MATERNAL AND CHILD WELFARE.

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(1) INTRODUCTORY.

MANY years before legislation on this subject was thought of, it was recognized that the mortality among women from complications arising during pregnancy, at the time of confinement, and after parturition, was at an alarmingly high figure.

In an effort to improve such a bad state of affairs voluntary bodies were formed as early as 1908, who began their task by giving advice and help to mothers throughout their pregnancy and by arranging for their confinement so far as the limited voluntary resources at their disposal would allow. At the same time infant mortality was at an equally alarming figure and cast a reflection on the living and sanitary conditions of the country.

In spite of the great efforts of the voluntary bodies it soon became obvious that their task was too vast to be successfully carried on without moral and material backing from official sources. In 1915 when the flower of British manhood was being cut off on the battlefield, the subject of infant mortality became a National one, and at such a time public opinion was ripe to support whole-heartedly the legislation which was introduced.

The first Act of Parliament which contained any reference to the subject was the Notification of Births Extension Act of 1915. This gave local authorities the power to make provision for the care of expectant mothers, nursing mothers, and young children, and authorized the appointment of special committees for this purpose, allowing members to be appointed to the committee (including women) who were not members of the authority. In 1918, the Maternity and Child Welfare Act was passed and was defined as an Act to make further provision for the health of mothers, infants, and young children up to the age of 5 years who are not being educated in schools recognized by the Board of Education. This Act laid down that any local authority exercising powers under it, must establish a maternity and child welfare committee. Two-thirds of the persons on this committee must be members of the local authority, the remaining one-third being persons who have special experience in work of this kind and must include two women.

Under these Acts the local authorities are entitled to receive block grants from central exchequer funds to finance such schemes as may be approved by the Minister of Health, and this grant is reviewed from time to time.

In addition local authorities may set aside additional sums from their

own funds to augment the central exchequer block grants. Since the passing of the 1918 Act, local authorities have interested themselves more and more in this branch of their activities, until at the present time in a well-appointed borough or county free advice and help are provided for all expectant mothers, nursing mothers, and children who care to avail themselves of the existing facilities. It is interesting to note that during 1932, the last year for which figures are available, the number of expectant mothers who attended these centres was 38·89 per cent of the total notified births in that year. Since the introduction of maternal and child welfare schemes the infant mortality rate has fallen in a most satisfactory manner, the figure from 1880 to 1900 being 150 per 1,000 while those for the years 1900 to 1927 were only 70 per 1,000. It would be misleading to attribute this striking fall in the mortality rate solely to child-welfare schemes as there is no doubt that general compulsory education, better housing, less overcrowding, etc., have all been contributory causes. Unfortunately maternal mortality during pregnancy and child-bearing has not declined to any great extent during the corresponding period and a good deal of official attention has been directed to this problem, but up to the present there has been no appreciable improvement.

(2) General Organization of a Complete Scheme.

County Councils are the main bodies which organize maternal and child welfare schemes, but county boroughs, the larger urban and some of the rural areas conduct their own maternity and child welfare work. The important point in this connexion is that the notification of births should be sent to the local authority which is responsible for this welfare work, for in this way only can they keep in touch with *all* nursing mothers. A complete scheme for maternal and child welfare must include the following:—

(i) An ample number of midwives and efficient local supervision for them.

(ii) *Ante-natal Arrangements.*—(*a*) Ante-natal clinics for expectant mothers; (*b*) home visiting of expectant mothers; (*c*) hospital accommodation for complicated cases of pregnancy.

(iii) *Arrangements for Confinement.*—(*a*) Prompt and skilled attendance during confinement at home; (*b*) provision of ambulance for removal of complicated cases to hospital; (*c*) hospital accommodation for complicated cases arising during pregnancy.

(iv) *Post-partum Arrangements.*—(*a*) Hospital treatment for complications arising in the mother or infant after parturition; (*b*) baby clinics and infant dispensaries, where advice and treatment can be given, available for children up to school age; (*c*) systematic home visitation of infants and children not on a school register.

