABLE SHOWING TOTAL PUERPERAL MORTALITY AND TOTAL MATERNAL MORTALITY, 1911-1926.

New Classification in use from 1911 onwards

Year	Puerperal Sepsis	Other Puerperal causes	Total Puerperal mortality
1911-15	1.42	2.61	4.03
1916-20	1.51	2.61	4.12
1921-25	1.40	2.50	3.90
1926	1.60	2.52	4.12

Table shortened from *The Protection of Motherhood*, page 2.

The figures so far relate to England and Wales and do not include Scotland. This is mainly because the Ministry of Health which deals with such matters in the first two countries has published two very important and valuable Reports by Dame Janet Campbell, which are frequently quoted. They are: *Maternal Mortality*, published in 1924 (price 1s.); and *The Protection of Motherhood*, published in 1927 (price 9d.).

Variations in Mortality Rate

The Scottish Board of Health has not dealt so fully with the matter, and the Departmental Committee appointed by the Labour Minister in 1924 unfortunately gave little statistical information. From other Government publications, however, we find that the Maternal Mortality in Scotland shows the same unaltering course, and averages higher than in England and Wales taken together. It is over six per 1,000 births for all causes. The Committee referred to above decided that there was no marked difference between the urban and rural death-rate. This is not, however, very conclusive. The figures and investigations in England and Wales seem to show that the mining areas, and certain poor industrialised areas, have a higher maternal rate. But thinly populated rural areas are also danger spots. Thus, if the Northern counties are taken as a standard and their rates put at 100, the areas of Wales and the North show a markedly higher death-rate both for infants and mothers. Both contain in a special degree mining and industrialised areas together with scattered country villages.

RELATIVE MORTALITY TABLE

Aggregate county boroughs, urban districts, and rural districts of the four divisions of England and Wales—namely, North, Midlands, South, and Wales.

In each case the death-rate for the Northern division is taken as 100.

	North	Midland	South	Wales
General death-rate ..	100	87	92	93
Infant mortality	100	77	73	90
Puerperal fever	100	79	86	101
Other effects of child-bearing	100	80	73	128
Total child-bearing ..	100	80	78	118

The general and infant death rates are for the year 1921; the death-rates from child-bearing for the four years 1919-1921.

Maternal Mortality. Dame Janet Campbell. Page 14.

Detailed investigations of different towns with high and low rates tell us what we might have expected, namely, that no one general cause other than that of poor conditions of living can be assigned for local variations. Thus in one town the mothers work in the mill and the death-rate is lower than in another where they also work. Or in one rural area the rate is high, and in another where the health authorities have made greater efforts to meet the difficulties of medical and nursing attendance the rate is lower. Or, again, in the mining areas the rate is high because the mothers have very heavy house work and large families which make their toil still harder.

To summarise what Dame Janet Campbell says in *Maternal Mortality*:—Miners' wives show a high fertility rate. They are seldom employed after marriage and marry young. The more children the woman has the heavier her household tasks become, and the chance of her passing through pregnancy and confinement safely becomes less. Heavy domestic work is more liable to cause injury than many industrial occupations. In this respect the miner's wife is exceptionally handicapped with the labours of the household which are added to by the shift system. Possibly the dirt from the husband's occupation, coupled with the bad housing conditions, account for the high maternal death-rate associated with miners' wives. Further

investigation is needed as to whether among miners' wives a high maternal mortality occurs chiefly in connection with first pregnancies or with later ones, whether it is caused by an undue amount of sepsis, and what effect the age at marriage appears to have.

Relative low fertility is shown in the textile trades. Perhaps this is due to a higher age of marriage and probably partly to a desire to avoid pregnancy.

Summarising the facts we have so far brought forward, we find that:—

- (1) The rate of infant mortality is still high in the first four weeks of life, reaching 32 per 1,000 born as against 70 for the whole of the first year.
- (2) The maternal mortality rate from all causes is now 5.14 per 1,000 births in England and Wales, and 6.4 in Scotland.
- (3) The main cause of these deaths is Puerperal Sepsis, *i.e.*, blood poisoning following childbirth, of which an Australian Government Committee in 1924 said: "Puerperal Septicæmia is probably the greatest reproach which any civilised nation can by its own negligence offer to itself."
- (4) The heaviest death-rate is between the ages of 25 and 35; that is, in the very prime of life.
- (5) The causes are widespread, but the variations show that in any area they can be lessened by taking the appropriate steps. Sir George Newman points the moral of this when he says:—

"... From the Returns in 1911-14 and 1919-22 it would appear that it is much more hazardous for a woman to give birth to a child in, say, Halifax, Blackpool or Rochdale than in Manchester, Newcastle-on-Tyne or Birmingham. This is a characteristic which should receive the consideration of the Local Authorities concerned. . . ." *Maternal Mortality.* Page iv.

