While the Conference was not prepared to go the length of recommending that such pediatricians should have charge even of the normal babies in the "open" annexes, there was full agreement in advising that their services should be freely used in the supervision of all babies requiring special examination and care, whether in "closed" or "open" units.

It was resolved—

> "That this Committee approves in principle the appointment of pediatricians to take charge of all neo-natal units or group units of thirty or more beds, such appointees to work in close co-operation with the obstetricians concerned and also to be available for consultation in "open" wards. In smaller units the same general principle should apply."

The Conference was also asked to consider whether the standards of nursing care had been adversely affected by staffing difficulties. The Director of the Division of Nursing read a report on the matter (Addendum IV) which indicated that, although staffing difficulties had thrown great strain on the nursing staffs and had led to overwork, no breakdown in essential standards had been caused. Reasonable proof of this was afforded by the records of maternal, mortality, still-births, and infant mortality (Addendum I).

The report was completely endorsed by representatives speaking from their own experience in all parts of the country, and the resolution recorded in the introduction was unanimously passed.

It was generally agreed that standards had been maintained in spite of great difficulties, but that this had been achieved at the expense of long hours and overwork.

Satisfaction was felt that already some easing of the position was to be noted and that many of the suggestions made by the 1946 Committee in this connection had been adopted with considerable success. Figures presented by the Nursing Division of the Department of Health for the year ended 31st March, 1948, showed a total maternity nursing staff of 666 for 702 occupied beds, which gives the very satisfactory ratio of 1 to 1·05.

SECTION II.—ORDER OF REFERENCE, ITEMS 2 AND 3

To inquire into and submit suggestions relating to building programmes for maternity-hospital purposes covering (a) centralization, (b) decentralization, (c) incorporation in, or (d) detached from existing buildings.

Whether obstetrical work should be separated from all general hospital contact, and whether Maternity Nurses should live in obstetrical hospitals.

The discussion under this heading was opened by Dr. Gordon, who made reference to certain problems which she had encountered during her term of office as Director of Maternal Welfare. She spoke of the distances which maternity patients were in some cases required to travel to reach a maternity hospital, and of instances where in existing buildings she regarded the relationship of maternity wards to other hospital services as unsatisfactory, and where in buildings being planned there appeared to be a conflict of opinion as to whether the maternity ward should be a separate building or included with other wards in a new wing.

In the discussion which followed reference was made to the recommendation of the McMillan Committee to the effect that in country districts it should be the policy to provide maternity accommodation within a short distance of the patients' own homes and their doctors. Dr. McNickle expressed the view that small units short distances apart are neither economic nor satisfactory, and adduced New Zealand instances and overseas opinion in support of his contention.

It was generally agreed that in this, as in other matters, the Conference should concern itself with principles rather than with details, and further discussion under this