

The Committee finds that the anomalous position appears to exist that, whereas the primary function of an annexe should be to make provision for the less well-to-do, in this district a considerable number of women are not using the annexe because of the expense involved, and are being confined at home under unsatisfactory conditions and with only partially trained nursing assistance.

Only thirty-two cases were confined in the annexe last year, approximately half of the total cases of the district. The average number of occupied beds was therefore only 1.2.

The Committee considers that the position would be much more satisfactory if the fee were reduced to that charged in the general wards and if the public maternity service were more definitely developed.

It recommends that the Board should take the responsibility for the medical attendance on the indigent.

In this case, where the Superintendent is the only medical practitioner in the area, it is suggested that the most satisfactory course might be to increase the Superintendent's salary to cover medical attendance on all maternity cases, and for the Board to collect medical fees from those patients able to pay.

WAVERLEY.

There is no public provision for maternity cases in Waverley itself, but a small number of patients go to the Patea annexe and some, from the south end of the district, to the Jessie Hope-Gibbons Hospital at Wanganui.

There is a good private maternity hospital with six beds, in which the two doctors do most of the maternity work of the district. A few cases are attended by the nurse alone, the doctors being prepared to give assistance if necessary. The number of confinements in this hospital in the year was thirty, with an average of 1.2 occupied beds.

Very few cases are attended in private houses.

The doctors state that they do not experience any special difficulty in giving adequate ante-natal care, and the fairly extensive use of pain-relief in labour is general.

Recommendations.

The Committee considers that there are adequate maternity hospital facilities in the Patea Hospital, but that in order to serve the needs of the district alteration in fees and a more definite development of the public maternity service are required.

29. MAORI CONDITIONS—TARANAKI PROVINCE.

The population of the Taranaki Province includes nearly 4,000 Maoris.

In the North Taranaki counties of Taranaki and Clifton (including New Plymouth and Waitara) there are about 1,300 Maoris with Waitara as their centre. In the South Taranaki counties of Egmont (Opunake), Waimate West (Manaia), Hawera, and Patea there are some 2,400 Natives. Practically no Maoris are resident in the central counties of Stratford and Whangamomona.

The living conditions of the Natives generally are very poor.

At the present time most of the Maori confinements are attended in Native fashion by the Maoris themselves, the district nurse or the local doctor being called in only in complicated cases.

The district nurses do a limited amount of ante-natal work among the Maoris, but do very little actual midwifery.

The only hospital that appears to have made a real attempt to meet the needs of the Maoris is that at Opunake, where quite a number of the Natives from the vicinity are now being confined. Patea annexe is open to Maoris, but at the present time is not used by many. A few Maoris have been treated by arrangement with the Boards in the private maternity homes in New Plymouth and Hawera.

A strong plea for a special Maori maternity hospital at Waitara Pa was put forward by the Waitara and New Plymouth medical men and by representatives of the Maoris in the district.

It was suggested that such a hospital could provide proper maternity facilities and yet preserve some of the Maori customs, while at the same time it would avoid the difficulties which are sometimes experienced in hospitals open to both races.

The need for better maternity facilities was also stressed by representatives of a South Taranaki Native Association at Hawera. Suggestions were made in both places concerning the training of more Native women in this work.

Its investigation in Taranaki confirms the Committee in the view that the improvement of the maternity conditions for the Maori women necessitates provision being made for their confinement in public maternity hospitals in all districts where Maoris are resident, and their ante-natal supervision by district nurses working in close co-operation with these hospitals.

The Committee was not, however, in favour of a special Maori hospital at Waitara or elsewhere, believing that such a hospital would have a restricted sphere of usefulness, whereas the policy recommended would afford a much wider service.