RESERVATION BY DOCTORS SYLVIA G. de L. CHAPMAN AND T. L. PAGET IN RELATION TO SECTIONS OF REPORT ON "METHOD OF ATTENDANCE" AND "RELIEF OF PAIN IN LABOUR."

There can be no doubt that, under the conditions of an ideal maternity service, the doctor responsible for the ante-natal and post-natal care of the patient would also attend at the confinement in order to supervise both the conduct of labour and the administration of the optimum degree of analgesia. This ideal is, in fact, attained by many obstetricians in town practice.

In many parts of New Zealand, however, this ideal is impossible of attainment. We are of opinion that it is quite impracticable for the majority of general practitioners in country districts to hold themselves in readiness for repeated visits during the twelve to twenty-four hours during which a normal labour may last, and that to try to force this upon the medical practitioner would inevitably result in his being placed in the position of having either to neglect other patients, who have an equal, or perhaps superior, claim to his attention, or to hasten delivery by the use of instruments.

It is conceded by all that every woman should have the benefit of attendance by both a doctor and a nurse during her confinement. Opinion differs only regarding the degree to which attendance by the doctor is necessary. We maintain that, given the necessary ante-natal attention, the doctor having seen the patient early in labour, and being satisfied that the course of labour is likely to be normal, the conduct of the remainder of labour may safely be left to the midwife, provided the doctor is available in case of emergency. We consider that the competent and specially trained midwife is capable of administering sedatives and analgesics safely and effectively when acting on the instructions of a responsible medical practitioner.

Admitting that at present, in the absence of a medical practitioner *thoroughly versed in modern methods of pain-relief*, such relief is not as complete as it might be, we are of opinion that this is due not to the inability of the midwife to be trained in these methods, but rather to the fact that the medical profession has as yet had insufficient evidence on which to base a definite opinion as to the best and safest methods of using the newer drugs such as nembutal and its allies, and modern methods of administering the older drugs. Evidence which, to us, was convincing, was placed before the Committee that a competent and specially trained midwife, acting under a doctor's instructions, could be trusted to use her judgment in the administration of these drugs, and that the results so obtained were excellent.

In our opinion, therefore, the implication that every woman should be attended at intervals during labour and at delivery by a doctor postulates a system which, in isolated districts in New Zealand, is impracticable. We believe that, with further research into the use of sedatives and analgesics, and with particular care in training the midwife in their use, a midwife service with a doctor on call for emergencies would give results equal in every respect to the service advocated by the Committee. Furthermore, such a service would be practicable in the very great majority of cases, whereas that advocated by the Committee is possible of realization only in the larger centres where facilities for attendance are close at hand.

We submit, further, that the usual fee of £4 4s. to £5 5s. is only sufficient to remunerate the doctor for full ante-natal and post-natal attendance and for the limited attendance at normal labour specified above, and that to impose upon the medical attendant duties which in normal cases can be carried out equally well by the midwives would, since these duties must be paid for, have the effect of burdening the service with an unnecessary cost.

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