

ISSUE 103
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Maternity Services Consumer Council



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

Welcome to the first MSCC's Newsletter that is not entirely written by our amazing Lynda Williams. We wish to apologise for not publishing a newsletter in June as per our normal schedule and hope that this issue will make up for it.

Since March 2016 we have completed our revision of "*Choices for Childbirth*" leaflet and having secured funding, have reprinted 10,000 copies. We attended the National Women's Health Annual Clinical Report day and had a successful trade table at the NZCOM Conference in Auckland.

Meanwhile, we continue to respond to requests for information as per normal and mail out thousands of our printed resources every month.

What's in this issue of the newsletter

This issue of the newsletter features an article on the La Leche League Conference in Wellington, a book review by Denise Hynd, an update on pay equity by Brenda Hinton, a critique of the National Women's Health Annual Report written by Lynda and a review of the Annual Report Day presentations from Adith, a first time attendee. Also from Lynda, an update on the National Maternity Clinical information System. We have a review on two home birthing movies that screened in Auckland in August/September and finally we want to introduce you to our new revamped pamphlet order form.

So make a cup of tea or coffee (whatever you enjoy) and have a read.

La Leche League New Zealand Biannual Conference 30 September- 2 October, Brentwood hotel, Wellington

The La Leche League NZ conference "Building a Legacy" will mark the start of a year of celebrations around the globe, for the La Leche League International 60th anniversary. It all started ever so innocently in October 1956 when Mary White and Marian Tompson together with 5 friends decided to set up a support group for mothers who wanted to breastfeed their babies. Mary White who died in June this year had 11 children, 61 grandchildren and 108 great grandchildren, most of whom no doubt, were breastfed babies. Of the 7 founding mothers sadly only Marian Tompson and Mary Ann Kerwin remain with us today.

At 86 Marian is still actively involved in LLL and she will be coming to the NZ Conference as a key guest speaker, to share some of her wisdom and insights. Maureen Minchin, joins Marian as a key guest speaker. Maureen is well known for her work in protecting, promoting, and supporting better infant feeding practices since the 1970s.

For more information please email conference@lalecheleague.org.nz or visit their website on www.lalecheleague.org.nz

Home birthing on the Big Screen

“Born at Home: New Zealand Dads Advocate for Homebirth” by Sharon Robinson, screened on Sunday the 21st of August, at Te Pou theatre in New Lynn. It was a small get together of home birthing parents, home birthing experienced midwives and others interested in the topic. A special moment in the movie, for me was, when a grandma to be, arrived in NZ from Israel to support her daughter. She had been told by her daughter and son-in-law not to come if she did not support their choice of place of birth. She is filmed meeting Sharon and listening to the information Sharon passed on to her daughter, seeing how Sharon cared for her daughter and her unborn baby. As a result, all her concerns just disappeared, she felt like Sharon was “part of the family”.

<https://vimeo.com/179557923> You can now see this 27 minute movie online.

“Why not Home?, the surprising birth choices for doctors and nurses”, is a movie made in the USA by Jessica Moore, a family nurse practitioner and filmmaker who is drawn to people and their stories. She is passionate about empowering women and families through information sharing. Her path to motherhood started with a high-tech conception through IVF and culminated in a low-tech birth at home. It was her own experience that got her interested in making this movie. She tells the stories of other medical professionals who chose to give birth at home.

The movie screened at MAMA Maternity on the 9th and 10th of September. If you are interested in organising a screening of this powerful movie, please visit the website.

<http://www.whynothome.com/documentary-team/>

(Feedback from members of the deaf community was that it was “shame that it is not captioned”. A member of the deaf community has since been in contact with the filmmakers, hopefully this will result in subtitles that will make it more accessible and useful for members of this community.)



Thought about birthing at home?
It's your choice!



