

Title	Midwifery 1918-2018: Coming full circle
Authors	O'Connell, Rhona
Publication date	2019-01
Original Citation	O'Connell, R. (2019) 'Midwifery 1918-2018: Coming full circle'. WIN: World of Irish Nursing and Midwifery, Journal of the Irish Nurses and Midwives Organisation, 26 (10) :21-23.
Type of publication	Article (non peer-reviewed)
Link to publisher's version	https://www.inmo.ie/WorldofIrishNursing
Rights	Copyright© of MedMedia Ltd.
Download date	2024-05-19 23:30:12
Item downloaded from	https://hdl.handle.net/10468/7234

Midwifery 1918-2018: Coming full circle

In the year marking 100 years since the first Midwives Act, Rhona O'Connell traces the ups and downs of the profession in Ireland over the past 100 years

THIS year, midwives are celebrating 100 years of midwifery regulation since the first Midwives Act in Ireland in 1918. What led to this regulation and what the impact has been for midwives since this date is an important part of the history of midwifery in Ireland.

Early accounts of midwives

The early history of midwifery in Ireland is not recorded; in folklore it was considered that "the power of the fairies is never so strong as in the moment of parturition, when they strive by all possible means to secure the new-born infant before it is christened and leave a changeling in its stead". Midwives were reputed to possess the charm to prevent this.¹ It was not until the 17th century that midwifery practices were recorded and this was by the medical profession, indeed the history of midwifery and obstetrics is closely linked.²

In Cork, James Wolveridge wrote about the midwife in 1669: "*The best midwife is she that is ingenious, that knoweth letters, and having a good memory, is studious, neat and cleanly over the whole body, healthful, strong, and laborious, and well instructed in women's conditions, not too angry, not turbulent or hasty, unsober, unchaste; but pleasant, quiet, prudent, not covetous, but like Hebrew midwives, such as fear of God,*

that God may deal with them, and that the people may multiply and increase after their hands and the Lord may build them houses."³

Another early account is of a midwife, Mary Dunally, who in 1738 preformed a Caesarean section where mother and baby survived: "*She held the lips of the wound together with her hand, till someone went a mile and returned with silk and the common needles which tailors use. With these she joined the lips in the manner of the stitch employed ordinarily for the hare lip, and dressed the wound with whites of eggs.*"

In 27 days, the woman was reported to be well.⁴

When men entered the field of midwifery they were originally known as 'man midwives'. In 1692, the Royal College of Physicians of Ireland commenced issuing licences to men in midwifery; while only a few licences were issued, two were issued to women, Mrs McCormack in 1697 and Mrs Banford in 1731.⁵

From this time on, midwives who did not have access to education were often

criticised by physicians, yet outside the medical profession, the midwife was a valued member of her community: "*Of the many remarkable characters that have been formed by the spirit and habits of Irish feeling among the peasantry, there is not one so clear, distinct, and well traced, as that of the midwife.*"⁶

The late 18th century saw the establishment of the first institutions for childbearing women: the Rotunda Hospital in 1745, a 'lying in' hospital in Belfast in 1794 and the Erinville Hospital in Cork in 1799. These early institutions were to provide care for the 'deserving poor' as acts of Christian charity, women had to be married and recommended by subscribers.⁷

In the early years, the beds were seldom full and income to support hospitals depended on public subscriptions.

By now, medical practitioners had access to education, which over time led to a better understanding of anatomy and physiology. The education of midwives was erratic. Where midwives could access education, their role often focused on domestic duties as nurse tenders; later as nursing developed, midwives were required to have 'nursing' skills and nurses were increasingly required to undergo midwifery training.

Throughout the 19th century, poverty was widespread, workhouses held records of pregnant destitute women giving birth in overcrowded institutions; puerperal sepsis was rife. Most births occurred in the home with care at birth provided by the local midwife. The Poor Law Acts set up a medical dispensary system and Poor Law districts were required to support the education of midwives. Fees were raised so that married women could access midwifery training in 'lying in' hospitals but this was also erratic.

Midwifery regulation

The call for midwifery regulation in Ireland followed the passing of the Midwives Act (England) in 1902. This was 150 years after similar legislation in Europe. At the time, there were calls for midwives who had obtained a certificate from one of the maternity hospitals to be recognised in the 1902 Act.⁸ This did not happen and it was not until 1918 that the Midwives Act (Ireland) was passed. This led to the establishment of the Central Midwives Board (CMB), which subsequently developed 'Rules for Midwives'.

