AUCKLAND WOMEN'S HEALTH COUNCIL

NEWSLETTER

SEPTEMBER 2014

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2013 ANNUAL REPORT FROM NATIONAL WOMEN'S

National Women's released its Annual Clinical Report for 2013 in August 2014. The report is the 21st in the current series.

The 286-page report contains a wealth of statistical information on the 7188 women who gave birth at NWH in 2013 and the 7377 babies they gave birth to, plus the 35 women who gave birth before they actually got to the delivery unit. In 2013 there were 147 sets of twins (156 in 2012) and 4 sets of triplets (2 sets in 2012).

Normal births decrease

The intervention rates have risen slightly over the past year, continuing an ongoing trend. In 2013 53.8% (3884 out of 7223 birthing mothers) had a spontaneous vaginal birth, and 0.8% (56 birthing mothers) had a vaginal breech birth.

Only 43.6% of first-time mothers had a spontaneous vaginal birth, compared to 46.2% in 2012. The report notes that "the spontaneous vaginal birth rate has remained consistently low since 2004."

Induction of labour

In 2013 33.8% of mothers had an induction of labour. More than one in three first time mothers – 40.4% (up from 37.5% in 2012) – had an induction of labour. The rate for multiparous mothers was 30.3% (up from 28.1% in 2012).

The report states "the induction rate has increased markedly from 2007 (24.8%) to 2013 (33.8%). There has been an increase in the induction rate at term, and specifically at each of 37-41 weeks gestation." Such significant increases in the induction rates were concerning and resulted in a detailed audit of inductions being made a priority. The report notes that the review of induction of labour processes and methods which commenced in 2013 will continue in 2014.

Premature rupture of membranes, post-dates, diabetes, and suspected small for gestational age were the most frequent reasons for induction of labour in 2013. In 2012 prolonged latent phase of labour was the most frequent reason for induction. Improved data checking processes were responsible for the reduction in inductions for prolonged latent phase of labour in 2013. When post-dates was the primary indication for induction, 11.8% occurred prior to 41 weeks (down from 15% in 2012) and 12.5% occurred at or beyond 42 weeks (down from 16% in 2012 and 22% in 2011).

34.7% caesarean section rate

In 2013 the caesarean section rate was 34.7%, compared to 33.4% in 2012, 32.5% in 2011, and 20.8% in 1995 and 1996. This year there was an increase in the difference between the caesarean section rate for first-time mothers (36.8% in 2013 compared to 34.1% in 2012, and 34.5% in 2011) and for mothers having subsequent births (32.8% compared to 32.7% in 2012, and 30.8% in 2011).

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 a first-time mother having a

caesarean before labour or following induction of labour.

The report 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

In 2011 the rate of forceps and ventouse deliveries (combined under the term "instrumental vaginal birth") dropped below 12% for the first time since 1997, with a rate of 11.1%. In 2012 and 2013 it has remained stable at around 12% – 20.8% of first-time mothers, and 4.2% of 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 2013 41 mothers had a double instrumental birth, and 48 mothers had an attempted vaginal instrumental birth prior to emergency caesarean section. The report notes that these are rare events but are 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 (52% of women in labour), with women having an induced labour being the most frequent users (69.7% compared with spontaneous labour 39.2%). For first-time mothers it was 82% if labour was induced and 67.7% if labouring spontaneously. For multipara it was 55.6% if labour was induced and 36.9% if labouring spontaneously.

The highest use of epidurals is in first-time mothers who are over the age of 40 (83.7%), with a private obstetrician (81.5%).

Breech birth

Breech births made up 5.4% of all births in 2013. Of the 319 singleton babies presenting as a breech, 281 (88%) were delivered by caesarean section. Among the 46 breech births at 32-36 weeks the percentage of caesarean deliveries was 98%, despite there being no evidence to support such a practice. For the 219 breech births at 37 weeks and over the percentage of caesarean sections was 97%.

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."

Waterbirth

There were 32 babies born in water in 2013 - four mothers were cared for by NW LMC midwives, and 28 were cared for by independent midwives.

Postpartum Haemorrhage

The postpartum haemorrhage (PPH) rate continues to rise and it remains a cause for considerable concern. It is associated with the increasing

caesarean section rate. The overall primary PPH rate (500mls and over) was 35.5% (up from 33.6% in 2012). "With an overall PPH rate of 35.5% the challenge for NW is not to remain stable but to decrease the rate," the report states.

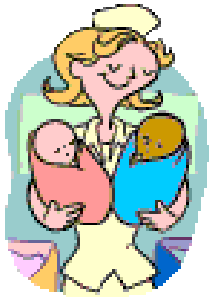
It was 18% following a spontaneous vaginal birth compared to 71.9% following an emergency caesarean section and 53.3% following an elective caesarean section. It also varied by onset of birth, from 25.8% in spontaneous onset of labour to 35.9% in induced labour.

