I--Extension of Nurse-Midwife Services and the Development of Schools for Nurses in Midwifery

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THE War has heightened the so-called midwife problem. Would that it were only a midwife problem! But, it is not a midwife problem, it is a problem of hundreds of thousands of mothers who every year get no professional care before, during or after the birth of their babies.

Year after year 250,000 women have at best, only the superstitious, unclean care of women who have no right to call themselves "midwives." They are one-tenth of the mothers and babies in the United States. We are negligent and thoughtless of the life and health of more mothers and babies every year than are born in Norway, Sweden, Finland and Ireland.

Today doctors and nurses are leaving large and small communities alike, for active service with the armed forces or for work in the booming defense towns. Unless something is done and done promptly, many more than the mothers and babies who were thoughtlessly neglected in peace time will be added to the ranks of the poorly cared for or the uncared for now in war time.

This is not a problem to be shelved until hostilities are over. It lies at the very roots of national morale. The mother who knows she should have good care and is unable to obtain it, is uneasy and worried. The man behind the gun or the man behind the machine looks at this war, *first* in terms of *his* family and *his* loved ones. It is demoralizing to think of one's wife and child left to the mercy of an untrained, unskilled, unscientific attendant, whether it be in an isolated farm house in the hills, in the booming defense communities or in an institution, which has no right so far as standards are concerned, to call itself a hospital.

The "midwife problem" has been traditionally looked upon in a negative fashion, that is, solely regarding the regulation and control of granny midwives. Legislation was enacted on the assumption that the granny was a faker, and a medical quack, when in reality, in most cases she was a leader in her community. Certainly no granny midwife ever entered upon her profession for the money that was in it. The best she could expect was a few dollars, a sack of potatoes or a promise. It was her contribution to the Kingdom of God, and all too often none came to her aid but God.

The effect of this controlling legislation will be to make the granny midwife as extinct as the dinosaur within the next generation. From some points of view this is a *success*, but it is at best only a negative victory. A plan to provide safe care for every mother, whether she can afford to pay for it or not, is a necessary and important step in times of peace and in times of war. There is an urgency in providing care to all mothers and babies, care that will defeat ill health and needless deaths. Mothers and babies are social priority number one. When Americans realize this fact, safe obstetric care will be provided as we now provide ships and tanks and planes.

Too many community leaders are content with obstetric care as it is, because all they ever see is the most *de luxe* care in the world rendered to a minority of women by obstetricians in the best hospitals. They never see the

this plan with a maternal mortality of less than two per 1,000 live births. This is not a large number but it is large enough and varied enough to demonstrate the value of nurse-midwives as obstetrical attendants. The nurse-midwife has cared for mothers under difficult conditions, in crowded urban tenements, in isolated farm homes, in the sparsely settled and primitive mountain-fastnesses of the South. She has cared for white as well as for negro women—all in the lower income group.

The facilities for training nurse-midwives are inadequate to meet the rising demand for their services. Small schools such as that now being conducted at Tuskegee cannot meet the need. Other countries, notably Sweden, the Netherlands, Norway and Denmark, where many of the deliveries are conducted by midwives, have central school for their training. These schools are financed by the government, and are closely related to a university. They are not only educational centers, but they also play an active role in selecting midwives for local districts on the basis of their ability and the needs of the various communities. Such a system might well be applied in the training of American nurse-midwives.

The nurse-midwife can help to bring together and make more effective the various elements in the community to protect the life and health of mothers and babies. There is a great need to spread out the highly technical and specialized services of obstetricians into the broader reaches of the community, in order to provide care to mothers on the basis of medical need rather than on their economic status and to make better use of hospital beds, of clinics and educational facilities. Under our present community set-ups, we have never put a high enough cash value on expert obstetrical service. We have thoughtlessly wasted the services of doctors, nurses and hospital facilities on a hit-or-miss basis. The time is ripe for coordination and cohesion of these services to meet the total needs of a family when a baby is coming. We need a total program for total health.

Never in the history of the world has social planning been so urgent. The chaos of the post war years may be the most difficult and trying in the history of mankind. Only those nations, even the victors in the struggle, having definite goals and a solid social foundation, will weather the storm successfully. This is no time to permit a serious gap in our social structure to widen, nor is it a time to fill this gap with make-shifts. The nurse-midwife, teamed with the obstetrician, can help to fill this gap and to make her contribution toward the task of creating a strong America of tomorrow.