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Maternity Services Consumer Council

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

Welcome to the second issue of the MSCC's Newsletter for 2015. Since March we have attended the Sarah Buckley seminar in April and the Michel Odent workshop in May, resumed work on our new leaflet on the place of birth, submitted grant applications to the Auckland COGS committees, and Foundation North (formerly known as the ASB Community Trust), attempted to keep track of the Auckland/Waitemata DHB maternity services collaboration project, attended the Symposium of Maternity Carers NZ held on 23 May, continued working towards a purpose-built maternity unit in West Auckland, and attended Waitemata and Auckland DHBs meetings. Meanwhile, we continue to respond to requests for information, and mail out thousands of our leaflets.

Waitemata DHB/Auckland DHB Maternity Services Collaboration
Following the Maternity Services Collaboration stakeholders' workshop held on 21 January 2015 there has been talk about the need for primary birthing units in West Auckland, on the North Shore, and at NWH in Auckland City Hospital. Given that Birthcare is on the opposite side of the Domain and has plenty of capacity to cater for many more births, a birthing unit at NWH simply does not make sense.

A petition was launched in April for a primary birthing unit on the North Shore. Partly in response to this the MSCC launched its own petition for an innovative integrated primary birthing and parenting centre for West Auckland families on International Midwives Day on 5 May which currently has over 600 signatures.

A public consultation document is due to be released in July which we are hopeful will give women all the options and provide pathways towards normal birthing and a decrease in the rates of unnecessary interventions.

What's in this issue of the newsletter
This issue of the newsletter features the response to the OIA request for information on the number of women identified as being HIV+ as a result of the Antenatal HIV Screening Programme, an account of the Michel Odent workshop, an article on Sarah Buckley's report "Hormonal Physiology of Childbearing," information on Carole Wheeler's website offering Biodegradable Ipu Whenua, and a tribute to Sheila Kitzinger who died of cancer at her home in England on 11 April 2015.

Lynda + Letticia

HIV SCREENING DURING PREGNANCY

Each year an Official Information Act request is put in to the National Health Board asking for the numbers and ethnicity of women identified as being HIV+ during pregnancy as a result of the antenatal HIV screening programme.

The resulting letter from this year's request revealed that in 2014 one woman was found to be HIV+ as a result of antenatal screening.

In both 2013 and 2011 only one woman was identified as being HIV+ as part of antenatal screening. In 2012 two women were diagnosed as HIV+ during pregnancy.

Costs of the screening programme

This raises the issue of the cost of a screening programme that results in the identification of one or two women who may gain a benefit. To provide further context for this result, it has been estimated that an HIV+ woman has a 25% chance of passing the virus to her baby during pregnancy. So it is quite possible that none of the women identified as being HIV+ over the past 4 – 5 years would have given birth to a baby with HIV.

Aside from the millions being spent on the National Antenatal HIV Screening programme, there are also concerns around the adverse impact on some of the women being screened for HIV, as well as the lack of informed consent for an HIV test.

Lack of informed consent

Reports from childbirth educators in the Auckland region reveal that some pregnant women are unaware that they have been tested for HIV, something women's health groups have been concerned about since the programme was first proposed.

Non-negative results

Some women will be screened for HIV and receive what is referred to as a non-negative result. A non-negative result is one in which there was a low level of reactivity to the test, and a subsequent blood test will usually result in a negative HIV test.

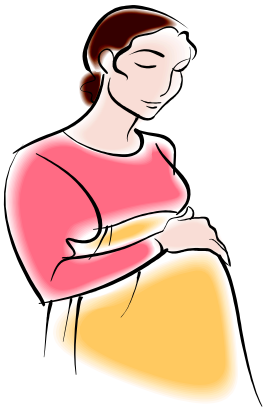
The impact of being told that the test for HIV was not negative, and that another blood sample is needed is considerable. Women and their partners are likely to experience a range of extremely distressing emotions and don't hear the reassuring information that the second test is highly likely to result in a clear result that shows she does not have HIV.

Several months ago a very distressed woman rang as result of a non-negative result. She had no idea she had been tested for HIV, and she struggled to understand why the practice nurse would be phoning and telling her she needed

to have another HIV test because the first one had produced a non-negative result. She described how she had then tried to get information from her GP who contacted her but was unable to answer any of her questions. He advised that he would ask another GP to ring her. She tried phoning the laboratory who said they could not give her any information. When the second GP phoned her he either would not or could not answer any of her questions and simply told her to go and have another HIV test.

