ISSUE 100
September 2015

Maternity Services Consumer Council

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

Welcome to the third issue of the MSCC's Newsletter for 2015 which also happens to be the 100th issue of the newsletter since the MSCC was established in 1990. Since June we have attended the National Women's Annual Clinical report day, completed work on our new leaflet, "*Choosing Where to Labour and Birth*," attempted to keep track of what has happened with the Auckland/Waitemata DHB maternity services collaboration project, 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.

Funding

The MSCC is very appreciative of the $8,000 we received from Foundation North (formerly the ASB Community Trust), and more recently the $5,200 we received from four of the five Auckland COGS committees.

Welcome to Adith, our new administrator

Following Letticia's resignation as the MSCC's administrator, the MSCC has recently appointed Adith Stoneman to the position. However, we have not said goodbye to Letticia as she plans to remain on the MSCC Steering Group and stay involved in maternity issues. We wish her well in her better paid jobs and thank her for all her hard work for the MSCC, and we look forward to seeing her at our Steering Group meetings, her other work commitments permitting.

Adith comes to the MSCC with a background as a childbirth educator and like Letticia she, too, has been involved with the La Leche League for many years.

What's in this issue of the newsletter

This issue of the newsletter features a summary of some of the statistical information in the latest Annual Clinical Report from National Women's for the 2014 year, a promotion for the latest leaflet in our "The Facts" series, an article on the Ministry of Health's recently released document, "New Zealand Maternity Services Indicators for 2013," an article on some of the birthing statistics from Waitemata DHB for 2014, and an update on the Waitemata DHB/Auckland DHB Maternity Services Collaboration.

Lynda + Adith

2014 ANNUAL REPORT FROM NATIONAL WOMEN'S

National Women's released its Annual Clinical Report for 2014 in August 2015. The report is the 22nd in the current series.

The 283-page report contains a wealth of statistical information on the 7353 women who gave birth at NWH in 2014 and the 7551 babies they gave birth to, plus the 47 women who gave birth before they actually got to the delivery unit. In 2014 there were 143 sets of twins (147 in 2013) and 4 sets of triplets.

Normal births decrease

The intervention rates have risen slightly over the past year, continuing an ongoing trend. In 2014 53.1% of mothers had a spontaneous vaginal birth, and 0.9% had a vaginal breech birth.

Only 44.5% of first-time mothers had a spontaneous vaginal birth, compared to 43.6% in 2014. The report states that "the spontaneous vaginal birth rate has remained consistently low since 2004," and comments that the way to begin to improve this statistic is by focusing on reducing primary caesarean section in first-time mothers from its current 35.8%. When labour is induced the primary caesarean section rate in these women is 58%.

Induction of labour

In 2014 31% of mothers had an induction of labour, compared to 33.8% in 2013. The report notes that "this may be due to a review of the evidence base for induction and implementation of a regional guideline in late 2014." For the first time there has been a decrease in induction rates for both first-time mothers at term – 40% to 39% – and for multipara from 30% to 26%. In December 2014 a formal booking system was introduced for both elective and acute inductions which may result in further reductions.

Premature rupture of membranes at term, diabetes, post-dates, and suspected small for gestational age were the most frequent reasons for induction of labour in 2014.

When post-dates was the primary indication for induction, 7% occurred prior to 41 weeks (down from 12% in 2013) and 14% occurred at or beyond 42 weeks (up from 12.5% in 2013, but down from 16% in 2012 and 22% in 2011). The report notes that the emergency caesarean section rate is higher following induction than following spontaneous onset of labour for both first-time mothers and mothers expecting subsequent babies who have not had a previous caesarean.

34.6% caesarean section rate

In 2014 the caesarean section rate was 34.6% compared to 34.7% in 2013, 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 points out that the caesarean section rate at National Women's is the highest it has ever been, with the most common reason for a caesarean section being a repeat caesarean. This is followed closely by first-time mothers having a caesarean before labour or following induction of labour.

