

ST. HELENS ANTE-NATAL CLINICS :—

Table III.—*St. Helens Hospitals Ante-natal Clinics.*

St. Helens Hospitals.	Period.	Total Confinements.	Eclampsia.		Still-births.		Deaths of Infants in Hospital (under fourteen days).		Total Still-births and Deaths of Infants in Hospital.	
			Num-ber.	Per Cent.	Num-ber.	Per Cent.	Num-ber.	Per Cent.	Num-ber.	Per Cent.
Totals	{ 1918-1924 .. 1925-1931 ..	9,843 16,020	66 49	0·67 0·31	334 439	3·39 2·74	199 239	2·02 1·49	533 678	5·41 4·23

The figures set out in this table are evidence of the effect of systematic ante-natal care in the reduction of cases of eclampsia, still-births, and deaths of infants under fourteen days of age. The table shows the percentage of the above cases for the seven-year period 1918-1924, during which there were no public ante-natal clinics attached to these hospitals; also for the seven-year period 1925-1931, at the beginning of which public ante-natal clinics were instituted, making possible the more complete and systematic supervision of expectant mothers and a higher standard of ante-natal care generally.

The reduction in the eclampsia rate of over 50 per cent., and in the deaths of infants from the two causes mentioned by over 20 per cent., is satisfactory evidence of the effective nature of the work done in St. Helens Hospitals. I have no doubt that similar reductions in eclampsia and the deaths of infants could be shown in a number of the public maternity hospitals. Unfortunately, however, I am unable to show these results statistically, as the length of time these hospitals have been in existence is insufficient for statistical methods to be applied, and furthermore the quality of the ante-natal work done in different public maternity hospitals varies considerably, many not having succeeded in bringing their ante-natal work up to the necessary standard, though there is evidence that this branch of the work is developing fairly satisfactorily.

I trust that those Boards who have not made special efforts in this direction will be encouraged by the results shown in Table III to increase their efforts to the great benefit of maternal welfare.

PUBLIC ANTE-NATAL CLINICS.

Table IV.—*Ante-natal Clinics.*

Year.	Number of Clinics.	New Cases.	Total Attendances.	Average Number of Attendances by each Patient.	Outfits sterilized.
1925	16	2,289	7,816	3·0	..
1926	20	3,238	12,554	3·8	401
1927	20	3,919	15,406	4·5	515
1928	21	5,050	20,740	4·11	728
1929	24	5,177	17,555	3·39	924
1930	25	6,027	22,078	3·66	1,106
1931	28	6,306	22,869	3·63	1,221

Table IV shows a steady increase in the number of patients attending since 1925, also in the number of labour outfits sterilized through their agency. This latter activity no doubt has had a considerable effect in reducing the puerperal sepsis rate which is so marked a feature of the maternal mortality statistics during the last five years.

I regret that the work of these clinics has not been reflected in the reduction of the general eclampsia rate for New Zealand. This rate is one of the highest in the world and, while it is possible that there may be influences in New Zealand that make it more difficult to control than elsewhere, I am confident that the difficulties are not insuperable, and that more extensive use of ante-natal clinics by expectant mothers, and a higher degree of efficiency in the work of these clinics, will eventually have the desired result.

I wish to emphasize that the two outstanding needs are a greater degree of medical supervision by skilled obstetricians in addition to propaganda by the Hospital Boards and their officers to educate expectant mothers to the necessity for making full use of the facilities provided.

INVESTIGATION OF CASES OF PUERPERAL SEPSIS, 1931.

One hundred and thirty-one cases were investigated by the Medical Officers of Health during the year. The results show that the death-rate for these cases was 12·98 per cent.; 62·60 per cent. of the labours were said to be normal; in 27·48 per cent. of the cases the infant was delivered artificially; and in 16·79 per cent. delivery of the placenta was manual. Vaginal examinations were made in 59·53 per cent. of the cases.

These figures go to show what a very great part vaginal examinations and internal manipulations play in the introduction of sepsis, and the importance not only of limiting them to the utmost, consistent with securing safe delivery, but also of taking as complete precautions to maintain asepsis during any vaginal examinations or internal manipulations as would be taken for a surgical operation. The increasing recognition of this fact has no doubt been largely responsible for the very marked drop in the maternal mortality-rate for puerperal sepsis following childbirth during the last five years.