

# women's health

update

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## Mamma mia! Making way for women in the world of paid work

We have all heard about the "glass ceiling", read statistics about the large number of female graduates produced by universities around the country, but also seen the practical reality - that those figures still do not correlate to large numbers of female executives at the top of New Zealand companies or at the board tables. While there are certainly women who are at the top and taking their place at the board tables, the point is they are not there in the numbers you might hope for, or expect, given the number of female graduates. **Jennifer Mills,**

**Partner and Bridget Smith, Senior Associate, Minter Ellison Rudd Watts** look at the recent breastfeeding legislation and what it means for women returning to employment.

Why is there such a mismatch between female talent and female achievement? Like most things, the answer isn't simple and there is no one single reason. Theories abound, but at least one significant contributing factor is undoubtedly the dual roles many women try to balance as an employee at work and a primary caregiver at home. So is being a working mother an impossible dream? Is the elusive "having it all" at all possible? Or is it easier now, than it has been previously?

The challenges facing working women appear to have lessened with recent amendments to employment law. The first changes were to introduce twelve weeks paid parental leave in 2002 and then extend it to fourteen weeks in 2005 and to self-employed women in 2006. A Department of Labour evaluation of the paid parental leave scheme revealed that paid leave was available to nearly 90% of all women in paid work. These changes have certainly made merging motherhood and paid employment easier for many women.

A raft of recent legislation is aimed at further smoothing this path. The Employment Relations (Flexible Working Arrangements) Amendment Act came into effect in July 2008.

This opened the way for eligible employees to be able to formally request flexibility in their hours, days or place of work and have this request seriously considered by an employer. It is important to note that this legislation does not apply only to female employees, but to all eligible employees responsible for the care of any other person.

All these pieces of legislation have limitations and restrictions, but they arguably do signal a softening towards mothers in the workforce and a more flexible approach.

The most recent move forward is the Employment Relations (Breaks, Infant Feeding & Other Matters) Amendment Act 2008, which amends the Employment Relations Act 2000 and provides a statutory right to breaks and, where practicable, facilities for breastfeeding.

The breastfeeding legislation is significant for new mothers wanting to return to the workforce, but has been somewhat overlooked by the media compared with other recent legislative amendments. This is perhaps due to the fact that it was passed at the same time as the more controversial amendments to the Employment Relations Act regarding KiwiSaver.

The 'Breaks, Infant feeding' Amendment Act, which took effect from 1 April 2009, requires employers to provide breaks for employees, as well as appropriate facilities for those who wish to breastfeed or to express breast milk at work, where it is "reasonable and practicable

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GE Money was the first workplace in New Zealand to be certified as Breastfeeding Friendly.

For more information see: [www.womens-health.org.nz](http://www.womens-health.org.nz)

**Women's Health Update features women's health news, policy and scientific findings, to enable health care professionals and community-based workers to be at the forefront in women's health.**

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in the circumstances". In deciding what is practicable, employers are entitled to take into account their operational environment and available resources.

The limitation that the facilities for breastfeeding or expressing milk are to be provided "where reasonable and practicable" will be a welcome inclusion for many employers, as the reality is that many existing businesses will not have the resources to provide separate facilities for breastfeeding. For example, many small employers will not have a separate room, other than the bathroom, which could be used for such a purpose. For larger employers, with more resources (and more room), it is likely to be both reasonable and practicable for such facilities to be provided.

Notwithstanding that "limitation", in terms of the potential benefits of this legislation for mothers returning to the workforce, the fact remains that there is now a statutory requirement for employers to provide employees not only with rostered breaks, but also, where appropriate, additional breaks for breastfeeding, where it is reasonable and practicable to do so. So at least in theory, the interests of female employees returning to the workforce following maternity leave are being considered.

The inclusion of this legislation arguably indicates a focus on the practical realities of the need for employees to balance commitments

## REST AND MEAL BREAKS AND BREASTFEEDING AT WORK

From 1 April 2009, employees will be entitled to paid rest and meal breaks and employers will be required to provide facilities for employees who wish to breastfeed at work.

### Rest and meal breaks

Employees will be entitled to:

- one paid 10-minute rest break if their work period is between two and four hours;
- one paid 10-minute rest break and one unpaid 30-minute meal break if their work period is between four and six hours;
- two paid 10-minute rest breaks and one unpaid 30-minute meal break if their work period is between six and eight hours.

