

9. TRAINING AND CONTROL OF MIDWIVES AND MATERNITY NURSES.

The early history of obstetrical training for nurses in New Zealand is referred to in another section of the report, and we are here concerned with the position obtaining since the year 1925, when the Nurses and Midwives Registration Act was passed.

The Act provides for the training and registration of two types of obstetrical nurses—maternity nurses whose training fits them to attend confinements under the supervision of a medical practitioner, and midwives whose more detailed training enables them to conduct normal cases on their own responsibility.

PRESENT REQUIREMENTS FOR THE TRAINING OF MIDWIVES.

A registered nurse who wishes to qualify as a midwife must first complete six months' training as a maternity nurse, and then undergo a further six months' training before sitting for the State examination. An untrained woman must take the prescribed eighteen months' maternity training and must then undergo training for an additional period of six months in order to be eligible to sit for the State examination. The course includes theoretical and practical training in all subjects relating to pregnancy, childbirth, and the care of infants. In particular the applicant for registration as a midwife must show evidence of having personally delivered twenty cases, of having assisted at thirty labours, and of having examined a total of sixty patients ante-natally. The administration of sedative and anæsthetic drugs to the obstetrical degree is also an important factor in the training of a midwife.

FACILITIES FOR TRAINING MIDWIVES.

Only four training schools are available for the training of midwives—the St. Helens Hospitals at Auckland, Wellington, Christchurch, and Invercargill—a total of about sixty midwives qualifying yearly from these institutions. These hospitals are maintained on the "closed" system—*i.e.*, the medical staff, all of whom are specially qualified in obstetrics, consists of the Medical Superintendent and a number of assistants which varies according to the size of the hospital. Private practice is not allowed in the hospital, but consultation with practitioners who are not members of the staff is permitted. This method ensures a uniform system being taught in each of the four schools. All normal cases are available for delivery by trainees, and material for ante-natal instruction, while not as plentiful as could be desired, is reasonably adequate. The Matron and senior members of the nursing staff are, in every case, midwives with special qualifications for teaching.

NEED FOR TRAINED MIDWIVES.

During the past five years 295 midwives have qualified from the training schools, of whom only 56 are not generally trained nurses. Of this number, 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 to acquire further experience, and some have married.

It will be clear from these figures that the number of midwives qualifying yearly is not by any means too large to meet the present and future needs of the country. In many districts the Committee heard complaints from the licensees of maternity hospitals as to the difficulty of obtaining reliable midwives for their staffs. It is very desirable that charge positions in private obstetric hospitals and all staff positions in teaching hospitals should be held by fully qualified midwives. The admirable service rendered by district nurses in many parts of the country might with advantage be greatly extended in certain districts. It is essential that these nurses should be trained midwives, as ante-natal advice to Maori and European inhabitants of scattered country districts forms an important part of their duties. Further, though district nurses are only occasionally called upon to conduct a confinement alone, circumstances may easily arise in which a nurse finds it impossible to summon medical assistance in time, and may be faced with the necessity of dealing with a serious emergency unaided. A sound training in the fundamentals of obstetrics is an obvious necessity in such cases.

In addition to the requirements of New Zealand, nurses must be supplied to staff the services in the dependencies of Samoa, Cook and Fiji Islands, and also for service in the mission fields. In the majority of instances nurses going out to these positions must be midwives.

TRAINING OF MATERNITY NURSES.

The length of training for a maternity nurse is six months for a general trained nurse and eighteen months for an untrained woman. The general outline of the course is similar to that for the midwife, but less detailed, and involves a more limited experience in the personal conduct of labour.

During the last five years 933 women have qualified as maternity nurses, of whom 768 were registered nurses. Many general trained nurses rightly consider that their training is incomplete until they have gained their maternity certificate. The shorter period of training and the smaller number of deliveries required make it possible for