



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

This is the first issue of the MSCC's Newsletter for 2012. The year so far has been a very busy one for the MSCC. We have produced a submission on *The Green Paper for Vulnerable Children*, dealt with the issue of using an image of a bottle-feeding dad in a commercial as part of a campaign promoting making family homes smokefree, attended a number of workshops and conferences, written lots of grant applications, and mailed out thousands of our pamphlets.

### ***The Green Paper for Vulnerable Children***

In February the MSCC prepared a submission on Paula Bennett's *Green Paper*. We focused on two major issues: the need to address the high number of families with children who are living in poverty, and the importance of normal pregnancy and birth and the supporting of new mothers as part of a raft of measures aimed at ensuring that every child belongs, achieves and thrives. In particular, the MSCC promoted the idea of the mandatory supporting of all families rather than mandatory reporting and targeting of vulnerable families.

### **What's in this issue of the newsletter**

The March issue of the newsletter contains a report on the media debacle surrounding the Health Sponsorship Council's removal of the segment of Piri Weepu bottle-feeding his infant from one of their commercials, an article on the 2009 statistics for 20-34 year old first-time mothers birthing in a secondary or tertiary maternity hospital in NZ, the threatened closure of Southland's Tuatapere Maternity Centre, the MOH's maternity workshops, and a summary of some recent research revealing it is safest for mothers and babies to wait until the baby is ready to arrive.

### **Getting the MSCC Newsletter via email**

The MSCC would like to encourage newsletter subscribers to switch to getting the newsletter via email rather than getting a hard copy sent to them if at all possible. So if you are one of those who don't mind not getting our newsletter in the post, then please contact us at [mscc@maternity.org.nz](mailto:mscc@maternity.org.nz) and we will add you to our email list.

Don't forget to check the dates for the MSCC's Steering Group meetings for 2012.

Happy Reading!

*Lynda + Nicola*

## **MEDIA IMAGES THAT NORMALISE BREASTFEEDING**

At the end of January a number of emails arrived in the MSCC's inbox about the Health Sponsorship Council's (HSC) plan to use an image of a well known All Black bottle-feeding his baby daughter in one of a number of their "Smoking Not Our Future commercials." The HSC's campaign is a direct-to-youth campaign that uses New Zealand celebrities to deliver pro-smokefree and anti-tobacco messages.

There is some confusion over what happened next. The HSC claims that it is acutely aware of the impact of advertising and is conscious of the need to ensure that, where possible, their work "does not have a detrimental impact on other health messages." Once they identified a potential conflict in health messages, the HSC said they "initiated a process to consider possible alternatives and/or mitigation strategies" and contacted La Leche League, Plunket, the NZ College of Midwives, and several of their service providers involved in the campaign.

Others claim that the HSC approached Ministry of Health officials who could not agree amongst themselves on a response to the use of the image of the bottle-feeding father, and suggested that the HSC consult with the above organisations. Either way, the consultation undertaken by the HSC involved advising La Leche League, Plunket and the NZ College of Midwives of the HSC's plans regarding the Smokefree campaign and the particular commercial under discussion. Most notable was the fact that the letter that the HSC sent out was not actually couched in terms of a consultation process.

On Monday 6 February, both TVOne's *Close Up* and TV 3's *Campbell Live* featured a segment on the issue of the cutting of the image of the bottle-feeding father from the HSC smokefree advertisement. What followed was a flurry of media stories about bottle-feeding that had absolutely nothing to do with the original issues of not producing a commercial with mixed or conflicting health messages and the need to normalise breastfeeding by having lots of breastfeeding images rather than bottle-feeding ones.

For more than a week the *NZ Herald* featured numerous photos of bottle-feeding fathers in its newspaper and on their website. Newspapers and talkback radio took up their own stories and agendas in choosing to concentrate on completely irrelevant issues such as the rights of fathers to bottle-feed their children, whether bottle-feeding mothers were more harassed than breastfeeding mothers when feeding their babies in public, and the rights of parents to choose whether to bottle-feed or breastfeed their infant. Within days the media had totally lost the plot and in doing so focused most of their unnecessarily hostile and vindictive comments on a group whose volunteers provide information and practical support to mothers who want to breastfeed their babies – the La Leche League.



