

Women's Health Update

Pelvic Floor Health

By Ema Lyon and Wendy Lee

Former owners of d.vice Ema Lyon and Wendy Lee have worked as sexual health advocates since 1998. Both have over seventeen years experience in the promotion of pelvic floor health, along with first-hand experience of childbirth and the process of regaining their own pelvic floor tone. After realising how many women were affected by bladder weakness they launched Pelvic Floor Health, a website where women can easily access both information and health products designed specifically to tone and strengthen their pelvic floor muscles.



Bladder weakness is a widespread health issue affecting many women, associated with weak pelvic floor muscles. While not life threatening it can be hugely debilitating, an undercover ailment of epidemic proportions amongst women from all socioeconomic groups and ethnicities. Many of us are hugely embarrassed to admit we are affected by it and that it restricts us from fully participating in many physical activities and enjoying life to the full.

Bladder weakness, urinary incontinence, urinary leakage, light bladder leakage or LBL are all terms that encompass mildly annoying leaking, right through to a full blown gush when attempting physical activity. When basic bodily functions such as laughing, coughing or sneezing become a challenge, it is an indication

of weak pelvic floor muscles.

Urinary leakage affects approximately 600,000 New Zealand women and many women believe that 'bladder weakness' is a normal state of health. It's concerning that around 80% of women affected by urinary leakage do not discuss their experience with a health professional. Many women accept this condition as part of their lives and do not receive either support or strategies to overcome and remedy this health issue.

Many women believe that they are destined to wear incontinence pads daily and eventually incontinence nappies, and often mainstream media perpetuates this view. Others are fearful that surgery is the only option.

Once the pelvic floor muscles are weakened and are not functioning to fully control the bladder and they undergo further stress, the issue may compound, resulting in conditions such as prolapse of the uterus and serious incontinence.

There are several different types of incontinence:

- **Stress Incontinence:** this is a very common type of bladder weakness often associated with sneezing, coughing, laughing, and jumping, where pressure on the abdomen pushes on the bladder and can lead to urine leakage.
- **Urge Incontinence:** Urge incontinence is the most common type of incontinence. You may suddenly feel you have a desperate need to go to the toilet. Urge incontinence is often experienced by menopausal women.
- **Mixed Incontinence:** This type of incontinence is caused by a mixture of both stress incontinence and urge incontinence.
- **Overflow Incontinence:** During overflow incontinence your bladder cannot empty completely. As a result, your bladder will fill up very quickly making you feel like you need to go to the bathroom very frequently and many of these women also experience leaking.

By strengthening and toning the pelvic floor muscles including their Pubococcygeous (or PC) muscle, 70-80% of women can actually increase pelvic floor support and overcome bladder weakness.

Many women have some awareness about the importance of doing Pelvic Floor Exercises often known as 'Kegel exercises'. There is overwhelming evidence that a large percentage of women for whom pelvic floor exercises would be beneficial do not actually do them regularly, or in an effective way, and it is not until women are experiencing really

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debilitating issues that they may seek help.

Another common factor is that many women do not contract and exercise the correct set of muscles, and do not continue for an extended enough period of time, to either fully restore muscles tone, or prepare for and remedy subsequent pelvic floor challenges.

The PC muscle is like a net that supports and holds up the internal pelvic organs, and needs to be toned for good pelvic health. It's interesting to note that pelvic floor weakness is an affliction that predominantly affects women in Western society where we sit on chairs, often for extended periods of time. In indigenous cultures where squatting is the norm, pelvic floor tone is maintained through everyday activity.

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How many women are fully aware of the state of their pelvic floor muscles? And how many of us share with our friends or family about our experience of bladder leakage? Let's face it, we don't talk about it and many women just hope that it will miraculously come right on its own or just go away. Out of sight and out of mind... except when you experience leaking, or have to politely decline to join in a physical activity, or you don't buy tickets to the comedy festival for fear what a fit of laughter will result in?

A common myth is that bladder weakness only affects 'mature' women. However the reality is that women of all ages can be affected. There are three main life experiences that challenge the pelvic floor muscles and may result in loss of tone.

