

## IS THE MIDWIFE A NECESSITY?\*

BY

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THE question whether or not the midwife is a necessity is one which cannot be answered by a definite yes or no. The whole subject is relative and I presume depends largely upon one's point of view. Theoretically there can be but one opinion; the midwife should be unnecessary. It is just as true that osteopathy, chiropractic, Christian Science, massage and other cults of the same kind should be unnecessary, but we are faced with the unfortunate fact that these things do exist and further that the community demands them. Midwives have existed over the whole world practically throughout all time and it is more than likely that the midwife will be with us for some time to come. The good to be gotten out of a discussion of this kind is not whether a given thing should exist; but if it does exist and we are unable to get rid of it, the important question is, how can we best deal with it. It would seem to me in deciding the answer to the title of this paper it would be wise to first survey the field as it exists and then decide in view of the facts; not from a theoretic viewpoint.

In the first place I think we can start (with no fear of denial) with the premises, that midwives exist.

This being the case we are faced with two propositions:

First, is it possible to dispense with her?

Second, if we dispense with her what can we substitute sufficiently efficient to take her place.

The midwife exists to a large extent in all countries. She exists quite numerously in our own country. Efforts have been made from time to time to dispense with her. Legal measures have been adopted. For instance in Massachusetts the law pronounced an ultimatum that the midwife shall not exist and yet she does exist as do most other things in this world which the laws prohibit and the people want. The clear fact that she does exist in Massachusetts in spite of legal prohibition, is proof positive that there is a demand for

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her services. I know of no other section of the country which has been more successful in prohibition than has Massachusetts. The very element of the population which one would expect would be the first to aid in her extinction is the one of all others which defeats the law, namely, the doctors. Individuals from Massachusetts may produce all the statistics they choose to the effect that the practice of midwifery is limited but one has only to consult her own authorities and to converse with physicians of the State and with lay people familiar with the facts in order to know that there are many cases of women delivered by midwives whose records are covered up by the signature of a doctor. In fact, it is stated that the certificate of birth signed by the midwife herself is not infrequently accepted. It takes no great experience for anyone interested in the administration of these matters to understand not only that this is true, but how easily it is done. It is a common thing among doctors of a certain class to use the midwife to forward their own interests. In Pennsylvania for instance we frequently find a doctor charging a midwife 25 cents to sign her certificate or charging her a dollar to make a visit for her.

She is frequently used as a nurse by the doctor, who after charging the patient \$10, or \$15, makes a single visit, collects the fee, and pays the midwife a few meager dollars for her share of the work. There are a thousand ways in which such a law may be evaded and Massachusetts has made not even a dent in the direction of prohibition.

Granting that midwives do exist and that the public demands them, which is undeniable, what is offered as a substitute in order to either lessen their numbers or eliminate them entirely?

1. Visiting Dispensaries.
2. Medical School Dispensaries.
3. Doctors.
4. Maternities.

All of these substitutes have existed alongside of midwifery as long as I can personally remember. I have had personal dealings with all of these systems and in spite of all or any of them the midwife still flourishes and competes more than successfully, not only with one of them, but with all of them.

The question naturally arises if she competes successfully as to numbers, does she compete in efficiency?

The visiting dispensary is the institution in which I acquired my own early experience in obstetrics. My name was registered as one of the obstetricians in charge of a certain specified district of one of

the largest dispensaries in Philadelphia. Application from this district was made at the dispensary for a doctor to attend a case of confinement. A card was given the applicant, which card contained my name and address. This card was brought to my home and I was summoned to the case. I had little or no experience (in fact was doing this work with the object of obtaining an experience), as was the case with all the rest of my colleagues in the dispensary. I went to the case alone and struggled through as best I might. Can anyone pretend that there was any great degree of efficiency to the patient in that service?

The medical school dispensary is run largely on the same basis. A central office, students assigned to those quarters for a given period, application made by patients' friends and the student sent to the case; it being left largely to his own judgment whether or not he needs or wants a consultant. In the vast majority of cases he does neither. Although a degree better, can anyone pretend that this service is overly efficient?

The class of doctors to whom this class of patients apply are not of a very high order of intelligence and education in the profession and not infrequently have an eye more to remuneration than to efficiency. As a matter of fact, our statistics in Philadelphia show that patients are as well off, if not better, in the hands of our midwives than they are in the hands of doctors: as witness 7 maternal deaths and 365 fetal deaths in a series of about 12,000 cases.

When we began the midwife work in Pennsylvania we felt more than dubious of statements to this effect. To-day with definite statistics from the midwife standpoint to compare with our general knowledge of the conditions of medical practice we feel strongly that the comparison results not to the confusion of the midwife, if she be properly controlled.

If it could be brought about that the people demanding the services of the midwife would go to a maternity hospital then the question would be solved. This is largely a matter of time and education and unfortunately from an educational standpoint it is one in which in our country, the beginning is never ended. We have a continuous influx of foreigners added to our population. These foreigners come from countries and communities where they have been in the habit from time immemorial of employing the midwife and they bring their traditions and customs with them and in their new homes demand the same kind of attention. We may educate the influx of a given year after a very long time to resort to maternities and to give up the midwife, but one has hardly made a beginning in this educa-

tional feature before there is a new influx and again a new one, *ad infinitum*. The one effective way of educating the foreigner to dispense with the midwife and to accept the maternity is to stop emigration and we all know how hopeless is that task. It may cease some day, but that will be because the country is too full to absorb more. Therefore we can consider that we have a never-ending incoming population, many of whom will not go to maternities.

