MORE MIDWIVES

A REPORT COMPILED BY THE
ASSOCIATION FOR IMPROVEMENTS
IN THE MATERNITY SERVICES 1965

CONTENTS

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INTRODUCTION

"The care of women in childbirth has long been a traditional occupation for women. There must, therefore, be something radically wrong for the midwifery profession to have the staffing difficulties it now has, at a time when it is probably more highly regarded and qualified than at any previous time. Since there is an undeniable public demand for improved maternal care, the only possible answer must be that midwives are neither satisfied with their conditions of service nor with the setting in which they must work."

and

"In the profession at the moment there is a general feeling of uncertainty insecurity and frustration. The whole concept of midwives is in the melting pot. ...more and more midwifery is becoming a hospital concern with early discharge, a state of affairs unsatisfactory to the hospital midwife, who, with over-booking, shortage of staff, ante-natal care done by the Medical Staff, is feeling more and more like a factory hand, delivering babies on the conveyor belt system - patients becoming more and more just faces (or should it be perineums?), until the term midwife - 'with women' - no longer has a meaning. In fact, are we any longer midwives or are we just birth attendants?"

These two extracts are typical of many of the essays. The reasons given for this state of affairs and the suggested solutions are varied, therefore they have been summarised under subject titles such as recruitment, pupil training, and so on. Wherever possible quotations from essays, and, where appropriate, brief background information have been included to make the subject clearer. The names of the authors of the essays are not given, because the extracts have been chosen to represent the ideas expressed in many of the essays rather than the point of view of an individual midwife. A numerical analysis of the essays has not been included because the 107 essays received were not a large enough sample to make any statistics valid. However, these essays could well be used to work out a scientific survey of the problems associated with recruiting and retaining midwives. There is a list of the most important and frequently mentioned suggestions on page 20

RECRUITMENT

Several writers made the point that if all was well with the organisation of the maternity services and if midwives were seen to be happy in their work there would be no lack of recruits to the profession. Others thought the outdated public image of the midwife deters recruits :-

Public Image

"The public image in 1964 is still of a plump, motherly soul, riding an upright bicycle."

Bad Publicity

Some thought bad publicity played its part :-

"Frequent articles by our enemies in Fleet Street present a very poor picture of a midwife. Girls may well not wish to be associated with hard, negligent people."

Advertise

A large number of essays stressed that much more must be done to advertise, using the radio, television, papers and that special films should be made to show to schools and to women's clubs. One writer suggested an exhibition lorry should tour the country, and another that the Royal College of Midwives should appoint a special recruiting officer.

Approach S.R.N's.

Senior student nurses are potential recruits and it was suggested that they should have more talks from midwives, and be taken on guided tours of maternity units, and that some of them might be interested by spending a day with a domiciliary midwife.

S.C.M's.

Many midwives made the point that the training for qualification as a State Certified Midwife was not widely known and that many older women would be interested in this, and that they would be likely to stay in the profession. As one pupil put it :-

"The shortage of midwives receives fairly regular attention in the national press, everyone must be more or less aware of it, but very few people know that any woman with good health, and interest in the work, and of normal

intelligence can train to be a midwife, and it does not mean dilution of the profession, as all pupils take the same examinations to qualify. The Central Midwives Board provides several different forms of training for midwifery, one of which, and I feel it is the least well known, is the two year course for untrained women. All you need, as I was told by a colleague when starting my training, is courage, a willingness to learn, and be taught, often by those much younger than yourself, and a love of the job - and what a lovely job it is if you are interested in the well being of your own kind !"

Several writers suggested that the positive side of midwifery should be stressed, the fascination of the work not the shortage of staff.:

TRAINING

Wastage

"Under the present system the recruitment of Nurses for Midwifery training presents no problem. If 50% of the numbers trained each year became and remained, practising midwives, the supply would soon exceed the demand ! In January 1964 there were 61,136 qualified midwives in Great Britain. 18,724 had notified their intention of practising. It must be realised, however, that the majority of pupils who commence training have no intention of practising midwifery. They need the additional qualification either in part, or complete, for their future plans. It is true that without the service they give, the Maternity Units of this country could not function but there surely can be no other profession where this wastage of trained personnel exists."

