AUCKLAND WOMEN'S HEALTH COUNCIL

NEWSLETTER

SEPTEMBER 2016

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NWH ANNUAL CLINICAL REPORT DAY

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

Midwifery perspective

The critiques of the data in the Report began with an outstanding presentation from Melissa Brown, the NWH Midwifery Director, who gave a thorough and very challenging midwifery perspective on the data in the Annual Clinical Report for 2015. She pointed out that normal births now represented only 57.3% of the births (normal being anything other than a caesarean or vaginally assisted or induced birth). For first-time mothers only 41.9% achieved a spontaneous vaginal birth. The caesarean section rate for 2015 was 35.6% which is the highest it has ever been. No doubt it will be even higher in 2016.

Private obstetrician's perspective

For the first time the programme included a presentation from private obstetricians. Dr Dereck Souter and Dr Lynda Batchelor were listed as the speakers who would provide a private obstetrician's perspective on the private obstetrician data. However by the time the big day arrived we only got to hear from Dereck Souter who told the audience that Dr Batchelor had decided to leave it to him. Unfortunately Dr Souter opted to forgo the opportunity to seriously address the issues that have been repeatedly brought up over the past decade or two, including their staggeringly high intervention rates. Instead he chose to use humour to deflect attention and avoid responding to the hard questions. His claim that the private obstetricians had better outcomes than midwives brought an immediate response from several of the midwives present who pointed out that women with a private obstetrician as their LMC were a very select and well-resourced group of women compared to the clients seen by community and hospital-based midwives. As the report noted: "Women booked with a private obstetrician were more likely to be older, European, and less likely to be living in areas of higher socio-economic deprivation compared to women booked with other LMCs."

Tony Baird's perspective

The agenda also featured Dr Tony Baird who was awarded the task of providing the obstetric critique of the data in the Report. As Tony Baird, a past president of the NZMA, a past Chairman of the NZMA Ethics Committee, a past Chairman of the Medical Council and a past President of the Royal NZ College of Obstetricians and Gynaecologists, etc, is retiring from NWH at the end of September this year, this may be the last time he will be attending this annual event, so his presentation also had special significance.

Unfortunately Tony Baird also decided to use humour to distract his audience as he spent over half an hour giving the most incoherent presentation imaginable. It was impossible to work out what the theme was, as it certainly wasn't the data contained in the Report which barely got a mention.

He began with a slide showing the front cover of the 1950 maternity report produced by Dr Herbert Green.

From that point on it was all downhill as he constantly flicked back and forth through his many slides trying to find the one he was looking for. Many, like the ones of state houses in the 1950s, didn't seem to relate to anything relevant to the report or much else he rambled on about.

Given his propensity to raise the issue at previous NWH Annual Clinical Report days, it was entirely predictable that Tony Baird would not pass up the opportunity to once again cast aspersions on the Cartwright Inquiry. And sure enough about half way through his utterly shambolic presentation he found the slide of Linda Bryder's book "*The History of the Unfortunate Experiment at National Women's Hospital*" and did a short rant about how Judge Silvia Cartwright had got it wrong and if Sandra Coney had not misread the paper written by McIndoe, McLean, Jones and Mullins that was published in the *Journal of the American College of Obstetricians and Gynaecologists* in 1984 there never would have been an Inquiry.

He was on to his next completely unrelated point before anyone had the chance to object. By the time he was coming to the end of his spiel having long since gone past his allotted time the laughter was weakening. It stopped altogether when he announced that he was going to end his presentation with a hymn that we must all sing along to with him. After several embarrassing minutes spent trying to get the audio to start after the words appeared on the screen, Tony Baird launched into his hymn. Judging by the audience's response it was a hymn that few were familiar with. It was a bizarre end to an incredibly bizarre presentation. .

2015 ANNUAL REPORT FROM NATIONAL WOMEN'S

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 (a significant decrease from 7353 in 2014), including the 47 women who gave birth before they actually got to the delivery unit, 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 ADHB 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 rates have 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 now seems to be a temporary decline in inductions. There was an increase in induction rates for both first-time mothers at term in 2015 – 39% to 40% – and for multipara from 25.3% to 26.6%. The formal booking system introduced in December 2014 for both elective and acute inductions did not result in the further reductions expected.

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 2015.

For first-time mothers 83.4% of those induced had an epidural compared to 57.7% of those who were not induced, 22.3% of those induced had an emergency caesarean section compared to 15.8% of those who were not induced, and 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…

The group of main concern is nulliparous women with only 41.9% 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 we as practitioners, using evidence based indications for induction of labour in nulliparous women? And why are 'low risk' nulliparous women opting for 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 to the birth of a baby by 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 epidurals is in first-time mothers with a private obstetrician – 82%.