PREGNANCY AND POST-PARTUM WOMEN

The pelvic floor muscles play a huge part during both pregnancy and childbirth. Being the primary muscle group that supports the uterus and the bladder, these muscles have to work extra hard during pregnancy. If that's not enough, they get a super workout during the natural process of childbirth. Even during a caesarean section the pelvic floor muscles can be affected.

Many women find that they have issues with bladder control during their pregnancy and also post child birth. This can affect women of all ages during pregnancy and post childbirth. While most women will have been given information about pelvic floor exercises from their LMC (Lead Maternity Carer), often the last thing you are thinking about when caring for your newborn baby is doing pelvic floor exercises. However it is vital that every woman consciously takes steps to tone her pelvic floor muscles prior to becoming pregnant, during pregnancy and post childbirth. It's very important to make sure the pelvic floor muscle is toned before becoming pregnant again or the problem will compound with subsequent pregnancies.

MENOPAUSE

As part of the natural process of aging women experience hormonal changes during menopause. The oestrogen levels drop dramatically during menopause, causing

different effects on the body, one being the need to go to the bathroom more frequently.

Oestrogen stimulates blood flow to the pelvic region which contributes to keeping the pelvic floor muscles in good shape, as the blood flow reduces during menopause, the muscles become weaker and there is less blood flow to the lining of the bladder and urethra. The pelvic floor muscles may not have sufficient strength to close the bladder effectively causing unwanted urine leakage. Women going through menopause are able to tone and strengthen the pelvic floor muscles to both improve and alleviate bladder weakness.

TEENS AND YOUNG WOMEN

As we often think that bladder weakness is only associated with more mature women, it can be a shock when young women are affected in their teenage years. For teenage women this experience can be not only embarrassing and debilitating, but many younger women feel very alone and not able to discuss it with their peers or health practitioner.

Young women who become pregnant and have children in their teenage years and into their early twenties, may find their pelvic floor muscles are compromised. If you don't get your pelvic floor muscles back into shape in between pregnancies, the issue can compound with each pregnancy. Whilst youth is a benefit in terms of quickly regaining muscle tone, many young women are surprised to experience leaking and a restriction in physical activity.

Intense and prolonged physical over-exertion may also weaken the pelvic floor muscles. Young women who are playing a lot of sport or working in hospitality roles where they are on their feet for long periods of time can be affected. When engaging in any strenuous exercise it is important to ensure there is a focus on core strength so that pelvic floor tone is maintained.

Bladder weakness can also be inherited, you may find if you ask your mother, grandmother or aunts, that there is a family history of bladder weakness.

So what is the solution? What are the ways women can both prevent and rectify the condition of weak pelvic floor muscles and the corresponding bladder weakness? Pelvic floor exercises if practised correctly and on a regular basis can be very effective. Many women also find yoga or pilates hugely beneficial.

There are also a range of devices available to tone and strengthen the pelvic floor muscles for women, including during and after pregnancy. The authors' business, Pelvic Floor Health, sells two of these devices: Natratone and Smart Balls.

Natratone is a device developed by a New Zealand physiotherapist which used to guide women to contract the correct muscles during a specifically designed set of exercises, and is one of the few products that women can use whilst pregnant to tone and strengthen the pelvic floor muscles. The hormonal changes experienced during pregnancy relax the pelvic floor muscles to prepare for childbirth and this along with the pressure and weight of the pregnancy often results in bladder weakness. The neural pathways from the brain to the pelvic floor muscles can be affected by pregnancy, and the Natratone provides a point of focus to ensure the correct muscles are engaged. It is designed to be comfortably inserted into the vagina while doing the exercises.

Smart Balls are a system for toning the pelvic floor muscles, designed to be worn vaginally as you go about daily activities, and allow you to get your pelvic floor muscles in great shape without having to squeeze, lie down or even think about them. They were developed by Christine Neirson, a German midwife, and are coated in medical grade silicone to ensure they are safe to be worn internally. They can be used any time from 6 weeks after giving birth.