Maternal Mortality in Other Countries

The problem of maternal mortality has begun to disturb the minds of Health Authorities in many countries, chiefly English-speaking ones, and the Health Section of the League of Nations has recently been dealing with it. It is difficult to get exactly comparable figures, though the new classification referred to above may make them available. England and Wales occupy a middle position, while Scotland is amongst the highest. The lowest rates are to be found in Italy,

Holland, Norway, and Sweden, while the higher rates are reached in Germany, Ireland, and Switzerland. New Zealand has a high maternal rate, which is all the more striking because of her low rate of infant deaths. But the same is true in Australia, and the probable cause in Switzerland and both these countries is the sparseness of population with consequent difficulties in securing speedy and skilled attendance.

Maternal Deaths in U.S.A.

The high maternal death-rate in the United States of America of over 6 per 1,000 births within the Birth Registration area is remarkable. It is estimated by Dr. Woodbury, who made a special Report on Maternal Mortality for the Children's Bureau of the U.S. Department of Labour, that if the whole area, including the States where the registration is not carried out, was to be taken, the rate would reach 7 per 1,000. It is particularly high in the States with a large negro population, but it is high also in States with a large proportion of American-born whites as well. While he attributes the position largely to lack of sufficient care and skill and hygienic knowledge, he also makes this striking statement after giving the figures of a specially careful investigation in one area :—

“These figures suggest that the rate varies inversely with the amount of the father's earnings ; it is only 3·3 per 1,000 confinements in families in which the fathers earned 850 dollars or over, compared with 5·3 in families in which the fathers earned less than 850 dollars.” (Page 36 of the Report.)

His investigations show that the white rate is 6·4 as against the coloured rate of 10·8 in the Registration area. The differences between the rate of the different white races is inconsiderable. He has classed them according to country of birth and race, and though the rates for Russia and Italy are lower than the rest, both 4 per 1,000, and for Ireland the rate is very high (8·8), the other variations are not such as to point to any special racial distinctions. The high negro rate, on the other hand, is probably the result of a very high birth-rate combined with great poverty and lack of medical precautions and attention.

Position in Germany

The position in Germany shows certain unusual conditions. In the great towns the death-rate from puerperal septicæmia is remarkably high and especially in those cases where it

follows not on childbirth but on abortion. This has been causing much anxiety, and the figures have been carefully tabulated and show that in certain towns more women die of puerperal fever after abortions than after childbirth. Similar figures might be discovered in other countries if they collected their statistics in the same way. The cause which suggests itself is that a great increase of poverty coming upon a people with a relatively high standard of living, thus making abortion more common for fear of further economic strain upon the family resources.

Dangers of Motherhood

To summarise the international position is difficult. What it clearly shows is that variations are very great between one country and another and between different parts of the same countries. Certainly the figures suggest that apart from Italian and Russian women who seem from the American experience to have a certain immunity from the dangers of childbirth in comparison to others, the same causes underlie the maternal mortality in all lands. These are poverty of general conditions of life and lack of proper attention and medical care before and after childbirth. It is, however, clear that even when the general standard of life is very low, a great deal can yet be done to provide for healthier maternity, and that no matter how high the general level of life in other respects, unless the mother's health is cared for by properly skilled and trained persons and the general hygienic conditions which the physiological process of childbirth requires are fulfilled, the lives of young women will continue to be sacrificed and babies left to face existence bereft of their mothers' care. To-day maternity is full of risks, almost all of which are preventible. It is especially the duty of working women to see that those risks are reduced and motherhood no longer classed as a dangerous trade.

