

ISSUE 104

March 2017

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

Welcome to our March newsletter. Last year we only managed two newsletters, we promise that this year we will be on track for four as has been our norm for many years.

New staff at MSCC for a new year.

Here at MSCC we have started the new year with the appointment of a new co-ordinator, Holly Neilson. Holly is a millennial mother of two children, Charles (age 5) and Bernadette (age 1). Holly has spent the last 5 years as a stay at home mother. Her birth experiences inspired her to work part time as a birth doula. She has a passion for anything maternity, and will represent the true consumer here at MSCC. Before becoming a mother, Holly studied history and gender studies at Waikato University. We invite you all to wish her well in her new challenging role.

What's in the newsletter?

To start we offer our congratulations to Lynda Williams before Brenda Hinton takes us on an overview of the New Zealand Maternity Service Indicators 2015 produced by the Ministry of Health. Then off to the Hawkes Bay to see the encouraging trends shown by a new Primary Birthing Unit, as well as an update on Primary Birthing Units for the West and North of Auckland. A brief warning from Holly about third party companies offering placenta art and services. Then a look into the reality of informed consent for women in New Zealand also by Holly. A book review published in the December issue of the Midwifery News "Why human rights in childbirth matter", by Rebecca Schiller published 2016. A summary of February's "Hear the Roar Aotearoa" event in Hamilton. As well as a brief update on the midwives' ongoing fight for pay equity. So go get your preferred drink and settle in for a good read.

Lynda Williams Honoured at New Years.

Lynda Williams, a tireless fighter and advocate for women's health was honoured at New Year as a Member of the New Zealand Order of Merit for services to women's health. Congratulations to Lynda for this amazing achievement. Her commitment to MSCC goes back to 1992 when she took on the position of coordinator. Lynda was also the long term coordinator of the Auckland Women's Health Council, a position she recently resigned from. Lynda is a tireless health advocate and was the first Patient Advocate at National Women's Hospital following the



Cartwright Inquiry into the treatment of women with cervical cancer. Sadly, Lynda is now living with terminal pancreatic cancer and is using all her skills to ensure that cancer patients receive the best and most humane care possible. In typical Lynda style, she is not just fighting for her rights but also for the rights of other patients. Here is a link to the post

http://www.nzherald.co.nz/national/news/video.cfm?c_id=1503075&gal_cid=1503075&gallery_id=161968



“Encouraging trends at Waioha.”

The opening of Waioha, on the 4th July 2016, a brand new primary birthing unit in the Hawkes Bay is bucking the national trends of a decrease in spontaneous vaginal births with rates of 60% to 71% spontaneous natural births since the opening of the centre. Both caesarean and epidural rates for the region are falling as well, at times as low as 13.5% (September, 2016). We live in hope that this outcome will give other DHB's the wake up call they need to roll out primary birthing units in other areas of the country. The decision to build Waioha was made by a group of stakeholders, including consumers, core and lead maternity care midwives. We spoke to Jules Arthur, the midwifery director at the Hawkes Bay DHB about the new centre, which hit its six month mark at the end of January. Ms Arthur seems over the moon with the support the centre has seen and the primary birth outcome statistics that are emerging. Ms Arthur estimates that around 50% of the mothers in the region register at Waioha with around 25-30% actually birthing there. The centre, a stand alone facility alongside the base hospital, means that if a mother needs to be transferred this is quickly and easily achieved. Consumer feed back is overwhelmingly positive, with comments like "the centre felt calm, and peaceful, leaving women feeling safe" - this is fantastic news to hear! The centre itself seems to be incredibly well set out - all seven birthing suites have a pool set up, giving every woman who births there a chance to use water therapy. Every postpartum room has its own attached ensuite, a support person is welcome to stay, which surely contributes to the homely feel. Ms Arthur told us that, "The environment of the unit is the key to supporting better birth outcomes. It is the community's centre. We work in partnership with our wahine and their whanau."

Meanwhile in West Auckland...

While we are on the subject of primary birthing centres, we read through the Waitemata DHB's Board meetings minutes from 29 June 2016. The purpose of this rather tedious activity was to find out the outcome of the public consultation regarding the establishment of a new primary birthing facility in West Auckland. What we did manage to find was that the board agreed that West Auckland was the priority for a new birthing unit and that they are now proceeding with a business case into the proposed primary birthing unit. Apparently, things have been happening behind the scenes and money and time is still being wasted on investigating if the first unit should be built on the North Shore or out West despite an earlier agreement that West should be the priority. The outcome of the business case is due to be discussed at Waitemata DHB meetings and we await the outcome with bated breath.