The general working of a scheme of this description can be tackled in two main ways:—

(i) By local authorities organizing and financing the various centres under the supervision of the Medical Officer of Health; the staff of medical officers, nurses, health visitors, etc., being whole-time paid officials of the authority, with in addition voluntary workers attending at the centre to help the officials.

(ii) By local authorities making grants to voluntary organizations which have previously undertaken the work. In this case the medical officers attending the centres are part-time officials and are paid at a fixed rate for each session they attend. They must be qualified in accordance with the regulations. Nurses are employed whole time by the voluntary organization, and health visitors are allotted by the local authorities to the areas which the centres serve.

In actual practice the local authorities subscribe 75 per cent of the cost of such schemes, the remaining 25 per cent being raised by voluntary contributions. The number of centres necessary is now more or less recognized to be one for every 400 births in the area and similarly there should be one health visitor allotted for every 400 births.

(3) The Working of the Scheme in the Royal Borough of Kensington.

It has lately been my privilege to have had a post-graduate course of study under the Medical Officer of Health in the Royal Borough of Kensington; it was of great interest to see the efficient and smooth working of the scheme which is run in this area by the Council making grants to a voluntary organization (as outlined under the general working of a scheme). A short résumé of the administration of the scheme in this borough is as follows:—

(i) *Maternal Welfare*: *Midwives.*—A Register of all certified midwives under the Midwives Act practising in the borough is kept in the Public Health Department. Their work is supervised by the Medical Officer of Health through the agency of officials who are themselves certified midwives in accordance with the rules laid down by the Central Midwives Board. The supply of midwives has always been ample and arrangements can always be made for their attendance at confinements through the health visitors of the particular area.

(ii) *Arrangements for: (a) Ante-natal Clinics.*—These clinics are held on definite days of the week at the various welfare centres and expectant mothers present themselves either voluntarily, on the recommendation of a medical practitioner, or on the advice of a health visitor or midwife.

At the first visit a complete medical record is taken. This is kept up to date and is always sent to the institutions where patients may be admitted afterwards, or to whatever area the patient may remove. She is examined by the doctor taking the session as to pelvic measurements, albuminuria, etc., given advice by him as to personal hygiene, food, exercise, etc. If the case is necessitous and in need of extra nourishment an allowance of milk

or even the provision of free meals can be given, the cost being borne out of public funds.

As soon as the medical examination is over the patient is given a printed card giving the date of her next appointment at the centre. Should dental treatment be advisable this is also given at the centre; dentures may be provided but, save in necessitous cases, these are paid for by the patient. Finally, pamphlets and booklets which contain useful advice on all problems which may arise during the pregnancy are given to each expectant mother attending the centre. A follow-up system for all patients not keeping their appointments has been established and is carried out by the health visitor attached to the centre.

(*b*) *Home Visiting.*—Home visiting is carried out at definite intervals by the health visitor or trained nurse attached to the centre. This visiting is done in addition to the attendance of the expectant mother at the centre and not in lieu of such attendance.

(*c*) *Hospital Accommodation.*—The borough contributes to voluntary hospitals and in return gets a definite number of beds reserved in these hospitals for borough patients recommended for admission by the maternal welfare officials. When the patients are admitted all records, etc., of the patient kept at the welfare centre are forwarded to the hospital and are returned to the centre on the patient's discharge, completed as to treatment received at, or recommended by, the hospital. The cost of such treatment is paid for by the patient if she can afford it. Necessitous cases are usually admitted to hospitals under the administration of the London County Council as laid down in the Local Government Act of 1929.

(iii) *Arrangements for Confinement: (a) Confinement in the Home.*—As previously stated, the booking in advance of a midwife is arranged through the welfare authorities, and she carries out the confinement in accordance with the rules laid down, her fees being paid by the patient. If the midwife is in difficulties she calls in a medical practitioner and his fees are paid by the borough council, but are recovered where possible from the patient.