Means of Prevention

Having stated the general nature and the extent of the problem we have now to deal with the remedies. It is a welcome fact that the full use of the powers that Parliament has already given to the Local Authorities would mean a great improvement. But those powers are permissive and not compulsory. Moreover their full use entails an expendi-

ture which the present Government has refused to meet, and the Local Authorities, under the heavy burden of unemployment which they are now forced to bear, have been in many areas where the mother's need is greatest so hard pressed for funds that without further national provision they cannot be expected to do all that is required.

But it is not only the powers of Local Authorities that need to be exercised. A recasting of part of the present scheme of National Health Insurance is equally important. By developing immediately on these lines, a wide policy of protection of motherhood can be adopted with a comparatively small grant from national taxation.

Standard of Life

The remedies for the present position fall naturally into two divisions. First there is the general need for a healthy home. It is true that overcrowding and insanitary conditions appear to have less effect than might be expected where a normal confinement takes place. But directly there is any difficulty, the dangers to the woman are increased a thousandfold. In any case the lack of decent privacy and quiet, the mental disturbance and anxiety is infinitely greater under bad housing conditions, and recovery bound to be retarded.

Poverty and uncertainty as to the family income, accompanied as they always are by anxiety and under-feeding, has its effects in weakening resistance and making childbirth more dangerous for both mother and child. The mental factor of worry is one that has to be taken into consideration, as well as the physical factor of hunger.

It does not fall within the scope of this report to deal with the methods of securing better housing, but we can do something to counteract its evils by the provision of maternity homes and hospitals, especially in badly overcrowded districts. Nor does it fall within our present scope to deal with the general question of wages and unemployment benefit, pensions, and Poor Law relief. But we can provide that a mother shall have additional income to meet the coming of a child, and that no expectant mother shall be lacking food.

Work of the Home

Our proposals in both these matters form part of a complete scheme for the treatment of maternity. We

mention these two general considerations here to make it quite clear that we recognise that the needs of the mother cannot be isolated from the general question of social welfare in its broadest aspects. Everything which makes for general health helps to prepare the way for more successful maternity. The raising of the school age and better industrial conditions, for example, for unmarried girls, would have a very direct influence on maternal safety. In relation to this we may refer to the opinion of Dame Janet Campbell, who pointed out in *Maternal Mortality*, the improvements which were likely to result from the abolition of the half-time system for mill workers in Lancashire. That system was probably one of the reasons for the high mortality in many of the mill workers' towns of the north which was so often short-sightedly attributed to the fact that women were employed as wage earners. To quote the same authority:—

“Outside employment is often less arduous than much of the household work ordinarily done by the mother of a family, and relief, when necessary, from heavy housework seems of more practical importance than the restriction of paid employment.” (*Protection of Motherhood*, page 6.)

The difficulty to be met here is that of releasing women from too heavy toil at the time of childbirth and beforehand, whether within or outside the home. It will readily be seen what far-reaching changes are needed in working-class economics before we can completely safeguard the mother.

Importance of Greater Knowledge

The first step to which we wish to draw attention is the necessity of spreading amongst women of child-bearing age the knowledge of how necessary it is for them to have medical care and supervision from the beginning of the period of pregnancy. But coupled with this must go the provision of a medical service adequate for this purpose, both in its organisation and training. It is, however, time that women themselves realised that pregnancy and childbirth should not necessarily entail physical suffering and danger, and that they should not accept with such Spartan courage the innumerable preventable evils with which it is so often surrounded. Provision for healthy motherhood should be regarded as their right.

Work to be Done

We propose the adoption of the following scheme :—

(1) **It should be compulsory for every Health Authority** to prepare within a given time, say one year, a complete scheme for maternity work. This would require an alteration of the law in order to make it compulsory to carry out the Act of 1918, not only by appointing a special committee of the Local Authority, which must now be done, but by preparing a scheme which is adequate and uses the powers conferred upon them. In regard to this and other matters dealt with later, there should be a grant from national funds at least equal to half the local expenditure on any approved scheme. Provision should be made whereby once the scheme had been adopted, any capital expenditure essential to it should be permitted by the Ministry of Health. Further, areas of special difficulty should be given additional grants so that they may cope with the needs of the mothers, always particularly great in such districts.

(2) Such a scheme should include the following :—

(a) **Sufficient ante-natal clinics** to enable all pregnant women to seek advice. At present the numbers are very low, as the following table shows. There are only 772 for England and Wales and 201 for Scotland.

