



**WOMEN'S
HEALTH**
Action

Annual Report
1 April 2009 - 31 March 2010



Well women empowered in a healthy world!

Our vision

Our vision, embodied in our mission statement above, is to ensure that issues related to gender remain on the public health agenda, thereby ensuring women health consumers' needs are recognised, understood and met. We empower women health consumers with up-to-date quality evidence-based information to assist them to make informed decisions around their health and the health of their families.

We will achieve our vision by:

- 1) Providing women with information and evidence based resources to enable them to make informed choices and decisions around their own health needs
- 2) Promoting women's interests and providing a woman's voice in research, education and policy where there are implications for women's health
- 3) Stimulating debate to strengthen the ability of the public health and non-government organisational (NGO) communities to contribute to the wellbeing of all women in Aotearoa-New Zealand
- 4) Ensuring the viability and increasing the future capacity of WHA

We categorise the work we do to achieve our vision under three main headings:

- 1) Major issues of concern to women's health, including breastfeeding
- 2) Education services and information
- 3) Consumer representation and networking

Women's Health Action Trust, which grew out of Fertility Action founded by women's health activist Sandra Coney, is now in its 25th year of operation. This annual report covers the period 1 April 2009 to 31 March 2010

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Reflecting on 25 years in women's health – Sandra Coney

This year is the 25th anniversary of the founding of Women's Health Action in 1984. WHA is part of the wider women's health movement, the collective network of like-minded groups that were and are part of the great feminist movement of the last 40 years. It's important to emphasise that the women's health movement was embedded in the women's liberation movement, and inseparable from it. The insights, philosophies and tactics of women's liberation informed and supported the women's health movement. Nowhere does the slogan "the personal is political" mean more than in the contest over women's bodies. This movement was not just about better health for women, or even more choices: it confronted medicine as one of the agents in the subjugation of women. Medicine denied women control over their own fertility, and childbirth practices reinforced women's submission and inferior position.

During the 1970s, abortion was the all consuming women's health issue, and the focus of immense amounts of organising. Over the same period, I was editing the feminist magazine *Broadsheet*, with Phillida Bunkle regularly contributing to *Broadsheet* from its second year. From the beginning *Broadsheet* ran a great deal about women's health, and it was really this work that led to the formation of Women's Health Action. By 1980, with the abortion issue largely settled, women's health groups tackled other topics, and there was no shortage of them. Hormonal contraception had seemed like the great liberator when the Pill arrived in the early 1960s, but experience showed that women paid a price. In Wellington, Phillida and others formed the Coalition for Fertility Action to try and get chlamydia testing at Wellington Hospital. I began working with her on the dangerous Dalkon Shield IUD. In 1984 we decided to form a group called Fertility Action which was renamed Women's Health Action in 1993, in recognition of its expanded areas of interest.

WHA was interested in demedicalising women's lives, and also focused on confronting and changing medical practice so it was safe, and so that women could actively make their own decisions rather than being passive recipients of care. We did not explicitly talk about informed consent, but later this focus coalesced around the notion of making informed choices – a continual thread in WHA's work. We saw WHA as a public interest advocacy group, a concept borrowed from Ralph Nader's *Public Citizen*. It was to be an activist group that challenged corporate interests and government to be more accountable, and to ensure women's right to information and safe products and services.

From the beginning, WHA took a two-pronged approach. Direct challenges to institutions, professional groups, industry and government, alongside gathering and disseminating information so women would have the information they needed to control their own bodies. On the one hand challenging medical power, and on the other empowering women to question and challenge on their own behalves. Women's experience was valued as real and authoritative.

One of the roles of WHA was to construct health information for women and this involved accessing it, which was not easy. The source of doctors' power and control was research locked away in the medical library. Long before the Cochrane Collaboration of 1993, WHA was adopting an evidence-based approach, but combining it with experiential evidence from women, something the medical system still does not do very well. This information formed the basis of evidence-based consumer information, an area where WHA was a pioneer. Later WHA supported and was involved with the development of standards and systematic reviews. These tools were seen as protecting women by providing objective information which would constrain doctors' clinical freedom.

Right at the beginning of the establishment of WHA, Phillida and I began working on the campaign which led to the Cartwright Inquiry and a raft of reforms and advances in women's health and patients' rights. Our confidence to work on this issue had a lot to do with the social support that was provided by a broad-based feminist movement. We had practical and moral support from disparate groups, from *Mediawomen* who offered to fundraise and did it brilliantly, to the unions and Women's Division of Federated Farmers groups up and down New Zealand, who sent the dollars they had raised through members' collections and trading tables. It had a lot to do with the times also; coming out of the 70s, people understood activism, and the events of the Inquiry resonated with women and families who had experienced the authoritarian nature of medical care.

The results of the Inquiry are history. In her recommendations, Dame Silvia Cartwright took the ground-breaking stance of making the rights and welfare of patients central, recommending wide-ranging reforms in consumers' rights, research and teaching ethics and the establishment of a national cervical screening programme. Unfortunately, our work sustained public attack. Jan Corbett's "Second Thoughts on the Unfortunate Experiment" from 1990 made numerous unsubstantiated and unsourced claims to try and smear the report's findings and the people involved in it. You can go back to that article and find almost word for word, many of the similar claims in Linda Bryder's recent book revising the events involving Dr Green at NWH. What is instructive about the current controversy, however, is how distance, but more importantly the contemporary lack of understanding of feminism, or just what the health sector was like for patients in those pre-Cartwright days, has enabled a deeply anti-feminist polemic. Most movements for social change grow in acceptance over time, but not it seems feminism.

The final piece of Cartwright was not achieved till the 21st century; the review of former patients of NWH with a diagnosis of dysplasia (abnormal smears less than CIS) which was not completed until 14 years after the report came out. Every recommendation Cartwright made was contested. Throughout, WHA stayed on the case of the recommendations, and it was greatly assisted by the donation by an Auckland woman, impressed by our performance through the Inquiry, of \$25,000 for each of two years. This enabled WHA to rent an office, and to employ its first staff member, Lynda Williams. WHA never looked back.

Cartwright enabled progress on WHA's ongoing workstreams – promotion of consumer representation on advisory and other committees to provide a public voice including the development of a National Cervical Screening Programme. Cartwright said this was necessary for the screening programme and so the same argument could be run in other areas. This required constantly lobbying the Ministry, health boards and other health agencies to include consumers. Some of these are now established in legislation. A continuation of this is WHA's involvement in the project called "strengthening consumer voice" – which aims to establish a national consumer health body. Breastfeeding advocacy has also become a major aspect of WHA's work, both promoting breastfeeding but also opposing the interests of the powerful substitute milk products industry. This work has brought in a younger demographic into the organisation. There have been a series of other campaigns, usually prompted by the arrival of some new information, such as the deaths from blood clots in women using oral contraceptives, research confirming the dangers of HRT, the risks of breast implants, and most recently, issues around the HPV prevention programme using Gardasil. The consistent themes here are of contesting medicalisation, especially of well women, and of the need to inform women of their options so that they can make informed choices.

Is there unfinished business for the women's health movement? Of course there is. I could run off a shopping list of topics. Many of these ongoing issues have become more difficult to address in today's environment with its lack of sympathy, even understanding, of what feminism has achieved and why it will always be necessary. WHA continues this work.

Many people have worked for women with WHA over the past 25 years, as trustees, volunteers and employees. It is a history to be proud of, and it will go on. With its current trustees, led by Jesse, and with Jo at the helm of its day-to-day work, its future is in good hands. I wish WHA the very best for the next 25 years.

A copy of Sandra Coney's full address from the Suffrage Breakfast 2009 is available on our website

Chair's Report – Jesse Solomon

Women's Health Action consistently performs to a high level, responding to emerging issues in the health arena, delivering sound information and advice to women, health practitioners and policy makers. 2009 – 2010 was no exception, and it is a pleasure to look back on the year's achievements outlined in this report. I believe the work of the organisation is a great credit to a small but talented staff.

In 2009 we were privileged to have Women's Health Action's founder, Sandra Coney, to present at the annual Suffrage breakfast. Sandra's speech was engaging and entertaining and it affirmed both the impressive foundations of the organisation, and the acute needs that it strove to meet, as well as the ongoing and emerging challenges in the area of Women's Health.

Women's Health Action is served by an able Board of Trustees who work to support the activities of the staff and provide steady and considered governance for the organisation. During the year 2009 – 2010 we accepted the resignation of trustee Lydia Sosene, who worked with the Trust for several years and, as well as providing valuable governance input, she utilised her strong links with her community in South Auckland to raise issues and build connections. We very much valued Lydia's input and wish her all the best with her family and in her ongoing and tireless work in community minded and socially aware roles. Also during this period we were pleased to welcome Emily Stenhouse-White who joined Jenny Kirk, Catherine Crooks, Sally Liggins and myself (Jesse Solomon) on the Trust. We are fortunate to have the input of these trustees, whose good judgement, professional linkages, experience and skills are most welcome strengths and resources. I am proud of my association with Women's Health Action Trust and it is a pleasure to work with the talented women who give their valuable time voluntarily to serve on the Trust Board of the organisation.

Director's Report – Jo Fitzpatrick

There is no question as we celebrate our twenty fifth birthday, that the work Women's Health Action does is still relevant and in demand. Website hits have increased by over 27% in the last year and demand for WHA resources remains strong and steady.

This year has seen an unprecedented number of WHA landmarks and achievements. WHA Highlights for this year include:

- Hoyts Cinema Big Latch On with the most mothers and babies ever assembled together to latch in one place in New Zealand at 178 (see p7)
- Cartwright Comes of Age. Our Cartwright 21st anniversary seminar (see p11)
- Work on the Breastfeeding Friendly Workplace Certification (see p16)
- Our birthday Suffrage breakfast featuring our founder, Sandra Coney, as guest speaker (see p13)

We have also participated in a number of shows and events including Parent and Child shows (Christchurch and Auckland) and Girls Day Out in Auckland. This, and the record breaking Big Latch On, ensure that we reach a younger demographic and remain relevant to a new generation of young women. WHA run and generated seminars have included our usual menopause seminars, but also one for mothers and daughters on Gardasil with the Auckland Women's Centre, and one for union women on staying well at work.

Thanks to Cathie Walsh and Emma McConachy for driving the groundbreaking Breastfeeding Friendly Workplace Project. The general breastfeeding work was picked up by the organisation as a whole. Most of this fell on the able shoulders of office co-ordinator, Isis McKay and the level and quality of the work done has been outstanding. On that basis, we were delighted to welcome her to the position as WHA breastfeeding advocate in February this year. Christy Parker also produced outstanding work; without her the Cartwright seminar would not have been the success it was and Women's Health Action would not have achieved the high quality of work presented in this report. Our small staff is grateful for the active interest, support, leadership and participation of the WHA Trust in our work. The increased workload on these important projects have made our twenty fifth year another demanding one for us all and a worthy landmark in the history of WHA.



Section one: Events

1.1 World Breastfeeding Week and the Big Latch On

The Big Latch On is a growing annual event. This year's total was almost twice that of the first Big Latch On. The event celebrates breastfeeding mums and babies; promotes the benefits of breastfeeding for babies, mums and society at large; and sends a message to the wider community that breastfeeding in public is acceptable and will be supported. It is a great opportunity to get community recognition to celebrate and support the hard work breastfeeding mothers do. We are delighted with the increasing involvement in and support for the Big Latch On in communities large and small around New Zealand.

On Friday the 7th of August 2009, 2728 mums and babies from all over the country participated in another record breaking Big Latch On; 1306 babies latched on and breastfed simultaneously for the big count down at 10.30am, exceeding last year's record of 1124. This was not the only record this year. The record for the single biggest Big Latch On in one place was broken at Hoyts Cinema at Sylvia Park in Auckland. Getting 178 mums with their babies breastfeeding simultaneously was no mean feat given the exciting distractions the breastfeeding babies had to contend with. The event, hosted by Women's Health Action and the Auckland Breastfeeding Network, was attended by over 200 mums with their babies and whanau. All participants were treated to a free movie as well as gift packs and spot prizes donated by generous businesses. Grateful thanks to all those who participated and particularly to the Bachelor of Health Science students who worked so hard on the day to ensure the event ran smoothly.