It is easy to gather from what I have already said that I do not believe that the midwife can be entirely eliminated even by legislation. However, I do believe that the midwife evil, if you so choose to call it, may be greatly minimized in two ways.

First, by education and control of the midwife.

Second, by education of their clientele.

However, the very fact of educating the midwife and making her a measurably safe instrument in the community tends to defeat her ultimate entire elimination. If she be made comparatively safe there is danger that her clientele will be more likely to stick to her, at least to those of the midwives who they know are not frowned upon. In other words, if the State certifies the midwife and by education and control makes her measurably efficient, a large part of the foreign population will be tempted to turn to this certified midwife because of the fact that her certification would mark her as a safe one to employ. This together with hereditary influences brought by the emigrant to this country would tend to perpetuate the reign of these women. The question largely resolves itself then to the point, should a fight be made to accomplish the almost impossible or should we temporarily accept the lesser evil and recognizing the necessity of this type of practitioner make her as safe as possible. An answer to such a question would naturally be found in the possibility of how safe she could be made. This again brings us on to debatable ground and there are many opinions as to whether the midwife can or cannot be made a safe factor in the community.

It is held that the comprehensive system of education and so-called control in Germany and England as well as other European countries has proven not only unsatisfactory to the medical profession, but inefficient. I am not particularly interested in whether or not such a system is satisfactory to the medical profession. In no true sense can this matter be considered from that viewpoint. This is a matter purely for the best interest of the community and has involved in it an essential matter of humanity and if it be that the material or sentimental interests of my own profession are encroached upon in its proper solution then let it be so. We doctors all know that the

medical profession is dissatisfied with a great many good things—that is, good for the community but possibly bad for their own immediate personal and individual interests. Competition never has appealed to many of the medical profession and I am afraid never will. The point that does need serious consideration is, does such a system as is in existence on the continent and in England make for safety and efficiency? I do not believe it does. But when it is assumed that these systems are the best that can be adopted for accomplishing such a result, I very emphatically dissent. There is a great deal in both these systems which is admirable, but they both stop short of the real point—that is, efficiency. After all is said and done these systems both leave the ultimate decision as to what the midwife should and should not do to the midwife herself. They practically leave the decision as to the result of the midwife's work to herself. They both require that she report and her report is accepted off-hand. They both allow more freedom on her part in selection of the cases which she is at liberty to attend than is compatible with safety or efficiency. They both like the ostrich bury their heads in the sand and think they are safe.

In Pennsylvania we have adopted a system of procedure of our own which we believe more efficient and more sure of results than any other system of which we know: a system which is producing statistics which are true and not imaginary; statistics which are compiled at the bedside by medical inspectors who have no interest whatever except to produce and report true results. To begin with, taking Philadelphia as an illustration, because in this district the system is most perfectly developed, the State employs through the Bureau of Medical Education and Licensure a Supervisor of Midwifery who is a trained specialist in obstetrics. This Supervisor has at his disposal as inspectors women graduates in medicine with a special experience in this branch of medicine and who have the additional qualification of command of the various languages of the emigrants. Each midwife receives a certificate which is good for one year only and only good for use in the Philadelphia district. If she leaves the district she must apply for a transfer and be promptly handed over to the district to which she is going. She is allowed to attend only normal cases. She must report to her inspector every labor of a primipara which is of thirty hours' standing and it becomes the duty of the inspector to see the case at once. A multipara cannot be in labor more than twenty hours before her case must be reported.

If the mother shows at any time fever or any other symptom, if

the child be sick or have sore eyes the inspector must immediately be summoned. In other words, it is not left entirely to the midwife's discretion as to what is and what is not normal. The State officer after the above limit of time decides this point.

The midwife is allowed to perform no operation of any kind except tying the cord. She is called by her inspector to certain central points at stated intervals in order to receive fresh instruction, lectures and demonstrations and is called down into the amphitheater and made to demonstrate her knowledge of her work. She is re-examined each year and a new certificate is issued her. Within forty-eight hours after each delivery her report card must be in the hands of her inspector and at stated intervals the reports of the inspectors must be in the hands of the supervisor. A quarterly report of the supervisor is furnished the Bureau of Medical Education and Licensure. Every case with rare exception delivered by the midwife is seen by an inspector and conditions as to lacerations and injuries to the mother, fever and any abnormalities are carefully noted and reported. The condition of the child is reported, especial note being taken as to the condition of the eyes, and no chance is taken on the word of the midwife. Nor is the inspector a free body. Her reports are checked up carefully by the supervisor and the supervisor's work is overlooked and closely scrutinized by the Bureau itself. The details of this work will be given by others and will be officially placed on record for the benefit of all who may be interested in this type of work. It would be impossible in a paper of this sort to enter into these details.

