

Women's Health Update

Women's Health Action: Celebrating 30 years and website re-launch

Welcome to the new Women's Health Update. Women's Health Action is celebrating 30 years of working at the forefront of women's health in New Zealand. We have undergone a brand re-design and launched our new website. The new website is easier to navigate and more user-friendly. It still contains information on various women's health topics and you can now order WHA resources directly through the website.

Our new logo incorporates the fronds of the pohutukawa tree of our old logo,

which is an important symbol for Women's Health Action. In 1993 Women's Health Action assisted in planting a pohutukawa and unveiled a plaque at the National Women's Hospital to honour the hospital doctors who tried to stop 'The Unfortunate Experiment', the incident which resulted in the Cartwright Inquiry, a major leap forward for women's health rights in Aotearoa New Zealand.

Our new website can be viewed at <http://www.womens-health.org.nz>

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Māori and abortion: an 'impossible' choice?

By Jade Le Grice

Abortion is a complex area where contemporary western and Māori values do not easily align¹. Understanding the complexity of this topic requires discussion of colonisation and its impacts, what is known about customary Māori knowledge of reproduction, infertility and the loss of conception, and how contemporary Māori make sense of abortion. This article will highlight these tensions, drawing upon recent qualitative work submitted by the author for consideration for a Doctor of Philosophy, alongside considerations for cultural sensitivity and abortion. I encourage people to read my thesis² for a deeper discussion of these matters, particularly in relation to how these concepts are described in Māori language and contextualised within a holistic picture of Māori knowledge.

Complexity of living a colonised reality

While diverse meanings about the loss of conception exist within Māori knowledge, Christian and other colonial discourses have contributed to negative perspectives on abortion³. For Māori, walking between two worlds and living a bicultural reality yields multiple possibilities stemming from

intersections of western and Māori values and knowledge. The assumption that there is a 'Māori perspective on abortion', possibly similar to familiar western 'pro-life' discourse, fails to understand the diversity of Māori perspectives on this topic that reflects the diversity of Māori people themselves.

Reproduction and the loss of conception

Reproduction is a highly revered process within traditional Māori knowledge and practices as it facilitates the continuation of past, present and future and reinvigoration of extended familial (whānau) relationships⁴. New life springs from the ova and sperm at conception, kindling mauri (a life principle), ancestral connections, breath, abilities and aptitudes⁵ and progressively unfurls through interweaving transitions through the spiritual and physical realms⁶. Academics, theorists and experts disagree on the exact moment where the capacity for spirituality (wairua) appears within an embryo⁷. Some believe this occurs at conception, others at the assumption of human form⁸, while others again say birth⁹, or the development of eyes and capacity for thought¹⁰.

Experiencing infertility¹¹ or the loss of conception goes against the grain of these

cultural mores that revere and celebrate human reproduction. While the term 'abortion' carries a complicated legacy of polarised moral debate in a western historical context, in a Māori context, the loss of conception, accidental or deliberate, was not linguistically distinguished¹². Some accounts of traditional practice suggest that there were known and accepted methods for causing a loss of conception through the use of herbs¹³ or actions that exerted pressure on the womb^{14,15}. However, other accounts emphasise a negative appraisal of the practice of abortion, as it is seen to equate to extinguishing the life principle¹⁶, denying the wairua and mauri the opportunity to reside in the world of light¹⁷, negatively impacting the duty of care of the whānau¹⁸ and sacredness of the womb¹⁹.

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Women's Health Update is a quarterly publication available in print or electronic form. It features women's health issues, policy, and up to date information to enable health care professionals, community-based workers, and the public to be at the forefront of women's health.