Explore the practicalities, safety, and wonder of homebirth with your local Auckland Homebirth Community Group

- **North:** 1st Friday each month, 10-11:30am @ 55 Meadowood Drive, Unsworth Heights
- **West:** 4th Friday each month, 10-12noon @ The Hub, 27 Corban Ave, Henderson
- **Central:** 2nd Wednesday of each month, 10am-12pm & 4th Thursday of each month, 7-9pm
@ MAMA Maternity, 13 Coyle St, Sandringham
- **East:** 3rd Tuesday each month, 10-12noon * See event for venue
- **South:** 3rd Thursday each month, 10-12noon * See event for venue

We also offer **birth pool hire**, an **online support group** (Facebook) as well as a **library of resources** supporting choices in pregnancy, birth and parenting.

Auckland HomeBirth Community
discovering • empowering • celebrating

www.ahbc.space

www.facebook.com/AKLHomebirthCommunity



NATIONAL WOMEN'S HEALTH Annual Clinical Report 2015

The National Women's Health Annual Clinical Report day took place on Friday 19 August. Lynda Williams has been attending these report days for over 25 years and reports on this year's event:

National Women's released its Annual Clinical Report for 2015 in August 2016. The report is the 23rd in the current series.

The 203-page report contains a wealth of statistical information on the 6933 mothers who gave birth at NWH in 2015 including the 47 women who gave birth before they actually got to the hospital (a significant decrease from 7353 in 2014,) and the 7074 babies they gave birth to. In 2015 there were 133 sets of twins (143 in 2014) and 4 sets of triplets (4 sets in 2014).

Demography

In 2015, 66.2% of the 6933 mothers who gave birth at NWH lived in the Auckland DHB area, 14.4% lived in Waitemata DHB area, and 17% lived in the Counties Manukau DHB area.

33% were NZ European, 11.9% were other European, 6.8% Maori, 11.6% Pacific, 9.5% Indian, 22.8% other Asian, and 4.3% other ethnicities.

Normal births decrease

The normal birth rate has again decreased slightly over the past year, continuing an ongoing trend. In 2015 51.3% of mothers had a spontaneous vaginal birth, compared to 53.1% in 2014, and 0.5% (38 mothers) had a vaginal breech birth.

Only 41.4% of first-time mothers had a spontaneous vaginal birth, compared to 44.5% in 2014. The spontaneous vaginal birth rate has remained consistently low for over a decade. The way to improve this statistic is by focusing on reducing primary caesarean section in first-time mothers from its current 36.3%.

Induction of labour

In 2015, 33% of mothers had an induction of labour, compared to 31.3% in 2014. In late 2014 there was a review of the evidence base for induction and implementation of a regional guideline which resulted in what has turned out to be a very temporary decline in induction numbers. There was an increase in induction rates for both first-time mothers in 2015 from 37.5%(2014) to 40%(2015) – and for multiparous women from 25.3%(2014) to 26.6%(2015). The formal booking system introduced in December 2014 for both elective and acute inductions did not result in the reductions expected.

Pre-labour rupture of membranes at term, maternal diabetes, post-dates pregnancy and suspected small for gestational age were the most frequent reasons for induction of labour in 2015.



For first-time mothers whose labours were induced, 83.4% had an epidural compared to 57.7% of those who were not induced; 22.3% had an emergency caesarean section compared to 15.8% of those who were not induced; and only 38.6% of those induced had a spontaneous vaginal birth, compared to 56.5% of those who were not induced.

35.6% caesarean section rate

In 2015 the caesarean section rate was 35.6% compared to 34.6% in 2014; 33.4% in 2012; 32.5% in 2011; and 20.8% in 1995 and 1996. This year the difference between the caesarean section rate for first-time mothers was 35.8%, (compared to 36.8% in 2013; and 34.1% in 2012), and for mothers having subsequent births 33.5%, (compared to 32.8% in 2013; and 32.7% in 2012).

The report notes that “the Caesarean section rate in 2015, at 35.6%, is the highest it has ever been at NWH. The largest contribution to the Caesarean section rate comes from repeat Caesarean. This is followed closely by nullipara having Caesareans before labour or following induction of labour...”

