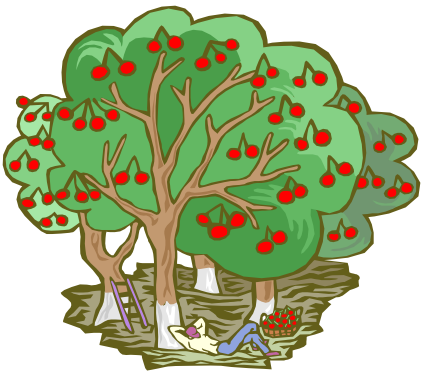
AUCKLAND WOMEN'S HEALTH COUNCIL

NEWSLETTER

MARCH 2012



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NZ's maternity hospitals – how are they doing at keeping birth normal?

The Ministry of Health has just released a report with statistical information that enables the general public and mothers and their families in particular to see how their local secondary or tertiary maternity hospital is performing when it comes to keeping birth normal.

The report covers births in 2009 and is a first in that it is focused on maternity clinical indicators for women aged between 20 and 34 who are expecting their first baby and who have had a normal pregnancy uncomplicated by any health problems in either the baby or the mother. These women should therefore expect to have a normal birth with few if any medical interventions. As the report puts it, using this standard definition "allows the separate assessment of a group of women for whom interventions and outcomes should be similar." (1)

The clinical indicators are based on Australasian clinical indicators, are evidence-based and cover a range of procedures and outcomes for mothers and their babies. They include spontaneous vaginal birth, instrumental vaginal birth, caesarean section, induction of labour, intact lower genital tract, episiotomy and no tear, third or fourth degree tear and no episiotomy, episiotomy and third or fourth degree tear, use of general anaesthetic for caesarean section, blood transfusion, premature birth.

However, what the statistics reveal is that the rate of interventions between various DHBs and between individual secondary and tertiary hospitals varies enormously, and such significant variation "among a group of women who would be expected to have similar outcomes needs to be investigated." Women's health groups around the country now need to put pressure on their local hospital to do something about the high intervention rates occurring in some hospitals.

Spontaneous vaginal birth

This indicator measures the proportion of first-time mothers having a spontaneous vaginal birth. "It is expected to encourage maternity service providers to review, evaluate and make necessary changes to clinical practice aimed at supporting women to achieve an unassisted birth." (2)

For Auckland the rates of spontaneous vaginal births were 56.1% at North Shore Hospital, 61.3% at Auckland City Hospital, 69.5% at Waitakere Hospital and 70.2% at Middlemore Hospital.

Christchurch had the lowest rate at 50.7%, Southland had 57.6%, Wairarapa Hospital had 58.1% and Waikato had 58.5%.

Instrumental vaginal birth

This indicator is to assist service providers evaluate the use of ventouse and forceps in their hospitals, and if their rates are significantly higher than their peer group at a national level, they will need to examine the rate of maternal and perinatal morbidity.

For Auckland the rates of first-time mothers undergoing an instrumental vaginal birth were 18.8% at Auckland City Hospital, 17% at North Shore Hospital, 15.4% at Middlemore

Hospital and 10.2% at Waitakere Hospital.

Christchurch had the highest rate at 26.4%, Waikato had 24.2%, Southland had 19.4%, and Dunedin Hospital had 18.3%.

Caesarean section

The purpose of this indicator is to encourage maternity service providers to evaluate whether caesarean sections were performed on the right women at the right place and at the right time. “The longer-term aim is to reduce the risks associated with an unnecessary caesarean section, reduce the number of women at risk of a subsequent caesarean section and reduce the number of women who experience difficulties with their second and subsequent births as a consequence of a primary caesarean section.”

For Auckland the rates of first-time mothers undergoing a caesarean section were 23.2% at North Shore Hospital, 19.8% at Auckland City Hospital, 13.9% at Waitakere Hospital and 13.4% at Middlemore Hospital.

Wairarapa Hospital had the highest rate at 27.9%, Wairau had 25.7%, Grey Base Hospital had 24%, Southland had 23% and Christchurch had 22.4%.