The system of training pupil midwives was strongly criticised in many of the essays. Even pupils professing a love of midwifery had criticisms to make of the conditions under which they work.

Part 1 and Part 11 Training

The division of training into Part 1 and Part 11 was felt to be a mistake, and it was suggested that this course should be made a continuous training of ten months to a year. Some writers suggested that an obstetric course of about a year should be included in the student nurses curriculum, thus making their training period one of four years. Another suggestion was that the S.C.M. course should be extended to a four-year period thus making it unnecessary for girls who wished to become midwives, to take the S.R.N. training first. *

S.C.M. at 18

A few writers thought that girls should be allowed to commence training for the S.C.M. at 18. One writer suggested that new highly qualified "doctor midwives" or "obstetric practitioners" might be trained to replace the present functions of the G.P., and the midwife in the maternity services.

* 1 Obstetric nurse training course is offered to student nurses during the second half of their general training. It must take place in a midwifery training school and is under the control of the Central Midwives Board. It is a period of three months which allows student nurses to have a remission of two months during the First Period of their midwifery training.

2 An experimental one-year comprehensive course of training for midwives has been started in Manchester.

Some reasons given for this criticism of the present Part 1 and Part 11 training are as follows :-

Too Many Abnormal Births Seen in Early Training

"So much time is spent during the first six months by the pupil midwife studying hard to cover almost the complete theoretical course for the twelve months. Those who carry on for the second Part training, which is so wonderful with full and direct contact with patients, and also the discovery that the "normal" mother with the uncomplicated labour is predominant comes as a pleasant surprise. There are many discouraged pupil midwives after First Part training disillusioned by the mad scramble, hard study, and lack of respect, who fail to discover this other aspect of midwifery."

and

"Too many young girls are thrust into hospital theatres and into overcrowded wards to witness abnormal births and other such frightening scenes, long before they have grasped the beauty of a normal delivery. I have always been taught that to know normal midwifery through and through is the only way to recognise the abnormal and although this comes with experience, many pupils are so put off by the horror of abnormal deliveries that they do not even go on with the second part, and what a wastage that has proved."

and

"Pupil midwives must be reminded again and again that when in practice as a midwife, they are only responsible for normal cases. Having learnt of all the complications that can arise, they visualise full responsibility for same and decide there and then never to practice. It should be instilled repeatedly that if the C.M.B. rules are strictly adhered to, and ante-natal care properly given, with reference to all necessary aids such as clinics, etc., they need have no fear."

Some pupil midwives mentioned the strain involved in attending lectures after being on night duty, or attending lectures in their off duty time :-

Study Day System

"The iniquitous system whereby the pupil has to attend lectures in her off-duty must go - that a training based on the Study Day system is possible has already been shown by those schools where it is in operation."

The usual system was said also to involve difficulties for the midwives :-

"The impossible chaos when someone shouts "lecture", and everyone suddenly disappears, leaving probably two nurses or sisters to cope with all remaining routine work and anything which may happen, and it never waits until the pupils return. The situation must occur in every maternity unit in England and it is an atrocious situation, for how can the patients receive adequate care - there could be six patients in strong labour with no one to stay with them. Is this good nursing care?"

Various writers thought that a complete study day for pupils would be much more satisfactory.

Clinical Teacher Posts

Training would be facilitated according to a few midwives if clinical teacher posts were created :-

"The ward Sister is not only expected to run her ward but to teach the pupil midwives. This is very satisfactory if the Sister enjoys teaching and if she has time, which is not often. The Sister Tutor, who is greatly overworked, cannot manage to do the clinical teaching as well. Would it not be a good thing to introduce Clinical Teachers into the pupil midwives' training as it has already been introduced into student nurses' training ? This would relieve the Sister and be of great help and assistance to the pupil midwives who are often left to learn midwifery routines on their own."

