

FURTHER EXTENSION OF THE WORK OF THE ANTE-NATAL CLINICS.

Ante-natal Beds in State Maternity Hospitals.—As already shown, there is a high percentage of ante-natal-clinic patients requiring treatment, and the results of treatment are often disappointing owing to the fact that there are women whose circumstances are such that they cannot secure the necessities proper to their condition, and whose home conditions prevent them from carrying out treatment advised. For this reason I suggest that ante-natal-clinic beds be provided in State maternity hospitals.

Medical Officers in Charge of St. Helens Hospital Ante-natal Clinics.—Prenatal, post-natal, and infant-welfare work for a midwife has its limitations, and the St. Helens Hospital clinics must be under medical supervision in order that the work may be efficient and adequate treatment may be carried out. The Medical Officers attending the St. Helens Hospitals cannot devote the necessary time to ante-natal work, post-natal work, infant feeding, and infant-welfare work, and I suggest that resident obstetricians be appointed as assistants to the Medical Officers of the State maternity hospitals, in order that all branches of the hospital work may be under medical supervision, and to increase the scope and importance of ante-natal, post-natal, and infant-welfare work carried out at St. Helens Hospitals.

PART IV.—NURSING.

I have the honour to submit my annual report for the year ending 31st March, 1926.

SECTION 1.—NURSES AND MIDWIVES REGISTRATION ACT, 1925.

The most important event for the Nursing Division during the year has been the passing of the Nurses and Midwives Registration Act. This measure, as well as being a consolidation of the Acts governing the registration of nurses and midwives, also introduces two important changes: (1) The control of registration is vested in a Board instead of being solely in the hands of the Inspector-General of Hospitals; (2) it provides for the training and registration of the maternity nurse, a new type of nurse, who, while undergoing much the same course of training in some directions, is not qualified to act as a midwife—i.e., attend maternity cases without the supervision of a medical practitioner. It has been found that comparatively few of those hitherto qualified as midwives care to undertake this responsibility, and the object of this Act is to qualify more women to undergo a training sufficient to enable them to nurse maternity cases under medical guidance.

A good deal of misapprehension still seems to exist in the minds of registered midwives regarding the provision for the registration as a maternity nurse of any one who had been regularly engaged in practice as a maternity nurse in New Zealand for not less than twelve months before the Act came into force.

It may be as well to explain the reasons for this provision:—

- (1.) It is the usual procedure to protect existing rights when new legislation is enacted, and many women who are at present making a livelihood by maternity nursing under medical supervision would otherwise suffer hardship. Exactly the same position arose when in 1904 the Midwives Act was passed.
- (2.) Women who for various reasons were unable to register on their experience as midwives prior to the passing of that Act were definitely informed that they would not be interfered with if they worked as maternity nurses only—taking cases under the guidance of a medical practitioner. It would be a grave breach of faith to penalize these women now, and one which could not possibly be contemplated.
- (3.) By the fact of their being so registered the Department gains a greatly needed measure of control.
- (4.) Without these women there would not be a sufficient number of qualified women to attend all maternity cases.

It must be clearly understood that no one qualified by experience only can be permitted to register after the 31st December, 1926, and the necessary experience must have been obtained prior to the 1st January, 1926. These two factors limit to a considerable degree the scope of the provision.

In the past the training for a midwife has been six months in the case of a registered general nurse, and twelve months in every other case, with qualifying examination. Under the new Act the training for a maternity nurse will be four months for a registered general nurse, and twelve months in every other case, with a qualifying examination. For registration as a midwife in both cases an additional four-months course is required, with qualifying examination; but registered maternity nurses who do not hold a certificate of general training are required to have twelve months' experience in private practice, during which they shall assist at not less than twelve cases before they will be permitted to enter for the course of training in midwifery.

At present this scheme does not find favour with intending applicants, who do not understand as yet that the maternity-nurse training will fit them to do exactly what the large majority of registered midwives already prefer to do, and have done since the Midwives Act, 1904, was passed.

The more intensive course—for midwives—is not necessary except for (1) those who desire to take sole responsibility for maternity cases, only calling in medical aid in abnormal conditions; (2) those who wish to conduct private hospitals for maternity cases; and (3) those who wish to take positions on staffs of midwifery training-schools. (N.B.—For the latter class only those with general as well as midwifery qualifications would be eligible.)