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A Study of Maternity Services in PN 1915-45

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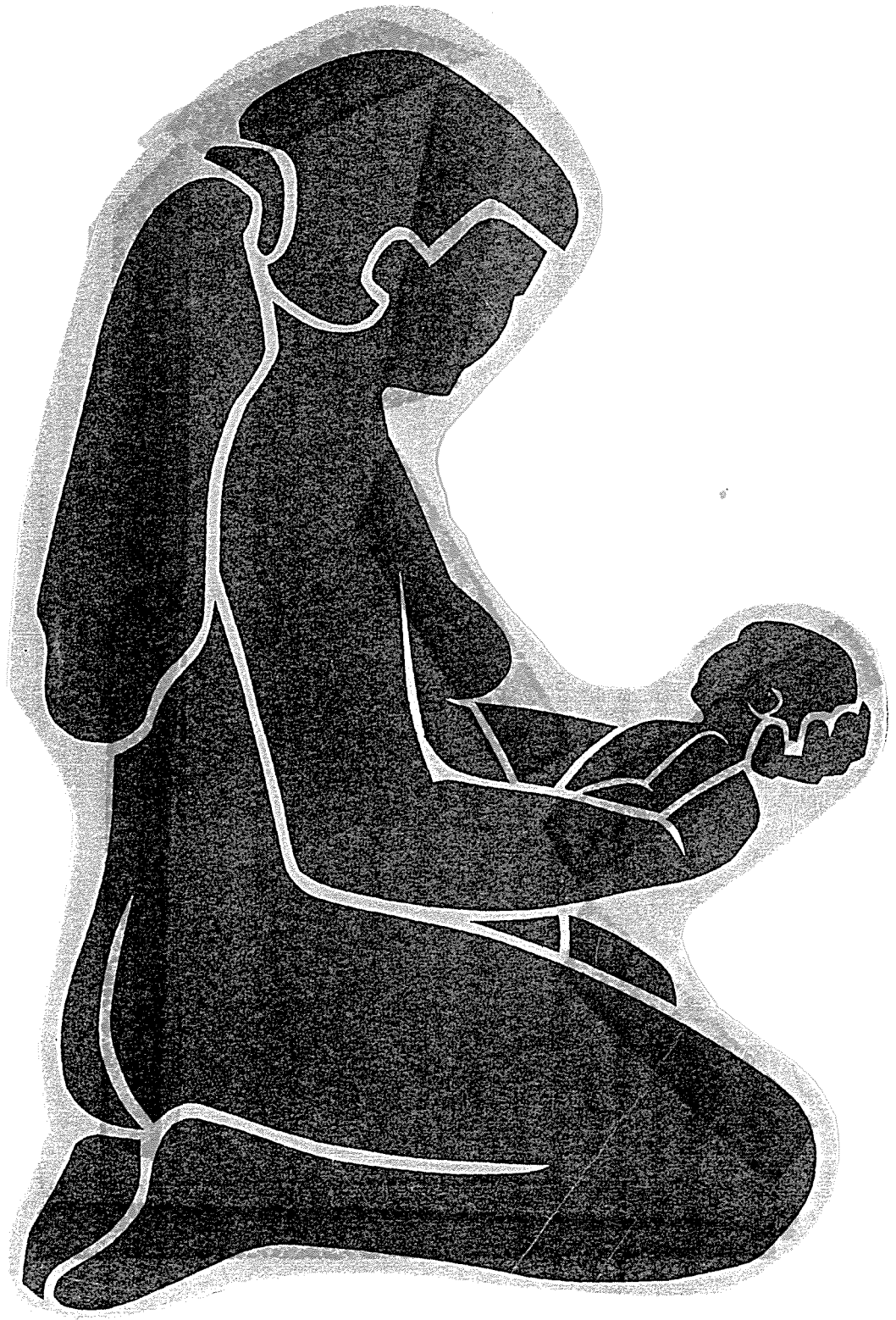
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"ESSENTIALLY A WOMAN'S QUESTION"

A Study of Maternity Services
in Palmerston North 1915-1945.

A Research Exercise presented in
partial fulfillment of the
requirements for the degree of
Batchelor of Arts with Honours
in History at Massey University.

