# Women's Health Update

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## INSIDE:



## The Big Latch On 2015 – Building Breastfeeding Support Online and in the Community

*By Holly Coulter*

Over Friday 31st July and Saturday 1st August this year, the 11th annual Big Latch On took place, with 1826 children latching on to breastfeed across Aotearoa New Zealand. The Big Latch On has grown each year since it was launched in 2005, and is an opportunity for people to come together and build community support for breastfeeding. Family, whānau, friends and breastfeeding supporters join breastfeeding women and their children throughout the country to celebrate and promote breastfeeding.

Big Latch On events were held in 108 locations across the country, as well as online through the 'I latched on' Brelfie campaign, where women shared photos of themselves breastfeeding on social media. The online initiative makes the Big Latch On more inclusive for women who cannot make it to a Big Latch On venue because of sickness, working, or other commitments.

Breastfeeding has a number of benefits for both infant and maternal health, but despite 96% of women intending to breastfeed for the first 6 months in line with Ministry of Health recommendations,[1] only 17% of babies are exclusively breastfed at 6 months.[2]

A lack of peer support has been identified as a significant barrier to breastfeeding,[3] and community events like the Big Latch On, which recognise and welcome the involvement of partners, family, whānau and friends, provide a space where peers can play an important role in supporting women to breastfeed.

Community support and social norms also impact on breastfeeding rates,[4] and perceived social disapproval of breastfeeding in public is linked to stopping breastfeeding earlier.[5] The Big Latch On seeks to change cultural norms about breastfeeding in Aotearoa, raising awareness of the benefits and building community acceptance and support.

An independent evaluation of the Big Latch On is undertaken each year by students from the University of Auckland School of Population Health.

One of the 2015 Brelfies at a local swimming pool

There was an increase in the number of participants in the 2015 Big Latch On, with 1826 children latching on compared to 1628 in 2014, showing the Big Latch On continues to grow each year. The majority of participants in the Big Latch On continue to be New Zealand Europeans, but 2015 saw an increase in Māori and Pacific participation. This aligns with the Big Latch On goals of increasing participation for Māori and Pacific peoples.

Feedback from participants demonstrated that the Big Latch On had a positive impact on how supported and confident people felt to breastfeed. Many of the participants said taking part increased how supported they felt to breastfeed, and the majority of others reported that they already felt supported - many of whom attributed this to attending previous Big Latch On events. One participant reflected that they "already felt supported within a small group of friends, but this expanded that to a larger community."

One third of participants reported that taking part in the Big Latch On increased their confidence to breastfeed in public. Over 60% of participants reported that they already felt comfortable breastfeeding in public - some of whom had attended a Big Latch On previously - so had no change in confidence. One participant commented that taking part, "increased my confidence on breastfeeding and breastfeeding in public knowing that I am

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not the only one.... there are more [mums] in New Zealand that are still breastfeeding their babies than I expected".

Many participants reported that that they were more likely to access breastfeeding support after attending the Big Latch On 2015, while others reported already accessing support. Comments showed that many women already had support through friends, family and community groups. Others highlighted that through Big Latch On, they knew were to get further support if needed. One participant identified that "I am more likely to get involved in breastfeeding support groups in my area to support other breastfeeding mothers in my community", demonstrating how taking part in the Big Latch On positively influences women not only to access breastfeeding support services, but also to provide peer support to other breastfeeding women.

Each Big Latch On venue is hosted by an individual or organisation, and every year a range of hosts are involved, including DHBs, hospitals, playcentres, community breastfeeding groups, and Kaupapa Māori services. Having a variety of hosts, who organise their events in a way that best suits their community, ensures that the Big Latch On is inclusive and reaches diverse groups of women, so that taking part is relevant and meaningful to all women in Aotearoa.

Independent media monitoring showed a move towards online and social media reporting, with a decrease in the number of print articles reporting on the Big Latch On. There was an increase in the number of media articles which supported and promoted breastfeeding, indicating a shift towards more public approval and encouragement of breastfeeding. Given that perceived negative public attitudes towards breastfeeding can contribute to women discontinuing breastfeeding,[6] a shift towards more public acceptance could have a positive impact on women continuing breastfeeding.

The Big Latch On is a targeted community programme which works to promote breastfeeding by raising awareness of the benefits, building community support networks, and normalising breastfeeding. Evaluation of the event shows the positive impact of the Big Latch On over several years in helping women feel more supported and confident to breastfeed. The event continues to grow each year, and has adapted to a changing New Zealand by adding an online component in the Selfie campaign. The Big Latch On plays an important part in supporting breastfeeding women. As one of the 2015 hosts stated, "It empowers women to feel comfortable feeding [their] baby anywhere."

