

Write to Mr. Campbell
Only Ward 11 should move to the new block

WHY SAVE ST. HELENS?

1. It is a 12 year old, purpose built hospital which has an excellent reputation for safe family orientated births.
2. St. Helens is run very successfully by women for women.
3. The 66 post natal beds are in single rooms.

WHY THIS IS IMPORTANT?

- (a) You may have your baby with you day and night if you wish.
 - (b) Your husband may visit you whenever he wishes.
 - (c) Your older children can visit without disturbing others.
 - (d) Uniform accommodation ensures equality for all women.
 - (e) The privacy of a single room allows complete flexibility in caring for your baby.
 - (d) You can get more rest.
4. You are assured of your own doctor for delivery.
 5. It is not a sickness orientated institution but a maternity home.
 6. The bed occupancy rate has been at least 70% since St. Helens was built.
 7. St. Helens is economical eg. cost per birth \$775.00 compared with for example, \$968.00 at Kenepuru - (Wellington Hospital cannot provide comparable figures).

WHAT ARE THE HOSPITAL BOARDS REASONS FOR CLOSING ST. HELENS?

1. **Misplanning** - If the new O. & G. Block is opened there will be too many maternity beds for Wellington. Therefore St. Helens is to be closed in favour of the new block because :-
 - (a) It is better to have the Obstetric Unit located in the base hospital.
 - (b) The provision of high technology facilities for both mothers and babies.
 - (c) The needs of the clinical school.
 - (d) Dangers involved in moving patients from St. Helens to the base hospital.
 - (e) The running and staffing of two separate units is unacceptable.

WHY WE DON'T ACCEPT THESE REASONS

1. Population trends clearly show that by 1973 the birth-rate had begun to decline - By 1975 when the contract to build the O. & G. block was set, this trend was firmly established yet they went ahead - The only inference that can be drawn is that the intention then was to close St. Helens.
2. The report on which the Hospital Board based its decision to close St. Helens was written by a man who we believe will not deliver at St. Helens.
3. While it is accepted that the specialized facility should be located in the base hospital 90% of births are straight forward and do not require sophisticated technology. In any event St. Helens is less than one mile from the hospital for emergency transfers.
4. It would be expensive to staff and run duo hospitals. However, our solution was not to maintain two competing institutions but to want the complementary nature of the institutions as they now exist - i.e. move the totally unsatisfactory ward 11 into the new block and maintain St. Helens for low risk births.

A FEW DISTURBING FACTS ABOUT THE NEW BLOCK

1. When St. Helens closes there will only be 63 Obstetric beds for Wellington as compared with a combined present figure of 104. This is a very tight allocation and at certain times of the year may involve enforced early discharge. There has been no official indication that the necessary home help will be provided.
2. ONLY 27 OF THE 63 Post Natal beds are in single rooms, the remaining 36 ARE IN 4 bedded wards.
 - This makes rooming in on a 24 hour basis impossible.
 - With the result that there exists in the new block side by side two standards of accommodation.
3. The labour and delivery area is in the basement. Labour rooms are very small and totally enclosed without windows or natural light.
4. There is provision for multiple labouring - i.e. one 4 bedded labour ward (with almost no provision for fathers).
5. A disturbing number of large and in some cases totally glassed in nurseries - not necessarily on the same floor as the mother (is this the end of rooming in). Fathers may be back to looking through the glass at their baby.
6. The blocks accommodation has been called "5 star" - illustrated by the many comfortable single hotel type rooms complete with ensuite bathrooms for overnight medics and the luxurious apartments of the professional floor and public areas - rather than by the cell like labour room in the basement and the bare essentials of the four bedded wards. 5 stars for the staff and students and 2 for mothers and babies.

7. The size and institutional nature of the new block combined with the lack of single rooms presents a serious danger that hospital routine will take over, e.g. timetabled visiting restrictive numbers of visitors etc.
8. Appear to be little provision for father involvement.

SUMMARY

We are not against the new block simply because it is new, but because as outlined above there are serious defects in this building which constitute a backward step in maternity care for large numbers of mothers and babies.