

Present Facilities for Ante-natal Care.

(1) *Private Practice.*—Most doctors practising obstetrics recognize the need for efficient ante-natal supervision, and an increasing number prefer to be personally responsible for carrying it out.

(2) *St. Helens Hospitals.*—Each hospital has its ante-natal clinic, and all patients, whether hospital or district cases, are encouraged to attend it. When abnormalities are detected in the clinic, patients are admitted to hospital for their correction. As all the hospitals were built before the establishment of ante-natal clinics these have had to be improvised, and in every case the work is carried out under considerable difficulties. That the clinics run efficiently and smoothly under existing conditions is a tribute to the work of the hospital staffs.

(3) *Public Hospital Annexes.*—Where the hospital is of recent construction the requirements of the ante-natal clinic have been given due consideration in the design. In older hospitals difficulties exist similar to those encountered in the St. Helens Hospitals.

(4) *District Nursing Services.*—In country districts having a scattered population most of the ante-natal work among Maoris, and in some cases also among the European population, is carried out by visiting district nurses who are trained midwives. The importance of this service cannot be overestimated; it is the only means by which patients living at a long distance from a clinic can be given the benefits of ante-natal care. In some districts this service is adequate to the needs of the population, but in others, particularly those with a large Maori population, it could be extended with great benefit to residents.

(5) *Plunket Society Ante-natal Clinics.*—In some centres the Plunket Society has included ante-natal attendance in its schedule of services to expectant mothers. Patients are attended free of charge, and any abnormalities arising during pregnancy are reported to the doctor or hospital responsible for the confinement. While these clinics have, in the past, done very valuable work, their usefulness has decreased somewhat in view of the increased number of public clinics connected with hospitals. Their work suffers from the serious drawback that those responsible for ante-natal care are not in charge of the confinement, and continuity of observation and treatment is thus impaired.

POST-NATAL CARE.

Only comparatively recently has it come to be recognized that the supervision of patients for some weeks after confinement is equal in importance to ante-natal supervision. As yet this service is fully developed only in a minority of hospitals and in the private practice of doctors who take a special interest in obstetrics. Post-natal clinics are established in all St. Helens Hospitals, and are found to be a valuable means of observing the results of treatment. Patients are asked to report at the clinic one month after discharge from the hospital. If examination reveals a satisfactory condition, they are finally discharged at this visit; if treatment is found to be necessary, further visits are arranged accordingly. Patients are beginning to appreciate the value of this service, and the majority are willing to attend at the clinic.

A striking fact noted by those with experience of post-natal work is the rarity of serious injury resulting from childbirth, and it is thought that this pleasing result is in large part due to the intensive ante-natal supervision and close attention during labour given to patients as a routine in the clinics and hospitals of this country.

The principal advantages of post-natal attendance are as follows:—

- (1) Observation of the patient's general health, especially as regards aggravation or amelioration of any pre-existing pathological condition.
- (2) Examination of previously toxæmic patients with a view to estimating the degree of damage, if any, inflicted on the patient's system by the toxæmic condition.
- (3) Examination of the pelvic organs, with correction of displacements, and treatment of subinvolution and erosions which if neglected might lead to chronic ill health.
- (4) The opportunity to advise the patient about her health, particularly with regard to the desirability or otherwise of further pregnancies.
- (5) Instruction in birth-control methods, where this is necessary for health reasons, is a function of the post-natal clinic which it is hoped to develop in due course.

FURTHER CONSIDERATIONS IN REGARD TO ANTE-NATAL AND POST-NATAL CARE.

The following statement was made to the Committee by the Medical Officer of the St. Helens Hospital, Wellington:—

“While it has long been recognized that good health during pregnancy, and a normal delivery are largely dependent on proper ante-natal hygiene, recent research has established incontrovertibly the supreme importance of emotional states in influencing the activity of the reproductive organs, especially during delivery. It has been convincingly demonstrated that emotions such as fear and anxiety cause spasm of the muscles during labour, affecting both the involuntary muscle of the orifice of the uterus, and the voluntary muscle of the pelvic floor.