



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

Welcome to the third issue of the Maternity Services Consumer Council Newsletter for the year.

Increased postnatal care? Yeah right!

Since the June newsletter was mailed out the MSCC has been working on trying to get a straight answer from the Minister of Health about the announcement he made regarding increased access to postnatal care. Not surprisingly, it is not as simple as you might think. Criteria apply! How long a woman is entitled to stay in hospital after giving birth is heavily dependent on whether there are problems which would entitle her to more than a few hours of in-patient postnatal care. See page 12 for further details.

MSCC's new leaflet

We have been working on another leaflet – the second in our **Choices** series. Following on from the *Screening During Pregnancy* leaflet the new leaflet focuses on choices during labour and birth. It is currently being circulated for feedback before being sent to the wonderful design people at Paradigm. We hope to have the leaflet back from the printers by the end of October.

Maternity Action Plan

The MSCC put in a submission on the Maternity Action Plan and have followed up with letters to Minister of Health, Tony Ryall, requesting details of the proposals in his announcement regarding increased funding and services for the maternity sector. It is an ongoing process.

What's in this issue of the newsletter

The September issue contains a summary of some of the statistics in National Women's Annual Clinic Report for 2008, and the story of the birth of Hermione Rudd at Birthcare a few months ago. There is an article on the new respite centre for mothers and babies that opened in Manurewa earlier in the year, a summary of the recently published Canadian study showing that home birth with a midwife is just as safe as a hospital birth and is accompanied by fewer interventions, and finally an item on a couple of interesting conferences that are coming up.

Don't forget to check out the dates for the MSCC's Steering Group meetings for the rest of the year.

Happy Reading!

Lynda & Jennie



2008 ANNUAL REPORT FROM NATIONAL WOMEN'S

National Women's released its Annual Clinical Report for 2006 in August. It is the sixteenth in the current series. The customary public seminar examining and commenting on the information contained in the report took place on 7 August 2009.

The 270-page report contains a great deal of statistical information on the 7579 women who gave birth at NWH in 2006 and the 7743 babies they gave birth to plus the 10 women who gave birth before they actually got to the delivery unit. Nine women gave birth twice during 2008 and are counted twice in the report. In 2008 there were 156 sets of twins (174 in 2007) and 4 sets of triplets (3 sets in 2007).

Normal births

The intervention rates have continued to rise with a corresponding drop in the numbers of normal births. The percentage of spontaneous vaginal births fell from 54.7% in 2007 to 53.6% in 2008 – and down from 62% in 1998.

Only 47.3% of first-time (nulliparous) mothers had a spontaneous vaginal birth.

Multiple births

The percentage of babies born in a multiple pregnancy has remained much the same for the past 10 years, and was 4.2% in 2008 compared to 4.5% for the previous two years.

Out of the total of 324 babies born in a multiple pregnancy 16 died. Of the 108 twin pregnancies that reached term, 46 (43%) were delivered by caesarean section. Only 18 (17%) went into spontaneous labour.

One hundred of the 204 pre-term births were delivered by caesarean section prior to the onset of labour. In total 146 of the 212 twin pregnancies were delivered by caesarean section in 2008. Vaginal birth of both twins occurred in 42% of twin pregnancies.

33.1% caesarean section rate

In 2008 the caesarean section rate was 33.1%, compared to 31.7% in 2007, and 24.6% in 1998. There was little difference between the caesarean section rate for first-time mothers (31.8%) and for mothers having subsequent births (30.8%).

The report comments that among first-time mothers “the overall caesarean section rate, at 31.8% was similar to the 31.1% in 2004, but has increased by two thirds since 1993. The caesarean rate in multiparous women has been close to 31% for the past 3 years. Among both multiparous and nulliparous women, the elective caesarean section rate has continued to rise, while the emergency caesarean rate has dropped.”

The reason given for 53% of all elective and pre labour emergency caesarean sections at term was “repeat caesarean section” – for multiparous women it was 75%.

Other indications for elective and pre labour caesarean sections were malpresentation (16%), maternal request (9%), and maternal medical condition and placenta praevia



(around 4 - 5% each). The reason given for in labour emergency caesarean section was obstructed labour (about 39%), foetal distress (just over 30%), foetal responses to Syntocinon (around 16%), and non medical (around 4%).

Failure to progress is no longer recorded as a reason for a caesarean section.

