

ISSUE 102  
March 2016



Maternity Services Consumer Council



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

Welcome to the first issue of the MSCC's Newsletter for 2016. Since December 2015 we have completed the revision and upgrade of the Te Reo translation of our national version of our *Choices for Childbirth* leaflet; attended the Primary Auckland and Waitemata DHB Maternity Collaboration workshop on 10 February; completed a revision and reprint of our *Birthing the Placenta* leaflet; continued working towards a purpose-built maternity unit in West Auckland; attended Waitemata and Auckland DHB meetings, and shifted the MSCC office into its new office in Henderson. Meanwhile, we continue to respond to request for information, and mail out thousands of our leaflets.

#### **Resignation of MSCC's co-ordinator**

While the MSCC has yet to appoint a new co-ordinator, Lynda's resignation as co-ordinator took effect on Friday 18 March. As a result this will be Lynda's last newsletter. Lynda is very appreciative of the messages of support and encouragement she has received over the summer and wishes to thank everyone for their good wishes. For the time being Adith Stoneman will be attending to all matters arising.

#### **Relocation of the MSCC office and PO Box, changes to phone number**

The MSCC office has now been relocated to a brand new office at Westshare office suites, suite 5 on the second floor at 27D Waipareira Avenue, Henderson. Our new postal address is PO Box 21 695, Henderson, Auckland 0650. Temporarily we will be using Adith's private mobile 022 421 6008, if possible please leave a text rather than voice message.

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

This issue of the newsletter features an article on DHB's Maternity Quality and Safety Reports, a report on the Waitemata DHB's Primary Birthing Unit community consultation, an article on the new national version of our Te Reo translation of *Choices for Childbirth*, a summary of the Ministry of Health's Maternity Report for 2014, a promotion of *Choosing Where to Labour and Birth*, the latest leaflet in our *The Facts* series.

*Lynda + Adith*

## DHB MATERNITY QUALITY & SAFETY REPORTS

The District Health Boards around the country should by now have posted their latest Maternity Quality & Safety Reports for 2014 on their websites. These reports are not always easy to find, some take a bit of tracking down! Many are listed under %About Us+and then %Publications.+If that fails then try entering the name of the DHB and Maternity Report.

The Maternity Quality and Safety Programme (MQSP) is a Ministry of Health initiative to improve the quality of maternity care services nationally. The MQSP encourages each DHB to collaborate and work with their communities, stakeholders and also with consumers.

Some DHBs are doing better and others have serious issues they need to address. For example, in March 2016 the Mid Central and Whanganui DHBs published the review of their joint Regional Women's Health Service, a review that was undertaken following a series of serious and tragic events in 2014 and 2015 in which five babies died and two were seriously harmed. (1)

### **Waitemata DHB Maternity Report**

The Waitemata DHB published a 64-page report that includes home births and births in the Warkworth, Wellsford and Helensville Birthing Centres. (2) In 2014 there were 3,971 births (55%) at North Shore Hospital and 2,896 births (40%) at Waitakere Hospital. Warkworth Birthing Centre had 129 births (1.7%), Helensville Birthing Centre had 40 births (0.5%), Wellsford Birthing Centre had 21 births (0.2%) and there were 195 home births (2.7%). The report states that 95% of births occurred in the two base hospitals, and notes that, as there are no primary birth units in the North Shore or Waitakere urban districts, there is a much lower rate of births in primary birthing units than the national average.

In 2014, 62% of women in the Waitemata DHB area had a vaginal birth a figure which includes those who had either a ventouse or a forceps assisted birth. There were 1296 (32.6%) caesarean section births, 331 ventouse assisted births, and 100 forceps assisted births at North Shore Hospital, and 694 (24%) caesarean section births, 111 ventouse assisted births, and 54 forceps assisted births at Waitakere Hospital.