ANTE-NATAL CLINICS IN ENGLAND AND WALES, 1926-27				
		Municipal	Voluntary	Total
London	36	81	117	
County Boroughs ..	142	49	191	
Counties	296	168	464	
Totals	474	298	772	

(Figures from *Protection of Motherhood*, page 54.)

We think that these clinics should all be organised and controlled directly by Public Health Authorities instead of some being under voluntary agencies, and that there should be a substantial increase in the present inadequate number of Health Visitors.

(b) **Sufficient maternity beds** in homes under the Local Authority or maternity wards in hospitals approved by the Ministry of Health, and supervised by the Local Authority or co-operating with them, for all women whose confinements

are likely to be difficult or whose home circumstances make confinement at home unsuitable and dangerous. Such provision should not be associated with the Poor Law, and should be free where necessary, with a rising scale of reasonable charges based on income. The inadequacy of the present position is seen from the following figures for England and Wales, which give all the beds *known* (not necessarily approved) by the Ministry of Health :—

VOLUNTARY		MUNICIPAL		TOTAL	
Institutions	Beds	Institutions	Beds	Institutions	Beds
81	1423	68	867	149	2290

(*Protection of Motherhood*, page 64.)

(c) **National Health Insurance.** We are in favour of the extension of medical benefit to the wives of all insured persons and the administration of that benefit by the Local Health Authority. This should include medical attendance and nursing care in pregnancy and childbirth free of all additional charge. The insured woman and the wife of the insured man should both receive this benefit. We are also in favour of the raising of the income limit for Health Insurance to £350. These proposals formed part of the evidence given by us before the Royal Commission in 1925 with the agreement of the National Conference of Labour Women and the Joint Committee on Health Insurance of the Labour Party and the Trades Union Congress. This would secure free medical attendance and nursing care demanded for all women workers under the Washington Maternity Convention agreed to by our Government representatives in 1919, but never ratified. It would, however, go further and cover almost all other women. It would be the business of the Local Authority to see that the few left outside would get similar provision. Such treatment would include hospital care when necessary on the system mentioned above.

(d) **Sickness Benefit.** Insured women should be assured of sickness benefit if at any time during pregnancy their health suffers through their remaining at work. This right they now have, but it is still imperfectly understood and often through ignorance or administrative difficulties is not obtained.

(e) **Maternity Benefit,** which is usually spent at the present time in paying for a midwife or in part payment of a doctor,

should continue to be paid in order to help cover the cost of childbirth, the additional clothes and food needed and other extras. At present the wife of an insured man receives £2 and an insured woman receives also an additional £2. That makes £4 for a woman who is working. Under the Washington Convention (not yet ratified by Great Britain) she ought to be allowed to remain away from work for six weeks before the expected birth and should not be permitted to return for six weeks after, her place being kept open for her. The Convention lays it down that she should receive sufficient during this period of twelve weeks for the full and healthy maintenance of herself and her child.

We propose that for the period of twelve weeks she should receive benefit at the rate of *at least* £1 a week as an insured woman. This would be in place of her wages and irrespective of the Maternity Benefit paid on a husband's insurance.

(f) **The provision of home helps** to assist the mother in her housework both before the child's birth and in the period following is essential. Our own experience is supported by the Ministry's Report already quoted. The Local Authority should be responsible for training and paying a standing wage to suitable women. Those employing them should pay on a scale graduated according to income up to a reasonable amount. In our opinion the development of this work will be slow unless the guaranteed wage be adopted as part of the system. The reason for the slow growth where Local Authorities have initiated a scheme of what everyone recognises as a very necessary assistance for the mother, may be found in the reluctance of a woman to have her affairs known by too many people and dislike of having a stranger in the house, combined with insufficient publicity of the existence of the service. The home help should not sleep in unless under very special circumstances. She should be carefully selected for her capacity and good character, as the position is one requiring a very trustworthy woman whose discretion can be relied upon. It may be noted that if the mother had a little more money available during this period her reluctance to have another woman looking after her household would be partly done away with. She often hesitates about having it known by anyone else what shifts she is put to in order to prepare for her confinement and keep the household going.

The experience of Glasgow, West Ham and Enfield is encouraging, and with a general provision and plenty of advertisement, the development of Home Help schemes should be rapid.