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 at 32-36 weeks 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 and over 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 LMC 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 birth, 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

MOH TO "CONSIDER" A SURGICAL MESH REGISTRY

At the end of August Health Minister Jonathan Coleman announced in a press release that "the Ministry of Health will consider and consult on options for a registry to record the use of surgical mesh." (1)

In July 2014 Carmel Berry and Charlotte Korte petitioned the government for an inquiry into the use of surgical mesh, and were subsequently disappointed that the need to establish an inquiry was not included in the recommendations in the Health Select Committee's report released in June this year.

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A number of women's health groups were also dismayed when the health committee stopped short of establishing a much needed inquiry. As noted in an article in the June 2016 issue of the AWHC newsletter, Medsafe had opposed most of the petitioners' requests. (2)

While the government says it supports the recommendations of the Health Select Committee's report into surgical mesh, its response is woefully inadequate because there is no promise of any real action or a commitment to stop the carnage.

Sympathy but no action

"I have every sympathy for people who have experienced issues with surgical mesh products," Jonathan Coleman claimed in his very unconvincing press release.

The press release also referred to the Ministry working with DHBs and health providers, and to Medsafe continuing "to review and assess the international evidence" which is an unbelievably pathetic response when compared to the evidence of the lack of informed consent and the damage caused by surgical mesh that was presented to the health committee. In 2014 Carmel Berry and Charlotte Korte told the committee that their survey of 61 mesh sufferers revealed that 97% said they had not been informed of the potential risks and complications. They also referred to the issue as an emerging global scandal.

In response to Jonathan Coleman's press release, the two women stated:
"We felt the recommendations made by the Health Select Committee did not go far enough with their initial report to address the surgical mesh issue. Annette King has asked for a full inquiry and we believe that this is essential in order to address surgical mesh concerns appropriately. Although we are thankful that the minister has accepted these recommendations, we are looking for robust discussion to determine specific time frames and action points to be identified."

On 31 August, Kathryn Ryan interviewed Patricia Sullivan from the advocacy group Mesh Down Under and Medsafe's Stewart Jessamine about the continued use of surgical mesh implants. (3).

References

1. www.beehive.govt.nz/release/government-responds-surgical-mesh-report
2. http://www.womenshealthcouncil.org.nz/Features/Hot+Topics/Medical+Devices.html
3. www.radionz.co.nz/national/programmes/ninetonoon/audio/201814284/medsafe-responds-to-concerns-over-surgical-mesh

Sexual and Reproductive Health and Rights

The Abortion Providers Group Aotearoa NZ, Family Planning NZ, and the NZ Sexual Health Society are organising a conference in

Te Papa, Wellington

10 - 11 November 2016

The theme of the conference is improving access and advancing equity.

Keynote speakers include:

- Dr David Grimes, Clinical Professor in the Department of Obstetrics and Gynaecology at the University of North Carolina School of Medicine
- Professor Jane Hocking, head of the Sexual Health Unit at the Melbourne
- Jon O'Brien, president of Catholics for Choice

http://www.familyplanning.org.nz/news/2016/keynote-speakers-announced

Cost: $440

Places are limited and due to high demand it will be necessary to register immediately in order to go on the waiting list

For more information is available at: http://nzfvc.org.nz/events/sexual-and-reproductive-health-and-rights-conference-aotearoa-new-zealand-2016-wellington-10

AWHC GENERAL MEETING 25 August 2016

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

- Financial reports
- Grant applications
- Submissions
- Cartwright Forum follow-up actions
- Updating AWHC website
- AWHC strategic plan

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/October 2016:

Waitemata DHB (Website address: www.waitematadhb.govt.nz)
The Waitemata DHB Board meeting opens to the general public at 12.45pm on Wednesday 21 September 2016 and will be followed by the Hospital Advisory Committee meeting which starts at 2pm. 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 12 October 2016.

Auckland DHB (Website address: www.adhb.govt.nz)
The Auckland DHB Board meeting opens to the general public at 12.45pm on Wednesday 7 September 2016 and will be followed by the Hospital Advisory Committee meeting which starts 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 7 September 2016 at Ko Awatea and will be followed by the Board meeting at 1.30pm.

The Community & Public Health Advisory Committee meeting will be held at 1.30pm on 28 September 2016 at 19 Lambie Drive, Manukau.

ETHICS COMMITTEE meetings – dates for the four MOH 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 with Louise Nicholas – "From Victim to Survivor: Walking through the Criminal Justice System."

6 – 7.30pm Monday 19 September 2016 Gus Fisher Gallery, 74 Shortland Street, Auckland.

Further information is available at http://www.womens-health.org.nz/suffrage-commemoration-19th-september/