

Analysis of Deaths of Infants under One Month of Age, 1925.

The following table gives the causes of these deaths during the year:—

Cause of Death.					Under One Day.	One Day and under One Week.	One Week and under Two Weeks.	Two Weeks and under Three Weeks.	Three Weeks and under One Month.	Total.
Influenza	..	..	..	..	..	..	..	1	1	2
Syphilis	..	..	..	..	1	..	..	1	..	2
Meningitis	..	..	..	..	..	..	1	..	1	2
Convulsions	..	..	..	..	..	26	5	..	..	31
Bronchitis	..	..	..	..	..	1	1	1	..	3
Broncho-pneumonia	..	..	..	..	..	3	1	3	3	10
Pneumonia	..	..	..	..	..	2	6	1	1	10
Diarrhoea and enteritis	..	..	..	..	..	..	2	1	2	5
Congenital malformations	..	..	..	..	24	51	14	6	5	100
Congenital debility, icterus, sclerema	..	..	..	..	15	40	7	9	11	82
Injury at birth	..	..	..	..	18	42	3	1	..	64
Premature birth	..	..	..	..	152	123	34	16	12	337
Other causes peculiar to early infancy	..	..	..	..	19	37	5	3	1	65
Accidental mechanical suffocation (overlain, &c.)	..	..	..	..	..	1	..	1	..	2
Other causes	..	..	..	..	6	10	6	5	2	29
Total, both sexes					235	336	85	49	39	744

It will be seen from the table that premature birth and congenital debility account for more than half these deaths.

The ante-natal clinics now in course of establishment by the Department in co-operation with the Plunket Society should tend to some extent to reduce this death-rate. The Director, Division of Child Welfare, moreover, has expressed his opinion that the lives of some of these premature or congenitally weak infants could be saved by prompt skilled attention immediately after birth, and both the St. Helens Institutions and the Plunket Society are giving their nurses and trainees the necessary instructions to ensure skill.

The fact remains, however, that this problem is closely interwoven with that of material deaths, and particularly in the rural areas midwifery is now, and for many years to come will be, performed by registered midwives who have not had the opportunity of special instruction in the care of the prematurely born. The District Medical Officers of Health control practising midwives, and are in contact with medical practitioners. Perhaps something could be done through that channel to reduce this death-rate.

Maternal Mortality.—New Zealand's comparatively high maternal-mortality rate has been a matter of special concern to the Department since 1922.

The following table shows the number of deaths from puerperal causes, and the rate of such deaths per 1,000 births, for the five-yearly period 1921–25:—

Table A.—Deaths from all Puerperal Causes (Number and Rate) in New Zealand, 1921–25.

Year.						Total Number of Deaths from Puerperal Causes.	Rate per 1,000 Births.
1921	..	..	..	..	..	145	5·08
1922	..	..	..	..	..	149	5·14
1923	..	..	..	..	..	143	5·11
1924	..	..	..	..	..	140	5·00
1925	..	..	..	..	..	131	4·65

There has been a gratifying reduction in this death-rate during the year. While, however, the vital statistics generally of New Zealand compare more than favourably with those of other countries, this cannot be said of her maternal-mortality rate, as the following table will show:—