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Reasons for having an abortion

While a disinclination for abortion aligns with contemporary Māori knowledge and values, and Māori who become pregnant are more likely to proceed with pregnancy, a high proportion of Māori still seek termination²⁰. Colonisation shifted many Māori towards individualism in nuclear family formations²¹ with strict gendered roles that associated femininity with child care, and masculinity with economic breadwinning²². A range of new considerations including abortion became foregrounded for individuals and whānau who were making reproductive choices, when unexpected pregnancies could not be seen as advantageous. Safeguarding individual needs in the context of a market based economy required women to 'plan' reproduction in the context of other life ambitions. When pregnancy occurred prior to the achievement of selected goals such as education, career, travel, home ownership and the economic means to support a child, abortion became an option²³. Intersections between individualised nuclear families and patriarchal gender formations necessitated the requirement of intimate relationship strength

without support from wider whānau. This led many to seek abortion when relationships were not perceived to have longevity or were characterised by intimate partner violence and sexual abuse.

Seeking abortion and cultural sensitivity

Māori perspectives on reproduction more generally also yield some insight into how wider whānau might perceive the prospect of an individual seeking abortion. In my research the individual choice of the woman, acknowledgement of whānau, and a duty of protection over new life, emerged as three concepts that Māori drew upon when discussing their perspectives on abortion²⁴. These were sometimes articulated in combination with one another, but their negotiation was complex, giving insight into the importance of abortion service clinicians' ability to work with ambivalence, as well as respecting wairua and whānau. This may be done through the use of an approach that empowers the woman and a supportive whānau, if available, in the presence of knowledge about other options such as adoption, customary Māori adoption (whangai) or parenting. It is possible that the woman's decision may be at odds with

the wishes of their whānau, and/or they might not have support to have an abortion. While abortion may be a 'secretive' process under these circumstances, the practice of returning the product of conception to the land, akin to the customary Māori process of returning placenta to the land following birth may potentially offer a way of broaching discussion about abortion with whānau after the fact. The hope is this may elicit whānau support, enabling a connection with the land, ancestors and spiritual entities²⁵ and may assist those who proceed with an abortion to establish a process to acknowledge the wairua evoked by their situation.

While deeply fraught, abortion need not be a 'conceptual impossibility' or an 'impossible choice' for Māori who are positioned at the intersections of western and Māori values and patterns of practice. Attending to cultural sensitivity in abortion services is a possibility and critical to meeting the needs of Māori who face the complexities of creating self-determining, liveable lives in the disempowering context of ongoing colonisation.

***References for this article can be found online: <http://www.womens-health.org.nz>**

Surgical mesh Update

By Dr Sandy Hall

Surgical mesh is generally used to repair weakened or damaged tissue. In urogynaecological procedures, surgical mesh is permanently implanted to reinforce the weakened vaginal wall to repair pelvic organ prolapse or to support the urethra to treat urinary incontinence. Surgical mesh is also used for colorectal and hernia repairs and in breast reconstruction surgeries. One of the most significant aspects of surgical mesh is that it is designed to become incorporated with the body's natural tissue and when the surgery is not successful or complications result, it may not always be possible to remove it or removal may require multiple surgeries¹. As we have noted in past Women's Health Updates significant numbers of women and men have experienced mesh related complications. Women who have contacted us have described symptoms as varied as repeated urinary infections after bladder surgery using mesh tape, injury to sexual partners because of mesh erosion and chronic and disabling back pain after mesh surgery to treat pelvic organ prolapse.

In early May 2014, the FDA issued two proposed orders which "would reclassify surgical mesh for transvaginal POP from a moderate-risk device (class II) to a high-risk device (class III) and require manufacturers to submit a premarket approval (PMA) application for the agency to evaluate safety and effectiveness". Despite this and continued overseas reports of significant complications, and growing numbers of complaints, mesh is still being implanted in hundreds of New Zealanders and is being adapted for use in

other surgical procedures, such as breast reconstruction.

On the 2nd July 2014, Women's Health Action was asked to present evidence to the Health Select Committee in regards to the petition presented by Carmel Berry and Charlotte Korte. Carmel and Charlotte pointed out injuries from mesh implants can be long term and life changing, and the personal and economic costs are considerable. Charlotte and Carmel's bravery in coming forward and talking about their experiences and in bringing this petition is considerable. Medsafe (Ministry of Health), ACC, Dr Hanifa Koya and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) also presented evidence.

