



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

Welcome to the second issue of the Maternity Services Consumer Council Newsletter for 2010 – 2010 being the year that the Ministry of Health appears to have rediscovered maternity services.

Would you believe it? The Ministry has finally hauled maternity services out from under the bottom of the pile of its “To Do” list and sprung into action – or rather contracted others to spring into action. Following on from the maternity stakeholder focus groups held a couple of months ago, the MOH has decided to review its “*Your Pregnancy*” booklet which was first published in 1985 and last updated in 2004, is working on a consumer consultation framework for maternity services starting with a literature review followed by consulting with all us consumer groups (sigh, not again!) and has absorbed the National Screening Unit into the Ministry, presumably so that it can get more control over all this antenatal and postnatal screening that is going on. It’s still impossible to find out who, if anyone, is in charge of all this and whether Ministry officials are actually talking to each other about all these projects.

MSCC’s “*Your Choice*” leaflets

Having completed work on the three leaflets in our ***Your Choice*** series – *Screening During Pregnancy*, and the *Labour and Birth*, and *After the Birth* – we are hard pressed to keep up with all the orders that pour into the office. Many thousands of these leaflets have been mailed out over the past three months. These leaflets are available free of charge but we request a donation to cover postage and packing for orders over 50.

What’s in this issue of the newsletter

The June issue of the newsletter features an article on the H1N1 ‘swine flu’ vaccine and its use in children; describes the recent changes to antenatal screening for Down syndrome; has an item on the result of the MSCC’s complaint to the Ministry of Health’s Compliance Panel re promoting infant formula at free Bayer dinners; tells you what happened to the extra funding for postnatal care; contains an update on the work of Postnatal Distress Support Network; has the latest news on efforts to do something about the bacteria in infant formula, as well as news on various other events.

Don’t forget to check the dates for the MSCC’s Steering Group meetings for the second half of the year and put them in your diary.

Happy Reading!

Lynda & Jennie

THE H1N1 VACCINE AND CHILDREN

Despite predictions of an early return of Influenza A (H1N1) flu, as autumn fades into winter, New Zealand has yet to see the start of its seasonal flu season.

As reported in the March issue of the MSCC newsletter, the Ministry of Health embarked on an influenza campaign in February which saw a roll out of first the H1N1 (swine) flu vaccine, followed by the trivalent influenza vaccine that this year aims to protect against the H1N1 virus, the Influenza A (H3N2) virus and the Influenza B/Brisbane virus.

Unlike flu vaccination campaigns in previous years, the MOH is especially targeting pregnant women, as well as children who are deemed to be in the at risk group. This includes Maori and Pacific children, children with chronic conditions including neurological conditions and respiratory conditions, eg asthma, as well as those who live in very poor areas.

Having recently upgraded the numbers of those who died in last years H1N1 flu epidemic from 20 to 35 (1), the Ministry is now rolling out a vaccination campaign without having produced information for pregnant women faced with deciding whether to have the vaccine, or for parents wondering whether to get their young children vaccinated.

The lack of information has been exacerbated by the reports from Australia of the death of a toddler from a febrile convulsion that occurred after the administration of the flu vaccine, and the hospitalisations of hundreds of other children who experienced a very high fever and convulsions.

As a result of the unexpectedly high incidence of febrile convulsions in young children Australia has decided to suspend its vaccination programme for all children under 5 years while they further consider their data. (2)

Some facts about these vaccines

New Zealand has now used up its stocks of FluVax, the flu vaccine linked to the incidence of high fever and convulsions in young children here and in Australia. (3)(4)

There is, however, no clinical data to support or refute the theory that FluVax causes more severe reactions than any of the other flu vaccines currently in use. (4) In fact there is unlikely to be any difference between FluVax and the other two flu vaccines currently in use in NZ - Vaxigrip and InluVac – as all three vaccines were manufactured to produce immunity to the same three strains of influenza. (3)

Fever is a known side effect of the influenza vaccine. It is particularly common in children under 3 years of age who are given the flu vaccine and can lead to febrile convulsions. (5) Other common side effects of the flu vaccine include headache, inflammation of the nose, dizziness, vertigo, joint pain, muscle pain, sore throat, sweating, fever, chills, fatigue and malaise – similar to those of the flu. (6)