If more than an eight hour period is worked, these requirements automatically extend to cover the additional hours on the same basis.

For more information, visit: <http://www.ers.govt.nz/relationships/breaks.html>

### Breastfeeding at work

Employers will be required to provide facilities and breaks for employees who wish to breastfeed (including expressing breast milk), as far as is reasonable and practicable.

The breaks are unpaid unless the employee and employer agree otherwise.

The breastfeeding breaks are to be provided in addition to the standard paid rest breaks and unpaid meal breaks unless the parties agree otherwise.

For more information, visit: <http://www.ers.govt.nz/parentalleave/infantfeeding.html>

outside of the workplace and the desirability of women returning to the workforce after periods of parental leave. While the legislation may not be enough on its own to make it more attractive to return to the workplace following parental leave (and that is an issue for individual employers and their employees), what it does mean is that for those who do elect to return, the transition

may just be that little bit easier. So that women can say – Mamma Mia – here I go again – only this time, it is going back to the workforce.

For more information on the authors go to:

[www.minterellison.co.nz/index.php/ps\\_pageName/personprofile/pi\\_peopleid/82](http://www.minterellison.co.nz/index.php/ps_pageName/personprofile/pi_peopleid/82)

[www.minterellison.co.nz/index.php/ps\\_pageName/personprofile/pi\\_peopleid/140](http://www.minterellison.co.nz/index.php/ps_pageName/personprofile/pi_peopleid/140)

## Early Medical Abortion in the Community: improving access and choice

*Family Planning announced in March that they intend to apply to the Abortion Supervisory Committee for a license to provide an Early Medical Abortion service. If successful this may go some way to addressing New Zealand women's inconsistent access to abortion services, and in many areas, limited choice about the method of abortion. It would also mean Early Medical Abortion services would be available outside a hospital environment and in the community for the first time. Christy Parker discusses why this is a good thing and how this may herald a new way forward for abortion services in New Zealand.*

### Current Availability

While Early Medical Abortion has offered a safe and effective alternative to surgical abortion in other developed countries including France, Sweden and the United Kingdom since the early 1990s, the method has only been available in New Zealand since 2002 and until January this year was offered by only three abortion service providers- level J (now Te Mahoe) Unit at Wellington Hospital, the Auckland Medical Aid Centre, and more recently Dunedin Hospital.

As of January the method is now available at the Epsom Day Unit in Auckland, as well as Lyndhurst Hospital in Christchurch.

### Early Medical Abortion: the facts

Abortion is an essential reproductive health service and a key women's health issue. Termination of Pregnancy (TOP) is consistently the most common gynecological procedure performed in New Zealand<sup>1</sup>, and the health outcomes for women in countries without safe and legal abortion services are a dreadful reminder of their necessity<sup>2</sup>. Yet despite this, improvements to abortion services such as those offered by Early Medical Abortion, have been, and continue to be constrained by New Zealand's outdated and cumbersome abortion laws. Under the Contraception, Sterilisation and Abortion (CS&A) Act passed in 1977 abortion is legal so long as it is performed only in licensed premises and women obtain approval from two certifying consultants that they meet the grounds for abortion under the Crimes Act<sup>3</sup>. Setting aside the issue that an essential reproductive health service such as abortion has no place in the Crimes Act, the law, written to suit surgical

abortion procedures, has not worked for developments in medical abortion methods.

Surgical abortion is a same day procedure that involves the removal of the embryo from the uterus by suction under local or general anesthetic. Early Medical Abortion, on the other hand, is a two stage medical procedure which can be performed up to 9 weeks gestation<sup>4</sup>. The first stage involves an oral dose of one Mifegyne® (RU 486) tablet containing 200mg of mifepristone, which blocks the effects of progesterone, one of the hormones needed for the continuation of pregnancy. Women return home after the administration of Mifegyne®. A very small number of women will abort at home following this first stage. Most women however return to the provider 36-48 hours later for the second stage of the procedure. This involves the administration of 800mg of vaginal misoprostal, a prostaglandin that helps to expel the pregnancy by inducing a miscarriage. Most Early Medical



Abortions will be complete within 8 hours of administering misoprostol while women remain on the ward. However a small number will not be completed in this time frame.