If the patient has other children to look after, the welfare authority may arrange to have them boarded out with registered foster-mothers during the confinement, or may arrange to provide the patient with an approved home help who runs the house for the necessary period. The patient, where possible, bears the cost of these arrangements. In necessitous cases the cost may be borne by the welfare authorities. Provision for the issue, at cost price or free if necessary, of ample maternity outfits is also undertaken.

(*b*) Ambulances are made available by the borough in which confinement cases can be taken to hospital.

(*c*) *Accommodation for Complicated Cases in Hospital.*—By contributing to voluntary lying-in hospitals, which are approved by the borough authority as having a sufficient and skilled staff, a certain number of beds are reserved for borough patients. To these hospitals cases in whom

complications arise during pregnancy or during confinement are admitted. The London County Council hospitals also have accommodation for midwifery cases, and to these also patients may be admitted. The cost of hospital treatment is borne by the individual, and is assessed according to her means. In proved necessitous cases the borough may bear the cost.

(*d*) In Kensington, the borough council maintains a separate nursing home for midwifery cases of their own area. There is a sliding scale of charges for cases according to the earning capacity of the husband. This home is used more by people of the clerk class and junior officials than by members of the working classes. Records of the confinement are sent, by the hospital or home authority after discharge, to the welfare centre serving the area from which the patient was admitted.

(4) Care of Mother after Confinement.

(*a*) The health visitor or welfare centre nurse starts to visit the mother fourteen days after the confinement, and advises her on matters affecting the care of herself. After the visit of the health visitor an appointment is arranged for the mother at the welfare centre, where she is examined by the medical officer, who keeps a record of the examination. If the mother has no post-partum complications she is given a clean bill of health and only attends the centre subsequently for advice for herself and for her infant.

(*b*) Should any post-partum complications be discovered, the same arrangements with voluntary hospitals as for confinements applies, and if necessary she is again admitted to hospital for treatment.

(*c*) *Puerperal Fever or Pyrexia.*—Should the mother develop a febrile condition, which is notified as puerperal fever or pyrexia, the borough affords the medical practitioner in charge of the case: (i) A consultation with a specialist; (ii) bacteriological examination of the patient's blood or discharges; (iii) admission to hospital.

(*d*) The borough contributes largely to a gynæcological clinic run by a voluntary body, where women are examined by a skilled gynæcologist and given advice. This centre also gives advice on contraception and issues contraceptive appliances to women who by reason of some disability are medically advised to have no further pregnancies. Appliances of correct size are placed in position by the medical officer and further practical instruction is given to the patients themselves by a trained nurse in attendance at the clinic. All such appliances are issued at cost price. Here again accurate records are kept of all cases attending, and, should hospital treatment be required, the records are transmitted to the hospital concerned, and when completed they are returned to the centre. It is claimed at this clinic that 96 per cent of cases, to whom appliances have been issued, have not become pregnant again other than intentionally. The majority of the 4 per cent failures are attributed by the patients to: (i) Faulty insertion of appliances; (ii) week-end intemperance. At this clinic the issue of contra-

ceptive appliances is not solely confined to cases medically recommended, but all applicants for contraceptives are supposed to be married; even here no strict inquiries are instituted. With the increased knowledge disseminated by advertisements, lectures, etc., there is a growing demand by working-class women for the issue of these appliances.

(5) After Care of Infants.

(*a*) *Child Welfare Centres.*—Ten welfare centres operate in the borough. These are intended solely for healthy children, and sick children are never seen at any child welfare centre at the same session as healthy children. The functions which a centre fulfils are: (i) Weighing of infants; (ii) advice as to feeding, hygiene, etc: (iii) a routine examination by the medical officer at least once monthly; (iv) dental treatment by a part-time dentist in a room provided by the centre; (v) provision of infant foods at not less than cost price; in necessitous cases these are provided free; (vi) supply of simple tonics, laxatives, etc; (vii) arrangements for treatment of infants at hospitals, dispensaries, etc; (viii) artificial sunlight treatment; (ix) the keeping of accurate records of all children attending. Sessions are held at each centre at definite hours twice weekly.