As has been well documented in previous newsletters (Issues 102, 101, 98, and 95,) the MSCC has been campaigning for a free standing primary birthing unit for over ten years now, so it is incredibly important that it doesn't get further delayed by the Board going round in circles over old ground, or another generation of consumers will continue to have only two choices of where to give birth – home or hospital.

New Zealand Maternity Services Indicators for 2015.



In 2016 the Ministry of Health published the report "New Zealand Maternity Clinical indicators for 2015". This 111 page report is the seventh annual report from this group. The NZ Maternity Clinical Indicators gather and publish comparative outcome data for pregnant women and their babies from each maternity facility within each District Health Board.

The expert working group meets three yearly to review the Maternity Clinical Indicators so this report, provides data for the 2015 year relating to the same 21 Clinical Indicators that have been reported on in the 2013 & 2014 reports.

The Executive Summary states that:-

"From 2009 to 2015, there was:

- an increase in the proportion of women who registered with an LMC in the first trimester of pregnancy but variation between regions persists
- a decrease in the proportion of standard primiparae who had a spontaneous vaginal birth, and continued variation between regions
- an increase in the proportion of standard primiparae who had an instrumental birth or a caesarean section
- an increase in the proportion of standard primiparae who had an induction of labour

- a decrease in the proportion of standard primiparae who had an intact perineum and an increase in the proportion who had an episiotomy and/or a third- or fourth-degree tear, and continued variation between regions
- a decrease in the proportion of women who required a blood transfusion with a caesarean section, and an increase for women who required a blood transfusion with 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) of over 35 at registration
- a decrease in the proportion of term (37–42 weeks' gestation) babies who were born small
- a decrease in the proportion of small babies at term (37–42 weeks' gestation) who were born at 40–42 weeks' gestation
- an increase in the proportion of babies born at term who required respiratory support.

Intervention rates and outcomes vary from DHB to DHB and from unit to unit within the DHBs but overall they present a fairly dismal view for women and their babies birthing in NZ/Aotearoa. In seven years, the numbers of women experiencing significant interventions into what is a normal physiological process has continued to rise. Mostly the only indicators that have improved are those under the direct control of women i.e. registering with an LMC in the first trimester (something that is going to get more difficult if the MOH does not address the growing midwifery shortage) and a reduction in the numbers of women smoking during the postnatal period.

The authors of the report sound the alarm about high intervention rates in the "Notes on the 2015 Data".

"Rates of spontaneous vaginal birth among standard primiparae varied notably between DHBs and between secondary and tertiary facilities in 2014 – (a typo? - we're sure this should read 2015!); DHB rates ranged from 58.6% to 81.1% and facility rates ranged from 52.9% to 86.4%. This variation merits further urgent investigation, as it represents significant variation in clinical practice among a clinically comparable cohort.

Whakatane Hospital (a secondary facility) has the highest rate of Spontaneous Vaginal Births (SVB) at 86.4%, while Nelson (also a secondary maternity facility) had the lowest rate, 52.9% , narrowly beating competition from the tertiary hospitals , Auckland City- 55.1%, Waikato – 54.5% & Christchurch 55.1%. Tertiary units usually excuse their high intervention rates by saying they are the result of the highest risk women giving birth in their facilities, but these percentages relate only to "standard primiparae" i.e low risk women giving birth for the first time - which makes the outcomes even more shocking. It will be interesting to see if the "urgent investigation" recommended, produces policies and procedures that will result in a higher SVB rate in these facilities in future years.

This report shows that if you live in Auckland Central you have the lowest chance of a SVB - 62.8% - this figure includes Auckland City Hospital, Birthcare and homebirths. Maybe all those women planning to give birth in an Auckland Central facility should drive up to Northland to give birth. The chances of having a SVB at Whangarei Hospital are 74.5% with an overall rate for all Northland maternity facilities and homebirths being 81.1%. Of course, it would be more practical for those who run the Auckland Central facilities to confer with their counterparts up North to identify the

differences in maternity care provision that result in their statistics for normal birth being so much higher.

Rates of instrumental vaginal birth ranged from 4.1% to 31.1% between facilities. Caesarean section rates also varied by facility, from 4.5% to 29.8%, and by DHB, from 8.6% to 29.3%. These variations indicate a need for urgent detailed review. District health boards not already reviewing caesarean sections among low-risk women should do so.

Standard primiparae are unlikely to have indications for induction of labour, so rates of induction for this group should be low. District health boards and facilities with rates significantly above the national median should investigate reasons for high induction rates.

