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WOMEN'S CO-OPERATIVE GUILD.

# The National Care of Motherhood.

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## THE NATIONAL CARE OF MOTHERHOOD.

*"The bravest battle that ever was fought,  
Shall I tell you where and when?  
On the maps of the world you will find it not;  
It was fought by the Mothers of men."*

*Joaquin Miller.*

### Maternal Mortality.

*"A mother's life is lost in the course of every 250 births."*

*Sir George Newman.*

TO bring a child into the world is a normal and natural act, and the very idea of a high death rate in connection with Motherhood should be inconceivable. Accidents happen at all times of life, but when people are killed in the course of their daily work, as a result of a railway or mining disaster, for instance, the country is shocked and horrified. Yet, when a mother dies in childbirth it is looked upon as one of the risks that must be run in bringing a new life into the world, instead of being regarded as a tragedy which ought to have been prevented.

According to statistics, as things are at present, Motherhood is more dangerous than even the most hazardous of men's occupations. Every year about 750,000 babies are born, and every year about 3,000 of the mothers that bear them die.\* For the last 20 years the death rate of mothers has varied very little, and although the general death rate and the infant death rate have been considerably decreased in this time, there is as yet no sign of a reduction of Maternal Mortality.

\* Prefatory note to "The Protection of Motherhood."



This is a grave challenge to our national care of Health, and it reveals a short-sighted policy. It has been said that if you want a healthy child, you must begin with its grandmother, and most people would at any rate agree that it is putting the cart before the horse to concentrate on the health of children while the health of the mothers is neglected. Moreover, the death rate does not include the enormous number of mothers who are injured, sometimes permanently, through child-bearing, or who contract some illness as a result of it which is carried through life. Often a young woman after her first baby becomes a life-long invalid, and it is not possible to contemplate the suffering that is entailed by this in thousands of homes, not only to the mother but to the husband and child. Yet, it has been proved that with proper medical attention much of this suffering could be entirely avoided, and with proper care many of the women who have now died or become invalids could have remained happy and healthy mothers.

#### Proposals for Improvement.

*“ Broadly speaking, the prevention of Maternal Mortality is within scope of human power.”*

It is a cause for national shame, but also for hope, that this high death rate and the large number of maternal injuries is avoidable, and it is therefore essential for the country to realise that something must be done. A great deal of discussion is now going on as to the best way of dealing with the problem, and various schemes for the reduction of Maternal Mortality are advocated. Great stress is laid on the need for an improved medical service, ante-natal care, and more scientific treatment of pregnancy and confinements. The need for research work, particularly as to the cause of Puerperal fever, is also emphasised, and the increase of Maternity centres and clinics urged.

There is no doubt that all these things are necessary to save the lives of mothers. There is great need for improvement in the medical and midwifery service, and the development of a specialised Maternity medical service needs considerable attention. Since the medical inspection of school children and the establishment of school clinics, and the consequent concentration on children's ailments, a great deal of knowledge has been gained which has made it possible to deal with childish illnesses in early years, thus preventing the development of serious diseases in later life. Something of this

kind is now needed in connection with Maternity. Far more well-equipped Maternity centres are needed, and the knowledge gained by people specialising in the work in these clinics should give similar results in this sphere as have been achieved in regard to children's illnesses.

In addition to this, medical students ought to have a much more careful and thorough training in midwifery, and some scheme should be evolved whereby general practitioners could be kept in close touch with the most up-to-date knowledge on this subject. The midwifery services are doing excellent work, but there is still need for closer co-operation between the midwives and doctors, and every case should be supervised by a doctor, even though a midwife only may attend the confinement. In every case an ante-natal examination should be made by a doctor. Under the Maternity and Child Welfare Act local authorities have the power to call in a specialist in complicated cases, but more than this is needed, for not only are more Maternity specialists required, but every Maternity centre should be supervised by a doctor who has made a special study of this branch of medical science.

The promoters of all these reforms lay great stress on the fact that if they are to be effective there is need for greater co-operation from the women concerned, and that a good deal of education in that direction is still necessary. Although Maternity centres are very much used now, there is still a great deal of prejudice to be broken down. There is still, for instance, the feeling among some men and women that single women, or women without children, cannot give competent advice to parents even though they be qualified doctors. There is also, particularly in these cases, the tendency to take grandmotherly advice, with the consequent liability to uncalled-for suffering, rather than go to a clinic, where scientific medical advice can be obtained. There is, too, amongst many women a fear of the ante-natal examination, and a certain amount of reticence about letting their pregnancy become known. This, however, is gradually changing, and with the increase of education, and the experience of mothers who have been helped at Maternity centres, these prejudices will be overcome, and women will gladly use the Maternity services more and more. Literature of the right type is very useful in educating women, and much good can be done by circulating little books and pamphlets, written in a simple and attractive style, such as those issued in Canada and New Zealand.