Elsewhere in New Zealand, at the Southern Cross Bar in Wellington, an amazing 64 mums and their babies latched on - the biggest ever Big Latch On outside of Auckland. There were 55 Mums and babies latched on at St Stephens Anglican Church Hall in Christchurch and 40 latched On at Chipmunks Café in Timaru.

***A comprehensive report on the Big Latch On 2009 Is available from Women's Health Action on request.
With grateful thanks to the BHSc students from Auckland University for their research report***



The Big Latch On at Hoyts cinema, Sylvia Park, Auckland

1.2 Cartwright seminar



This seminar marked the 21st anniversary of the release of the Cartwright report. It provided a forum for critical and consumer perspectives on the major themes and recommendations from the Cartwright Inquiry in today's context, and examined their relevance for the 21st century. The 20th anniversary saw much praise for how far we have come since Cartwright with changes in ethical, medico-legal and health care practices. However despite these changes there is much to be gained by looking carefully at the consequences and issues resulting from Cartwright and assessing them as we move forward.

Our experience as a health consumer group attests to the fact that there is still work to be done, and suggests that we may be losing ground in some areas of the health sector. Further, considering the claims made by Auckland University historian Linda Bryder in her book 'A history of the "Unfortunate Experiment" at National Women's Hospital', the task to ensure the lessons learned from Cartwright are not forgotten and the recommendations are fulfilled, is more compelling than ever.

The seminar was well attended by a wide range of stakeholders in the health and disability sector. Attendees included key staff from the Ministry of Health, PHARMAC, and the Office of the Health and Disability Commissioner; health professionals including midwives, nurses and doctors; representatives from Auckland and Waitemata District Health Boards; academics from Victoria University, AUT, MIT, and the University of Otago; CEOs and key staff from a number of NGOs including the Mental Health Foundation, Family Planning Association, Auckland Cancer Society, Eating Difficulties Education Network, Auckland Women's Centre, Auckland Women's Health Council, West Fono Health Trust, WONS; consumer representatives; and representatives from the National Ethics Advisory Committee, the Multi-region Ethics Committee and the National Screening Advisory Committee.

'The foundations of Cartwright: then and now'

The morning session of the seminar had four keynote presentations examining the underlying principles of Cartwright in the context of significant health-related issues: consumer rights, privacy, and informed consent. Health and Disability Commissioner Ron Paterson explored the tensions between rhetoric and reality in the exercise, enjoyment and defense of health and disability services' consumer rights. Professor Kevin Dew from the School of Social and Cultural Studies at Victoria University explored the fate of informed choice and consent in the context of public health interventions such as childhood immunisation programmes. Assistant Privacy Commissioner Katrine Evans explored the tension between the right to privacy and public good in an age of shared electronic health records (EHR). Sandra Coney closed the morning by setting the record straight and deconstructing some recent misconceptions. We were fortunate to receive an address by a survivor of the "Unfortunate Experiment" Joy Bray whose experiences as a patient of Dr Herbert Green at National Women's Hospital were a strong reminder of the need to keep the legacy of Cartwright alive in the 21st century.

'Unfinished Business'

The afternoon workshops focussed on particular recommendations from the Cartwright Inquiry in today's context - examining how they are working and asking what can be improved. The topics of the afternoon workshops were 'the HDC, the Code of Rights and Patient Advocacy', 'ethics committees', 'patient centered health care' and 'breast and cervical cancer screening programmes'. The workshops were led by a facilitator knowledgeable in the field, and consisted of two high profile speakers presenting perspectives on the topic. The presentations were followed by participant discussion to identify current challenges and paths forward with the aim of working towards recommendations for action.

'Back to the Future: Cartwright for the 21st Century'

The Seminar was concluded with a panel discussion in which consumer, social science, legal, nursing and medical leaders envisioned the way forward for our health care system with the principles and recommendations of Cartwright as its foundation. Panel presenters included Sandra Coney, Ron Paterson, Prof Jenny Carryer, Prof Charlotte Paul and Prof Kevin Dew.

Seminar Report

The 'Cartwright comes of age' Seminar Report: *Maintaining momentum towards a New Zealand health care system with the principles of the Cartwright Report at its foundation* was released in May 2010. The release of the Report was well timed with new research from the University of Otago demonstrating the mortality and morbidity experienced by those women included in National Women's "unfortunate experiment" that resulted in the Cartwright Inquiry and subsequent Report. The Seminar Report has been distributed to over 100 key stakeholders in the health sector including MPs, key Ministry of Health staff, DHB CEOs, health professional groups, health NGOs, Ministry advisory groups and academics with an interest in the health sector. We have received excellent feedback about the Seminar Report and look forward to further engagement with key stakeholders on the Seminar Report recommendations.



'Cartwright Comes of Age?' Seminar November 6th

1.3 Parent and Child Shows

Parent and Child shows provide an ideal opportunity for Women's Health Action to showcase and promote our work to a new generation of young women with a focus on breastfeeding and reproductive health. 2009's shows were in October and November in Christchurch and Auckland. In addition to providing information on pregnancy, childbirth and breastfeeding, WHA's exhibitor space also provides a comfortable area for women to breastfeed. The stand is managed by WHA staff and trustees alongside volunteers from La Leche League, the only consumer based voluntary group with a sole focus on breastfeeding. These shows saw a steady stream of visitors with many receiving much welcome tips and often counseling about managing breastfeeding, highlighting the continual need for information and support for pregnant and breastfeeding women. In Auckland, the stand was adjacent to and complemented the Ministry of Health stand which ran their recently completed Breastfeeding Naturally DVD, featuring Women's Health Action Trustee – Emily Stenhouse-White. Copies were available free for women.

WHA took the opportunity to conduct a survey on the impact on breastfeeding of returning to work. Women who were pregnant or who had returned to work after the birth of their youngest child were asked to complete a simple questionnaire. Over 800 responses to the survey from both the Christchurch and Auckland Parent and Child Shows were received. Well over half of all women who returned to work after parental leave continued to breastfeed. And interestingly more women continued to breastfeed on return to work than had planned to do so.

The results between the two shows were significantly consistent; at Christchurch 63.7% and at Auckland 64% responded that they had continued to breastfeed on return to work. The ages of the children on the mother's return to work were also consistent between regions with the average being 19% returning when the child was less than 3 months old; 32% when the child was 4-6 months; 23% at 7-11 months and 26% when the child was 12 months or older.

Women accommodated breastfeeding on return to work in a variety of ways; 16% worked from home and fed the baby whenever needed; 10% took the baby to work for the duration of the work day; 27% breastfed immediately before and/or after work; 27% expressed breastmilk at work; 7% went to the baby to feed during breaks and 8% had the carer bring baby into work for feeds.

Over two hundred women also signed up to receive our Women's Health Action eUpdate.



Women's Health Action stands at Wellington and Auckland Parent and Child shows

1.4 Waitangi Day

Women's Health Action believes that there is a need to provide supportive environments for breastfeeding mothers so that they are able to fully participate in important and enjoyable community events. Ideally, we would like funding for a fully fitted out tent or caravan to take to events and festivals. Despite a lack of funding, we haven't been deterred from starting these initiatives. In collaboration with Ngati Whatua o Orakei Health, we have set up a successful breastfeeding and health area for two years running at the Okahu Bay Waitangi Day Celebrations. This space provides support, seating, shade and water for breastfeeding mothers and also information and advice on maternity support, tamariki ora services and smoking cessation. The stand and facilities are very well utilised.

Breastfeeding women and their whanau were delighted that there was somewhere welcoming for them to feed their babies: shaded, comfortable and supportive. A number of women were expecting to have to use the porta-loo, go back to their cars or leave the event. This raises health and safety issues and highlights the need for these facilities to be available at all outside events. Women's Health Action would like to help meet this need with a purpose built tent or marquee, or a caravan, which can be used at community events. We are also in early stage discussions with the organisers of Auckland-based events such as Polyfest and Pasfika about providing breastfeeding friendly areas at their events.



The 'Waitangi Day' tent and satisfied customers

1.5 Girl's Day Out

Women's Health Action and MAMA maternity staffed a joint stall at the 2009 Girl's Day Out. Using our experience from the Parent and Child shows, we ran a short questionnaire asking women where they accessed their health information and what women's health topics they thought should have more information available.

The stall attracted a lot of interest. Over 400 women responded to the questionnaire and more than half indicated a willingness to be added to the WHA email list. Of the women who completed the questionnaire, a third fell into the 21 to 29 age group but responses were received across the age spectrum from girls under 15 and women over 55. Most women (70%) go to their doctor for health information but more than 40% of women over 15 go to the internet. Nearly 30% of women younger than 30 years of age consult family and friends but this drops to 18% in the 30-45 age group and to 15% for women over 45.

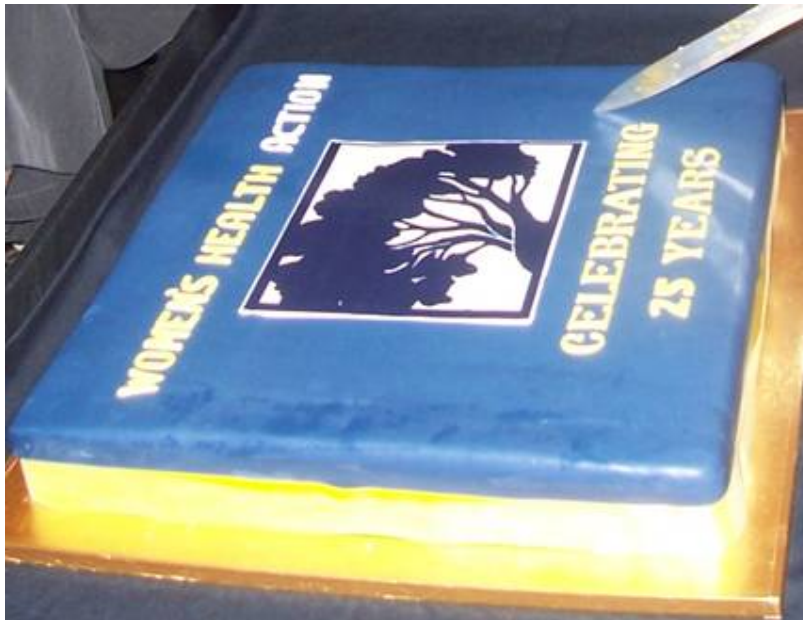
Pregnancy and sexual health were leading areas where women under 30 wanted more information but this may have been an artefact of sharing a stall with a maternity service provider. However in the 30-35 age group, these give way to fertility and birth as leading concerns and menopause becomes increasingly common as women age. Concerns about mental health – anxiety, depression and stress – start in the 15-20 age group and feature with increasing frequency in each age group up to age 35, after which they start to diminish. Violence against women occurs in the middle age groups – 20-45 – and cancer is a low level concern in every age group.

These results aren't scientific but they help give us a flavour of the health concerns for women of different ages.



Samara McKay and Cathie Walsh – Women's Health Action stand at the Girls Day Out 2009

1.6 Suffrage breakfast – Celebrating 25 years



Women's Health Action Trust was formed twenty five years ago and celebrated its quarter century anniversary this year. The event was officially acknowledged at our annual Suffrage breakfast where founding director, Sandra Coney reflected on twenty five years of women's health activism. More than 200 guests were also treated to a piece of WHA birthday cake.