And this is where the law has caused problems. While the Medicines Advisory Committee recommended that Mifegyne® be approved as a medical alternative to surgical abortion in March 2001, those providing a first trimester abortion service were reluctant to use it because of conflicting opinions about the legality<sup>5</sup>. It was fairly clear that the medications- Mifegyne® and misoprostol would have to be administered in a licensed facility but it was unclear whether the woman had to remain there until the abortion was complete<sup>6</sup>. This uncertainty was clarified by the High Court in April 2003 in a judgment that stated while both medications needed to be administered in a licensed facility, women are not required to stay in hospital between the two stages, nor are they required to stay there until the procedure is complete. Those women whose abortions were not complete within the 8 hour stay following misoprostol could either proceed to a surgical abortion or be followed up at home. The judgment provided a sea change for abortion services in New Zealand.

#### Working for women

Since 2003 both Level J Unit and the Auckland Medical Aid Centre have offered an Early Medical Abortion (EMA) service for women undergoing a first trimester abortion. Evaluations of EMA at both units have been highly encouraging<sup>7</sup>. Reflecting a number of large international multicenter studies<sup>8</sup>, the New Zealand experience has confirmed that EMA is a safe, effective and realistic alternative to surgical abortion with efficacy rates around 95%, comparable to that of surgical abortion<sup>9</sup>. Because women do not need to wait for surgery, the option of Early Medical Abortion allows abortions to be performed earlier which may reduce the stress of the abortion. EMA also holds the promise of addressing access issues with abortion services. At present women must travel to the main centres, adding significantly to the stress and cost of abortion. If Family Planning's application to the Abortion Supervisory Committee is successful, abortion services may be available in the community and outside the main centres for the first time.

Studies evaluating the acceptability of Early Medical Abortion to women have found high satisfaction. A large multicenter trial in the United States found that nearly all women (95.7%) would recommend it to others, and 91.2 % would chose it again. Even among women for whom the procedure failed and who required a surgical intervention, 69.6% would try it again, and 84.9% would recommend it to others<sup>10</sup>. The women's reasons for choosing EMA in this study included the chance to avoid surgery; that they perceived EMA as a more "natural" way to terminate their pregnancies; and that they believed it was a safe procedure

with a low risk of complications. In evaluating their experience, the most commonly cited positive attributes were no surgery and/or injections; that it was noninvasive; and "natural" or "feminine" like menses or miscarriage. The most commonly cited worst features frequently related to feared as well as actual difficulties- feared or actual pain or cramping; waiting, uncertainty, or fear of the unknown; and feared or actual nausea, vomiting, or diarrhea. On the other hand, 22% of the women said that there had been no worst features at all. The study did, however, identify socioeconomic and cultural differences in participant's views which would likely be reflected in an evaluation of women's views in New Zealand. Early Medical Abortion is not an excellent option for everyone, but is a favorable choice for many women.

So, women now have a choice of abortion method. But does a choice translate into uptake of EMA? In Scotland, where EMA has been offered since 1992 the rate of women choosing this method has gradually increased and in 2006 was 59.1%<sup>11</sup>. Uptake remains lower in New Zealand. Level J Unit and Auckland Medical Aid Centre, where an EMA service has been available the longest, report that since it was introduced, uptake has increased to between 20-30%. Uptake is constrained due to multiple factors. There has been a reluctance to offer EMA by service providers who perceive that they already offer an established surgical service with a high success rate and low rate of complications<sup>12</sup>. EMA requires more nursing time and a different use of the space within clinics, and there is no funding for women who need to be followed up at home<sup>13</sup>. Uptake of EMA is also determined by access issues to abortion services more generally- many women who travel to access abortion services most likely cannot afford the time required for a medical abortion and therefore cannot take advantage of the choice. Again if Family Planning's application is successful, this will go some way to addressing this.

It is worth noting however that until the issue of decriminalizing abortion in New Zealand is addressed, the true potential of Early Medical Abortion as a method cannot be realized. In a number of countries including France, Sweden and the United States, women have the option of completing the second stage of an Early Medical Abortion at home following the initial consultation and administration of Mifegyne®. In some cases this consultation is performed by a nurse practitioner. Research has confirmed not only the viability and safety of administering misoprostol at home with access to a 24 hour hotline for any questions and concerns, but also high satisfaction among women who choose this option<sup>14</sup>. However while the legal requirement to give both medications on licensed premises and to obtain approval from two certifying consultants remains, women in New Zealand will not have this option<sup>15</sup>.