### The Guild and Maternity.

*"No national service is greater or better than the work of the Mother in the Home."*

The Women's Co-operative Guild recognises the importance of all these needed reforms, and welcomes the efforts that are now being made by various bodies along these lines. The question of Maternity, however, has always been a very intimate and vital one to the Guild, and, as an organisation of working-class mothers, it has a special contribution to make to the solution of the problem. The Guild is composed of just those women among whom the death rate is so high, and it has always taken the point of view that improved medical science and Maternity centres and so on are not enough, but that it is necessary to go further and to improve the conditions under which most working-class mothers are forced to live. Medical science and the best Maternity services will be of no avail unless the mother also has Nature's requirements—enough good food, warm clothing, cleanliness, a certain degree of comfort in her home, and rest. Without these bare necessities a woman cannot have healthy children and keep in good health herself. She may bear healthy children for a time, for it has been proved that Nature will protect the child at the expense of the mother, and that if the woman has not sufficient food, warmth and rest, the baby may be born in good health, but the mother will suffer. In this way healthy babies are sometimes born to mothers who are continually being weakened by the strain until their health is finally ruined.

It is an old saying that women's work is never done, and it is certainly true that the housework which most working-class mothers have to do is as exacting as work in a factory. Yet, although it is generally understood that a woman will give up her work in a factory or shop at least a short time before the baby arrives, the woman in the home goes on often with even the heaviest housework, until the very last minute before the child is born. Thus, instead of having stored up her strength for the great effort that is before her, she comes to the confinement wearied out, and is often too weak to recover completely afterwards.

This is particularly the case in times of industrial crises and depressions, for it is the women who suffer most in these times. During the Coal Dispute of 1926, for instance, many heartrending cases were recorded of women losing their health, and sometimes even

their lives, as a result of under-nourishment and weakness. If the nation intends to care for its mothers seriously, efforts to protect them at these times must not be relaxed, but should rather be increased.

### Food and Clothing.

*"The mother and baby will both suffer unless the mother has warmth and good food."*

Two of the primary essentials for healthy motherhood, and for the reduction of Maternal Mortality, which the Guild has always pressed for, are nourishment and warm clothing. Under the Maternity and Child Welfare Act of 1918 milk or dinners may be provided by Local Authorities for women during the last three months of pregnancy. Various attempts have been made to put this into operation, but hitherto without very much success. One of the chief difficulties is that women will take the milk home and give it to the other children, instead of drinking it themselves, as mother always puts herself last in an underfed family. Then, as there is a natural reluctance on the part of women to let their pregnancy be known to everyone, many will not avail themselves of the meals if they are provided in a public place. There is, too, the serious difficulty that women will not accept anything that savours of charity, and only as they come to realise that these things are paid for out of their own rates, and are their rights, just as education is for their children, will this feeling be broken down.

This attitude was evident in connection with Maternity centres when they were first established, but now many more women are attending them. As this is so it might be possible to provide the midday meal or the milk at the Maternity Centre itself, and so ensure the mother receiving the benefit of it. In any case, local authorities should see that the meals or milk are provided, free or at cost price, in their localities.

The problem of clothes might also be dealt with at the Maternity Centre, as it is so important for expectant mothers to have warm and suitable clothing. At many centres women can obtain material and patterns for baby clothes, and also maternity outfits for the confinement. It should be possible to extend this further, and to arrange for the women to obtain material and patterns for clothes for themselves as well, if possible, at cost price.

### Hygiene and Housing.

*"It is obvious that domestic uncleanness and lack of facilities and conveniences necessarily adds enormously to the risks."*

—*Dame Janet Campbell.*

It is well known that one of the first requirements for a safe confinement is spotless cleanliness. Yet many confinements take place in surroundings in which no surgeon would perform even the simplest and safest operation. The remedy that is usually suggested for this is an increase of Maternity Homes and Maternity beds in Hospitals, and it is, undoubtedly, very necessary to press for these. As, however, there are at present only 2,290† Maternity beds in existence known to the Ministry of Health, it will not be possible for every mother to go into an institution for very many years, even though the number of beds is increased rapidly. Even if the beds were available, many women would not be able to take advantage of them unless arrangements could be made with a home help to look after the children and the home during the mother's absence. The problem of Housing in connection with Maternity is therefore a very serious matter, and it is imperative to press for facilities for personal hygiene in every home, however small. It is also necessary for all local authorities to provide Maternity outfits, free or at cost price, containing sterilised pads, sheets, etc., as these are a great help to many women from the hygienic viewpoint.