GAYNOR SMITH

1987

For Dawn

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ABBREVIATIONS

AJHR	<u>Appendices to the Journals of the House of Representatives</u>
BMA	British Medical Association
DDGH	Deputy Director-General of Health
DGH	Director-General of Health
Dept	Department
GP	General Practitioner
H	Health Department
KT	<u>Kai Tiaki</u>
LP	Labour Party
Min	Minister
MOH	Medical Officer of Health
NCW	National Council of Women
NZJH	<u>New Zealand Journal of History</u>
NZMJ	<u>New Zealand Medical Journal</u>
PN	Palmerston North
PNHB	Palmerston North Hospital Board
PS	Plunket Society
WArc	National Archives, Wellington
WDFU	Women's Division of the Farmers' Union
unpub.	unpublished

INTRODUCTION.

We hear much nowadays about about national defence but we must not put our whole trust in the "reeking tube and iron shard". The safety of nations is not a question of the gun alone, but also of the man behind the gun, and he is largely the result of the grit and self sacrifice of his mother. If we lack noble mothers we lack the first element of racial success and national greatness.

THE DESTINY OF THE RACE IS
IN THE HANDS OF ITS MOTHERS.¹

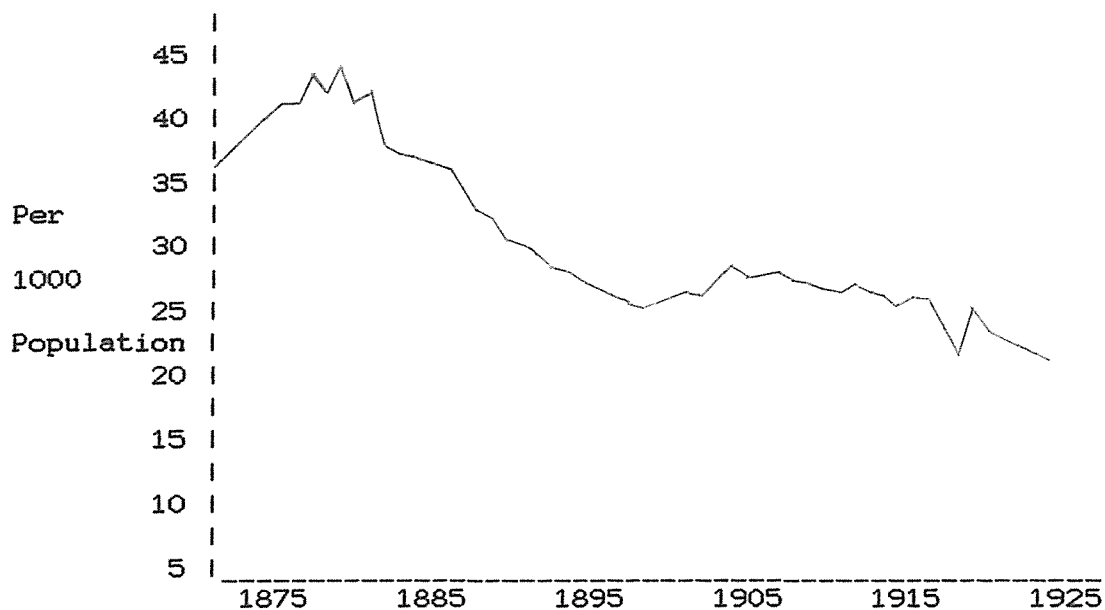
- F. Truby King -

Truby King's articulation of eugenic anxiety at the turn of the century emphasised the importance of "noble" motherhood in the reduction of infant mortality. This was with the aim of rearing a strong Anglo-Saxon population for New Zealand and the Empire. By 1921, these eugenic fears served to magnify the gravity of maternal mortality rates and consequently attention was focused on the well-being of mothers. Without them, the "destiny of the race" was grim.

The welfare of mothers was secondary to the concern caused by infant mortality and the declining birth rate.² To prevent needless infant deaths the Midwives Registration Act was passed in 1904 with the hope of improving the quality of the birth environment. The Act introduced State registration and training of midwives. This was followed in 1905 with the establishment of the State funded St Helens Maternity Homes which aimed at providing inexpensive medical care for the wives of working men. This also aimed at reducing infant deaths. In 1905, two St Helens were opened, one in Wellington and the other in Dunedin. The Auckland St Helens opened in 1906.