The studies that were published by CSL, the manufacturer of FluVax, earlier this year revealed that a third of children who received the lower dose of the vaccine developed a high fever and in about 15% of these children it was over 38.5 degrees. There were other side effects as well such as vomiting and malaise. (7)



People/children who have an allergy to eggs or egg protein should not have the flu vaccine as the vaccine virus is grown in hen's eggs. (8)

It takes about two weeks to develop antibodies to the flu viruses in the seasonal flu vaccine after being vaccinated. (9)

Seasonal flu vaccines are only about 50% effective when given to an entire population. (7) For healthy adults under the age of 65 years the flu vaccine is about 80% effective. However, in people over the age of 65 years and in children the flu vaccine is relatively ineffective. (9) The flu vaccine is nowhere as near as good as any of the other vaccines in use (7) which means many of those who have been vaccinated may still get the flu.

Poor data

Internationally there is extremely poor data on the impact of the flu vaccine on children, particularly very young children. Professor Peter Collingnon, an infectious diseases physician and microbiologist in Australia, recommended that prospectively collected data on large numbers of people be collected, so parents can make an informed decision on whether to get their child vaccinated with the flu vaccine. (7)

Speaking on National Radio at the end of April, Professor Collingnon said he was very surprised that when it became apparent very early on that the mortality rate for H1N1/swine flu for the vast majority of people was much lower than ordinary seasonal influenza, health authorities around the world did not change their plans.

Given that a healthy adult under the age of 30 with no risk factors like heart or lung disease had less than a one in a million chance of dying from swine flu, it did not make sense to continue with plans to urgently manufacture a vaccine and then proceed to vaccinate whole populations. He is particularly concerned at the lack of data there is on seasonal flu vaccines, and suggested that before a new flu vaccine is rolled out to millions of people a pilot should be set up with around 20 GP practices with practice nurses. All those who get injected with the latest flu vaccine could be given a card to fill in, or in the case of children for their parents to fill in, and they are all followed up for a week or two. This would enable health authorities to obtain good information in a timely fashion on the first 5,000 to 10,000 people vaccinated with the latest flu vaccine. (7)

It would also enable parents faced with difficult decisions around having the vaccine themselves or having their children vaccinated to make an informed choice.

References:

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3. Nikki Turner on National Radio's *Nine to Noon* programme on 28 April 2010 - www.radionz.co.nz/national/programmes/ninetonoon/20100428
4. [www.moh.govt.nz/moh.nsf/pagesmh/9164/\\$File/gp-fluvax-fax-apr2010.doc](http://www.moh.govt.nz/moh.nsf/pagesmh/9164/$File/gp-fluvax-fax-apr2010.doc)
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6. "Early Protection Programme Information Pack." Ministry of Health. January 2010.
7. Prof. Peter Collingnon on National Radio's *Nine to Noon* programme on 28 April 2010 - www.radionz.co.nz/national/programmes/ninetonoon/20100428
8. www.influenza.org.nz/site_resources/Influenza/Influenza%202010/NISG_FLUKIT.pdf
9. www.moh.govt.nz/moh.nsf/indexmh/influenza-a-h1n1-2010-faqseasonal



CHANGES TO SCREENING FOR DOWN SYNDROME AND INTERPRETING THE NT SCAN

At the beginning of February 2010 major changes were introduced to the way antenatal screening for Down syndrome and some other conditions takes place. The new screening programme means that the nuchal translucency (NT) scan is no longer the main component of assessing the risks of the baby having Down syndrome during the first trimester of pregnancy.

There are now two options for screening for Down syndrome both of which are intended to improve the quality and safety of Down syndrome screening. The MSCC has become aware that the changes are causing some confusion for both health professionals and women. The confusion has been exacerbated by a very misleading letter that Ascot Radiology began sending out to maternity service providers in March.

The two options are exclusive meaning that a woman who has a first trimester blood test and an NT scan cannot then have a second trimester blood test. The two options are:

Option 1 – First Trimester Combined Screening

This option is only available to women who go to a doctor or a midwife prior to 14 weeks of pregnancy. It involves having a blood test (maternal serum screening) done between 9 – 13 weeks 6 days of pregnancy, followed by an NT scan which must be taken between 11 – 13 weeks 6 days. The blood test which is best done between 11½ to 13½ weeks, is available free of charge, but there may be a part charge for the NT scan.