Low VBAC rate

The report also reveals that the rate of vaginal births after one previous caesarean section (VBAC) was only 21%, but was 59% if labour started spontaneously and 52% if labour was induced. The report suggests a more liberal policy towards VBAC is needed.

Induction of labour

The rate of induction of labour has risen to 29% compared to 24.8% in 2007. 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 1.6% by emergency caesarean section before onset of labour. As in previous reports the 2008 report states that the possibility remains that the numbers given under-represent the true induction rate.

The increased inductions were performed in the labour and birth suite. For this group of women the primary reason for the induction is recorded as “prolonged latent phase.” The report notes “it is concerning that this is the most common reason for induction as it may lead to unnecessary interventions.”

Induction of labour increases with maternal age – from 27.7% among mothers under 20 years of age to 38.1% of mothers over 41, while spontaneous onset of labour dropped from 70.3% to 25% in these age groups. Induction of labour is also associated with maternity care pro-vided by private obstetricians (30.7%) who also have the lowest rate of spontaneous onset of labour at 34.4% compared to 60 - 72% among other major LMC provider groups.

For first-time mothers an induction of labour results in a spontaneous vaginal birth (SVB) rate of 40%, compared with a SVB rate of 60% following spontaneous labour. Induction of labour doubles the emergency caesarean section rate.

Epidurals

The epidural rate among all labouring women was 52% in 2008. For first-time mothers it was 83.2% if the labour was induced and 56.9% if labouring spontaneously.

Forceps and ventouse

The rate of forceps and ventouse deliveries (combined under the term “operative vaginal deliveries”) was 12.4% in 2008 – with ventouse being the preferred instrument. 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 4.9% of vaginal births and ventouse for 12.1%.

Breech birth

Of the 346 singleton babies presenting as a breech, 87% 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.



The report 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. Women who have a spontaneous or induced labour, even those who end up with an emergency caesarean section, have a lower rate of postpartum haemorrhage than those women who have an elective caesarean section. The rate of primary PPH of up to 500mls has risen from 24.1% in 1998 to 36.1% in 2008. The primary PPH of 500-1000mls has risen from 4.2% in 1998 to 8.4% in 2008.

Postpartum hysterectomy

In 2008 14 women had an emergency postpartum hysterectomy. Hysterectomies following birth are usually associated with repeat caesarean sections.

Breastfeeding

In 2008 over 79.2% of mothers were discharged from National Women's exclusively breastfeeding their babies. This figure reflects the fact that the Baby Friendly Hospital Initiative audit was completed in December 2007 with NWH being awarded their Baby Friendly Certificate in March 2008.

The report notes that "the increase in exclusive breastfeeding is apparent for all ethnicities; and this is in line with the government's focus on improving breastfeeding particularly in the Maori and Pacific Island population. It is concerning however that the exclusive rate has decreased for the NZ European population and focus on this group is warranted in 2009."

Postnatal readmissions

In 2008, 456 (6.0%) of the 7589 women who gave birth at National Women's had postnatal readmissions, either after their initial postnatal stay or after being discharged to home or other postnatal facilities. Out of the total of 456 readmissions, 370 women had one readmission, 34 had two readmissions, and 6 women had three readmissions.

Maternal deaths

In 2008 there were two maternal deaths. One woman died due to suicide in the antenatal period, and one woman died due to postpartum haemorrhage.

- **Copies of the 2008 Annual Clinical Report are only available via email:**
marjetp@adhb.govt.nz



HERMIONE'S BIRTH

It was 2.30am on the morning of the 14th of August, a Friday, a full week before my due date, when I woke up and thought to myself, now either my pelvic floor has finally given out or my water just broke because my side of the bed was somewhat sodden.

So, as you do, I had a bit of a feel around on the bed to see just how far the wetness extended (far) and then gently reached over to my husband who was fast asleep and whispered..."Si, I think my water just broke". Well that brought him awake fast enough and out of the bed he was, lights were turned on and covers were ripped back to check. He tended to agree with me.

So towels were procured for me to sit upon, and I had thought, well when this stops let's try to get some sleep as it's obvious that baby is going to be making an appearance sometime in the next 24 hours That never happened. Due in large part to having so much water; I had had to have two scans to check the liquor levels as I had so much (top end of the average scale). Every time I moved, more water came out ... it was almost biblical in it's proportions. I went through about 30 towels and the water continued to come out for another two hours.

