

## PART VI.—PRIVATE HOSPITALS AND MATERNAL WELFARE.

I have the honour to present my report for the year 1939, including a survey of the existing maternity services, European and Maori maternal welfare, and licensed medical and surgical and convalescent hospitals.

### SECTION I.—MATERNITY HOSPITALS AND OTHER MATERNITY SERVICES.

The hospital maternity benefits provided by the Social Security Act which have been in operation since 15th May, 1939, have provided a degree of economic security to the licensees of private maternity hospitals and obstetric nurses that they have never enjoyed before. They have also provided patients with free hospital attendance in all public hospitals and very much cheaper attendance in even the more luxurious private hospitals and in the unlicensed one-bed homes conducted by registered midwives or maternity nurses.

The result has been an increase in the number of private maternity hospitals from 189 in 1938 to 196 in 1939. Some Hospital Boards who previously were unwilling to provide maternity hospitals are now doing so, with a resulting increase in the number of beds in public maternity hospitals from 524 in 1938 to 565 in 1939. Additions to both class of hospitals are still being provided. In spite of the increase in the number of beds the available ones are being booked up to their full capacity, and in some districts there is a demand that cannot be fully satisfied.

It is anticipated that as the Maori population recognizes the benefits of being attended in hospitals, which they could not previously afford but which are now free to them, there will be further demands on hospital beds. Endeavours are being made by the Department to point out to Hospital Boards the necessity for meeting this demand.

The four State (St. Helens) Hospitals now provide 90 beds, these having been increased by the addition of 5 beds to the St. Helens Hospital at Invercargill. All of these beds are required for training midwives, of whom 64 successfully passed through their training in these hospitals, and, in addition, 32 maternity nurses were trained and registered. Twenty-three of the seventy-two public maternity hospitals are approved by the Nurses and Midwives Registration Board as training-schools for maternity nurses, of whom 220 trained in these hospitals were placed on the register last year. There is still a shortage of practising maternity nurses which is giving great concern to the Nurses and Midwives Registration Board. Further particulars on this important maternity service will be found in the report of the Director of the Division of Nursing.

Table I on page 34 gives in tabular form the returns of three groups of hospitals—Group I consists of four State St. Helens Hospitals, Group II of the 72 public hospitals, and Group III the 196 private hospitals, while Table II gives in greater detail the results of the St. Helens Hospitals. The systems of attendance in the three groups of hospitals differ materially. The private hospitals (Group III) do not receive the same proportion of foreseen abnormalities as do the other two groups, consequently results are not strictly comparable. In the private hospitals (Group III) practically all patients are attended by the doctor of their own selection, these hospitals are licensed under the provisions of the Hospitals and Charitable Institutions Act, 1926, and are inspected regularly by Medical Officers of Health and their Nurse Inspectors under the direction of the Director of Maternal Welfare, who acts in conjunction with the Medical Officer of Health and his subordinate officers.

In St. Helens Hospitals (Group I) the system of attendance is as follows :—

All are given ante-natal attention by the medical staff and midwives specially trained in ante-natal care. Normal cases are attended by the midwife staff alone, who administer anaesthetics, analgesic, and amnesic drugs according to the direction of the Medical Officers of each hospital.

Patients exhibiting any abnormal conditions during pregnancy or parturition are attended by the medical staff, and all cases who can be persuaded to report receive post-natal examination by the medical staff between the sixth and ninth week following delivery.

In the public hospitals (Group II) the system of ante-natal and post-natal attention is the same, but the majority of patients are delivered by doctors either on the staff or in private practice with the assistance of the midwife or maternity nurse, the doctor taking full responsibility for normal and abnormal cases, instead of the midwife for the normal and doctor for the abnormal case. The hospitals in Group I and II are inspected periodically by the Director, Division of Nursing, and the Director of Maternal Welfare.

Accessory to these services are the practising midwives and maternity nurses, the majority of whom attend their patients in the nurse's own residence, control of these being provided by the regulations under the Nurses and Midwives Registration Act.