



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

Welcome to the first issue of the Maternity Services Consumer Council Newsletter for the year. It seems that it is going to be another very busy year for the MSCC beginning with the hosting by the Ministry of Health of a number of maternity sector workshops around the country on what the MOH describes as “A Quality and Safety Programme for Maternity Services,” the changes to the health system that do not augur well for the maternity system, the printing of the final pamphlet in the *Your Choice* series of pamphlets, and work on the next pamphlet *Epidural: The Facts* about to get started.

Several meetings have been held on both the North Shore and in Waitakere city to discuss the establishment of a birthing centre in each area. A report on the meeting held in Te Atatu Sth is featured on page 11 of this issue of the newsletter.

MSCC’s latest pamphlet

We have completed work on the third of the three leaflets in our *Your Choice* series – *After the Birth: Your Choice*. Following on from the *Screening During Pregnancy: Your Choice* and the *Labour and Birth: Your Choices* leaflets this new leaflet focuses on choices following birth. A copy is included with this issue of the newsletter and copies can be ordered by emailing the MSCC office. These leaflets are available free of charge but we will request a donation to cover postage and handling costs for orders over 50 copies.

What’s in this issue of the newsletter

The March issue of the newsletter tells you what happened to the Ministry of Health’s *Maternity Action Plan*, provides information on the regional workshops that the Ministry of Health is holding later this month, contains an article on the H1N1 (swine) flu vaccine also known as Celvapan, some statistical information that we managed to glean from Waitemata DHB’s 2008 Maternity Report, an account of the meeting held in Waitakere on 3rd March to canvass support for establishing a birth centre for Waitakere families, and news on other events.

Don’t forget to check the dates for the MSCC’s Steering Group meetings for 2010 and put them in your diary.

And don’t forget to check out all the wonderful clothes and baby gear at **MAMA’s Birth & Baby Essentials Shop** at 1 Taylor’s Road, Mt Albert. A 20% discount voucher is enclosed!

Happy Reading!

Lynda & Jennie

MATERNITY ACTION PLAN

In June 2009 the Ministry of Health released for a second time a draft Maternity Action Plan. Submissions closed on 31 July 2009. One hundred and eleven submissions were received from individuals, health professionals, consumer groups, health professional groups and health service providers.

The Ministry of Health reports that there was strong support across all the submissions for several key actions to improve the quality and safety of maternity services and that this is consistent with the government's view that the mission of maternity services is the health and safety of mothers and their babies.

The Ministry's website states that nothing further will be done with the Maternity Action Plan and it will remain a draft document. Instead priority will be given to "progressing the key quality and safety actions identified by submissions."

The MOH says it will focus on the following key actions over the next 18 months in order to improve outcomes for mothers and babies:

- developing a quality and safety programme for maternity services
- reviewing and updating the Guidelines for Consultation with Obstetric and Related Specialist Medical Services so that they include protocols for transfer of care and emergency transfers and criteria for conditions that can be appropriately managed by other members of the primary care team
- developing a national standardised set of maternity notes that can be transferred electronically
- improving maternity and newborn information to better monitor the quality and safety of maternity services.

Consultation workshops have been organised with maternity health professionals and consumer groups to progress these specific actions. Once these have been completed, further priorities for improving maternity services will be considered.

The government has boosted maternity funding by \$103.4 million over four years to keep up with the rising birth rate and to fund a raft of initiatives including:

- Longer stays for a small percentage of new mothers in birthing facilities
- More support for at risk mothers – with funding for an optional meeting each trimester for at-risk mothers with their GP and Lead Maternity Carer (LMC)
- Obstetric training or refreshers for GPs wishing to return to maternity care
- A voluntary bonding scheme for graduate midwives
- A rural midwifery recruitment and retention service
- Continued support for the midwifery first year of practice programme.

However, none of these measures will do much to provide women with the much-needed levels of care and support, especially in the postnatal period.

For further information, please contact Bronwen Pelvin, Senior Advisor, Maternity Services on 04 816 3633 or email bronwen_pelvin@moh.govt.nz



REGIONAL WORKSHOPS: A QUALITY AND SAFETY PROGRAMME FOR MATERNITY SERVICES

The Ministry of Health is planning a number of maternity sector workshops to discuss a safety and quality programme for maternity services. According to the email from the Ministry received by the MSCC, "this is one part of the wider work programme to improve the quality and safety of maternity services in New Zealand.