It is a major concern that nulliparous women had only a 41.4% chance of achieving a spontaneous vaginal birth in 2015. We can begin to improve this statistic by focusing on reducing primary Caesarean in nullipara. The primary Caesarean rate for nulliparous women who have had labour induced at term is 36% (14% have a failed induction and 22% have emergency caesarean in labour). Are practitioners, using evidence based indications for induction of labour in nulliparous women? And why are 148 nulliparous women requesting elective caesarean?”

Research evidence is clear that repeated caesareans are strongly associated with adverse maternal outcomes, including abnormal placentation, postpartum haemorrhage and peripartum hysterectomy.

Forceps and Ventouse

Although the rate of forceps and ventouse deliveries (combined under the term “instrumental vaginal birth”) had remained stable at 11.5% over the previous few years, in 2015 the rate rose to 12.6%.

Some mothers are subjected to more than one instrument – forceps and ventouse, or different types of forceps, and some end up with a caesarean section after an attempted vaginal instrumental birth. In 2015 there was a significant decrease in the numbers of mothers who had a double instrumental birth – 32 mothers compared to 63 in 2014 and 41 mothers in 2013, and 27 mothers had an attempted vaginal instrumental birth prior to having an emergency caesarean section.



Epidurals

Epidurals continue to be the most common form of analgesia for the management of labour pain (63.9% of women in labour), with women having an induced labour being the most frequent users (74% compared with spontaneous labour 41%).

The highest use of in-labour epidurals is in first-time mothers with whose LMC is a private obstetrician, 82% compared with self-employed midwives at 63.2%.

Breech birth

Breech births made up 4.9% of all births in 2015. Of the 265 singleton babies presenting as a breech, 238 (89.8%) were delivered by caesarean section. Among the 36 breech births born at 32-36 weeks gestation, the percentage of caesarean deliveries was 83%, despite there being no evidence to support such a practice. For the 191 breech births at 37+ weeks, the percentage of caesarean sections was 99%.

The report says: "Considerable effort is made in counselling and advising women who wish to attempt vaginal breech birth. All of our obstetricians support women having the option for vaginal breech birth should they wish to make this choice, however, not all are confident and skilled at performing vaginal breech birth. Breech birth workshops have been held over the last few years to try to address this issue."

Water birth

There were 37 babies recorded as having born in water in 2015. Ten of these were cared for by NWH Team midwives, 25 were cared for by independent midwives and two were under the care of a private obstetrician. Five babies were admitted to the NICU.

Postpartum Haemorrhage

The postpartum haemorrhage (PPH) rate remains a cause for concern. It is associated with the increasing caesarean section rate. The overall primary PPH rate (500mls and over) was 35.1%.

It was 18.9% following a spontaneous vaginal birth compared to 71.6% following an emergency caesarean section and 48.4% following an elective caesarean section. It also varied by onset of labour, from 26.5% in spontaneous onset of labour to 36.7% in induced labour.

Peripartum Hysterectomy

Six women had an emergency postpartum hysterectomy in 2015, compared to ten in 2014. Hysterectomies following birth are associated with caesarean sections.

Maternal Mortality

There was one maternal death at National Women's in 2015.



Breastfeeding

In 2015, 77% of mothers were discharged from National Women's exclusively breastfeeding their babies.

- A copy of the 2015 Annual Clinical Report is available at:
<http://nationalwomenshealth.adhb.govt.nz/health-professionals/annual-clinical-report/yearly-annual-clinical-reports>

National Women's Health Annual Clinical Report as experienced by Adith.

It was my first time to attend this event and so I had little understanding of how the day would be run and what the outcome would be. I left the event quite baffled to be honest.