The report notes that there continues to be a significant difference between the intervention rates in North Shore and Waitakere hospitals. This may be partly explained by demographics, such as increasing maternal age, at North Shore. Women with particular risk factors, such as morbid obesity, pre-existing medical conditions and twins, or where complicated surgery is anticipated, are asked to birth at North Shore.+

The MSQP is overseen by the Maternity Clinical Governance Forum which is embedded in the wider DHB organisational structure. Early pregnancy care



including increasing the rate of first trimester registration, and the promotion of normal birth are included in its eight current project. Promoting Normal Birth (PNB) was established to meet the goal of increasing the number of women having a normal birth. This group/committee is promoting the changes in practice that the literature suggested were most likely to make a difference in supporting the normal physiology of birth. These included practices such as:

- labour should begin on its own
- women should have freedom of movement in labour
- women should have continuous labour support
- there should be no routine interventions
- women should be able to push spontaneously in non-supine positions
- mother and baby should stay together
- caesarean sections should be monitored.

If these seem incredibly old hat, they are. A generation or two ago many mothers in New Zealand either gave birth at home or joined the Active Birth Movement in the 1970s, 1980s and 1990s in order to increase their chances of having a normal birth. There is now a great deal of research that clearly documents the importance to both mothers and babies of protecting the normal physiology of birth. (3) It is unacceptable that maternity hospitals ignore the evidence and continue to interfere in ways that disturb the complex and delicate hormonal process of giving birth.

### **Counties Manukau DHB Maternity Report**

Counties Manukau Health has published a 100-page maternity report which is now on its website. (4) This is Counties Manukau DHB's third maternity report. It covers the initiatives undertaken in the past 12 months as part of the implementation of the MQSP as well as providing information requested by the National Maternity Monitoring Group.

Counties Manukau has four birthing facilities, Middlemore hospital, and three primary units at Botany Downs, Papakura and Pukekohe. In 2014, 12% of the 7291 women who gave birth in Counties Manukau gave birth in primary units . 319 at Botany Downs, 263 at Papakura, and 296 at Pukekohe. The report notes that the use of primary units has been decreasing over recent years.

The caesarean section and induction rates have increased since 2010. The overall caesarean section rate in 2014 was 24%. . Ethnicity appears to impact on how women give birth . 78% of Maori women and 75% of Pacific women had a vaginal birth, whereas only 56% of Indian women had vaginal births and 30% had their baby by caesarean section. Maternal age is also an influencing factor with 80% of women under 20 years of age having a vaginal birth in 2014 compared to 63% of women over 40 years of age having a vaginal birth.

As induction is linked to rising caesarean section rates a new regional (between the three Auckland DHBs) induction of labour guideline has been developed to



reduce local variation and support evidence based practice. This guideline was introduced at Middlemore hospital in June 2014.

The Ministry of Health also requested that each DHB review and critique their indications for induction of labour (IOL) as part of their Maternity Quality and Safety Programme. The audit undertaken at Counties Manukau (included as Appendix 6 in the report) revealed that on average, six inductions of labour were performed per day, 20% more a day than planned. The maximum booked on one day was 10, double the number planned.

The audit found that collecting IOL data was difficult as it had to be done manually due to the fact data was not available electronically during the time of the audit. Another of the weaknesses revealed during the audit was that it was difficult to ascertain whether all of the IOL data was captured. There were times when information was deleted and new patient information was pasted over the top of the previous patient's information and some of the documentation was illegible. (4)

The audit resulted in three recommendations:

1. Develop a new IOL booking register that has the capacity to capture all of the IOLs booked with the standardized information that is required for future audits.
2. Develop a guideline around IOL bookings to increase efficiency and allow for prioritising inductions where urgency is required.
3. Re-audit to check that all IOLs are clinically indicated and occur at the appropriate time.