The workshops will be held in the following cities in the last half of March:

- Christchurch: 19 March 2010
- Auckland: 26 March 2010
- Rotorua: 29 March 2010
- Wellington: 30 March 2010

The workshops will be for a full-day starting at 10am and finishing at 4pm.

What is on the agenda

While the programme for the workshops is still being finalised, it is intended that the workshops will cover:

- a draft model of how a quality and safety programme for maternity services might look
- opportunity to critique the draft model of how a quality and safety programme might look
- opportunity to provide suggestions/alternative models of how a quality and safety programme might look
- the results of the informal survey into current mechanisms to improve quality and safety
- plenty of discussion and sharing of ideas.

Who should come

Clinicians, consumers, quality experts, maternity experts, DHB funders and planners, researchers with an interest in health quality. You will need to fill in a registration form and be allocated a place at the workshop in order to attend.

For further information contact Jane Anderson at Jane_Anderson@moh.govt.nz



PREGNANT WOMEN & BABIES TO GET THE H1N1 VACCINE

Last winter New Zealand experienced an outbreak of Influenza A (H1N1), also known as swine flu because it is endemic in pigs. Despite early fears that this particular variety of swine flu may be more severe than the usual seasonal outbreaks of influenza, subsequent events revealed that the majority of people experienced fairly mild symptoms, and some of those infected had no obvious symptoms.

Over 3,200 people were officially diagnosed with the H1N1 virus, although officials have estimated that between 10% - 25% of New Zealanders caught the virus. Twenty people died; a much lower mortality rate than that caused by previous ordinary seasonal flu viruses. The groups found to be most severely affected by the H1N1 virus were infants under one year of age, Pacific and Maori people, pregnant women and those with other pre-existing conditions such as heart and lung diseases. (1)

As autumn approached the Ministry of Health has been gearing up for another round of this particular variety of flu. Based on both the New Zealand experience and that of countries in the northern hemisphere who are nearing the end of their winter flu season, those deemed to be most at risk are pregnant women, infants, those who are very obese, those who have heart disease, diabetes, cancer or chronic respiratory diseases such as asthma. The Ministry is currently rolling out a vaccination campaign for the new H1N1 vaccine known as Celvapan (produced by Baxter Healthcare Ltd) to priority groups, including pregnant women and infants over the age of 6 months.

Those who will be eligible for free vaccination with Celvapan are pregnant women, those who are "morbidly obese," and all children between six months and five years of age who are enrolled in an eligible practice. An eligible practice is one which has 50% or more of their enrolled children under 6 years identified as high needs (Maori, Pacific, high deprivation). (2)

This particular vaccination campaign will run from March 2010 till 30 June 2010.

Information on Ministry of Health and related websites state that the Ministry is expecting a resurgence of the H1N1 flu to begin in autumn rather than winter. The campaign will therefore begin with what is referred to as the Early Protection Programme in which Celvapan will be offered to frontline health workers and those most at risk of more severe outcomes from the H1N1 virus. Two doses of the vaccine at least three weeks apart will be required, and began being offered to these priority groups on 1 February 2010.

The usual seasonal influenza vaccination programme began in March and is a trivalent vaccine that is intended to protect against the H1N1 virus, the Influenza A H3N2 virus, and the Influenza B/Brisbane virus. Only one dose is required.



Celvapan

Celvapan was approved for use in New Zealand in January 2010. It is an inactivated whole virion vaccine and is produced by growing the virus in cultured mammalian cells. The whole virus is then killed using formaldehyde and ultraviolet light and harvested to prepare the vaccine. Unlike other seasonal influenza vaccines, Celvapan does not contain any egg protein. (3)

Safety issues

Medsafe, a business unit of the Ministry of Health, has evaluated the safety data from clinical trial and post-marketing safety data and decided that “the vaccine has an acceptable safety profile.” (3) Of course, what is acceptable to the Ministry of Health and what is acceptable to parents may be very different.

Children

What is even more concerning is that the clinical trial experience for children is extremely limited. The Ministry information pack states that “The analysis of safety data from a snapshot of the safety data base involving 146 subjects aged six months to 17 years of age (including 20 children aged 3-8 years and 20 toddlers and infants aged 6 – 35 months) suggests a favourable safety profile with regard to systemic and local reactions. No serious adverse events were reported for any of the children up to 7 days after the first vaccination.”