I was pretty certain Max (our 6yr old) would wake, as lights went on and cupboards were being rummaged and the kettle was going. Tea is an important thing at a time like that! He woke up and came through at 5.30am, so we explained to him what was happening and why Mummy was sitting on all the household towels ... he was excited to think his new baby brother or sister would be joining us soon.

Around 4am I had started to get some low cramping and about 45 minutes later I started to contract ... nothing painful really. I asked Si to start timing them as they had become more regular. They did settle into a regular pattern and I decided to get in the shower, stayed in there for about 30 minutes with Si timing and then called the Midwife about 6.30am to let her know we were on for today! She asked if I needed to come in...I said no, I was happy coping.

About 8am I had a show, so we called the midwife again and we agreed for me to come in. Well all excited now...Si and I had double checked we had everything in the bags earlier; as Si was going to be staying in with me at Birthcare. Max was happily with Gran Gran.

So bags were put in the car, the car was brought out of the carport and more towels were laid on the passenger side hey, who wants amniotic fluid on the car seat?! Still in my dressing gown and slippers on we set off. Of course in rush hour traffic, luckily my contractions, although getting more intense, weren't major at that point ... but I must have looked odd to the people in cars next to us.

We arrived at Birthcare and got ourselves settled into the birthing suite. The birthing suite at Birthcare is pretty large and contains a very big pool. It is really great. We had music to play, very calming gentle music...it was perfect. The midwife then did a check to see where I was up to ... only 2 cms, so really early days.

So Si and I started to walk to the floor at Birthcare. Backwards and forwards we went as the contractions got more intense, til they reached the point that I was having to stop



each time. I decided then to just stay in the room. About then I remembered just how much labour hurt, and what exactly was ahead of me too late to do anything then!

Leaning over the pool I got to a point when I asked the Midwife for another check. I really, really wanted to get into the pool. The time was 12 midday. I was 4cms, so in I hopped. The water was wonderful and I settled into a rhythm to ride the contractions, I had a little mantra in my head as the contraction reached it's peak "open and release", I also kept my jaw loose and shoulders relaxed, which really helped. I had also told Si that he wasn't to move, touch me or talk to me. I needed to concentrate and he was trying to be so helpful and rub my neck etc, I just found it distracting.

So he just had to sit there. I have (weirdly) really pleasant memories of this time, the lights were low, the music was soothing, I knew Si was right next to me, I could hear rain lashing the windows, and each time a contraction would peak I would lift off ever so slightly to rock my pelvis in the water. In between contractions I would drop my head and really relax...to the point of near sleep in between.

Over the next hour or so the contractions became more intense, and it got to a point that I couldn't ride the waves, and I just sort of lost it for about 15 minutes and started sobbing each contraction. My very impressive husband remembered the rescue remedy ... which he would spray in my mouth between contractions, and I would lean into him for support.

Si said after, this was one of the two hardest times he had, just watching me sobbing in pain and he couldn't do anything to help.

Soon after that the labour felt different and a lot more pressure was the only way I could describe it which is what I said to Si..."the pressure, the pressure". He felt things had changed and went to get the midwife ... the very lovely Abby. Si said after, that he had said to Abby that he felt I needed checking. Abby thought it might be a bit early, but she came in to see. Si said she watched me for about a minute, then went and got changed. He figured she had decided things were moving!

I remember her saying that she was going to see how far along I was now that involves getting out of the pool, not something I was terribly keen to do, as the water helped to take off the gravity pressure and I knew damn well the minute I got out it was really going to hurt. So right after a contraction I got out, made it to the bed where she had a quick check ... she said I was 8cms but really stretchy. I had a massive contraction on the bed which was very painful. As I was on my side at the time I had a good view of the gas cylinders, so asked for the gas and air. Not a problem said Abby. I decided to take the opportunity to go to the toilet whilst I was out of the pool, had another huge contraction there and basically ran back to the pool...impressive considering my size and the fact I was in heavy labour!

Well I had been back in the pool about five minutes and using the gas/air, when this absolutely massive really long contraction hit, and I had an uncontrollable urge to push. I remember shouting out to Abby that I was having to push and that I was sorry! Because in my head I thought, shit she just said 8cms, I'm not 10 yet, I can't push I'll do myself damage..... Abby said to try not to push, but that proved impossible and as each contraction hit I had to push. Abby explained afterwards she was trying to slow me down a little.



