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Local Supervising Authorities
under the Midwives Acts (England).

MINISTRY OF HEALTH, WHITEHALL, S.W.I.

14th June, 1938.

SIR,

Maternal Mortality.

Medical Practitioners called in by Midwives.

I am directed by the Minister of Health to refer to the recommendation made in the Report (Cmd. 5422) on Maternal Mortality that Local Supervising Authorities should, in consultation with the local medical profession, be empowered to take steps to ensure that the best local obstetric skill is made available in all cases in which midwives are required under the rules of the Central Midwives Board to call in a doctor, and to state that, in conjunction with the Associations of Local Authorities concerned, the London County Council, the British Medical Association and the Central Midwives Board, he has had under consideration the methods by which effect can best be given to this recommendation.

The Minister is well aware of the constructive efforts made in many directions by Local Authorities to improve the maternity services available to mothers before, during, and after childbirth. He is anxious, however, that no practicable step should be omitted which can be taken to improve obstetric practice and to accelerate the downward trend which the maternal mortality rate is happily showing. In his opinion the object aimed at in the recommendation of the Report would be furthered by the establishment, for each area of a Local Supervising Authority, of a panel of registered medical practitioners who will be available in all cases in which a midwife is required under the rules of the Central Midwives Board to call in a registered medical practitioner in accordance with the provisions of Section 14 of the Midwives Act, 1918. The means by which effect should be given to this arrangement are, of course, a matter for consideration by the Authorities themselves, but the Minister suggests that, in the circumstances of most areas, the most satisfactory procedure would be on the following lines:—

(I) The Local Supervising Authority would, in consultation with such local organisations of registered medical

362. 198 200 941 MAT practitioners as appear to them effectively to represent the opinions of practitioners in their area, draw up a list of practitioners who notify themselves as willing to be called in by midwives in an emergency. It would be convenient to distinguish on the list between those practitioners available for any emergency and those available only for attendance in an emergency arising with regard to their own patients. The list would indicate those practitioners who wish to be available for a limited district only. Practitioners could also be requested to nominate from among those included on the list a deputy to act for them if necessary and provision would be made for revision of the list at frequent intervals to enable it to be kept up to date.

- (2) The Authority would set up an Advisory Committee for their area consisting of the Medical Officer of Health (as Chairman) and two general practitioners and two obstetric consultants or practitioners with special obstetric experience nominated by the Authority after consultation with the representative organisations of local practitioners. The duty of the Committee would be to scrutinise the list and to make any such recommendations to the Authority as are in the judgment of the Committee desirable for the purpose of securing and maintaining a high standard of obstetric practice on the part of the practitioners included on the list, e.g., recommendations that a practitioner should be required to undertake a specified period of post-graduate training as a condition of the continued inclusion of his name on the list, or, where required in the public interest, that the name of a practitioner should be removed from the
- (3) A copy of the list of registered medical practitioners as revised from time to time would be supplied to every midwife employed under arrangements made in accordance with Section 1 of the Midwives Act, 1936, and every such midwife would be instructed that, save in exceptional circumstances, the practitioner to be summoned in an emergency should be one whose name is included in the list.

When a midwife is first booked she would request the patient or the responsible representative of the family to select a practitioner from the list to be called in if an emergency arises.

The Central Midwives Board have, with the approval of the Minister, rescinded the rule which requires a midwife, whenever possible, to call in the doctor desired by the patient or, if the patient cannot be consulted, by the responsible representative of the family. This will facilitate the procedure suggested above,

but it will be understood, of course, that in the exceptional case in which no doctor on the list is acceptable to the expectant mother, the midwife should call in the doctor of the patient's choice.

The Minister trusts that every Authority will give early consideration to the above suggestions and inform him as soon as possible of the action they propose to take. He will be glad to arrange for his officers to confer with representatives of the Authority on any matters on which it is thought that their assistance would be useful.

A copy of this circular has been sent to the Medical Officer of Health. Additional copies of this circular may be purchased directly from His Majesty's Stationery Office at any of the addresses shown below, or through any bookseller.

I am, Sir,

Your obedient Servant,

Assistant Secretary.

The Clerk of the Council or The Town Clerk.

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