Unskilled Work Undertaken By Pupils

Some pupils stressed the fact that they had been required to do unskilled work in no way connected with training for their profession :-

"During my Part 1 training the sluicing of linen after deliveries had to be done in an unheated out-building, part of which was the mortuary. I do not believe that the procedure was an efficient use of our time, nor did it make us better midwives. Yet in another maternity hospital I had previously worked in the job was dealt with quickly and efficiently by an automatic washing machine. Again, at the first maternity hospital the pupil midwives had daily to polish exposed water piping and clean out open runaways from the sinks, along one side of the delivery cubicles. Pupil midwives are obliged to tolerate such things for the duration of their training, but obviously they are not going to choose to work under such conditions afterwards."

Frequent mention was made of the personal difficulties encountered by pupils who felt themselves treated with very little respect by their superiors :-

Pupils Not Treated With Respect

"In some of our Pupil Midwife Training Schools, the pupils are treated like imbeciles, being asked whether they can do an enema or a catheterisation and being told that when they give an injection "the staff nurse will check how you give it". This, to these girls, is an insult as all of them are S.R.N's. and many of them have been Staff Nurses with varying degrees of experience behind them. Why should they have to be so degraded and led to feel that their previous training is of no use to them ? How often this happens and then, when it is necessary, that same nurse is left solely in charge of labouring patients or a large ward of mothers and babies, not having any idea as to what she is doing ... In one situation all their confidence is taken away and in another they are given more responsibility than they can carry."

and

"Once more the nurse as a pupil midwife goes in fear and trembling of the admonishment in front of patients and medical staff, only this time it is really galling and for the most part unnecessary.

It would help the pupil towards gaining confidence in a new and so responsible a position if only from the very outset she were treated with respect that a State Registered Nurse would receive in any other branch of nursing.

The reduction in salary is regarded as a necessary evil and accepted with * grace, but the lack of respect or the feeling of not being trustworthy for the smallest nursing procedure throughout the whole of First Part Training is another matter."

* Since this was written a salary adjustment has been made and S.R.N's. do not drop in salary on undertaking midwifery training.

Joint Discussion Needed

There were two suggestions that regular meetings should be held for midwives and pupils to discuss problems openly and informally.

Accommodation

Pupils thought better living accommodation would help recruitment, and that pupils on the district should not have to live in the homes of domiciliary midwives. Others did not like living in or the restrictions imposed upon them :

Lack of Privacy

"I arrived at the Midwifery Training School, along with nine other pupil midwives. Again I found myself institutionalised, working forty eight hours a week, lights out at 11 p.m., and all the petty rules and regulations associated with "living in". Having been living out for a year previously, I had become attached to my self-identified surroundings in my little flat. I earned £33. as a Staff Nurse, now my salary was £19. a month, and I had to remain at all times at the beck and call of the midwifery tutors, who may wish me to witness a birth at 11 p,m. or even 12 midnight." *

and

"Although a pupil may have to live a communal life, she still has a right to expect some form of privacy and therefore Matrons and Home Sister should not expect to enter nurses' rooms without permission....."

*Salary increases of between 10% and 12% were awarded on 1st July 1965.

A few writers felt that pupil midwives preferred general sick nursing because they thought there was little real need for them in midwifery, because the majority of mothers were ambulant and appeared well very quickly after delivery. It was suggested that this could be overcome by fully explaining to the pupils the psychological needs of mothers, and the kind of help they could give mothers in teaching how to bath their babies, establish breast feeding, and so on.

Three writers thought pupils were put off by the patients' trying preoccupation with themselves and their ingratitude :-

"... the greater majority of midwifery patients I have met have been the dullest and the most miserable bunch ever !"

