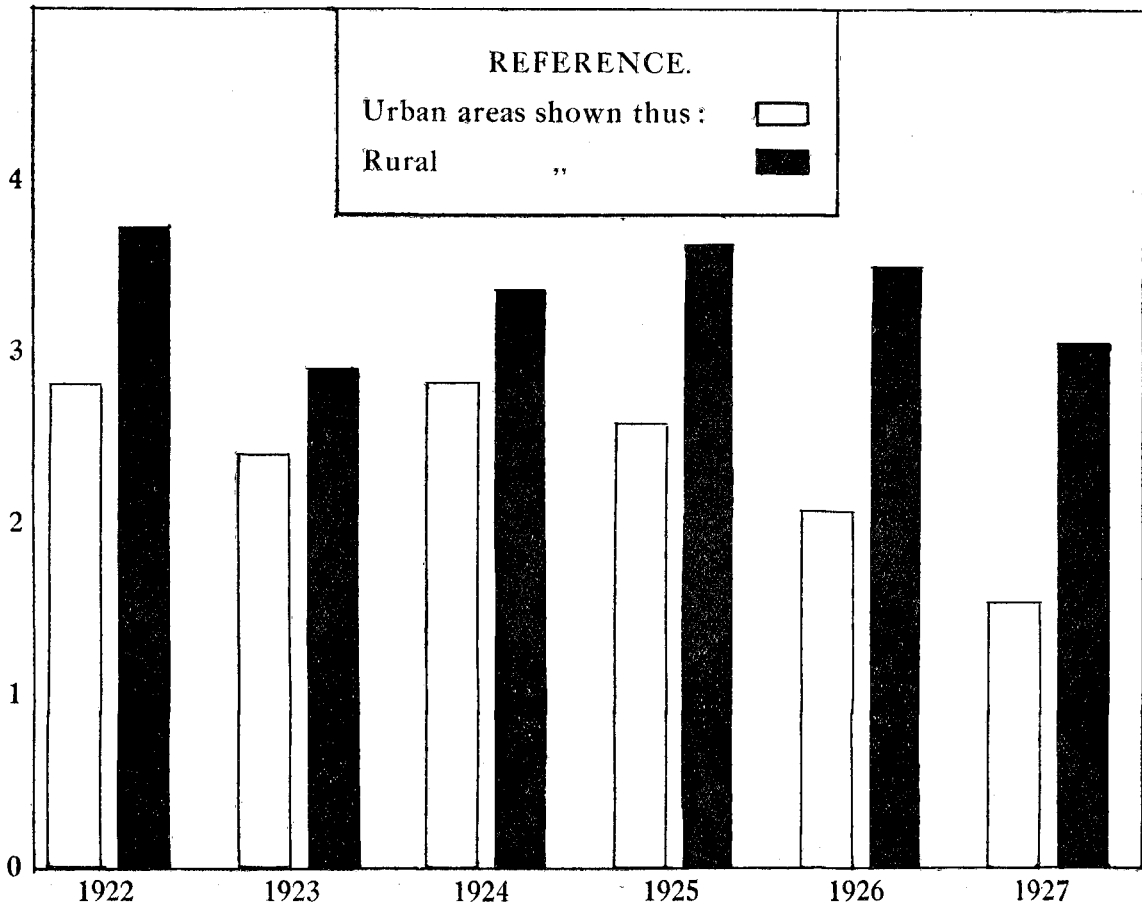


GRAPH B.—*Puerperal Death-rates per 1,000 Live Births—All causes combined, excluding Puerperal Septicæmia : Average for Years 1922–27.*



Graph A depicts the average death-rate from 1922 to 1927 (inclusive) from each of these causes. Graph B shows the death-rate in each year from these causes combined.

It will be seen the death-rate per 1,000 births is greater in the rest of the Dominion than in the fourteen urban areas, and has remained so for the whole period. It is specially noticeable with puerperal albuminuria and convulsions, puerperal hæmorrhage, and accidents of labour. It does not hold good for deaths from accidents of pregnancy, which include deaths from abortions.

Since these deaths in New Zealand occur less frequently with urban dwellers than with those residing in the country districts and the smaller towns, it is possible that not only in New Zealand, but also in the several other countries to which I have referred, this higher death-rate is due not to lack of skill, but to scattered distribution of population rendering ante-natal care and the procurement of skilled midwifery service more difficult of attainment. That is to say, we in New Zealand can considerably reduce our puerperal death-rate, but the distribution of our population makes that task more difficult.

Summary.

In comparison with other countries, New Zealand occupies a median position as regards her maternal death-rate from all causes. The fact that, while showing the lowest general death-rate in the world, she occupies a less favourable position in respect of maternal mortality is shown by the quinquennial averages presented year after year to be due more to deaths from other puerperal causes than to deaths from puerperal septicæmia. These other puerperal causes are less fatal to women residing in the fourteen principal urban areas than to women in the rest of the Dominion. For the last two years there has been a reduction in the Dominion death-rate from these other puerperal causes. This may be due to better midwifery service and increased ante-natal supervision, more particularly in the rural areas. Hospital Boards have established a number of well-equipped maternity hospitals, the Department has been active in its supervision of midwifery, and the medical profession is alive to the importance of skilled midwifery.

Every few years there is a marked and as yet unexplained increase in the death-rate from puerperal septicæmia, which disease usually is responsible for approximately one-third of the maternal deaths. This increase recurred last year. Investigation will be made to ascertain how many of the puerperal-septicæmia cases which occurred last year were secondary and preventable; but it is obvious that such septicæmia waves occur periodically, and when this happens our experience has been that the prevention of the spread of this disease is difficult. The bacteriology of puerperal septicæmia is not yet fully understood in any country. It may be said that, while we may limit its spread in any given year, the cause of periodic waves of increase has not yet been ascertained.