Following the 1918 Act, more midwives sought registration with the CMB as this facilitated payment for the births under the dispensary system. This led to competition between trained and untrained midwives, and from this time the term handywoman emerged for the midwife who had not obtained a certificate from one of the 'lying in' hospitals and was not registered with the CMB. As before, these midwives developed their skills by working with the other midwives yet there were also concerns raised by dispensary doctors as: "*People consider it more desirable to employ a handywoman who remains in residence during the lying-in period, and washes and housekeeps for the household, while the remunerated dispensary doctor is compelled to take over the work and also the opprobrium of the untrained midwives' too frequently fatal mistakes.*"⁹

An account of the life of Méini Dunleavy who lived on the Blasket Islands in south west Kerry provides some insight into this. Méini was considered to be a skilled midwife and in 1911 a Dr Murphy who regularly visited the island suggested that he would give her a 'certificate at the courthouse' and that she should get a retainer of £50 for providing midwifery care on the island. Dr Murphy stated that she was able to "look after mothers better than any of the nurses that have learning".

Unfortunately, for Méini her husband did

not want her to go to the mainland, so she continued to be the island midwife until the 1930s.¹⁰

For many, the local midwife was highly respected; trips to the doctor were rare and expensive but the midwife was accessible and provided an excellent service.

Midwifery was a desirable qualification. There were two options for becoming a certified midwife: a three-month programme was provided for nurses to obtain a midwifery certificate and for those without a nursing qualification, the programme lasted six months. Teaching was provided by doctors and senior midwives and students learned skills of palpation, assistance at birth and care of the newborn.

An account of the education midwives received included the following: "*They watch the progress of over 200 confinements; of these they personally conduct at least two: they have to make not less than 10 vaginal examinations: they palpate many scores of abdomens: they attend the lying-in woman from the time of their admission to the hospital to her discharge on the eighth day; each nurse (sic midwife) takes entire charge of three lying-in women daily, with their respective children during the puerperium; they take the records of temperatures and pulses, under the supervision of the master of the hospital and the assistant masters; they receive constant instruction in the art of midwifery, are systematically trained in asepsis and antiseptics: they pass catheters, give enemas, are taught to distinguish between normal and abnormal labours, and, finally, do not receive our certificate until a stringent examination has been passed.*"¹⁸

Attendance at two births is somewhat surprising but many midwives today would be pleased to provide care to just three postnatal woman and their babies for up to eight days following the birth.

Over the next few decades of the Irish Free State there were several Midwives Acts. This ended with the Nurses Act of 1950 which brought nursing and midwifery together under An Bord Altranais (Nursing Board) with a Statutory Midwives Committee. This almost led to the elimination of midwifery when efforts were made to change the word midwife to 'maternity nurse'. Fortunately this was rejected, but only because it might reduce the employment opportunities for Irish midwives should they wish to seek employment in the UK or elsewhere.¹¹

Another challenge for midwives was the Health Act 1953 which introduced the Mother and Infant Care Scheme. This was

a huge benefit to families as it provided free GP and obstetric led care with hospital birth encouraged. However, the drive to eliminate home births and untrained midwives was well under way.

Since 1918, the (then named) Irish Nurses Organisation campaigned to eliminate the 'handywomen'.¹² In 1932, a woman on Achill Island "was prosecuted for acting as a midwife, she argued that she acted only in an emergency 'to save the mother and child'."¹³ Convictions were hard to obtain. However, though home birth and the practices of untrained midwives were often blamed, it was later revealed that the improvements in childbirth in the 20th century were due to the improvements in health and social conditions of women and their families rather than increased hospitalisation and the provision of medical care.¹⁴

The decline of midwifery autonomy continued with the Nurses Act of 1985 when midwifery became a branch of nursing. Within the legislation, a definition of the nurse was inserted which became "a woman or man whose name appears on the register and includes a midwife". Thus a midwife became a person on the Midwives' Division of the Nursing Registrar. From this date, employment contracts for midwives became a 'nurse with midwifery'.

The changing profile of midwives became apparent in 1948, when just 17% of practising midwives were trained general nurses, yet by 1954 there were just 19 applicants for midwifery registration who did not have a prior nursing qualification. By 1959 maternity hospitals stopped this mode of entry to the profession due to a lack of demand. The decline in home births continued and by 1958 the requirement for student midwives to attend domiciliary births ceased due to the reduction in demand.