ADMINISTRATION OF THE MATERNITY SERVICES

Tripartite System

"The tripartite administration of the obstetric services is well known and has frequently been the subject of controversy. As far as midwives are concerned, this means that they are either employed by the Regional Hospital Board and work in the hospital service, or are employed by the local Health Authority, and work in the domiciliary service. Too often the two services are mutually jealous and distrustful; the hospital midwife feeling that her district counterpart is out of touch with modern practice and the district midwife suspecting that her hospital colleague has not the individual, almost personal interest in her patient, that she, herself, has. In many areas this is overcome by regular meetings of the staff from both sides and frank discussion, but unfortunately this is the exception rather than the rule ....
The time may well come when it will be considered advisable to set up a unified obstetric service - staffed on the medical side, by consultants and their staff working with specialist general practitioners from central clinics and on the nursing side, by midwives specialising in either the hospital or domiciliary service. The present increasing demands on hospital beds brought about by the raised birth-rate, the 'early discharge system' and the apparent increased public preference for hospital delivery means that the poor hospital midwife works at such pressure that her job has taken on a vaguely 'conveyor belt' atmosphere. The district midwife, on the other hand, often feels that she is regarded by colleagues and patients alike as working in a secondary service and with the basic lack of co-operation, may feel that it is a second rate one at that ! Fundamental re-shaping of the maternity services is essential."

HOSPITAL SERVICE

Departmentalisation

Many midwives felt too much departmentalisation was making the hospital service unsatisfying for the staff, and too impersonal for the patients :-

"In hospitals ... midwifery has become so departmentalised that it is more like a factory. Midwives and pupils work either in the Labour Ward, or in the Ante-Natal Wards, or in the Post-Natal Wards, or in the Premature baby unit, or in the Nurseries (in hospitals where the babies are separated from the mothers). This means that the midwife or the pupil is never dealing with midwifery as a whole. She soon becomes frustrated and bored."

"From the patient's point of view, the rather casual, and hurried treatment in hospital leaves her feeling insecure and unimportant, and this causes her to be resentful and lacking in gratitude."

"Once it was a pleasure to watch a new mother bath her baby for the first time. Once you could see 'your' mother with her baby walking up the ward, fit and well, and looking happy and confident after her fortnight in hospital. Now you hardly notice that woman whom you delivered two days ago being bundled out of the ward to make room for someone else. Her baby is hardly what you could call settled at the breast, the mother looks harassed and tearful, because it is her first ..."

It was suggested that :-

"As far as possible, avoid the segregation in hospital of ante-natal, labour ward, and lying-in staff. Let the midwives work in small teams, which can consist of both full and part-time staff, so that each member of the team knows well a limited number of mothers, whom they will between them care for during the ante-natal and lying-in periods, as well as during labour."

Auxiliary Help

Auxiliary help is not being used sufficiently. According to many writers, clerical assistants and more domestic staff were needed. A few writers thought that voluntary helpers * or husbands could be used more :-

* A.I.M.S. Voluntary Help Groups are working in some maternity units.

Voluntary Help - Husbands

"Another source of help to both mother and midwife is the husband. He is capable of giving his wife moral support in the time of her greatest need and can, at the same time, relieve the midwife of many minor duties. The husbands, who come to support their wives, whether at home or in hospital, are glad to be more than onlookers. If the hospital authorities are of the opinion that husbands should not be allowed near their wives during labour perhaps female voluntary workers might sit with the mother-to-be and keep her company, for much as the midwife may wish to stay with her patient all the time, few midwives have time to do so. Knowing her patient is free from the terror of loneliness is a great help to the midwife, and will help her to create a happy atmosphere in what otherwise might be a tense and fear-ridden labour ward."

Laundry Services

Particular attention should be paid to the adequate provision of laundry services. Disposable nappies and disposable equipment should be used more.

