



WELCOME, TENA KOUTOU KATOA, KIA ORANA, TALOFA LAVA, MALO LELEI, FAKAALOFA ATU.

Welcome to the third issue of the Maternity Services Consumer Council's Newsletter for 2010.

As reported in the June issue of this newsletter this year is definitely the year that the Ministry of Health has rediscovered they have responsibilities for oversight of the maternity sector after years of neglect in the wake of the departure of Barbara Browne. The Ministry's failure to review and update important sector documents such as the referral guidelines and the maternity service specifications document has resulted in a number of problems including the inability to collect the data needed for the national maternity reports. The consequences of failing to carry out scheduled revisions in the wake of the changes made to the Primary Maternity Services Notice (Section 88) in 2007 and ensure that the maternity sector is meeting their obligations as set out in these and other documents has now become obvious. MSCC representatives are now working on a number of committees such as the expert working group revising the referral guidelines, the maternity standards advisory group, and the maternity service specifications working party. Consultation documents from all three are expected to be released before the end of the year.

MSCC's new *Epidurals during labour* leaflet

The MSCC has produced a new leaflet, the second in its *The Facts* series – *Epidurals During Labour*. The leaflet follows the production of the *Caesarean Section: The Facts* leaflet last year, and funding has now been obtained for a third leaflet on inductions. There is a charge for these leaflets which are available – refer to the MSCC website www.maternity.org.nz. We also request a donation to cover postage and handling costs for orders over 50.

What's in this issue of the newsletter

The September issue of the newsletter features an update on what happened to the extra funding for postnatal care, a summary of some of the statistical information in the National Women's Health 2009 Annual Clinical Report, an article on the new infant growth charts the Ministry has introduced, and much more.

Don't forget to check the dates for the MSCC's Steering Group meetings for the last three months of the year and put them in your diary.

Happy Reading!

Lynda + Jennie

EXTRA POSTNATAL STAY FUNDING: THE MINISTER EXPLAINS WHERE IT WENT

The Minister of Health, Tony Ryall has responded to the request for more information about the \$38.5 million spread over four years for longer stays for new mothers who meet the criteria for an extra day in hospital. The funding for the 2009/10 year – a total of \$5.5 million – was only 6 months' worth of funding and in 2009 was provided to the DHBs as "tagged" funding, meaning that it was funded separately and noted as being specifically for longer postnatal stays.

Tony Ryall clarified the amounts of money being allocated to each DHB for the next three years. Because the new funding allocation for the 2010/2011 year totals \$1.1 million, half of it is regarded as new funding "required to top the DHB up to cover a full 12-month period" and is therefore tagged. The other half isn't and forms part of the DHB's baseline funding. For the following two years the \$1.1million will be included in DHBs' baseline funding.

Monitoring where the money goes

Responding to concerns about the MOH's ability to monitor whether the funding is actually spent on longer postnatal stays once the funding becomes part of DHBs' baseline funding, the Minister stated: "The Ministry will be able to monitor the length of stay for new mother through national data collections."

The Minister is obviously unaware that the Ministry has been unable to collect accurate data on maternity services for several years. The last National Maternity Report was for the 2004 year. Changes to the Section 88 Maternity Notice implemented in 2007 put an end to the NZ Health Information Service/MOH's ability to extract data on maternity services and there have been no national maternity reports since the 2004 report. In fact a number of coronial inquiries over recent years have criticized the lack of data on maternity services outcomes.

The letter points out that "it would not be practical to monitor expenditure directly since Maternity services are not purchased on a per day basis – the extra administration costs associated with setting up new financial reporting systems would use up health dollars better spent on patient care." We agree, but exactly how the Minister will be able to ascertain that the extra \$1.1 million for this financial year has resulted in some new mothers getting an extra day in hospital remains a mystery.

The MSCC wrote to both the Minister and to the three Auckland DHBs and asked for more information on how the spending of the funding for extra postnatal care for new mothers will be monitored. The three DHBs responded as follows:

Auckland DHB

Auckland DHB advised that they decided to spread the initial 6-months funding for extra postnatal care over the whole 09/10 year. As Birthcare Auckland is a primary maternity facility it provided the majority of the extra postnatal stays for women.