On Sunday 12 February *National Radio's* Mediawatch programme pointed out that the media had gone off the rails in regard to the real issue at stake which was whether a role model bottle-feeding his baby on an ad on child health could send out a mixed message. The commentator observed that La Leche League, Plunket and the College of Midwives had the right to be worried that such influential images could be seen as an endorsement of bottle-feeding in the context of an ad about keeping children healthy at home. And there was also the issue about the quality of public health messages that are publicly funded. (1)

So while Piri Weepu might go on television vehemently insisting that "I'm not going to let anyone tell me how to raise my kids," no-one was making any such criticism or telling him how to raise his children. In actual fact it was Piri Weepu who was telling parents what to do – by appearing in a commercial that was advising parents they should not be smoking in their own home!

While La Leche League was bearing the brunt of the blame and criticism, there were other stakeholders who should have been part of defending the sensible and judicious use of tax-payers money when producing public health messages. Both the Ministry of Health and the NZ Breastfeeding Authority were either wishy-washy (the MOH) or entirely absent (the NZBA).

Pat Tuohy, the Ministry of Health's chief advisor on child and youth health, came out sounding more like an apologist for bottle-feeding. He was quoted in the *Herald on Sunday* as acknowledging that while the evidence shows there are benefits to breastfeeding it's not the end of the world if they wind up formula-feeding. The NZ Breastfeeding Authority was silent. Neither made any attempt to refocus the media's attention on the need to avoid sending out mixed messages, especially when using celebrities to endorse important public health messages.

Marewa Glover, a public health researcher and director of the Centre for Tobacco Control Research, was quoted in the *Listener* as saying the bottle-feeding segment of the commercial should have been on the cutting-room floor when the smoke-free advertisement was first edited.

"One of the Health Sponsorship Council's main strategies is to denormalise smoking – thus the opposite should be a no-brainer for them. If you show a famous and well-respected role model bottle-feeding, then that will contribute to normalising bottle-feeding. We need to normalise breastfeeding," she said. (2)

Images of high-profile Maori athletes bottle-feeding their children hinder efforts to normalise breastfeeding among the wider Maori community which is significant because Maori women have one of the lowest rates of fully breastfeeding their babies in New Zealand.

## References

1. National Radio. [www.radionz.co.nz/national/programmes/sunday/20120212](http://www.radionz.co.nz/national/programmes/sunday/20120212)
2. Jennifer Bowden. "Best milk." *Listener*. 3 March 2012.



## **Statistics for NZ's maternity hospitals – how are they doing at keeping birth normal?**

The Ministry of Health has just released a report on that provides statistical information that enables the general public and mothers and their families in particular to see how their local secondary or tertiary maternity hospital is performing when it comes to keeping birth normal.

The report covers births in 2009 and is a first in that it is focused on maternity clinical indicators for women aged between 20 and 34 who are expecting their first baby and who have had a normal pregnancy uncomplicated by any health problems in either the baby or the mother. These women should therefore expect to have a normal birth with few if any medical interventions. As the report puts it, using this standard definition “allows the separate assessment of a group of women for who interventions and outcomes should be similar.” (1)

The clinical indicators are based on Australasian clinical indicators, are evidence-based and cover a range of procedures and outcomes for mothers and their babies. They include spontaneous vaginal birth, instrumental vaginal birth, caesarean section, induction of labour, intact lower genital tract, episiotomy and no tear, third or fourth degree tear and no episiotomy, episiotomy and third or fourth degree tear, use of general anaesthetic for caesarean section, blood transfusion and premature birth.

However, what the statistics reveal is that the rate of interventions between various DHBs and between individual secondary and tertiary hospitals varies enormously, and such significant variation “among a group of women who would be expected to have similar outcomes needs to be investigated.” Women’s health groups around the country now need to put pressure on their local hospital to do something about the high intervention rates occurring in some hospitals.

