

WOMEN'S health

update

Reclaiming Natural Birth

Maggie O'Brien, Director of Midwifery at Auckland District Health Board and Women's Health Action trustee, reflects on the decreasing number of 'normal' births in Aotearoa New Zealand, the reasons behind it, and the important role midwives and women together have to play in increasing the rates of normal birth.

The last 20 years has seen an alarming increase in the number of women having caesarean sections throughout the western world; in New Zealand the rate has risen from 5.2% in 1976, to 20.8% in 2000 and 23.7% in 2005. Since then the rate has remained constant, the latest available statistic being the 2010 rate of 23.6%.¹ New Zealand caesarean section rates are favourable when compared to the Australian rate of 31.6% in 2010 and are comparable with those in the United Kingdom (24.8% in 2010).

Alongside the high number of women having caesarean sections is a steady decrease in the number of women having 'normal' births. There has been much discussion and debate about what constitutes 'normal' birth. The definition most referred to is that from the World Health Organisation (WHO):

Spontaneous in onset, low-risk at the start of labour and remaining so throughout labour and delivery. The infant is born spontaneously in the vertex position between 37 and 42 completed weeks of pregnancy. After birth mother and infant are in good condition.²

The Ministry of Health reported that the spontaneous vertex birth (SVB) rate for New Zealand was 65% in 2010.³ However, this rate simply includes women who have had a vaginal birth without the use of ventouse extraction or forceps. This means that it includes women who have had an induction, epidural, post-partum haemorrhage, episiotomy or augmentation of labour. There is a slow but steady increase in the number of interventions; inductions and epidurals in particular. Therefore, if statistics were collected to reflect the WHO definition of 'normal' birth the rate would be considerably lower.

There is robust evidence demonstrating that primary settings provide better perinatal outcomes and fewer interventions for women who experience normal pregnancy



and birth. The national Birthplace in England study looked at 64,538 women with low-risk pregnancies and found that women who gave birth in a primary unit had significantly fewer interventions, including substantially fewer caesarean sections and more 'normal' births than low-risk women who gave birth in an obstetric unit.⁴ Similarly, a nationwide study in the Netherlands found that low-risk women in primary birthing units, or at home, had fewer complications, such as postpartum haemorrhage, than those who had a hospital birth.⁵

Despite the increasing body of evidence, the challenge of promoting normal birth is complex and cannot be underestimated. To begin to address the decreasing normal birth rate in New Zealand, it is first necessary to understand the reasons why women do not choose normal birth in primary settings. Judith McAra-Couper carried out research

VOL 17 NO 4 DECEMBER 2013

INSIDE:

- Perceived and Experienced Barriers to Breastfeeding
- The Big Latch On 2013
- Addressing Rape Culture

to understand women's reasons for not choosing to have normal births, and in some instances choosing caesarean sections for no medical reason. It was found that women's decisions were heavily influenced by many factors. These include social change, particularly regarding media and the influence of famous personalities publicising their planned caesarean sections, the traditional gendering where women are likely to choose procedures that are perceived to facilitate niceness, a desire for the power of control and organisation over their lives, the normalisation of surgery, convenience and the role of technology. The last point is very influential and is developing with the growing world of technology, women simply do not feel 'safe' unless they are surrounded by monitors and machinery.⁶

There is a place-of-birth study being undertaken in New Zealand that will further inform the safety of primary birthing for

Continued on page 2

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Continued from page 1

women in this country. Currently however, very few women opt for a primary birth and numbers continue to decrease. In 2011 only 451 women gave birth at Auckland's primary birthing unit compared with 7493 at National Women's Hospital. In 2012 the number reduced to 398 and has continued to decline during 2013.⁷ The gravity of the situation is captured by Judith McAra-Couper, who stated "the challenge of increasing intervention is impacting profoundly on childbirth, as the process of birth itself is being called into question".⁸ Furthermore, Deborah Davis and Kim Walker believe that "at this juncture in time, the issue of 'normal' birth is proving to be a central concern to the future and prosperity of child birthing women in the Western world".⁹