The report states that it is of concern that at NWH in 2014, 129 first-time mothers "had an elective caesarean section for the indication of maternal request; representing 19% of all nulliparous caesarean sections, and up from 16% in 2012."

The report also notes that "research evidence is clear that repeated caesareans are strongly associated with adverse maternal outcomes, such as abnormal placentation, postpartum haemorrhage and peripartum hysterectomy."

Forceps and Ventouse

For the past two years the rate of forceps and ventouse deliveries (combined under the term "instrumental vaginal birth") has remained stable at 11.5%. In 2011 the rate dropped below 12% for the first time since 1997, with a rate of 11.1%. In 2014 the rates were 20.8% for first-time mothers, and 4.2% for multiparous mothers.

Some mothers are subjected to more than one instrument – forceps and ventouse, or different types of forceps, and to the birth of a baby by caesarean section after an attempted vaginal instrumental birth. In 2014 there was a significant increase in the numbers of mothers who had a double instrumental birth – 63 mothers compared 41 mothers in 2013, and 32 mothers had an attempted vaginal instrumental birth prior to an emergency caesarean section, down from 48 in 2013.. The report comments that "close attention to this would be prudent in 2015" as this is associated with more severe outcomes for both mother and baby.

Epidurals

Epidurals continue to be the most common form of analgesia for the management of labour pain (67.5% of women in labour), with women having an induced labour being the most frequent users (68.3% compared with spontaneous labour 40%). For first-time mothers it was 80.4% if labour was induced and 67.5% if labouring spontaneously. For multipara it was 51.5% if labour was induced and 33.7% if labouring spontaneously.

The highest use of epidurals is in first-time mothers with a private obstetrician – 83.6%.

Breech birth

Breech births made up 8.1% of all births in 2014 compared to 5.4% in 2013. Of the 294 singleton babies presenting as a breech, 247 (84%) were delivered by

caesarean section. Among the 35 breech births at 32-36 weeks the percentage of caesarean deliveries was 91%, despite there being no evidence to support such a practice. For the 201 breech births at 37 weeks and over the percentage of caesarean sections was 96%.

The report notes that the NWH guideline on Breech Birth was updated in May 2012 to reflect changes in guidelines internationally.

"Considerable effort is made in counselling and advising women who wish to attempt vaginal breech birth. Although only a small number of obstetricians will consider conducting vaginal breech births, the desire to accommodate this option is such that these obstetricians make themselves available sometimes out of roster in order to accommodate the wishes of women who make this choice."

Water birth
There were 35 babies born in water in 2014 - two mothers were cared for by NW LMC midwives, and 33 were cared for by independent midwives. All were live births with one baby being 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 35.5% (same as for 2013).

It was 19.2% following a spontaneous vaginal birth compared to 70.9% following an emergency caesarean section and 50.8% following an elective caesarean section. It also varied by onset of birth, from 27.8% in spontaneous onset of labour to 35.9% in induced labour.

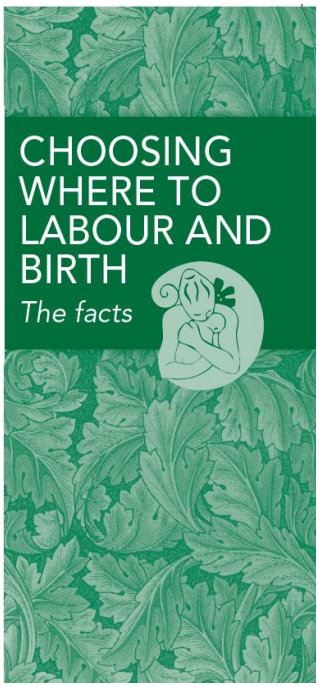
Peripartum Hysterectomy
Ten women had an emergency postpartum hysterectomy in 2014, compared to five in 2013. Hysterectomies following birth are associated with caesarean sections.

Maternal Mortality
There were no maternal deaths at National Women's in 2014.

Breastfeeding
In 2014 77.7% of mothers were discharged from National Women's exclusively breastfeeding their babies.