Auckland City Hospital, sadly is not the only hospital women planning to give birth normally should avoid. If you are a healthy first time mother giving birth at Grey Base Hospital or Nelson Hospital you have a whopping 29.8% and 24.3% chance respectively of having a c-section, making Auckland City's rate of 20.4% seem almost respectable till you see that Whakatane has a 4.5% c-section rate with Whangarei Base Hospital coming in second at 11.5% .

Even if low risk first time mothers avoid having major abdominal surgery at the time of birth from another 6.3% (Whanganui) to 31.1%(Auckland City) will have an episiotomy. It is truly alarming that the biggest teaching hospital in the country employs labour management techniques that result in 51.5% of low risk women being subjected to major or minor surgery at the time of birth. Maybe student midwives and obstetricians should be prohibited from gaining clinical experience at this hospital till they institute care protocols that protect and promote normal birth.

It is not surprising that overall 85.2% of home birthing first time mothers had an intact lower genital tract (i.e. neither episiotomy nor tearing requiring sutures) after giving birth compared with only 19.9% of low risk, first time mothers birthing in secondary and tertiary facilities nationwide.

Hopefully, those in positions of power and authority in our hospitals will follow the recommendations of the authors of this report and urgently review and revise their maternity care philosophies and protocols. There is really no point in expending resources year after year on reports such as this if everyone sits back and accepts continuing lowering of standards of care and the damage that is being done to women and their babies in our hospitals as evidenced by 7 years of reporting on our Maternity Clinical Indicators.

We hope to be able to report on some improvement when the 2016 Maternity Clinical Indicators Report is published.

The full report is available at:

<https://www.health.govt.nz/system/files/documents/publications/new-zealand-maternity-clinical-indicators-2015-dec16.pdf>

Warning after placenta encapsulation business goes pear shaped.

Placenta encapsulation, beads and artwork are becoming more common among New Zealand mothers/whanau. A third party is often engaged to produce these products from a woman's placenta. Other services they provide are breastmilk beads for jewellery. These are beautiful keepsakes a mother is sure to treasure forever. However, please make sure to thoroughly do your research on the companies by checking reviews, asking for images of past projects and the estimated turnaround time. A quick check with the Ministries of Business, Innovation and Employment to check if the company is legally registered can save you a lot of heart ache if things do go pear shaped. Mothers all around the country found themselves in shock having to fight for a refund and return of their precious items after a Timaru company stopped sending items. Women are now taking the company through small claims court to try and get the return of these most prized possessions. The police are involved, the company is no longer operating. To check if a company (for profit) is legally resisted go to www.companiesoffice.govt.nz

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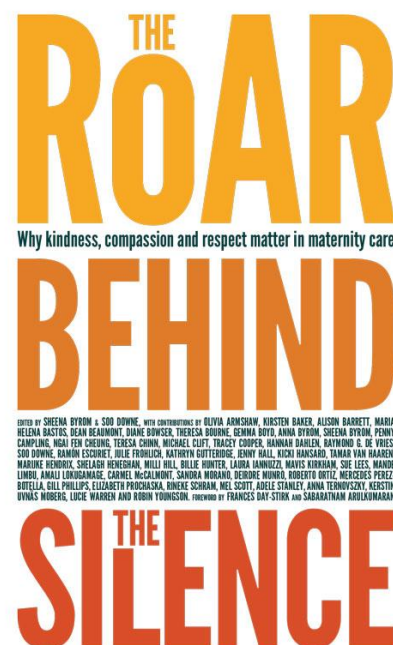
Hudson, D. (2016, November 3rd) Police contacted after Timaru company fails to return Placenta, Human Ashes. *Stuff*. Retrieved from www.stuff.co.nz

Hudson, D. (2016, December 15th) Timaru Placenta Business shutting down after complaints. *Stuff*. Retrieved from www.Stuff.co.nz

Hear The Roar Aotearoa

Representatives from the MSCC attended the Hamilton conference subtitled, "Why kindness, compassion and respect matter in maternity care". Hear The Roar Aotearoa was a breath-taking day filled with amazing speakers Ross Lawrensen (Professor of Population Health at Waikato University), Soo Downe (OBE, Professor of Midwifery Studies at the University of Central Lancashire and Author/Editor of *The Roar Behind the Silence*), Sheena Byrom (OBE, Midwifery Consultant and Author/Editor of *The Roar Behind the Silence*), Robin Youngson (Anaesthetist & Cofounder of Hearts in Healthcare,), Tanya Maloney (Commissioner, Women's Health Transformation, Waikato District Health Board), Aidan O'Donnell (Consultant Anaesthetist, Lead Obstetric Anaesthetist, Waikato Hospital and Author) and Alison Barrett (BSc, MD, FRCS(C), FRANZCOG, I.B.C.L.C.).