I also recall the tap being turned on and more hot water coming in. Si said that Abby had told him to put more in as the pool was too cold for a newborn....he said he had thought, right we are on here, the baby is going to be born soon ... I just remember being annoyed in the change of water temp!

This was the second time Si struggled to see me in pain. He said after he couldn't believe what I was doing, or having to go through, nor the deeply primal sounds I was making. I remember I was trying anything to get into some sort of comfortable position, which because of the power of the contractions, and how fast the baby was moving down, just proved impossible. I was a bit like a demented crab scuttling around the pool. I would come back to the edge to rest, and grab the mouth piece of the gas/air to be ready for the next contraction. Apparently during one of these rounds, I managed to rip a large handful of hair out of Si's arm ... he felt it best not to mention it at the time.

I could really feel the baby's head moving down inside me, and as I was still worried about being fully dilated, I had asked Abby was he/she through the cervix yet....she told me to have a feel and see so I did, a very strange feeling as I could feel the head very close.

I moved to the edge of the pool, facing up, and again with each contraction I would lift up, and float. Finally my baby was nearly there, I felt the head crown, but only a little and as the contraction passed she slipped back again. But I knew then, I was nearly there, so on the next one I pushed like crazy and she fully crowned ... but disaster... the contraction went away .. I was still pushing. Abby asked me "is that contraction still there?" "Nooooo" I wailed.

I now had to wait for the next contraction, with my baby's head all 34cms around of it was just there. One of the longest minutes of my life! So with the next contraction I pushed with all my might and out she came, all at once. Abby lifted her out of the water and I opened my eyes to see my baby reaching for me as she was put on my chest. Si was right next to me and we both were in tears. Finally after all the waiting, there she was, a real live baby, covered in vernix, curly dark hair and blue eyes looking at us.

It is such an unreal moment and it takes a while for it all to sink in. This little person who I had known as the bumps and kicks and rocks inside me was here ... and looking at us!

2.52pm Hermione Marryat Ahorangi Rudd joined the world. I had just under three hours of active labour.

Abby said the cord had stopped pulsing, so that's when she was turned over and we saw we had a daughter. Si cut the cord and was surprised how hard it was to cut. Abby then handed Hermione out to Si, so she could help me out of the water..... and for the repairs, as I knew I had done damage, I could feel it. Not that it surprised me, 20 minutes is a very fast second stage.

I was a bit wobbly on the legs ... not surprisingly. Such a wonderful feeling though, I had done it, I had a beautiful daughter. Si had supported me right the way through the labour and although he had felt helpless at times, he had given me just what I needed. The music was still playing, the rain was still lashing the windows and we were inside with our brand new daughter and all warm and content. She had an Apgar of nine at birth,



and 10, five minutes later. I had the normal birth I had wanted to badly. I was on cloud nine.

Si stayed with Hermione under the heat lights, just by the bed and had a magical time with her...the very first father daughter conversations as Abby repaired my damaged nether regions! It wasn't too bad and nothing like the stitching needed for Max as I had had an episiotomy then.

I then got to enjoy over an hour of skin to skin with Hermione in the birthing suite, with the first of her feeds, before having a shower ... sitting down, as standing was just too hard! Whilst I was having my shower Hermione got all her checks. Hermione was 8lb 3oz, her head circumference was 34cms and she was 50cms in length.

We stayed there til after 5pm when we moved through to our room. We spent three days in Birthcare, and Si and I still look back on that time as magical. To wake each morning with our brand new daughter; to open the curtains onto the domain; and be so content in our room. It really was wonderful. We were so looked after, the midwives were fantastic and we felt so cared for, the best start that could possibly be had. If I'm honest both of us could have happily stayed on for a few more nights.

Hermione is now five weeks old, she is exclusively breastfed on demand, has gained nearly 1kg since birth and is a dream; she even sleeps well at night! To be honest I do put all this down to having great care courtesy of the Birthcare Midwifery team, an amazing birth and such superb care in the early days.

We would like number 3 and as far as Si and I are concerned there is only one place we will be going... Birthcare. They really do live up to the name.