(g) **Provision of Food.** It should be the business of the Local Authority, on application from its Health Visitors, Clinics, and the doctors and midwives, to make provision for food for mothers in need of it free of cost, and at cost price for those desiring to pay.

(h) These provisions deal with the mother's side of the problem more directly. But in order that they may be fully carried out it will be seen that there is need for a **great reorganisation of medical, midwifery, and nursing services.** The number of doctors and midwives is not now sufficient nor is their training in many cases suitable for the best work to be obtained. The service we have in mind should be organised of doctors and midwives, but the training of both should be greatly extended and improved. They should co-operate very closely.

Every mother should have the advantage of a considered medical opinion early in her pregnancy, although the actual conduct of normal labour might safely be left in the hands of an efficient midwife.

But there must always be a properly trained doctor to supervise and a full service of midwives well prepared for their work and guaranteed a fair income by the Local Authority. In addition, the nursing duties must be properly provided for.

(i) **The Medical Service** must work in closest co-operation with the ante-natal clinics and maternity homes and hospitals. The best scientific opinion must always be available for them.

(j) Where the patients are not themselves able to provide **the necessary sterilised outfits**, these should be provided for the use of doctors or midwives free of cost. The mother's life must not be jeopardised because at a critical moment the midwife has no suitable materials at hand, and she cannot be expected to make this provision herself. This service is already given by several Local Authorities.

(3) We think that there should be **an inquiry into every death** from puerperal causes. Indeed we would go

further and suggest that the research into questions connected with maternity has not yet been sufficiently thorough, and that the habit of mind which so many women have of accepting all its ills as though they were unavoidable only reflects the neglect shown in the training of the average medical student. Women should demand that the whole question of maternity, both from the point of view of research and of training for practical clinical work, should occupy a more important place in the study and practice of medicine.

In our opinion the Ministry of Health should set on foot a careful scientific investigation of the whole subject of healthy maternity. Inquiry into the problems of pregnancy and childbirth, including any increase of risk to life or health from too frequent pregnancies and methods of prevention, is greatly needed. This subject of good motherhood is perhaps the most neglected of all forms of medical research and yet there is none on which knowledge is of more importance to the community.

We have shown that the first four weeks of a child's life are the most critical, and in the foregoing proposals we have tried to make the beginning of life safer for both mother and child. The institution of the maternity benefit was intended to help the mother over this period. The failure, however, to make provision for medical and nursing care causes this benefit to be absorbed in the charges for attendance. Our scheme would set it free again for its intended purpose of making provision of a general kind for the newcomer and the mother in her recovery from the exhaustion of child-bearing. We also urge that the Local Health Authority should have the duty, assisted by National Grants, of extending the advantages of this scheme to women who do not come under the provisions of compulsory insurance.

The Conference is asked to adopt this Report and to pledge itself to secure the operation of the scheme outlined therein.

THE GOVERNMENT'S ATTACK ON LOCAL GOVERNMENT

Report to be submitted by the Standing Joint Committee of Industrial Women's Organisations to the National Conference of Labour Women to be held at Portsmouth in May, 1928.

The Labour Party has consistently claimed that work should be found for the unemployed; but that, where men, through no fault of their own, cannot obtain work, reasonable and secure maintenance should be found for themselves and their families, and that such maintenance should be a *national* charge.

The cruel hardships inflicted upon the unemployed by the present system of precarious Poor Law relief are well known to all Labour women. The object, however, of the present report is to direct the attention of the Movement to other evils of a widespread character which result from this disastrous policy; and to show that this fundamental fault, besides inflicting misery upon thousands of human beings, has broken down *local finance*; has weakened and in some cases destroyed proper *local independence*; and *increased unemployment* by placing special burdens upon industry.

Refusal of Unemployment Benefit

Unemployment benefit is quite insufficient for family needs; and, as is well known, it is refused altogether to many classes of unemployed persons, such as "single persons residing with relatives," persons for "whom insurable employment is not likely to be available," or persons without a "reasonable period of insurable employment during the past two years." The needs of the children of men in receipt of unemployment benefit, and of all the persons struck off, must be met, if met at all, by the Poor Law.

And it must be remembered that the last Unemployment Act provided that after April, 1929, men who could not show 30 stamps on their cards during the past two years should be struck off benefit. This will increase the numbers of those for whom there is nothing but the Poor Law.

