The national care of maternity / by Margaret G. Bondfield.

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WOMEN'S CO-OPERATIVE GUILD.

The National Care of Maternity.

By

MARGARET G. BONDFIELD,

Secretary,
Citizen Sub-Committee.

Issued by the Central Committee

Sectional Conferences, March, 1914.

PRICE 1D.

To be obtained from the General Secretary,
Women's Co-operative Guild, 28, Church Row, Hampstead,
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A Scheme Put Forward as a Basis for Discussion.

By Margaret G. Bondfield.

THE PRESENT STATE OF THINGS.

Municipal and Voluntary Action.

NEARLY every movement to fight disease has been initiated by groups of social workers whose small experiments have pointed the way to larger State and Municipal action, and impelled the recognition of national obligations in matters of sanitation, housing, pure food, pure milk, the cure of consumption, &c. Provision for the aged, once an individual responsibility, is now a State duty; provision of treatment for the school child, once the concern only of parents, now devolves upon the Education Authority.

Each advance brings us nearer the source of most of our ills, until at last there are signs of an awakening to a sense of responsibility for the health of mothers and infants, and for the education for parenthood. It was the visit of Guildswomen to Belgium, where they saw the valuable work of Dr. Miele in Ghent, which caused the first School for Mothers to be started in England; and what the Guild now desires is that the whole question of the care of maternity and infancy should be carefully thought out and organised.

As the branch of State activity to which we naturally turn is the Public Health Department, it may be well to survey the relation now existing between this department and the home.

The powers which Public Health Authorities now exercise include:—

(1) The inspection of homes, *i.e.*, to see that rooms, drains, sinks, yards, gutters, &c., are in a sanitary condition; that refuse is promptly removed; that ventilation and space are adequate.

(2) The enforcement of Acts of Parliament and bye-laws relating to the care of babies. In London, Health Visitors visit the homes of foster-mothers and boarded-out children.

(3) The supervision of midwives.

(4) The supervision of infants, and the instruction of mothers in the care of babies, *i.e.*, by means of Sanitary Inspectors and Health Visitors, Infant Welfare Centres, issue of papers, &c.

(5) The establishment and working of Milk Depôts.

(6) The enforcement of the Notification of Births Act.

Every local Public Health Authority has the power to do all these things, and to make further developments. As a matter of fact, though one or two Public Health Committees are doing splendid pioneer work, the majority are only beginning to exercise their powers, while many are doing nothing as regards maternity. Perhaps the explanation of the slowness of Public Health Authorities to develop in this direction lies in the fact that they are mainly composed of men, and the hygiene of the home is essentially a woman's question.

Public-spirited women of all classes are concerned to secure adequate representation of women on our local authorities. But before this can be done our law must be changed, so that married women can vote and stand for election.* At the same time, from the woman at home comes an increasing demand for that education which will enable her to intelligently co-operate in securing and maintaining healthy family life.

Inside the public health service is a growing desire to use that service more and more for *preventive* work, rather than to patch up and cover over the consequences of ignorance and neglect. Women Sanitary Inspectors and Health Visitors are holding out a helping hand to mothers and babies, instead of confining their attention to smells and dirt, after the old style.

*No married woman can vote in a Town Council election, nor in a County Council election, outside London; therefore, as only voters can stand for election (except in London), no married women can at present become members of Provincial Town or County Councils.

There is also a widening of the area of influence; at one time only the very poorest, the dirty house, the nearly destitute person, came under the eye of chilly inspection. The fact of an inspector being there was in some queer way a kind of reproach.

The new spirit is refreshingly different. Already in many towns "the woman from the Town Hall" is the wise friend and counsellor, bringing gifts, not of money, but of knowledge and sympathy, which, in turn, strengthen the mother to *help herself*. The mother so helped realises she is important to society and is valued by the city. She respects herself. Not any longer a recipient of bounty, she recognises her status as *partner* in the work of bearing and training healthy children, and understands her right to demand from society the fullest opportunity to do her work well.

In addition to women Sanitary Inspectors and Health Visitors who have been appointed in varying numbers by Public Health Authorities, Infant Consultations are controlled by about fifty municipalities.