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1. F.T.King, Feeding and Care of Baby, (London, 1913), p.153.
 2. F.S.Maclean, Challenge for Health, (Wellington, 1964), p.176, for infant mortality rates; see New Zealand Official Yearbook, 1920, p.21, for the declining birthrate.

THE NEW ZEALAND BIRTH RATE, 1872-1925



Source: P. Mein Smith, Maternity and Dispute, (Wellington, 1986).

INFANT MORTALITY RATES (European)

Deaths of Infants under One Year per 1000 Live Births.
Quinquennial Averages 1872-1921

Quinquennia	Death rate
1872-76	109.28
1877-81	93.47
1882-86	91.80
1887-91	82.65
1892-96	84.81
1897-01	78.87
1902-06	72.90
1907-11	68.46
1912-16	52.50
1917-21	48.04

Source F.S.Maclean, Challenge for Health, (Wellington, 1964).

Concern about maternal health was not surprising in an era when public health was in focus. In 1907, the Society for the Health of Women and Children was formed as part of the new age of child welfare.³ By 1912, the Education Department had become involved in child health with the formation of the School Medical Service. Seven years later, the first Health Camp was underway near Wanganui and aimed at restoring malnourished children to health. Public anxiety produced by the influenza epidemic of 1918 and 1919 resulted in the 1920 Health Act. This Act changed the name of the Department of Public Health to the Department of Health and reorganized the existing body into new specialized areas. Three of the new divisions focussed on child health, and these were Child Welfare, School and Dental Hygiene.

The focus on child health reflected the assorted eugenic beliefs of the day with many seeking a strong, healthy population. Some like King, founder of Plunket and an ardent eugenicist, held an exaggerated fear⁴ of racial deterioration. Such fears were intensified by the revelation that only 34.4 per cent of all army recruits had been classified as completely fit in World War One.⁵ Eugenic fears, which had been present since the turn of the century, made New Zealand's high maternal mortality rate significant as it strengthened the belief in imperial and racial degeneration. The focus on maternity and its related services simultaneously illuminates public concern about the demise of the Empire, and the private fears of individual women.

For New Zealand women the risk of childbirth was greater than in nearly

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3. The Society, became known as the Plunket Society in recognition of the support of Lady and Lord Plunket.
 4. M.Tennant, "Matrons with a Mission", MA thesis (Massey University, 1976) p 86; also see P.J.Fleming, "Eugenics in N.Z 1900-1940", MA thesis, (Massey University, 1981.)
 5. P. Mein Smith, Maternity in Dispute, (Wellington, 1986), p.4.

every other Western country. In 1920, the maternal mortality rate increased to 6.48 European deaths per thousand live births in New Zealand.⁶ Philippa Mein Smith in Maternity in Dispute suggests that the 1920 crisis over maternal mortality triggered the path to hospitalized birth, which by 1939 was an obstetric reality. Good results were evident by 1935, as the maternal death rate had subsided to 3.25.⁷ Mein Smith's study reveals that the decline in the maternal mortality rate in the inter-war period was not directly linked to the growth of medical interventionist procedures. In reality concern over maternal mortality triggered action by the Health Department which promoted the practice of asepsis by midwives (traditionally the chief attendants at birth) to eliminate the possible introduction of septic infection after birth. In addition, the Health Department advocated formal ante-natal care to monitor the health of the mother and child at regular intervals during pregnancy. Both of these practices were integral to the reduction of the maternal mortality rate from the major killers puerperal septicaemia and eclampsia. Health Department reforms produced strict regulations governing the running and management of hospitals which eventually caused the demise of the small private maternity home as many were unable to meet the new demands for aseptic conditions. In addition, the 1925 Nurses and Midwives Registration Act raised standards of care by establishing uniformity of training. Under this Act midwifery was raised to post-graduate status and the 1904 midwifery certificate effectively became one in maternity nursing. Maternity nursing involved working under a doctor's supervision, unlike midwives who practised independently. The Health Department's reforms, particularly the practice of a standardised aseptic technique by midwives and maternity nurses, were the key to the

6. New Zealand Official Yearbook, 1929, pp.163-164.

7. AJHR, 1938, H-31A, p.70.

decline in maternal mortality.