Women are being encouraged to have the blood test prior to the scan, or at the same time as the NT scan if they have to travel some distance for these tests. The blood test measures the levels of plasma protein-A (PAPP-A) and beta human chorionic gonadotrophin (BhCG) which tend to be different if the baby has Down syndrome or some other condition.

The results of the blood test are combined with the NT scan result along with other information such as age and weight and how far through the pregnancy the woman is, to give a much more accurate assessment of the risk of the baby having Down syndrome or some of the other conditions that are able to be detected.

The Ministry now requires ultrasound scan providers to refrain from discussing the risk assessment for Down syndrome with the woman during her NT scan. Instead the new system requires the person undertaking the ultrasound scan to interact with the woman in their usual manner and then send a copy of the NT scan report to the laboratory. The laboratory will carry out the risk calculation based on both the blood test and the NT scan report. The risk result will be sent to the woman's LMC three working days after the blood and NT tests have been received by the laboratory.

If the nasal bone measurement is included in the ultrasound report, it will be incorporated in the risk calculation. However, it is important to note that there is no requirement to measure the nasal bone. This is due to the fact that there is uncertainty about how nasal bone measurement can be applied to the New Zealand population as there no robust data on measuring the foetal nasal bone in Maori and Pacific populations.



Option 2 – Second Trimester Maternal Serum Screening

As already noted option 2 is only available to women who did not have a blood test or an NT scan during the first trimester of pregnancy. It involves having a blood test taken between 14 and 18 weeks of pregnancy, although it can be taken up until 20 weeks.

The second trimester blood test will be more accurate than the triple test that was available prior to February 2010 because it measures four chemicals in the blood instead of three, and when combined with other information such as age and weight it provides a better risk assessment than was previously available. The four chemicals that are measured are beta human chorionic gonadotrophin (BhCG), alpha fetoprotein (AFP), unconjugated oestriol (uE3) and inhibin A. The levels of these chemicals tend to be different if the baby has Down syndrome or some other condition.

It is important to note that the results of each option give either a low risk or an increased risk of the baby having Down syndrome – only a diagnostic test such as amniocentesis can confirm whether the baby has Down syndrome or some other condition.

Copies of the two pamphlets produced by the National Screening Unit – “*First Trimester Combined Screening*” and “*Second Trimester Maternal Serum Screening*” – are on the NSU website: www.nsu.govt.nz/current-nstu-programmes/antenatal-screening.asp

On-line education for GPs and midwives

The NSU has developed a comprehensive programme of on-line education for GPs and midwives. There are two modules. The first module covers screening principles and practice, and the second module covers quality improvement in screening for Down syndrome and other conditions.

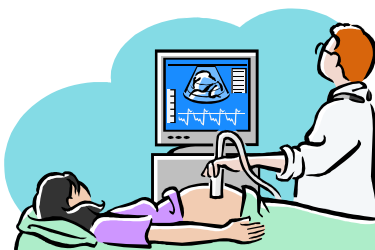
Unfortunately there has not been the response expected to the on-line education modules. While there have been around 14,000 views of the first module, only 176 practitioners have enrolled and only 68 achievement certificates have been awarded. There have been around 9,000 views of the second module, with 91 practitioners enrolling and 17 certificates being awarded.

The MSCC recommends that women ask their GPs or midwives what they know about the recent changes to screening for Down syndrome and whether they have undertaken the on-line education programme.

- Further information is available from the National Screening Unit website:

www.nsu.govt.nz/current-nstu-programmes/2781.asp

www.nsu.govt.nz/health-professionals/3517.asp



RESULT OF COMPLAINT TO MOH COMPLIANCE PANEL

It is nearly two years since the MSCC sent a complaint to the Ministry of Health's WHO Compliance Panel for implementing and monitoring the International Code on the Marketing of Breast-milk substitutes in New Zealand.

The complaint concerned the free dinners organised for GPs, Plunket and midwives by the drug company Bayer on 23 and 25 June 2008 and the pre-dinner presentations given by Auckland paediatrician Peter Nobbs on "Feeding options for women not fully breastfeeding" which was followed by a presentation by a Bayer employee promoting a range of specialised infant formulas manufactured by Bayer. The story of what happened at one of these pre-dinner presentations can be accessed at:

www.womenshealthcouncil.org.nz/Features/Womens+Health+Issues/Breastfeeding.html

Bayer Consumer Care NZ

"Bayer Consumer Care NZ" responded to the letter of complaint in a letter to the Compliance Panel dated 25 August 2008. When the MSCC advised by email that we were not satisfied with Bayer's response, the matter was referred to the next meeting of the Compliance Panel which was held on 12 December 2008. The Compliance Panel considered there was a breach of several articles in the NZ Infant Formula Manufacturers Association (NZIFMA) Code of Practice, and Bayer was subsequently notified of this decision. Bayer lodged an appeal in March 2009 and the matter was referred to the Adjudicator.