Induction of labour

This indicator will assist maternity service providers to evaluate the effects of inducing labour in low-risk women, effects which include caesarean section, postpartum haemorrhage and episiotomy.

For Auckland the rates of first-time mothers undergoing an induction of labour were 9.1% at Auckland City Hospital, 5.6% at North Shore Hospital, 2.4% at Middlemore Hospital and 1.9% at Waitakere Hospital.

Southland had the highest rate of inductions at 13.1%, Grey Base Hospital had 10%, Wellington had 8.1% and Waikato had 6.1%.

Episiotomy

This indicator aims to encourage further investigation to ensure that risks to the mother as well as the infant are assessed before undertaking an episiotomy, risks that include bleeding, infection and maternal morbidity.

For Auckland the rates of first-time mothers undergoing an episiotomy without mention of a third or fourth degree tear were 28.7% at Auckland City Hospital, 23.9% at North Shore Hospital, 19.4% at Middlemore Hospital and 13.6% at Waitakere Hospital.

Christchurch had the highest rate of episiotomies at 32.9%, Wairarapa Hospital had 29%, Wellington had 28.9%, and Palmerston North had 25.1%.

Keeping birth normal

The statistical information contained in this 71-page report reveals that there is a significantly high rate of variation in the intervention rates for low-risk mothers giving birth to their first baby after an uncomplicated pregnancy. Far too many secondary and tertiary maternity hospitals are doing far too little to stem the growing tide of interventions in the normal birth process, interventions that result in significant risks to the future health and well-being of both mother and baby.

In Auckland, North Shore Hospital has continued to countenance unnecessarily high rates of intervention in the birth process for decades, higher even in some cases than those at National Women's at Auckland City Hospital. There have been concerns for over two decades about the maternity services provided at North Shore Hospital, and over the past five years Waitemata DHB has attempted to hide North Shore Hospital's poor performance by producing annual maternity reports that combine the rates of intervention for both Waitakere and North Shore hospitals.

Nationally, women in Southland, Christchurch and the Waikato may also want to question their local maternity hospitals about their high intervention rates and firmly request to be a part of initiatives that seek to identify and implement improvements to the maternity services provided in their local hospitals.

References

1. Ministry of Health. "*NZ Maternity Clinical Indicators 2009*." March 2012.
2. MOH. "*NZ Maternity Clinical Indicators 2009."* March 2012. *Page 7.*
3. MOH. "*NZ Maternity Clinical Indicators 2009."* March 2012. *Pages 7-8.*

UPDATE ON ABORTION STATISTICS

The February issue of the AWHC newsletter featured an article on the Abortion Supervisory Committee's (ASC) 2011 Report to Parliament. There were no statistics in the report due to the damage sustained in the February 2011 earthquake in Christchurch.

Statistics NZ have now processed the abortion statistics for the 2010 calendar year and the ASC have produced a supplementary report.

There were 16,630 induced abortions in 2010, down from 17,550 in 2009. This is a continuation of the downward trend of the past four years.

The current abortion ratio per 1,000 known pregnancies is the lowest recorded since 1994.

Teenage Pregnancy

The statistics reveal that the number of abortions for teenagers has also continued to decrease. In 2007 the number of abortions for young women aged between 11 and 19 years was 4277. In 2010 the number had dropped to 3473.

Ethnicity

Over the past decade there has been little change in the number of abortions by ethnic group. In 2010, out of a total of 16,630 abortions, 9378 were European, 4056 were Maori, 2228 were Pacific, 2778 were Asian, 207 were Middle Eastern, Latin American and African, and 17 "other."

A copy of the Supplementary Report of the ASC is available at:
www.abortion.gen.nz/asc/index.html

MORE TROUBLE WITH NZ BREAST CANCER SCREENING

Once again problems have been identified in BreastScreen Aotearoa, New Zealand's breast cancer screening programme.

An internal audit of initial mammograms by a concerned radiologist working in the Southern DHB's BreastScreen HealthCare screening programme revealed that there had been a delay in diagnosis for as many as 28 women. The review of 134 mammography films taken between 2007 – 2010 on all women screened by BreastScreen HealthCare and subsequently diagnosed with breast cancer showed that the reading of the mammogram did not flag the existence of a possible malignancy in an unknown percentage of them.

