

PART VII.—MATERNAL WELFARE.

REPORT OF INSPECTOR OF MATERNITY AND PRIVATE HOSPITALS.

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PART I.—MATERNITY SERVICES.

The maternity services in New Zealand are substantially the same as those reported to exist in 1936. The main difference being the reduction in the number of private maternity hospitals from 211 to 191. This reduction was caused by twenty small private maternity hospitals ceasing operation. In spite of this reduction in the number of hospitals, 20,672 confinements, amounting to 81 per cent. of the total of 25,298, took place in maternity hospitals.

Table V gives the detailed results, and shows a death-rate of 2·37 per 1,000 confinements; this figure includes all patients either dying in the hospital in which they were confined or transferred to other institutions after confinement, but is not comparable with the general death-rate of 3·14, as abortions and ectopic gestations are not admitted to these hospitals, and some cases of pre-natal toxæmia are treated in medical and surgical hospitals.

It is notable that each year since 1927 (see Table II) the hospitalization of maternity cases has steadily increased, and that this increase coincides with a general falling of the death-rate due to complications of childbirth. (See Tables VIIA and VIIB.)

As pointed out in my previous report, maternity hospitals are so distributed over New Zealand that in only a few instances are isolated districts left without reasonable facilities for the hospitalization of patients. In those districts the only maternity services are provided by medical practitioners, district midwives, or midwives in private practice giving domiciliary service. A survey of the whole of the maternity services in New Zealand is now being undertaken by a committee appointed by the Hon. the Minister for that purpose, and should be of considerable assistance in determining what districts require further facilities, and what those facilities should be. Until that report is published I abstain from further comment.

Ante-natal Clinics.

The number of free ante-natal clinics which sent in returns has increased from 37 in 1935 to 39 in 1936. Of these 5 were conducted in connection with the St. Helens Hospitals, 18 in connection with public hospitals, 5 in connection with the Salvation Army and other charitable organizations' hospitals, and 11 conducted by the Plunket Society.

The majority of the cases attended other than in the Plunket Society's clinics are those booked to enter the hospital connected with the clinic, while most of the 1,676 patients attending the Plunket clinics were referred to the clinics by private practitioners under whose supervision the work was conducted. It is evident that the majority of medical practitioners really interested in obstetrics regard ante-natal care of their patients as a duty to be undertaken by themselves, and make only limited use of the free Plunket clinics conducted by midwives.

I anticipate that the work of these clinics will be more and more limited to giving mothercraft advice, leaving the obstetric examination to the patient's own medical adviser. Nevertheless, the midwife-conducted clinic has a distinct field of usefulness, providing there is effective co-operation with the patient's own medical adviser.

Table I gives returns for the years 1925-36. The 7,069 women who attended these clinics in 1936 represent 27·94 per cent. of the total confinements.

Table I.

Year.	Number of Clinics.	New Cases.	Return Visits.	Total Attendances.	Average Number of Attendances per Patient.
1925	16	2,289	7,816	10,105	4·41
1926	20	3,238	12,554	15,792	4·88
1927	20	3,919	15,406	19,325	4·93
1928	21	5,050	20,740	25,790	5·11
1929	24	5,177	17,555	22,732	4·39
1930	25	6,027	22,078	28,105	4·66
1931	28	6,306	22,869	29,175	4·63
1932	31	5,882	22,594	28,476	4·84
1933	33	5,978	25,794	29,772	4·98
1934	34	6,191	24,929	31,120	5·03
1935	37	6,725	26,662	33,389	4·96
1936	39	7,069	29,103	36,272	5·13