In a decision dated 7 May 2009 the Adjudicator determined that Bayer had a legitimate ground for an appeal and the complaint was referred back to the Compliance Panel for redetermination.

The Compliance Panel considered the matter again provided its redetermination in a decision dated 11 September 2009, and advised that Bayer was in fact in breach of several articles in the NZIFMA Code of Practice. In a letter dated 9 October 2009 Bayer again appealed the decision of the Compliance Panel. The result was that the Panel's decision and Bayer's appeal was once again referred back to the Adjudicator.

The Adjudicator considered Bayer's appeal and stated in the final paragraph of an 11-page document dated 25 March 2010 that it was her view "that none of the grounds of appeal have been established and the accordingly the Compliance Panel decision should be upheld."

Peter Nobbs

It was a very different story with Peter Nobbs. Peter hired a lawyer to deal with the complaint made about his presentation at the Bayer dinner. Although it was contrary to the Compliance Panel's normal procedure, the lawyer requested the disclosure of the identity of the person/organisation who had made the complaint.

After getting a phone call from the Ministry of Health Lynda Williams agreed to have her name and that of the MSCC released to the lawyer/Peter Nobbs.

In a letter dated 19 September 2008 the lawyer responded to the complaint on behalf of Peter Nobbs. The MSCC advised The Compliance Panel by email that it was not



satisfied with the response provided. The lawyer then demanded a copy of the email but this time the request was declined.

The Compliance Panel considered the complaint at its meeting on 12 December 2008. Letters were then exchanged between the lawyer and the Panel. The secretariat of the Compliance Panel requested a copy of Peter Nobbs' Powerpoint presentation and speaking notes and asked Mr Nobbs to disclose the sum that he was paid by way of an honorarium for his presentations.

The Panel met again on 11 August 2009 and subsequent to that meeting a draft decision letter was sent to the Chair and members of the Panel.

In a decision dated 11 September 2009 the majority of the Panel considered that there had been a breach of the Code.

On 7 October 2009 Peter Nobbs wrote that he had a number of concerns about the Panel's decision and he appealed. The matter was then referred to the Adjudicator.

The Adjudicator considered Peter Nobb's appeal and stated in the final paragraphs of an 15-page document dated 8 April 2010 that:

"In the context of this decision it is apparent that the Compliance Panel was in possession of all of the relevant information and that it had the opportunity to consider the facts are arguments advanced by the complainant and the health worker. Accordingly it is not appropriate for the matter to be referred back to the Compliance Panel for redetermination.

Accordingly it is my view that the Compliance Panel is quashed."

Basically Peter Nobbs and his lawyer claimed:

- The Health Education presentations were organised by Bayer and covered an entirely legitimate and an important topic for health professionals dealing with breastfeeding and infant feeding issues
- The amount of the honorarium (\$1125) Peter Nobbs received was not relevant because Peter was not promoting Bayer products
- The notes made by Lynda Williams at the presentation contained factual inaccuracies and misunderstandings
- Lynda Williams was not invited to the evening for which invitations had been sent out to GPs and nurses

The truth is that no-one attending these events (Bayer and Peter Nobbs continue to hold them) can be in any doubt that the free dinners provided by Bayer are part of a promotion pushing the range of Bayer's infant formulas. There are stands and tables with tins of the various special formulas prominently displayed at these events, and the powerpoint presentations by both Peter Nobbs and the drug company rep contain slides with a photo of each of the infant formulas. The MSCC has it on good authority that the "honorarium" was a great deal more than \$1125. Lynda Williams has 30 years experience of taking notes/minutes while attending meetings and is used to recording verbatim what is said by speakers. She was invited to attend by a midwife who asked the organisers if she could attend and bring a colleague.



