

in using the Regional Council of the College of Obstetricians because it would be part of a wide inter-Empire organization recognized as the arbiter of standards for qualifications for obstetric specialists and of principles governing obstetric practice, and, further, that, if consulted upon appointments as obstetrical specialists or to hospital staffs, it would be free of any local or personal influences. He felt that the function of the Obstetrical Society would be to advise upon local problems as they might affect the welfare of general practitioners and felt sure that both organizations had their place and would work in harmony together. There was some further discussion along similar lines, and the following resolution was passed without dissent :—

“ It is agreed that this Conference recommends to the Minister the advisability of recognizing an Obstetric Council from which the Minister could obtain advice on matters affecting the maternity services in New Zealand.”

SECTION V—ORDER OF REFERENCE, ITEM 8

Such other matters as may arise in the course of the Conference's inquiries.

1. THE QUESTION OF EARLY AMBULATION AND THE DURATION OF THE PUERPERIUM

Professor Dawson introduced several points arising out of an increase in the practice of early ambulation in the puerperium, a practice which, in itself, has much to commend it. It had been found that in some instances the period in which the patients' toilet was carried out by the nursing staff with strict precautions had been correspondingly shortened. The Obstetrical Research Committee, to whom this matter had been referred, considered this to be unsatisfactory and had made recommendations, immediately adopted by the Department, that, even when early ambulation is practised, the usual careful nursing technique should be followed in the puerperium.

Early ambulation also involved the question of the duration of the puerperium. It was Professor Dawson's opinion that, while the customary fourteen days convalescent period was generally desirable, there was no reason why the period should be arbitrarily insisted on as a requirement of the regulations ; it was a matter for the decision of the practitioner concerned. With this opinion the members of the Conference were in agreement, and it appeared that in most districts this elasticity of practice was already the rule and, indeed, encouraged by the Department.

It was pointed out by several members, however, that there were other considerations besides that of safety on medical grounds. Dr. Averill and Dr. Mason regarded the premature resumption of domestic burdens as undesirable for both town and country mothers. Dr. Deem's concern was lest a shorter stay in hospital would result in more mothers being insufficiently prepared for successful breast-feeding. Since 1939 a considerable increase had been noted in the percentage of babies artificially fed when leaving hospital, a fact which she attributed, in part at least, to insufficient practical instruction of the mother.

Apropos this question of mothercraft instruction, it was again recommended that, wherever possible, there should be an increase in the permanent staff on the nursing side for this purpose, and the advisability of continuing the policy of utilizing Karitane Nurses, both during their later period of training and after training, was discussed.

The Conference expressed its opinion in the following resolution :—

“ This Conference reaffirms the desirability of an average puerperium of not less than fourteen days, but considers that the duration of the puerperium in individual cases should be the responsibility of the attending practitioner.”

2. PROBLEMS OF MATERNITY NURSE TRAINING

Dr. Plunkett brought up again the vexed question of the great wastage that occurred as the result of a very large proportion of Nurses with maternity training making no further direct contribution to the maternity service. It was pointed out that this