

It is therefore from 1904 that we may now consider the evolution of the present maternity services in New Zealand. From 1904 only registered midwives might attend a woman in her confinement, except in case of emergency. As, however, midwives who had received no special training but had "just picked up their knowledge" had to be replaced on the register by virtue of having been in practice, it is not surprising that little improvement in the maternity mortality returns was shown.

In 1913 an outbreak of puerperal sepsis occurring in St. Helens Hospital, Auckland, was inquired into by a Royal Commission.

In 1921, in consequence of considerable publicity being given to the fact that New Zealand's maternal death-rate was placed second in a list of nations issued by the Labour Bureau of the United States of America, a special committee of the Board of Health was set up "to consider and report on the deaths of mothers in connection with childbirth." The report states that from 1877 to 1881 the death-rate was comparatively low with a minimum of 3.93 per 1,000 live births in 1880, and that from 1882 to 1890 there was "a somewhat extraordinary increase," the rate reaching 7.31 in 1885. From 1890 to 1913 there was a progressive decline from 5.42 to 3.58, while from 1913 to 1920 there was an abnormal rise to a rate of 6.48. The principal cause of this rise was puerperal septicaemia.

The next public inquiry was into an outbreak of sepsis in a private maternity hospital in Auckland in 1923. In this outbreak between July and October of that year six were infected, of whom five died. The inquiry showed that whatever efforts had been made to improve maternal welfare they had been ineffective as far as sepsis was concerned, and in 1924 the Health Department's personnel was strengthened by the appointment of an Inspector of Maternity Hospitals in May, a consulting obstetrician to the Department in July, and somewhat later a medical officer to be in charge of public ante-natal clinics.

The Inspector of Maternity Hospitals was instructed to draw up a scheme for the reduction of maternal mortality in New Zealand, and the following are some of the recommendations taken from that report. Briefly the report advised:—

- (1) The establishment of free ante-natal clinics in conjunction with maternity hospitals and the Plunket Society.
- (2) The establishment of public maternity hospitals efficiently equipped for dealing with obstetrical abnormalities and emergencies and the closer inspection by the Inspector of Maternity Hospitals of all private maternity hospitals.
- (3) The introduction of "an aseptic technique for midwifery that would be recognized and accepted as standard by the medical profession generally."

The report goes on to recommend—

The training of midwives and maternity nurses in the preparation and use of sterilized outfits, and in ante-natal care;

The provision of sterilized outfits available to all maternity nurses and midwives; and

The training of maternity nurses as distinct from midwives in order that the cases attended by doctors shall be efficiently nursed and the application of the aseptic technique ensured.

In 1925 the Nurses and Midwives Registration Act was passed, which provided for the training and registration of maternity nurses and made it unlawful, except in cases of emergency, for any person to act as a maternity nurse unless she was registered or received a certificate from the medical practitioner engaged to attend the case "that under the circumstances of the case, having regard to the welfare of the respective mother and child, he was willing to accept her" as the maternity nurse for that case. This Act immediately put out of Court the "handy woman" whose lack of knowledge of sepsis and the correct use of antiseptics constituted a menace to the health and life of patients attended by her.

The course of training for midwives and maternity nurses was drastically overhauled by the consulting obstetrician. The Nurses and Midwives Registration Board, which had been established in 1926, was given the responsibility of deciding from time to time what that training should be and of appointing suitable hospitals to carry on the training.

The regulations governing the training, conduct, and requirements of practice for midwives and maternity nurses were overhauled, and a pamphlet issued entitled "The General Principles of Maternity Nursing and the Management and Aseptic Technique of Labour and the Puerperium." The aseptic technique of labour was designed to apply to obstetrics the well-established principles of surgical asepsis.

The regulations governing the conduct of maternity hospitals were reviewed and brought up to date, and a general survey of all these hospitals was made by the Inspector of Maternity Hospitals and improvements instituted.

The Midwives Regulations were also drastically revised, and for the first time midwives were permitted to "administer chloroform or any other anæsthetic or sedative drug" *by the direction of a medical practitioner*. This regulation was designed to relieve a busy doctor from being called in personally to give the necessary alleviation from pain, a practice which had undoubtedly led to much inadvisable interference with the natural course of labour, particularly by the use of forceps.

The publicity given by these successive steps undoubtedly led to a much greater interest in obstetrics on the part of the medical profession, and a further impetus was given to this interest by the formation of the Obstetrical Society (New Zealand Branch) British Medical Association. So great was the interest taken that, due largely to the efforts of the honorary secretary of this society, a fund of £31,700 was raised by the women of New Zealand to endow a Chair of Obstetrics at the Otago University, while the surplus of the fund was put on one side to provide travelling scholarships in obstetrics for medical graduates.