In many houses in the slum areas at present it is almost impossible for women to have privacy and the opportunity for the minimum of personal cleanliness owing to the overcrowding and lack of bathrooms. In the case of houses such as these, where the necessary cleanliness, space, and facilities for confinement cannot be assured, the Municipal Authorities should be bound to provide a bed for the mother in an institution, either free or at a price within her means. The charges of most Maternity homes are still prohibitive to the women who need them most, and this can only be remedied by proper provision being made by the local authorities.

### Home Helps.

*"It is to be hoped that further attention will be given to this branch of work, and that some means will be found of extending the provision of domestic assistance."*

—*Dame Janet Campbell.*

Even in families where the food and clothing are sufficient and the mother is able to provide for the needs of the coming baby

† The Protection of Motherhood, p. 64.

without undue strain, there remains the question of rest to be dealt with. Not only is there no decrease in housework when a baby is expected, but it is usually increased, as baby clothes must be made, and all kinds of things done to prepare for his coming in addition to the regular work. A great deal of the housework that the average mother has to do is extremely dangerous while she is pregnant, and yet if she cuts out the heavy work, such as washing, lifting heavy weights, drawing, pumping, carrying water long distances, and reaching up to high cupboards, how is it to get done? For the last weeks of pregnancy, at any rate, it is essential that she does not have to continue this harmful work, and for this reason local authorities, under the Maternity and Child Welfare Act, are empowered to provide Home Helps. For many years the Women's Co-operative Guild have pressed for the extension of schemes of Home Helps, but, although they are now being taken up more frequently by local authorities the practice is not yet nearly widespread enough. These Home Helps are employed and paid by the local authorities, and are women who are chosen for their motherliness and reliability. They are in no sense nurses, but they come into the houses of expectant mothers, who have made the necessary arrangements with the local authority, to cook the meals, look after the children, and help generally with the housework. By having a woman to help in this way it is possible for the mother to have at least a short rest before and after confinement, without worrying as to how her family will fare.

Schemes of Home Helps are now in operation in various parts of the country, and where they have been tried they have proved a great boon to mothers. They are provided either free or from 1s. a day, and the mother arranges with the local authority what she can pay. The Home Helps are paid about 5s. for a day's work by the local authority. There have, from time to time, been objections raised to the schemes, on the grounds that Home Helps have sometimes caused some trouble in the home. This difficulty, however, has occurred more in conversation than in fact, for it is very seldom that any complaint of this kind is actually made against Home Helps. In Liverpool, for instance, a scheme of Home Helps has been in existence for some time, and 50 Home Helps are employed by the local authority. Last year between 600 and 700 women took advantage of their services, and no case of trouble of any kind was reported. The fact that from 50 to 60 local authorities in different parts of the country have already adopted schemes of Home Helps with undoubted success is a sufficient reason for the extension of these

schemes throughout the country, particularly as no other solution has as yet been presented to the very serious problem of the expectant mother's necessity for at least a certain amount of rest.

### A Complete Maternity Service.

““ *The greatest gift is a child.*

“ *The greatest honour is to be a mother.*”

—*A Canadian Mother.*

It will have been seen that a great deal can be done at present by local authorities to protect the mother, as they have the power to provide for nourishment, sterilised Maternity outfits, Home Helps, Maternity Centres, Maternity beds, Midwifery Services and consultation with a specialist where necessary. It is essential to bring pressure to bear on local authorities throughout the country to use all these powers to the full, as it depends largely on this how quickly medical and midwifery services and institutional care is developed, and whether mothers have the required food, warmth, clothing and rest. It is not on the local authority alone, however, that the future care of mothers must depend, for the Nation itself must realise its great responsibility in this matter, and must deal with it as an urgent national problem. There is surely no matter of more vital importance to the State than its future citizens, whose wellbeing depends upon the mothers, and there can be no excuse for the matter not being given foremost attention by the Government.

In the first place, the powers which local authorities have, and which are now permissive, should be made compulsory. This would, of course, necessitate adequate grants from the Ministry of Health to enable the services to be satisfactorily carried out. Areas of special difficulty, such as sparsely populated country districts, where the needs of mothers are perhaps greatest, should receive larger grants. The Women's Co-operative Guild has always advocated a complete State Medical Service, and urges now, as a useful step towards this, that all Maternity Services, including medical services, should be provided free for all women, including those who are not covered by the National Health Insurance scheme. The mother is surely entitled to all the medical skill and care that can be provided, for she is rendering to the State the highest service that can be given.