New Zealand's 'partnership model' of midwifery is an inspiration to midwives around the world and is internationally acclaimed as one of the most successful models of midwifery care.¹⁰ The midwifery partnership model is defined as "a relationship of 'sharing' between women and the midwife, involving trust, shared control and responsibility and shared meaning through mutual understanding."¹¹ It was introduced after feminist and childbirth activists became increasingly vocal during the late 1980s. They lobbied against the

increasing medicalisation of childbirth, advocating for a natural approach and partnership between childbearing women and midwives. The argument was that greater autonomy for childbearing women and midwives would result in the reduction of medicalised childbirth practices. It was on this understanding that Helen Clark, then Minister of Health, argued for a change to legislation that would facilitate midwifery autonomy in New Zealand. Consequently, the Nurses Act (1977) was amended in 1990 to provide midwives with the autonomy they sought.¹²

This midwifery partnership model has enabled a large majority of women in New Zealand to receive midwifery-led, continuity of care throughout the antenatal, labour and postnatal periods. Apart from the Netherlands, New Zealand is the only country where every woman is able to choose a midwife to provide all of her care. Research suggests that midwifery-led care achieves a reduction in intervention,¹³ as does continuity of care,¹⁴ though this is has not yet been proven to be the case in New Zealand.

If current trends continue, normal birth will cease to be an option for women in future. New Zealand's midwifery partnership model creates a unique opportunity for women and midwives in this country to work together to reclaim normal birth.

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Perceived and Experienced Barriers to Breastfeeding

By Maggie Behrend

In the 1960s, breastfeeding rates in New Zealand had declined to the point that less than 50% of infants seen by Plunket had been breastfed.¹ Breastfeeding had been in decline for the previous decades due to more women working outside of the home, medical guidelines about strict infant feeding routines, increased modesty about exposing breasts eroding confidence to breastfeed in public, and the availability and aggressive marketing of breast-milk substitutes. Māori breastfeeding rates were also affected by dominate colonial views which undermined the practice of whāngai ū or wet nursing.

By the early 1970s, breastfeeding rates had begun to recover as activism and lobbying helped make breastfeeding a public health priority. Over the past 40 years, support groups and health institutions have worked hard to re-establish breastfeeding as a cultural norm, however, a number of barriers remain and breastfeeding rates and duration depend heavily on support from family, whānau, friends and the community.

Women's Health Action leads a number of initiatives to promote breastfeeding and reduce barriers. This includes running a website dedicated to supporting breastfeeding in the workplace aimed at

both women and employers (www.bfw.org.nz); coordinating the Metro Auckland Breastfeeding Network to help achieve a provision of consistent and accurate information, advice and support; and encouraging confidence to breastfeed in public through the Big Latch On event and coordinated breastfeeding stalls at public events.

At the Baby Show in August, Women's Health Action once again set up a dedicated maternity and breastfeeding promotion stand. The stall had informative resources and provided a space for women to sit down and breastfeed. The stand also offered a free onsite breastfeeding support service provided by Lactation Consultants, midwives, La Leche League leaders and Tamariki Ora providers.

The stall gave Women's Health Action the opportunity to hear more about perceived and experienced breastfeeding challenges through discussions with women and through a survey visitors were encouraged to complete about infant and young child feeding.

The results of the survey showed nearly a quarter of pregnant women were concerned about low milk supply, however only 14%

of women who already had children listed this as an issue. Pain and latching issues however, were both a commonly perceived and experienced challenge to breastfeeding. Confidence to breastfeed in public was also one of the top 10 concerns of both pregnant women and existing mothers and the majority of respondents (86%) wished there were more dedicated breastfeeding spaces similar to Women's Health Action's stall at other public events.