Peripartum Hysterectomy
In 2013 five women had an emergency postpartum hysterectomy. Hysterectomies following birth are usually associated with caesarean sections.

Maternal Mortality
There were two maternal deaths at National Women's in 2013.

Breastfeeding
In 2013 79% of mothers were discharged from National Women's exclusively breastfeeding their babies.

- A copy of the 2013 Annual Clinical Report is available at: http://nationalwomenshealth.adhb.govt.nz/health-professionals/annual-clinical-report



DHB Maternity Quality and Safety Reports

The Ministry of Health's Maternity Quality and Safety Programme (MQSP) has been rolled out in all DHBs over the last three years to assist DHBs to focus on improving the quality and safety of maternity services in the community and in the maternity facilities. Consumers have been involved in this process and a forum was held in Wellington on 13 August to provide them with an opportunity "to consolidate their experiences and the consumer role."

All DHBs have recently submitted their annual Maternity Quality and Safety Programme reports to the Ministry of Health. Over the next month or so these reports will be posted on each DHB's website, so check out the website of your local DHB for their MQSP Report and contact them if it is not there.

The National Maternity Monitoring Group Annual Report 2013 was published at the end of last year. The report presents the activities and recommendations of the National Maternity Monitoring Group (NMMG) in their first year of operation (2012/13). The NMMG was established by the Director General of Health in 2012 to provide oversight of New Zealand's maternity system and specifically the implementation of the New Zealand Maternity Standards.

The report is available on the MOH website – http://www.health.govt.nz/publication/national-maternity-monitoring-group-annual-report-2013

Emotional stress and heart disease in young women

The results of a small study recently published in the *Journal of the American Heart Association* (1) adds to the emerging evidence that young women are more vulnerable than men to the negative effects of stress on the heart which may result in earlier onset of heart disease.

The aim of the study was to determine whether it is more common for young women to have myocardial ischemia (reduced blood flow to the heart) after an emotional stressor compared with men of the same age.

Ninety-eight post-heart attack patients (49 women and 49 men) aged 38 to 60 years participated in the study. When exposed to an emotional stressor in the laboratory, women aged 50 or younger showed approximately twice the levels of myocardial ischemia compared to men of the same age with similar characteristics. The higher level continued even after overall health status, heart disease severity, and depression were taken into account.

Interestingly, the gender difference was not observed in men and women over the age of 50. Nor were there any observable gender differences in myocardial ischemia after the physical stress tests.

Professor Viola Vaccarino, a leader in women's health research, said there is growing recognition of the importance of emotional stress as a risk factor for heart disease. Emotional or psychological stress may contribute to heart disease in many ways, from influencing heart disease risk factors, to affecting the development of atherosclerosis (hardening of the arteries), to triggering heart attacks. It may also impair the recovery, future health, and quality of life of patients who have already developed the disease. (2)

Professor Vaccarino said the results are particularly intriguing given that the women tended to have less severe heart disease than men as determined by the degree of blockage in their coronary arteries. "We think that abnormal constriction of the coronary arteries, especially the smaller arteries, played a role in mental stress-induced ischemia in these young women rather than coronary blockage. In fact, microvascular dysfunction – constriction of the small blood vessels that lead to the heart – is thought to be more common in women than men, and has been linked to emotional stress and mental stress-induced ischemia," she said.

Ischemia triggered by mental stress has been associated with a doubling of risk for future heart attacks and death in cardiac patients. It could explain why young women (under age 50) who have a heart attack die twice as often as men of the same age despite having less severe heart disease.

References

1. http://www.ncbi.nlm.nih.gov/pubmed?term=Sex+and+age+differences+in+the+association+of+depression+with+obstructive+coronary+artery+disease+and+adverse+cardiovascular+events&TransSchema=title&cmd=detailssearch
2. http://www.ncbi.nlm.nih.gov/pubmed?term=Depression+and+history+of+attempted+suicide+as+risk+factors+for+heart+disease+mortality+in+young+individuals&TransSchema=title&cmd=detailssearch

CANCER TREATMENT WARS

Breast cancer and prostate cancer sufferers have more in common than recent front page headlines in the *Sunday Star Times* would have us believe. (1)

Both are pawns in the games being played by drug companies who develop and launch their eye-wateringly expensive drugs that extend the lives of those with advanced cancers, often by months rather than years.

Recently the UK's National Institute for Health and Care Excellence (NICE) turned down Roche's application for trastuzumab emtansine (marketed as Kadcyla) for routine use by the National Health Service, saying the £90,831 per patient price tag is too costly. (2)

Kadcyla is a medication which combines both trastuzumab (Herceptin) and emtansine (a chemotherapy agent). It is used to treat women with inoperable HER2 positive breast cancer that has spread or come back after previous treatment. It has been shown to extend the lives of women by an additional 5.8 months.

