women's health
update

Maternity Consumer Survey 2011 – reassuring findings and areas for improvement

With maternity services again dominating the media in recent weeks the release of the Ministry of Health commissioned Maternity Consumer Survey 2011 is a welcome insight into women's experiences of maternity services. The Maternity Consumer Survey 2011 report contains survey findings undertaken with maternity consumers in late 2010. This report contains two separate surveys: one of women who had live babies, and for the first time another of bereaved women who lost a baby between 20 weeks of pregnancy and four weeks after birth. Insights into the experience of women who have lost a baby are a very welcome addition to the periodic survey of maternity consumers' satisfaction, the last of which was released in 2008. ***Christy Parker, Women's Health Action's Senior Policy Analyst,*** *highlights some of the findings of both surveys and reminds us why we need a tool kit of ways to engage with maternity consumers' experiences to ensure quality, safe and women-centred maternity services.*

Maternity Consumer Satisfaction Survey 2011

The release of this report is very timely with the Ministry of Health's Maternity Quality and Safety Programme well underway and the need to inform this programme of improvements with consumer perspectives on the care they receive. A total of 3235 women completed this survey representing a 41% response rate. Overall the survey found good levels of satisfaction with 78% of respondents reported being satisfied with the overall maternity care they received. Satisfaction among young mothers, and Māori and Pacific women was consistent with the average satisfaction among all women. However women with disabilities had significantly lower satisfaction and women with a planned homebirth had significantly higher satisfaction.

With the exception of women with disabilities, women reported high levels of satisfaction with the overall care received by their LMC (89% of women were 'very' or 'quite' satisfied), care received at home following birth (86% 'very' or 'quite' satisfied), the quality of information provided (85% 'very' or 'quite' satisfied), and care received both before and during birth (87% 'very' or 'quite' satisfied). While the proportion of women with a planned homebirth remains low (4% of this

Highest satisfaction for those with planned homebirths

sample group), their satisfaction with all aspects of their experience is high. For example women who had a planned homebirth were significantly more satisfied with the birth than those who birthed elsewhere with nine in ten (90%) 'very satisfied' with the care they received. This lends support to homebirth as a good option for low risk healthy women. The majority of women were satisfied with the overall quality of information readily available, however information about selecting a Lead Maternity Carer was an area of high importance and lower satisfaction. This will need to be prioritised as an area of improvement. It is unfortunate that in Auckland at least, DHB funding cuts have resulted in the recent loss of a community information service which supported women in the region finding an LMC.

Areas of lower satisfaction include all aspects of care for women with disabilities, the quality of antenatal education for all women, and the postnatal hospital care received by women. Over a quarter of women with disabilities were significantly more likely to be dissatisfied with the care they received (26% 'very' or 'quite' dissatisfied). The experience of women with disabilities in the maternity care system requires urgent investigation to inform improvements. Ensuring maternity care meets the needs of disabled women should be a priority. Postnatal hospital care is also a significant area for improvement identified by the report. The experience of in-hospital post-natal care has the most significant impact on women's overall satisfaction with their maternity care and women's satisfaction with this area was lower than for all other areas of maternity care. Dissatisfaction with hospital postnatal care was largely the result of the lack of availability and support from hospital staff, rather than the quality of care or facilities. Clearly postnatal ward staffing levels along with the length of hospital stay are priority areas for improvement. Antenatal classes were found to be failing to meet the needs of women planning to birth at home and Māori women reported less satisfaction with antenatal education. There is a need for childbirth education that meets the needs of a diverse range of maternity consumers.

2011 Maternity Consumer Survey of Bereaved Women

In a very welcome development, the experiences of women who lost a baby during the perinatal period (between 20 weeks of pregnancy and 28 days after birth) were included for the first time in this periodic survey of maternity consumers' satisfaction. These findings will form an important benchmark against which to measure service improvements for women who experience a bereavement. Of the 557 approached to participate a total of 91 women participated in the survey. The small numbers of respondents and the diversity of their experiences need to be kept in mind when considering the findings. Two-thirds of all respondents were satisfied with the overall standard of maternity care they received during and following the loss of their baby (67%) with 42% 'very satisfied'. High levels of satisfaction (88%)

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vol 16 no 2 • May 2012

Inside

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

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

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with the caring manner of hospital ward staff were reported. Women were also highly satisfied with the information provided about diagnostic testing and for those whose pregnancy was terminated for foetal abnormality.