In Bradford two voluntary Schools for Mothers have been taken over by the Municipality. About 500 infants are seen and weighed weekly, individual diets are prescribed, and dried milk, foods, emulsions, &c., supplied. A woman doctor, with a small staff, presides over the work. A large new building is nearly completed which will provide a milk depôt on the ground floor, infant consultations on the first floor, and an observation ward, with twenty cots on the second floor. In connection with this central building, it has been suggested that local centres should be opened on certain days for weighing and education on infant hygiene, while only children requiring special treatment should be sent to the Centre. In Birmingham, the part of the town showing the highest infant mortality has been divided into five districts, in each of which two rooms form a Municipal Consulting Centre for mothers and infants attended by a woman doctor; a Municipal Health Visitor also visits in the homes to see that the directions are properly carried out. There are four other philanthropic centres, to two of which the Municipality contributes yearly donations.

In Sheffield, Infant Consultations are held during five afternoons in the week, and a paid doctor, not on the municipal staff,

is employed. Dried milk is supplied at cost price. Patterns of infant clothes are sold at 1d.

As a rule, municipal work is confined to consultations and weighings, taken by the Medical Officer of Health or an assistant. In all cases the work is followed up by visits in the homes to see that what is advised is carried out.

The *voluntary* organisations for infant welfare—Schools for Mothers, Infant Consultations, Dinners for Nursing Mothers—have been, as a rule, and still are, the pioneers in all this work. There are now between 200 and 300 of such institutions. While thankfully recognising the spirit which has brought them into existence, the most valuable work done by many, and the usefulness of all in pointing the way, their philanthropic character is a serious drawback. This is not removed even when Public Health Officials join heartily in the work. "Broadly speaking, it may be said that these institutions have been established especially in districts where leisured wealth and extreme poverty dwell together—at discreet distances. The latter provides the occasion, the former the means."* But advice and help is needed in all industrial areas, and our own members desire it should be available for themselves and all others as a right and not as a charity. Again, the voluntary workers who visit in the homes, besides adding an additional visitor to the already overwhelming number of all kinds, are often amateurs without proper qualifications. "There is a discreet indefiniteness as to the qualifications required by voluntary visitors; goodwill seems to be accepted as sufficient in many cases."* What is needed is that fully-qualified municipal officers should be employed, one woman doing all the visiting in a particular area, so as to dispense with those of very variable quality and attendance.

State Action.

The Insurance Act has made national responsibility for mother hood a reality. It is now the law (*a*) that the majority of mothers are entitled to receive a maternity benefit at the birth of a child; (*b*) that they shall have free choice of midwife or doctor; (*c*) that insured mothers who are "incapable of work" are entitled to sickness benefit.

**Infant Welfare Centres*, by I. G. Gibbon, D.Sc. Price 6d. The National League for Physical Education and Improvement

(*a*) In connection with maternity benefit there are unreasonable exclusions and omissions. There are those contributors who are contracted out of the Act, such as teachers and many municipal employees*; there are all the cases where neither husband nor wife are insured, such as costers, hawkers, &c.; there are the deposit contributors, whose savings have been exhausted or have not reached the necessary amount; and there are the cases where benefit is lost owing to ignorance of rules (*e.g.*, a docker failed to get maternity benefit, his book being two stamps short, which he would have willingly added had he known).

(*b*) There are bitter complaints of the way doctors and midwives are raising their fees. A case was brought to the writer's notice in which the midwife had raised her fee from 10s. to one guinea, and doctors are known sometimes to charge £2. 2s. The midwives report that in some districts a doctor called in by them will charge up to £2. 2s.

(*c*) Some Approved Societies are *refusing sickness benefit to women who are pregnant*, although they may be certified incapable of work. Probably this is due to the fear that if these claims are met in full, there would be a heavy drain on the funds of the Society. Let us frankly face this fact, and we are driven to the conclusion that the root evil lies in the method of dealing with maternity through the machinery of Approved Societies. These Societies have only a limited sum of money to distribute among their members. Therefore they are concerned less about preventive and curative measures than about methods of administration which would prevent a deficit. For this reason any tendency on the part of claimants to remain on the funds for longer than a fortnight or three weeks must be severely checked.

One method of applying the check is to taboo all work in the home for women on the funds, even "the lightest household or maternal duties." "Mrs. A. was found by the sick visitor putting cups on the dresser. She was told she must 'declare off!'" "Mrs. B., a laundress, got up at 8 a.m. to send her children off to school (her husband is a labourer earning £1 a week). The sick visitor told her it was against the rules, and she must not do it."