Among highlights in the work of WHA over the years have been:

- Working with women damaged by the Dalkon Shield IUD to get their cases into the US Courts for compensation, and the subsequent major re-examination of IUD use
- Broadening the focus on consumer rights which gave people permission to question ethical conduct in the health sector, led to the formation of ethics committees and eventually to the establishment of the Office of the Health and Disability Commissioner
- Bringing to public prominence the issue of life-threatening blood clots in young women using third generation contraceptive pills, resulting in a dramatic reduction in the use of such pills
- The HRT campaign where we made sure good quality information was quickly available to New Zealand women, resulting in reduction in the use of such medication by NZ women
- The establishment of the Big Latch On as a significant community event with penetration into New Zealand communities and the consequent empowerment and celebration of breastfeeding mothers
- Our advocacy for breastfeeding of babies by their mothers in public places and workplaces
- The development of a world class on-line certification for Breastfeeding Friendly Workplaces and a comprehensive website to support breastfeeding friendly workplace initiatives
- And continuing to seek the removal of direct-to-consumer advertising by drug manufacturers

1.7 15th International critical and feminist perspectives in health & social justice conference

Women's Health Action was delighted to attend and participate in the 15th International critical and feminist perspectives in health & social justice conference, held in Auckland from the 17 -19th April with the conference theme of "Social Justice in Health Care: Challenging society – challenging practice". Held in New Zealand for the first time, this conference aimed to provide a platform for the presentation and discussion of papers challenging societal perspectives and issues of social justice within health. The focus of the conference was on fostering the interchange of ideas along these critical lines among consumers, policy analysts, practitioners, educators and researchers from all health and related disciplines. The conference was attended by delegates from around the world representing nursing, midwifery, medicine, mental health, women's health, Maori health researchers, nursing education, health and social science research, and not-for-profit organisations working in health and law.

Women's Health Action's delegate thoroughly enjoyed the opportunity to dialogue with delegates from around the world on issues related to our work and attended the presentation of a range of papers. Highlights included papers on assisted reproductive technologies, critical perspectives on the "obesity epidemic", addressing racism in health care, and indigenous traditional healing practices. Women's Health Action also presented two papers at the conference. The first, titled "Where have all the good mothers gone? Risk, responsibility and reproductive rights", explored the emergence of "mother blame" in health discourse and the impact of this on women's reproductive rights. The second paper "Gardasil: it's your choice?" presented an overview of the introduction of the HPV vaccine in New Zealand and some emergent issues related to this. Both papers were well received and initiated excellent discussion and ongoing engagement.

1.8 Menopause seminars

WHA has run two menopause seminars each year for more than ten years – known as the Spring and Autumn workshops. They are advertised as regular WHA events on our website and in publications. We advertise in community newspapers and also send out flyers and email alerts, and we continually get positive feedback at each seminar.

Courses cover the biology and chemistry of menopause, attitudes to menopause, the experiences of course participants, information on lifestyle changes, evaluation of treatment options, latest information on HRT and its patterns of use, and practical information on osteoporosis risk, prevention and treatment. The one night format is popular but it does make for an "intensive" course which seems to suit the women attending. The workshop is facilitated by health educator, Gill Sanson, who ran menopause seminars for the Family Planning for many years. Women who attend the course are given one of our Menopause information packs, and all seminars are evaluated.

The flyer is for a seminar titled "Managing Menopause Naturally" presented by Women's Health Action. It is scheduled for Tuesday, 30th March 2010, from 6-9pm at MAMA INC, 1 Taylors Road, Morningside, Auckland. The cost is \$35, and finger food and refreshments will be served. The seminar will provide an understanding of menopause, a discussion of the range of women's experiences, and information on how to manage the transition with lifestyle changes, nutrition, and traditional therapies. It is presented by Gill Sanson, a menopause educator and author of several books on the topic. A callout box says "Take home information pack for all participants". At the bottom, there is a registration form with fields for Name, Organisation, Address, Payment Method (cheque, credit card, etc.), and a checkbox for future event notifications.

Sample feedback:

"I felt comfortable to speak out and also felt encouraged to share my thoughts, valued."

"[The presenter] made me feel relaxed and safe."

"Good to be with a small group of women. I have very few menopause symptoms so did not contribute much, but it was good to hear how others cope and know what I could do once it all happens."



JOIN US
For the **Big Latch** on

Section two: Breastfeeding

2.1 Breastfeeding Friendly Workplaces

During this period WHA placed significant focus on breastfeeding and employment and Breastfeeding Friendly Workplace Certification (BFWC). Resources, information and research have been collated and developed. These include a comprehensive powerpoint presentation, information packs and a pamphlet, which has been widely distributed. We also gave advice to a range of organisations wishing to become breastfeeding friendly and to mothers wanting to continue breastfeeding on return to work.

Following consultation and review of the pilot BFWC work, we restructured the project to give it a web based emphasis. This will ensure continuity of professional, up-to-date and easy to use resources and an on-line certification process. The audit process and requirements have been comprehensively reworked to facilitate this. A specific brand and logo has been developed, and the website is under development with content prepared.

The web site has significant free information and resources for employers and for pregnant and breastfeeding employees. The emphasis is on the bottom-line business benefits of organisations becoming breastfeeding friendly with strategies and guidelines for achieving this. In addition, there are sections that deal with the importance of breastfeeding, common employer myths and concerns, and practical advice on how to meet certification requirements. For example, tips for setting up a breastfeeding room for employers and strategies for preparing to return to work for breastfeeding employees. The site will encourage employers to meet recent amendments to the Employment Relations Act which include requirements for breastfeeding facilities and breaks, and to go further and achieve certification. On registering to become certified, employers are given access to further resources, including the Standard for BFWC and tools and templates to complete their audit submission. Auditing will be done online with a percentage of workplaces being randomly subjected to site inspection.

One of the significant achievements of this project is that we have EEO Trust endorsement for BFWC. This endorsement will go on the website and all marketing material. It positively links us to a large number of organisations which are working towards family friendly policies and practices plus gives significant credibility to the BFWC project.

Making it Happen

- Contact us for an Employers Starter Pack
- Self assess your workplace to determine if it is breastfeeding friendly
- Register for Certification
- Get access to the Breastfeeding Friendly Workplace (BFW) Standard and accompanying resources
- Complete the BFW Checklist
- Answer the Audit questionnaire
- Submit your documents on-line for independent audit

Breastfeeding Friendly Workplaces

BFW Certification

- **SAVE TIME:** with our step by step process
- **SAVE MONEY:** your HR people can get the job done right the first time
- **ADD VALUE:** by differentiating yourself in the marketplace with best practice standards
- **ACHIEVE ASSURANCE:** with independent recognition

Breastfeeding Friendly Workplace Certification

Creating positive work environments for women

BFW Coordinator
PC Box 9947
Newmarket
Auckland 1149
Phone: (09) 520 5295
Fax: (09) 520 5231
info@women-health.org.nz
www.bfw.org.nz

We published a number of articles focusing on Breastfeeding and working (full text available from WHA on request). See Appendix 1 for a hard copy of the Breastfeeding Friendly Workplace Certification pamphlet.



Breastfeeding friendly workplace certification is endorsed by the Equal Employment Opportunities Trust



Breastfeeding friendly workplaces will soon be only a click away

By logging on to www.eeo.org.nz, employers and employees will soon be able to get detailed information and resources about breastfeeding and work plus gain certification as a Breastfeeding Friendly Workplace (BFW). This new site has been established by Women's Health Action to:

- Provide information to support breastfeeding women's return to work
- Assist employers to meet their legislative obligations under the Employment Relations (Infant Feeding) Amendment Act
- Add value by providing certification for employers who meet a standard of

International best practice WHA is delighted that the Certification process has been endorsed by the EEO Trust. For further information, contact Cathie Walsh at cathie@womens-health.org.nz

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continued from page 1

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 "reasonableness" 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 rest 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 employers 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.aot.govt.nz/relations/ptw/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.aot.govt.nz/relations/ptw/breastfeeding.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 - this time, it is going back to the workforce. For more information on the authors go to: www.mintarailson.co.nz/index.php?option=com_content&view=article&layout=edit&Itemid=10

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women's health update

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 "perished" by unemployment around the country, and 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 expect, or expect given the number of female graduates. Another MIA.

Partner and Bridget Smith, Senior Associate, Minter Ellison Rudd & Ross are 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 role many women play as an employee at work and a primary caregiver at home. So, in 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 "leave" weeks' paid parental leave in 2002 and then extended it to fourteen weeks in 2006 and to ten-employee 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 managing 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) Amendment Act came into effect in July 2008.



CI Minter Ellison Rudd & Ross is the workplace in New Zealand to be certified as Breastfeeding Friendly. For more information see: www.womens-health.org.nz

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- Inside**
- Early Medical Abortion in the Community
 - The 'Big Latch On' turns five

This opened the way for eligible employees to be able to formally request flexibility in their hours, days or place of work and take 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 changing towards models in the workplace and a more flexible approach.

The most recent move forward is the Employment Relations (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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Women's Health Update features women's health news, policy and scientific findings, to enable health care professionals and non-specialist based workers to be at the forefront in women's health.

Women's Health Update is published by the Women's Health Action Trust

Managing breastfeeding and work

In October and November last year Women's Health Action participated once more in Parent and Child Shows in Christchurch and Auckland. In addition to providing information on pregnancy, childbirth and breastfeeding, WHA also provided a comfortable area for women to breastfeed. The stand was managed by WHA staff and trustee plus volunteers from La Leche League. There was a steady stream of visitors and a number received some much welcome tips and often counselling about managing breastfeeding, highlighting the continual need for information support to go forward to pregnant and breastfeeding women. The stand was adjacent to and complemented the Ministry of Health's which showed and distributed the DVD on Breastfeeding. WHA also conducted a survey on the effect of returning to work on breastfeeding. Women who were pregnant or returned to work after the birth of their youngest child were asked to complete a simple questionnaire.



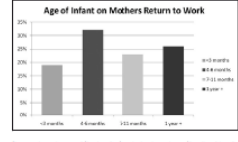
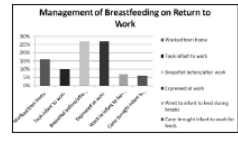
Over 800 responses to the survey from both shows were received. Well over half of all women who returned to work after parental leave continued to breastfeed. And interestingly most women actually continued to breastfeed on return to work rather than planned to do so. Of the usable responses 29% actually returned to work following the birth of their youngest child whereas 52% planned to do so. Of those who did return 64% also continued to breastfeed whereas 49% of those who planned to return to work intended to continue breastfeeding.

The results between the two shows were significantly consistent. In Auckland 63.7% and in Christchurch 64.6% responded that they had continued to breastfeed on return to work.

The ages of the children on the mother's return to work were also consistent with the average being 19% returning when the child was less than 3 months old, 30% when the child was 4-6 months, 23% at 7-12 months and 20% when the child was 12 months or older.

How women managed to continue to breastfeed on return to work included a variety of methods; 16% worked from home and fed the baby whenever needed; 10% took the baby to work for the duration of the work day; 27% breastfed immediately before and/or after work; 27% expressed breastmilk at work; 7% went to the baby to feed during breaks and had a carer bring the baby home to be fed.

Most women used a combination of these methods, particularly combining breastfeeding the child before and/or after work and expressing at work. Although not collated, many women also indicated that they were working part-time or flexible hours which allowed them greater opportunity to continue to breastfeed.



the employer is one of the key factors in having a breastfeeding friendly workplace. Arranging a space and/or extra breaks does not seem to be difficult if the employer is willing. While the legislation requiring employers to provide adequate space and break times to breastfeed is essential, WHA has recognised that a positive organisational culture and good communication systems are also vital for a woman to successfully breastfeed on return to work. It is why these areas are included in the assessment for Breastfeeding Friendly Workplace BFW Certification. WHA's BFW project is currently being adjusted to have all relevant information and resources on a dedicated website with the capability for employers to register and be assessed for BFW Certification on-line. This will be launched soon. In the meantime you get further information regarding information on breastfeeding friendly workplaces can contact Cathie Walsh, the BFW Coordinator cathie@womens-health.org.nz

2.2 Breastfeeding protection, promotion and support: National networking and co-ordination

Women's Health Action is committed to protecting, promoting and supporting breastfeeding. The protection, promotion and support of breastfeeding through breastfeeding interventions provide the opportunity to contribute to efforts to improve the long-term health of the population and reduce health inequalities between population groups. Women's Health Action continues to take a collaborative and supportive approach working with a range of DHBs, health professionals, government agencies, councils and many other organisations to ensure that our approaches are culturally appropriate, responsive to communities' needs and support and strengthen existing initiatives. During this period we have worked closely with GSL marketing to support the existing Breastfeeding NZ social marketing campaigns. We ran combined stands with GSL at the Wellington Parent and Child show.