Again the issues of such a small sample being used to provide both so-called safety data and the reporting of systemic and local reactions are of major concern. The European Medicines Agency website reveals a list of adverse reactions that many parents would find completely unacceptable. They include nervous system disorders (headache, dizziness, fainting, tingling, prickling or burning sensations on the skin, a loss of sensitivity), gastrointestinal disorders (nausea, vomiting, diarrhoea, abdominal pain), flu-like symptoms (fever, chills, headache, fatigue), musculoskeletal disorders (muscle or joint pain, muscular weakness), and temporary facial paralysis, facial palsy, etc. (4) A full list of the reported reactions to Celvapan is available on the European Medicines Agency website – www.ema.europa.eu/pdfs/influenza/5580610en.pdf

In New Zealand the safety of all medicines or vaccine is monitored by the Centre for Adverse Reactions Monitoring (CARM), Medsafe, and the Medicines Adverse Reactions Committee (MARC). However, it is notoriously difficult, if not impossible, to prove that an adverse reaction was caused by a particular vaccine, as the recently reported death of a healthy 18-year-old New Zealand young woman and the chronic illness of other teens following the course of injections with the HPV vaccine Gardasil goes to prove. (5)

Pregnant women

The Ministry states that Celvapan may be used in pregnant women:

“There have been clinical trials that show the efficacy of Celvapan. Although, as is the case with most trials, pregnant women were not included in the trials, there



is no reason to think that the vaccine should not be as effective for women during pregnancy.

Because Celvapan is a new vaccine there are no safety data specifically about use during pregnancy. However, previous influenza vaccines have been shown to be safe during pregnancy and Celvapan has been use in pregnant women in other countries. Pregnant women need to be informed of this information as part of the informed consent process." (3) (emphasis added)

The MSCC was, of course, extremely interested in just how the Ministry of Health planned to ensure that pregnant women were going to be provided with this information. An email the MSCC sent to several MOH officials enquiring about what they were doing about this revealed that plans to produce such information had ground to a halt at the end of last year and been overlooked since then. We were assured that they were now doing something about it. However a call from a maternity unit at the end of February brought to our attention the fact that the Ministry is sending out information packs to health providers and maternity hospitals on the new vaccine, which includes a poster, but no information for women. An enquiry has also been received from a woman in the first trimester of pregnancy requesting information on the vaccine after she got a letter from her GP advising her to make an appointment to have the H1N1 flu vaccine. She requested some more information and was faxed a question and answer sheet which she described as a pro-vaccine blurb that did not provide her with any useful information. The MSCC promptly emailed the Health & Disability Commissioner and complained.

Given the Ministry's tendency to over-promote vaccines with a zeal comparable to that exhibited by the pharmaceutical industry, it is not that surprising that they haven't got around to producing anything other than a poster. This despite the fact that parents have repeatedly voiced their wish to have information that provides adequate information on the risks, benefits and side effects of all vaccines. In the wake of the fallout following the Ministry of Health's MeNZB vaccination campaign which failed to mention that the vaccine only lasted for a few years, they would do well to produce the full disclosure of information that meets the requirements of the Code of Consumers' Rights and that parents want.

References

1. www.moh.govt.nz/moh.nsf/indexmh/influenza-a-h1n1-2010-affect
2. www.influenza.org.nz/?t=884
3. "Early Protection Immunisation Programme: Information Pack." Ministry of Health. January 2010.
4. <http://www.ema.europa.eu/pdfs/influenza/5580610en.pdf>
5. <http://tvnz.co.nz/close-up/gardasil-we-getting-full-picture-3347380>



WAITEMATA DHB'S MATERNITY SERVICES REPORT 2008

At the end of last year Waitemata DHB issued its third annual report on women's health services (includes maternity and gynaecology) for the year 2008. There was no report for 2007. At the beginning of the document Linda Harun, the General Manager of Child, Women and Family Services refers to the report giving "the service much valuable information on demographic and health changes which will assist with planning. It also enables the service to identify improvements in service delivery necessary to improve outcomes."

However, as far as the maternity services are concerned it is really difficult to see what "the valuable information" is and what "improvements in service delivery" will be made. The recommendations on page 10 are focused on improvements in data collection and changes to demographics, but make no mention of what or how improvements to maternity services will be made.