However a concerning 14 percent of respondents were 'dissatisfied' or 'very dissatisfied' with their care, and a further 20% were 'neutral' indicating that there are aspects of maternity care for this group of women that require significant improvement. The report identifies several of these. There is a need to improve the level and clarity of information women are provided about why their baby died, and to ensure that the birthing location or surroundings are appropriate for women who have experienced a breavement. Women should be provided with space away from women giving birth to and/or caring for live babies. The need for women to be provided with practical information and advice from a single point of contact throughout their experience is identified as critical for improving women's satisfaction with the care provided to them during the loss of a baby. This information needs to include what to expect, when and who will be providing care, the likely appearance of their baby, how the family may interact with the baby once it is born, how to make funeral or other arrangements, as well as how to access counselling and other support services. The report also identifies that the timing and delivery of this information is critical, with the need to deliver it as soon as is practically possible so that families know what to expect, and in an appropriate manner. Early involvement of a support person, such as someone from Sands New Zealand, and on-going counselling and support are identified as critical to families recovery from the loss of their baby during the perinatal period.

Putting satisfaction in perspective

Consumer satisfaction surveys are undoubtedly a useful tool for evaluating and informing the delivery of health services and it is reassuring that the majority of maternity consumers in Aotearoa New Zealand are satisfied with their care. Rather than focusing only on negative outcomes, media reports on maternity care would do well to communicate this finding. However there are limitations in this method of consumer engagement. For a start, the response rates for both surveys demonstrate that there are still a large number of consumers of whom we know little of their maternity care experiences, particularly those who have experienced the loss of a baby. Also, it is typical for satisfaction surveys to report high levels of consumer satisfaction with the survey being evaluated, the result of a complex interplay between 'satisfaction', 'expectation', and 'experience'. For example consumers' reports of high satisfaction may be shaped by having had a low expectation of the service. This would be no surprise given the persistent negative media portrayals of maternity care. Or likewise, high satisfaction may in part be driven by a lack of experience of alternative models of care[1].

Because of the limitations, while they are an important tool, satisfaction surveys alone are unlikely to direct service providers and health policy makers towards innovations and changes to services most likely to improve women's experiences. It is in the stories and experiences behind the statistics and from those least likely to participate in this form of research, that some of the most meaningful content for service improvement can be identified. As well as periodic satisfaction surveys, we need qualitative research with maternity consumers such as interviews and focus groups that help unpack the experience of maternity care. These would need to be appropriate for, and led by, diverse groups of maternity consumers including research with a Kaupapa Māori design. This would help give substance to claims of high satisfaction and give a solid evidence-base for improvements to maternity services.

To view the report:

http://www.health.govt.nz/publication/maternity-consumer-survey-2011

For more information about Sands New Zealand:

http://www.sands.org.nz/

1 van Teijlingen, E. Hundley, V. Rennie, A. Graham, W. Fitzmaurice, A. (2003) 'Maternity satisfaction studies and their limitation: "what is, must still be best", Birth, Vol 30, NO 2, pp. 75 – 82.

Understanding the Past - Planning for the Future

August 1st -7th 2012 will mark the 20th anniversary of International World Breastfeeding Week. This year's theme is 'Understanding the Past- Planning for the Future'. So much has happened in these 20 years, it is time to celebrate but also to look back and understand what has happened and why. ***Isis McKay, Women's Health Action's Maternal and Child Health Promoter*** *provides a brief overview of the history of the breastfeeding in Aotearoa New Zealand.*

In 1800's New Zealand, breastfeeding was the norm, with well over 80% of infants being breastfeed. However breastfeeding rates began to fall rapidly from around the 1950's reaching crisis point in the 1960's with over 50% of New Zealand infants being exclusively artificially fed[1]. The 1960's breastfeeding crisis has been attributed in part to industrialisation, which saw a decrease in breastfeeding as women increasingly worked away from home. The medicalisation of birth including the constant weighing of babies and the introduction of strict breastfeeding routines alongside widespread modesty about exposing breasts in public also severely undermined women's confidence to breastfeed. From the 1940s there was wide spread disestablishment of hospital based human milk banks and by the 1960's most hospitals had established rooms especially equipped for preparing artificial feeds. There were also a huge range of breast milk substitutes available, which were generally unregulated and aggressively marketed.