Some of the speakers spoke so fast and used the power point presentations so ineptly that I was left wondering if it was their first time there too!. Furthermore, in my humble opinion, some speakers were outright rude making statements like

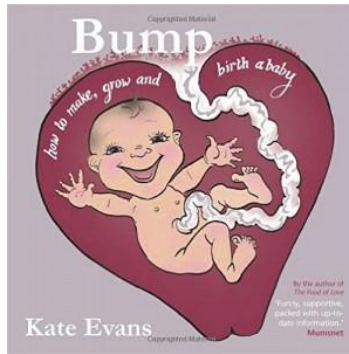
"What do we want a lower induction rate or a lower still birth rate" implying that induction of labour prevented stillbirth. I feel quite strongly that this is not a question one can ask, and it left me feeling that we were being bullied into "nodding yes". Imagine presenting a pregnant mother with that sort of question!

At the beginning of the day a statement was made that set the tone of the day for me.

"If you torture data long enough it will tell you what you want it to say".

During the course of the day I reminded myself of that statement a few times. I was pleased for the company of Lynda Williams who at times helped me to digest the information and made me realise I was not the only one who was confused and befuddled.





“Bump: How to make, grow and birth a baby”
by Kate Evans

Beginning with a cheeky baby on the cover, “Bump” is packed with wonderful cartoons; many laugh-out-loud funny ones, some hauntingly beautiful which accompany an at times irreverent, yet sensitive, evidence based and yet visceral text; an appropriate combination for an authentic depiction many of the roller-coaster rides of womanhood today.

“Bump” covers the full gamut of reproductive issues; from pre-conception, to trying to, or not trying to conceive, early to late pregnancy development and possible losses, preparing for the baby, birth options and rights. Many women will enjoy using this book as a guide to exploring their cycle. Kate Evans is an inclusive feminist in her drawings and text, which acknowledge different racial and sexual identities. She says we need to respect women who do not want children and that there are other paths including for those who are gay, straight or bi-sexual, all of whom may benefit from the practical information offered about understanding our bodies’ fertility, regardless of whether our cycles and lives are ‘regular’. “*Medicine man vs Witch doctor*” is the first example of another of Kate’s themes in this book; the critiquing of Western medicine’s limited efforts to support “our bodies’ efforts” to reproduce. In contrast this book offers an holistic, ecologically sustainable and physiological approach to fertility and childbearing, with info-graphics on complementary therapies such as acupuncture, inclusion of varying emotional states, as well as practicalities, like *The broke mum’s budget baby list*” section. It is unique and invaluable that birth is presented as “*what has happened when women have had babies since time immemorial*” and that this account includes an understanding of the labour and birth hormones. The book ends as it began with a cherubic baby, though this time in the form of another of Kate’s info-graphics entitled, “*New centre of the Universe*”.



I am thankful that someone has put humour, emotions and fact in such a delightful package for women and their midwives.

Denise Hynd

Midwives Heading to Mediation

Lead Maternity Carer (LMC) midwives, are self- employed contractors to the Ministry of Health (MOH). The Section 88 Primary Maternity Services Notice outlines what midwives providing lead maternity care are required to do in order to claim the set fees under the Notice. There are no negotiating rights for LMCs, they must provide the services described and can only claim the amount provided, they therefore rely on the MOH to set fair service specifications and fair fees. Unfortunately fairness doesn't seem to come into the current situation.

Over the past decade, midwives have been required to do more work, (compare the number of referrals for testing, scanning, screening & monitoring most woman have compared with a decade ago and the administrative load this puts on the LMC). However, there has been only one 2.5% increase to the fees able to be claimed under the Notice in the past eight years!

The New Zealand College of Midwives (NZCOM) made numerous approaches to the Minister of Health requesting fairer fees and condition but the Section 88 Notice has not been amended to include regular reviews or even cost of living adjustments. As a last resort the NZCOM filed a Statement of Claim against the MOH alleging discrimination on the basis of gender in breach of the NZ Bill of Rights Act 1990. (99.9% of midwives are women, 100% of their clients are women.) in August , a few days before the case was scheduled to be heard in the high Court, the MOH offered to have the case heard in mediation.