- A copy of the 2014 Annual Clinical Report is available at:
http://nationalwomenshealth.adhb.govt.nz/health-professionals/annual-clinical-report/yearly-annual-clinical-reports

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, but a free copy is included with this issue of the newsletter. An order form for all our leaflets is available on the MSCC website: http://www.maternity.org.nz/what-we-offer/

New Zealand Maternity Services Indicators for 2013

In September 2015 the Ministry of Health published the "New Zealand Maternity Services Indicators for 2013." This 108-page document is the fifth report in the series and "provides information on a series of maternity outcomes which relate to an optimal health outcome."

It presents data on women giving birth, and babies born in the 2013 calendar year. It includes six new indicators, bringing the total number of indicators to 21, and presents trends for each indicator over a five-year period.

In 2013, compared to the four previous years, there was:

- an increase in the proportion of women who registered with an LMC in the first trimester of pregnancy and major variations between regions. The increase was from 84.4% of women giving birth in 2009 to 90.4% of women giving birth in 2013.
- a decrease in the proportion of standard first-time mothers who had a spontaneous vaginal birth and an increase in standard first-time mothers who had a caesarean section or instrumental birth, and continued major variations between regions
- a decrease in the proportion of standard first-time mothers who had an intact perineum and an increase in the proportion who had an episiotomy or a third- or fourth-degree tear, or both an episiotomy and a third- or fourth-degree tear, and there was continued major variations between regions
- a decrease in the proportion of women who had a general anaesthetic for caesarean section
- a decrease in the proportion of women who required a blood transfusion following a caesarean section
- an increase in the proportion of women who required a blood transfusion following a vaginal birth
- a decrease in the proportion of women who smoked during the postnatal period
- an increase in the proportion of women with body mass index (BMI) over 35 at registration
- a decrease in the proportion of small babies at term (37–42 weeks' gestation) and in the proportion of small babies born at 40–42 weeks' gestation
- an increase in the proportion of term babies requiring respiratory support.

As the four previous reports demonstrated, reported maternity service delivery and outcomes for women and babies vary between district health boards (DHBs) and between individual secondary and tertiary facilities. These findings merit further investigation of data quality and integrity as well as variations in local clinical practice management.

Since 2012, DHBs and maternity stakeholders have used national benchmarked data in their local maternity quality and safety programmes to identify areas warranting further investigation at a local level. Using the data in this report, DHBs and local maternity

stakeholders can expand the scope of their investigations and view trends over a five-year period.

Caesarean section rates by DHB

Of particular interest is the table comparing the number of caesarean sections among standard primiparae – first-time healthy mothers aged 20-34 years old with one full-term baby in a cephalic presentation (head first). As most of these mothers go on to have their second and third babies by caesarean section, it is important that DHBs put strategies in place to reduce the caesarean section rate in all first time mothers.

Table 1: Number and percentage of deliveries by caesarean section among standard primiparae, by DHB of residence, 2013

DHB of residence	Caesarean sections	Standard primiparae	Rate (%)
Northland	20	256	7.8
Waitemata	237	1,241	19.1
Auckland	212	1,131	18.7
Counties Manukau	210	1,152	18.2
Waikato	75	753	10.0
Lakes	24	182	13.2
Bay of Plenty	62	420	14.8
Tairawhiti	14	96	14.6
Hawke's Bay	47	249	18.9
Taranaki	37	238	15.5
MidCentral	57	297	19.2
Whanganui	6	122	4.9
Capital & Coast	108	594	18.2
Hutt Valley	41	263	15.6
Wairarapa	16	67	23.9
Nelson Marlborough	49	250	19.6
West Coast	11	53	20.8
Canterbury	107	781	13.7
South Canterbury	15	99	15.2
Southern	109	529	20.6
Unknown	2	17	–
New Zealand	**1,459**	**8,790**	**16.6**

The full report is available at:
http://www.health.govt.nz/system/files/documents/publications/new-zealand-maternity-clinical-indicators-2013-sep15.pdf

Some Birthing Statistics from Waitemata DHB

Waitemata DHB's maternity managers advised Hospital Advisory Committee board members at the end of September that the Ministry of Health had received its annual Maternity Quality Service report for 2014 and received some very positive feedback.

