

Maternal Mortality: The problem of the Private Maternity Hospital [extract]

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In many districts of New Zealand the private maternity hospital problem is a difficult one. The majority of hospitals are too small to be really efficient, and in this connection it seems a pity that there should be in existence in any one district a number of 2, 3, 4, 5 and 6 bedded institutions each relatively poorly and inadequately equipped and unable to carry out effective sterilisation or to isolate suspicious or septic cases properly, when by proper co-operation it should be possible to have one 20 bedded hospital with complete equipment.

The ideal procedure would be of course, to erect a maternity block in connection with the local public hospital of sufficient size to be efficient, to which all classes of the community could be admitted on a sliding scale of payment according to the accommodation chosen by them, and with the right of being looked after by the medical practitioner of their choice. This is an adaptation to obstetric work of what is known as the "Toronto System," which as you know has met with the approval of the Hospitals Commission which sat last year, and is favoured by the Health Department, and I know is looked upon favourably by many Hospital Boards. The stumbling-block in the way of its general adoption is entirely that of finance. As you are aware the majority of Hospital Boards in this country have a considerable amount of leeway to make up in their building programmes owing to the fact that these building programmes were either partially or completely suspended during the years of the war. This leeway must be made up before other ventures can be embarked upon, as far as I can judge it will be some time yet before we see obstetric blocks attached to our district hospitals. It should surely, however, be possible in the ordinary town with its number of small and inadequate maternity hospitals for the medical men to combine financially and otherwise and run their own maternity

hospital with a first-class matron in charge. This would be far better from all points of view than to allow the present unsatisfactory state of affairs to continue. At the Hospital Board, of in a St. Helens Hospital, is certainly under infinitely better conditions than her sister who seeks accommodation in a private maternity hospital and has to pay for that accommodation 3, 4 or 5 times the price charged at a Hospital Board's institution.

To illustrate my remarks let me submit to you an analysis of the private hospital facilities of one medium sized town in New Zealand, which has recently been inspected. It is fairly illustrative of the average position. In the town there are four separate hospitals with a total bed capacity for 18 cases; amongst these four hospitals there is not a single labour room, no satisfactory sterilising, not a single sink-room and no effective means for isolating suspicious or infected cases. As things are at present it is practically impossible to improve matters on account of the small size of each individual hospital, and because of the impossibility of such small institutions incurring the expense of installing satisfactory equipment. Yet were the 18 beds apparently necessary in this town accommodated under one roof the whole problem could be satisfactorily solved, and an efficient service provided.

For a long time it has been felt by those responsible for the inspection of the private hospitals that in certain directions the legislation relating to them required amending and certain proposals were put forward in the Hospitals Amending Bill recently before Parliament. Although the proposals affected all classes of private hospitals, it was the average maternity hospital which it was desired to improve, and I propose therefore to briefly traverse the various proposals to which legislative enactment was asked in order that members present may be given an opportunity during the ensuing discussion of stating their

views. I will make my remarks as brief as possible, and will preface them by giving you an account of a few of the conditions found during visits to private hospitals which emphasise the necessity for inspection and the carrying out of necessary improvements:—

1. The existence of general unhygienic conditions, e.g., dirty, torn wallpapers, unclean floors, accumulations of rubbish in rooms, dirty, badly kept cupboards, unclean milk-safes, meat-safes, etc., defective drainage.
2. Overcrowding.
3. Understaffing, particularly with reference to the provision of properly trained night staffs.
4. General mismanagement evidenced by untidy badly kept rooms; poor, unappealing meals, etc.
5. Unlicensed rooms frequently used for patients' use.
6. Unauthorised, unregistered persons are sometimes found in charge of private hospitals.
7. Alterations and additions are on occasion made to private hospitals without first consulting the Department as should be the case.
8. The transfer of a private hospital is sometimes made without reference to the Department.
9. The actual transference of a hospital to new premises is sometimes made without the knowledge of the Department.
10. Notifiable cases are not always reported.
11. Certain cases (such as Caesarian section) are not always entered on the hospital register.
12. Maternity cases are often admitted to private hospitals licensed for medical and surgical cases only, and vice versa, when hospitals of both types exist in the same district.
13. Places are conducted as private hospitals without licenses.
14. Hospital registers are often not kept up-to-date.