Pelvic floor health is important for all women. For women who have children, having the pelvic floor muscles in good shape supports faster recovery after childbirth, maintains sexual sensation and for some women encourages more muscle awareness during the birth process.

Prevention is key to both avoiding bladder weakness, and other more serious health issues which may result from ongoing weakened pelvic floor tone. However, it is never too late to take positive steps to tone and strengthen your pelvic floor muscles.

Check out the Pelvic Floor Health blog, or ask an anonymous question at www.pelvicfloor.co.nz or connect with on Facebook – at Pelvic Floor Health

Family violence: A women's health issue¹

By Dr Sandy Hall, Policy Analyst

New Zealand Police deal with over 10,000 incidents of family violence each year (one every five minutes), and the number is increasing². Despite this, they estimate that only 18 to 25 percent of all family violence cases are reported³. The New Zealand Law Society recently released a report with suggested changes to legislation regarding strangulation.

THE CASE FOR LEGISLATIVE CHANGE

“Studies have shown that strangulation, often to the point of unconsciousness, is a common form of family violence. It is a dreadful tool for coercion and control within a domestic relationship”⁴.

Women's Health Action has long been concerned that gaps in legislation, along with inconsistent implementation of the various Acts relating to family violence, has weakened the justice system's ability to protect vulnerable women and children. We have argued in submissions that legislation should ensure the safety of the victims including children of these individuals and make abusers accountable, and that the safety of children be paramount in Family Court decisions. It is also crucial that better training for professionals working in family violence (including police, lawyers, and judges) is provided, including comprehensive and regular training in violence against women.

However, it is clear some issues may only be properly addressed by changes to

legislation. In March 2016 the New Zealand Law Society released its report “Strangulation: The case for a new offence”.

Overseas studies⁵ have found that elevating the seriousness of strangulation as a crime meant more attention was given to such cases, more convictions occurred and victim safety was enhanced. A number of other countries, including Australia, have specific legislation which identifies strangulation as a serious offence⁶. Strangulation is a risk factor for homicide with those that have been strangled seven times more likely to be killed⁷. Despite this, the report notes there are significant gaps in police knowledge of the signs and symptoms. In New Zealand it is not uncommon for strangulation to be treated as a minor assault⁸.

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The report states that while abusers may not intend to kill, strangulation demonstrates to the victim that the abuser could kill, and numerous studies have shown that strangulation is an effective method of coercion and control⁹.

It was also noted in the report that strangulation is often unreported to the Police, is not always prosecuted or may be recorded as 'male assaults female' with a maximum 2-year penalty that does not reflect the seriousness of the offence.

Frequently, strangulation leaves no evidence of injury, or the injuries of which there is evidence are limited to swelling, bruising or soreness.

The report notes strangulation is under recognised by the police, medical officers, prosecutors and judges. Lack of medical expertise or even reluctance to provide a medical examination was also noted to be a problem in cases of strangulation in particular.

The report concluded that the problems in the NZ criminal justice system fall into two categories: "a lack of awareness of the future risk of strangulation and effects on the victim" and "a lack of adequate accountability for the

perpetrators of strangulation".

There are both immediate physical effects of strangulation (including pain, loss of consciousness and incontinence) as well as the longer term physical (amnesia, confusion, cognitive changes) and emotional effects including the victim's fear that they may die. There is also a range of long-term effects of living with coercion and abuse including fear, lack of volition, anxiety, diminished ability to deal with stress, hypervigilance, suspicion, exhaustion and depression, as well as loss of contact with family and friends and isolation. The report notes some victims have considered and some committed suicide because of the devastating impact of this type of abuse.

The report states there is no doubt that strangulation is a serious crime which has previously been underestimated. It makes a clear case for change, and makes recommendations for significant change to current legislation and in the training of police and judiciary about strangulation. It recommends creating a separate strangulation offence as well as amending the Sentencing Act, and a number of operational changes in the way police identify and record strangulation.