We are represented on a consultation group, set up to inform the DoL on the development of the new Code of Practice for employers in light of the new law change which requires employers to provide breaks (where practicable) to allow breastfeeding employees to either breastfeed or express breast milk. We attended meetings in Wellington, and then provided further feedback and advice via email, through several versions of the code. One of the outcomes of the consultation group was advising the DoL on issues that cannot be contained within the code due to legal reasons, but that will be included within updated guidelines and on the DoL website. WHA's work in the field of breastfeeding and paid employment provided the DoL with valuable advice and input, which will be included within the updated guidelines and DoL website.

We have continued to work closely with Turuki Health Care, Ngati Whatua o Orakei Health and Te Oranga Te Runanga o Te Rarawa focusing on promoting, protecting and supporting the initiation and continuation of breastfeeding among Maori and Pacific. Together we provided a dedicated breastfeeding space at the 2010 Okahu Bay Waitangi Day Celebrations (*see events section for more information about Waitangi Day celebrations*).

Women's Health Action also attends the Waitemata breastfeeding stakeholder group meetings. During this period the group have been working on various projects including but not limited to breastfeeding ethnic-specific ante-natal workshops; breastfeeding resources – stocktake and identification of gaps; community breastfeeding support proposal; suburban news breastfeeding ads and the WDHB breastfeeding support directory.

A major stream of work with national significance which runs through the year is facilitating the World Breastfeeding Week event The Big Latch On. The record for the single biggest Big Latch On in one place was broken at Hoyts Cinema at Sylvia Park in Auckland. The event, hosted by Women's Health Action and the Auckland Breastfeeding Network was attended by over 200 mums with their babies and whanau. The event celebrates breastfeeding mums and babies; promotes the benefits of breastfeeding for babies, mums and society at large; and sends a message that breastfeeding in public is acceptable and will be supported. We are delighted with the increasing involvement in and support for the Big Latch On in communities large and small around New Zealand (*See events section for more information*).

We also continue to work alongside La Leche League, and the New Zealand Breastfeeding Authority in areas where our work overlaps.

The Big Latch On 2009

AUCKLAND - 294

Sylvia Park - 127

Dairy Flat - 17

Greenside - 26

Helenville - 5

Heidsieck - 13

Helton - 8

Waike - 12

Hamilton - 44

Waikato - 9

Te Awamutu - 28

Tuamotu - 10

New Plymouth - 15

Stratford - 9

South Taranaki - 8

Motueka - 31

Haramea - 11

Westport - 15

Refton - 2

Grey mouth - 15

Hokitika - 20

Albany - 11

Southland - 11

Lumsden - 6

Whangarei - 21

Waikato - 12

Whitanga - 9

Whakatape - 14

Whangarei - 21

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We also published and press released a number of articles promoting breastfeeding initiatives and supporting breastfeeding in public (sample below)



Breastfeeding in public is here to stay!

By Women's Health Action Trust | 28 May 2010, 9:38AM
5665 views

Breastmilk is fresh, free, always available with no preparation – it's the perfect way to feed babies when out and about so of course, that means in public places too.

"Although in the past there has been discrimination against women breastfeeding in public, we hear such a lot of supportive positive stories now, there really is a shift in public perceptions of breastfeeding. Breastfeeding in public is really okay!"

"Breastfeeding is a very normal part of life and overwhelmingly positive for mother and baby. Breastfeeding in public can only help to make people more familiar and more comfortable with breastfeeding as they see it become part of normal daily public life."

"It's a shame that people hang on to ideas that breastfeeding in public is somehow not right. In the end, they probably just need to get comfortable with it, we know that breastfeeding is great for mothers and babies, and it's not easy to exclude them from public life. Breastfeeding in public is here to stay." Says Breastfeeding Advocate Lisa McKay – Women's Health Action Trust

In an effort to increase and normalise breastfeeding, Women's Health Action provides national co-ordination for an event titled the 'Big Latch On' which is organised by breastfeeding mothers and their supporters throughout the country. The annual Big Latch On involves breastfeeding mothers getting together at venues located all over the country and breastfeeding simultaneously. This joins other events taking place during world breastfeeding week (1st - 7th of August). Last year more than 300 World Breastfeeding Week events took place globally involving more than 800,000 celebrants. The Big Latch On celebrates breastfeeding mum and babies; promotes the benefits of breastfeeding for babies, mums and society at large; and sends a message that breastfeeding in public is acceptable and will be supported. It is a great opportunity to get community recognition of the great work these breastfeeding mothers are doing. Last year we broke the record with 2500 babies latched on and breastfeeding mothers are doing.

Shining a light: te whaangai uu – te reo o te aratika

Māori Women and Breastfeeding

A recently launched report brings to completion quantitative research on factors that influence breastfeeding for Māori women: the decision to breastfeed; the choice and quality of breastfeeding advice; and the factors influencing breastfeeding – both positively and negatively. Sixty women and their whānau were interviewed and the results shine a useful light on Māori breastfeeding today. The depth of analysis has enabled the researchers to make useful recommendations.

Particularly useful is a new model for understanding how Māori women are diverted from breastfeeding. Five influencers were identified – breakdown in the breastfeeding norm within the whānau, early interruptions to or insufficient maternity support for breastfeeding, lack of knowledge about how breastfeeding changes over time and returning to work. The recommendation in this report, for the promotion of breastfeeding to Māori, would be wisely taken heed of: "focus on re-establishing breastfeeding as a kaitiaki (right cultural practice)

rather than a perceived lifestyle choice."

The published report of Marawa Glover, Haarangini Marawa-Bridges, John Waldron and Chris Cunningham was launched on Tuesday the 3rd of February at the University of Auckland. For a copy of the full report send an \$18 cheque made out to: 'Auckland Uniservices Ltd' to Marawa Glover, Social & Community Health, The University of Auckland, Private Bag 620119, Auckland Mail Centre 1142.



Breastfeeding Saves Lives and Money

New Zealand could save an estimated \$20245 million a year if 90 percent of babies were exclusively breastfed for the first six months of life.

These figures are extrapolated from a recent cost analysis in the US where exclusive breastfeeding for 6 months is estimated to save the lives of nearly 900 babies and \$583.3billion per year (\$18 billion NZ). Some of the illnesses for which breastfeeding has a protective effect include gastroenteritis, respiratory illnesses, ear infections, atopic dermatitis, necrotizing enterocolitis (a bowel disease common with premature infants), juvenile diabetes, childhood leukemia and sudden infant death syndrome.

Australian research supports this claim with Dr Julie Smith estimating that \$AUD100million a year could be saved in Australia on the potential costs of hospital treatment for just five common childhood illnesses (gastrointestinal illness, respiratory illness, otitis media, eczema and necrotizing enterocolitis). For New Zealand's population we could infer the savings would be \$NZ25million per year.

"It is important that parents and health professionals are aware of the profound difference that breastfeeding makes" says Louise Walsh from Women's Health Action Trust. "There is significant scientific evidence from middle class populations in developed countries which have established the extensive protective and positive health effects of breastfeeding. NOT breastfeeding compromises both the child's and the mother's health" continued Walsh. "The magnitude of health benefits linked to breastfeeding is vastly underappreciated" said the lead author of the US study. Bartick calls it a public health antibodies that help babies levels in the blood which NZ mothers do at least 50% Health Organization guide!

"The Big Latch On" turns five

For the last four years, the signature event for World Breastfeeding Week has been the Big Latch On (BLLO) where mothers 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 these numbers increase to almost 3000 in 2007 and to over 3000 in 2008. The 2008 total of 1122 saw New Zealand awarded a gold medal for participation from the World Alliance of Breastfeeding Action (WABA).



This year, the Auckland Breastfeeding Network is sponsoring a regional week event at the Hays Centre 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 that "best start" in difficult situations. Breastfeeding is also being recommended as a response to severe flu. (See: <http://www.ica.org/pressroom>, <http://www.ica.org/pressroom>, room2009-04-28_PressRelease_SwifFlu.pdf). The Centers for Disease Control (CDC) encourages 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, playgrounds and online. 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!"

Women's Health Action would like the little 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!"

This website: www.womens-health.org.nz has more details and provides an online registration form.

Contact WHA Breastfeeding Advocate at breastfeeding@womens-health.org.nz Ph (06) 505 5295

2.3 Metro Auckland Breastfeeding Network

The Auckland Breastfeeding Network (ABN) is coordinated and chaired by Women's Health Actions breastfeeding advocate. The group is made up of health professionals, consumers and representatives from various stakeholder organisations. ABN meets on the first Wednesday of every month and focuses on ongoing and emerging issues for breastfeeding, and developing key priorities to address locally and nationally in the short and long term.

There has been increasing interest in the group during this period and we now have 92 members including representatives from three district health boards – Counties Manakau, Waitemata and Auckland; BFHI Co-coordinators; Ngati Whatua Orakei Health; TaPasefikia; West Fono; Mental Health Foundation; Health Professionals, Parents Centers; Plunket; Birthcare; Tongan Nurses Association; Te Oranga - Te Runanga o Te Rarawa, Northern DHB Support Agency; AUT; Auckland Women's Centre; Maternity Services Consumer Council; La Leche League.

During this period we have covered numerous topics including: sudden unexpected death in infancy; marketing of infant formula in New Zealand; donations of infant formula from charitable organisations; safe sleeping; breastfeeding support clinics; World Breastfeeding Week; Breastfeeding Friendly Workplaces; breastfeeding support for families living in rural areas; education for Early Childhood Education centres; shaken baby syndrome; cultural barriers to breastfeeding; and teen and young parent breastfeeding education.

New members welcome.

For more information contact: Isis McKay at isis@womens-health.org.nz or 09 520 5295



2.4 World Alliance for Breastfeeding Action (WABA)

In March 2009 Women's Health Action Trust, in recognition of our continued participation in WABA's activities, was invited to become an official WABA Endorser Organisation.

World Alliance for Breastfeeding Action (WABA), is an NGO with a global network of individuals and organisations concerned with the protection, promotion and support of breastfeeding worldwide.

As an endorser organisation we endorse the global initiative called the World Alliance for Breastfeeding Action (WABA)

- ❖ We believe that breastfeeding is a universal right of all mothers and infants and shall work to protect, promote and support this right worldwide.
- ❖ We support the Innocenti Declarations and the WHO/UNICEF Global Strategy for Infant and Young Child Feeding and shall act to achieve their operational targets.
- ❖ We support to end all promotion of breastmilk substitutes and to prevent practices that negatively impact on breastfeeding.
- ❖ We do not and will not accept funds or gifts from manufacturers or distributors of breastmilk substitutes, related equipment such as feeding bottles and teats, commercial foods for breastfeeding mothers, or commercial complementary foods.