Opportunities for midwives providing home births were reducing and for midwives to be employed in hospitals, a nursing qualification was useful as it facilitated the movement of staff.

Within the Maternity and Infant Care Scheme, midwifery autonomy almost disappeared. Midwives were employed to provide fragmented care in an obstetric led service. Midwives could be referred to as nurses, and were managed by a nursing management system.

A time for change

In 1997, midwives had an opportunity to raise their concerns when the Commission on Nursing was established to

Midwifery in Ireland 1918-2018

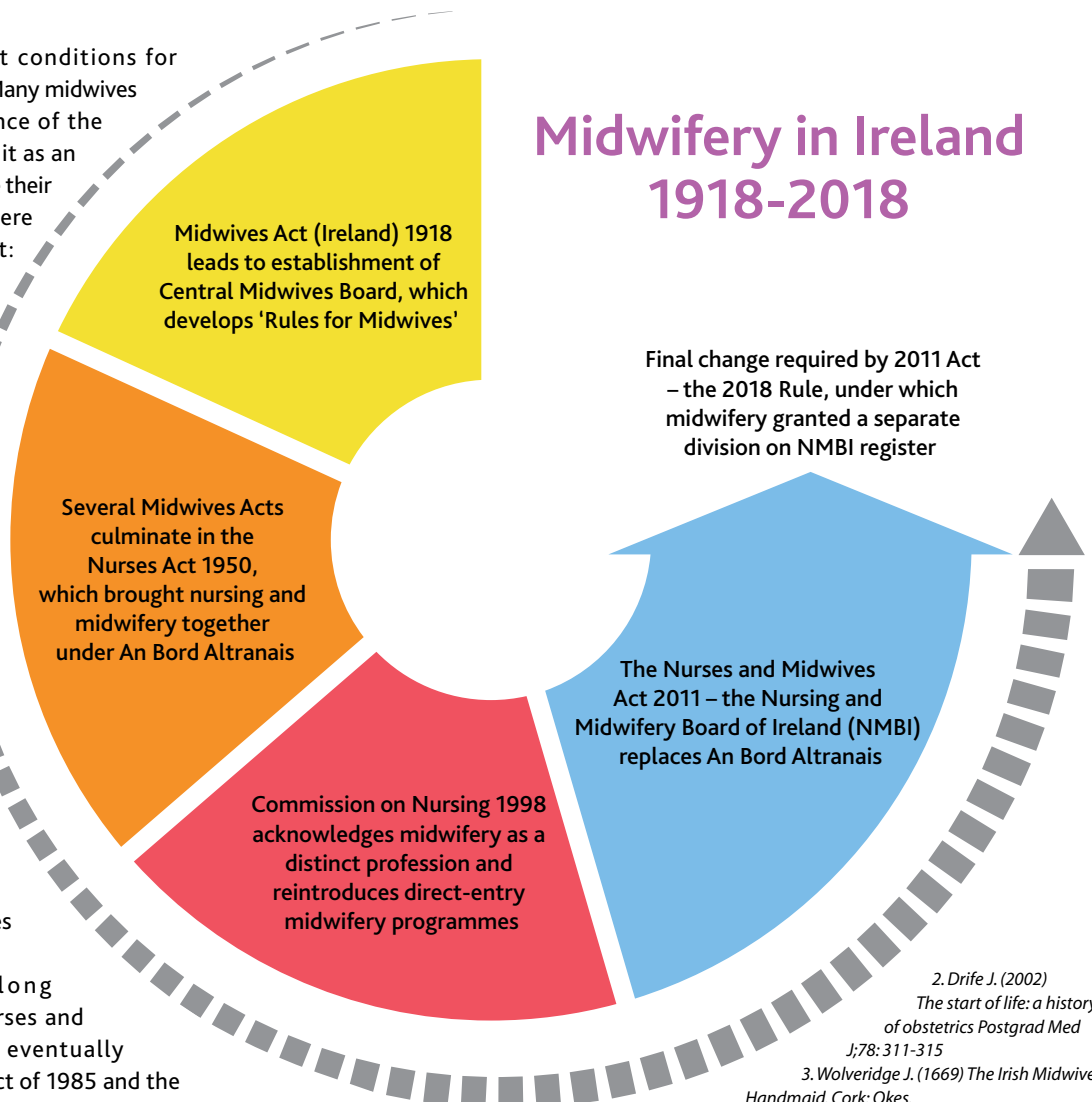
address employment conditions for nurses and midwives. Many midwives realised the importance of the Commission and used it as an opportunity to advance their views. The requests were simple but significant: a change in legislation to acknowledge midwifery as a distinct profession from nursing and the reintroduction of direct-entry midwifery education programmes.

