### PART VII.—MATERNAL WELFARE.

# REPORT OF INSPECTOR OF MATERNITY AND PRIVATE HOSPITALS.

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I have the honour to present my annual report for the year ended 31st March, 1935.

#### PART I.—MATERNAL WELFARE.

This year completed the tenth year of the campaign instituted by the Health Department in 1924 to improve the maternity services for the women of New Zealand and by that and other means to promote material welfare and reduce maternal mortality. It is therefore appropriate to give a résumé of the maternity services now established by the Health Department, the Hospital Boards, the Plunket Society, and other kindred societies.

#### MATERNITY SERVICES.

The maternal welfare of any country depends primarily on the quality of the maternity services generally available to all women irrespective of social position, financial means, and rural or urban residence. The basis of a good maternity service is a sufficiency of medical men with sound knowledge of obstetric practice not only for the purpose of giving attention but of educating their assistants on the right lines. The assistance they require to enable them to give the full benefits of their knowledge are, firstly, a sufficiency of well-trained midwives and maternity nurses to assist in the ante-natal care of women, attendance on normal labour, and attendance during the puerperium; secondly, efficiently planned and equipped hospitals providing the necessary facilities for attending patients whose homes are unsuitable for even normal cases and for the more skilled attention required in abnormal cases; thirdly, free public ante-natal clinics where women can be educated in the care of their own health during pregnancy and where advice, in all cases supervised and supplemented by an experienced obstetrician, can be given by well-trained nurses who will relieve the general practitioner of a considerable amount of the work for which he has insufficient time and for which the patient often cannot pay. New Zealand has the following services so evenly distributed over its area of 103,285 square miles that in spite of the widely scattered population of 1,557,100 there are few who are beyond the reach of these services.

The past deficiency of a maternity hospital designed for obstetrical teaching at the Otago University Medical School is now being removed. Plans are all but completed and finance arranged for a 26-bed hospital and residential quarters for students at that school. This much-needed provision, it may be confidently anticipated, will enable those responsible for teaching of obstetrics to obtain even better results than at present.

## PUBLIC MATERNITY SERVICES.

The maternity services provided by the Health Department and Hospital Boards subsidized by the Government consist of—

(a) Five State (St. Helens) hospitals providing 98 beds and admitting 2,164 women as inpatients, of whom 1,967 were confined therein and 233 women attended as district cases during the year. (For details of patients attended see Table I and Group III of Table II.)

(b) Sixty-eight Hospital Board maternity hospitals or wards, providing 489 beds and admitting during the year 7,010 patients, of whom 6,716 were confined therein.

(c) Accessory to the hospital services, there are 25 district nurses under the Health Department, who were responsible for the delivery of 255 Maori women and 7 Europeans.

(d) Twenty-eight district nurses under the control of Hospital Boards attended 250 confine-

ments.

(e) In addition to the above usual provisions for maternity patients, the medical and surgical wards of public hospitals are on occasion used for maternity services, and to these wards 299 maternity patients were admitted during the past year, of whom 22 were patients requiring special ante-natal care, 277 were delivered, 122 normally; 55 by induction, Cæsarean section or other operative procedure; 20 were transferred to maternity hospitals for delivery, and 2 died undelivered.

All the public maternity hospitals give ante-natal attention to their own patients, and a number of them have public ante-natal clinics at which any pregnant woman is given free attention by the nurse in charge in conjunction with the attention given by the medical man engaged to attend her.

## PRIVATE MATERNITY SERVICES.

In addition to the public maternity services there are 194 private maternity hospitals, providing

1,179 beds. In these hospitals 10,029 patients were attended in their confinements.

Among these hospitals are 35 mixed hospitals, supplying 126 maternity beds and 116 medical and surgical beds. The problem of preventing danger to maternity patients in such hospitals by the transfer of infection to maternity patients has been solved to a large extent by excluding septic surgical