2.5 WHO Code Monitoring and Compliance

The marketing of breastmilk substitutes presents an ongoing challenge to the protection, promotion and support of breastfeeding in New Zealand. The 27th World Health Assembly, in 1974, noted the general decline in breastfeeding in many parts of the world related to sociocultural and other factors including the promotion of manufactured breast-milk substitutes, and urged member countries to “review sales promotion activities on baby foods to introduce appropriate remedial measures, including advertising codes and legislation where necessary”. The WHO Code was adopted by the World Health Assembly in 1981 and by New Zealand in 1983. The Ministry of Health states that New Zealand implementation of the WHO Code is “intended to ensure the International Code’s spirit and intent become the guiding principles for all parties concerned with infant nutrition and the health and wellbeing of New Zealand families.” However according to the National Breastfeeding Advisory Committee, New Zealand’s implementation fails to meet the minimum standards envisaged by the International Code, particularly regarding marketing of follow-on formula, toddler milk, teats and bottles, and internet marketing.¹ Also the two main codes which implement the WHO Code in New Zealand are voluntary and self-regulated by the industry; so not in the best interests of children.²

Our main concerns are that:

- The marketing of follow-on formula, for infants over six months of age, is excluded from the provisions of the NZIFMA Code of Practice.³
- The implementation of Infant Nutrition Council Code of Practice for the Marketing of Infant Formula (formerly the NZIFMA Code of Practice) remains voluntary and self – regulatory.
- The inclusion of infant formula manufacturers at events such as the Parent and Child Shows gives the companies direct contact with pregnant mothers or family members to promote formula.⁴

The Ministry of Health’s (2004) ‘Review of the New Zealand Interpretation of the World Health Organisation’s International Code of Marketing of Breast-milk Substitutes’ noted that a number of breastfeeding stake holders raised concerns about the exclusion of Follow-on formula from the NZIFMA Code of Practice. Some groups believed the WHO Code was weakly interpreted in New Zealand and that marketing of follow-on formula, bottles, teats and pacifiers normalises bottle-feeding rather than breastfeeding. The similarity in appearance between infant formula and follow-on formula is believed to be misleading. Marketing strategies where the branding of follow-on formula is similar to infant formula were criticised, not always because of their promotion of the follow-on formula but because of possible confusion with infant formula. This confusion promotes formula use in general and influences the decision of a mother to breastfeed or continue to breastfeed. While industry does not market the product as a breastmilk substitute, some advertising has been misleading, and this adversely affects breastfeeding practices. Despite these concerns the marketing of follow-on formula, for infants over six months of age is still excluded from the provisions of the NZIFMA Code of Practice and the advertising of follow-on formula seems to be increasing with supported by aggressive marketing and a strong web presence.

We believe that the current implementation and monitoring of the International Code of Marketing of Breast-milk Substitutes in New Zealand continues to have a negative effect on the initiation and continuation of breastfeeding in New Zealand. However Women’s Health Action recognises that challenging New Zealand’s interpretation of the WHO Code is only one initiative to increase breastfeeding in New Zealand. Other initiatives include the Baby Friendly Hospitals and Community Initiatives, and active promotional activities including the GSL Social Marketing Campaign that started in 2008.

¹ National Strategic Plan of Action for Breastfeeding 2008-2012 National Breastfeeding Advisory Committee of New Zealand: advice to the DG

² Ministry of Health. 2007. *Implementing and Monitoring the International Code of Marketing of Breast-milk Substitutes in New Zealand: The Code in New Zealand*. Wellington: Ministry of Health. The Health Workers’ Code, NZIFMA Code of Practice and Code for Advertising of Food are: • **Voluntary**, which means the people and organisations subject to the codes are not legally required to comply with them, but each code is a standard for practice • **Self-regulatory**, which means health workers, NZIFMA companies and the Advertising Standards Authority should manage their compliance processes to comply with their codes of practice, and may be asked to change their codes in response to any upheld complaints.

³ MORI Survey UNICEF UK / National Childbirth Trust

⁴ World Health Organization *International Code of Marketing of Breast-milk Substitutes* 5.5 Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children.



Section three: Women's Health and Consumer Issues

3.1 Cervical Cancer Prevention

Cervical cancer prevention has continued to be a significant work stream this year with the roll out of the first year of the school-based HPV immunisation programme. The focus on cervical cancer prevention has seen us focus on three areas of work: our ongoing engagement with the National Screening Unit's National Cervical Screening Programme, a new advisory relationship with the Ministry of Health's HPV Project Team, and representation on the Sexuality Education Roundtable. We have also written submissions, commentary, articles and papers on best practice in relation to cervical cancer prevention programmes in Aotearoa New Zealand, and provided a gender and consumer perspective on cervical cancer prevention approaches in the media.

In line with World Health Organisation recommendations, we continue to advocate for an integrated approach to cervical cancer prevention that includes comprehensive sexuality/sexual health education, the offer of cervical screening, the offer of a vaccine to help prevent HPV transmission, as well as good health and nutrition.

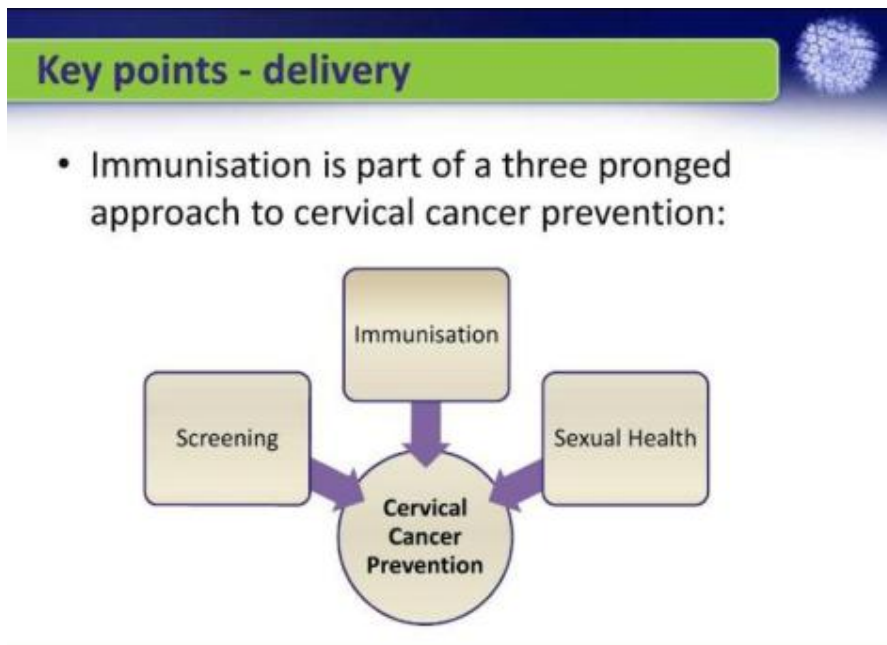


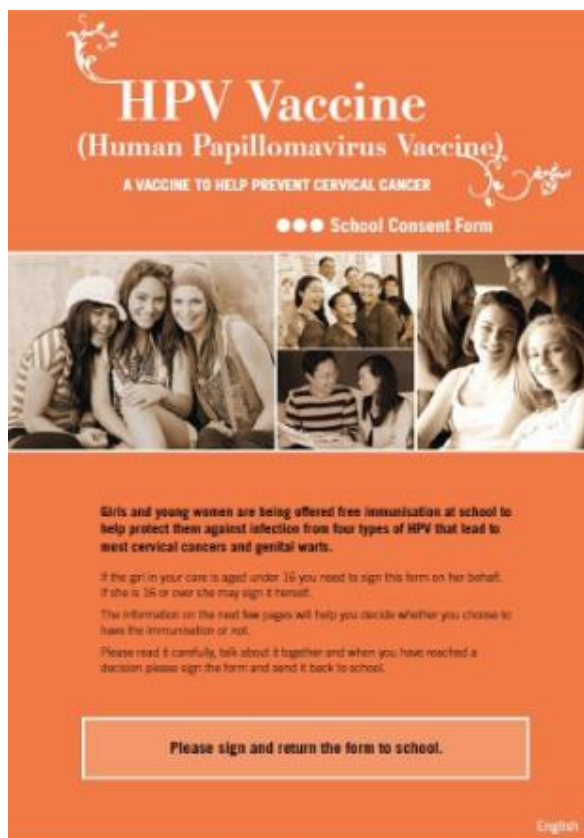
Image used with the permission of the Immunisation Advisory Centre

3.1.1 National Cervical Screening Programme

Women's Health Action played a leading role in the establishment of the National Cervical Screening Programme (NCSP) and we have continued to play a role in advising the NCSP through our participation in the National Screening Unit's (NSU) Consumer Reference Group (CRG). This year saw the decision by the National Screening Unit to conclude the Consumer Reference Group however we have been assured that there is a commitment to ongoing engagement with consumers. We have continued to work alongside the NSU to support the integration of the National Cervical Screening Programme with the HPV immunisation programme and contribute gender and consumer perspectives in the review of National Screening Unit resources. The 'Cartwright Comes of Age?' Seminar included a workshop on the National Cervical Screening Programme with presentations by key staff at the National Screening Unit. The workshop identified recommendations for action and this will be used to guide Women's Health Action's activities in relation to cervical screening programmes.

3.1.2 Gardasil and the HPV Immunisation Programme

The roll out of New Zealand's HPV immunisation programme has constituted a significant work stream this year with our critique of aspects of the programme translated into action and positive outcome. This period saw us form a close advisory relationship with the Ministry of Health's HPV project team to review and suggest improvements the suite of information resources developed to support the roll out of the first year of the HPV immunisation programme from a gender-sensitive and consumer rights perspective. This has been a collaborative process involving the HPV project team and Acting DDG Barbara Phillips; GSL Group - the advertising agency contracted by the Ministry to support development of the resources; Dr Nikki Turner from the Immunisation Advisory Centre; Women's Health Action, the Federation of Women's Health Councils and Auckland Women's Health Council. The HPV project team hosted two face-to-face meetings in Wellington where we undertook in-depth reviews of the HPV immunisation programme DVDs for 12-15 years and 16-18 year olds; the Ministry's HPV immunisation pamphlet; HPV immunisation consent form; website content; 2X powerpoint presentations for the school based HPV immunisation programme; and the school-based programme professional standards for service delivery.



The face-face meetings and written submissions have been in addition to extensive ongoing communication with the Communications Manager of the HPV project team resulting in some major revisions of the resources for the 2010 roll out of the school-based Programme:

- The HPV consent form has been completely overhauled incorporating the majority of our suggestions.
- The Team has agreed to cease use of the 16-18 years DVD based on our extensive concerns with the resource. The DVD for 12-15 year olds has been revised with voiceovers.
- Changes to the HPV website copy and the powerpoint presentations.

We have also played an advisory role with the HPV project team on how to build public trust in the programme in the face of negative media exposure. We have formed excellent relationships with the team and continue to be involved in the review of information resources and the development of new ones moving forward.

16 December 2009

Christy Parker
Policy Analyst
Women's Health Action Trust
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Newmarket
AUCKLAND

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250 Oxford Terrace
P.O. Box 3877
Christchurch
New Zealand
Phone (03) 372 1000
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Dear Christy

Human Papillomavirus (HPV) Immunisation Programme

Thank you for your input into the HPV Immunisation Programme this year.

In particular, I would like to thank you for your participation on the review of the consent form, Board of Trustees power point presentation, upgrades to the DVD and the Ministry website.

The Ministry is committed to providing a quality service. It is important we provide effective leadership and direction for all groups involved in the HPV Immunisation Programme and we appreciate the role that you have in assisting us to achieve this. Your contribution has been invaluable and we look forward to continuing to work with you and your organisation.

Best wishes for a Happy Christmas and New Year.

Yours sincerely



Rayoni Keith
HPV Programme Leader
Population Health Directorate

3.1.3 Sexual Health/Sexuality Education

In line with an integrated approach to cervical cancer prevention, Women's Health Action continues to advocate for improved sexual health amongst young people. We consider school-based sexuality education as a key site for the promotion of sexual health and advocate for school-based sexuality education that it is nationally consistent, age appropriate, positive, and responsive to young peoples' needs/wants. To this end Women's Health Action has joined the Sexuality Education Roundtable, a national network of academics, NGOs, and policy makers working to support improvements to New Zealand's sexuality education.