“Whereas at NWH, given it is a secondary and tertiary facility, there are already much higher than average lengths of stay. This is mainly because of the recovery process from complex birthing deliveries and c-sections which are undertaken at NWH.”

Birthcare results show that approximately 27% of all women who have postnatal stays received the extra length of stay. For the months March – May 2010, 233 women out of 874 received 439 additional day stays – an average of 1.8 extra days for each women. Breastfeeding and maternal confidence with the baby are the major reasons identified by LMCs for the extra postnatal stay.

As far as monitoring the spending of the extra postnatal care funding is concerned, Auckland DHB requires a monthly list of women who have “participated in the extra postnatal stay programme” and is developing a reporting process that will enable them to identify women needing extra postnatal care at National Women’s on the same criteria as Birthcare.

Waitemata DHB

Waitemata DHB responded in much more general terms, and advised that they measure the overall length of stay. In July 2009 it was 2 days and in June 2010 it had increased to 2.46 days. The DHB’s overall target is to increase the overall length of stay to 2.5 days. The letter stated: “We have included in this target women who plan an early discharge and leave hospital from 2 – 6 hours after birth. Lead Maternity Carers have been asked to identify women who would benefit from an additional day in hospital, and our consumer satisfaction surveys are indicating overall satisfaction with length of stay from women.”

As far as monitoring is concerned Waitemata DHB said they will be monitoring the length of stay and they expect to see an increase. The DHB’s three primary birthing providers also get regular visits at which monitoring reports and postnatal stays are reviewed. The monitoring process will continue over the next 3 years.

Counties Manukau DHB

Counties Manukau DHB responded by providing tables that showed that the postnatal length of stay for mothers whose babies had been to the Neonatal Unit or whose baby had special needs had increased from 3.11 days from July 2008 – February 2009, to 4.57 days in the period from July – December 2009, to 4.29 days in the period from January – June 2010.

The length of stay for mothers who had a caesarean section increased from 5.53 days in the year to date to March 2010 to 5.85 days in the year to date to June 2010.

The letter states that postnatal length of stay has increased for all the identified groups and that CMDHB will continue to have a particular focus on support for Maori and Pacific mothers as well as for first-time mothers.

The DHB is yet to determine how the additional future funding will be utilised.



2009 ANNUAL REPORT FROM NATIONAL WOMEN'S

National Women's released its Annual Clinical Report for 2009 in August 2010. It is the 17th in the current series. The annual seminar examining the information contained in the report took place on Friday 13 August 2010.

The 254-page report contains a wealth of statistical information on the 7711 women who gave birth at NWH in 2009 and the 7873 babies they gave birth to plus the 24 women who gave birth before they actually got to the delivery unit. Nine women gave birth twice during 2009 and are counted twice in the report. In 2009 there were 156 sets of twins (156 sets in 2008) and 3 sets of triplets (4 sets in 2008).

Normal births

The intervention rates have remained much the same over the past few years. In 2009 55.8% (4313 out of 7735 birthing mothers) had what the report refers to as a "spontaneous vertex birth" and 0.8% (61 mothers) had a vaginal breech birth.

Only 47.8% of first-time mothers had a spontaneous vertex birth compared to 47.3% in 2008.

Multiple births

The percentage of babies born in a multiple pregnancy has remained much the same for the past 10 years, and was 4.1% in 2009 compared to 4.3% for the previous year.

Out of the total of 321 babies born in a multiple pregnancy 13 died. Of the 102 twin pregnancies that reached term, 30 (29.4%) were delivered by caesarean section compared to 43% in 2008. Only 10 (9.8%) went into spontaneous labour compared to 17% in 2008.

Forty of the 210 pre-term babies were delivered by caesarean section prior to the onset of labour and 44 by an elective caesarean section. Vaginal birth of both twins occurred in 42% of twin pregnancies, a rate that has been stable over the past few years.

The reports notes that "pre-term birth is the norm for twins at NW with two thirds being born pre-term. Pre-term births are more likely to be spontaneous and result in an emergency caesarean section."