In our submission we noted one of the challenges in evaluating the use of surgical mesh is that it is not one product but many, manufactured by a number of different companies, made from different materials and made for different purposes. In Aotearoa New Zealand, mesh devices are not specifically monitored and the number of adverse outcomes is not known. Consequently, there is a complete lack of information about whether the location of the surgery, the severity of the complaint, the type of procedure used to insert the mesh, the type of mesh or mesh kit used, the brand of mesh used or the clinicians involved contributed to treatment injuries in Aotearoa New Zealand.

We urged the committee to take the following urgent action:

- Require Medsafe to provide evidence of

testing and research that establishes these products' safety

- Establish a register of all New Zealand mesh surgeries to monitor the short and long term outcomes.
- Require ACC to conduct an independent audit of all mesh related claims and to report all existing and future claims to Medsafe as adverse events
- Require the Medical Council and the RANZCOG to ensure the qualifications and training of surgeons using mesh are made clear to the public via a specialist registry and be required to use a specific informed consent process
- That HQSC be required to ensure all relevant agencies (ACC, HDC, HQSC and Medsafe) share information about treatment injuries and adverse events as stated in the HQSC document²
- Further examine Medsafe's process for approving and classifying all medical devices.

In conclusion, we noted that because our legislation regarding medical devices does not require prior testing or ongoing monitoring, the use of surgical mesh in New Zealand appears to be destined to become another unfortunate experiment, similar to the introduction of the Dalkon shield, which is having significant, and in some cases, serious consequences on women's health in particular. Many of these health effects will not be obvious for months or even years. Disappointingly on July 30th the Health Select Committee made an interim report to Parliament reserving any decisions until after the elections³. In the meantime WHA will continue to partner with consumers to engage ACC, HDC and other government agencies in improving monitoring and standards.

***References for this article can be found online: <http://www.womens-health.org.nz/>**

Big Latch On 2014

By Isis McKay

On Friday 1st and Saturday 2nd August hundreds of breastfeeding women, children and supporters gathered together throughout Aotearoa to celebrate the 10th Annual Big Latch On.

As a result of the 2013 evaluation, combined with feedback from previous years and robust evidence, Women's Health Action introduced the 'latched on' breastfeeding 'selfie' campaign. The selfie initiative was created to provide breastfeeding women who could not attend a Big Latch On event a chance to participate online and encourage them to connect with other breastfeeding women via social media sites such as Facebook.

Recent New Zealand based research has shown that breastfeeding women who are connected to online communities report feeling more confident and supported.¹

International research is showing that social media is an appropriate strategy for increasing breastfeeding duration and that breastfeeding campaigns that are innovative in their approach and use technology may be more effective in changing breastfeeding behavior.²

It is important to note that whilst there is strong evidence to support the use of online communities, online social interaction should be integrated with offline rather than replacing it.³

This year, to encourage more working mums and breastfeeding supporters, such as partners and whanau to attend, for the first time the Big Latch On took place over two days.

Over the two days there were 1628 latches, made up of a record 1478 latches at venues and 150 selfie latches. Selfies continued to come in after the official count was done, and there were over 240 selfies posted.



'Selfie' participant Dani Pomeroy and 18 month old Isla.

Women's Health Action would like to thank the sponsors who donated gifts to randomly selected venues and selfie participants: BabyBaby, Mustela, Nature Baby, Redseal, Rite Aid, The MAMA Shop, The Natural Parent Magazine, Tittie Fiddlers and Tui Balms.

An evaluation report on the 2014 Big Latch On by Auckland University School of Population Health will be published later this year.

For more information about the Big Latch On contact isis@womens-health.org.nz

***References for this article can be found online: <http://www.womens-health.org.nz/>**

Emergency contraception and body weight: latest information

By George Parker

The effectiveness of the emergency contraceptive pill (ECP) for women with higher bodyweight has been under scrutiny since late last year when a European manufacturer of a brand of ECP called Norlevo announced it was changing its labelling to add a caution that its product was less effective in women with higher body mass index (BMI). This move was based on results from two clinical studies that found that the key active ingredient in one of the main types of ECP – levonorgestrel (a synthetic form of progesterone) – is less effective in women weighing 70 kg or more and not effective at all in women weighing more than 80 kg¹. This represented a significant safety issue considering the average New Zealand woman over the age of 15 weighs 72.6 kg, with a higher average for Māori and Pacific women².