The report reveals that there were 200 more births (a total of 7052 births) in the Waitemata DHB area in 2014 than in the previous year. This represented an increase of 3.2% in birth numbers at North Shore hospital and a slight decline in numbers at Waitakere hospital and the primary units.

95% of the birth occurred in the two base hospitals. Births in primary units accounted for 2.4% of the total births, and 2.7% were homebirths. As there are no primary units in the North Shore and Waitakere urban districts there is a much lower rate of births in primary units than the national average. The report notes that "the possibility of providing local birth centres is currently being worked through as part of the Auckland and Waitemata DHBs maternity collaboration project.

Waitakere hospital
In 2014 70% (2028) of the 2896 women who gave birth at Waitakere hospital had a vaginal birth, 24% (694) had a caesarean section, and 165 women had either a ventouse or forceps birth. There were 9 breech births.

North Shore hospital
In 2014 56.1% (2229) of the 3971 women who gave birth at North Shore hospital had a vaginal birth, 32% (1296) had a caesarean section, and 431 women had either a ventouse or forceps birth. There were 15 breech births.

The report states that these rates have remained stable over the three year period from 2012 to 2014, with there being a slight reverse in the increasing caesarean section rates at North Shore hospital – 33.3% in 2013 reducing to 32.6% in 2014. This is very encouraging and hopefully the downward trend will continue.

"There continues to be a significant difference between Waitakere and North Shore hospital mode of birth outcomes. 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."

This is a very disingenuous explanation given the history of these two maternity hospitals. In the late 1980s North Shore's maternity unit became a Level 2 hospital meaning it now had the capacity to perform caesarean sections. Waitakere hospital followed suit in the early 1990s. Given that there were and still are lots of private obstetricians living on the North Shore and very few living in West Auckland, the caesarean section rates soared in the North but remained low in the West. Five or six years ago the monthly caesarean section rates for both hospitals documented in the agenda papers for Waitemata DHB board meetings revealed that the monthly caesarean section rate at Waitakere hospital was often 12% – 15%, half that at North

Shore hospital. One of the major reasons behind this change is due to private obstetricians opening clinics out West.

From the MSCC archives

As the files held by the MSCC indicate, North Shore hospital's maternity facility has a 25-year history of being dominated and run by private obstetricians. In the mid-1990s, following constant complaints from women as well as complaints from independent midwives, the MSCC wrote a number of letters to the maternity managers at the hospital about the control being inappropriately exercised by private obstetricians over what was supposed to be a public hospital.

In a letter dated 14 April 1994, a group of independent midwives with access agreements for North Shore hospital wrote to Sally Haigh, then Maternity Services Manager at North Shore hospital, repeating their concerns about the specialist obstetrician services for the hospital. "A previous letter in March 1993 expressed our concerns but, as the service has not improved, we wish to readdress these matters."

"We feel that it is a poor service to women when we find ourselves in the situation where we need to prepare women for a possibly negative reception by the specialist obstetricians at NSH and then need to apologise later for the way they were spoken to. Women indicate by their comments they feel they are victimised for their choice of a midwife as a primary care giver.

The specialists in question have a public and private monopoly on the North Shore which leads to a lack of accountability and little need to reflect on the quality of service offered. It also means a lack of choice for women. The only alternative is to deliver at National Women's Hospital which is often not appropriate."

The letter goes on to document other concerns about the way the obstetricians were treating women, and on 16 May 1994 the MSCC wrote to Sally Haigh with the complaints the Council had been getting and endorsed the views expressed by the midwives. "As you will be aware this is also an issue that the MSCC has raised at forums such as the North Shore Maternity Quality of Service meetings," we wrote.