Induction of labour

The rate of induction of labour at term was 29.1% in 2009 – similar to the rate in 2008. The report notes that at term 45% of pregnancies ended prior to spontaneous onset of labour – 29% by induction, 15% by elective caesarean section, and 2% by emergency caesarean section before onset of labour.



The report notes “Post dates pregnancy and ruptured membranes at term were most common primary reason given for induction of labour in 2009. In 2008, prolonged latent phase was the most common reason.”

Induction of labour increases with maternal age – from 25.6% among mothers under 20 years of age to 44.8% of mothers over 41, while spontaneous onset of labour dropped from 71.6% to 20.3% in these age groups. Induction of labour is also associated with maternity care provided by private obstetricians (34.5%) who also have the lowest rate of spontaneous onset of labour at 30.9% compared to 62.4% for GPs and 67.5% for independent midwives.

For first-time mothers an induction of labour was associated with a vaginal birth rate of 65% compared with 85% following spontaneous labour. The report also notes that “the emergency caesarean section rate following induction is higher than following spontaneous onset of labour for both nullipara and multipara without previous caesarean.”

Epidurals

The epidural rate among labouring women was 60% in 2009 compared to 52% in 2008. For first-time mothers it was 83.3% if labour was induced and 55% if labouring spontaneously. For multipara it was 56.1% if labour was induced and 27.8% if labouring spontaneously.

Forceps and Ventouse

The rate of forceps and ventouse deliveries (combined under the term “operative vaginal deliveries”) was 12.2% in 2009 – with ventouse being the instrument of choice. 20% of first-time mothers had their baby with the aid of a ventouse (or forceps) compared with 5% of mothers having subsequent babies.

Forceps were used for 5.7% of vaginal births and ventouse for 11.4%.

33.2% caesarean section rate

In 2009 the caesarean section rate was 33.2%, compared to 31.1% in 2008, and 20.8% in 1995 and 1996. There was little difference between the caesarean section rate for first-time mothers (32%) and for mothers having subsequent births (30.5%).

The report comments: “In the mid-90s, the total caesarean section rate at NW was around 20%. In the last couple of years we have put a lot of effort into reducing the caesarean section rate, which had risen to above 30%. Despite halting the ongoing rise, and pulling it back a couple of percent, the caesarean section rate remains well above the mid-90s 20%. The low rate of spontaneous vertex birth is still disappointing.”

The reason given for 39% of all elective and pre labour emergency caesarean sections at term was “repeat caesarean section” – for multiparous women it was 62%.



The reason given for in labour emergency caesarean section was obstructed labour (about 40%), foetal distress (close to 23%), foetal intolerance to Syntocinon (around 8%), and non medical (2-3%).

Low VBAC rate

The report also reveals that the rate of vaginal births after one previous caesarean section (VBAC) was only 22.5%, but was 66% if labour started spontaneously and 51% if labour was induced. The report suggests a more liberal policy towards VBAC is needed.

Breech birth

Of the 335 singleton babies presenting as a breech, 296 were delivered by caesarean section. Among breech births at 32-36 weeks the percentage of caesarean deliveries is over 90%, despite the fact there is absolutely no evidence to support such a practice.

As in previous years the report again acknowledges that the findings of the Hannah Term Breech Trial has had a major effect on clinical practice and resulted in a dramatic increase in the number of caesarean sections performed for breech births, despite the flawed methodology of this trial.

Unfortunately the publication of numerous papers on the short and long term harms to the health of both mothers and babies of non-labour caesarean birth has not had the same effect on clinical practice.

Postpartum Haemorrhage

The postpartum haemorrhage (PPH) rate continues to rise and it remains a cause for considerable concern. It is associated with the increasing caesarean section rate.

Postpartum Hysterectomy

In 2009 14 women had an emergency postpartum hysterectomy. Hysterectomies following birth are usually associated with repeat caesarean sections.

Breastfeeding

In 2009 over 82% of mothers were discharged from National Women's exclusively breastfeeding their babies.