Both these demands were accepted by the Commission on Nursing¹⁵ and in 2006, the four-year BSc Midwifery commenced with the first national cohort of direct entry midwives graduating in 2010.

While it was a long time coming, the Nurses and Midwives Act (2011) eventually replaced the Nurses Act of 1985 and the Nursing and Midwifery Board of Ireland (NMBI) replaced An Bord Altranais.

The final change required by the Act is the recent 2018 Rule which requires a change to the title of the Nursing Register with midwifery as a division. This is being changed to a Candidate Register with separate divisions for nurses and midwives. Most midwives will not notice this change when they pay their annual retention fee this year but this will be particularly welcomed by midwife teachers, midwife prescribers and advanced midwife practitioners, who have long been frustrated by the requirement to register as nurse tutors, nurse prescribers or advanced nurse practitioners. The new Rules will put in place for the first time a midwife tutors division, a midwife prescribers division and an advanced midwife practitioners division.

2018 is a good year to celebrate midwifery and remember the many midwives throughout history who supported and provided care to childbearing women in whatever circumstances existed at the time. Registration for midwives in 1918 was a positive development for the profession, yet when hospital birth became



the norm, midwifery was almost lost.

We can now celebrate the changes achieved in recent years which have enabled midwives to avail of a range of educational opportunities and are now ready to accept the challenges of the implementation of the National Maternity Strategy.¹⁶ For the first time in Ireland there is recognition of the contribution midwives play in supporting women in pregnancy and childbirth.

In the future, there will be increased autonomy for midwives in the care of women with straightforward low risk pregnancies (normal risk) but also recognition of the role midwives provide in the care of women with high risk pregnancies as part of a multidisciplinary team. This will become the future history and challenges for the next centenary of midwifery in an environment of increasing complexity of contemporary maternity care.

Rhona O'Connell is a midwifery lecturer at University College Cork and chairperson of the INMO's Midwives Section

References

1. Carleton W. (1845). *Tales and Stories of the Irish Peasantry The Irish Midwife*. Dublin

2. Drife J. (2002) *The start of life: a history of obstetrics Postgrad Med J*;78: 311-315

3. Wolveridge J. (1669) *The Irish Midwives Handmaid*. Cork: Okes.

4. Merriman S (1820) *Difficult Parturition* London available TCD Dublin

5. Gorey P. (2012). *Managing Midwifery in Dublin: Practice and practitioners 1700-1800. Gender and Medicine in Ireland 1700-1950*. Preston & O'Gartaigh. Syracuse New York, Syracuse University Press

6. Carleton W. (1841). *The Irish Midwife Part II The Irish Penny Journal*, 1, (27) 209-213

7. St Ledger A. (2006) *Born in Cork: A History of Erinville Maternity Hospital, St Finbarr's Maternity Unit and Bon Secours Maternity Hospital*. Cork: Health Services Executive

8. Hastings Tweedy E. (1904) *Irish Midwifery Nurses and the Central Midwives Board*. *BMJ* 1(2250) 395

9. Power J. (1917) *Midwives (Ireland) Bill*. *BMJ* 2(2970): 740-741

10. Maston L. (1996) *Méini: the Basket Nurse* Cork: Mercier Press

11. Higgins M. (2007) *Midwifery Irish style. Government policy: its effects on midwifery practice*. In: Reid, L, (ed.). *Midwifery, freedom to practise? An international exploration and examination of midwifery practice* Edinburgh: Churchill Livingstone

12. *Irish Nurses Union Nursing Gazette 1925* available from UCD Digital Archives at: <http://digital.ucd.ie/view/ivrla:35761>

13. Delay (2016) *Always Ready: Handywomen and Childbirth in Irish History. Perceptions of Pregnancy* <https://perceptionsofpregnancy.com>

14. Tew M (1995) *Safer Childbirth? A critical history of maternity care*. 2nd ed. London: Chapman and Hall

15. Commission on Nursing (1998) *Report on the Commission on Nursing: A Blueprint for the Future*. Dublin: Government of Ireland Publications

16. Department of Health (2016) *Creating a Better Future Together: National Maternity Strategy 2016-2026* Dublin: Department of Health