### **Spontaneous vaginal birth**

This indicator measures the proportion of first-time mothers having a spontaneous vaginal birth. “It is expected to encourage maternity service providers to review, evaluate and make necessary changes to clinical practice aimed at supporting women to achieve an unassisted birth.” (2)

For Auckland the rates of spontaneous vaginal births were 56.1% at North Shore Hospital, 61.3% at Auckland City Hospital, 69.5% at Waitakere Hospital and 70.2% at Middlemore Hospital.

Christchurch had the lowest rate at 50.7%, Southland had 57.6%, Wairarapa Hospital had 58.1% and Waikato had 58.5%.



### **Instrumental vaginal birth**

This indicator is to assist service providers evaluate the use of ventouse and forceps in their hospitals, and if their rates are significantly higher than their peer group at a national level, they will need to examine the rate of maternal and perinatal morbidity.

For Auckland the rates of first-time mothers undergoing an instrumental vaginal birth were 18.8% at Auckland City Hospital, 17% at North Shore Hospital, 15.4% at Middlemore Hospital and 10.2% at Waitakere Hospital.

Christchurch had the highest rate at 26.4%, Waikato had 24.2%, Southland had 19.4%, and Dunedin Hospital had 18.3%.

### **Caesarean section**

The purpose of this indicator is to encourage maternity service providers to evaluate whether caesarean sections were performed on the right women at the right place and at the right time. "The longer-term aim is to reduce the risks associated with an unnecessary caesarean section, reduce the number of women at risk of a subsequent caesarean section and reduce the number of women who experience difficulties with their second and subsequent births as a consequence of a primary caesarean section."

For Auckland the rates of first-time mothers undergoing a caesarean section were 23.2% at North Shore Hospital, 19.8% at Auckland City Hospital, 13.9% at Waitakere Hospital and 13.4% at Middlemore Hospital.

Wairarapa Hospital had the highest rate at 27.9%, Wairau had 25.7%, Grey Base Hospital had 24%, Southland had 23% and Christchurch had 22.4%.

### **Induction of labour**

This indicator will assist maternity service providers to evaluate the effects of inducing labour in low-risk women, effects which include caesarean section, postpartum haemorrhage and episiotomy.

For Auckland the rates of first-time mothers undergoing an induction of labour were 9.1% at Auckland City Hospital, 5.6% at North Shore Hospital, 2.4% at Middlemore Hospital and 1.9% at Waitakere Hospital.

Southland had the highest rate of inductions at 13.1%, Grey Base Hospital had 10%, Wellington had 8.1% and Waikato had 6.1%.

### **Episiotomy**

This indicator aims to encourage further investigation to ensure that risks to the mother as well as the infant are assessed before undertaking an episiotomy, risks that include bleeding, infection and maternal morbidity.



For Auckland the rates of first-time mothers undergoing an episiotomy without mention of a third or fourth degree tear were 28.7% at Auckland City Hospital, 23.9% at North Shore Hospital, 19.4% at Middlemore Hospital and 13.6% at Waitakere Hospital.

Christchurch had the highest rate of episiotomies at 32.9%, Wairarapa Hospital had 29%, Wellington had 28.9%, and Palmerston North had 25.1%.

### **Keeping birth normal**

The statistical information contained in this 71-page report reveals that there is a significantly high rate of variation in the intervention rates for low-risk mothers giving birth to their first baby after an uncomplicated pregnancy. Far too many secondary and tertiary maternity hospitals are doing far too little to stem the growing tide of interventions in the normal birth process, interventions that result in significant risks to the future health and well-being of both mother and baby.

In Auckland, North Shore Hospital has continued to countenance unnecessarily high rates of intervention in the birth process for decades, higher even in some cases than those at National Women's at Auckland City Hospital. The MSCC has been concerned for over two decades about the maternity services provided at North Shore Hospital, and over the past five years we have vigorously protested at Waitemata DHB's attempts to hide North Shore Hospital's poor performance by producing annual maternity reports that combine the rates of intervention for both Waitakere and North Shore hospitals. Previous newsletters have detailed the efforts the MSCC has had to go to get the DHB to provide separate statistical information on birth outcomes for each hospital.