Copies of the NWH 2009 Annual Clinical Report are available via email:
marjetp@adhb.govt.nz



MINISTRY OF HEALTH INTRODUCES NEW GROWTH CHARTS

It has taken decades for the Ministry of Health to rectify the problem of use of growth charts that undermine breastfeeding mothers by recording the growth of their babies in the *Well Child/Tamariki Ora Healthbook* on growth charts based on babies fed on artificial infant formula.

In a recently received letter from the Ministry Pat Tuohy explained that in 2008 the Ministry introduced new charts that use growth patterns of babies that had only been breastfed, and were based on optimal growth, rather than on average growth. The charts recently introduced in the *Well Child Healthbook* are based on those developed for the UK and are based on the growth patterns of babies that have only been breastfed.

“These charts used growth standards developed by the World Health Organisation in 2006. The charts were felt to be a better measure of growth, as health breastfed babies all around the world, no matter what their ethnicity, grow in a similar way, at a similar rate,” the letter stated.

The new charts use new centiles and have no centile lines for 1-2 weeks of age because most babies lose some weight and then regain it during the two weeks after birth.

There is also a separate preterm birth section, but this is unfortunately not included in the *Well Child/Tamariki Ora Healthbook*. It is only in the combined growth charts and health professionals’ notes. Those mothers who have had preterm babies know how disheartening it is to have their baby’s weight and growth charted on weight and height centiles that are designed for full term babies.

There are six fact sheets for health professionals that explain how to use the growth charts:

- Fact Sheet 1 – What are growth charts and why do we need them?
- Fact Sheet 2 – About the NZ-WHO growth charts
- Fact Sheet 3 – Measuring and plotting
- Fact Sheet 4 – Plotting and assessing newborn infants
- Fact Sheet 5 – Plotting preterm infants
- Fact Sheet 6 – Plotting and assessing infants and toddlers up to age 5 years

These fact sheets are on the Ministry of Health’s website: www.moh.govt.nz/wellchild, as well as copies of the amended combined growth charts and health professionals’ notes. An information leaflet for parents is also available.



THE USE OF EPIDURALS DURING LABOUR

The use of epidural pain relief during labour has become so common that it is now accepted as a routine part of hospital maternity care for labouring women in westernised countries. The vast majority of pregnant women are not told that epidurals carry significant and unacknowledged risks and side effects for mothers and babies, and because of the way an epidural interferes with the major hormones of labour and birth can have long-term effects on breastfeeding and the mother-baby relationship.

In Chapter 7 of her book “*Gentle Birth, Gentle Mothering*” Sarah Buckley describes in detail how epidurals can significantly interfere with some of the major hormones of labour and birth and explains the negative effects on the processes of labour and birth.

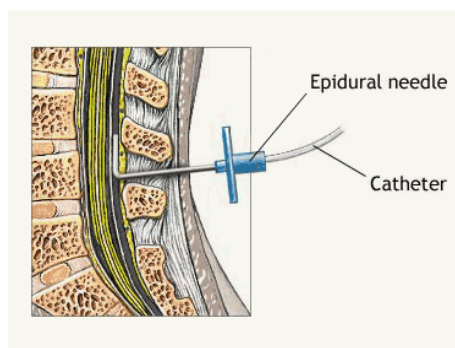
According to the World Health Organisation (WHO) “epidural analgesia is one of the most striking examples of the medicalization of normal birth, transforming a physiological event into a medical procedure.”

As a result of the lack of informed consent surrounding the use of epidurals during labour the MSCC has produced a pamphlet on the issue.

EPIDURALS DURING LABOUR: THE FACTS

The Maternity Services Consumer Council (MSCC) has produced another new pamphlet on the risks and side effects of the use of epidurals during labour. The pamphlet is the second in the ***The Facts*** series and it contains information on:

- What is an epidural
- How is it given
- The benefits of epidural analgesia
- The disadvantages of epidurals
- Epidurals and caesarean sections
- The hormones of labour
- Side effects on the baby
- Positive birth experiences
- Minimising the risks of epidurals
- Informed consent



Copies of *Epidurals: The Facts* are available for \$1 each for orders up to 20 copies. Postage and handling costs are also invoiced at the time of fulfilling your order.