3.2 Childhood Immunisation

Women's Health Action has held a long interest in supporting informed choice and consent, and increasing public trust, in immunisation programmes and this year we have continued our role in advising and supporting immunisation programme development and delivery from a consumer rights perspective. This year has seen a lot of activity around childhood immunisations with evaluations of the MeNZB immunisation programme, the introduction of the HPV immunisation programme, and a Health Select Committee inquiry into how to increase rates of childhood immunisations. Women's Health Action held concerns that aspects of the MeNZB programme undermined parents' ability to make an informed choice about the vaccine and we have worked with the Health and Disability Commissioner as well as senior staff at the Ministry of Health to address these concerns. In February and March 2010 we prepared a written submission and made an oral presentation to the Health Select Committee on the *"Inquiry into how to improve completion rates of childhood immunization"* which increased our sector engagement on this issue. We have also had ongoing engagement with the Immunisation Advisory Centre (IMAC) providing consumer input on information resources including the revision of the IMAC website. See *'Cervical Cancer Prevention'* for details about our ongoing consultative role with the MoH's HPV project team.

3.3 Abortion services and reproductive rights

Abortion services and reproductive rights have remained a consistent work stream this year. We have continued our consumer representation at Epsom Day Unit (Auckland District Health Board's abortion service) on the Clinical Effectiveness Group and are active in supporting service development at the unit. We were delighted to attend the Australasian early medical abortion conference in Wellington in October hosted by Istar which focused on building capacity for first trimester medical abortion services in Aotearoa New Zealand and on service development in second trimester medical abortion. The conference was attended by a wide range of international abortion providers – nurses and physicians, Abortion Supervisory Committee members and NGOs with an interest in abortion service provision including Family Planning, Sands and Abortion Law Reform Association members. The conference provided an excellent opportunity for networking, discussion and debate on how to increase the viability of medical abortion as an option for New Zealand women. We have continued to provide a media voice on issues related to abortion and reproductive rights in New Zealand, and to produce papers and articles related to these issues. We maintain close networks with those NGOs and groups with an interest in abortion services and reproductive rights and this year conducted a series of meetings with a range of stakeholders to discuss the issue of the timeliness for the decriminalisation of New Zealand's abortion law.

3.4 Maternity Services

Maternity services have emerged as a significant workstream during this year with the release of the Ministry of Health's Draft Maternity Action Plan 2008 - 2010. The plan, developed in association with District Health Boards and the Maternity Services Strategic Advisory Group was designed to strengthen maternity services and included a series of actions to achieve this goal. Women's Health Action, in conjunction with the Maternity Services Consumer Council, held a community consultation on the plan to inform our submission process which was well attended by a range of groups and individuals with an interest in maternity services including Homebirth Aotearoa; breastfeeding advocates; Mama Maternity; midwives; and childbirth educators. This enabled us to contribute a substantial submission on the Action Plan in July. In March this year we were invited to attend a stakeholders workshop on the Ministry of Health's Quality and Safety Programme for Maternity Services and we play an ongoing advisory role by providing consumer and NGO perspectives on improvements to New Zealand's maternity services. We also continue to contribute consumer and NGO perspectives in the development of New Zealand's maternity professions contributing to midwifery and medical council consultations. Our article on primary birthing units was very well received by the maternity sector and has been widely distributed.

3.5 Violence Against Women

Women's Health Action continues to be active in the area of violence against women and we view it as a key women's health issue. This year has seen us remain active on the Auckland Coalition for the Safety of Women and Children. The Coalition was formed in 2006 to address concerns regarding responses to domestic violence in Auckland. Community agencies met together to discuss domestic violence legislative developments and decided to form a coalition group that met regularly to strategise and work toward achieving the ultimate goal of safety for women and children in Auckland. Members of the Coalition include Auckland Women's Centre, Inner City Women's Group, Shine* Safer Homes Every Day, Supportline Women's Refuge, Waves Trust and the Mental Health Foundation.

The Coalition undertook a major project this year with a DVD competition for young people in Auckland. The "Behind the Scenes" project called for young Aucklanders to make a short DVD addressing the issue of relationship violence toward women. We received some wonderful entries, and the winners were judged by a panel of domestic violence and media experts. The short listed and winning entries were screened at an awards ceremony and uploaded on YouTube.



Women's Health Action staff also participated once again with other Coalition agencies in the White Ribbon Day (25th November) activities in Auckland with the support of some of the Vodafone Warriors.



Women's Health Action staff Isis McKay-Smith and Christy Parker at White Ribbon Day in central Auckland.

This year has also seen us submit and present to the Law Commission's Review of Alcohol Liquor Laws. In this submission we presented a gender perspective on the relationship between alcohol and violence towards women, and the potential impact on violence towards women of sexist alcohol advertising.

3.6 Eating Disorders and the Eating Difficulties Community Coalition

The Eating Difficulties Community Coalition (EDCC) was established in the last annual reporting period but has come of age in this one. The EDCC is co-facilitated by WHA with the Eating Difficulties Education Network (EDEN), and has continued to thrive with an increase in the number of organisations participating in the coalition. The EDCC includes representatives from a number of specialist eating disorder and mental health NGOs, DHB representatives, service users and their families, and women's centres including groups such as EDNAZ, EDEN, Connect Trust, Phobic Trust, Auckland Women's Centre, North Shore Women's Centre, and ED Liaison Clinicians from Waitemata DHB. We have formed an excellent working relationship with the Northern Region DHB Support Agency (NDSA) who provide regular updates on service development and regularly attend coalition meetings.

The EDCC is an excellent example of collaboration between consumers, communities, NGOs, service planners and providers to ensure appropriate and responsive health service development, and community investment in service delivery. The strengthened relationship with DHBs and the Northern DHB Support Agency (NDSA) has been a valuable development for both the coalition and the Ministry and has been a useful demonstration of the value of these collaborations.

"I think the EDCC is a great place to start making the connections."
DHB representative

"As it was my first meeting, I would like to say how good it was to see all the passion and range of skills in the area of eating disorders services."
Acting Manager, EDEN

Over the past year we have continued to provide consumer rights and gender perspectives to a range of weight management and eating disorder service development consultations including the Ministry of Health's *Weight Management Guidelines for Primary Care* and the *Northern Region Plan for Eating Disorder Services*. We have also continued to provide comment on issues related to women's body image, body size and health, and eating disorders when requested by the media. WHA staff continue to support EDEN in their annual 'Love Your Body' day activities and our Policy Analyst has been involved in a collaboration of service users and NGOs in the Northern Region developing a vision for the soon to be established Northern Region in-patient unit.



Love Your Body Campaign 2009

Only 20% of kiwi women love their bodies.

Help EDEN grow these numbers during the 2009 Love Your Body Campaign by buying these specially designed Love Your Body Thunderpants. Available as original thundies, hipster and cami.

Buy instore at The Body Shop from 19 October to 2 November
Buy online at www.eden.org.nz from 1 September onwards

EDEN EATING DIFFICULTIES EDUCATION NETWORK

CLEO

For more information about EDEN's Love Your Body Campaign 2009 and their services please visit www.eden.org.nz

Image courtesy of Eden

3.7 NGO Working Group



WHA Director, Jo Fitzpatrick has chaired the MoH/NGO Working Group since November 2007, early in her second term on the group. She was elected for a third two year term in November 2009. This is another significant stream of work and gives Women's Health Action a profile in the wider NGO and Ministry forums.

In this capacity, she:

- Ran the six weekly Working Group meetings
- Led the workstreams for the group
- Liaised with the Ministry of Health, DHBNZ, MSD and others on NGO matters
- Met with the Ministerial Review Group and co-ordinated the development of papers on NGO matters for them
- Attended meetings and forums on behalf of the NGO Working group and liaised with other sector NGOs
- Chaired the Annual NGO Forum.

For details on the most recent Forum 'NGO Challenges for Changing Times', see:

http://www.ngo.health.govt.nz/moh.nsf/indexcm/ngo-currentactivity-forums-19oct09?Open&m_id=5.1

Jo resigned from the position of Chair early in 2010 to facilitate succession planning and skills acquisition amongst other group members. She remains an active and committed member of the NGO Working Group. Her current term runs until October 2011.

3.8 Patient Centred Health Care

Supporting health systems and services to be more patient-centred continues to be a core workstream at Women's Health Action and is in line with the Ministry's Statement of Intent 2009 – 2010. We have made significant contributions this year in the context of health bureaucracy restructuring which has led to a larger than usual number of consultations. We have contributed health consumer/patient centred health care perspectives in 36 submissions on a broad range of health sector consultations including the National Health IT Plan, inquiry into increasing the completion rate of childhood immunisations, access to high cost medicines, expansion of PHARMAC's role, amendments to the medicines act, and the statutory regulation of health professions.

Our advice and input on patient/consumer-centred healthcare and information is sought by a number of providers including the Medical Council of New Zealand, the Midwifery Council, the Immunisation Advisory Centre, the National Screening Unit, and the Child, Family and Maternity policy team at the Ministry. Our '*Cartwright comes of age?*' Seminar Report contains a dedicated chapter on patient-centred health care.

See below and overleaf for feedback from the Medical Council of New Zealand.

In mid-July, we published a guide for patients, 'What to expect from your doctor when you have a cosmetic procedure'. I would like to acknowledge the contribution of the many individuals and organisations for their help with this publication – in particular Ms Jo Fitzpatrick, Director of Women's Health Action Trust.

Extract from NZ Medical Council Annual Report 2009

LIA02.06



30 June 2010

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Dear Christy,

Thank you for your email of 29 June 2010 asking me to acknowledge the Women's Health Action Trust's participation in Medical Council of New Zealand consultations. I am happy to assist.

The Medical Council regards Women's Health Action Trust as an extremely important stakeholder and a strong advocate for patients and their families. We greatly appreciate your valuable input into our consultations. In the past year Women's Health Action Trust has provided very useful comment to the Council on a range of topics, including:

- Strengthening recertification requirements for doctors registered in a general scope of practice (June 2010).
- The performance of the Council in a review conducted by the UK's Council of Healthcare Regulatory Excellence (April 2010).
- The development of a statement for the medical profession on *What to do when you have concerns about a colleague* (April 2010).
- The use and regulation of physician assistants (February 2010).
- A proposed amendment to the scopes of practice and prescribed qualifications for doctors (November 2009).
- The development of a statement for the medical profession on *Beliefs and medical practice* (May 2009).

Please do not hesitate to get in touch if you require any further assistance. I look forward to working with the Trust during future consultations.

Kind regards,

A handwritten signature in black ink, appearing to read "Michael Thorn", written over a circular scribble.

Michael Thorn
Senior Policy Analyst and Researcher

3.9 Health information

Women's Health Action has long been concerned about the use of health information in the health sector and it is an area where we have been involved since the first consultations on health information and personal electronic health records.

In October 2008, WHA Director Jo Fitzpatrick was appointed as the consumer representative to the Health Information Strategy Advisory Committee (HISAC). This has been a significant workstream and in this capacity she has:

- Spoken at conferences
 - Attended a number of forums and symposia on health information issues
 - Run meetings for consumers and met with consumers on health information matters
 - Met with the Ministerial Review Group
 - Contributed significantly to the HISAC consumer forums (twice yearly) and chaired the consumer forum in November 2009
 - Put together regular newsletters on health information issues for distribution to consumers and consumer groups
 - Produced, with consumers and the Ministry of Health, a consumer focussed paper for the Minister of Health on future directions for *Safe Sharing of Health Information*
 - Facilitated consumer engagement in Ministry Health Information projects including *GP to GP* and *Safe Sharing of Health Information*
 - Attended Health Informatics NZ conference to give a Keynote speech and run a workshop.
- See: http://www.hinz.org.nz/uploads/file/2009conference/HINZ2009_Schedule.pdf and below

PERSON CENTRED HEALTH CARE DELIVERY: e-health as an enabler



Person Centred Health Care Delivery from HINZ, 118 views
Jo Fitzpatrick Health Information Strategy Action Committee
www.hisac.govt.nz (2/10/09, Forum, 9.00)

Safe Sharing of Health Information from HINZ, 139 views
Graeme Osborne, Jo Fitzpatrick

3.10 WHA Information Services

3.10.1 Website

The Women's Health Action website is an extensive information source which in this period has had a 27% increase in traffic. The site is built on a database structured template which allows us to regularly update it with content which is topical and current. Latest news, events, and hot topics are regularly updated and displayed on our home page.