Introduction of legislation including the Old Age Pensions ACT in 1898 and the Tohunga Suppression ACT in 1907 along with the rapid crown erosion of Māori tribal land ownership and western dominated approaches to infant care, is thought to have restricted traditional Māori infant feeding. This included directly undermining the practice of whangai-u or wet nursing, and the parenting of infants, including breastfeeding, by other whānau members. This saw a dramatic decline in breastfeeding rates among the Māori population.

However all was not lost. As rates of breastfeeding dropped dramatically, women started organising to reclaim breastfeeding. These efforts reflected part of a wider women's health movement aimed at challenging the medicalisation of women's life processes such as childbirth and empowering women to be at the centre of healthcare. For example the Māori Women's Welfare League was established in the early 1960's to support housing, health, and education, focusing on families and healthy lifestyles / other general women's issues. In 1964 La Leche League NZ was formed and groups spread throughout the country. Eventually as a result of dedicated lobbying and activism breastfeeding was adopted as a public health priority and in 1971 breastfeeding rates began to rise.

Moving forward:

Breastfeeding rates have risen considerably since the 1960's through the hard work and commitment of communities and health institutions. However many of the factors that contributed to the 1960's breastfeeding crisis continue to have a negative impact on breastfeeding rates today. The first report of the Growing Up in New Zealand study 'Before we are born' released in 2010 found that over 80% of the pregnant women in the study intended to breastfeed their children, and most thought it would be ideal to do so for ***more*** than 6 months[2]. This suggested a sea change in breastfeeding as the cultural norm. However this is yet to be achieved. The second Growing up in NZ report 'Now we are born' released this year has shown that these intentions are not being fulfilled with over 90% of babies no longer being exclusively breastfed by six months of age[3] According to recent Plunket data only 16 % of children are exclusively breastfeeding to 6 months[4]. The Ministry of Health's recommendation that infants should be exclusively breastfed for around the first six months of life to achieve optimal growth, development and health is based on a robust evidence base and is supported by international health organisations such the World Health Organisation (WHO).

A number of factors have been identified as continued barriers to breastfeeding including returning to paid employment[5] [6] [7]; perceptions of inadequate milk supply[8] ; problems during the antenatal and birth period and the hospital environment [9]; the loss of breastfeeding as the cultural norm within communities [10]; confidence to breastfed in public [11]; and inconsistent messages from health workers[12].

The marketing of breast milk substitutes also continues to present an on-going challenge to the protection, promotion and support of breastfeeding in Aotearoa New Zealand. According to the National Breastfeeding Advisory Committee, New Zealand's implementation of the WHO International Code of Marketing of Breast-Milk Substitutes fails to meet the *minimum* standards envisaged by the International Code[13]. This can, at least in some part, be attributed to the fact that the aggressive marketing of follow on formula for infants over 6 months is allowed, as is marketing of complementary foods, feeding bottles, teats & pacifiers. This is due to industry's claims that

follow on formula is not a breast milk substitute despite the fact even the industry themselves market it as such [14].

Planning for the future:

Clearly, despite the amazing achievements, efforts are still required to address the environmental barriers to breastfeeding in Aotearoa New Zealand. A number of recent initiatives are going some way to promote and support breastfeeding in New Zealand including Paid Parental Leave, Baby Friendly Hospital and Community Initiatives (BFHI & BFCI), allocation of breastfeeding promotional contracts and the enactment of the Employment Relations (Breaks, Infant Feeding and Other Matters) Amendment Act 2008. It is crucial that New Zealand government continues to strengthen its commitment to protect, promote and support breastfeeding in Aotearoa New Zealand.

Women's Health Action is also leading a number of initiatives aimed at reducing some of the identified barriers to breastfeeding. These include:

Breastfeeding in the workplace:

We have developed a dedicated Breastfeeding Friendly Workplaces website. www.bfw.org.nz. It provides information for women returning to work including information on expressing and storing breast milk, women's stories and guidance on negotiating with their employers. The website also provides information for employers including the business benefits of being breastfeeding friendly and information regarding legislation. It also addresses some common employer concerns associated with implementing breastfeeding friendly policies and practice.