The survey also showed that efforts to promote breastfeeding and educate the community about the benefits have been worthwhile, with 99% of pregnant women reporting they intend to breastfeed, however, recent Plunket data indicates only 17% of children are exclusively breastfed to the Ministry of Health's recommended 6 months.²

Women's Health Action hopes that its initiatives and work by other organisations will continue to support women to overcome challenges and enable them to achieve their breastfeeding goals.

1. Royal New Zealand Plunket Society, 2010 'Breastfeeding Data: Analysis of 2004-2009 Data'
2. Royal New Zealand Plunket Society, Annual Breastfeeding Statistics 2012

The Big Latch On 2013: the importance of support from family, friends and communities

By Isis McKay

At 10.30am on August 2nd, 1481 children took part in another hugely successful Big Latch On. Breastfeeding women and their children along with a record number of support people came together at one of the 130 venues registered across Aotearoa. Since the launch of the Big Latch On in 2005, there has been a substantial growth in the numbers of breastfeeding women attending and in the support for breastfeeding from whānau, peers and the community.

The Big Latch On is now a worldwide event, aiming to strengthen global support for breastfeeding, to improve the health of women and children around the world. This year an impressive 14,536 children participated in the Big Latch On across 25 countries!

The theme for the 2013 Big Latch On was: "Ko te manao te whāngai ū ko taa te whānau whānui", "Successful breastfeeding requires support from family, friends and communities". This recognises that support from multiple levels has an extremely positive influence on breastfeeding rates and duration.

Research highlights that a significant barrier to breastfeeding is the lack of peer support for breastfeeding that women experience from family and friends.¹ Women with no prior exposure to breastfeeding in their family or social network, who feel that their choice to breastfeed makes them different to other women in their social circle, are more likely to prematurely cease breastfeeding.²

The perception of negative social attitudes towards breastfeeding in public also contributes to premature cessation. Research by Glover et al found that around half of Māori women and whānau in the study thought breastfeeding in public was socially unacceptable in their community.³ Many had ceased breastfeeding in public venues after experiencing disapproving attitudes from others, particularly from males. This was also found to be consistent with the experiences of Asian and Pasifika women. Many migrant women who cease breastfeeding prematurely feel the need to conform to the perceived New Zealand cultural norm of breastfeeding only in privacy.⁴ Consequently, it is common for women to feel uncomfortable and lack confidence to breastfeed in community settings.

The social stigmatisation of breastfeeding in public means that many women only feel comfortable if there are breastfeeding facilities available in public venues.⁵ However, the availability of such services are usually limited to large stores and restaurants, and are often co-located with bathrooms, causing some women to feel uncomfortable about breastfeeding.⁶ A lack of public breastfeeding facilities is a particular barrier for women who are first-time mothers, women who are

unsure of the benefits of breastfeeding and do not have strong peer support, and women who lack confidence in the early stages.⁷ It is especially important to influence social and community support for breastfeeding in public places, and not limit the acceptability of breastfeeding to specified breastfeeding facilities. This is a necessary measure in order to create supportive and conducive environments that allow women to breastfeed.⁸

The Big Latch On is a highly successful, targeted community-based educational and promotional programme that raises awareness of the benefits of breastfeeding, encourages the formation of support networks between breastfeeding women, and aims to normalise breastfeeding as a part of daily life. To ensure the event remains relevant and meaningful, the Big Latch On is independently evaluated by University of Auckland School of Population Health students.

The 2013 evaluation found there was at least one Big Latch On venue in every DHB region with Counties Manukau reporting the highest number of 'latches' out of all 20 DHBs. This was especially encouraging as the region reports consistently low breastfeeding rates. Additionally, there were increases in participation among Samoan, Cook Island Māori, Tongan and Korean populations across the country.

The majority of the participants of the Big Latch On 2013 reported that attendance at the event positively impacted (93%) their feelings about breastfeeding with the remaining participants reporting no change to their feelings about breastfeeding. Setting up a comfortable and supportive environment where women breastfeed in front of others, helps women to confront any insecurities or lack of confidence about breastfeeding in public. Confidence is further endorsed by gathering mothers in the community to all breastfeed together. One of the participants commented "I used to feel really embarrassed to breastfeed in public but now I feel confident".