The email contact function is regularly used by individuals, primary health care providers, women's organisations and other health care providers with queries, providing information updates, and providing feedback on our services. Booking for our events is also available online and makes the process easy and fast. We also have our resource order form available for download from our site. This allows health professionals and the public to easily order pamphlets, information packs and other resources.

With the ability to easily load new content we have been able to add our submissions and latest discussion papers as they become available, helping keep the website relevant and topical. We also advertise when we have submissions in progress where people can incorporate their thoughts in WHA submissions without having to write a whole submission themselves.

Commonly accessed pages were the Big Latch On 2009, resources and pamphlets. The health topics which were most frequently accessed were: overcoming vaginal thrush, birth control, coming off HRT, and breastfeeding.



3.10.2 Women's Health Update

Nearly 30,000 **Women's Health Updates** were distributed free, courtesy of Ministry of Health funding, to all midwives, practice nurses, Plunket nurses, Family Planning clinics and health promotion units, and Maori and Pacific health care providers throughout the country. It is also distributed to the Ministry of Health, DHBs, PHOs in the Auckland and Northland region and other primary care organisations on request. It is also sent to community groups and educational institutions nationwide and to over 5000 individuals. It is included with regular newsletters for the Maori Women's Welfare League, National Council of Women, and the Auckland Women's Health Council, health professional service providers and women's groups.

The Women's Health Update was published in May, August, October 2009. Articles during this year included:

- Mamma mia! Making way for women in the world of paid work
- Early Medical Abortion in the Community: improving access and choice
- "The Big Latch On" turns five
- Sharing personal health information
- Primary Birth Centres - helping to protect, promote and support normal birth
- Baby Friendly Workplaces Take Centre Stage
- Ovarian Cancer Screening – not there yet
- Alcohol advertising harms women's health
- "Big Latch On" Big Impact!

Articles from Women's Health Update appear on our website www.womens-health.org.nz
Please see Appendix 2 for copies of our Women's Health Update



3.10.3 Resources and information requests

We receive requests for information primarily from individual women health consumers and health professionals. Many come by phone, fax or email, with the occasional letter or a visit in person. Increasingly, the facility on our website is a major source for information requests. We get requests for assistance and researched information from health professionals, academics and other NGOs as follow-ups to conferences, seminars, submissions and networking with health, women's groups and educational institutions.

We continue to update our pamphlets and information packs, and our pamphlets on Vitamin K and Ultrasounds continue to prove very popular with midwives and individuals. We have updated 8 of our information packs and have almost completed development of information packs on Vaginal Health and Mirena. Demand for our resources is still increasing, from approximately 400 information packs last year to over 500 in this period.

We have developed and updated a number of our information packs on the following women's health topics

- Breastfeeding Friendly workplace – A pack for breastfeeding and pregnant women.
- “Well women empowered in a healthy world: About WHA” pamphlet
- Bio – Identical Hormones
- Hormone Replacement Therapy
- Osteoporosis
- Premenstrual Syndrome
- Vaginal Health (Under development)
- Mirena (Under development)
- Third Stage Labour Pamphlet (Under development)

In the last year we have mailed out nearly 20,500 pamphlets and information packs. We are consistently receiving positive feedback from consumers, health professionals and other health related organisations on the informative and quality information we provide allowing women to make informed decisions about their health and wellbeing.

3.11 Policy analysis, discussion and advice

3.11.1 Submissions

Carol Bartle and Dr. Judith Duncan

- Proposed breastfeeding Guidelines for Early Childhood Education settings – May 2009

Education and Science Select Committee

- Submission on the Education (Freedom of Association) Amendment Bill

The Faculty of Medical Sciences – The University of Auckland

- Review of the PG Diploma in Obstetrics and Medical Gynecology – July 2009

Health and Disability Commissioner

- Summary of Key Concerns, Responses, and Action Points – MeNZB and HPV Immunisation Programmes

Health Select Committee

- Inquiry into how to improve completion rates of childhood immunisation – February 2010
- Human Assisted Reproductive Technology (Storage) Amendment Bill – February 2010

HPV Project Team – Ministry of Health

- HPV Immunisation Consent Form – Feedback Questionnaire – July 2009
- Comments on draft presentation – School based HPV immunisation programme 2010 – October 2009
- Comments on HPV Immunisation Programme DVD 12 -15 years
- Comments on Draft website content for the HPV immunisation programme – October 2009
- Feedback on HPV website – February 2010 (*requested*)
- Information collection exercise – March 2010 (*requested*)

Human Rights Mechanisms

- ACYA Report to the UN on the Rights of the Child Briefing Paper – January 2010 *(requested)*

Justice and Electoral Committee

- Submission on the Sale and supply of Liquor and Liquor Enforcement Bill – April 2009
- Child and Family Protection Bill (submission on behalf of the Auckland Coalition for the Safety of Women and Children)

Law Commission

- Submission on Alcohol in Our Lives – Law Commission Issues Paper on the Reform of New Zealand’s Liquor Laws

Maori Affairs Select Committee

- Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Maori – January 2010

Maternity Services – Ministry of Health

- Submission on the Maternity Action Plan – 2008 – 2012 Draft for Consultation – July 2009

Medical Council of New Zealand

- Best Health Outcomes for Pacific – April 2009
- Feedback on Beliefs and Medical Practice – May 2009
- Regulation and Training of Physician Assistants – October 2009
- Amendments to Scopes of Practice and Prescribed Qualifications – November 2009
- Performance Review by the UK Council for Healthcare Regulatory Excellence Feedback in the Medical Council of New Zealand – March 2010 *(requested)*

Midwifery Council

- Statement on Cultural Competence – March 2010 *(requested)*

Ministerial Committee – Dr Murray Horn, Moving resources to the frontline

- Role of NGOs in the health and disability sector

Ministerial Foreshore and Seabed Review Panel

- A submission on the Foreshore and Seabed Act 2004 – May 2009

Ministry of Health

- Feedback on the NZ Weight Management Guidelines – November 2009
- Draft Needs Assessment and Care Plan Process for Use in Pregnancy and Well Child Services – January 2010 *(requested)*
- Review of Access to High-Cost, Highly Specialised Medicines in New Zealand – February 2010
- How do we determine if statutory regulation is the most appropriate way to regulate health professions? – March 2010
- Consultation on Proposed Amendments to Regulations under the Medicines Act 1981 – March 2010

National Screening Unit – Ministry of Health

- Consumer Reference Group – June 2009

New Zealand Food Safety Authority

- Food Regulation Policy Options Consultation Paper for the Regulation of Infant Formula Products – September 2009

New Zealand Incident Management System

- Feedback on IS Specifications Consultation Document – June 2009

Nursing Council of New Zealand

- Consultation on the registers nurse scope of practice May 2009 – July 2009

Pharmac – Pharmaceutical Management Agency

- Submission on Pharmaceutical Management Agency Consumer Participation Discussion Document – December 2009

3.11.2 Networking with women’s groups and key health agencies

Networking is a core activity for Women’s Health Action. It is integral to our work and informs much of it. Our networks provide useful information on the impacts of policies and changes within the health and disability sector. They also provide us with a mechanism for consultation, communication and feedback. In our work, we seek to ensure that we are networking and engaging with key stakeholders relevant to the submissions and consultations we are engaged in, where appropriate. Our website and data base are also mechanisms for consulting widely and ensuring that we remain accountable to our stakeholders and the wider community.

We have continued to send out and share information with many other NGOs interested in women’s health, and alert them to issues as they arise. We have initiated or had ongoing collaborations with a number of groups. We also link with the ‘formal’ health and government sector – engaging with the Ministry of Health, the new National Health Board and Health IT Board; the National Screening Unit, DHB’s – individually and collectively; PHARMAC, and local PHOs.

Our networking is extensive and we aim to establish active links to ensure information flows are constant, issues based and relevant. The following sections cover some of our specific networking during the 2009/2010 period.

3.11.3 Consultations, working parties and reviews

Consultations

- **Northern Region Eating Disorders Services: Northern Regional Plan** for Improvements to Eating Disorders Services. Met with Ian McKenzie and Ian Nicolson, Northern District Support Agency to discuss the process and content; Sue Keppel, Project Manager re Implementation. Meetings x 3 with mental health NGOs, EDEN and service users to develop vision for a consumer centered inpatient unit in the Auckland region. In partnership with EDEN reestablished and coordinating the Eating Difficulties Community Coalition with representatives from EDANZ (Eating disorders Association of New Zealand), EDEN, Auckland Women’s Centre, Waitemata DHB, Connect Trust, Phobic Trust, North Shore Women’s Centre, and service users.
- **Breastfeeding promotion campaign-** Waitemata DHB, ADHB, Ministry of Health, GSL network
- **MPs** Pansy Wong, and Nikki Kaye to discuss current health issues facing women; Ruth Dyson and the Labour Women’s caucus – community NGO visits; Ministry of Women’s Affairs community consultation
- **Violence against Women** – Roundtable for Violence Against Women; Dr Julia Peters, Clinical Director Auckland Regional Public Health; Ruth Herbert; DV Researcher Dr Alison Towns
- **Womens Sector** – STOP Demand; Gender and Critical Psychology Group; Auckland Sexual Abuse Help; Auckland Women’s Centre; EDEN; Tertiary Women’s Association; Union women
- **Sexuality Education for Improving Sexual Health:** National Sexuality Education Roundtable Forum along with Rainbow Youth, Wellington Sexual Abuse Network, independent sexuality educators, Out there Trust, Intersex Trust, Academics from Victoria, Canterbury, and Waikato Universities. Attended the ‘Sexualities Against the Grain’ one day workshop hosted by the Gender and Critical Psychology Department at Auckland University along with other sector NGOs including Family Planning, Auckland Sexual Health Service Education Unit, Violence Prevention NGOs, Positive Body Image Educators
- **Abortion Services Network Meeting:** ALRANZ, Family Planning, Steve Chadwick- Abortion Reform Bill, ADHB’s Epsom Day Unit Abortion Service
- **Prevention of Alcohol Harm:** Alcohol Community Action Forum with Alcohol Health Watch, including Auckland City Council CAYAD Community Action on Youth and Drugs, community and youth educators, GALA Group on Alcohol Liquor Advertising, Fetal Alcohol Network NZ. Meeting with ALAC Pacific and Youth Advisor

