

Private maternity hospitals were greatly improved, more public maternity hospitals were built, public ante-natal clinics in connection with St. Helens Hospitals, 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. Tables VI and VII with the accompanying graph (see pages 84, 85, and 86) shows the results obtained up to the end of 1938. 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 public and private maternity hospitals led to the greatly increased hospitalization of patients. Graph No. I. (see page 76) shows that during the twelve-year period 1927-38 the percentage of patients attended in hospitals increased from 58.59 per cent to 87.33 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 0.33 in 1935, and for 1938 it was 0.77.

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

SECTION II.—MATERNAL WELFARE.

MATERNITY HOSPITALS AND OTHER SERVICES.

The very important part that maternity hospitals conducted by well-trained nurses play in promoting maternal welfare will be made evident by reference to the graphs on pages 76 and 85, showing the relations between the decline in maternal mortality and the increase in hospitalization of maternity patients. Coincidentally with the decline in maternal mortality hospitalization has increased, and in 1938 over 87 per cent. of the confinements were conducted in public and private maternity hospitals.

There are four State (St. Helens) Hospitals providing 85 beds, eighty-four public hospitals providing 524 beds, while 189 private maternity hospitals provide 978 beds, making a total of 1,587 beds. The largest of these maternity hospitals is St. Helens Hospital, Auckland, which has 32 beds, while eighty-two of the private hospitals have 4 beds or less. The above services are supplemented by approximately 120 one-bed maternity nursing-homes kept by registered midwives and maternity nurses. In these about 1,000 confinements took place, the number admitted to each nursing-home varying from one to about twenty per year, except in some cases in which it is obvious that due to stress of circumstances, in many cases unavoidable, more than one patient at a time has been admitted.

As was pointed out in my last report, the maternity beds provided are now occupied to very nearly their full capacity, and in some districts, particularly in those districts carrying a large Maori population, insufficient provision has been made. It is hoped that this will be remedied during the coming year. The circulation during 1938 to all Hospital Boards of the recommendations of the Committee of Inquiry into Maternity Services has been followed up by more detailed advice from the Department. The result has been to make the Boards more aware of the needs of their districts, and in most cases there has been a gratifying response. In others there has been a tendency to overstress the financial difficulties. The provision of maternity hospital benefits under the Social Security Act will relieve the ratepayers of a large part of the maintenance-costs. This should go far to help the more reactionary Boards to overcome their tendency to be over-economical in the provision of maternity hospitals in reasonable proximity to patients and doctors without which the best results cannot be obtained.

Table I on page 77 gives statistical information of the results of the 24,086 confinements conducted in maternity hospitals, an increase of 1,196 over the 1937 figures. All cases in which death has occurred, whether in the hospital or after transfer, have been recorded as if occurring in the hospital to which the patient was first admitted. Nevertheless the maternal mortality rate of 1.70 per cent. is not comparable with the rate for either Europeans or Maoris, as many of those suffering from abnormalities detected ante-natally are by preference attended in the larger general hospitals, and cases of abortion and ectopic gestation are not admitted, and, moreover, the rate is calculated on per 1,000 confinements and not per 1,000 live births. It will be noted that ten patients died from other than puerperal causes. The Government Statistician does not class those as maternal deaths, but as deaths associated with pregnancy. As the figures in this table are compiled from monthly reports sent in to the Medical Officer of Health of the district and are carefully checked, I regard them as being as accurate as is compatible with human fallibility.