Karen Guilliland (CEO of NZCOM) says this is the first time the Ministry has formally offered an organised mediation between its top ministry officials and NZCOM representatives. "This would not have happened without the College taking the claims action to the High Court. We are not a union, we are not litigators, we are midwives caring for women and their babies and we want to be able to continuing doing just that within a safe and sustainable maternity service."

There have been no reports of progress in the mediation process and NZCOM has reserved the right to return to Court if an agreement is not reached in three months. By not valuing LMC midwives and the work they do, the MOH is not valuing women. We hope that the negotiations will result in a fair settlement and that NZ women will be able to continue to receive fully subsidized, continuity of maternity care from the LMC midwife/midwives of their choice.



NATIONAL MATERNITY CLINICAL INFORMATION SYSTEM

Over the past few years work has been underway on developing a new way of collecting, sharing and viewing maternity data with the intention of supporting women to be more involved in their own care and enabling electronic access to their own maternity information. (1)

The Maternity Information Systems Programme is one of a number of projects underway that will eventually see all New Zealanders (and the health professionals caring for them), having electronic access to their health information. This particular programme has proceeded in a stop: start fashion with much of the focus in the last two years being on the development of the Maternity Clinical Information System (MCIS) for the DHBs.

So far, five DHBs have implemented the MCIS in their maternity services. MidCentral DHB was the first, with South Canterbury, Whanganui, Tairāwhiti and Counties Manukau being the next four DHBs to roll it out.

As with any new IT system there have been teething problems. A recent update from the Ministry of Health suggests these have been significant.

On 4 May 2016, Counties Manukau DHB notified the MOH of their intention to stop using the MCIS. However, “they have subsequently reviewed their position” and the Ministry is “in discussion with the DHB to agree a way forward with the project.” It would be very interesting to know how the MOH got them to change their minds and play ball. Jill Lane, Director of Services Commissioning (whatever that is!?) at the MOH, states that, the Ministry together with the vendor, Clevermed, continues to refine the MCIS so midwives, obstetricians, anaesthetists, neonatologists and others can easily record and access relevant clinical information for the care of women and their babies.

If the MCIS is to become a national system it is critical that problems are addressed. However it would seem a national MCIS isn’t going to happen any time soon anyway, given the expectation that in five years’ time only ten DHBs will have adopted MCIS. (2)

The MOH update also states that “parallel development of an electronic maternity record for community based Lead Maternity Carers by the Midwifery and Maternity Provider Organisation will ensure that clinical information is shared between community providers and DHBs. This is good news, although there is still more to learn about the MMPO development and what information will be viewable and/or transferred to and from DHBs, and when.

The Ministry of Health website assures women that their information will only be shared with those authorised to see it and that all access will be recorded. “All



your information is confidential and there will be a number of protections in place to ensure it is secure.” (3) The network being used to transfer information to and from the MCIS is Connected Health, is apparently, a secure network established some years ago for health providers “to ensure data is not lost, transferred incorrectly or subject to intrusion.” There is no indication when the sharing of information from the other existing community based maternity systems e.g. GP systems, will be enabled.

The MOH update advises that the Ministry and Clevermed will also work towards the development of a “women’s view” to enable women to access their own information via an online portal. This was promoted to women as a major selling point of the maternity information system’s programme, but appears to have taken a back seat as the needs of the DHBs have predominated. It is good to see this featuring again. Women need to be very sure that the development of the “women’s view” will be adequately resourced, that women will be involved in its development, that women will have online access to more than their booking information and labour and birth and discharge summaries and that all participating DHBs will offer it.

References

1. <http://healthitboard.health.govt.nz/our-programmes/national-solutions/maternity-information-systems-programme>
2. http://www.health.govt.nz/system/files/documents/publications/new-zealand-health-strategy-roadmap-of-actions-2016-apr16_1.pdf
3. <http://www.health.govt.nz/your-health/services-and-support/health-care-services/sharing-your-health-information/upcoming-changes-maternity-information-systems/security-and-privacy-your-maternity-information>

Leaflet Order Form

Please post your order to: PO Box 21 695, Henderson, Auckland 0800
Or email to: mcsc@maternity.org.nz

Choices for Childbirth
FREE leaflet but please pay for post and packaging.
Available in 12 languages; please state the quantity of each language you want then add a total.