Consistent information:

Women's Health Action coordinates the Metro Auckland Breastfeeding Network. The network provides a platform for the collaboration of health workers and other relevant agencies to help achieve provision of consistent, culturally responsive and accurate information, advice and support to breastfeeding women and their families/whānau.

Confidence to breastfeed in public:

Evidence indicates that effective and appropriate community, peer support and family links are critical for breastfeeding women, and have a positive influence on breastfeeding rates and duration.[15] Every year, Women's Health Action coordinates the annual 'Big Latch On' held during World Breastfeeding Week. The event was first held in 2005 and has successfully broken the record for the most women breastfeeding simultaneously in Aotearoa every year since it began. The goals of the Big Latch On include:

- Women and babies are supported by partners and their whānau, and by breastfeeding knowledge that is embedded in their communities
- Communities positively support breastfeeding in public places. With the aim of normalising breastfeeding
- Communities have the resources to coordinate appropriate and accessible breastfeeding support services

Optimal infant and young child feeding practices rank among the most effective interventions to improve child health[16]. At a time when there is so much emphasis on improving the health and wellbeing of our children, the 2012 World Breastfeeding Week theme is a timely reminder of the importance of understanding the past and planning for the future.

The 2012 Big Latch On is taking place on the 3rd of August. See the notice board section of this publication for more information or go to www.biglatchon.org.nz

the BIG latch on

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3 Morton, S.M.B., Atatoa Carr, P.E., Grant, C.C., Lee, A.C., Bandara, D.K., Mohal, J., Kinloch, J.M., Schmidt, J.M., Hedges, M.R., Ivory, V.C., Kingi, T.R., Liang, R., Perese, L.M., Peterson, E., Pryor, J.E., Reese, E., Robinson, E.M., Waldie, K.E., and Wall, C.R. 2012. *Growing Up in New Zealand: A longitudinal study of New Zealand children and their families. Report 2: Now we are born.* Auckland: Growing Up in New Zealand

4 2010 – 2011 Plunket Data

5 Morton, S.M.B., Atatoa Carr, P.E., Bandara, D.K., Grant, C.C., Ivory, V.C., Kingi, T.R., Liang, R., Perese, L.M., Peterson, E., Pryor, J.E., Reese, E., Robinson, E.M., Schmidt, J.M., and Waldie, K.E. 2010. *Growing Up in New Zealand: A longitudinal study of New Zealand children and their families. Report 1: Before we are born.* Auckland: Growing Up in New Zealand.

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7 Glover, M., Manaena-Biddle, H., Waldon, J., Cunningham C. (2008). *Te Whaangui Uu- Te Reo O Te Aratika: Māori Women and Breastfeeding.* Auckland, Massey University.

8 Morton, S.M.B., Atatoa Carr, P.E., Grant, C.C., Lee, A.C., Bandara, D.K., Mohal, J., Kinloch, J.M., Schmidt, J.M., Hedges, M.R., Ivory, V.C., Kingi, T.R., Liang, R., Perese, L.M., Peterson, E., Pryor, J.E., Reese, E., Robinson, E.M., Waldie, K.E., and Wall, C.R. 2012. *Growing Up in New Zealand: A longitudinal study of New Zealand children and their families. Report 2: Now we are born.* Auckland: Growing Up in New Zealand

9 Barriers to Breastfeeding for Maori & Pacific Mothers in NZ - Nirmala Nand, Pacific Health, Public Health Services MidCentral District Health Board - 2010

10 Glover, M., Manaena-Biddle, H., Waldon, J., Cunningham C. (2008). *Te Whaangui Uu- Te Reo O Te Aratika: Māori Women and Breastfeeding.* Auckland, Massey University.

11 Monitoring changes in attitudes and beliefs about supporting breastfeeding mothers – research New Zealand 2011

12 Barriers to Breastfeeding for Maori & Pacific Mothers in NZ - Nirmala Nand, Pacific Health, Public Health Services MidCentral District Health Board - 2010

13 National Breastfeeding Advisory Committee of New Zealand. 2009. *National Strategic Plan of Action for Breastfeeding 2008–2012: National Breastfeeding Advisory Committee of New Zealand's advice to the Director-General of Health.*

14 http://www.nutriciababy.co.nz/main/nutrition/karicare_follow-on_formula_2.html

15 National Institute for Health and Clinical Excellence (NICE). 2005. *The Effectiveness of Public Health Intervention to Promote the Duration of Breastfeeding.* London: NICE.