However, as stated in the 2007 Cutting Edge report, it is vital that "the Ministry of Justice ensure that all professionals (for example, judges, counsel for the child, specialist report writers, mediators, counsellors and supervised access providers) working in the Family Court and specialist domestic violence criminal courts be required to demonstrate a multidisciplinary understanding of domestic violence, including the principles of scientifically rigorous risk assessment, prior to their appointment, and that they be required to participate in annual "refresher" training on these matters."¹⁰

Domestic violence is a fundamental violation of human rights and unacceptable in any form. New Zealand has some of the highest family violence rates in the world, and currently we are still failing to recognise the human rights implications of our high rates of domestic violence. It is critical that there is acknowledgement of the gendered nature of violence in legislation and policy. Responses must recognise the gendered nature of these forms of violence and the influence of social attitudes about the status of women on the incidence and nature of violence.

Announcing resignation of WHA Director Julie



It is with great regret that we announce the resignation of our Director Julie Radford-Poupard. Julie will be leaving us in July after more than four years of leadership at Women's Health Action. She has been a passionate and innovative Director committed to improving the health and well-being of all New Zealand women, to gender equality, and to social change. Under her proactive leadership Julie and the team at WHA have continued to build strong relationships and connections in the sector and have recorded high achievements across all our areas of work. Julie has explored and developed important new activities for WHA that include the excellent Nourish and Body Image Leaders in Schools Programme.

We will miss Julie's dedication and great leadership skills and are sad to see her go. We wish her the very best as she embarks on the next exciting phase of her life.

Increased contraceptive options goal of Abortion Supervisory Committee

By George Parker, Strategic Advisor

The annual report of the Abortion Supervisory Committee for 2015 was recently released and provides an excellent snapshot of abortion statistics and services nationally. As well as profiling national abortion data, the Committee highlights what it sees as key issues related to abortion care in New Zealand, primarily this reporting period to do with the provision of contraception following abortion.

The abortion rate has continued its steady decline this reporting period, dropping to 13,137 abortions in 2014 from 18,382 in 2007. The most significant reductions in abortion numbers have continued to be for young women aged between 15 and 24. The decline in abortion numbers is speculated to be, at least in part, attributable to the public funding of a Long Acting Reversible Contraceptive (LARC) - Jadelle. If the declining rate of abortions does indeed reflect increased access to contraception, and to sexual health education and services more generally, then this is great news for women's health advocates. However, while declining, New Zealand's rate of abortions is still well above other countries with similar health care systems including Norway, Scotland and the Netherlands. Further, while New Zealand's declining abortion rate has been widely attributed to the introduction of public funding for Jadelle, the Committee has highlighted a range of issues related to contraception following abortion generally, and to Jadelle in particular, which will need to be addressed in order to continue to support women to

prevent unwanted pregnancies.

Statistics for this reporting period show that a larger percentage of women are being provided with long acting contraception at the time of abortion, particularly in Northland, Southland and Taranaki, and that nationally nearly 90% of women are being provided with some form of contraception following their abortion. It is a priority for the Abortion Supervisory Committee to ensure all women are offered contraception by their abortion providers. However, the Committee has been concerned to hear reports from various medical practitioners about issues relating to the Jadelle rod implant, including difficulty with insertion and removal of the device as well as the rods migrating from its original insertion point. This is without including users' views and experiences of using Jadelle, which include reports of dissatisfaction related to unacceptable bleeding/spotting and concern that providers' enthusiasm for Jadelle is undermining informed decision-making¹. The Committee has voiced their disappointment that the Jadelle rod remains the only long acting implant presently subsidised by PHARMAC, meaning that women who wish to try an alternative subcutaneous device such as Implanon must fund this privately at a cost of \$270, which is prohibitive for many. They recommend that PHARMAC consider additional or alternative devices for funding at their next contract review and encourage all medical practitioners to make a report of any issues they identify through the usual Centre for

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Adverse Monitoring Procedures (CARM).

Consumers may also report any concerns about their Jadelle or other forms of contraception to CARM at <https://nzphvc.otago.ac.nz/>. Women's Health Action applauds the

Abortion Supervisory Committee for promoting the funding of increased contraceptive choices for women and we encourage the Committee to ensure informed decision-making and consent is part of contraceptive advice and provision by abortion providers.