FUNDING FOR LONGER POSTNATAL STAYS – FIRST YOU SEE IT, THEN YOU DON'T

Last year the Minister of Health announced there would be an extra \$103.5million allocated for maternity services spread over four years. Just over a third of this money – \$38.5million – was for longer stays for new mothers who met the criteria for an extra day in hospital. The funding for the 2009/10 year was provided to the DHBs as “tagged” funding, meaning that it was funded separately and noted as being specifically for longer postnatal stays.

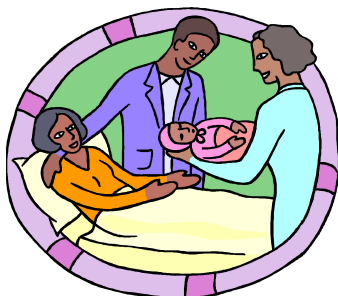
The MSCC understood that the first lot of funding was for six months. However in response to an Official Information Act request the MSCC sent to Minister of Health Tony Ryall, it was revealed that the funding for the 2010/11 year is the same as that for the previous year. For example, Auckland DHB received \$515,718 last year and has been allocated \$514,244 for the current financial year. Waitemata DHB got \$599,815 last year and \$603,833 this year. Counties Manukau DHB got \$588,199 last year and \$593,118 this year.

The letter also stated that when implementing a new policy funding to DHBs is tagged for that policy. After the first year the funding is not tagged but becomes part of the DHBs’ baseline funding.

This is of major concern because it allows the DHBs to fudge how the money for what the Minister describes as “the general increase for maternity services” was actually spent on. The letter advised that “through the monitoring and reporting components of the service specification the Ministry of Health will ensure that DHBs continue to allocate appropriate funding to ensure longer stays in birthing facilities.” Yeah, right!

The MSCC requested and was supplied with the figures for longer postnatal stays for each of the 21 DHBs for the 2009/2010 year and for the 2010/2011 year. The total amount of funding allocated to all the DHBs for each year was the same – \$5,500,000. As noted above the extra funding announced last year for maternity services was to be spread over four years. But four times \$5.5million equals \$22million, not \$38.5million. So what happened to the other \$16.5million?

Another letter is on the way to the Minister of Health. Watch this space.





Post Natal Distress
Support Network Trust

Post Natal Distress Support Network
Trust Inc
PO Box 21 338
Henderson, Waitakere City 0650
Phone 836 6967

Email: info@postnataldistress.org.nz
Website: www.postnataldistress.org.nz

The Post Natal Distress Support Network Trust – provides free support services to women who are affected by all symptoms of baby blues, antenatal and postnatal depression, stress, anxiety and trauma.

We are the only organisation of its kind specialising in Postnatal Distress support in the greater Auckland area, with the exception of South Auckland; please refer to Well Women - email: nzwellwomen@hotmail.com.

We are a non-for-profit, community funded, charitable trust.

Our support services include:

- Phone support from the coordinator during office hours and/or the group facilitator as required.
- Information and email support via our website.
- Weekly support group - this is a gentle, safe environment for women to be with others who are experiencing similar feelings and symptoms. It is a time for each woman to share what's going on for them if they wish. Women can attend as often as they feel they need to and they can be from anywhere in Auckland. We provide a free crèche for the duration of the group.

We are a self referral service; women do not need a referral from a doctor, any other health practitioner or specialist.

Our primary aim is to reach as many women as possible, as early as possible, in an attempt to minimise the need for medication and/or assistance from DHB/PHO services. Along with supporting women we also provide education – using our services does not mean they will be labelled as having PND or failing in any way. We recognise that the first few years after the arrival of a child are often very difficult. We want to assist women during times when they feel; over emotional, overwhelmed, anxious, exhausted and lonely.

We can also provide partners and extended family members with information and resources as those who are primarily responsible for caring for someone at this time also need support during this time.

THE PND NETWORK'S AGM will be held at 7.30pm on Monday 28 June 2010 at 2 Claude Brooks Road, Henderson. All welcome.



THE BIG LATCH ON 6 AUGUST 2010

Women's Health Action is looking forward to another record-breaking Big Latch On scheduled for 6 August 2010. This annual event provides an opportunity for parents, health professionals and community groups to come together to create new networks, make new friends, share ideas and to work together to increase the profile of breastfeeding in the community.

The World Alliance for Breastfeeding Action theme for World Breastfeeding Week 2010 is *Breastfeeding Just 10 Steps – The Baby-Friendly Way*.