Nationally, women in Southland, Christchurch and the Waikato may also want to question their local maternity hospitals about their high intervention rates and firmly request to be a part of initiatives that seek to identify and implement improvements to the maternity services provided in their local hospitals.

### **References**

1. Ministry of Health. "New Zealand Maternity Clinical Indicators 2009." March 2012.
2. Ministry of Health. "NZ Maternity Clinical Indicators 2009. March 2012. Page 7.
3. Ministry of Health. "NZ Maternity Clinical Indicators 2009. March 2012. Pages 7-8.





## **ANOTHER BIRTHING UNIT IN DANGER OF BEING CLOSED**

Nestled in the beautiful Waiau Valley is one of Southland's great contributors to improving maternal and child health in rural New Zealand, Tuatapere Maternity centre. Caring midwives and dedicated staff provide care to women for pregnancy, childbirth and during the first few days following the birth. Women are provided with breastfeeding and mother care support and home cooked meals.

The skilled Tuatapere midwives also offer homebirth and water birth options.

However, this wonderful service for Southland mothers is now at risk of being terminated by the Southern District Health Board. The Board is effectively closing Tuatapere Maternity by refusing the service provider Waiau Health Trust Ltd's request to extend their contract which expires on the 31<sup>st</sup> of March 2012 to enable them to explore more viable models of care and pulling all funding for inpatient services.

The community is rallying to support their maternity centre and claim that the SDHB is shirking its responsibility to their rural community and setting precedent for cost cutting of essential services women and their families are entitled to nationwide. Their decision to pull funding from Tuatapere Maternity, the primary facility that serves the rural women of Tuatapere and the surrounding area leaves some of the most vulnerable populations at greater risks of tragic outcomes.



Tuatapere Maternity represents what the Ministry of Health is touting as their ideal of "integrated services" and yet the Southern District Health Board has deemed the maternity centre non-viable without defining what would be considered viable and proves the strategic plan of "closer sooner, better and more convenient care" a load of rubbish.

The Save Tuatapere Maternity Action Group was formed in an effort to save the birthing facility and they have launched a very public campaign to contest the Health Board's decision. The Group facilitated a public meeting on the 12th of



March to discuss the current situation. About 190 members of the public turned up to address a matter which is obviously of great concern to the Western Southland community. At this meeting the Waiau Health Trust Ltd. announced that it would be keeping the facility open and operating beyond the end of their existing contract with the Southern District Health Board, but this will not be sustainable for long without the funding from the Southern District Health Board.

On the 14<sup>th</sup> of March the Action Group also facilitated a protest. Pregnant mothers, babies in prams, students, mums and dads, grandmothers and grandfathers – more than 100 people in total – pushed prams and marched to the Tuatapere Maternity Hospital to support the Waiau Health Trust Ltd in their fight to retain maternity care in the Western Southland district. There was no question about what the community want. The placards stating, “Our numbers work”, “This dad’s family started here”, “Save our maternity home”, “Don’t gamble with our maternity”, “Where is National when we want 2 Labour” got the message across clearly that the Tuatapere Maternity Unit is wanted and needed, and the community will fight for it.

The community believes the SDHB have not acted in good faith and they foresee the loss of their maternity centre in line with a pattern of behaviour which will ultimately speak to a nationwide whittling away of basic services all communities are entitled to.

To sign their petition – it will only take a minute – go to:

<http://www.petitiononline.co.nz/petition/retain-southern-district-health-board-funding-for-the-inpatient-services-of-labour-birth-and-post-natal-care-at-tuatapere-maternity/1474>

For further information on Tuatapere’s Maternity Centre go to:

<http://www.tuataperematernity.co.nz/>





## LET BABIES DETERMINE THEIR BIRTH DAY

A study that appeared in the February issue of the journal *Acta Obstetricia et Gynecologica Scandinavica* revealed that it is safest for both the mother and the baby to wait until the baby is ready to be born. The researchers found that women whose labour is induced for any reason other than a medically necessary one are more likely to experience birth complications or to see their newborn baby end up in the neonatal intensive care unit (NICU).