### **Auckland DHB Maternity Report**

National Women's hospital has for many years produced a comprehensive Annual Clinical Report on its maternity and gynaecology services, as well as holding a special seminar each year with guest speakers who are invited to critique various sections of the report. In 2014 the MQSP report formed part of the Annual Clinical Report and is available on the website. (5)

### **References**

1. <http://www.midcentraldhb.govt.nz/HealthServices/WomensHealth/Pages/MS-Review.aspx>
2. <http://www.waitematadhb.govt.nz/Portals/0/Documents/Planning/HealthReports/MaternityQSPAnnualReport2015.pdf>
3. <http://childbirthconnection.org/pdfs/CC.NPWF.HPoC.Report.2015.pdf>
4. <http://www.countiesmanukau.health.nz/assets/About-CMH/Reports-and-planning/Maternity/2014-2015-Maternity-Quality-Safety-Programme.pdf>
5. <http://nationalwomenshealth.adhb.govt.nz/health-professionals/annual-clinical-report>



## WAITEMATA DHB PRIMARY BIRTHING UNIT COMMUNITY CONSULTATION

On 10 February 2016 four members of the MSCC attended a consultation meeting held in Ranui to discuss Waitemata DHB's plan to open a new primary birthing unit firstly in West Auckland, and then one on the North Shore. The Ranui meeting was one of seven DHB organised community meetings held in West Auckland and on the North Shore to help the DHB understand where a primary birthing unit should be located, what facilities should be there and how the unit should be managed.

There was also the option of completing a brief online survey.

This latest round of consultation meetings began on 18 January 2016 and closed on 29 February, although the deadline for completing the online survey was subsequently extended to 7 March. The Auckland and Waitemata DHB CPHAC (Community and Public Health Advisory Committee) meeting of 16 March 2016 report that: these events included targeted events for the Asian, Pacific and Maori community as well as general community events. Small group discussions were held with a wide number of groups and organisations including:

- Safari playgroup for refugee and migrant families
- Positive parenting network
- Ranui network meeting
- De Paul House café club
- Enea Ola Health Committee
- The Asian Network Incorporated Network meeting
- Matua Pasifika Wellness Group
- Incredible Years programme (Whanau House).

On completion of the consultation process, we then plan to have all feedback analysed by an independent company who specialises in Health Research.

Well there goes another bucket load of money!

The results will then be shared with the Waitemata Board in the coming months.

As reported in the December 2015 issue of the MSCC newsletter, these consultation meetings are very tightly controlled, and this final round of meetings was no exception. Once again we were reduced to sticking coloured dots on bits of paper.

One of the questions in the online survey was incomprehensible and unanswerable. Is it more important to you to have it closer to home, or closer to



the hospital?+Other questions were incredibly broad and basic, such as %Would you recommend a primary birthing unit?+

Waitemata DHB thus missed a really valuable opportunity to get community input into where a primary birthing unit would best be located.

The MSCC members at the Ranui meeting pointed out to the organisers that instead of vague blue-sky questions, the DHB would have been better advised to have provided factual information on the growth areas in both West Auckland and the North Shore, provided information about possible locations and asked these communities for their preferred option from these possibilities. Similarly, the question about the preferences for locating a primary unit . inside the obstetric hospital, in the hospital grounds, in the community (DHB operated) or in the community (privately operated) . would have provided more informed responses if it was prefaced with the available evidence about birth outcomes in each of these options especially the negative outcomes in terms of normal birth with hospital-based primary birthing units.

As there will be no further consultation on this issue both the West Auckland and North Shore communities are going to have to find other ways of ensuring that they have some say in what happens next.





## MSCC Meeting Dates for 2016

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.

We meet at 9.45 am on the first Tuesday of the month, please know that a discussion is to be held on the possibility of holding alternating day and night meetings, this to allow more of our young working women to be part of MSCC. The meetings are held at Birthcare Parnell.

The meeting dates for next six months of 2016 are:

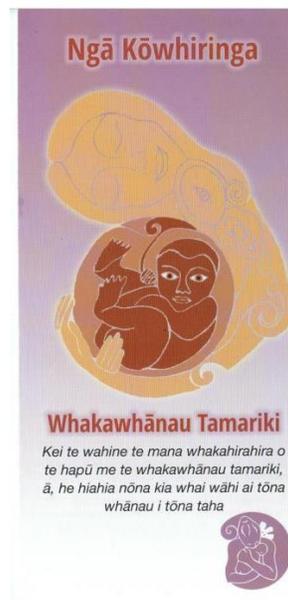
**5 April, 3 May, 7 June, 5 July, and 2 August 2016**

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.