When screening programmes are introduced the most important maxim is the requirement to first do no harm. Careful monitoring is therefore needed to make sure that the benefits of screening far outweigh any possible negative impacts.

Antenatal HIV screening is currently offering a potential benefit to just one woman. It is difficult to justify the resources being spent on it, especially when consent to being screened is not always obtained, only one family potentially benefits from the mother being identified as HIV+, and the screening test causes considerable harm to many other women and their partners.



7th Biennial Joan Donley Midwifery Research Forum

How is research contributing to New Zealand's model of midwifery care?
*Napier War Memorial Conference Centre, Napier - **24 – 25 September 2015***

The purpose of the forum is to provide an opportunity for midwives and others to share ideas, experiences and knowledge through research, audits and postgraduate studies relating to midwifery and maternity care.

http://www.midwife.org.nz/research/joan-donley-midwifery-research-collaboration/the-jdmrc-forum

WHERE WERE THE OBSTETRICIANS?

In May the world's most famous obstetrician arrived in New Zealand for workshops in both Wellington and Auckland. Not a single obstetrician in either city turned up to hear what he had to say. Michel Odent is a very curious fellow. He is an obstetrician who likes to ask questions. Many of his questions would make his fellow obstetricians feel very uncomfortable. He began by asking his audience to put up their hands in answer to his question about our occupations, and upon learning that the women present were mainly midwives along with a few childbirth educators and childbirth activists, he then told us "you are not my favourite public." In other words, we were probably a very receptive and comparatively knowledgeable audience and he wanted to get the message out to those working in other disciplines who knew nothing about the threat that our current childbirth practices posed to mothers and babies.

What followed was an incredibly informative, fascinating and inspiring workshop that left those who attended with a great deal to think about. It was also a clarion call to action because as this 85-year-old man said repeatedly throughout the day, the future of humanity is at stake. The way increasing numbers of babies are born is having a profound impact on communities and countries around the globe as childbirth has now become medicalised to such an extent that women are at risk of losing their ability to give birth unaided. Throughout the day, Odent refused many requests to give his opinion on any issue, preferring instead to describe the studies and research that had been done, and the various questions that still needed to be answered. He spends a great deal of his time travelling around the world talking to researchers and scientists in diverse counties and disciplines about the need for further research on the effects of interventions such as the use of artificial oxytocin, and epidural anaesthesia, the exposure to artificial light, noise, and unfamiliar environments, and the impact of prelabour caesareans on babies. He is a very curious man, and is obviously not going to run out of questions any time soon.

In his latest book "*Do we need midwives*?" Odent argues that modern medicine and modern obstetrics are neutralising the laws of natural selection. "Until recently, only women who had a tendency to give birth easily had many children without risking their life. Today the number of children per woman depends on factors other than her capacity to give birth. These factors suggest an irreversible tendency towards an increased need for caesareans," he writes.

Michel Odent has been interested in the long-term side effects of artificial oxytocin on mothers and babies for some time. This issue was one of the major themes of his book "*Childbirth in the Age of Plastics*," which was published in 2011. The impact of artificial oxytocin on the natural hormones released during and immediately after birth also features in Sarah Buckley's book, "*Gentle birth, gentle mothering*" and her latest work "*Hormonal Physiology of Childbearing: Evidence and Implications for Women, Babies, and Maternity Care*," which was published in January 2015 and is available free of charge on line. (1)

Michel Odent also talked about the relatively new science and understanding of the importance of our relationship with microbes, and how our health and behaviour are influenced by our microbiome. Gut flora, which comprises a significant percentage of our microbiome, is responsible for about 80% of our immune system.

A baby enters the world of microbes at birth and its microbiome is largely established during the immediate perinatal period. This is a critical period for immune programming, as "the microbes introduced at birth become the rulers of the individual's microbiome." Given that the vast majority of women today do not give birth in a bacterially friendly environment, this has implications for the future health of the baby. For example, one small study comparing 15 babies born vaginally and nine babies born by caesarean section followed up from the age of one week to two years of age revealed that the babies born by caesarean sections had a much lower total microbial diversity. (2)

The early postpartum period is also a time of intense epigenetic activity, influenced by how the baby is born. Odent writes:
"Today the advent of epigenetics is at the root of a comprehensive rethinking of what makes two individuals different. This emerging discipline is based on the concept of gene expression… The phenomenon of gene expression is influenced by environmental factors, particularly during the primal period. In relation to primal health research, epigenetics has a huge explanatory power; it gives renewed importance to the concept of critical periods of development, and constitutes previously missing links between genetics, disease and the environment." (2) There is still a great deal to be learned about long-lasting epigenetic differences that are related to how a baby is born and what happens immediately after the birth.

