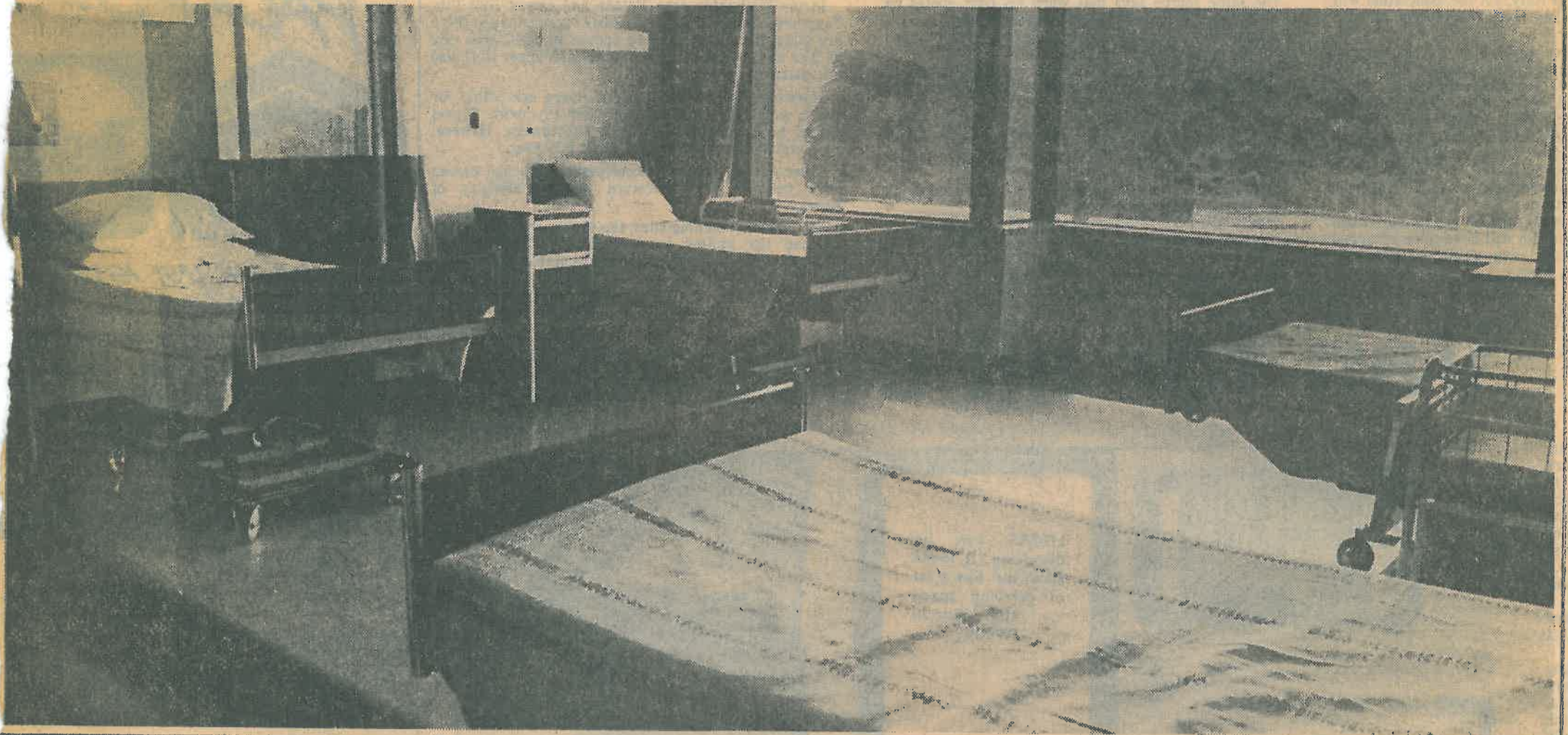


Empty now but wait till June DOM 4.3.80



INSIDE Wellington Womens Hospital . . . the controversial four-bed post natal maternity ward.

WELLINGTON Women's Hospital is awakening.

Boxes of furniture lie ready for unpacking in the glossy rooms. Groups of staff do guided reconnaissance tours.