## NEW UPDATED AND REVISED VERSION OF TE REO TRANSLATION OF "CHOICES FOR CHILDBIRTH"

The MSCC has now produced a national version of its Te Reo translation of *Choices for Childbirth*. It has had a beautiful makeover and has a completely new look.



Last month saw the re-print of 'Ngā Kōwhiringa Whakawhānau Tamariki'. The content has been revised by Nāria Mataira of Ngāti Porou and Ngāti Kahungunu. Nāria is a mother and nani as well as an incredibly skilled Te Reo Māori teacher whose work is inspiring and facilitating the revival of Te Reo Māori in Whaingaroa/Raglan. Her time on the project means the content of 'Ngā Kōwhiringa Whakawhānau Tamariki' is eloquent, easily understood, and consistently shares the empowering tone of the English version.

The simple but carefully thought out graphics were a collaborative effort realized by new mama, Kelly Clarkson of Te Arawa. The tui in flight are a symbol of the freedom we have to make choices for childbirth and are inspiration for mama's to be vocal, like tui, in voicing those choices. The nine moons represent the growth of mother and child. The cover image is the culmination of that growth with new life ready to come into the world protected by manaia - baby's kaitiaki, and nurtured by the warm and glowing presence of a mama at peace with the imminent birth transition. Madelin Watson.



## **MINISTRY OF HEALTH REPORT ON MATERNITY 2014**

In December 2015 the Ministry of Health released its Report on Maternity for 2014. (1) The 79-page document provides health statistics on the 59,193 women who gave birth in 2014, their pregnancy and childbirth experience, and their babies.

The birth rate of 65 per 1000 females of reproductive age in 2014 is the lowest it has been since 2005. Also of note is the fact that between 2005 and 2014 the birth rate for women under 20 years fell by almost one-third . a statistically significant decrease.

### **Decrease in teen pregnancy**

The continuing and significant decrease in teen pregnancy over the past few years has been the subject of a number of reports and articles. (2) (3) In 2007, 4955 women under 20 years of age gave birth, compared to 2865 in 2015. A large majority of these births . over 70% . were to 18 and 19-year-old women.

Of the 59,193 women giving birth in 2014:

- more than half were between the ages of 25 and 34 years
- almost half were European and almost one-quarter were Maori
- the median age at birth for Maori and Pacific women was 26 years and 28 years, respectively, while the median age for Asian (excluding Indian) and European women was 31 years
- almost 30% resided in the most deprived neighbourhoods
- 60% had previously given birth

### **Lead Maternity Carer (LMC)**

The vast majority of women giving birth were registered with and received care from an LMC during their pregnancy and postnatal period, usually a midwife. Two-thirds of women who registered with an LMC did so within their first trimester of pregnancy in 2014, a statistically significant increase from 2008 when only half of women registered within their first trimester.

### **Place of birth**

The vast majority of women gave birth at a maternity facility. Approximately 87% gave birth at a secondary or tertiary facility, and 9% at a primary maternity facility.

Approximately 3% of women giving birth had a planned home birth. The proportion of home births has remained stable over the last decade. Home births were more common among:

- Women aged 40 years and over
- Maori and European women
- Women residing in the Northland DHB region

### **Normal birth**

One in every three women giving birth in 2014 had a normal birth, defined as a spontaneous vaginal birth without an induction, augmentation, epidural or episiotomy.



One in every two women giving birth had at least one form of obstetric intervention during labour and birth:

- 24% had an induction
- 26% had their labour augmented
- 27% had an epidural
- 15% had an episiotomy.