As early signs of breast cancer are notoriously difficult to pickup, normal procedure is for two radiologists to independently examine each mammogram. The Ministry of Health's chief medical officer, Dr Don Mackie, said on *National Radio's* "Nine to Noon" on Thursday 15 March that the system "wraps around a series of double checks" in the breast cancer screening pathway. (1)

He also explained that regular audits of the breast cancer screening programme don't look at the problem from this perspective. Regular reviews of performance focus on the interval cancer rate, which is a cancer that develops in the intervals between routine screening. Dr Mackie said that the interval cancer rate for breast cancer screening in New Zealand is comparable with Australia and the UK. However, whether this is true for BreastScreen HealthCare remains to be seen.

A "whole of system review" of BreastScreen HealthCare is now being undertaken, and the Southern District Health Board is contacting the women whose diagnosis was delayed, Dr Mackie said.

A front-page article in the *NZ Herald* quoted breast surgeon Dr Belinda Scott as saying it was preferable to diagnose breast cancer early rather than late, but "we don't know whether it makes any difference … or not. Because all cancers are different in their grading and their aggressiveness, we don't really know whether you are going to be making a difference to those women diagnosed later."(2)

An article in the *Otago Daily Times* on 17 March raised additional concerns that the problem may be much bigger than first thought. The latest three-year audit of service performance for the three years to November 2011 is still in draft form, but it is believed to have raised concerns of further potential problems. (3)

The MOH is putting together a special team of epidemiologists, radiologists, and screening experts to review the service with the aim of having the team review other mammograms from 2007- 2010. Dr Mackie has admitted that one possible outcome is that a mass rescreening may be required. In the meantime, Counties Manukau DHB and Mid-Central DHB will be providing second reads of mammograms. Two radiologists would also be going to the Southern DHB to perform assessment clinics (when a woman is recalled after a mammogram) indefinitely.

As reported in the December 2011 issue of the AWHC's newsletter there is considerable controversy internationally over the effectiveness of breast cancer screening, with intense debates about breast cancer screening occurring in the UK and in Scandinavian countries. (4)

In October 2011 the UK announced yet another review of its breast cancer screening programme. Professor Mike Richards, the national cancer director for England, announced in the *British Medical Journal* that he will lead the review and said he was taking the "current controversy very seriously." (5)

A review of clinical trials involving a total of 600,000 women concluded it was "not clear whether screening does more good than harm." It said that for every 2,000 women screened in a 10-year period, one life would be saved, 10 healthy women would have unnecessary treatment and at least 200 women would face psychological distress for many months because of false positive results.

It was acknowledged that "women need more accurate, evidence-based and clear information to be able to make an informed choice about breast screening." (5)

References

1. Don Mackie. *National Radio* "Nine to Noon.' 15 March 2012.
2. Martin Johnstone. "Breast cancer results delay." *NZ Herald* 15 March 2012.
3. http://www.odt.co.nz/regions/otago/201785/failing-may-mean-mass-re-screening
4. www.womenshealthcouncil.org.nz/Features/Womens+Health+Issues/Breast+Cancer+Screening.html
5. http://www.news-medical.net/news/20111026/Breast-cancer-screening-effectiveness-under-scrutiny-yet-again.aspx

HIV/AIDS REPORT FOR 2011

In March 2012 the AIDS Epidemiology Group at Otago University's Department of Preventative and Social Medicine published its annual report on HIV infection and AIDS diagnosed in New Zealand in 2011.

The report states that 109 people were diagnosed with HIV through antibody testing (compared to 149 in 2010), and this is the lowest annual number of diagnoses since 2002.

There were 24 people notified with AIDS in 2011 compared to 30 in 2010.

Of the 109 people diagnosed with HIV, 59 were men infected through sex with other men, 28 (16 men and 12 women) through heterosexual contact, one through injecting drug use, and one child through mother-to-child transmission. For the remaining 20 people (15 men and 5 women) the means of infection was unknown or the information is still awaited.