In the upper echelons administrators are appointing staff to run the hospital.

Next month the outpatients department will open and by June, babies may be born there.

But it hasn't happened easily.

The 10 storey building grew up amid hostile criticism and money worries.

Pressure groups — intent on saving St Helens maternity home — have come out against the new building's location, bed layout and sleek high-technology look.

And last year, when the building was almost complete, Wellington Hospital Board's precarious financial situation threatened to starve it of funds needed to get the block open and operating.

Wellington Women's Hospital was conceived in times of booming finances and birth rates.

When it opens, substantial sections in the \$15.5m building will be left empty.

But the core group of nursing administrators who'll be running the hospital are determined to put a hasty end to the tales of woe.

Says Wellington Hospital's director of nursing services Miss Gloria Grattan: "There's been so much negativity by a small minority of vocal people. But we're determined to get on with it and make it work."

Miss Joy Motley, assistant director of nursing services at Wellington Hospital, will have charge of staff at the new hospital.

At present she's principal nurse at St Helens — and she's adamant the quality of care won't change in the new setting.

"There's absolutely no reason why we can't give women a St Helens type care in Wellington Women's Hospital.

"Our concepts of care will be no different.

New born cries on the way

By Sally Faulkner

"People are seeing a conflict between modern trends in obstetric care and technology. I don't think that conflict exists."

Miss Grattan points to radical changes in the concept of maternity care over the last decade, saying today's women want to participate in the birth experience.

It's not unusual for them to stay at home and continue with household chores during the first labour pains.

Miss Grattan says nurses have adapted their style of care to cope with the changes. They plan the birth with each woman while she's pregnant — and will continue to do so in the new hospital.

On a new-building tour, administrators point proudly to the double-glazed windows, the quiet — ringing alarm system, special chutes that allow notes to be passed from reception to examining rooms, and acres of carpet and wallpaper.

They are quick to point out the benefits of the new block.

The two or three births a week that have complications will be dealt with on the spot — in an intensive care delivery theatre and neo-natal unit.

From St Helens — removed from the main hospital site — there could be up to an hour's delay in transferring mother and baby to the intensive care unit. Sometimes the mother and baby had to be dealt with in separate hospitals.

The central location of the new hospital (set back from the road on the city side of the main Riddiford Street block) means it will be close to x-ray services, laboratories and blood banks.

Administrators emphasise that the new facilities will replace both the "incredibly terrible" maternity Ward 11 in the main hospital block (which at present copes with about a third of Wellington's maternity patients) and St Helens.

Space is no object — there's separate room for every activity.

The nursery will not be used. It's a hangover from the days when mother and baby were separated except for feeding and visits.

Modern mothers prefer "rooming in".

There are nine single-bed wards and three four-bed postnatal wards.

St Helen's has all single-bed rooms, and the four-bed wards at the new hospital have drawn strong comments from critics.

Opponents say the four-bed wards spells end to privacy. But Miss Grattan says many women would rather be in a communal ward because it gives them a chance to talk over their

Another favourite target with the critics has been the 11 small first-stage rooms.

Women in labour are put there after admittance and before being taken to the delivery theatre.

The first-stage rooms have enough room for a bed and two chairs, and most have no windows.

But staff hope to provide some "distracting feature" like pictures on the wall.

They plan that mothers having a normal birth could be delivered here, bypassing the theatre.

The theatres include special sections to cope with "at risk" mothers like diabetics; and for caesarean births.

The equipment and methods used in theatres will be the same as in existing maternity homes.

The outpatients department on the ground floor will be the first part of Wellington Women's Hospital to open — planned for next Monday with — with other services being progressively transferred from the end of May mid-June.

Staff still aim to meet those dates, but the latest word is that hold-ups in the fine tuning of some services could mean delays of two to three weeks.

And that's another reprieve for the opponents of the new hospital.

Mrs Carolyn Henwood, a spokesman for the Save St Helen group, says she's still hoping the transfer of maternity services won't happen.

The group have asked the Ombudsman to look at the decision to close the hospital.

There's doubt whether he has the power to deal with the issue, and the group is waiting to hear the outcome of his discussions with health officials.