The full report from the Abortion Supervisory Committee can be found at <http://www.justice.govt.nz/tribunals/abortion-supervisory-committee/annual-reports/asc-annual-report-2015>



Newly redeveloped Vitamin K resource

Women's Health Action are excited to launch a newly redeveloped version of one of our most popular resources: 'Vitamin K - Does my baby need it?'. The resource presents an evidence-based, balanced view of the benefits and risks of giving Vitamin K to babies, to help parents make an informed choice that is right for them.

This resource is most often ordered by midwives and other LMCs to give to their clients, to provide them with the information needed to make a decision about whether Vitamin K is useful for their baby.

The new resource includes the same high-quality information as the old resource, but has now been updated to include the latest evidence, using simple language to make the resource more accessible for all parents, and featuring a new, more modern design.

The resource can be ordered through our website at <http://www.womens-health.org.nz/place-order/> or phone/email orders can be placed by calling 09 520 5295 or emailing info@womens-health.org.nz

NOTICEBOARD

HUI WHAKAPIRIPIRI 2016

5-6 JULY, WELLINGTON

Hosted by the Health Research Council, the theme for Hui Whakapiripiri 2016 is 'Reflections of Māori health research – acknowledging, strengthening, extending'.

www.hrc.govt.nz/news-and-media/events/hui-whakapiripiri-2016-wellington

CARTWRIGHT SEMINAR

5 AUGUST, AUCKLAND

A 1-day forum on 'The Control of Cervical Cancer in New Zealand: Achievements and Future Prospects'.

www.womens-health.org.nz

BIG LATCH ON 2016

5-6 AUGUST, NATIONWIDE

Women will come together in venues across Aotearoa and through social media to support breastfeeding for the 12th annual Big Latch On.

www.biglatchon.org.nz

BREASTFEEDING SUPPORT AT AUCKLAND BABY SHOW

21-23 AUGUST, AUCKLAND

Free breastfeeding support and advice from lactation experts at Women's Health Action's stall at the Auckland Baby Show.

www.babyshow.co.nz

SUFFRAGE 2016

19 AUGUST, AUCKLAND

Louise Nicholas, sexual violence survivor advocate will be the guest speaker at the annual Suffrage Commemoration. It will also include presentation of the Women's Health Rights Award for work to promote women's health rights in Aotearoa. Save the date

www.womens-health.org.nz

AUTISM NEW ZEALAND CONFERENCE

19-20 AUGUST, WELLINGTON

The theme is 'Empowering People Living with Autism'.

<http://www.autismnz.org.nz/conference-2016>

NZ COLLEGE OF MIDWIVES CONFERENCE

26-28 AUGUST, AUCKLAND

Birth, culture and social change – The next 25 years of midwifery in Aotearoa.

www.midwife.org.nz/resources-events/nzcom-conference-2016

WOMEN'S STUDIES ASSOCIATION CONFERENCE

2-3 SEPTEMBER, AUCKLAND

New Landscapes in Feminism and Women's Studies

www.wsanz.org.nz/

ASIAN AND ETHNIC MINORITY HEALTH AND WELLBEING CONFERENCE

6-7 SEPTEMBER, AUCKLAND

Conference on the health issues of Asian and ethnic minority populations

<https://www.fmhs.auckland.ac.nz/en/soph/about/our-departments/social-and-community-health/our-research/cahre/events.html>

NATIONAL COUNCIL OF WOMEN CONFERENCE

15-17 SEPTEMBER, WELLINGTON

Theme is gender equality, and will explore how we can ensure women's full and effective participation, and equal opportunities for leadership at all levels of decision making.

www.ncwnzconference2016.grow.co.nz

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS CONFERENCE

10-12 NOVEMBER, WELLINGTON

The conference will focus on improving access and advancing equity in sexual and reproductive health and rights.

www.nzshs.org



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Women's health information - www.womens-health.org.nz

Breastfeeding Friendly Workplaces - www.bfw.org.nz