(*b*) *Infant Dispensaries.*—The borough, by subscribing to a local voluntary children's hospital, has been allotted accommodation in the hospital for the holding of an infant dispensary at definite hours on certain days, and has also been allotted beds to which cases can be admitted direct from the dispensary or from the district when recommended by the welfare officials. The medical staff of the hospital carry out the medical duties at this dispensary.

(*c*) Another dispensary is held twice weekly at a borough-owned centre where one of the part-time medical officers referred to previously carries out all necessary medical examinations, prescribes any medicines required and arranges admissions to hospital.

(*d*) If a breast-fed infant is admitted to hospital, and the mother is necessitous, the borough pays the travelling expenses of the mother to and from the hospital for the purpose of feeding the baby, should such a course be recommended by the doctor in charge.

(*e*) *Day Nurseries.*—Day nurseries have been founded for the care of the children of working women during the day, thus enabling the mothers to go out to work knowing that their children are being well looked after. Children under nine months and over three years are not usually eligible for admission but, as an experiment, the borough has undertaken to admit infants under nine months to any of their day nurseries. If breast-fed the mothers return to the nursery during their dinner hour to feed the infants. In necessitous cases the mother is given her midday meal at the nursery. The charge for each child per day is sixpence for which breakfast, dinner and tea are provided. A description of one of these day nurseries will be given later.

(*f*) *Rheumatism Clinics.*—In this borough all cases of acute rheumatism in children under 16 have been made notifiable, and in this way the local authority is able to keep in touch with rheumatic children. In order to cater for the care of rheumatic children the borough contributes largely to a voluntary hospital and employs a part-time woman medical officer who is also on the staff of the hospital. In return accommodation is provided at the hospital where all notifiable rheumatic children, children with rheumatic tendencies, and children with septic foci likely to encourage rheumatism may be seen twice weekly by the medical officer. Beds are also reserved for children requiring indoor treatment: (i) For rheumatism; (ii) sequelæ of rheumatism; (iii) tonsillectomy, etc. Cardiographic, X-ray and artificial sunlight equipments are available for suitable cases.

All cases of notifiable rheumatism are visited by the health visitor and advised when fit to attend the rheumatism clinic.

(*g*) *Systematic Visiting.*—This is carried out at regular intervals both by health visitors and the welfare centre trained nurses until the child reaches the age of 5 years or is on the register of a school administered by the education authority.

(*h*) *Nursery Schools.*—The borough has a close liaison with the education authority and arrangements are made with them whereby children within the ages of 2 to 5 who are medically recommended can attend these nursery schools.

(*i*) *Diphtheria Immunization.*—The borough has also a scheme whereby all children can be immunized against diphtheria free of charge. This scheme works in the following way:—

(1) Private practitioners arrange, through the health department of the borough, for children to be Schick tested. If the test is positive, the practitioners carry out the immunization and are paid a fixed fee by the borough for doing this. Within two months of immunization the children are again Schick-tested in order to ascertain if the immunization has been successful.

(2) Schick tests are carried out by an experienced pathologist employed by the borough authority.

(*j*) *Tuberculosis; Diagnosis, Prevention and Treatment.*—A tuberculosis dispensary is provided by the borough and children can be referred to the medical officer in charge—who is a whole-time borough official—by private practitioners, welfare authorities or health visitors. The tuberculosis officer arranges for the following:—

(i) Diagnosis (including X-ray and laboratory reports).
(ii) Hospitalization of cases.
(iii) Sanatorium treatment.
(iv) Provision of help in material and nursing for cases nursed at home.
(v) After-care.
(vi) Advice as to precautions against infection.

(*k*) *Provision of Nurses for Necessitous Cases.*—The borough contributes to the funds of nursing associations working in the district and in return can call on these associations for nurses to visit specified cases each day. These nurses help in the nursing of the case and advise the person in charge as to the carrying out of the prescribed treatment, etc.

(6) Outline of Day Nurseries.

I was specially struck by the healthy look and obvious contentment of the children who were being cared for daily in the day nurseries and on that account may perhaps be excused for giving a full description of one of these.