Most participants (92%) were very supportive of the event and would promote it to friends and family, and provided comments such as "Big Latch On helps improve confidence", "Great to catch up with new mums", and "I already recommended this to many mums this year". Most participants (87%) also indicated that they would like to attend a future Big Latch On with the remainder providing comments such as "I would attend as a supporter" or "No more babies for me".

The coordinators or hosts also reported high levels of enjoyment with 89% indicating they found hosting a Big Latch On event was an enjoyable and positive experience, while the



remaining reported either feeling neutral or did not provide a response. The coordinators recognised the importance of the event with comments like the Big Latch On "builds community breastfeeding spirit and helps to normalise the practice of breastfeeding" and the event "raises (positive) awareness of breastfeeding" or that it is a "positive and supportive event for mums".

This year, 241 print media articles were collected by independent media monitors and analysed in the evaluation report. The analysis showed that there was an increase in articles that supported and promoted breastfeeding this year. This reflects a shift in attitude towards greater public awareness of the benefits of breastfeeding, and encouragement of breastfeeding. An increase in the number of articles advertising the Big Latch On in local community notices this year also indicates the event's profile has been raised. The prominence of peer support in the media further builds opportunities for whānau and communities to provide ongoing breastfeeding support to mothers.

In conclusion, the Big Latch On is a community event which aims to address some of the evidence based barriers to breastfeeding and reinforce breastfeeding as an 'everyday' experience. An evaluation of the 2013 Big Latch On shows the event continues to be relevant and well received in Aotearoa New Zealand.

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Tipping point? Why addressing Rape Culture needs to become a national priority

By George Parker

The significant media attention given to the group of Auckland young men calling themselves 'Roast busters' over the past few weeks has sparked a long over-due conversation in New Zealand about attitudes towards women, rape, consent and the lack of justice for survivors of sexual violence.

As a result terms like 'rape culture' and 'victim blaming', well understood by those working in women's organisations, have finally entered the public lexicon. The behaviour of these particular young men towards young women in their community is incredibly disturbing, as is the inaction by both the school and police, and the victim blaming attitudes of various media personalities on the breaking of the story. It is clear that the particular dynamics of this case require thorough investigation, reflection, and ultimately justice for the young women survivors involved.

However, sexual violence and gang rape, along with the misogynistic attitudes towards women that help them persist, are not new. Indeed as Associate Professor Nicola Gavey from University of Auckland reminds us,¹ such cases are but the "horrific pinnacles of rape culture" that permeates everyday attitudes, practices and institutional structures in our society including the criminal justice system.

As Gavey explains, the concept of 'rape culture' helps us understand the connection between sexual violence and a wider cultural tolerance of misogyny and emergence of hyper-masculinities that normalise the routine degradation of women, "The issue is really more about the sexual norms and the cultural values it reinforces and promotes...It is about the social vocabulary that pornography, and other things like some popular music lyrics, offers us for talking about - and thinking about and acting towards - women". Research also identifies a correlation between misogynistic cultural attitudes that perpetuate the trivialisation of rape and victim blaming with increased racism, homophobia and transphobia, ageism, and other forms of discrimination.

If sexual violence is normalised, excused, tolerated and even condoned in everyday attitudes, practices and institutional structures, then efforts to prevent it, and to ensure justice for survivors when it does happen, need to be similarly located. Changes to the criminal justice system to better meet the needs of sexual violence survivors are long overdue. Attendees at this year's Women's Health Action's annual Cartwright Seminar which examined New Zealand's appalling conviction rates for sexual violence called on the Minister

of Justice to:

- Develop alternative models including Restorative Justice and other appropriate processes to produce better outcomes for all
- Develop specialist sexual violence courts for those who acknowledge guilt (including providing treatment for adult to adult offending)
- Appropriately reform existing court processes so that defendants are more involved and victims are treated more fairly and in a less traumatising way

In order to challenge the values and attitudes that help rape culture persist, we need national investment in community and culturally led sexual ethics and consent education for young people in their schools and communities such as Wellington's "Sex and Ethics" Sexual Violence Prevention Programme and Auckland's "Sex'n'respect". We also need long-term sustainable funding for organisations that provide help and support for the survivors of sexual violence.