"The equipment we use every day should be sufficient in quantity and quality to our needs. How frustrating to have twenty babies to change at least five times daily, and only eighty napkins in the cupboard ! It does happen. I worked in one maternity hospital where there were never sufficient laundered napkins to last over the weekend. We had no facilities for boiling them, so all but the most soiled were hand-washed in the sluice, hung on hot pipes to dry, and used again and again. We did have a lot of sore buttocks there."

Improved Hospitals and Living Accommodation

Some midwives thought better and more modern hospitals with good living accommodation for staff were needed, and that money should be spent to modernise small hospitals :-

"It is perhaps natural to resent spending on small hospitals which in a vague future will be closing. They can only close when huge projects, as yet only existing as plans on paper, are built. This is very short-sighted. Huge sums would not be required to extend busy small hospitals sufficiently to ensure tolerable working conditions. In appalling circumstances midwives somehow manage to set a reasonable stage for obstetricians to perform their work and they go away oblivious of the difficulties. The careless indifference of Boards of Management to-

wards the working conditions of people at full pitch of mental and physical stress needs experiencing before it can even be imagined. Planning extensions, economical in the long run, and providing useful equipment, should be based on the sound advice of those who are working the unit."

All Senior Staff to do some Deliveries

Three writers thought provision should be made for senior staff in teaching hospitals to do some deliveries:-

"Of all branches of Midwifery, the administrative staff is the most underpaid, they give up the pleasure of attending at birth, and this is a privilege, and have to spend their day dealing with the multitude of details which ensure the smooth running of the Midwifery Service."

DOMICILIARY SERVICE

"First of all I would like to say that I am on district and very happy to be there, I have found that district for me is the most satisfying place because I work mostly with the minimum of supervision and to feel that I am trusted is a great booster to my morale."

Rota System For Off-duty

The most frequent point made concerning the domiciliary service was that a proper rota system of off-duty should be put into operation for all midwives. * S.R.N's. with First Part C.M.B. and part-time married midwives could be employed to relieve the midwife of some of her routine visits and also to care for mothers in the lying-in period.

"Sometimes I find it a little irritating to find a mother a little cross, that I had not arrived to see to her at 9 a.m., when I might have been up all night, and had a delivery in the morning, on the other hand, why should a mother have to wait ?"

* In domiciliary practice no fixed hours are laid down but all domiciliary midwives should have at least two nights and the intervening day in three weeks out of four as time off, and a long weekend in the fourth week. Many areas have introduced rota systems of off-duty which gives them much longer periods than this.

Cars and Servicing

Cars should be provided as part of the domiciliary midwife's standard equipment, and they should be given servicing facilities.

Obstetric Units

More than a dozen writers thought the domiciliary service should be under the aegis of an obstetric unit, and a few liked the idea of small G.P. Maternity Units. Only one writer thought there would be no benefit from G.P. Units.

More Home Confinements with Adequate safeguards

Several midwives thought more births should take place at home with adquate safeguards :-

"Encourage suitable patients to have their babies at home. For this it will probably be necessary to increase the Home Helps available, or make the Home Confinement Grant * substantial enough to allow a friend or relative to take a week or ten days absence from work to care for the home and the patient. First class ante-natal care, good selection of patients for home or hospital confinements, and readily available Obstetric Flying Squads, can make home delivery safe and happy for all concerned."

*Since this was written the Home Confinement Grant has been abolished and all mothers now get £22. for each baby.

Heavy responsibility borne by midwife

A few writers were worried by the responsibility they had to carry :-

"... In many cases, we have to act on our own initiative if a Doctor happens to be out on another call. Many Midwives realise only too well, how quickly the normal can change to the abnormal, and, of course, we are not all fitted to cope (probably due to temperament) with some of these situations, which we know can be very worrying."

"A great deal of time is lost waiting for a Doctor's authority to get her patient to hospital, or order the Flying Squad"

Radio Equipment

Radio equipment would also help midwives to contact each other and doctors.