#### The way forward: improving access and choice

As Early Medical Abortion becomes more widely available, and providers become more confident in offering it, uptake is likely to grow, improving both access and choice in abortion services. Improving abortion services so that they work for women is a good thing. International research does not support commonly expressed fears that improvements in abortion services will lead to a rise in abortions<sup>16</sup>. Women-centred abortion services that offer women a choice of method, and that are accessible, do however go some way to reducing the stress of abortions. Given concerns about the impact of abortion on women's mental health, this should be a priority for the Abortion Supervisory Committee.

- 1 In the year to December 2007, 18 382 abortions were performed in New Zealand. Most were carried out using the surgical method. The highest abortion rate is in the 20-24 year age group, with just over 37 abortions per 1000 women.
- 2 'The World Health Report 2005-make every mother and child count', World Health Organisation
- 3 The grounds for abortion are outlined in the Crimes Act 1961 (and two amendments passed in Dec 1977 and July 1978). These are serious danger to life, physical health and to mental health. Any form of incest or sexual relations with a guardian, mental subnormality and foetal abnormality. [www.abortion.gen.nz/legal/index.html](http://www.abortion.gen.nz/legal/index.html)
- 4 From 'Guidelines for the Use of Mifepristone for Medical Abortion in New Zealand'.
- 5 Sparrow & Shand, 2007
- 6 Shand et al, 2005
- 7 Shand et al, 2005; Goodyear-Smith et al, 2006
- 8 Kahn et al, 2000
- 9 Shand et al, 2005; Goodyear-Smith et al, 2006;
- 10 Winikoff et al, 1998.
- 11 Sparrow & Shand, 2007
- 12 Sparrow & Shand, 2007
- 13 Sparrow & Shand, 2007
- 14 Fiala et al, 2004
- 15 Sparrow & Shand, 2007
- 16 ALANZ statistics <http://www.alranz.org/ALRANZpamphletmedicalabortion.htm>

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# “The Big Latch On” turns five

For the last four years, the signature event for World Breastfeeding Week has been the Big Latch On (BLO) where mother's nationwide gather together to be counted as they simultaneously breastfeed their children. This year, the Big Latch On turns five.

The first Big Latch On in 2005 saw an impressive 654 children latched on and feeding simultaneously throughout New Zealand. Women's Health Action was excited and delighted by the response. We didn't know that the popularity of this event would see those numbers increase to almost 1000 in 2007 and to over 1000 in 2008. The 2008 total of 1122 saw New Zealand awarded a gold medal for participation from the World Alliance of Breastfeeding Action (WABA).

‘Women's Health Action was delighted with last year's gold medal’ says Director Jo Fitzpatrick ‘it was recognition and a tribute to breastfeeding women all over Aotearoa/New Zealand who have made this event their own – and an ongoing success.’

On Friday the 7th of August, women nationwide will begin gathering at 10am to be counted breastfeeding at 10.30am and provide a memorable, and we hope, record breaking grand finale to World Breastfeeding Week – which runs from August 1st to August 7th every year.

Women's Health Action is again providing national co-ordination for the Big Latch On event, which is organised by mothers and

their supporters throughout the country. ‘We encourage mothers wherever they are to get involved’ says Jo Fitzpatrick, Director of Women's Health Action Trust: And they do – in workplaces, early childhood centres, coffee groups, playgroups and birthing facilities. But you don't need a big venue – a mother at home can join in and be counted. ‘One year, we even had a breastfeeding mother high in the sky flying Air New Zealand to Wellington who was counted.’

This year, the Auckland Breastfeeding Network is sponsoring a region-wide event at the Hoyts Cinema Complex in Sylvia Park (starting at 10.00 am with the “Latch On” countdown at 10.30.) Breastfeeding women from all over Auckland are encouraged to join other mothers to share stories and the chance to watch a free movie.