See the New Zealand Family Violence Clearinghouse for an excellent round-up of commentary on the Auckland case, how it is connected to rape culture and what should be done about it: <http://www.nzfvc.org.nz/?q=node/1513>

1. <http://www.sexualpoliticsnow.org.nz/the-issues/posts/>

NOTICE BOARD

UNITE TO END VIOLENCE AGAINST WOMEN

25 NOVEMBER TO 10 DECEMBER - INTERNATIONAL

16 Days of Activism against Gender Violence. Join the campaign 'Orange the World' to end violence against women - reach out to friends and partner organisations to organise orange events. <http://saynotoviolence.org>

WORLD AIDS DAY

1 DECEMBER- INTERNATIONAL
<http://www.worldaidsday.org/>

WORKSHOPS ON INFANT FEEDING CUES

10 DECEMBER - WELLINGTON
11 DECEMBER - AUCKLAND

These workshops are for health professionals working with mums and whānau during the time when solids are being introduced. Infant hunger, satiety cues and evidence will be presented, followed by group discussion on what resources and tools are needed by families and those working with families. Email R.Whiting@hpa.org.nz for more information or to register.

THE NEW ZEALAND BIOETHICS CONFERENCE

24-26 JANUARY 2014 - DUNEDIN
The New Zealand Bioethics Conference

will feature a range of topics including: environmental ethics, clinical ethics consultation, ethics and the brain, clinical ethics and children, primary care ethics, and methodology and bioethics. <http://www.rnzcgp.org.nz/events/details/436>

TOI TANGATA, HUI-A-TAU 2014

11-13 FEBRUARY 2014 - AUCKLAND
This national forum supports the growth of Māori nutrition and physical activity leadership, and coincides with the official launch of Toi Tangata. <http://toitangata.co.nz/>

NATIONAL NOT-FOR-PROFIT SECTOR CONFERENCE

13-14 FEBRUARY 2014 - AUCKLAND
This year's National Not-For-Profit Sector Conference is all about 'Getting your Ducks in a Row', or ensuring that we get the basics right in your organisation and make a real impact. <http://grow.co.nz/national-not-for-profit-sector-conference-2014/>

NATIONAL CERTIFICATE IN PUBLIC HEALTH 2014 - NATIONAL

The Certificate in Public Health is a new undergraduate programme through Massey University. The qualification has been specifically

developed to meet the needs of the New Zealand public health workforce and will provide an entry level qualification for not only those in the public health sector, but also those working in primary care and community health roles. http://www.massey.ac.nz/massey/learning/programme-course-paper/programme.cfm?prog_id=93514

NOURISH WORKSHOPS

2014 DATES AND LOCATIONS TBC
Nourish is designed for those who work with young people and want to support positive body image, address appearance-based bullying and promote body diversity. It offers a smorgasbord of training ideas to promote body confidence, self-esteem and critical thinking for young people. Email rebecca@womens-health.org.nz for more information.

LA LECHE LEAGUE CONFERENCE

SAVE THE DATE 3-5 OCTOBER 2014
AUCKLAND

Celebrating 50 years of La Leche League in New Zealand. The conference title is Breastfeeding Support: Our Foundation, Our Future *Te Tautoko Whakangote: Tō mātou tūāpapa, haere ake nei* Email: conference2014@lalecheleague.org.nz



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Women's health information - www.womens-health.org.nz
Breastfeeding Friendly Workplaces - www.bfw.org.nz

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