Waitemata DHB demands \$1178 for further information

The MSCC went through the document and then wrote a letter to the CEO of Waitemata DHB requesting additional information under the Official Information Act. We were shocked to get a letter in response demanding \$1,178 before the DHB agreed to begin work on providing the MSCC with the information requested, especially that much of it is contained in monthly reports that both Waitakere Hospital and North Shore Hospital are provided with. As the information is important for women living in Waitakere City and for women on the North Shore as well as for the current initiatives to set up birthing centres in both areas, the MSCC will include this in grant applications that are being submitted.

Information on Waitakere and North Shore Hospitals only

The statistical information in the report covers births at Waitakere and North Shore Hospitals only despite the fact that the MSCC has repeatedly requested that maternity reports include information on the women giving birth at Helensville and Warkworth maternity units as well as the numbers of Waitemata DHB women giving birth at home. Such requests continue to be ignored.

Lack of statistical data

This report differs considerably from earlier reports in that it is focused on figures with percentages indicating "trends," but very few of the figures are accompanied by the actual numbers of women. For example, figures 19 and 20 on page 28 provide the approximate percentage of all mothers who had an induction of labour in 2008 at North Shore and Waitakere Hospitals combined (figure 19) and of just the first-time mothers who had an induction (figure 20), but does not provide the actual numbers of women. The majority of the figures combine the numbers of women at North Shore and Waitakere hospitals, which makes it impossible for both women living on the North Shore and women living in Waitakere City to know what is happening re birth interventions at their local hospital. Amalgamating the data in this way disguises the significant differences



between the two hospitals both in terms of the women who give birth in the North as compared to the West as well as the different outcomes.

The MSCC would also like to see some statistical information on the rates of normal births where normal births are defined as one in which the birth was not induced or augmented, there was no epidural, pethidine or gas used during labour, and the mother gave birth without the need for forceps, vonteuse or a caesarean section.

In 2008 a total of 3690 women (compared to 3783 in 2007) gave birth at North Shore Hospital to 3757 babies which includes 67 sets of twins. At Waitakere Hospital, 2944 women (compared to 2933 in 2007) gave birth to 2956 babies which includes 12 sets of twins.

Combined statistics for both hospitals

The mode of birth in 2008 is only given in percentages as a combined figure for both hospitals. The spontaneous vaginal birth rate was 64.8%, the caesarean section rate was 26.4%, the forceps/vonteuse rate was 8.5%, and the vaginal breech rate was 0.3%.

Induction of labour

There are several figures comparing induction of labour and the mode of birth, and comparing the rates for all women giving birth and for first-time mothers. One figure revealed that for first-time mothers who were not induced 55.7% had a spontaneous vaginal birth, 15% had a forceps/vonteuse birth, and 25.9% had a caesarean section. For first-time mothers who were induced 44% had a spontaneous vaginal birth, 14.8% had a forceps/vonteuse birth, and 36.9% had a caesarean section.

Epidurals

There are two figures on epidural use on page 31 of the report. The first figure shows that the epidural use among first-time mothers was 53.9%, and increased with age from 45.4% for women under 20 years of age to 62.2% for women over 40 years of age.

The second figure shows that epidural use among first-time mothers was 68.9% in women who were induced and 50.2% in those who were not induced; and that epidural use among mothers giving birth to subsequent babies was 40.9% in those who were induced and 30.9% in those who were not induced.

Caesarean section rates

The only figure on caesarean section rates in the report was a figure on page 32 showing the increasing rates of caesarean sections by age groups between 2000 and 2008.



In 2008 the caesarean section rate for women between 20-24 years of age was 17.1% and for women aged 40 years of age and over the caesarean section rate was 42.1%.

Of course, the devil is in the detail, but there are no details and it is going to cost \$1,178 to get the details the MSCC has requested.

Lead Maternity Carers (LMCs) in 2008

At North Shore Hospital independent midwives accounted for 62.2% of the births (compared to 55% in 2004); Know Your Midwife (KYM) for 14.3% of births (compared to 13% in 2004); obstetric specialists for 10.9% of births (compared to 16% in 2004); GPs for 4.9% (compared to 6% in 2004), and hospital midwives for 7.1%.

At Waitakere Hospital independent midwives were the LMC for 73% of births (compared to 62.1% in 2004); hospital midwives for 15.3%; KYM midwives for 9.8% of births (compared to 17.3% in 2004); GPs for .1% (compared to 0.5% in 2004); obstetric specialists for 0.3% of births (compared to 0.1% in 2004); and Maori midwifery teams for 1.4% of births (compared to 3.8% in 2004).