- **Young Women's Health:** support and information for Women's Officers, National University Students Association and Auckland University Students Association. Attending Teen Parent Agency Network meetings
- **CEDAW:** (Committee on the Elimination of Discrimination Against Women) Active participation in Pacific Women's Watch and NCW CEDAW workshops and submission processes including taking leadership on the women's health sections, consultations and analyses.
- **Breastfeeding consultation: NZFSA/FRSC stakeholder consultation:** Food Regulation Standards Committee and Food Standards Authority consultation. **PAN Auckland Planning and Funding Group (PAPFG):** Feedback on Proposed Action Area meetings and objectives for 2010. **Draft Needs Assessment and Care Plan Process for Use in pregnancy and well child services:** Revision started for review due in 2011. **Draft 2010 NGO Alternative Periodic Report to the UN Committee on the Rights of the Child:** Revision on this comprehensive document due in 2011. **Auckland City Council:** Continued work with community advisors to make an area of Auckland that has high Maori and Pacific communities, breastfeeding friendly. **Waitemata Breastfeeding Stakeholders (WDHB):** Worked with WDHB on the evaluation of existing HEHA programmes and prioritisation of future activities. Provided feedback on the initiatives funded last year and made recommendations for the development of next year's breastfeeding plan. **Ngati Whatua O Orakei Health Clinic:** Helped to advertise and promote the Ngati Whatua Orakei Community Health Services with clinics in Glen Innes, Orakei and Otahuhu and Marae Based Child Birth Learning at Orakei and Ruapotaka Maraes. **West Fono:** Attended Presentation about progress of the BFCI initiative at West Fono, including discussion of the BF support group ("Titifaitama") established there. **SUDI Referral Advisor:** Met with Barbara Wright (SUDI Referral Advisor) to discuss issues surrounding education for parents and health professionals about night breastfeeds and un-safe sleeping and safe sleeping practices, while acknowledging traditional practices such as using a Wahakura. **Canterbury Breastfeeding Hui:** Attended the Canterbury Breastfeeding Hui to discuss ongoing and emerging issues for breastfeeding in Canterbury and to develop key action priorities. **New Zealand Breastfeeding Authority (NZBA):** Women's Health Action met with Julie Stufkens (Executive Officer NZBA) to discuss Baby Friendly Hospital Initiative (BFHI) and the challenge to achieve 100% of New Zealand hospitals with BFHI accreditation. We also discussed the NZBA's Baby Friendly Community Initiative (BFCI) and WHAs Breastfeeding Friendly Workplace project. **Auckland City Council:** Liaised with Auckland City Council to discuss how Women's Health Action could support the Tamaki Transformation Programme. The programme is a council, central government, ADHB and HNZ project in Panmure and Glen Innes. One of the platforms is that 'children enter school healthy and ready to learn'. The focus is on community early childhood education but it provides us with a good opportunity to increase breastfeeding by creating a supportive environment and forming breastfeeding friendly partnerships with early childhood. **Middlemore Hospital (CMDHB):** Met with the BFHI coordinator to discuss how breastfeeding advocates working directly with the women can increase breastfeeding rates at Middlemore. **Ngati Whatua o Orakei Health Clinic:** Attended and supported the Launch of Ngati Whatua o Orakei Health and Community Breastfeeding Support services launch of the combined Peer Counselor Training and Breastfeeding Programme at Ruapotaka Marae. **Tongan Health Society:** Meet with a representative from the Tongan Health Society to discuss breastfeeding issues among Tongan communities. We discussed how we could support breastfeeding while respecting cultural barriers for Tongan and Samoan women and families. **Te Runanga o Te Rarawa - Te Oranga:** Continue to meet, consult and support the breastfeeding advocate from Te Runanga o Te Rarawa-Te Oranga in the far north. Women's Health Action will be presenting at a Hui in August which will include Far North midwives, plunket, tamariki ora providers, maori health providers and more. **Te Tohu o Te Ora o Ngati Awa-Ngati Awa Social and Health Services (Whakatane):** Liaised with Te Tohu o Te Ora o Ngati Awa-Ngati Awa Social and Health Services to assist them with organizing an expo to promote breastfeeding in their community. Women's Health Action will be providing information resources and promotional material such as banners and posters. **1 TAHA Well Pacific mother and Infant Service:** Meet with representative from 1 TAHA to discuss how to help prevent/reduce the incidents of still birth and SUDI within the Pacific community and about how to effectively educate health professionals on working effectively with Pacific women and their families. With a focus on key messages such as SUDI and still birth education and smoking cessation,

breastfeeding, antenatal education , and safe sleeping practices (while still embracing cultural practices)
Women's Health Action is helping to increase the awareness of the 1 TAHA service among health professionals.

Specific submission and resource related consultations including but not limited to:

- **Maternity Action Plan consultation:** In conjunction with Maternity Services Consumer Council organised community consultation including representatives from the Homebirth Association, Mama Ltd, Postnatal Depression Support, Natural Fertility, consumers, midwives, lactation consultants, Teen Parent Project-Auckland Women's Centre. Communications with New Zealand College of Midwives (NZCOM), Maternity Services Consumer Council, Homebirth Aotearoa.
- **Regulation of Infant Formula Products:** Compiled two comprehensive Submissions on the Food Regulation Policy Options Consultation Paper for the Regulation of Infant Formula Products one from Women's Health Action and one on behalf of the Auckland Breastfeeding Network both carefully considered the consultation document and consider that the regulation of infant formula products is necessary and timely to ensure consumer safety and confidence, and to ensure the activities of the infant formula industry do not undermine activities towards the protection, promotion and support of breastfeeding. These submissions were informed by our extensive collective experience in breastfeeding advocacy and our ongoing role monitoring the infant formula industry's activities. Consulted with various NGOs and other orgs on the Submission on the Regulation of Infant Formula Products Including but not limited to
 - Infant Feeding Association of New Zealand;
 - The New Zealand Breastfeeding Authority;
 - La Leche League New Zealand;
 - New Zealand Lactation Consultants Association
 - Turuki Health Care
- **Bariatric Surgery** media comments – Jenny Carryer, Massey University; EDEN.
- **Ovarian Cancer Update** Article – Silver Ribbon Foundation for Gynecological Cancers, Northland Cancer Society
- **Improving Rates of Immunisation:** This period saw the Health Select Committee conduct the *'Inquiry into how to improve completion rates of childhood immunisation'*. We provided a written and oral submission to this Inquiry. Consultation included the Immunization Advisory Centre, Maternity Services Consumer Council, HPV Project Team, Federation of Women's Health Councils, Office of the Health and Disability Commissioner. Ongoing engagement with the Immunisation Advisory Centre (IMAC) providing consumer input on information resources including the revision of the IMAC website. Ongoing consultative role with the MoH's HPV Project Team (see below).
- **HPV DVD Stakeholder Group:** Our ongoing work with the HPV Project Team on the review of information resources continued, with further input on the website developments and a phone conference on consumer concerns in the community. Our work with the team has resulted in an invitation to join a stakeholder group overseeing the development of an HPV DVD information resource. Stakeholders also include representatives from IMAC, GSL, NSU, the HPV project team, Maori and Pacific Advisors and public health nurses. Our role on this group is seeing us consult with wide range of community NGOs including Auckland Women's Health Council and Maternity Services Consumer Council.
- **Maternity Services:** Following our submission on the Maternity Action Plan (July 2009) we have played an ongoing consultation role in MoH's Quality and Safety Programme for Maternity Services (2010) and the Improving Consumer Voice in Maternity Project (2010), along with other stakeholders including Mama Maternity, Sands Stillbirth and Neonatal Support, Maternity Services Consumer Council, Homebirth Aotearoa. WHA identified as key stakeholder and currently acting as advisor for the Improving Consumer Voice in Maternity Services project. Meeting with New College of Midwives CEO and legal advisor about consumer perspectives on midwifery. Requests by Midwifery Council for consumer perspectives on consultations.
- **PHARMAC:** Follow up from 2009 PHARMAC Forum. Consultation on PHARMAC work programme. We maintain regular contact with PHARMAC and are invited to participate in relevant consultations.

- **Law Commission Alcohol Law Reform Review Consultation** – meeting with Law Commission representatives; Alcohol Health Watch; Dr Alison Towns, Mt Albert Psychological Services/DV Researcher; Coalition Safety Women And Children.

3.11.4 Consumer representations and committee participation

WHA provides representation on the following committees and working parties:

- *HISAC (Health Information Strategy Action Committee) (2008 – 2009)
- HISAC Consumer Forum (2007 – ongoing)
- &Epsom Day Hospital Quality Management Committee (1998 – ongoing)
- *MoH-NGO working group (Chair since 2007) including a forum held in Wellington
- *National Screening Unit HIV Screening in Pregnancy Implementation group (2005 – ongoing)
- #Auckland Breastfeeding Network (Coordinate and facilitate)
- Infant Feeding Association of NZ (since its inception)
- &Coalition for the Safety of Women and Children (since its inception)
- *NZ Consumer Collaboration (NZGG) – Chair (2007 – 2009)
- Public Health Association, Auckland branch
- Auckland District Council of Social Services (ongoing)
- &TAPS six monthly review of DTC advertising (hosted by the Association of NZ Advertisers)
- Auckland Women’s Health Council
- Action for Children and Youth Aotearoa (2007 – ongoing)
- *Organ Donation NZ (2006 – ongoing)
- &HPV Programme Resources Advisory Group
- #Eating Difficulties Community Coalition
- National Sexuality Education Roundtable (ongoing)
- &Quality and Safety Programme for Maternity Services (ongoing)
- &Improving Consumer Voice in Maternity Services Project (ongoing)
- Women’s Studies Association
- Australian Women’s Health Network
- Abortion Law Reform Association
- &Consultation on Consumer representation - Ministerial Review Group
- Waitemata Breastfeeding Stakeholders Network
- Canterbury Breastfeeding Network
- Child Poverty Action Group

* Appointed or elected

Established or assisted in establishment by Women’s Health Action

& Participation requested

3.11.5 Nationwide women’s health database

The database is both current and dynamic; including all major consumer and women’s groups in New Zealand. There are currently over 16,000 entries in our database. After every Update mail out, returned mail is reviewed and we use several published lists to ensure it is current. This year these have included, but are not limited to:

- Webhealth.co.nz
- Directory of Support Services - Raeburn House
- The New Zealand College of Midwives Database
- Everybody.co.nz
- CommunityNET Aotearoa

We are constantly adding and deleting individuals and groups as they come and go, and receive requests regularly from people wanting to be added to the database for the Women’s Health Update, or notification of events and activities. At each event we attend, we gather contact details to add to the database of interested consumers. The Parent and Child Shows resulted in over 200 individuals being added to our database.

Staff and supporters



Staff

- Jo Fitzpatrick Director
- Irene Johnson Librarian
- Linda McKay Financial Controller
- Isis McKay Breastfeeding Advocate (from February 2010)
- Christy Parker Policy Analyst
- Cathie Walsh Breastfeeding Friendly Workplace Co-ordinator (June 2009 - April 2010)
- Nikki Whyte Office Co-ordinator (from February 2010)

Trustees

The trustees at Womens Health Action during the past year were:

- Jesse Solomon Chairperson
- Jenny Kirk Secretary/Treasurer
- Catherine Crooks
- Mandi Gregory (until June 2009)
- Sally Liggins
- Lydia Sosene
- Emily Stenhouse-White (from March 2009)

WHA Consultants

WHA uses the services and expertise of many women in different ways, and we greatly appreciate the contributions they all make to our work.

During this year the following women in particular have regularly contributed to our activities

Linda McKay	Gail Reichert	Emma McConachy
Gill Sanson	Avril Stott	Auditors: BDO Spicers

We also appreciate and acknowledge the support shown by our partners and families – particularly during the busy times of media campaigns and deadlines.

Women's Health Action appreciates the support given by the Ministry of Health through funding contracts, ongoing contact and encouragement in our work. We gratefully acknowledge funding from the ASB Community Trust, J R McKenzie Trust, Lottery Welfare, and Smokefree. Donations and grants from these organisations enable us to continue to provide independent information and advocacy services. We also appreciate the support of our sponsors and the individuals who donate gifts for the raffles at our two annual functions.

History

Women's Health Action started life as Fertility Action in 1984, when it helped New Zealand women wanting to take claims for Dalkon Shield damage to the United States Courts. FA worked with the YWCA and West Auckland Women's Centre to set up support groups for women injured by the Dalkon Shield.

In 1987 FA members Sandra Coney and Phillida Bunkle wrote an article, titled "The Unfortunate Experiment", which led to the Cartwright Inquiry into the treatment of patients with carcinoma in situ at National Women's Hospital. The immense amount of work for the inquiry, the high media profile developed during the inquiry, and the follow-up work placed an additional and great demand on what was essentially a volunteer organisation. The inquiry led to a continuing workload for the organisation and a need for monitoring the issues raised by Judge Cartwright in her report, particularly around cervical screening, patient's rights, the Health Commissioner Bill and patient advocacy, informed consent and the need for information on health issues.

A private donation received in May 1989 enabled Fertility Action to set up an office, and make our service better organised and more accessible. Fertility Action was re-named and re-constituted as Women's Health Action Trust and the office is now centrally located in Newmarket – close to bus and train transport. Other community health advocacy groups occupy offices in the building, and we have been able to be cost-effective in sharing some of our equipment with these other groups.