**Footnotes for all aticles are available online at www.womens-health.org.nz/resources/womens-health-update**

# Maternity Consumer Satisfaction

*By Isis McKay*

The Ministry of Health recently launched the 5th National Maternity Consumer Survey, and the 2nd National Survey of Bereaved Women. The National Maternity Consumer Survey results are based on the responses of almost 4,000 women who had a live birth between December 2013 and February 2014, representing voices from approximately 6.9 % of live births registered in New Zealand in 2014 (Statistics New Zealand, 2015). The Bereaved Women's survey results are based on responses from 114 women whose baby (or babies) passed away between 20 weeks of pregnancy and 28 days following birth in 2013.

The Maternity Consumer Survey covered women's experiences and satisfaction with all aspects of their maternity care, from when they first discovered they were pregnant, through to the weeks following their baby's birth. The 2015 results are fairly consistent with the previous 2011 survey. Women reported high levels of satisfaction with care received during pregnancy, birth and in the postnatal period, with 77% of respondents being very satisfied or satisfied with the overall care they received. The highest level of women's satisfaction remains with the care received from Lead Maternity Carers, as 90% of women reported being very satisfied or satisfied with this aspect of their care.

2015 saw a decrease in overall responses with a total response rate of 29.2% (down from 40.9% in 2011). Additionally, there was a decrease in responses from women who identified as Māori or Pacific and women under 25 despite concerted efforts to increase the already low response rates for these groups. This means that these groups' experiences may not be accurately represented in the results of the survey. The results showed that women with long term disabilities are still less satisfied with the overall maternity care they received, compared with all women surveyed.

Respondents to the 2015 Survey of Bereaved Women reported generally high satisfaction, with 74% satisfied with the overall care they received (an increase of 10.44% from the 2011 survey). 84% of women felt they received all of the care and support they needed at the time of their baby's birth/death. This is an improvement on the results from the 2011 Survey of Bereaved Women (67% of whom were satisfied or very satisfied). However, 10% of the bereaved women interviewed were dissatisfied (or very dissatisfied) with the level of maternity care they received, while 14% provided a neutral response. Three key areas of improvement identified through this survey were the information and support that is provided to women during and also immediately following their loss, and the appropriateness of the surroundings in which the birth takes place.

Both surveys present encouraging levels of satisfaction, however capturing meaningful maternity consumer experience continues to present a national challenge. With the current low response rates, the surveys give very limited insights into women's views of their journey through our maternity services. Additionally, research has shown that findings of high satisfaction in patient experience surveys can be misleading, for example it can be difficult for a woman to express a preference for something else if she does not know what services are or could be made available or improved. This poses an important question, do we have high satisfaction or low expectations?

# Body Image and Pregnancy

*By Meg Rayner-Thomas*

Body image is complex and made up of many different intersecting factors encompassing how we see ourselves and how we think others see us.[1] It is influenced by the messages society sends about what the ideal body is supposed to look like and be shaped like, and for many people, those messages can contribute to anxiety and a poor self-image.[2] This is especially true for women, for whom societal standards place tremendous emphasis on thinness as a perfect, though often unachievable, ideal. However, among women who become pregnant, there can be considerable variability in how body image is affected and how women respond during the many rapid changes experienced.

It is generally accepted by society that women's bodies will change during pregnancy and many women do find that pregnancy is a welcome temporary time when it is possible to relax the vigilance they exert over their body size.[3,4] It is not unusual for women to enjoy their changing shape and feel a sense of confidence about their body's internal biological abilities.[5] For some women it is a time to value their health and the health of their baby and not feel concerned about external pressures about their appearance.[6,7]

Unfortunately, some women also experience immense scrutiny about what is happening with their bodies throughout their ante- and post-natal journey. What weight gain should look like, how much weight should be gained, and when and how quickly a woman returns to her "post-baby" body, are all topics

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pregnant women commonly deal with. Many women report being particularly unhappy with their weight and shape after having a baby.[8,9] This is shown to be particularly true for women who were dissatisfied with their weight and shape prior to becoming pregnant.[8,10]

Poor body image often contributes to mental health issues, disordered eating, and extreme weight loss behavior.[11] In the postnatal period, women with poor body image experience higher rates of postnatal depression, feelings of anger, and decreased time breastfeeding.[12] Conversely, women who report high levels of body satisfaction during pregnancy report generally feeling more positive about their pregnancies, less stress, and fewer depressive symptoms.[13] Ultimately, there is little doubt that body satisfaction plays an important role in how women feel about themselves and their pregnancies.