In addition to this the Maternity Benefit of £2 should continue to be paid to mothers, through the approved societies. The mother

would then have this money for nourishment and other necessities, instead of the whole amount being spent on doctors' and midwives' fees. Only in this way can the Maternity Benefit be used for the mother and child in the way that was intended. The principle of separating the cash benefit, to be paid through the Approved Society, and the medical service, to be administered by the local Health authority, has already been approved by the Royal Commission on National Health Insurance, and legislation on this matter should be introduced immediately. In the case of uninsured people, the local authorities should see that adequate provision is made for the mother.

As well as amending the Maternity and Child Welfare Act so as to introduce a free Maternity service, administered through the local authorities, in addition to the cash payment of the Maternity Benefit, the Government should ratify the Washington Maternity Convention of 1919. This would secure nursing care and free medical attendance for all women workers, and would allow them to remain away from work for six weeks before and six weeks after the birth of the child. Her place would be kept open for the mother during this period, and she would receive during the whole time full and healthy maintenance for herself and her baby. Insured women workers are at present entitled to Sickness Benefit if at any time during pregnancy their health suffers as a result of their work, but some tightening up of the administration of this is needed as they do not always obtain this benefit. The Washington Convention should have been ratified long ago, and the Government should be urged to adopt this measure immediately, as it is of the greatest importance to women in industry.

In order to introduce the most effective legislation, and to work out a really satisfactory scheme for the national care of Maternity, a thorough investigation into the whole matter ought to be made by the Ministry of Health. There is not yet nearly enough known about Maternity, and much more medical research is needed with regard to the condition of pregnancy, maternal diseases such as puerperal fever, and the whole process of child-bearing. Comprehensive scientific research into these matters should be undertaken systematically by the Ministry of Health, as one of the essential parts of a Maternity service, and it should be carried out on a far more extensive scale than has hitherto been the case. Local authorities, of course, have their share in research work, in investigating thoroughly every maternal

death and in collecting various statistics, and they can in these ways give very valuable assistance.

A great deal of research work is already being carried on by hospitals, and important work in the sphere of Maternity and Child Welfare has for many years been done by voluntary bodies. There is no doubt, however, that voluntary work can never cover the whole field, and it is to the Government, both national and local, that we must look in the long run for a complete Maternity service. Public opinion must be roused to demand from the Government the development of this Maternity Service, first by seeing that every local authority uses its full powers under the present Act, and secondly by legislation to provide for the full and adequate care of the Mother. There is no duty that the Government has to perform of more importance to the community than this, and until the death of a mother in childbirth is so rare an occurrence as to be almost unknown, there should be no relaxation of national effort to ensure that every child has a healthy and happy mother.

#### APPENDIX.

##### THE POWERS OF LOCAL AUTHORITIES UNDER THE 1918 MATERNITY AND CHILD WELFARE ACT.

The Maternity and Child Welfare Act of 1918 gives to local authorities certain powers to provide for the needs of mothers. These powers are not yet used to the full by all local authorities, and every effort should be made to urge them to do so.

These powers are as follows :—

1. MATERNITY CENTRES.—Local authorities have the power to establish Maternity Centres either independently or in connection with a hospital, where expectant mothers and mothers with babies can come for advice, ante-natal care, and a medical examination

2. MATERNITY BEDS.—Local authorities have the power to provide Maternity Homes or beds in Maternity Hospitals for complicated cases and for women whose homes are not suitable for confinement. Maternity Homes can be established by the larger authorities, such as County and County Borough Councils, and the smaller authorities can either combine and set up joint institutions, or can send patients to other institutions.

3. PROVISION OF MIDWIVES.—Local authorities have the power to provide a midwifery service, and any woman who is confined in her own home but unable to pay the full midwife's fee can apply to the local authority for assistance, which can be granted her under the Act.

4. A CONSULTANT SERVICE.—The local authority has the power to call in a specialist in a complicated case at an approved fee. Arrangements with a specialist can be made by every local authority, so that the doctor or midwife can, where necessary, call the consultant in, the fee being paid by the local authority in cases of necessity.

5. NOURISHMENT.—Local authorities are empowered to provide any woman who needs it with milk or meals during the last three months of pregnancy, and while she is nursing her baby.

6. HOME HELPS.—Local authorities have the power to set up schemes of Home Helps, who will look after the housework, the children, and the meals, while the mother is not able to do so. These women can be employed by the local authority at a regular rate, and if the mother is not able to pay the local authority for the service, it can be provided free.

7. STERILISED MATERNITY OUTFITS.—Local authorities are empowered to provide Maternity outfits, containing sterilised dressings, pads, towels, sheets, etc., for women needing them, either free or at cost price.

8. INVESTIGATION OF MATERNAL DEATHS.—There can be an investigation by the Medical Officer of Health of all maternal deaths due to childbirth, and of all cases of puerperal fever, whether fatal or not.

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