Cost of Out-relief

The general position with regard to out-relief is full of contradictions. Out-relief is in general prohibited by Order, and all the out relief given is given under certain clauses of the Order allowing relief in certain exceptional circumstances. Some Guardians make it a rule to refuse out-relief to the able-bodied, whether married or single, men or women. Labour boards, however, have always considered it a duty to meet fully the elementary needs of food, clothes, and shelter for all the destitute in their district; and their pressure, and that of boards influenced by Labour sympathisers, has been strong enough to cause a great extension of out-relief. The total cost of out-relief has gone up from £15,443,084 in 1921-22 to £23,578,230 in 1926-27. But as the poor live together, the Unions where there is great unemployment are very poor Unions. This burden, therefore, falls mainly upon them, and the rates have risen to a frightful extent. In Merthyr Tydvil, *e.g.*, the *poor rate* for the year ended September 30, 1927, was 19s. 5d. in the £. Many localities have been unable to meet their burdens, and the Minister of Health has sanctioned loans for the current expenses of out-relief to a total of £14,016,000, of which, on September 30, 1927, £10,838,000 had actually been borrowed. The Minister—or the Goschen Committee, the Government Committee which administers grants to Local Authorities for unemployment—can grant these loans, subject to whatever conditions they please, or can withhold them altogether.

Needs of Other Services

And, in the really distressed areas, in spite of the loans, the process has gone so far that it is now impossible to obtain the money needed for education, roads, lighting, health services, and the other duties of local administration. In the county of Monmouth, *e.g.*, the arrears on the county rate outstanding on October 19, 1927, were £153,805. The Urban District Councils who ought to have paid this money cannot collect it, and cannot collect enough for their own duties. The machinery of local government has broken down; the poor rate has eaten up everything else, and there is not enough money even for that.

Effect of High Rates

But this is not yet all. Very high rates are a cause of unemployment. Rates must be paid whether a business is

making 100 per cent. profit or nothing at all. There is nothing more unfair or burdensome than very high rates; nothing which more certainly ruins shopkeepers and which pushes a struggling business over the verge of bankruptcy. Poor relief, taking indoor relief and out-relief together, amounts to about £49,000,000 and this burden is concentrated on the industrially depressed districts, so that the worse trade is, the more the district has to pay. Putting expense on the local rates instead of the national income tax means in short, that you let off the foreign investor, and tax the wealth employed in this country.

Tory Policy

A wise government would concentrate on relieving the hard hit industrial districts for the sake of employment; it would preserve education and the other local services for the sake of national good; it would maintain the unemployed for the sake of humanity.

None of these things have been done. Our government has done one thing and one thing only. It has deliberately taken advantage of this deplorable state of affairs to take away the liberty and independence of the local representatives of the people.

There are two Acts of Parliament which Labour ought to consider carefully in this connection: *the Guardians' Default Act*, which has had considerable publicity; and the *Audit (Local Authorities) Act*, which has not had the attention it deserves.

Superseding the Guardians

By the Guardians' Default Act, the Boards of Guardians may be superseded in any area where, in the opinion of the Minister, the locally elected authorities may be unable to carry out their duties, that is, in any of the depressed areas; and where this is done, persons appointed by the Minister, whose salaries are dependent upon him, though paid out of the local rates, are clothed with all the powers of the elected of the people. Three boards of guardians, West Ham, Chester-le-Street, and Bedwellty, have so far, been superseded. But the *power to supersede* affects many more. Anyone of the distressed areas—*i.e.* areas which have had to come to the Minister for permission to borrow—may be brought within the four corners of this Act; and the threat to take over is so formidable a one, and the misery which may be

inflicted by the appointed Guardians is so great, that it is very difficult indeed for any such authority to resist anything the Minister may demand.

Penalties under the Audit Act

The Audit Act imposes new and very savage penalties in the case of a surcharge. If the surcharge is for more than £500, and if it is upheld by the Courts, the persons surcharged are disqualified for five years from serving on any local authority. Under the old law, the authorities could take a man's goods for the payment of a surcharge, but could not touch the rest of his property—just as is now the case for non-payment of rates. Under the new Act, he can be sold up and made bankrupt. (For instance, in the last Poplar surcharge, if the present law had been in force, all the Poplar Councillors, including four Labour Members of Parliament could have been made bankrupt, and compelled to vacate their seats.) There are therefore new penalties attached to the old law; but the law itself has been much widened by a later judgment of the House of Lords, so that the power of the local authority, *e.g.* to pay such wages as they saw fit has been interpreted to mean such wages as the Court may think reasonable. The judges may remit the penalties if the surcharged person can show he acted reasonably, or believed that he was acting according to law; but it is very doubtful indeed if the judges would do so if the auditor had told the localities beforehand that he considered the wages or out-relief excessive. And this is exactly what the auditor is doing in London; and public men can hardly take such a risk as that of being ruined and turned out of public life.