Body image and pregnancy have a complicated and varied relationship. Society places a high value on thinness and as a result women frequently feel stress about their size and shape. For many women, pregnancy is a welcome reprieve from the pressure to be thin and for others, pregnancy brings with it increased anxiety about weight gain. It is important for women and their health practitioners to recognise if body image becomes negative enough to lead to depression or disordered weight loss behavior.[14] In the end, there are many factors that go into body image, and while pregnancy brings with it unique physical changes, there is a wide range of varied responses women may experience, which can impact on their health, and the health of their babies.

BOOK REVIEW:

# Making it better: Gender-transformative health promotion - Lorraine Greaves, Ann Pederson, and Nancy Poole, eds. Canadian Scholars' Press.

*Review by George Parker*

Women's Health Action is delighted to announce the release of 'Making it better: Gender-transformative health promotion', the culmination of a six year collaboration between Women's Health Victoria (Australia) and the British Columbia Centre of Excellence for Women's Health (Canada). In this innovative collection of essays, leading thinkers in clinical medicine, sociology, epidemiology, education, and public policy reveal how health promotion which is gender blind, and overly focused on individual behaviour change, does not lead to improvements in women's health and can instead compound inequities. Drawing on a diverse range of examples of health promotion activities from tobacco control, alcohol harm reduction, heart health, homelessness, intimate partner violence, mental health promotion, and preconception care, the authors articulate a new paradigm for women's health promotion. Gender transformative health promotion re-centres gender within the social determinants of health and health promotion frameworks showing how gender inequities and stereotypes give rise to women's poor health. A gender transformative approach aims to redefine harmful gender norms, challenge gender stereotypes, and develop and strengthen equitable gender roles and relationships in and through health promotion interventions, to progress the health of women and girls worldwide.

Despite a longstanding consensus that social inequalities shape global patterns of illness and opportunities for health, mainstream health promotion frameworks have continued to ignore gender at relational, household, community, and state levels. Exploring the ways in which gendered norms affect health and social equity for all human beings, Making It Better invites us to rethink conventional approaches to health promotion and to strive for transformative initiatives and policies. For example, the authors use the example of prenatal and preconception care to argue that traditional approaches in public health and health promotion have tended to be gender exploitative - using foetus-centric, shaming and blaming approaches to encourage women to reduce alcohol consumption, smoking and other lifestyle behaviours that might affect their pregnancies. However, in doing so such approaches have reinforced the view that maternal health is subordinate to foetal health and that women are solely and entirely responsible for their children's wellbeing, ignoring the complex realities of women's lives and their reasons for substance use, and failing to support women's health beyond pregnancy. A gender transformative health promotion approach calls for more women-centred, supportive health promotion interventions for women before and during pregnancy. This approach insists on interventions that are responsive to women's complex needs, rather than decontextualized notions of individual responsibility. It also demands health promotion interventions that are culturally safe, adaptive and tailored, harm reduction-oriented, integrative, equity-oriented and strengths-based.

As Marilyn Beaumont describes in her foreword to the book (ix), 'This book emphasises

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# Launching *'Just 10 Steps'* - A free electronic breastfeeding resource

**Women's Health Action are excited to launch our newly redeveloped breastfeeding resource *'Just 10 Steps'*. The FREE electronic resource incorporating views of women and stakeholders in the women's health and breastfeeding support sectors to deliver a comprehensive resource, provides guidance and tips for women throughout their breastfeeding journey.**

**The resource includes information on what to expect from a maternity facility in regards to infant feeding, tips for breastfeeding in public and what to expect from a breastfeeding friendly space, tips for breastfeeding and working and what to expect from a breastfeeding friendly workplace, and mum to mum tips and helpful links, alongside information on creating breastfeeding friendly environments for employers and the general public.**

**The new resource can be found on our website: http://www.womens-health.org.nz/just-10-steps/**

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that in order to improve women's health, we must shift more health promotion resources away from a focus on individual behaviour change - which is the current tendency in much health promotion activity - and turn our attention toward critical structural inequities. By addressing these causes, change in women's health and in women's status will be possible'. Offering practical tools and evidence-based strategies for gender-transformative health promotion, this book is highly recommended for policy makers, health promotion and healthcare practitioners, researchers, community developers, and social service providers. The book is supplemented by a free on-line course on the principles of gender transformative health promotion, which is also highly recommended: http://promotinghealthinwomen.ca/

# Parental Alienation: How an unproven, discredited concept continues to influence our family courts.

*By Dr Sandy Hall*

In their submission on "Strengthening New Zealand's legislative response to family violence" the Coalition for the Safety of Women and Children noted the continuing application of Parental Alienation Syndrome as a "particularly dangerous aspect of the current operation of the Family Court, which runs counter to the Domestic Violence Act and to efforts to protect women and children from domestic violence".