The Big Latch On:

- **Celebrating breastfeeding mums and babies**
- **Promoting the benefits of breastfeeding for babies, mums & society as a whole**
- **Sending a message that breastfeeding any time, any place, any how is ok, and to provide a safe space for mums to breastfeed in public for the first time**

To find out more about the Big Latch On or to register a Big Latch On venue go to www.womens-health.org.nz or call Isis McKay on (09) 520-5295.

AFTER THE BIRTH: YOUR CHOICE

The Maternity Services Consumer Council (MSCC) has produced another new pamphlet on the procedures and interventions that are offered to the mother (namely the Anti-D injection) and to their babies during the early postpartum period following birth. The pamphlet is the third in the **Your Choice** series and it contains information on:

- Anti-D injection for mothers
- Cord blood banking
- Breastfeeding
- Newborn baby check
- Vitamin K injection
- Jaundice
- Newborn metabolic screening
- Newborn hearing screening
- Length of postnatal stay
- Postnatal care visits
- Well child provider
- Vaccinations



Copies of *After the Birth: Your Choice* are available free of charge. A donation to cover postage/handling costs for orders over 50 copies is requested.

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



REDUCING THE RISK FOR FORMULA-FED INFANTS

The March 2010 issue of *BIRTH* featured an interesting commentary on the development of guidelines by the World Health Organisation (WHO) and the Food and Agriculture Organisation (FAO) for reducing the risk to babies of bacterial contamination in powdered infant formula.

While most people are aware that the major risk in the use of infant formulas in developing countries is unclean water used to make up powdered infant formula, few are aware of the contamination that occurs during the manufacture of powdered formula that has resulted in the deaths of infants in western countries.

In 2000 a Belgium team reported on a 1998 outbreak of necrotizing enterocolitis in a neonatal intensive care unit in Brussels that affected 12 infants, two of whom, a set of twins, died. Ten of the infants were being fed on the same powdered infant formula. *E. sakazakii* was isolated from both samples of the prepared formula as well as the unopened cans. In April 2001, the death from neonatal meningitis of a baby born 6 weeks prematurely triggered an investigation by the Tennessee Department of Public Health and the US Centers for Disease Control and Prevention. Of 49 infants screened, 10 (over 20%) were colonized by, or infected with, *E. sakazakii*.

In 2004, powdered infant formula was linked to two other *E. sakazakii* outbreaks in New Zealand and in France. The French outbreak involved nine cases, and resulted in the death of two infants. In New Zealand a baby born prematurely died in Waikato Hospital.

Alarmed by the cases in developed countries, two United Nations agencies, the FAO and WHO, held an experts meeting in 2004. WHO was requested to develop guidelines on the safe preparation, handling and storage of powdered infant formula in order to minimize the risk to infants. A second meeting took place in January 2006 at which guidelines were drafted.

Unsurprisingly, the infant formula industry does not take the risk of bacterial infection at all seriously and has refused to accept WHO's recommendations. The industry is especially resistant to the recommendation to increase the temperature of the water to no less than 70 degrees when using the powder to make up or reconstitute infant formula. While official arguments deal with the potential destruction of some of the nutrients and the risk of scalding, the real reason is the belief that parents and caregivers cannot be relied on to prepare or feed infant formula in a safe way.

The WHO guidelines reiterate the global recommendation that "infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health ... and continue for up to two years of age or beyond." and as the article states "were that recommendation adopted as policy by health departments round the work and backed up with better support for breastfeeding mothers, the risk to infants of acquiring *E. sakazakii* – as well as *S. enterica* – would be significantly reduced.

However, those babies who cannot be breastfed must be provided with a safe alternative which involves the production of microbiologically cleaner infant formula.

***BIRTH* 37: March 2010**



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: **20 July, 17 August, 21 September, 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



The NZCOM biennial conference brings together midwives, women and other interested participants from around New Zealand and overseas and will consist of plenary sessions, workshops and time for delegates to network. It provides a forum for midwives to explore professional and practice issues and an opportunity to consider alternatives to current practice.

For more information go to: www.midwife.org.nz/index.cfm/1,250,html

CAPERS BOOKSTORE

KEEPING BIRTH NORMAL

15 June; Christchurch and 18 June; Auckland

GRIEF AND LOSS: THE CRYING TIME

16 June; Christchurch and 19 June; Auckland

BREASTFEEDING UPDATE

7 October; Auckland and 9 October; Dunedin

For further information contact office@capersbookstore.com.au