Ethnicity

The ethnicity tables on page 15 show that of the mothers giving birth at North Shore Hospital in 2008 69% were European, 15.5% were Asian. 6.8% were Maori, and 6.1% were Pacific. At Waitakere Hospital 44.6% were European, 19.7% were Pacific, 18.6% were Maori, and 14.3% were Asian.

- For a copy of 2008 Annual Report on Maternity Services contact Sarah Watson, Child, Women and Family Services, Waitemata DHB, Private Bag 93-503, Takapuna, email: Sarah.Watson@waitematadhb.govt.nz

BREASTFEEDING NATURALLY DVD

A wonderful new DVD produced by the Ministry of Health which is **freely** available to all pregnant women in New Zealand. Stocks are limited. If you would like to see the DVD, but do not require a hard copy, it can be viewed on www.youtube.com/breastfeedingnz or via the Ministry of Health website www.moh.govt.nz

You can also order a copy directly from:

<http://www.healthed.govt.nz/resources/breastfeedingnaturally.aspx>



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.

A copy of the new pamphlet is included with this issue of the newsletter.

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

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 mssc@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



A BIRTHING CENTRE FOR WAITAKERE

On Wednesday 3rd March the MSCC hosted a meeting of women at the Te Atatu South Community Centre to discuss increasing the birthing options for Waitakere families.

Speakers at the meeting included recently retired midwife Barbara Harvey who challenged those attending with a thought-provoking speech on the links between poor birth experiences, child neglect and abuse and the urgent need to provide more services for pregnant women and new mothers. A birthing centre must do a great deal more for west Auckland mothers than just provide a safe place to give birth. New mothers need to be nurtured, made to feel special and taught how to care for and love their babies, she said, responding to the headline in that morning's issue of *NZ Herald* which suggested abusive mums may be tracked through life.

Her concerns were echoed by Denise Hynd, an Australian midwife currently working at Waitakere Hospital as well as attending home births in West Auckland, described her experiences as a midwife in England, Papua New Guinea, Australia and New Zealand. Denise described her experience of the limited birth options in Waitakere, the impact of socialization and the environment on birth outcomes. These concerns were also present in Waitemata DHB's midwifery leader Emma Farmer's presentation on the latest research around the difference birth outcomes and consequences from birth centres, homebirths and hospital births. Michelle Nasey described how the Helensville Birthing Unit was established when the Helensville hospital was closed in the late 1980s, and how the centre has expanded to include many other groups providing services and is now a vital part of the Helensville community. Eileen Joy from West Auckland Parents Centre was the final speaker for the evening and she gave a moving account of her two very different experiences of giving birth to her two children, and how a birthing centre could nurture and empower women as mothers.

The meeting was also attended by Linda Harun and Michelle Wilson, senior staff from Waitemata DHB, as well as Board member Warren Flaunty.

A meeting to discuss the idea of a birthing centre for women in Waitakere city resulted in the formation of an enthusiastic committee which held its first meeting on Thursday 18 March and started work on turning the idea of a haven for birthing women into a reality.

Further public meetings will be held over the coming months as part of gaining further community support for the establishment of a birth centre for Waitakere women and their families.



POSTNATAL DISTRESS SUPPORT NETWORK TRUST MEMBERS NEEDED

We all know someone who has been affected by postnatal depression (PND) or distress. The Postnatal Distress Support Network Trust has been supporting women in the Auckland region for over 12 years.

At 10am each Tuesday morning a meeting for mothers experiencing some form of postnatal distress is held at the West Auckland Women's Centre at 111 McLeod Road, Te Atatu South. A free crèche is provided.

PND Support Network Trust Board meetings are held once a month on a Monday evening in the PND office at Claude Brooke Road in Henderson.

Members for the PND Network Trust Board are very much needed.

For more information contact Wendy on 836-6967 or email: pnd.org@xtra.co.nz



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 April, 18 May, 15 June, 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.



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 presents:

BREASTFEEDING: A lifetime investment

A one-day conference to be presented on 14 May in Christchurch and on 15 May 2010 in Auckland.

There will be four internationally acclaimed speakers, experts in their field: Thomas Hale, Kerstin Hedberg Nyqvist, Magda Sachs and Lisa Amir.

For further information contact office@capersbookstore.com.au

