Public maternity hospitals of this type have been established in the following localities :—

| | | |
|---|---|---|
| Paparoa. | Picton. | Leeston. |
| Warkworth. | Kaikoura. | Geraldine. |
| Kawhia. | Cheviot. | Fairlie. |
| Te Kuiti. | Waikari. | Temuka. |
| Matamata. | Rotherham. | Kurow. |
| Mercury Bay. | Rangiora. | Palmerston. |
| Paeroa. | Oxford. | Middlemarch. |
| Otaki. | Darfield. | Roxburgh. |
| Tokomaru Bay. | Lyttelton. | Lawrence. |
| Tolaga Bay. | Akaroa. | Tapanui. |
| Havelock. | Little River. | Kaitangata. |

The hospital fees are similar to those charged in the larger annexes—£3 3s. to £4 4s. per week, subject to adjustment.

While there are certain limitations in the service which can be given in these smaller units, and some difficulties in their staffing, they give the essentials of safe maternity care to the residents of many districts in a way which would hardly be possible otherwise.

Wherever such a service exists it is found that the call for untrained midwives and the necessity for attending patients in ill-equipped houses disappears, and even domiciliary attendance by trained maternity nurses or midwives is largely superseded.

The Committee regards this provision as most valuable and necessary, especially in districts where no satisfactory private institution exists which could be made available to meet public needs by subsidy or other method of financial assistance.

(*c*) *Subsidized Private Hospitals.*—In some districts the Hospital Boards are making provision for the maternity needs of the patients needing assistance by the payment of subsidies to midwives maintaining private maternity hospitals. In some instances (as at Methven, Rakaia, Opunake, and Riverton) the hospital has been built by the Board and then leased to the midwife, with a subsidy, for private management; in other cases the hospital itself is privately-owned. In return for this subsidy the midwife must take all cases applying.

While this system has certain very definite advantages, there are some difficulties in its present working. There is frequently no clear indication to the nurse as to which patients are to be received at reduced fee or at no fee, and as a result the responsibility for deciding the point rests with the nurse, a position which is sometimes unsatisfactory both to her and to the patient.

In some cases the subsidy allowed by the Board is not adequate for the service rendered.

Another method of utilizing the services of existing private hospitals to give treatment to indigent cases is by the granting of a payment for each case for which the Board accepts responsibility. The sum allowed varies from the very inadequate amount of £2 per case, which is given presumably as part payment, up to a full fee of £3 3s. per week, or, in a very few instances, £4 4s. per week.

Here again, while in some respects the system is a good one provided that the fee is reasonable, there are certain disadvantages. The requirement of many Boards that application shall be made beforehand to an officer of the Board for this assistance is distasteful to many people, and in some cases where the nurse has taken an indigent patient in emergency she has found it difficult to obtain a fee from the Board.

There are a number of small districts which already have quite satisfactory private maternity hospitals, but which would be unable to support two reasonably staffed and properly equipped hospitals—one private and the other public.

The Committee is of the opinion that it would be both advantageous and economical if in these cases the Boards would make arrangements by which the existing private hospitals could be used for all patients in a way that was completely acceptable to both nurses and patients.

It is considered that, under a health-insurance system which provided maternity hospital benefit to those insured by direct payment of a reasonable fee to the hospital, the difficulties would be solved.

In the meantime, even with its disadvantages, the Committee believes that the system of subsidizing private hospitals is serving a need and might well be extended, as, for instance, in the Wairarapa district, where patients who need assistance are passing small private maternity hospitals in their own localities and travelling many miles to the nearest public maternity hospital.

Subsidized hospitals are operating at the following localities :—

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|---|---|---|
| Helensville. | Murchison. | Riverton. |
| Huntly. | Denniston. | Tuatapere. |
| Opotiki. | Hokitika. | Nightcaps. |
| Napier. | Methven. | Winton. |
| Opunake. | Rakaia. | Lumsden. |
| Pongaroa. | Port Chalmers. | Queenstown. |
| Motueka. | Gore. | Kaiapoi. |
| Collingwood. | Bluff. | |