*The Act allows contracting out if the conditions of employment give equivalents to the disablement and medical benefits of the Act. *No equivalent to maternity benefit is necessary.*

It is quite true that bad cases of malingering have been discovered. It is also a fact that some of the household duties may be harmful, and may prolong the illness, but it is obvious that it is much worse for the patient to be arbitrarily compelled to lie in bed and starve, or to sit still and fret because things are going all wrong in the household.

The injustice springs from the failure to recognise that married women, who have had to do their house-work in addition to wage-work, cannot be judged by the same standards as are possible for men and single women wage-earners. When the man is ill his wife is there to look after him, and he has no work to do. When the wife is ill there is no one to look after her. The burden of household cares cannot be lifted by prohibitions alone. It must be *made possible* for the mother to obey them. The 7s. 6d. sick benefit is meant to replace the loss to the family income of the woman's wages. *There is nothing over to provide help in the home when the woman is ill. Nor would 7s. 6d. be enough to pay for a woman to come in to attend to the sick person as well as do her household and motherly duties.*

Special Conferences of Guildwomen, who take a stern view of the wrongness of malingering, have unanimously agreed that the self-respecting wife and mother *must* look after her children, and that, if poverty prevents her paying for assistance, she must be allowed to "tidy up," and to get her food if there is no one to get it for her.

These hard-working mothers have been compelled to work right through aches and pains which would keep their gently nurtured sisters in bed, with trained nurses in attendances; and rules prohibiting even the lightest household duties conflict with life-long habits of self-sacrifice which have been considered to be wholly admirable!

For every "Picture Palace" case one can quote cases of women *going back to work too soon* because they could not bear to "watch their work" instead of doing it.

The Invasion of the Home.

The remedy does not lie in Inspection and Check-visiting. A glance at the following diagram, which shows the connection of the Home with State, Municipal, and Voluntary Agencies,

NO
VOLUNTAR
BOARD OF GUARDIANS.
LOCAL
RELIEVING OFFICER.
DOCTOR.
MIDWIFE.
MEDICAL RELIEF AND POOR LAW DOCTOR.
WORKHOUSE LYING-IN INFIRMARY.
SANITARY INSPECTOR.
TUBERCULOSIS VISITOR.
HOUSING.
WOMAN SANITARY INSPECTOR OR HEALTH VISITOR.
MUNICIPAL INFANT CONSULTATIONS.
MILK DEPOTS.
SUPERINTENDENT OF MIDWIVES.
NOTIFICATION OF BIRTHS.
HO
LOCAL
GOVERNMENT
HEALTH
AUTHORITY.
BOARD.

PUBLIC
AND
CHARITABLE
CONTROL.
AGENCIES.
MEALS FOR EXPECTANT MOTHERS.
SCHOOLS FOR MOTHERS.
VOLUNTARY VISITORS.
MATERNITY HOSPITAL.
CHILDREN'S HOSPITAL.
PREVENTION OF CRUELTY TO CHILDREN.
DISTRICT VISITOR, C.O.S. VISITOR, PERSONAL SERVICE VISITOR, &c.
SCHOOL CLINICS.
SCHOOL NURSE.
EDUCATION COMMITTEE.
BOARD OF EDUCATION.
MATERNITY BENEFIT.
APPROVED SOCIETY SICK VISITOR AND CHECK VISITOR.
APPROVED SOCIETY AGENT.
APPROVED SOCIETY SICK STEWARD.
HEALTH INSURANCE
INSURANCE COMMISSION.
TREASURY.

makes it clear that the invasion of the home is becoming intolerable. The arrows pointing inwards show all the different Inspectors and Visitors who may come into the home, not to mention rent collectors, tradesmen, bagmen, life insurance and other agents.

OUR PROPOSED SCHEME.

Our policy is, briefly, to link up the State with the Home and the Municipality, in a Health Service which shall secure that all maternity care and the care of children up to school age shall be organised under one Authority, namely, the Public Health Authority. This Authority would become the agency on behalf of the State for administering the maternity benefit, and placing within the reach of women all the aids which science and common sense may show to be necessary to safeguard the health of mother and child.

Administration of Maternity and Pregnancy Sickness Benefits by Public Health Authorities.

