

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 (N.Z. Branch B.M.A.). So great was the interest taken that, due largely to the efforts and energy 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.

Private maternity hospitals were greatly improved, more public maternity hospitals were built, public ante-natal clinics in connection with St. Helens, public maternity hospitals, and the Royal New Zealand Society for the Health of Women and Children (Plunket Society), were established and have for many years done a valuable educational work among the women of New Zealand on the advantages of ante-natal care.

Until 1932 Hospital Boards were not legally responsible for maternity services for the indigent, though many of the Boards did make limited provision. In that year, by amendment of the Act, it was made the duty of Hospital Boards to provide these services.

By 1927 the scheme outlined in 1924 was well under way and has resulted in a marked diminution in deaths from puerperal sepsis and a slight reduction in those from shock, hæmorrhage, and other “accidents of labour.” The eclampsia rate, however, was not influenced by the extended facilities for ante-natal care.

Table 1, with its accompanying graph (see page 71), shows the results obtained up to the end of 1936. The education of the public in the necessity for foresight and for making better arrangements for attendance in labour, and the great improvement in the facilities and conduct of the 270 public and private maternity hospitals, led to the greatly increased hospitalization of patients. Graph 2 (see page 72) shows that during the ten-year period 1927–36 the percentage of patients attended in hospitals increased from 58.59 per cent. to 81.75 per cent., and that, coinciding with this increase in hospitalization, the death-rate from sepsis fell from 2.01 per 1,000 live-births to 0.36. This rate represents 53 per cent. of that of Holland in 1935, the last year for which returns are available, and 29 per cent. of that of England and Wales for the year 1936.

The above gives an outline of the development of the maternity services provided for the mothers of New Zealand, and the effect of those services to date.

Table 1.—Showing the Number of Puerperal Deaths and the Death-rate per 1,000 Live Births, 1927–1936.

		1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.
Puerperal sepsis following child-birth	No.	56	42	30	27	18	13	14	17	8	9
	Rate	2.01	1.54	1.12	1.01	0.68	0.52	0.58	0.70	0.33	0.36
Hæmorrhage, accidents of labour, thrombosis, phlegmasia, and following childbirth not otherwise defined	No.	35	30	39	36	31	30	29	19	24	25
	Rate	1.26	1.10	1.46	1.34	1.16	1.21	1.19	0.78	1.00	1.01
Toxæmia, albuminuria, and eclampsia	No.	27	40	34	36	38	23	29	30	34	30
	Rate	0.97	1.47	1.27	1.34	1.43	0.92	1.19	1.24	1.42	1.20
Accidents of pregnancy, non-septic abortion, and ectopic gestation	No.	5	8	7	7	11	9	10	10	12	14
	Rate	0.18	0.29	0.26	0.26	0.41	0.36	0.41	0.41	0.50	0.56
Total maternal deaths (excluding septic abortion)	No.	123	120	110	106	98	75	82	76	78	78
	Rate	4.41	4.42	4.11	3.96	3.68	3.02	3.37	3.12	3.25	3.14
Septic abortion—											
Married women	..	} 14	14	19	{ 26 4	26 3	24 2	16 10	29 13	17 6	13 1
Single women	..										
Totals	..	14	14	19	30	29	26	26	42	23	14
Rate	..	0.50	0.51	0.71	1.12	1.09	1.04	1.07	1.73	0.96	0.56