In 1927, New Zealand doctors formed the Obstetrical Society in response to the Health Department's campaign. For many doctors, childbirth was a lucrative business over which they were reluctant to lose control.⁸ To counter the Department's campaign the medical profession re-defined birth as a pathological condition. Ironically, hospitalized childbirth was ushered in by Health Department reforms which advocated that childbirth was a physiological rather than a pathological event. By 1939, the battle was over. Transformation had occurred with most women experiencing childbirth in hospital, not at home, attended principally by a doctor under whose supervision came the maternity nurse.

The trend to hospitalized birth was rapid in New Zealand. In 1920, approximately 35 per cent of births occurred inside hospitals; by 1935, the hospitalized birth rate had risen to 78 per cent. The greatest change in the inter-war period was the growth of public hospitals which gradually lost the stigma of charity, becoming acceptable places in which to give birth.⁹ Hospitalization was replicated in other Western countries. In Australia, the pace of change was slower because the country lacked a State maternity home system and Health Department intervention that was very evident in the New Zealand process.¹⁰ As in New Zealand, reproduction was re-defined as a medical problem which meant the growing prominence of the medical profession. In Britain, hospitalized birth also occurred at a much slower rate than in New Zealand. In 1927, 15 per cent of Britain's births occurred in hospital. By 1946, this rate had risen to 54 per cent. In Britain maternal

8. Smith, pp.44, 47, 51.

9. *ibid*, p.1.

10. K.Reiger, The Disenchantment of the Home, (Melbourne, 1985), p.102.

mortality also became an important issue during the inter-war period.¹¹
New Zealand's early hospitalized birth trend is best explained by
the systematic application of asepsis which enabled the country to
lead the world in the "pre antibiotic conquest of puerperal sepsis".¹²
Asepsis set a precedent which private hospitals and doctors were
obliged to emulate. The adoption of asepsis and ante-natal care
aided the doctors in the promotion of "safe" hospitalized birth.

The development of the medical model of childbirth, its techniques and
consequences are under scrutiny by many modern women. Reliance upon
medical knowledge is the legacy which remains into the 1980s with many
women seeking "safe" births.¹³ Today, feminists and other women's groups
are examining the services offered them. Many women have returned to
the view that birth is a physiological rather than pathological event,
arguing that medicalized childbirth entails loss of control by mothers.
This helps explain the rise of "active childbirth".¹⁴ Today some women
feel that their needs are not being met. In the 1980s many women are
actively seeking more control over the birth experience.¹⁵

To state that hospitalized childbirth emerged with the doctor gaining
control, denies the women of the inter-war period agency. Many studies
have been written describing medicalization as a professional battle
for control between midwives and doctors. Women have been portrayed
as passively losing control of birth.¹⁶ Mein Smith's focus on the debate

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11. Smith, p.118; J.Lewis, The Politics of Motherhood, (London, 1980), p.117, 220.
 12. Smith, p.118.
 13. J.Donley, Save the Midwife, (Auckland, 1986), p.153.
 14. *ibid*, pp.11, 155; see A.Oakley, The Captured Womb, (Oxford, 1984), p.278.
 15. J.Rakusen and N.Davidson, Out of Our Hands, (London, 1982), p.158.
 16. see Lewis, pp.13-21; Reiger, p.102; Smith, p.119; B.Ehrenreich and D.English, For Her Own Good, (New York, 1979), p.98.

between the Health Department (representing bureaucrats, some doctors and midwives), and the Obstetrical Society (containing the majority of doctors), effectively excludes women. The role of women has little part in her argument, with the belief outlined in her thesis that women exerted no influence over policy at all. Whilst this view has been modified in Maternity in Dispute the evolution of policy remained her primary concern, with the demands of women being discussed but as a secondary issue. Joan Donley in Save the Midwife advocated a return to homebirths in the 1980s. Donley emphasised this in an attempt to re-establish the supporting role of the midwife which she believes was eliminated with the take-over by doctors reducing the status of midwives to that of maternity nurse. In Donley's historical survey, women are seen as passive. Jane Lewis in The Politics of Motherhood argues that in Britain professional rivalries limited the range of services provided for women. Whilst Lewis projected women's demands for economic aid and birth control into her study she argued that women's needs were not addressed because many accepted the traditional role of wife and mother. Ehrenreich and English's American survey, For Her Own Good, also suggests a lack of agency as midwives were "eliminated" making all women fall "under the biological hegemony of the medical profession".