Roche's general manager stated that "NICE's rejection of Kadcyla demonstrates quite simply that their current system is broken, not fit for purpose and in need of a complete overhaul when it comes to advanced cancer."

Roche also claims the medication took 15 years to research and develop, while the technology allowing the two drugs to be combined in one treatment was 30 years in the pipeline. Hugely exaggerated claims like these are just part of the pharmaceutical industry's arsenal of weapons which it uses to try and force countries to fund their over-priced drugs. (3)

Another is the co-option of cancer sufferers to front the campaigns it mounts when health agencies in developed countries refuse to fund their latest life-extending drug.

The front page article in the *Sunday Star Times* featured a story about the Prostate Cancer Foundation's education seminar aimed at "levelling the playing field" between men's and women's cancer care. The Auckland seminar held on 23 August was supported by Janssen Pharmaceutical which produces Zytiga, a $60,000-a-year prostate cancer drug that has been rejected for funding. A PR representative who works for Janssen also wrote the Prostate Cancer Foundation's press release which claimed that breast cancer sufferers get gold standard treatment but men with prostate cancer are "sent home to die."

As the editorial in the *Sunday Star Times* pointed out "the tactics are familiar: Janssen has co-opted cancer sufferers to mount similar campaigns in Australia, Canada and the UK. In Scotland, a Zytiga funding campaign won a PR award last year." (1)

Thankfully, NZ still has PHARMAC.

References

1. *Sunday Star Times*. "Drug giant incites war of the sexes." 24 August 2014.
2. http://www.webmd.boots.com/breast-cancer/news/20140808/drugs-firm-blamed-over-breast-cancer-medication
3. Marcia Angell "The Truth about the Drug Companies." Random House 2005.

Featuring prominent scientists from the UK and North America, ***"Microbirth"*** examines how modern birth practices could be interfering with critical biological processes potentially making our children more susceptible to disease later in life.

Recent population studies have shown babies born by caesarean have approximately a 20% increased risk of developing asthma, 20% increased risk of developing type 1 diabetes, a similar risk with obesity and slightly smaller increases in gastro-intestinal conditions like Crohn's disease or celiac disease. All of these conditions are linked to the immune system.

"Microbirth" explores several possible explanations. If a baby is born by caesarean section, scientists hypothesise this could alter the "seeding" of the baby's microbiome, the critical transfer of good bacteria from mother to baby at birth. Scientists suggest this could lead to the baby's immune system not developing to its full potential. Another hypothesis is the actual process of vaginal birth, including the cocktail of hormones produced during labour, could profoundly affect the baby's immune regulation and metabolism.

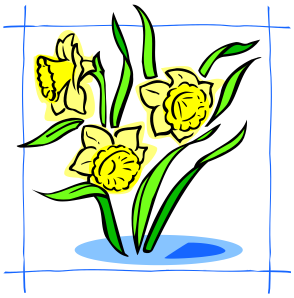
https://www.facebook.com/birthmatternz/posts/734188689960052

AWHC GENERAL MEETING 21 August 2014

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

- Financial reports
- Grant applications
- Non consensual clinical trials
- Northern A ethics committee
- Cervical screening costs
- 2015 Cartwright conference

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



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UP AND COMING EVENTS

DISTRICT HEALTH BOARD meetings for September 2014:

Waitemata DHB (Website address: www.waitematadhb.govt.nz)
The Waitemata Hospital Advisory Committee meeting starts at 11am on Wednesday 24 September 2014 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.

The **combined Waitemata DHB and Auckland DHB** Community & Public Health Advisory Committee meeting starts at 2pm on Wednesday 3 September 2014.

Auckland DHB (Website address: www.adhb.govt.nz)
The Hospital Advisory Committee meeting will be held at 9.30am on Wednesday 17 September 2014 followed by the Full Board meeting at 2pm. Both meetings will be held in the A+ Trust Room in the Clinical Education Centre, Level 5, Auckland City Hospital.

Counties Manukau DHB (Website address: www.cmdhb.org.nz)
The Hospital Advisory Committee meeting will be held at 9am on Wednesday 10 September 2014 at Ko Awatea and will be followed by the Full Board meeting at 1.30pm.

The Community & Public Health Advisory Committee meeting will be held at 1.30pm on 24 September 2014 at 19 Lambie Drive, Manukau City.

ETHICS COMMITTEE meetings – dates for the four new ethics committees are at:
http://www.ethics.health.govt.nz/about-committees/meeting-dates-venues-minutes

Women's Health Action is holding its annual **Suffrage Commemoration** event -

"Ettie, the unforgettable heroine who was forgotten" with **Dame Margaret Sparrow**

at 6 – 7.30pm on Friday 19 September 2014 at the Gus Fisher Gallery, The Kenneth Myers Centre, 74 Shortland Street, Auckland.

To register contact WHA on: info@womens-health.org.nz or phone (09) 520-5295.