The World Alliance for Breastfeeding Action (WABA) sets the theme for World Breastfeeding Week (1-8 August). This year's theme highlights the importance of breastfeeding as an emergency response: Breastfeeding – A vital emergency response: Are you ready? In emergency situations, breastfeeding guarantees a secure food supply for babies and infants and also gives children their best start in difficult situations. Breastfeeding is also being recommended as a response to swine flu. (See: [http://www.ilca.org/files/in\\_the\\_news/press\\_room/2009-04-28\\_PressRelease\\_SwineFlu.pdf](http://www.ilca.org/files/in_the_news/press_room/2009-04-28_PressRelease_SwineFlu.pdf)). The Centres for Disease Control (CDC)



lists breastfeeding as an important protective measure and recommends early and frequent breastfeeding for newly delivered babies because it significantly decreases the likelihood of respiratory infections and hospitalisation in infants and the baby receives as much maternal antibody as possible.

“Women's Health Action would like the fifth birthday for the Big Latch On to be both special and a record-breaker” says Jo “and we're inviting breastfeeding mothers nationwide to join in the fun, wherever they may be!”

The website: [www.womens-health.org.nz](http://www.womens-health.org.nz) has more details and provides an online registration form.

Contact WHA Breastfeeding Advocate at [breastfeeding@womens-health.org.nz](mailto:breastfeeding@womens-health.org.nz). Ph (09) 520 5295

## Noticeboard

- **MATERNITY NURSES STUDY DAY**  
17th June 2009  
9.00 am – 3.00 pm  
A day for Registered Nurses and Enrolled Nurses working in maternity services aimed at upskilling nurses in their field of practice.  
For more information contact [info@clinicalupdate.co.nz](mailto:info@clinicalupdate.co.nz) or phone 021 625491
- **ASSOCIATION OF BIOETHICS AND HEALTH LAW CONFERENCE - “FUTURE OFFERS, FUTURE THREATS”**  
6 – 12 July  
Environmental, technological, economic, social, cultural and other challenges for bioethics, health law and related disciplines. For more information go to <http://www.events4you.co.nz/abaanzihle.html>
- **BIENNIAL NZCTU WOMEN'S CONFERENCE**  
10th, 11th July  
The theme this year will focus on union women organising in the workplace, at national and community levels and women's issues and experiences internationally.  
For more information go to [www.union.org.nz](http://www.union.org.nz)

- **“THE BIG LATCH ON” 2009**  
Friday 7th August  
10.30am in locations from North Cape to Bluff  
Help celebrate and support breastfeeding by taking part in “The Big Latch On” - the Nationwide World Breastfeeding Week Event - where mother's gather together and are counted as they simultaneously breastfeed their children. This year, the Big Latch On turns five.  
For more information or to find or register a venue near you go to [www.womens-health.org.nz](http://www.womens-health.org.nz)

- **OFFICE SPACE TO LEASE!**  
MAMA Inc. is looking for people to share their rooms in Morningside, Auckland. Join our group of midwives, acupuncturists, massage therapists, psychotherapist and other natural therapists.  
Space ranging from an entire suite of offices to sharing a space for a half day. Plenty of free parking and easy access to building all hours – For more information Phone 09 815 8108 or 0274 588642

- **NGO QUESTIONNAIRE 2009 – NEW ZEALAND WOMEN TOGETHER “HOW ARE WE DOING”**  
Please take the time to fill out this Questionnaire – your input is valued.  
For more information Contact Pacific Womens Watch on 09 307-0701 or Email: [info@pacificwomenswatch.org.nz](mailto:info@pacificwomenswatch.org.nz) or download the questionnaire at [www.womens-health.org.nz](http://www.womens-health.org.nz)

- **CALLING ALL MEDIA AND FILM STUDENTS!**  
Make a video clip for YouTube promoting respectful boyfriend/girlfriend relationships and win a prize - \$2000 First Prize, \$1,000 Second Prize.  
For more information go to [www.behindthescenes.co.nz](http://www.behindthescenes.co.nz)

- **ONE MILLION CAMPAIGN - SUPPORT WOMEN TO BREASTFEED**  
This campaign gives you the chance to make your voice heard to support women to breastfeed - to make a difference. Become a vital part of the Wave of Change. Become one of the ONE MILLION. Sign the petition now at [www.onemillioncampaign.org/en/Details\\_Petitions.aspx](http://www.onemillioncampaign.org/en/Details_Petitions.aspx)



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