Hassanah Rudd



Hermione Rudd



RESPIRE CENTRE FOR NEW MUMS

Earlier this year a respite centre for new mothers opened in Manurewa. The Maternal Crisis Respite Services actively supports mothers and their babies when mothers are experiencing a mental health crisis, while maintaining close links with their family, local community supports and the Counties Manukau District Health Board's clinical services. The Centre is run by Affinity Services, a standalone charitable company owned by the Affinity Services Charitable Trust. The community-based organisation has been providing mental health services in the Auckland region for over 33 years and was formerly known as Baptist Mental Health Services.

The new respite centre has two self-contained units - one unit has two beds and the other unit has one bed. Access to the service is through a GP referral to the DHB's maternal mental health service. After a specialist assessment, a care programme is planned to avoid duplication services. The service offers both home-based support options as well as the residential short stay centre.

Care is provided in a way that highlights the importance of allowing mothers to remain with their babies when experiencing acute deterioration in their mental state, acknowledging the positive impact this has on attachment, and the health and well-being of both mother and baby. Support workers work alongside mothers in a home-like safe and supportive environment which aims to enhance wellness, reduce stress and distress and assist the mother to care for her baby. The centre has a safe play area for babies and toddlers.

The average length of stay is around five days. Some women only need two to three days to get back on their feet and return home, others need longer. In the first six months, 32 mothers have accessed the service – 10 were pregnant, and 22 came with their babies. The age of the mothers ranged from 18 to 42 years, the babies from two days to 12 months.

Of the 32 mothers, 31% had postnatal depression, 28% had major depression, 9% has postnatal psychosis, 9% had bipolar disorder, 6% had schizophrenia, others were extremely anxious. The range of ethnicities were representative of the Counties Manukau population – 44% were NZ European, 25% were Maori, 25% were Pacific, and 6% were South Asian.

Some of the comments from the mothers:

"Thanks so much for all the support & encouragement..."

"Thanks for restoring some confidence & much needed rest & sleep to a stressed out new mum."

"...it is very relaxing and peaceful here, just what I needed."

- For further information visit Affinity's website: www.affinityservices.co.nz



HOME BIRTH WITH MIDWIFE AS SAFE AS HOSPITAL BIRTH

31 August 2009

Giving birth at home with a midwife present is as safe as a hospital delivery accompanied by a doctor, suggests a new Canadian study, which found home births were associated with fewer adverse outcomes for both mother and baby.

The study, published Monday in the *Canadian Medical Association Journal*, analysed nearly 2,900 planned home births in British Columbia that were attended by regulated midwives, more than 4,700 planned hospital births attended by the same midwives and more than 5,300 hospital births attended by physicians.

The research found that women who had a planned home birth had a lower risk of having to undergo obstetric interventions such as electronic fetal monitoring, epidural, assisted vaginal delivery and caesarean section, and adverse outcomes such as hemorrhage and infection.

"We don't know why birth at home is associated with fewer interventions, but women tell us they feel more comfortable, they don't have to get up in the middle of their labour and head to hospital, and they have more control over their environment," said study author Patricia Janssen, a doctor with the University of British Columbia.

The babies born at home were also less likely to suffer birth trauma, require resuscitation at birth and less likely to have meconium aspiration, where they inhale a mixture of their feces and amniotic fluid.

The perinatal death rate per 1,000 births was also low across all three groups.

"The decision to plan a birth attended by a registered midwife at home versus in hospital was associated with very low and comparable rates of perinatal death," the authors said. "Women who planned a home birth were at reduced risk of all obstetric interventions assessed and were at similar or reduced risk of adverse maternal outcomes compared with women who planned to give birth in hospital accompanied by a midwife or physician."

The findings add to the ongoing debate about the safety of home births. According to the study, research from North America, the United Kingdom, Europe, Australia and New Zealand has not found a link between planned home births and an increased risk of complications.

Janssen said a home birth may be a good choice for a mother "who has been healthy before pregnancy, hasn't had any complications during her pregnancy, is carrying one baby in a head-down position, and is at term."

However, the Canadian researchers say these studies are limited by problems such as incomplete data, non-representative sampling and the inclusion of unplanned home births.



A number of professional medical bodies, including the American, Australian and New Zealand Colleges of Obstetricians and Gynaecologists oppose home births, while the Royal College of Obstetrics and Gynaecologists in the U.K. supports home birth.

The Society of Obstetricians and Gynaecologists of Canada has recommended research into the safety of every birth setting, as is the case with this study.