The Insurance Act provides that Maternity and Pregnancy Sickness Benefits must be administered through Approved Societies. We now know that this is a very unsatisfactory way, that the Approved Societies do not want to be troubled with maternity difficulties, that some of them have adopted the policy of refusing claims for pregnancy sickness, that there is the real difficulty that in pregnancy a woman may not be "incapable of work," and yet need to be relieved from certain kinds of work. Finally, there is not enough money available to properly meet this class of claim. Let the nation accept this position, and recognise that Maternity Sickness is *not* a risk which should be undertaken by Approved Societies, that, actuarially, benefits cannot be given for a premium which working-class mothers can afford to pay (or have deducted from the housekeeping money), and let us unite to relieve Approved Societies from the administration of Maternity Benefit and Pregnancy Sickness.

The money for Medical Benefit and Sanatorium Benefit is already handed over to the Insurance Committees, and it is only a small step further to hand the Maternity Benefit direct to the Public Health Authority.

Additional arguments for placing the administration of these benefits under the Public Health Authority are that local administration would be more economical and efficient than that of Centralised Approved Societies; and that the difficulty of Societies with no women visitors is removed.

Maternity and Pregnancy Benefits for ALL Mothers.

We must demand that ALL mothers (under the £160 income limit) should receive Maternity and Pregnancy Sickness Benefits. It is irrational that some should not receive the 30s., especially when those shut out often need the help most. And it is not only insured mothers who may need Sickness Benefit during pregnancy. The wives of insured men are also liable to sickness at these times. The Guild has urged from the first that these women have as strong a claim as any other workers on State assistance during sickness, and we claim that at least the same State contribution which is given to all insured wage-earning workers should be given to these women who are excluded from insurance. From the health standpoint it is folly to reduce a pregnant woman to a state of incapacity in order to qualify for help. She must be well and rested, and interested in life. We do not want to impel her to carry heavy weights—to develop varicose veins and other illnesses—but to make it easy for her to do everything possible to ensure the normal birth of healthy children. Our members testify to the need for help and advice in pregnancy. Hitherto, they have accepted varicose veins, &c., as part of their condition, and, as they say, they have felt they "must grin and bear it." But now they are ready for the advice and help which ought to be within their reach.

The importance of pregnancy hygiene is now being recognised by the medical profession. Dr. Amand Routh says that about as many infants die during the nine months of pregnancy as during the first year of life, and that many of the deaths of infants dying shortly or immediately after birth are due to ante-natal conditions.*

* "A lecture on Ante-Natal Hygiene,' by Amand Routh, M.D., *British Medical Journal*, February 14th, 1914.

Increase of Benefits and Methods of Payment.

It must be remembered that the wages of the great majority of workers are absorbed by the weekly needs, and there is no source from which the income may be increased to meet other than the usual expenses. To provide proper care for Maternity, *e.g.*, the requirements of pregnancy, confinement, and after-care, increased benefits are needed. So little is as yet known of the needs of pregnancy that an accurate estimate of the cost of providing for it is impossible, but we suggest that a grant equivalent to a sum of £7. 10s. for every child born should be made by the State. Of this every mother would draw £5. She might be given her choice of 30s. in cash at confinement, or if she employed the Municipal Midwife, 20s. in cash and free Midwife (see paragraph Municipal Midwives). In addition, she might choose whether the remaining £3. 10s. should be paid to her at 10s. a week for two weeks before and five weeks after confinement, or at 7s. 6d. or 5s. a week for correspondingly longer periods. The further sum, averaging £2 10s. per birth, would form a fund from which additional benefit might be given at any time during pregnancy, not "on total incapacity," but according to the need, and subject to the recommendation of the maternity Centre, or, until such Centre is established, by a panel or some other doctor. The 30s. grant now given under the Insurance Act would be included in the £7. 10s. we suggest.

Municipal Maternity Centres.

Under our scheme there would be a local Public Health Maternity Department which would evolve a system of Maternity Centres. The beginning of such Centres is already to be found under about fifty Public Health Authorities. Different schemes to suit the varying circumstances and hospital equipment of towns would be needed, but the two developments which we desire to add to what is now going on are (*a*) care during pregnancy; (*b*) medical inspection and treatment of children from two to five years of age.

Supposing a Maternity Scheme was run on the plan of a Central Clinic and local consultations, the expectant mothers could come periodically to the local consulting rooms for advice from their midwives (and be sent on, when necessary, to the doctors), and children between two and five years could be brought for medical inspection at times other than those allotted for baby consultations

so as to avoid the risk of infecting the babies. Infant consultations have shown the necessity for ante-natal advice, and the experience of School Clinics has led to the movement, for dealing with children from infancy to school age, advocated by the Women's Labour League. Our Scheme simply proposes to begin at the beginning—with the mother—and by so doing the country would secure that its children were born as far as possible with healthy minds in healthy bodies.