16 WHO Infant and young child feeding - Model Chapter for textbooks for medical students and allied health professionals - 2009

Watch this space! New research on women and alcohol harm

Women's Health Action and our partner Alcohol Health Watch will soon been releasing new research on women and alcohol in Aotearoa New Zealand. The Ministry of Health funded research project has run over the past year. The aims of the research were to investigate the changing patterns of drinking among women over time and the harms that result for women from their own and others alcohol consumption. We also wanted to know whether the impact of alcohol on women's health is a growing problem and what are the major influences on women's drinking or on the harm to women from others drinking. Current successful initiatives to prevent or reduce harm to women from their own or other people's drinking were also investigated.

We have undertaken an extensive international and national literature review as well as focus groups and individual interviews with health sector and community service providers who encounter the issue of alcohol-related harm amongst women. These have included those working in emergency medicine, mental health, sexual violence, sexual health, eating difficulties, education, AOD treatment, family violence and education. The focus groups included one conducted by Hapai Te Hauora Tapui with Maori service providers and community representatives, and one focusing on Pacific perspectives.

The research is intended to inform policy and service delivery aimed at reducing alcohol related harm to women. It demonstrates the on-going importance of gender and intersectional analysis to ensure that efforts to reduce alcohol related harm are appropriate for diverse women. The final report and a summary briefing paper with recommendations will be available on our website later this month. We will also be partnering with Alcohol Health Watch to launch the research at a one day Women and Alcohol Symposium in Auckland in July. Please contact us for more information: christy@womens-health.org.nz.

Introducing our new director

Women's Health Action is delighted to welcome our new Director, Julie Radford-Poupard. Julie comes to us from a long background in the not-for-profit sector and brings a huge passion for social justice issues and advocacy for women. We asked Julie to tell us what attracted her to the role at Women's Health Action and how she sees the work of the organisation fitting into the wider health sector at present.

Welcome Julie, what attracted you to the role of Director of Women's Health Action?

Women's Health Action is an organisation with an extraordinary legacy. It was established in the midst of some very important events for women's health in Aotearoa New Zealand such as the Cartwright Inquiry and has continued to pursue the goals of the women's health movement with many achievements along the way. I have a strong interest in and passion for the mahi of the organisation and have been impressed with the effectiveness of the organisation in progressing women's health and consumer issues. It is wonderful to join the organisation and lead it forward.

Women's Health Action came into being partly as a result of the 'Unfortunate Experiment' at National Women's Hospital and the 'Cartwright Inquiry'. Do you think the lessons learned from 'Cartwright' are still relevant today?

Yes, I think the lessons learned from the 'Cartwright Inquiry' remain very relevant today. Some major gains have been made as a result of the Inquiry, for example, the huge reduction in deaths from cervical cancer as a result of the establishment of the National Cervical Cancer Screening Programme. There is also a greater emphasis on informed choice and consent as a result of the Code of Health and Disability Services Consumers' Rights and a shift in the culture of how health services are provided in Aotearoa New Zealand. As a result of the inquiry New Zealand also developed a rigorous system of national independent health and disability ethics committees. However there are still plenty of challenges. While overall, deaths from cervical cancer have fallen, inequities persist for Māori, Pacific and Asian women who are much more likely to die from cervical cancer than Pākehā women. The importance of consumer participation in health care and informed decision making needs constant reaffirmation and vigilance. Also, the current changes underway to our health and disability ethics committees are a regression from those proposed in the 'Cartwright Inquiry' and the effect of these changes will require evaluation to ensure patient safety in research is not compromised.

What do you see as the biggest challenges to women's and children's health at present?

I think a major challenge at present is keeping women's issues on the political agenda. We need to keep asserting the importance of a social determinants of health approach. This means taking account of gender (women's and men's social roles), alongside other determinants such as ethnicity, indigeneity, socio-economic status, sexuality and disability which is vitally important for progressing health and addressing health inequities alongside. Progressing women's health can then be understood as something that will require a whole of government approach, for example tackling violence against women.