Sally Haigh resigned from her position at the end of May 1994 and Alan Greenslade took over responsibility for maternity services at North Shore hospital. Things did not improve, and at the beginning of 1995 a Maternity Services Forum was established. At its inaugural meeting held on 27 April 1995 it was acknowledged that "problems have been identified from within the unit and highlighted at a recent O&G meeting." There was a general discussion regarding the inclusion of a consumer representative on the committee who would attend the bimonthly meetings. Unsurprisingly, the minutes record that "a vote decided against."

This was in stark contrast to how Waitakere hospital dealt with similar issues less than a decade later with open forums and consumer representatives in attendance, a reflection of the significant differences between the people and the cultures of the two hospitals.

Waitemata DHB/Auckland DHB Maternity Services Collaboration

It's almost October and we are still waiting for the consultation document that attendees at the maternity forum held in January 2015 were told would be ready for public consultation in June. It seems it all got bogged down in DHB politics although it is difficult to know exactly what the stumbling blocks have been.

In a letter dated 27 July 2015 Sue Fleming, Director of the Women's health Directorate at Auckland DHB and Linda Harun, General Manager of Women's Health at Waitemata DHB stated: "Since our workshop sessions in January 2015, the project steering group has made progress and has had some initial feedback from Waitemata and Auckland DHBs' boards." It would be very interesting to know exactly what that feedback was and who made it.

The letter lists the major strategic themes that will form the foundation of the DHBs' combined maternity plan from now through to 2025 –

- Promoting normal birth
- Enhancing care for priority populations
- Supporting the transition to parenthood
- Enhancing continuity of care
- Enhancing maternity quality and safety
- Responding to future population growth

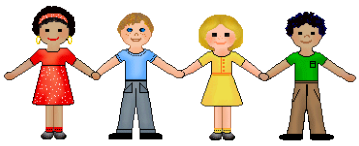
It's difficult to stay focused when you see words such as promoting, enhancing, supporting and responding. You just know there is not much happening.

"Over the coming months, we will work collaboratively with the boards and with stakeholders to further develop these themes. Where substantive change to current models of care and facilities is anticipated, we will be seeking feedback through a public consultation process."

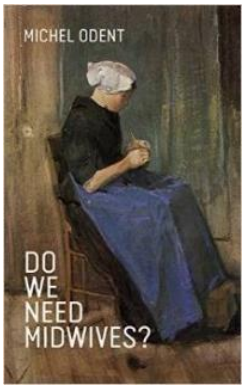
This is where alarm bells start ringing.

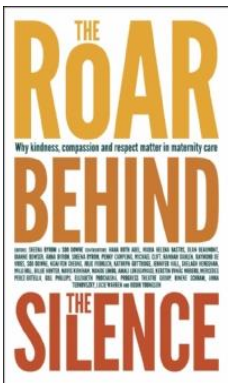
"We want to ensure that this process is robust and that the options we present are capable of meeting the maternity needs of the next generation of Aucklanders."

Another fine example of bureaucracy-speak which could mean just about anything. It all feels a bit like the Trans Pacific Partnership Agreement. We will eventually get told what the options are and what we have agreed to, but at this rate changes are unlikely to be made in time to meet the maternity needs of the next generation of Aucklanders.



TWO EXCELLENT NEW BOOKS





Do We Need Midwives?

In this wide-ranging, interdisciplinary look at the future of birth, renowned obstetrician Michel Odent takes the question '**Do we need midwives?**' as a starting point. If a paradigm shift occurs, what kind of midwives shall we need? For how long can we go on neutralizing the laws of natural selection? Are human beings able to raise vital questions before it's too late? Unprecedented situations should first and foremost inspire appropriate questions.

The Roar Behind the Silence

For many years there has been growing concern about the culture of fear that is penetrating maternity services throughout the world, and that the fear felt by maternity care workers is directly and indirectly being transferred to the women and families they serve. The consequences of fear include increased risk of defensive practice, where the woman and her family become potential enemies to those providing her care. This book provides information, inspiration and practical suggestions to support maternity care workers, policy makers, and maternity care funders across the world in their quest to deliver sensitive, compassionate and high quality maternity services.

MSCC Meeting Dates for the end of 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 three months of 2015 are**:**

6 October, 3 November and 1 December 2015

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.