Another area of interest is the effect of artificial light on both the woman in labour and her baby. As melatonin, one of the main birth hormones also known as "the darkness hormone," is inhibited by light, the use of scialytic lamps and blue light in delivery rooms must be avoided as it stimulates the neocortex at a time when it is absolutely essential that women in labour are protected from all forms of such stimulation. Odent described how the uterus has both melatonin and oxytocin receptors and that they work together during labour. "It has been scientifically demonstrated that acute inhibition of melatonin release with light suppresses uterine contractions … and interestingly it is the blue wavelength that is most effective in melatonin suppression," he writes. Studies have also revealed that babies born by a prelabour caesarean section have no melatonin in their blood, but all other babies do. This fact alone raises a myriad of new questions about the effect of a lack of melatonin on newborn babies. No doubt Michel Odent has already found researchers willing to try and find some answers to these questions.

For those who were not able to attend either of the workshops held in New Zealand last month, much of the information can be found in his latest book which also contains just as many intriguing questions as his previous books.

References

1. http://childbirthconnection.org/pdfs/CC.NPWF.HPoC.Report-ExecutiveSummary.2015.pdf
2. Michel Odent. "*Do we need midwives*?" Published by Pinter & Martin Ltd. 2015.

"HORMONAL PHYSIOLOGY OF CHILDBEARING: EVIDENCE AND IMPLICATIONS FOR WOMEN, BABIES AND MATERNITY CARE"

The Childbirth Connection published a report by Sarah Buckley in January 2015 entitled "*Hormonal Physiology of Childbearing: Evidence and Implications for Women. Babies and Maternity Care*."

The Childbirth Connection was founded in the USA in 1918 as the Maternity Center Association. In 2014 it became a core program of the National Partnership for Women and Families. Throughout its history the Childbirth Connection has pioneered strategies to promote safe, effective-based maternity care, improve maternity care policy and quality, and help women navigate the complex health care system and make informed decisions about their care.

The abstract for this 226-page report states that it synthesises evidence about innate hormonally-mediated physiologic processes in women and babies during childbearing, and the possible impacts of common maternity care practices and interventions on these processes. It focuses on four hormone systems that are consequential for childbearing – oxytocin, beta-endorphins, epinephrine-norepinephrine and related stress hormones, and prolactin.

The foreword describes how in this report Sarah Buckley carefully weaves the hormonal lattice of oxytocin, beta-endorphins, the stress hormones and prolactin demonstrating the exquisite complexity of spontaneous labour, birth, maternal-infant attachment, and lactation. "Physiologic preparation for birth is beautifully choreographed in pregnancy with critical hormonal and physical changes unfolding in the weeks, days, and (to date, only in animal studies) hours that lead to labour. The prelabour hormonal changes are neuroprotective in animal studies. The catecholamine surge in late labour is neuro-protective in humans. The critical message is to protect those processes for the health of the mother, the baby, and the future health of the child."

"Evidence is becoming clear that the body recognizes medications and procedures intended to artificially simulate labour and birth processes as counterfeits. Tools such as induction and epidurals are used at the cost of disrupting delicate interconnections that are biologically designed to optimally prepare baby and mother for birth. Mothers and babies are well designed for birth; interfering with the process when mother and baby are healthy is not supported by evidence and may cause unintended harm. That harm is expressed in the short term through prolonged labours and unnecessary surgical births." These include but are not limited to lactation difficulties, diminished maternal attachment, effects on infant brain development and learning, and lifelong health.

"If overtreatment is defined as instances in which an individual may have fared as well or better with less or perhaps no intervention, then modern obstetric care has landed in a deep quagmire. Navigating out of that territory will be challenging."

One of most significant of these challenges is the developmental and epigenetic effects that are surfacing and are now being noted. As yet they are biologically plausible but poorly studied. However, there is now sufficient evidence for all those involved in providing maternity care to recommit to the path of "first, do no harm" and adopt the "precautionary principle" which requires proof of safety before the introduction of any intervention that may adversely affect labour, birth, and the newborn baby.

"Every setting providing maternity and newborn care must critically evaluate its common maternity routines and practices against the evidence presented in this report. Policies at every level must change to afford women the opportunity to achieve a healthy physiologic birth."