How do you view the role of public health NGOs, and in particular women's and children's health promotion, in the wider health sector?

I think organisations like Women's Health Action play a vital role in the wider health sector. Including consumer and gender perspectives in health policies and service planning helps to ensure services that are responsive to the needs of women and their children. This then helps to ensure better health outcomes and better use of public health dollars. With an increasing policy focus on children it is important to recognise that children's issues are inseparable from the wellbeing of women and whānau that care for them. Women's Health Action's work in breastfeeding promotion is a great example of health interventions that recognise women and children as an inseparable dyad.

Julie can be contacted on Julie@womens-health.org.nz or phone (09) 520 5295.

Noticeboard

HOST A BIG LATCH ON!!
Friday 3rd of August
To mark this World Breastfeeding Week Women's Health Action coordinates the Big Latch On. The event was first held in 2005 and has successfully broken the record for the most women breastfeeding simultaneously in Aotearoa every year since it began. Your venue can be anywhere: your house, your office, a local café, a park, a car, or even a plane! Anywhere as long as it is in NZ. Go to www.biglatchon.org.nz for information about hosting a Big Latch On or to find a venue near you.

WOMEN'S HEALTH ACTION RESOURCES
Women's Health Action resources are available all year round, including pamphlets for health consumers – including 'Vitamin K; does my baby need it?' and 'Ultrasound Scans During Pregnancy', as well as information packs on Managing Menopause, Caesarean Section, Fibroids, Hysterectomy and PMS among other many other topics. Visit http://www.womens-health.org.nz/pamphlets.html to find out more about our full range of resources and download an order form.

ANTENATAL SCREENING INTERACTIVE WORKSHOPS
Running until the 20th of June
Various locations throughout the North and South Island
The workshops are being run jointly by NZ College of Midwives and the Royal NZ College of GP's.
http://www.rnzcgp.org.nz/events/details/187

2012 DISASTER MANAGEMENT & CONTINUUMS OF CARE IN HEALTH
27th – 28th June
Auckland
Designed for all healthcare providers, this conference will bring together leading healthcare practitioners to discuss strategies and plans for continuums of care in health following a disaster.
http://www.conferenz.co.nz/disasterhealthcare

THE WELLINGTON CITY MISSION BROWN PAPER BAG FOOD APPEAL
14th – 29th June
Collections at various points in the Greater Wellington area
http://www.wellingtoncitymission.org.nz/public/brown-paper-bag

ALZHEIMERS CUPPA FOR A CAUSE MONTH
1st – 31st July
Help raise funds for Alzheimers Auckland. Anybody can take part, by holding their own Cuppa or attending someone else's. Cuppa hosts supply something to eat and a cup of tea or coffee, while guests make a donation to Alzheimers Auckland. It's great for coffee groups already in existence, or champagne evenings at work… the possibilities are endless!
http://www.alzheimers.co.nz

QUESTIONING – COMING OUT SUPPORT GROUP
Auckland Women's Centre
Starts Tuesday July 3rd for 7weeks
7pm-9pm
http://www.awc.org.nz/3/education.php?sid=11&mid=3#650

FAT STUDIES: REFLECTIVE INTERSECTIONS CONFERENCE
Massey University Wellington, 12 – 13 July 2012 Contact c.pause@massey.ac.nz
http://www.massey.ac.nz/massey/learning/colleges/college-education/conferences/fs2012/fs2012_home.cfm

WOMEN'S REFUGE APPEAL AND AWARENESS WEEK
16th – 22nd July
Women's Refuges' all over NZ desperately need your unwanted household goods, including your old, working mobile phones to give to women in need to help keep them safe. www.womensrefuge.org.nz

PUBLIC HEALTH ASSOCIATION NZ CONFERENCE
3rd – 5th September 2012
Victoria University, Wellington
The conference streams are Looking back to look forward, Values to achieve equity, Children's voices What can we agree on? and Taking action. – for success stories, evaluation of approaches, identifying actions where there is evidence of effectiveness.
http://conference.pha.org.nz/

Women's Health Update is produced by Women's Health Action Trust •
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Women's health information - www.womens-health.org.nz
Breastfeeding Friendly Workplaces - www.bfw.org.nz

Women's Health Action

MINISTRY OF HEALTH