The concept of Parental Alienation Syndrome has long been discredited internationally, including in the United States where it originated in the early 1980s.[1] Its originator, Richard Gardner, recommended that a mother reporting violence and abuse should be encouraged to stay with the abusive father; be helped over her "anger"; and the child should be placed in the father's care in cases of separation. Gardner also claimed that the vast majority of children who reported sexual abuse were fabricating what they said and had been alienated and coached by their mothers. He later "trained" thousands of judges and lawyers, including in New Zealand.

By the 1990s researchers were questioning the existence of Parental Alienation Syndrome. By 1996 the American Psychological Association's Presidential Task Force on Violence and the Family had reported that many mothers were losing custody cases in which there was domestic violence because abusive fathers were able to convince the court that the mothers were engaged in alienating behaviours. The US National Council of Juvenile and Family Court Judges has further stated that parental alienation is an empirically unsupported theory that should not be utilized in our courts; it trivialises the deleterious effects of witnessing violence on children and often characterises mothers who advocate for their children's safety as psychological abusers. Indeed, it is important to note that despite strenuous lobbying by proponents of parental alienation, the latest edition of the Diagnostic and Statistical Manual (DSM V) has again rejected its inclusion.

More than 500 studies have now been conducted into Parental Alienation Syndrome and none have been able to reproduce the eight characteristics claimed by Gardner.[2] Despite this, and evidence of the devastating impact it can have,[3] the continued application of Parental Alienation Syndrome in New Zealand's Family Court means that children are threatened with being removed from their mother's care if they persist with reporting abuse; and mothers are threatened with having children removed from their care if they continue to report abuse.[4]

The evidence provided by research clearly shows in many studies over many years that false complaints of abuse and violence are rare. 2010 research[5] relating to the beliefs of judges and custody evaluators found that they believed that –

- Victims made false allegations;
- Victims alienated their children; and
- Fathers did not make false allegations of abuse.[6]

Myths like parental alienation need to be challenged in the training of police and the judiciary and it is vital that evidence-based information is included in education relating to domestic violence. The ongoing use of the concept of parental alienation is undermining the law and jeopardising the safety of women and children.

**Many thanks to Ruth Busch for her help with this article.**

## NOTICEBOARD

**INTERNATIONAL GAMBLING CONFERENCE**
10-12 FEBRUARY 2016,
AUCKLAND UNIVERSITY OF TECHNOLOGY
Preventing harm in the shifting gambling environment: Challenges, policies and strategies.
www.internationalgamblingconference.com/

**ACYA CHILDREN'S RIGHTS CONFERENCE – SAVE THE DATE**
7-9 APRIL 2016, AUCKLAND
The conference focuses on children's rights issues in Aotearoa, and welcomes child advocates, practitioners, researchers, and policymakers.
www.acya.org.nz/news-and-events/save-the-date-childrens-rights-conference-7-to-9-april-2016

**CERTIFICATE OF ACHIEVEMENT: INTRODUCING HEALTH PROMOTION**
8-11 FEBRUARY, AUCKLAND
The short course contributes to an introductory knowledge of the Nga Kaiakatanga Hauora mo Aotearoa Health Promotion Competencies for Aotearoa New Zealand. www.hauora.co.nz/certificate.html#sthash.QX1H0uFQ.dpuf

**NZ LACTATION CONSULTANTS CONFERENCE 2016**
26 - 27 FEBRUARY 2016, AUCKLAND
Theme Home Grown: Simply the Breast
www.nzlca.org.nz/conferences.html

**SKIP POSITIVE PARENTING SESSIONS**
SKIP is a strengths-based series of workshops, talks and resources for parents with children under 5. The workshops are available across New Zealand and offered free through the Auckland Women's Centre. For more information contact Rochelle at skip@womenz.org.nz www.skip.org.nz/

**PUBLIC HEALTH LEADERSHIP PROGRAMME 2016**
2016, AUCKLAND AND WELLINGTON
Designed for people working in public health, the programme builds leadership competencies identified as important for leaders in public health. www.publichealthworkforce.org.nz

**AUCKLAND WOMEN'S CENTRE WORKSHOPS AND COURSES 2016**
2016, AUCKLAND
AWC will be offering a range of courses and workshops from February 2016, including: Assertiveness for Women; Self Esteem for Women; Girls Self Defence; Body Satisfaction; CV and Job skills; and Aroha Dance, along with regular Queer and Lesbian Women's Social Nights and Restorative Yoga classes.
www.awc.org.nz

**TE PAE MAHUTONGA AND MĀORI HEALTH PROMOTION PLANNING**
2016, AUCKLAND AND WELLINGTON
Christchurch, 19 February 2016 & Whangarei, 15 April 2016
www.hauora.co.nz

WOMEN'S HEALTH ACTION

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