What the Tory Government Want

Such then is the situation.

Let us turn to the purposes of the Minister of Health. It is true, generally, to say that the whole of his influence has been exerted in the direction of reducing out-relief. In the whole of his Annual Report there is no hint of blame to any of the Unions who refuse outdoor relief to the unemployed.

We are told that "there was, throughout the year, an average of 121 Unions where all relief was refused to the unemployed," and there is no indication that such a policy was other than welcome to the Department. There are, however, clear indications that the Minister considers that

out-relief should not be greater than unemployment benefit. We are told that there are "some 113 Unions in which the scale of relief given to the unemployed poor does not, in the case of an average family, exceed the scale on which unemployment benefit is given." Further, there was the proposal to "correlate" poor relief with unemployment benefit in the proposals circulated to municipalities on Poor Law Reform and the definite "suggestion" to this effect in Circular 703; there is the fact that Leicester Union was not able to secure a loan until its scale was reduced to that of unemployment benefit; that Chester-le-Street appointed Guardians refused to "supplement unemployment benefit other than by medical extras" (Report Chester-le-Street Cmd. 2937 p.4), and that a refusal to grant relief to men in receipt of unemployment benefit is usually made by the appointed Guardians in West Ham. It is, therefore, tolerably clear that the Minister desires that relief should not be more than unemployment benefit. This may be considered as a maximum, and there is no hint of any minimum.

Attack on Democratic Rights

The attack upon local democracy, therefore, outlined above, is a part, and an exceedingly well contrived part, of the general attack on the workers' standard of life. Up to now, if the unemployed desired maintenance, or if the workers desired that their Council should be a model employer the means were in their hands in the form of their local vote. But reaction has captured the government. Labour holds many localities, and is conquering others. Therefore, the device adopted has been to increase, not indeed the power of Parliament, but the power of the executive over the local authorities.

Instead of grants voted and controlled by Parliament, we have loans at the will of the Minister; instead of rules laid down by Parliament, we have the discretion of the Minister, or of his appointed Guardians, or the caprice of the auditor. Parliament has no real control over the loans, or over the appointed Guardians; it has no control at all over the auditor's policy, only over technical matters with regard to account keeping.

It is true, therefore, to say that the present state of affairs is not only an encroachment upon local democracy, but on the power of Parliament itself.

How to Change the Position

These matters are technical enough, but one clear consideration emerges. If the maintenance of the unemployed was once made a national question the bankruptcy of the localities would cease; loans at the Minister's discretion would be unnecessary; the power of supersession of Guardians could hardly be used. The only thing left—as a real active instrument for mischief—would be the Audit Act. If once the financial burden was lifted from the localities, it would be only necessary to deal with the Audit law, and local councillors would recover their old independence.

It has needed many words to summarise the many and complicated evils which have resulted from the treatment of the unemployed, for an evil policy necessarily bears many evil fruits, and branches into many ramifications. We have to lay our axe to the root. That is a simple matter enough; it is not a matter of intellectual toil; the spontaneous judgment of the heart and the conscience is sufficient. For the principles of justice and reason are in their nature clear and simple; and it is in the name of those principles that our movement goes forward.

The following summary gives the main questions to which we ask the Conference in adopting this report to pledge themselves:—

- (1) The repeal of the Audit Act 1927 and the Guardians' Default Act.
- (2) The amendment of the previous Acts dealing with audits so that the local authorities may again have the freedom which has recently been taken from them by the decisions of the Courts.
- (3) The full provision by work or maintenance for the unemployed from national funds so that the local authorities may be relieved of an intolerable burden, and the unemployed and their dependants may be able to maintain a reasonable standard of life.
- (4) That those who have become incapable of work—the sick, the aged, and the widowed—shall be honourably maintained at the expense of the Nation.