Soo Downe opened her talk on, The Nature and Culture of Birth, with a Monty Python sketch taken from their movie, 'The Meaning of Life,'. The sketch shows a birth happening where you hardly see the birthing woman and the doctors are loud, obnoxious and concentrating on the many, many machines in the room. When the woman asks 'What do I do?' They simply reply 'Nothing my dear, you aren't qualified!'. Soo went on to ask how many of us had seen a scene like that in a birthing room recently. All the hands at our table went up. How horrendous is it that a comedy sketch from the 70's is comparable to the modern state of our maternity care system! . Soo stated that today our maternity carers are watching the machines rather than women leaving women feeling discouraged, helpless and isolated. Not the grand ideal that we aim for when we birth our babies. We need to bring back joy in our births. Positive births can be brought about by mutual trust and wisdom leading to better care for consumers as the maternity carers share their knowledge. It was a



truly inspiring talk. She closed by reminding the audience, that by working on change within yourself, you will see change in others.

Sheena Byrom's talk was entitled 'What's going on in maternity?'. For purely selfish reasons this was one of the most exciting talks, for the MSCC members present. Sheena brought up MSCC's webpage and talked about how our organisation fills a very important gap in the system by ensuring that consumers' voices are heard. Sheena's talk focused once again on the ripple effect, being the change you want to see. She also made a point that hospital birthing suites are designed to manage risk, not facilitate physiological birth - something we have known for a long time. Yet another reason we need more Primary Birth Units and more women choosing to birth in the ones that already exist.

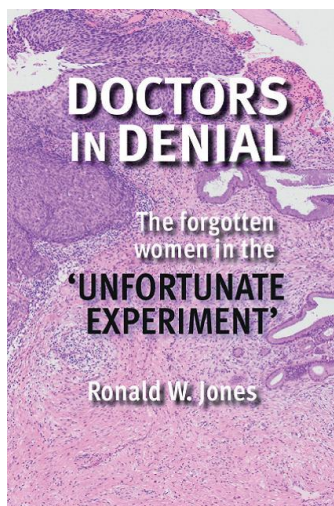
Robin Youngson talked about healing the relationships in the maternity sector. Focusing primarily on the ripple effect and how you might find your colleagues having a personality transplant if you go into a hospital room with a great deal of respect and care for the mother. He talked about the simple



things you can do to change your practice, like being at the same eye level as the mother, giving your name more than once and asking open questions to encourage women to tell their stories, then emphasizing and validating their feelings. Robin really is a shining example of making sure that women are *giving informed consent*, even for matters as simple as his asking permission to sit on a woman's bed. Robin emphasized the importance of making sure that all maternity carers receive consent for absolutely everything. For many of us the absolute highlight of the day was Alison Barrett. The entire time that Alison talked you could have heard a pin drop. Instead of me summarising what Alison said we encourage you to listen to it yourself. Here is the link to watch it on Sheena Byrom's facebook page - it is a cell phone video so we recommend plugging your speakers in before listening.

https://www.facebook.com/sheena.byrom/videos/10155135596977193/?hc_ref=PAGES_TIMELINE

Doctors In Denial book launch



Representatives from the MSCC also attended the launch of Dr. Ronald Jones' book "Doctors In Denial" hosted by The Women's Bookstore on 13 February. It was amazing to see Dr Ronald Jones talk about his labour of love in writing this book, a first hand witness account, in an effort to set the record straight so many years after what came to be known as, "The Unfortunate Experiment" at National Women's Hospital in Auckland. It was beyond belief to see Ian Page, representing The Royal Australian and New Zealand College of Obstetricians and Gynecologists, giving a formal apology for the "human suffering" cervical cancer patients who were unwittingly part of an experimental cervical cancer treatment regimen experienced. After the publication of a number of reports and books in recent years that contradict both that stated experience of the women who

underwent the treatment protocol and the outcomes of the official Cartwright Inquiry, Ron Jones' book will help to silence the apologists and bring closure for those who suffered as a result of this truly "unfortunate experiment".