In response, in February this year, New Zealand's medicines and medical devices safety authority- Medsafe, in conjunction with Australia's Therapeutic Goods Administration, issued a safety warning that the effectiveness of ECPs may be reduced in women weighing more than 70 kg and placed ECPs containing levonorgestrel under review. Around the same time, the European Medicines Agency announced a EU wide review to assess

whether similar information to that added to Norlevo should be included in the product information for other emergency contraceptives that contain levonorgestrel, and for the other family of ECPs that contain ulipristal acetate as the active ingredient (sold under the brand name Ella).

While the proactive response from medicine safety authorities is reassuring, this has left both women and ECP prescribers in a state of uncertainty about the use ECPs for preventing unwanted pregnancies in the majority of women, and questions must be asked about the delay in following up the findings of the original studies, published over two years ago. Family Planning New Zealand's National Medical Advisor recommended in a press release late last year that while the reviews are on-going women who weigh more than 70 kg may want to consider having a copper Intrauterine Device (IUD) inserted within a few days of unprotected sex as a proven effective emergency contraceptive option³.

In late July the results of the European Medicines Agency review were released. The agency's Committee for Medicinal Products for Human Use (CMPHU) assessed the available evidence and concluded that the data is too limited and not robust enough to conclude

with certainty that contraceptive effect is reduced with increased bodyweight, as stated in the product information for Norlevo⁴. The Committee reports that while some clinical trials have suggested a possible trend for a reduced contraceptive effect, the quality of data means that definite conclusions cannot be drawn. The CMPHU therefore recommends that while information about the findings of these studies should be included in product information of emergency contraceptives, specific statements warning about ineffectiveness in women with bodyweight over 70 kg should not. The CMPHU considered that, with generally mild side effects, and a reassuring safety profile, women should continue to take emergency contraceptive pills following unprotected sex or contraceptive failure, regardless of their bodyweight. However, the committee urges that in order to maximise the effectiveness of ECPs, women should aim to take the pills as soon as possible after unprotected sex and be reminded that regular methods of contraception are more effective and thus preferable. Medsafe is yet to report on the findings of their review. In the meantime, while the recommendations from the European Medicines Agency provide some clarity, the effectiveness of ECPs for women with higher bodyweights is clearly not an issue that has been definitively resolved and more research is urgently needed.

***References for this article can be found online: <http://www.womens-health.org.nz/>**

'Healthy Babies Healthy Futures'

An exciting new project 'Healthy Babies Healthy Futures' has now started at The Asian Network Incorporated (TANI). Parul Dube (NZ Registered Nutritionist and Certified Physical Activity instructor) has been appointed as Coordinator for the project.

TANI will be working along with South Asian women (e.g. Indian, Fiji Indian, South African Indian, Sri Lankan, Pakistani, Afghanistani, Bangladeshi, Nepalese) - who are expecting a new arrival, along with those with children aged from 0-4 years old. TANI will support mums and their families with a healthier lifestyle; in order to reduce their risk of diabetes (especially gestational diabetes) and heart disease. Participants and their families will be provided with healthier eating and physical activity options to suit their health & wellbeing needs.

All participants who enrol in this program will receive advice from experts in the fields of pregnancy, breastfeeding, food safety, nutrition and physical activity via a text match program which will send out friendly messages and reminders on these topics to busy mums via text. Those who enrol for the project's various activities will be

supported in a number of ways, specifically with a one-on-one nutrition session, and a customised healthier eating and food preparation plan along with a targeted focused physical activity plan.



Mothers living in close proximity to one another will be connected and brought together for social and educational 'Chai time' sessions and walks in the nearby park. The 'Chai time' sessions will cover a range of topics from (a) overview of diabetes and heart disease (b) Food choices (c) Food preparation and menu planning (d) Food labelling (e) Shopping on a budget (f) benefits of physical activity. These workshops will help extend their social network, reduce isolation and enhance their wellbeing. They will also have the opportunity to attend wider workshops where experts will be invited to speak on a topic of their interest.