Disposable Equipment

There were several suggestions that disposable equipment of all kinds should be used.

POINTS RELATING TO BOTH HOSPITAL AND DOMICILIARY SERVICES

Lack of Status

Much attention was given in the essays to the lack of status of the profession, and the poor promotion prospects for midwives as compared to nurses in general hospitals. The reasons for this lack of status were not very clearly defined, but some writers felt that the midwife was given the impression that she was the least important part of the obstetric team, others felt that there should be some reassurance that they were not to be demoted to the rank of obstetric nurses.

More Joint Consultation

There was also mention of the need for more joint consultation at all levels, and there were a very few requests for better co-operation from medical staff. One extreme case of bad communication was this :-

Bad Human Relationships

"To hospitals finding difficulties in retaining staff I would warn "beware of old timers!" Staff who have occupied senior posts for years often resent new-comers and quietly make their lives unlivable until they leave, their employing authority quite unaware of the real reason. These old timers are not always amongst the nursing staff. Many an eminent consultant hates the thought of anyone new in his operating theatre for example and although a perfect gentleman outside the hospital, behaves with ignorance and boorishness by completely ignoring a new Sister on the wards or departments. Her feelings can be appreciated!"

Job Satisfaction

Whatever the basic cause for this feeling that midwifery lacks status may be, it was said to result in the loss of "Job satisfaction".

'"Job satisfaction' has taken a back seat in hospital jargon, but we cannot hope to recruit and retain midwives without it. The word 'dedication' has come to suggest never going off duty on time, no thought for planning off-duty times in advance, to talk only of work whether on or off duty, not to delegate, and so on. Many women have come into nursing with a sense of vocation - others have not - both types may produce splendid nurses. Many senior midwives need help in producing 'job satisfaction' within their unit, and more encouragement and opportunity should be given to midwives to attend courses on efficiency and management."

Promotion prospects

There were many different suggestions for increasing the prospects of promotion by the creation of new senior posts. Facilities for post graduate training other than training for the M.T.D. should be made available, and midwives should be seconded for administrative courses more frequently than at present.

Matron Status for Head of Maternity Units

Several midwives thought that practising midwives should head maternity units :-

"The senior midwife finds the most satisfying post that of head of a training school. She is therefore very likely to receive the title of Superintendent Midwife and be subordinate to the General Matron.

Despite fervent pleas over the last twenty years the most reasonable and just request for autonomy and Matron status has been refused us.
Of course, there will be disagreement on some points but I am sure that two women who have reached such a high position in sister professions can settle them amicably. They should, at least, start as equals.

Early Discharge

A few writers criticised early discharge of patients from hospital, as they thought it unsatisfying for all concerned.

Uniform

There were several criticisms of existing uniforms, and suggestions of what would be smarter wear.

THE EMPLOYMENT OF MARRIED MIDWIVES

Suitable Hours

Most writers thought that married midwives could play a very useful part in the maternity services if they could be offered suitable hours of work. It was felt that hospitals should make an effort to fix a suitable and realistic time-table for them, and that married midwives on their part should be prepared to do some unpopular night and weekend duties.

Non-residential Refresher Course

Many of the married midwives pointed out that the residential refresher course was difficult and sometimes impossible for mothers to attend, and suggested that more non-residential and some part-time refresher courses might be arranged. *

* According to the Royal College of Midwives :-
"Midwives who are undertaking their statutory Refresher Course of one week's duration may be non-resident if they obtain permission from the Central Midwives Board. We do not think, however, that this is a thing to be encouraged since the object of such courses is not only to bring the midwife up to date, but to give her a period of real refreshment.

Colleges of Further Education could arrange part-time training courses for the S.C.M. for older married women.

Nurseries

Many midwives felt the provision of nurseries would enable married women to return to the profession.