The researchers say this study does not explain why home birth is linked to fewer complications -- for example, if environmental factors in the home reduce the risks.

The researchers also "do not underestimate the degree of self-selection that takes place in a population of women choosing home birth," which they speculate may be an important component for risk management.

But the findings will help other researchers who study the safety of home births.

"Our population rate of less than one perinatal death per 1,000 births may serve as a benchmark to other jurisdictions as they evaluate their home birth programs," the authors conclude.

As reported by CTV British Columbia:

http://www.ctvbc.ctv.ca/servlet/an/local/CTVNews/20090831/home_birth_090831/20090831/?hub=BritishColumbiaHome

A full copy of the research article is available:

<http://www.cmaj.ca/cgi/rapidpdf/cmaj.081869>



2009 MSCC Meeting Dates

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 rest of 2009 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 the remainder of 2009 are: **13 October, 3 November and 1 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.



INCREASED POSTNATAL STAYS?

In May this year, Health Minister Tony Ryall announced that the Government will spend an extra \$103.5 million over four years to boost maternity services for parents. Included in this extra funding was a provision for longer postnatal stays for new mothers. Some new mothers began demanding the right to extra in-patient postnatal care.

However, things are not quite as they seem. The extra funding was not just for longer postnatal stays. The Minister had clearly succumbed to ongoing lobbying from the medical profession and his announcement revealed that the funding was also for an optional meeting each trimester for at risk mothers, attended by the pregnant woman, her GP and their Lead Maternity Carer (LMC); for obstetric training or refreshers for GPs wishing to return to maternity care; and for meeting the cost of the increase in the number of births. The announcement also included reference to the government's election promise of fully funding the Plunketline 24 hour telephone advice service – \$14 million over four years – which had been the subject of a previous announcement.

The money earmarked for longer postnatal care was a mere \$38.5 million over four years. Obviously this is not sufficient funding to provide all new mothers with an extra day in hospital. If the birth rate is 62,000 births per year, then each new mother would get a mere \$153 for extra postnatal care. What the Minister's press release did not say was that the extra funding for postnatal care was only intended for 15% of mothers – the figure having being plucked from the last maternity services survey in which around 15% of mothers described feeling pressured into going home before they were ready.

There is no entitlement as such and decisions must be based on clinical need. Discussion must occur between the woman, her LMC and the birthing facility to identify a clinical reason for a length of stay greater than 48 hours. The facility is also required to identify and report on all women receiving the additional stay.

The conditions covering access to the extra postnatal care include breastfeeding problems, post-operative recovery, ongoing medical problems, psychological problems, babies with special needs, and geographical isolation. Mothers who need more support with mothering skills and confidence may also qualify.

"The Government has recognised the need for new mothers to have the option to stay longer in birthing facilities if they need extra support," Mr Ryall said. Yeah right!

**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

Cartwright Comes of Age

Women's Health Action is holding a seminar to mark the 21st anniversary of the release of the Cartwright Report. The seminar aims to provide a forum for critical and consumer perspectives on the major themes and recommendations that came out of the Cartwright Inquiry.

The seminar has a thought provoking, challenging, and informative programme that will keep the spirit of Cartwright alive and well in the 21st century.

Date: Friday, 6th November 2009

Venue: Waipuna Conference Centre, Mt Wellington, Auckland.

Speakers include:

- HDC Ron Paterson, on "*Consumer rights – rhetoric and reality*"
- Professor Kevin Dew on "*From Informed Consent to Informed Compliance.*"
- Assistant Privacy Commissioner Katrine Evans on "*Privacy and Public Good? The future for health information.*"
- Sandra Coney on "*Reflections on Cartwright.*"

There will also be a series of workshops in the afternoon.

For further information contact Women's Health Action on:
email info@womens-health.org.nz or phone 09 520 5295

****Midwifery Council approved 5 points for Professional Activities****

National Homebirth Conference 2009

"Birth Without Fear"

Inspirational speakers, uplifting location, delicious food and great company!

Date: 9th, 10th and 11th of October 2009

Venue: Wai-ora Trust, Watsons Road, Christchurch

For further information or to register your interest in attending the Conference, contact Tui Wagstaff on (03) 325-2233, or email the Canterbury Homebirth Association at conference09@canterburyhomebirth.org.nz