Municipal Midwives.

From many parts of the country we hear of a shortage of midwives. Also, the three or four months' training required by the law is found to be quite inadequate, and a class of midwives is being created which is actually inferior to the old class of midwives, whose training was largely that of experience.

Everything points to the need for raising the status of midwives, if the health of our women is to be safeguarded. We would suggest that there should be a Municipal Service of Midwives, for whom a fee of 7s. 6d. or 10s. might be charged by the Municipality.

These midwives should have a longer and more thorough training, to include nursing and the feeding of infants. To meet the expense of training, municipal scholarships should be offered. A beginning has already been made in this direction.

The cost to the Municipality of an efficient service of midwives would not be great. At present some midwives attend as many as 300 cases in a year. With the increased attention demanded under our scheme, the midwife should have charge of not more than 200 cases. In a town like Bradford there are 7,000 births; 6,000 of these, say, would be entitled to Maternity Benefit; they could be attended by 35 midwives, at a salary of £100 per annum; the cost would then be £3,500. Assuming a charge of 10s. per patient, £3,000 of this would be refunded, leaving a net expenditure of £500, in return for which there would be the real gain to health, and the fact that efficient midwifery had been brought within the reach of all who needed it.

Municipal Lying-in Hospitals.

In many towns a Municipal Maternity Hospital would be a great boon, not only for those whose circumstances compel them unwillingly to enter the Workhouse Infirmary, but for others who

need the greater care and rest obtainable in an hospital. And attached to such hospitals it would be most desirable to have Ante-Natal Wards, as at Edinburgh, as well as Rest Homes.

Municipal Health Officers for the Home.

More and more Health Authorities are now recognising the value of Health Visiting in the homes of the workers, and the number of Health Officers of different kinds increases every year. A certain amount of overlapping of function and inequality of training exists among the present registered midwives, health visitors, and women sanitary inspectors. Relations are sometimes strained between the midwife and the Health Visitor, and the Sanitary Inspector is apt to resent the Health Visitor appointments as a deliberate attempt on the part of the Local Government Board to displace her for cheaper and less efficient labour. But a most encouraging feature is the growing number of Health Visitors, who are qualified as nurses and midwives, and who hold the Sanitary Institute Certificate; many women Sanitary Inspectors also are training as midwives and do the work of Health Visitors.

We would suggest that the Health Officer should hold the three certificates, and do all visiting in the home, and so secure the most competent officers, with less invasion of the home.

The Notification of Births.

The universal adoption of Notification of Births is a necessary part of our scheme, and the extension of notification to still-births is urgently needed.

Rural Areas.

The problem of the rural area is being tackled by the West Riding County Council. They recommend the adoption of the Notification of Births Act for the whole county, and the appointment of a Woman Health Visitor who shall also combine the duties of School Nurse for the rural areas. A salary of £100 per annum is recommended, £60 of which would be paid by the county and district Health Authorities and £40 by the Education Authority. In Warwickshire, also, there are Women Health Visitors at work in rural districts. These are welcome steps in the right direction.

A Government Department.

To complete the Scheme, a progressive and enlightened Government Department is needed—a Ministry of Health—which would take over the duties and powers of the Health Insurance Commission, and of the Public Health side of the Local Government Board. In such a Ministry there should be a special department to deal with Maternity and Infant Life, with a woman at the head, staffed by women, and with women Inspectors.

Under our Scheme the working-class mother would have something of the same care which her rich sister now has at command. The rich woman is not told to " look to her husband " to take care of her and tell her what to do ! She looks to a highly-trained midwife-nurse and a competent doctor ; she secures scientific advice early in pregnancy—the demand comes from herself.

The nurture of children is a *race* matter, in which women must take the leading part assigned to them by nature. The working-class mother may, and I believe will, make better use of the science of health than her richer sister has done, because her life is simpler and her love of home more real.

Scientific knowledge must be brought within the reach of working women. With the demand now coming from the women who are themselves concerned, there is more hope for the relief of the mother's suffering and for a healthy infancy than there has ever been before. An intelligent, educated motherhood, free to co-operate with and use civic and political forces, will strike at the root causes of many of our social ills.