Your Choice Leaflets
FREE leaflet but please pay for post and packaging.
Please state the quantity of each leaflet and language you want then add a total.

The Facts Leaflets
A small charge per leaflet dependent on quantity ordered plus post and packaging.
Available only in English; please state the quantity of each leaflet you want then add a total.

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Payment is required before leaflets are posted.
Please deposit to bank account: 12-1013-0887026-00
Using your name as reference.
Donations appreciated.
Free leaflets supply is dependent on availability.

With the help of Peter Kemp, MSCC has developed a new more user friendly order form.

The response from midwives has been positive and we are pleased that in a small way we are making your life easier. Order forms can be downloaded from our website, on completion they can be posted or emailed to us.



Our MSCC Steering Group is in need of new blood, so if you are interested in adding your voice to the work of the MSCC, contact us and join our Steering Group. To get an idea of who we are and what we do, make a note of the following dates 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 at Birthcare, typically we are finished by 11.30 -11.45 am. We are grateful for the continuous support of Birthcare Parnell for their hospitality.

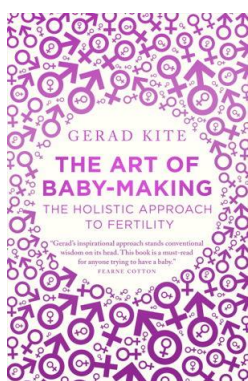
The meeting dates for the rest of the year 2016 are

4 October, 1 November, December to be decided

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.

The Art of Baby Making The Holistic Approach to Fertility



by Gerad Kite

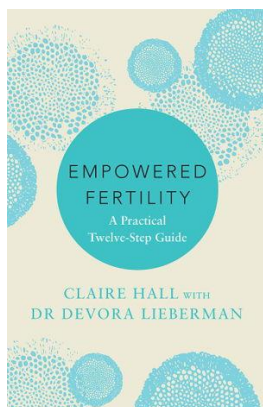
From the bestselling author of 'Everything You Need You Have'. Nature teaches us that a balanced state is a fertile state; and in this book Gerad Kite shows how "balance" can be the secret to successful conception, even when all else has failed. In *The Art of Baby-Making*, he presents a unique, holistic approach to creating the right conditions for new life to take hold.

His method combines the ancient wisdom of Chinese medicine with psychotherapy, drawing on his years of experience and effective practice. Kite believes that too often couples are dismissed with a diagnosis of unexplained infertility when it is a condition that can be overcome. Filled with testimonials from his many, diverse patients, this book focuses on laying the foundations for long-term balance and well-being so that pregnancy can follow, almost as a by-product. Whether you are aiming to conceive naturally or undergoing fertility treatment, it is a must-read on your journey towards parenthood.



Empowered Fertility A Practical Twelve-Step Guide

by Claire Hall & Devora Lieberman



Written by experienced counsellor Claire Hall and fertility expert Dr Devora Lieberman, EMPOWERED FERTILITY contains clearly structured and expressed information to assist them as they go cope with infertility. This practical guide aims to help women manage their psychological wellbeing, their emotions, and the attitudes and responses of family and friends during this challenging time.

Each section of the book gives the reader information and support to address physical, psychological, emotional and social challenges that can arise when dealing with infertility and also with IVF treatment. Subjects include managing expectations, dealing with fear, releasing control and handling changes in relationships. The reader can work through at their own pace, making use of the coaching tools and exercises to help with each step. For readers who are starting or are in the midst of IVF treatment, the last section of the book forms an IVF Cycle Handbook, to guide women through their experience.

Enjoy the wonders of Spring and remember to put the clock forward on the 25th of September.