We do not believe that any system which leaves a loophole for the midwife to make misstatements as to fact either purposely or through fear or ignorance, is efficient. It is our conviction that a personal inspection by trained medical people of every patient is the only true safeguard.

The inspectors are State officers on salary. They are allowed to practice medicine but only after the State work has been completed and if the State work takes their full time—that is demanded of them. It is impossible for them to shirk this matter because of the constant checkup all along the line. The supervisor can tell at a glance whether or not all the cases have been seen and there is no trouble whatever, by a bit of inquiry from the midwives, to verify from time to time whether or not the inspectors are doing their duty. A card reporting the occurrence of the labor must contain certain information, answers to questions printed on the card, which can only be obtained at first hand and by personal visitation.

Complicated cases are disposed of by the inspector in three ways. The family is notified that it must call in a physician; the inspector sees that they do this and there is surprisingly little resistance to this matter by the people employing the midwife. When they are notified the case is a complicated one and that a doctor must be called, they rarely refuse. Cases in which the patient is unable to afford the service of a doctor are sent to hospitals and a bit of persuasion is all that is necessary in the majority of cases. In other cases, in emergency, the inspectors themselves give attention to the women. The inspectors are encouraged to do as little personal work of this kind as possible and when they do so are not allowed to accept any remuneration whatever.

Any child with a sore eye demands the attention of a physician and the family is so instructed by the inspector. A smear is taken by the inspector of every suspected case and is sent to the city laboratory. All cases of ophthalmia neonatorum are placed at once in the hands of physicians or sent to hospitals and are not lost sight of until they are completely well.

Recently there was added to the staff of the Philadelphia district a so-called follow-up inspector. All complicated cases of fever in the mother and sore eyes in the children are at once transferred to her care and it becomes her special duty to follow these cases up to the end, be they in the hands of doctors or be they transferred to hospitals; no chance is taken that either the mother or child be neglected. It is the duty of this particular inspector to continually closely inspect reports in the City Health Department in order to at once detect any midwife attempting to practice, who has not a State certificate. Such a one when found is notified to quit, until she has qualified and in case of disobedience is arrested. It is rare that the department fails of conviction. It is also the duty of this particular inspector to give systematic instruction to new midwives coming into the field and who desire to become certified, whether they have certificates from elsewhere or not. We have no school of midwifery in Pennsylvania which is worthy of the name and for lack of funds the department has failed so far in establishing such a school on an efficient footing. Consequently in this respect we are doing the best we can by giving these applicant women such systematic instruction as appears necessary until such time as they show a fair theoretic competency and then send them out with doctors or some of our better certified midwives for practical experience.

Personally I am of the opinion that we should not educate new

midwives, but should allow of a gradual natural elimination. However, this matter has two sides to it and it is possible if we eliminate the midwife too closely and too quickly that the portion of the community demanding them would again resort to uncertified ones. Consequently for expediency the Bureau has for the time yielded to the opinion of their supervisor.

Like all communities many of our better midwives have come from Continental schools and yet we find even from the best of these schools that they have vastly improved under our system and are becoming more and more efficient. The work of these women is showing progressive improvement from quarter to quarter and it can be distinctly demonstrated that they are largely benefited. The requirements have been enforced gradually, starting with simple details which could be readily understood and readily carried out. As soon as the department became satisfied that each woman was fairly efficient in the requirements given her, new ones were added to her list. For the last six months or more no midwife has been allowed to attend upon a case excepting in a laundered uniform. So marked has been the improvement throughout that that portion of the community which employs midwives will no longer employ one who has not a State certificate; so much have they recognized the difference of the new condition of affairs from the old.

A system of this kind efficiently carried out it would seem to me were far and away better than that of a system of prohibition which in itself is ineffectual and which only brings apparent results.

One of the requirements in Pennsylvania for an approved hospital for internship is that the hospital shall furnish for the interne a minimum six weeks service in obstetrics. The result of this requirement has been the opening by most of the hospitals of the State either of maternity wards or the building of separate maternity buildings. These quarters are invariably filled to overflowing and in many instances are being increased in capacity. Who can tell as yet how far this patronage is being drawn from the midwife's clientele; undoubtedly some and probably a very great deal of it is coming from this source. Consequently as foreseen by the Bureau of Medical Education and Licensure this requirement of the approved hospitals is working not only for the benefit of the poor and the education of the interne, but also in no mean degree for the ultimate elimination of the midwife.

To summarize my views:

Theoretically the midwife should not exist.

The time has not come when it is possible to eliminate her. The



proper thing is therefore to educate those already in the field and to strictly regulate those in practice. This in itself will lessen their number in a way which even prohibition will not do.

The education of new midwives or the admission of fresh ones coming from other countries is of dubious value.

Hospitals with maternity departments and maternity hospitals should be developed to the point of highest efficiency and this class of patient should be encouraged to go to them for help.

A lessening of the number of midwives by the elimination of the unfit together with the refusal of admission to any or possibly but a few new ones and the placing of ample service of maternity hospitals and maternity wards at the disposal of the community, will go a long way toward eventually doing that which prohibition cannot accomplish in the elimination of the midwife.

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