### **Increase in caesarean section rate**

Elective caesarean section rates have increased. In 2014 almost two-thirds of women had a spontaneous vaginal birth, one-quarter had a caesarean section and the remaining women had an assisted vaginal birth. Between 2005 and 2014 there was a significant increase in the proportion of elective caesarean sections and a significant decrease in spontaneous vaginal births. The proportion of women having an emergency caesarean section or assisted birth showed less variation over the same period. Caesarean sections were more common among:

- Women aged 35 years or more
- Indian and other Asian women, and European women
- Women in the least deprived neighbourhoods.

### **The babies**

More babies were male than female. There were 59,494 live-born babies in 2014, 52% of whom were male.

The average birthweight of babies born in 2014 was similar to that of babies born in previous years, at 3.42kg. Asian babies (particularly Indian) and female babies had a lower average birthweight. Almost 6% of babies were born with a low birthweight.

The vast majority of babies were born at term while 7% were born preterm. The median gestation at birth between 2008 and 2014 was 39 weeks, a decrease from the median gestation of 40 weeks between 2005 and 2007. Of the babies born at term, 1.9% had a low birthweight. The ethnic group with the highest percentage of babies with a low birthweight was Indian.

Almost 80% of babies born in 2014 were exclusively or fully breastfed at two weeks after birth. Exclusive or full breastfeeding was most common among babies:

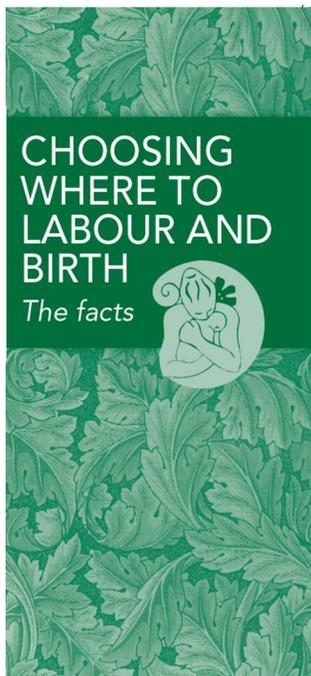
- Born to women aged 30-39 years
- In the European or Other ethnic group
- Residing in the least deprived neighbourhoods
- In the West Coast DHB region.

### **References**

1. <http://www.health.govt.nz/publication/report-maternity-2014>
2. [http://www.superu.govt.nz/sites/default/files/Teen\\_Births\\_Report\\_0.pdf](http://www.superu.govt.nz/sites/default/files/Teen_Births_Report_0.pdf)
3. [http://www.nzherald.co.nz/lifestyle/news/article.cfm?c\\_id=6&objectid=11604278](http://www.nzherald.co.nz/lifestyle/news/article.cfm?c_id=6&objectid=11604278)



# CHOOSING WHERE TO LABOUR AND BIRTH



The MSCC has produced a seventh leaflet in its “The Facts” series.

*Choosing where to Labour and Birth* provides women with evidence-based information on how the place of birth can impact on labour and birth, as well as the future health and well-being of both the mother and the baby. It describes the importance of having access to safe birthing environments that support the hormonal and physiological processes of labour and birth. It details the important hormones of labour and birth, outlines the events which often disturb the cocktail of hormones, and lists the interventions that contribute to this. It also describes how to create a supportive birth space.

There is a charge for all the leaflets in *The Facts* series. An order form for all our leaflets is available on the MSCC website: <http://www.maternity.org.nz/what-we-offer/>



## CONFERENCES/WORKSHOPS 2016

### **Sarah Buckley “Undisturbed Birth” workshop**

Sarah Buckley is holding an Undisturbed Birth+workshop in Rotorua on 7 April 2016.

Further information is available at .

<http://sarahbuckley.com/about-sarah/sarabs-schedule>



### **NZ College of Midwives 2016 National Conference**

The NZ College of Midwives' Conference will be held on 26 – 28 August 2016 in Auckland. Birth, Culture and Social Change is the theme of the conference this year with an emphasis on looking forward to the next 25 years.



Further information is available at:

<http://www.midwife.org.nz/resources-events/nzcom-conference-2016>

