

St Helens Will Not Be Closed In The Immediate Future

THE closure of the Wellington region's largest maternity unit, St Helens Hospital in Newtown, is no longer threatened by the Wellington Hospital Board.

At its monthly meeting last night the board adopted a 10-point obstetrics policy, which in effect postponed any long-term decision on the future of the hospital, which has been at the centre of lengthy public debate.

However, the short-term future of St Helens has been assured.

The board adopted a motion that part of the new obstetric and gynaecology block, which is due to open in 1979, should be used for other than obstetric purposes so that St Helens could continue to function as it now does.

It had been suggested to the board by one of its committees that St Helens Hospital should be closed once Kenepuru Maternity Hospital in Porirua was fully functional. The target date for that was 1981.

However, this suggestion was rejected by the board after lengthy discussion.

Three members, Mr Barry Brill, Mr Ray Young, and Dr H B Turbott felt that St Helens should not be closed.

Most other members, however, felt a decision on St Helens need not be made for a number of years.

Leading this group were Mr G H Bridge and Dr J G Miller, who felt that it would be premature for the board to make such a decision.

Their arguments were that birthrate projections were unreliable and that demand for maternity beds could not be estimated with any accuracy.

Mr Bridge added that the community were entitled to some say, and that there was a great deal of public support for St Helens.

The board's obstetrics policy is:

At the time of the opening of the new obstetric and gynaecology block, one of the 21-bed post-natal wards in this block should be used for other than obstetric purposes, so that St Helens could continue to function at its present level.

The new obstetric and gynaecology block at Wellington Hospital should be the base obstetric unit for the Wellington region.

Positive action should be taken now to develop Kenepuru Maternity Hospital as an obstetric unit by 1981.

The use of all obstetric ser-

vices should be reviewed annually.

General practitioners and obstetrical specialists should be given continued access to the board's obstetrical units so that they could care for their patients through pregnancy, delivery, and puerperium. This will continue to allow patients to have the right of choice of their own medical practitioner.

The future of maternity hospitals existing in isolation from general hospitals (Elderslea and Paraparaumu) should be considered on the basis of their role and situation within a particular community.

There should be one major or base obstetric unit in the region associated with an existing general hospital.

New obstetrical hospitals should be provided only in relation to existing or planned general hospitals.

In addition to the base unit, obstetric units should be developed in relation to general hospitals in the region.

Appropriate steps should be taken to ensure better use of facilities of Elderslea Maternity Hospital, and developing the resources and site for geriatric purposes and other community services.