A further 30 people with HIV had a first viral load test in 2011. Thirteen of these people had been previously been diagnosed overseas, eight in New Zealand and for the remaining nine information is yet to be received.

Of the 16 men and 12 women diagnosed with heterosexually acquired infection in 2011, 10 (36%) were European, 8 were African (29%), 5 (18%) were Asian, two (7%) were Maori, one was Pacific and two were "other."

Overseas acquired HIV infection

Of the 28 people diagnosed with heterosexually acquired infection, 10 people were reported to have been

infected in New Zealand, 17 overseas, and for one the information was not available. The report notes that there has been a marked drop in the number of people diagnosed with heterosexually acquired HIV overseas since it peaked at around 70 in 2006. The drop is believed to be mainly due to fewer people being diagnosed who were tested for immigration purposes in New Zealand.

Women with HIV infection
In 2011 19 women were diagnosed with HIV infection, 12 as a result of heterosexual contact, and for the remaining seven women the information on how they became infected is not known.

Ethnicity
Of these 19 women, 8 were African, 4 Asian, 3 European, one was Maori, one was listed as "other," and for two the ethnicity is not known.

Children with HIV infection
One child who was born overseas in 2005 was diagnosed with HIV in 2011 that had been acquired through mother-to-child transmission.

Since 1992 there have been 24 children born in New Zealand who have been diagnosed with HIV some time after the birth as a result of mother-to-child transmission.

Of these 24 children, five were not diagnosed until over the age of four years. The report states that it is highly likely that there are children born in recent years who are living with undiagnosed HIV.

A copy of the full report is available on the AIDS Epidemiology website: www.otago.ac.nz/aidsepigroup/

AWHC GENERAL MEETING 22 March 2012

Detailed minutes of this meeting are available on request. Matters discussed included:

- Financial report
- Audit of AWHC accounts
- Tissue banks
- Breast cancer screening
- HSC public health messages
- DHB meetings
- Conferences

Further information on some of the topics listed above is contained in this issue of the AWHC newsletter.

AWHC NEWSLETTER SUBSCRIPTION

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UP AND COMING EVENTS

DISTRICT HEALTH BOARD meetings for March/April 2012:

Waitemata DHB (Website address: www.waitematadhb.govt.nz)
The Waitemata DHB has moved to a 6-weekly meeting cycle, with the cycle commencing the week beginning 23 January 2012.

The **combined Waitemata DHB and Auckland DHB** Community & Public Health Advisory Committee meeting starts at 2pm on Wednesday 2 May 2012.

Waitemata Hospital Advisory Committee meeting starts at 11am on Wednesday 4 April 2012 and will be followed by the DHB Full Board meeting which starts at 1.30pm. Both meetings will be held in the DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna.

Auckland DHB (Website address: www.adhb.govt.nz)
The Hospital Advisory Committee meeting will be held at 9.30am on Wednesday 28 March 2012 followed by the Full Board meeting at 2pm. Both meetings will be held at the Greenlane Clinical Centre in Greenlane Road.

Counties Manukau DHB (Website address: www.cmdhb.org.nz)
The Hospital Advisory Committee meeting will be held at 9am on Tuesday 27 March 2012 and will be followed by the Community & Public Health Advisory Committee meeting at 12.30pm at Middlemore Hospital.

The Counties Manukau DHB Full Board meeting will be held at 1pm on Wednesday 4 April 2012 at 19 Lambie Drive, Manukau City.

WOMEN'S HEALTH ACTION'S Managing Menopause Naturally

seminar is scheduled for Wednesday 4 April 2012 at 6-9pm at Mama Inc, Taylors Road, Morningside, Auckland.

The workshop aims to demystify and demedicalise menopause and will provide: an understanding of menopause; an opportunity for women to talk and share their experiences; in depth information on how to manage the transition with simple lifestyle changes, nutrition and traditional therapies. **Gill Sanson**, Menopause educator and author of 'Mid-life Energy and Happiness' and 'The Myth of Osteoporosis' will lead the evening.

Cost: $30 which includes a light meal and take home information pack.

- For further information call (09) 520-5295 or email: info@womens-health.org.nz