To order copies of the pamphlet contact the Maternity Services Consumer Council on ph 520-5314 or email: mscc@maternity.org.nz



ALCOHOL AND PREGNANCY: A PRACTICAL GUIDE FOR HEALTH PROFESSIONALS

The Ministry of Health has just published a guide on alcohol and pregnancy for health professionals involved in caring for women during pregnancy and birth. The 26-page document was produced in order to prompt and support primary care health professionals to:

- ask women who are planning a pregnancy or are pregnant if they are drinking alcohol
- provide brief advice about not drinking alcohol when planning a pregnancy or when pregnant and explain why
- assist women who are having difficulty stopping, or whose drinking is problematic, and refer them to a specialist addiction treatment service.

The document can be accessed and downloaded at:

[http://www.moh.govt.nz/moh.nsf/pagesmh/10332/\\$File/alcohol-pregnancy-practical-guide-health-professionals.pdf](http://www.moh.govt.nz/moh.nsf/pagesmh/10332/$File/alcohol-pregnancy-practical-guide-health-professionals.pdf)



WAITAKERE COMMUNITY BIRTHING CENTRE

The committee established following a public meeting held in West Auckland in March 2010 to discuss the proposal to set up a primary birthing centre in the West continues to meet regularly and has now produced a draft Trust document which describes the vision and objectives of the new Trust.

Committee members have met with West Auckland GP Peter Woolford, MP Carmel Sepuloni and Sally Dalhousie, the Community Services manager at West Fono, and plan to meet with Peter Sharples and John Tamahere. The committee plans to hold another public meeting once the Trust has been established and registered with the Charities Commission.

Midwives and other interested health professionals in the Waitemata DHB region have been surveyed about their maternity practice and their response to planned birthing centre.

A Facebook page has also been set up: www.facebook.com. Search for *Community Birth Centre 4 Waitakere*



MSCC Meeting Dates for 2010

Our MSCC Steering Group is growing and this can only mean great things for the women of New Zealand. Make sure your voice is heard - please make a note of the following dates for the coming year in your diary and come along to our monthly meetings. You can be assured of a warm welcome. The MSCC meets on a Tuesday morning – meetings start at 10 am – and the days have been fitted around school holidays.

The meetings are held on the 2nd floor, 27 Gillies Avenue, Newmarket. The meeting dates for 2010 are: **19 October, 16 November and 14 December.**

So if you have an issue of concern or would like to share information about women's experiences of maternity care then do come along. Babies and toddlers welcome.

We look forward to seeing you – on the 2nd floor, 27 Gillies Avenue.



Would you like to receive the quarterly newsletter electronically or by “regular” mail?

Or perhaps you are not on our newsletter mailing list and would like to be!

If you would like to receive an electronic or paper copy then please send an email to Jennie at mscc@maternity.org.nz and she will take you put onto either the electronic or paper newsletter mailing list! Please also note that our newsletters and many of our articles are also available in PDF format on our website: www.maternity.org.nz



UPCOMING CONFERENCES

Perinatal and Maternal Mortality Review Committee (PMMRC) Annual Workshop: *“Healthy Mothers, Healthy Babies”*

**Tuesday, 23 November 2010
Millennium Hotel, Christchurch**

The theme this year is Healthy Mothers, Healthy Babies – improving outcomes for New Zealand mothers and babies.

The topics being covered include:

- New Zealand PMMRC statistics
- Midwifery perspective on quality improvements in care
- Role of ethnicity and deprivation in health outcomes
- Maternal Mental Health
- Mothers who smoke

Registration: Registration is \$140 (GST incl.) If registration and payment are received by **4 October 2010**, an Early Bird rate of \$115 will apply.

For more information and to register visit: www.healthymothersandbabies.co.nz

Postnatal Distress Conference 2010 *Becoming a New Parent & Perinatal Distress – What You Might Not Know & Who Can Help?*

**28-30 October 2010
Mercure Hotel, 355 Willis Street, Wellington**

The programme is available at: <http://www.pnd.org.nz/registration-form.pdf>

For more information visit: www.pnd.org.nz