(i) Building.
(ii) The food provided.
(iii) The occupation of the children during the time they are present.
(iv) Medical arrangements.
(v) Staff.

(i) *The Building.*—The nursery school, in point, was designed to cater for fifty children and was situated in a two-storied building, the ground floor being devoted entirely to the children and the top floor to the staff. The floor devoted to the children was composed of :—

(*a*) A room reserved for infants ranging from six to twelve months. This room had cots for every child. All walls were papered with wall-paper of a nursery-rhyme pattern. It was naturally lighted by windows of the barn-door type, reaching almost from ceiling to floor. Heating was by means of open fires. Ventilation was natural. The cots were moved out to a covered-in verandah at the back whenever the weather was suitable.

(*b*) There was another room on similar lines without cots, for children from 1 to 3 years old. Chairs were provided for the children and I was struck by the number of toys provided there, including a musical box and gramophone. Meals were also served in this room on small portable folding tables which were brought in at meal times.

(*c*) Five baths with hot and cold water were provided and ample W.C. accommodation.

(*d*) There was a small disinfector in which complete disinfection of the children's clothes was carried out twice weekly.

(*e*) An up-to-date kitchen and ample washing accommodation was provided. All cooking was done by gas.

(*f*) Adequate food storage accommodation.

(*g*) A room with wash troughs (hot and cold water laid on), ironing board, etc., which was used as a laundry.

(*h*) A small open-air playground at the back with concrete floor.

(*i*) A covered-in play shed for use in inclement weather.

(*j*) A small store for clothes, each child's clothes being kept in a separate marked canvas bag.

(ii) *Food Provision.*—Grade "A" pasteurized milk was provided for all infants not being breast-fed. If breast fed the mother returned to feed the infant.

Breakfast.—Composed of one egg, bread and butter, and milk for all other children.

Dinner.—Soup, meat, fresh vegetables. Milk pudding was provided instead of soup on alternate days.

Tea.—Bread, butter, and milk.

The food was of good quality and was obviously relished by the children.

(iii) *Occupation.*—The toddlers had organized games in the small playground. Short musical plays were rehearsed and nursery rhymes were taught. Breathing exercises and elementary physical exercises were given by a specially qualified woman.

(iv) *Medical Arrangements.*—A medical officer examined all children on their first admission and thereafter monthly. Daily inspections were carried out by a qualified nurse. On admission, the children's own clothes were taken away and school clothes issued. Before departure the children were redressed in their own clothes. Each child was bathed at least twice weekly.

(v) *The Staff.*—The staff consists of:—

(*a*) One part-time medical officer.
(*b*) A matron who, in addition to supervising the general care of the children, also carried out the duties of housekeeper.
(*c*) Three nursery-trained children's nurses.
(*d*) Eight probationers under training.
(*e*) One cook.
(*f*) One charwoman.

(7) Propaganda Calling Attention to Maternal and Child Welfare.

The borough has a very efficient system of propaganda which is carried out in the following ways:—

(*a*) Pamphlets are issued free of charge to the public on all vital questions affecting maternal and child welfare. Such pamplets include:—

(i) Advice to expectant mothers.
(ii) Care of teeth.
(iii) Infectious disease.
(iv) Infantile diarrhœa.
(v) Personal hygiene.
(vi) Food values.

(*b*) Lectures are given in public halls on all matters affecting the health of mother and child by:—

(i) The Medical Officer of Health.
(ii) Specially qualified lecturers, arranged for by the welfare organization.

(iii) A whole-time health lecturer is employed by the Council who lectures in women's and girl's clubs, etc., on public and personal hygiene.

(*c*) *Health Exhibitions during Health Week.*—Health exhibitions, on large and small scales, have been organized by the Council, at which there have been demonstrations of all the activities of maternal and child welfare centres. These have been an unqualified success.

Conclusion.

After three months' work in the borough, during which time I made a critical survey of the maternity and child welfare administration, I was very much impressed by its widespread activities and the smooth efficient running of the whole organization.