New Zealand College of Midwives fight for fair pay update

We rang the NZCOM on Tuesday the 24th of January for an update on their ongoing mediation regarding midwives pay rates with the Ministry of Health. If this mediation process fails, they will return to court this year. Their current pay rate has been found to be 60% less than that of similar male dominated professions. NZ based LMC's get around \$2200 per maternity episode, not a lot when you think about how many hours they put in during this ten months of care, and being on call for labours and any urgent care. Their counterparts across the ditch receive around \$4000 per birth.

MSCC meeting dates for 2017

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 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, our meeting venue is either out West or in Central AKL (Birthcare Auckland), so please contact the office to find out the venue.

mscc@maternity.org.nz or 022 421 6008

The meeting dates for the next six months are:

2 May, 6 June, 4 July, 1 August, 5 September, 3 October



Events MSCC has or is going to attend

In March our coordinator Holly went to a hui on **Cultivating Our Roots: Let The Tree Flourish!** The Hui was held in Christchurch. It focused on traditional Māori birth practices, and how tikanga can be integrated into today's maternity system. Cultivating Our Roots: Let The Tree Flourish was a hui for midwives, childbirth educators, obstetricians, doulas, Plunket nurses, other allied health staff, and whānau (families), who would like to feel more empowered and knowledgeable about integrating traditional Māori birthing practices into their clinical practice or the birth of their pēpe (baby). A full report of this event and others attended will be in our next newsletter.

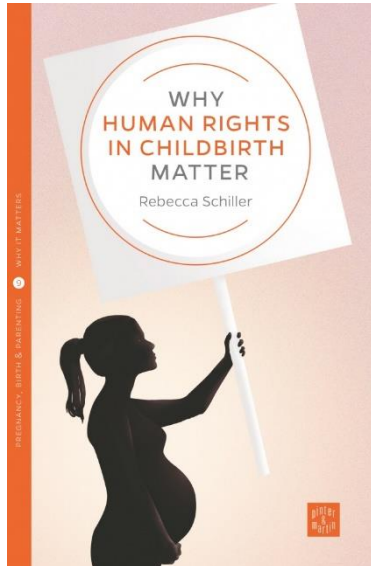
In April, Holly will attend the Australian Integrative Medicine association (AIMA) conference. The Conference is being held at AUT in Auckland on the 8th and 9th of April and tickets can be found through Eventbrite. <https://www.eventbrite.co.nz/e/australasian-integrative-medicine-association-aima-conference-2017-nz-tickets-30236418943>

Why Human Rights in Childbirth Matter

Author: Rebecca Schiller

Publisher: Pinter & Martin

ISBN: 9781780665801



Reviewer: Carol Bartle, Policy Analyst, New Zealand College of Midwives.

This small 192 page book is one of a series published by Pinter & Martin described as "essential evidence-based guides to pregnancy, birth and parenting,". The publishers' aim is to add more of these books to the 'why it matters' collection each year, and provide succinct, balanced, evidence-based, up to date perspectives on these topics. Pinter & Martin notes that the "Human rights in childbirth movement is gathering pace and followers across the globe. From Venezuela to the UK, via America and Uganda, activists, midwives, mothers, doctors, and lawyers are coming together to offer rights-based solutions to the problems in maternity care".

Why Human rights in Childbirth Matter sets out, it says, to bust myths around human rights, explain your rights in pregnancy or birth are, how caregivers can champion them and provide practical

inspiration for mothers, caregivers and campaigners to improve birth for all women across the world.

Rebecca Schiller, who is chief executive of Birth rights in the UK has written a rights-based book about advocacy that outlines how human rights in childbirth can be protected, and why working to improve birth conditions for all women is critically important. Schiller critiques rights mythology, examines feminism, patriarchal dominance and power relationships, and she provides insightful information for midwives, mothers, human rights advocates, and others with an interest in birth and women's rights. As Schiller notes in the introduction, this is a "short book on a huge topic," but it is arranged in an accessible format with an exploration of the issues in the first section to set the scene and what Schiller describes as a practical pocket guide in the second section. This latter section is dominated by information for use in England, Wales and Scotland, but it is interesting to read nevertheless, and there is a section with international linkages and further reading references from page 174. As many midwives know, the mantra that a healthy baby is 'all that matters,' is a statement born of a birth culture that has been dominated by patriarchal power and Schiller's challenging book aims to unpick, to challenge, and to change the narrative to the one where women really matter too.

References:

Pinter & Martin 'Why it Matters,' series <http://www.pinterandmartin.com/why-it-matters.html>

Birthrights. Protection Human rights in childbirth <http://birthrights.org.uk>

This Book report was extracted from New Zealand College of Midwives, Midwifery News, Issue 83 December 2016.