Information is a powerful tool, but most women do not know the information contained in this report. A major stumbling block is that far too many maternity care providers, especially but not only obstetricians and anaesthetists, also know next to nothing about the delicate and exquisite hormonal processes involved in pregnancy, birth and lactation. This information needs to be included in midwifery, physician and nursing education and training and be added to continuing medical education courses and workshops and lectures.

The *Hormonal Physiology of Childbearing* Report can be downloaded free of charge at: http://childbirthconnection.org/pdfs/CC.NPWF.HPoC.Report.2015.pdf

MSCC Meeting Dates for 2015

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 next six months of 2015 are**:**

7 July, 4 August, 1 September, 6 October and 3 November

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.

BIODEGRADABLE IPU WHENUA

The MSCC recently received an email from a very delighted mother who received one of these Ipu Whenua and believes that all DHBs should offer this amazing service.

The service and the website were set up by midwife Carole Wheeler who lives in Masterton and works for the DHB. In 2010 Carole saw the need for a container for women to take their placenta home, a container that could be buried as it was and that would biodegrade. She researched and practiced making some different “Ipu Whenua.” After finding what worked, she began making the containers out of flax bags for “kete” and decorated them with paua shell or flax flowers. Inside is a corn starch bag --- all biodegradable.

She then made a slide show about how to make these with step by step instructions and sent them to DHBs around New Zealand, and to childbirth educators. She attended a midwifery conference in Wellington where she gave out CDs with all the information. She has done this in her own time and at her own cost.

With the help and support of her colleagues and the hospital, Masterton Hospital now provides all new mothers with an Ipu Whenua free of charge. So far they have given out about 1,000 of them.

Carole also makes tiny “Ipu Tonga” for miscarried babies as well as ones big enough for stillborn babies.

She is now selling these for the cost of making them (non profit) and also provides step by step instructions for those that want to make their own personal ones or who otherwise may not be able to afford it.

The link to the website is - http://ipuwhenua.weebly.com/

SHEILA KITZINGER

On the 12th April 2015, the British newspaper *The Guardian* announced the death of Sheila Kitzinger in a tribute that began:

"Sheila Kitzinger, the "high priestess of natural childbirth", has died at the age of 86. She could reasonably be said to have done more than anyone else to change attitudes to childbirth in the past 50 years. It was her belief that childbirth should not be reduced to a pathological event and she waged a relentless crusade against its medicalisation. She felt obstetricians had taken control, pushing aside the hands-on experience of midwives and the personal needs and wishes of mothers.

Kitzinger believed birth should be seen and experienced as a highly personal and social event, one that was even sensual and sexual. She promoted birth practices that were far more women-centred and humanised than those followed in most hospitals in Britain, and other western societies. She suggested that women should draw up their own birth plans and decide for themselves whether, among other things, they might want to move around during labour or even give birth in water." (1)

Sheila Kitzinger wrote numerous books on pregnancy and childbirth which touched the lives of women all around the world. One of her early most popular books, "*Pregnancy and Childbirth*" was first published in 1980 and was revised and expanded many times in the decades that followed. Sheila's descriptions of pregnancy and birth, her encouraging words and the powerful photographs of natural birth resulted in this book becoming the bible for thousands of pregnant women in dozens of countries. Mothers who read it over and over again during the pregnancies and births of their children bought later editions for their grown up daughters and daughters-in-law when they were expecting their babies.

Likewise when Sheila's groundbreaking book, "*Woman's experience of sex*" was first published in 1983 it, too, became an instant best seller. As with giving birth, Sheila placed sex in the context of the continuum of life. She believed that female sexuality had for too long been oversimplified and predominantly seen through the eyes of males "experts." Drawing upon the accounts of a large number of women who talked to her, "*Woman's experience of sex*" explored every area of women's sexual needs – as lovers, mothers, wives and widows, but above all as women.

In her autobiography, "A *Passion for Birth My life: anthropology, family and feminism*," (2) which was completed shortly before her death, Sheila describes her unconventional childhood and the influence that her mother had on her. "Í had a rather unusual upbringing. Mother was both a feminist, though at that time she would not have called herself one, and a committed pacifist, and was always challenging powerful institutions." Her mother worked in an early family planning clinic and was an active campaigner for birth control. She was also into natural healing and what is now referred to as alternative medicine.

While her mother had left school at 14, Sheila attended a girls' school near the family home in Taunton, Somerset. After training to teach drama and voice production, she then went off to Oxford where she studied anthropology.

