

THE RELIEF OF PAIN IN LABOUR.

In New Zealand, perhaps more generally than in most countries, the demand for the more extensive use of the measures of pain-relief which are known to be available is being made by some women's organizations and by individual women. The Committee, sympathizing with the effort to extend to all patients in labour the fullest degree of pain-relief consistent with safety, examined this question very thoroughly.

The Committee has reason to believe that there are few countries where the use of some measures of pain-relief is more general than New Zealand, but found that there were very considerable differences of practice amongst doctors and hospitals both regarding methods and the extent to which these agencies were used.

The investigation was mostly concerned with the practice in the public maternity hospitals, and it was found that, speaking generally, the amount of pain-relief hitherto given in such institutions has certainly been less than in the average case where a doctor is present; this has been an inevitable limitation of the midwife system.

The Committee is satisfied that any conservatism in the introduction of these measures has not been due to any lack of sympathy with suffering, but mainly to genuine doubts as to their safety from the point of view of both mother and child, and also to a feeling that where such measures were extensively used the necessity for artificial assistance in labour was increased, with certain possible risks.

The Committee is, however, convinced that there are now various methods whereby under suitable conditions a satisfactory degree of pain-relief can be very generally used with complete safety.

The majority of the Committee is of the opinion that pain-relief can only be developed to the most satisfactory degree if the doctor, in addition to directing the details of the use of sedatives during the earlier stages of labour, is also present to give, or to supervise the giving of, the anæsthetic in the final stages. This has already been referred to as one of the reasons for advocating the principle of doctor-attendance in all cases.

Nevertheless the Committee is of the opinion that, pending this development, the practice now adopted in a number of the public maternity hospitals operating under the midwife system where sedatives are given under the direction of, though not necessarily in the presence of, a responsible medical officer could quite safely be made more general, thus very considerably supplementing the limited amount of anæsthetic which the midwife is able to administer.

There is general agreement that these measures are much more satisfactorily controlled in the hospitals.

See reservations by Doctors Chapman and Paget.

TRAINING OF MIDWIVES AND MATERNITY NURSES.

Certain considerations regarding the training and supply of midwives and maternity nurses came under the survey of the Committee. Largely arising out of a certain conflict between the interests of midwives and medical students in obtaining the necessary amount of all-important practical training in the maternity hospitals, the question has arisen whether an excessive number of nurses was being trained as midwives. There was a strong feeling in some quarters that many of these nurses were taking the midwifery diploma simply for the purpose of higher qualification, and without any intention of continuing in active midwifery practice; were this so it is obvious that there would be a serious wastage of clinical material which would be much better utilized in the practical training of medical students, who are finding the greatest difficulty in obtaining the necessary number of cases. After full investigation the Committee finds that this is not actually the case; during the past five years 295 midwives have qualified from the training schools, of whom 222 are, or have recently been, practising obstetrics, 21 are members of the Plunket Society's staff, and 32 have taken positions in general hospitals. In only 20 cases are the present activities of the midwife not known to the Nurses and Midwives Registration Board, and of these it is probable that some have gone abroad for further experience and some have married.

Under these circumstances the Committee is not prepared to recommend the introduction of certain restrictions which have been suggested limiting the midwifery course to those nurses who, after taking the maternity nurse certificate, have had actual practical experience in obstetrical work over a period of one or two years.

It has also been suggested that since the tendency is so definitely in the direction of doctor-attendance in the majority of cases there will no longer be the necessity to train all midwives as though they were to practice independently, and that therefore the number of cases which the midwife is required to conduct personally might be reduced.

There is considerable force in this argument, and the matter might be considered fully by the Nurses and Midwives Registration Board. At the same time the Committee realizes that, since there will always be occasions in the practice of a midwife on which her skill will be taxed to the utmost, no measures should be taken which might in any way reduce the efficiency of the midwife's training.