MAORI MATERNAL MORTALITY.

Table VII.—Showing the Maori Mortality by Causes for the Eight Years 1930–37.

Cause of Death.	1930.		1931.		1932.		1933.		1934.		1935.		1936.		1937.	
	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
Puerperal sepsis following childbirth	5	2·35	5	2·16	5	1·82	7	2·37	3	1·01	7	2·15	6	1·65	4	1·01
Accidents of labour (hæmorrhage, thrombosis, phlegmasia, embolism, and following childbirth not otherwise defined)	12	5·65	9	3·89	14	5·10	14	4·75	8	2·68	10	3·07	12	3·31	13	3·27
Toxæmia, albuminaria, and eclampsia	..	..	..	..	1	0·36	1	0·34	..	..	1	0·30	..	..	1	0·25
Accidents of pregnancy ..	3	1·41	2	0·87	1	0·36	..	..	4	1·34	3	0·92	..	..	5	1·26
Total, maternal causes (excluding septic abortion)	20	9·42	16	6·92	21	7·65	22	7·46	15	5·03	21	6·46	18	4·96	23	5·79
Septic abortion	..	..	..	..	..	..	2	0·68	3	1·01	3	0·92	2	0·55	3	0·76

Table VII shows the Maori maternal mortality by causes for the eight years 1930–37. In 1936 the rate of 4·96 was the lowest for the seven-year period shown. In 1937 the rate rose to 5·79, but though this rate is more than double that of the European maternal mortality it is still slightly below the average for the Maori race for the past eight years.

It has been found impossible to get the same accuracy in the returns for Maoris as it is for Europeans.

The problem of reducing Maori maternal mortality is one of extreme difficulty, as the housing and general living conditions of the Maoris in the more remote districts are exceedingly deficient and the Native race has not the same appreciation of the necessities of hygiene as the European.

The Department has increased, and is still increasing, the number of district nurses to Natives, and as time goes on the educational influence exercised by these officers will no doubt have a beneficial effect.

No material drop can be expected until more of the Maoris are admitted to hospital for their confinements, the housing conditions being quite unsuitable for domiciliary attendances.

SUMMARY.

As has been indicated in this report, private medical and surgical hospitals are either providing enough beds to meet present requirements or in process of being extended. It is, however, evident that owing to the increasing number of births and the increasing demand for hospital treatment that New Zealand will shortly be faced with the necessity of providing more maternity beds and more midwives and maternity nurses to staff them. Particularly is this the case at the present time in Auckland, Wellington, Christchurch, and Invercargill, which are only partly provided for by the present St. Helens Hospitals. In the case of Christchurch, arrangements for a new hospital are already on hand. The other three St. Helens Hospitals are either overtaxed or taxed to their fullest capacity and will shortly have to be enlarged and remodelled to meet present-day requirements or be supplemented by other public maternity hospitals in those areas.

With the exception of a few outlying districts which are being served by district midwives and a few Boards in more thickly populated districts which so far have not built maternity hospitals, the maternity hospital services are adequate for the present, and if some of the existing private maternity hospitals are helped with reasonable subsidies no great expenditure on buildings should be necessary in the immediate future.

In conclusion, I wish to express my thanks for the great assistance I have received from the Health Department's staff in Head and District Offices, and particularly from the medical and nursing staffs of St. Helens Hospitals and the offices of the Division of Nursing, also to the members and staffs of Hospital Boards and the officers and members of the Obstetrical Society. Their assistance and co-operation has been necessary in achieving the results that have been recorded, and will, I am sure, be given in the future as it has been in the past in the hope of further improving New Zealand's record, which, with every one's help, and only with their help, can be achieved. I also wish to express my appreciation of the advantage to me of travelling over New Zealand as a member of the Committee set up by the Minister to inquire into the maternity services of New Zealand. The knowledge thus gained, particularly with regard to the social welfare aspect, has been invaluable.

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