There were some suggestions that married midwives should be employed on the district and particularly to nurse the 48 hour discharge cases :-

One hospital in the North has : "a highly organised and successful scheme whereby a team of married part-time midwives look after the discharged "48 hour" deliveries entirely."

Friendly Attitude Needed

Several writers said that the married midwife must be welcomed back in a friendly way and not made to feel inferior. This was specially necessary as some midwives lacked confidence on returning :-

"Now that my family is independent, again the urge to nurse returns, but I am afraid ! I am out of touch with conditions old and new and I feel sure that there is no one with sufficient time to lead me gently back and give me an adequate refresher course. Everybody is so busy and I shall be a nuisance, especially in midwifery where I might be expected to take on too soon the responsibility of deliveries. "

Mother Midwives have Special Sympathy

Some midwives pointed out that the midwife who was also a mother had a particular contribution to make as they had a special understanding of their patients.

Employ in Two's and Three's

There were some writers who thought it would be a good idea to employ married midwives in two's and three's so that they could vary their hours between themselves as occasion necessitated.

SALARY SCALES AND HOURS OF WORK

An increase in salary and better hours and regular off-duty were the points most frequently mentioned in all the essays. In the majority of cases an increase in salary was not considered an important factor in recruiting and retaining midwives, it was however considered to be a necessary minor incentive.

Increases for Particular Duties and Grades

Also, many of the suggestions for salary increases were for particular grades of staff, such as Sisters in sole charge of Labour Ward Units,

or for particular duties, such as night work, rather than for a general salary increase.

"More pay, more pay, and less deductions. Pension scheme for full and part-timers. I am a Night Sister in sole charge - I work 34½ hours a week - it is called part-time. My husband works less hours on day duty as a teacher and earns more than twice the salary that I do."

Split Shifts

The demand for better hours was tempered by the realisation that it is difficult for midwives to work regular hours as they should not leave a case in the middle of a delivery. It was felt that nevertheless something should be done to prevent midwives being so overworked.

Writers particularly mentioned that they disliked split shifts, and that they needed to know their off-duty hours well in advance in order to arrange their social life.

"The one who may have to break it to a new mother that her infant is dead, Mongol or limbless - and not cry, too ! The one who, though advanced in seniority will assist in bed-panning, then take her place as Surgeon's assistant, holding clamps and retractors, and resuscitating a limp baby at an emergency Caesar. This, then, is part of being a midwife. And midwives are not adequately paid. A midwife's worth, like a virtuous woman's, is above pearls. We mothers know this. Pay the midwife well, and young pupils will be drawn into midwifery lured by the money, and find, as I found, that this is Nursing's finest branch."

1) Hours of work for midwives and pupil midwives in hospital are as for all nursing staff, namely, a 44 hour week which is to be reduced to a 42 hour week by January 1966.

2) Salary increases of between 10% and 12% were awarded on 1st July 1965.

CONCLUSION - Why do Midwives Practice ?

"Soon I was called by the tutor to witness my first delivery. This tutor was a woman of some 30 years' experience and no doubt she was somewhat startled when she felt my hand gripping her arm and my voice yelling at her, "Look Sister - look !" "Yes, nurse" she said "I'm looking."

In all my previous ten years of nursing nothing had impressed me more than this sudden and most natural event and I do not think the wonder of it has ever left me. .... But I got married and had a baby. "

●●

Summary of the most important points

1. Pupil midwives should be treated as professionally trained and responsible adults. Page 8
2. Reduce departmentalisation in hospitals. Page 11
3. Reduce hours of work. Page 18
4. Much more auxiliary help should be employed to relieve midwives and pupil midwives of domestic work and also of clerical work. Page 11
5. Increase salaries. Page 18
6. Increase promotion prospects for midwives. Page 16
7. Increase advertising for midwives. Page 4
8. Provide nursery schools for married midwives. Page 17
9. Reorganise the present Part 1 and Part 11 Training for Pupil midwives. Page 5