Fun active recreational family events will be organised for families, where they will have the opportunity to play some local and cultural sports while enjoying a healthy picnic basket.

For more information please get in touch with Parul at 022-4647-448 or at Parul.dube@asiannetwork.org.nz

NOTICEBOARD

NZ SEXUAL HEALTH SOCIETY CONFERENCE 2014 - MAKE IT COUNT

11-13 SEPTEMBER,

NOVOTEL TAINUI HOTEL, HAMILTON

This Conference is for health and education professionals, researchers, policymakers and others wanting to improve and celebrate the sexual health of diverse communities in New Zealand.

Find out more at www.shs2014.co.nz

WOMEN'S HEALTH ACTION ANNUAL SUFFRAGE EVENT

19 SEPTEMBER, GUS FISHER GALLERY, AUCKLAND

WHA's annual suffrage event commemorates 121 years of women's suffrage. Margaret Sparrow will be speaking on the life of sexual health campaigner Ettie Rout.

Tickets at www.suffrage2014.eventbrite.co.nz

NEW ZEALAND'S INAUGURAL TEEN PARENT SUPPORT CONFERENCE

24-25 SEPTEMBER, WAIPUNA HOTEL AND CONFERENCE CENTRE, AUCKLAND

Theme: The ways in which programmes, community based initiatives, policy and research enables teen mums and teen dads to build, follow and fulfil their dreams.

Register at www.thrive.org.nz

LA LECHE LEAGUE NEW ZEALAND 50TH ANNIVERSARY CONFERENCE

3-5 OCTOBER, WAIPUNA HOTEL & CONFERENCE CENTRE, AUCKLAND

Theme: Breastfeeding Support: Our Foundation, Our Future/Te Tautoko Whakangote: Tō mātou tūāpapa, haere ake nei

Register at <http://www.lalecheleague.org.nz/>

SYHPANZ ANNUAL CONFERENCE 2014 'TALKING HEEADSSSS'

10-11 October, Vodafone Event Centre, 770 Great South Rd, Manukau.

Presenting current research, programmes and topics of interest relating to the holistic care of young people

Register at www.syhpanz.co.nz/

INTERNATIONAL PACIFIC HEALTH CONFERENCE 2014 | AUCKLAND

3-5 November, Rendezvous Grand Hotel, Auckland

The International Pacific Health Conference 2014 calls to action the need to address the health challenges of Pacific communities globally. The theme of the conference is Pacific health solutions through research and practice. The conference is supported by the HRC in partnership with various international and national institutions.

More information at <http://pacificconference.hrc.govt.nz/>

FIFTH INTERNATIONAL CONFERENCE ON NUTRITION AND NURTURE IN INFANCY AND CHILDHOOD

5-7 November, University of Western Sydney

This conference aims to explore the social, cultural, biological and relational influences on maternal and child nutrition and infant feeding.

Register at <http://www.uws.edu.au/nursingandmidwifery/sonm>

GENDERED VIOLENCE AND VIOLATIONS ASIA-PACIFIC CONFERENCE

10-12 February 2015, The University of NSW, Sydney

This international conference with an Asia-Pacific focus will combine and expand interdisciplinary research and practitioner knowledge to encourage innovation and best practice in responding to gendered and sexualised violence. It will also be an opportunity to explore less visible violations related to gendered inequality and injustice, including the continuing effects of colonisation.

More information at <https://www.nzfvc.org.nz>

NEW ZEALAND POPULATION HEALTH CONGRESS

6-8 October, Aotea Centre, Auckland

The congress will provide a variety of opportunities to learn, discuss, and debate advances in areas of population health thinking and practice such as child poverty, housing, nutrition, indigenous health, and climate change.

The Congress theme is 'Connecting Communities, Science and Policy'.

Find out more at www.conference.co.nz/nzphc14



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