Few studies have recognised that whilst the medical profession may have "preyed on" the fears of women, many welcomed the spread of "technological" childbirth as it offered them relief with the introduction of analgesics and anaesthetics. Many women supported

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17. P. Mein Smith, "The State and Maternity in New Zealand, 1920 - 1935", MA thesis, (Canterbury, 1982), p.404.
 18. Donley, p.153.
 19. Lewis, pp.165-196.
 20. Ehrenreich and English, p.98.
 21. K.Reiger's study is one of the few which acknowledges this, see p.102.

medicalized birth as they sought improved standards of care in a health conscious era. For some, hospitalized birth provided an opportunity to leave exhausting work situations within the family home allowing concentration on childbirth alone. Shelley Griffiths asserts that women did affect policy as they desired better care, rest, shortened labour and pain relief.²² Some women actively chose doctors' maternity care, because at that time the medical professions' offer was nearest to fulfilling women's desires.

The path to medicalized and hospitalized childbirth has been assessed on a national scale by Philippa Mein Smith in Maternity in Dispute. There is a need to complement this vision of national activity with a local study. Not all aspects of Mein Smith's study can be reproduced on a local level due to the focus on the Health Department and Obstetrical Society debate. The area that will be addressed is that of maternal mortality and the trend to hospitalization. Mein Smith identifies official concern over maternal mortality and the dangers of maternity as the factor which caused the medical profession to define childbirth as pathological. This encouraged the growth of hospitalized birth. The questions that will be addressed in this study are: at what rate did hospitalization occur in Palmerston North ? Was the trend to hospitalization affected by the issue of maternal mortality ? Were there other reasons for the trend in Palmerston North ? What effect did hospitalization have on the provision of maternity services in Palmerston North ? In what ways does this local study mirror, enhance or detract from the national one ?

The nature of the study created some problems. The local focus prompted the desire for information about private institutions which

22. S. Griffiths, "Feminism and the Ideology of Motherhood in New Zealand, 1896-1930", MA thesis, (Otago, 1984), p.153.

closed at least thirty years ago. This made accessibility of records difficult. Many major records have been destroyed which prohibits an in depth case study of any one institution. Surviving private hospital records are chiefly from a Health Department perspective. In addition, and related to the destruction of records, was the difficulty in determining Maori experience of maternity services in Palmerston North. Thus this study focuses on European women.

It had been hoped to make considerable use of interviews with elderly women in the course of this research. This was with the aim of determining their experiences in, and desires and reactions to the Palmerston North maternity services between 1915 and 1945. Whilst oral sources were valuable in capturing women's experiences the sample was rather problematic. The representativeness of the interviewees is questionable. Collectively twenty-two women experienced fifty-six births with only four of those being pre-1935, leaving the early period somewhat barren. In addition, eleven were volunteers who had particularly bad experiences to recount. In contrast, the remaining women were either reluctant to share their accounts because they had not talked of childbirth in their lifetime and were unwilling to break the tradition or they lacked the medical jargon to discuss their actual experiences illustrating that a problem of language existed. ²³

Palmerston North was chosen as the locality under study because the Health Department launched its campaign for "safe maternity" in the town in 1924. Chapter One encompasses the local trend to hospitalized birth and private maternity provision. The period, 1915 to 1945, was chosen to include in Chapter Two the demand for maternity services,

23. For similar problems in an Australian study see, "Mentioning the Unmentionable: The Use of Oral Sources in Investigating Women's Experiences of Childbirth 1930-1960", Oral History of Australia Journal, Oral History '85, no.7, 1985, pp.134-140.

which injects a new and important dimension, that of local politics, into the issue of hospitalized birth. Chapter Three deals with the effects of hospitalization on the locality, chiefly the growth of the public sector and the demise of the small private institution. By 1945 Palmerston North afforded highly medicalized maternity services and there was a push to gain similar facilities for women in more rural areas of the district. Palmerston North makes an interesting case study, being a secondary centre in a rural environment, and provides a contrast to the main centres on which Mein Smith tends to focus. The trend to hospitalized childbirth in Palmerston North was affected by the inadequacy of maternity facilities in the surrounding district. It is to this trend that we shall now turn our attention.