"In 1952 she married the economist Uwe Kitzinger. Her first child was born four years later when her husband was in the diplomatic service and they were living in France. Sheila chose a home birth, which was highly shocking to her fellow diplomatic wives at the time." (1) Once back in England, Sheila went on to give birth to four more daughters, all born at home, including twins Tess and Nell, then Polly, and in March 1963 to Jenny who was born before the midwife arrived. After the birth of Celia, her eldest daughter, Sheila started teaching for the former Natural Childbirth Trust (now known as the National Childbirth Trust) and co-created their new teacher training scheme.

During this time Sheila became a social anthropologist, specialising in pregnancy, birth and the parenting of babies and young children. She researched styles of childbearing and how women prepare for birth in many different societies, including the Caribbean, South America, Africa, China, the Canadian Inuit, the USA and – when Sheila came to Auckland in 1992 as one of the keynote speakers at the Birth in the 21st Century conference – New Zealand Maori.

Six weeks after the birth of Polly, Sheila began writing "*The Experience of Childbirth*." She writes "Polly was waking at 5.30am in the morning to breastfeed, and it was an ideal opportunity to write before everybody else woke up. Writing early in that precious time in the morning, in the first light of dawn, has stayed a habit." (2) The first draft was completed within six weeks, and over the next few weeks Sheila read it through aloud and amending it to make sure she was speaking to women in her own voice. In 1962 "*The Experience of Childbirth*" was published. Nothing like it had ever been published before. At the time it was seen as extremely radical as it signaled a change in women's sense of themselves. It presented a powerful argument against the medicalisation of birth and strongly advocated for women to have choice and control over how they wished to give birth. In the 2004 revision of this ground-breaking book, Sheila wrote "Rereading my words in that edition I am astonished that it could ever have been considered radical. But it was!"

Sheila had two major passions in her life – women and childbirth and the marginalisation of people who did not fit into society for some reason. She became a prolific writer and later publications included "*Birth Over Thirty*" (1982) and "*Birth Over Thirty-Five*" (1994), "*Women's Experience of Sex*" (1983), "*Giving Birth: How It Really Feels*" (1987) which was a revised edition of her 1971 book "*Giving Birth*," "*Breastfeeding Your Baby*" (1989), "*Ourselves As Mothers*" (1992), "*The Year After Childbirth*" (1994), "*Becoming a Grandmother*" (1997), "*Rediscovering Birth*" (2000), "*The Politics of Birth*" (2005) and "*Birth Crisis*" (2006).

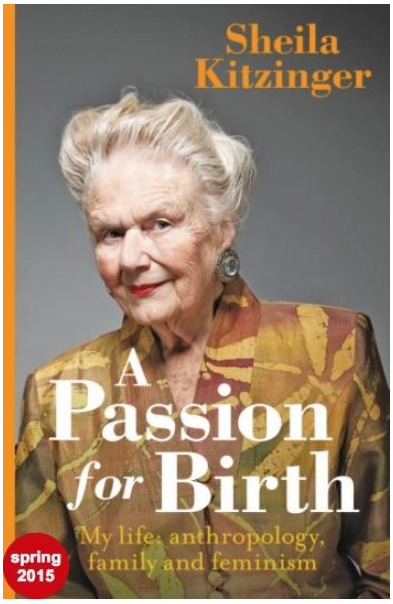
In 2014 Sheila was diagnosed with cancer. Her website states "After some initial investigation and treatments, she recovered well enough to finish her autobiography "*A*

Passion for Birth." When the illness returned, she decided not to have further investigations.

Sheila approached death with the same attitude as she did birth - questioning the need for various medical interventions and making her own choices. Just as she believed in thinking about what you would want while giving birth, she also believed in the value of thinking in advance about dying - and making plans. Sheila set down her wishes in an Advance Decision to Refuse Treatment and gave one of her daughters power to represent her (Lasting Power of Attorney for Health and Welfare) should she lose the capacity to take decisions for herself. She specifically refused further admission to hospital.

Sheila was cared for at home, as she wished, and that is where she died. On the 12th of April her family carried her body in the brightly decorated cardboard coffin she had requested to a natural burial site for a small private ceremony. We read some of Sheila's own poetry at the graveside and scattered the coffin with earth, sprigs of rosemary and camellia blossom from our lovely garden." (3) As Sheila wrote in one of her own poems –

After the soaring, a peace
Like swans settling on the lake
After the tumult and the roaring winds,
Silence.



References

1. http://www.theguardian.com/lifeandstyle/2015/apr/12/sheila-kitzinger
2. Sheila Kitzinger. "*A Passion for Birth. My life: anthropology, family and feminism*." Published by Pinter & Martin. 2015.
3. http://www.sheilakitzinger.com/