Rosalie Grivell, an obstetrician/gynaecologist from the University of Adelaide's Robinson Institute, led the study that looked at the data for 28,626 pregnant women and their labour conditions before giving birth. An analysis of the data revealed that inducing labour when there was no medical indication resulted in a 67% higher likelihood that the women would give birth by caesarean section when compared to the women who began labour normally. Non-medically indicated inductions were also associated with a 64% higher risk of the baby needing to be cared for in NICU and a 44% higher risk that the infant would require NICU treatment.

Women were also less likely to require an epidural or similar spinal pain killer if they gave birth after 41 weeks. They were also at the lowest risk for a tear in the perineum if they gave birth after 37 weeks.

- Rosalie Grivell et al. *Acta Obstetricia et Gynecologica Scandinavica* Volume 91, Issue 2, pages 192-203. February 2012.

### MINISTRY OF HEALTH MATERNITY QUALITY INITIATIVE UPDATE

Starting in March 2012 the Ministry of Health is holding workshops on the Maternity Quality & Safety Programme. These workshops will be held in various centres around the country. They are intended to provide an opportunity for local midwives, obstetricians, GPs and consumers of midwifery services to get together and focus on what's needed to develop local programmes. The Ministry will provide an overview of the programme and come up with ideas about key aspects such as identifying clinical leaders and consumer representatives as well as developing strategic plans. Focus on these areas follows feedback from the national workshop and some DHBs.

The first workshop was held in Christchurch on 7 March at Great Hall, Chateau on the Park, corner Kilmore Street & Deans Ave, Riccarton. This was for those from the Canterbury, South Canterbury and West Coast districts.

*The MOH Maternity Quality Initiative Update is a bi-monthly series of updates with links to information online. If you want to be added to the distribution list please email: [maternity@moh.govt.nz](mailto:maternity@moh.govt.nz)*





## Are you having your first baby? **SAMOAN WOMEN NEEDED!**

*I am looking for Samoan women in their last trimester of pregnancy expecting their first child*

### **CAN YOU HELP?**

I would like to talk to 15 pregnant women as part of my PhD research. You are invited to participate in two interviews: late pregnancy, and after your baby is born. You will receive a voucher of your choice as a token of appreciation.



TO FIND OUT MORE OR REGISTER YOUR  
INTEREST PLEASE CONTACT ME:

**027 727 3870**

**(04) 463 6583**

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***Fa'aletal.***

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A little bit about the research:

*The working title is: An investigation of the intersection between resilience and risk factors for first-time Samoan mothers living in New Zealand during pregnancy, childbirth and early motherhood. The study involves exploring factors that may affect the health and wellbeing of first-time Samoan mothers living in New Zealand during late pregnancy and post-birth (up to 12 months after the birth of their baby). From the interviews I hope to get a better understanding of what helps (or doesn't help) first time mothers cope through pregnancy and early motherhood, and what services or support will help other women and their families. This may lead to services that are more culturally appropriate and safe.*

## **MSCC Meeting Dates for 2012**

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 at 10am on Tuesday mornings – and the days have been fitted around school holidays.

The Steering Group meetings are currently being held at Birthcare in Parnell. The meeting dates for the first six months of 2012 are:

**3 April, 1 May and 5 June.**

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.



## CONFERENCES 2012

### **NZ College Of Midwives 2012 National Conference**

#### **Conference Theme:**

Midwives working with women: integrating community, home and hospital



**Venue: The Michael Fowler Centre, Wellington on 24 – 26 August 2012.**



### *PMMRC 2012 Annual Workshop*

**The Perinatal & Maternal Mortality Review Committee's Annual Workshop will be held in Wellington on 14 June 2012.**

**Venue: Te Papa, Wellington.**

**Further information will hopefully be available nearer the date at:**

<http://www.hqsc.govt.nz/our-programmes/mortality-review-committees/perinatal-and-maternal-mortality-review-committee/about-us/meetings/>

