



# Women's Health Update

## Improving the accessibility and timeliness of abortions in Aotearoa New Zealand: new developments

By George Parker

**The latest report of the Abortion Supervisory Committee<sup>1</sup> was released in March this year and provides a snapshot of New Zealand's abortion statistics for the 2013 calendar year. George Parker, WHA Strategic Advisor, discusses both the positive trends and the on-going challenges highlighted in the report, and introduces a new initiative that plans to address some of these challenges.**

The picture of abortion services presented in this latest report from the Abortion Supervisory Committee shows some positive developments. New Zealand's overall abortion rate has been in decline for several years and the trend has continued with 14,073 abortions performed in 2013, down from 14,745 in 2012, and a significant drop from the 18,382 performed in 2007. The steepest decline by age has been in the 15-19 year old age group with 2096 abortions performed in 2013, nearly half the number performed in 2007. There is currently no research available to explain the steady decline in abortion rates since 2007. However, the decline has been most marked since the licencing and funding of a long acting reversible contraceptive implant and the Abortion Supervisory Committee believes this can, at least partially, explain the downward trend. There are several unanswered questions before the positive impact of long acting reversible contraceptives in reducing the abortion rate can be heralded. These include women's satisfaction with this type of contraception; the quality of informed decision making about contraception particularly following an abortion given the strong focus

on long acting reversible contraceptive uptake in abortion services; whether pregnancy prevention for the 15-19 year age group is embedded in broader youth focused sexuality education; and whether any other less positive factors are influencing the lower number of women seeking an abortion such as abortion service access issues. WHA hopes to see more New Zealand specific research on the reasons for our declining abortion rate in the near future.

The challenges facing abortion services are not new but they continue to be of significant concern. The Committee has reported on

the harassment of women and staff entering hospital facilities by anti-abortion individuals and groups, including verbal abuse and the distribution of offensive material. As the Committee reports, 'Women attend medical service providers for a variety of reasons and should be able to enter clinics without feeling they are the subject of coercion or humiliation'. This is an on-going problem, which has a significant impact both

in terms of women's and abortion providers' safety, and in the social stigmatisation of abortion. There is an urgent need for leadership and strategy by health policy makers to ensure that anti-abortion activism is not impeding on the safety and rights of women and abortion providers.

The other on-going challenge facing abortion services is the timeliness with which abortions are taking place, and the difficulties women experience accessing abortion services in some areas. The Committee do note encouraging developments with the establishment of abortion clinics in some provincial areas such as Southland resulting



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in the more timely provision of services. However, overall New Zealand currently lags behind other OECD countries in regards to the timeliness of first trimester abortions. Pregnancy terminations are a safe procedure however those conducted during the first trimester, particularly before the 10th week, have a greatly reduced risk of complications compared to the second trimester. Despite this, according to the report nearly half of abortions in 2013 were performed after the end of the 9th week of pregnancy (10 weeks and beyond) and in some regions such as Northland and Auckland the number was much higher. Delays in performing abortions in a timely manner, at least to some extent, represent unnecessary barriers and access issues. The Committee this latest report has expressed extreme concern about women's

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access to abortion services in greater Auckland, and in particular the lack of services for the women of South Auckland who must travel to Auckland District Health Board's Epsom Day Unit which provides a region wide service from Greenlane Clinical Centre. They recommend that Counties Manukau District Health Board 'reconsider having a localised service available for this part of the Auckland population'. Women's Health Action will be following up on this recommendation.

The good news is that a new national initiative was launched at the end of May that should go some way to addressing the delays some women are facing in accessing abortion services. The New Zealand Abortion Assessment Clinic is a national freephone telephone service staffed by nurses or midwives that work in abortion services who can assess a woman seeking an abortion over the phone and arrange a referral to her local abortion clinic and any swabs, blood tests and scans she may need. The nurse or midwife

then organises a first certifying consultant<sup>2</sup> to call the women back who can undertake a medical assessment over the phone and provide certification. This should not only significantly reduce the time it takes for women to be referred to an abortion service, but also for the abortion to take place once the referral has been made.

Dr Simon Snook, one of several abortion providers who have established the service, says that the development of the service came about from research that showed an average delay of 28 days from women's first approach (usually to her GP) for an abortion and the abortion taking place. This unnecessary delay not only increases the physical risk of abortion, but also the emotional and mental health impacts, and can eliminate women's choice of abortion method. The New Zealand Abortion Assessment Clinic stands to significantly reduce this delay for those women who use the service. In fact, the referral to an abortion service should be able to be completed within 24 hours of a woman first calling the freephone number. The service also guarantees that a

woman's first approach about an abortion will be to someone who is supportive, all the more important given recent reports of GPs who will not refer women for an abortion on the basis of their own personal beliefs. The service will be free and funded by participating certifying consultants who will donate a portion of their consultancy free, and will rely on the good will of abortion services around to country to accept this new pathway for referral.

**For more information about New Zealand Abortion Assessment Clinic or to obtain an abortion referral contact 0800-Abortion (0800-226-784).**

1. [http://www.parliament.nz/resource/en-nz/51DBHOH\\_PA\\_P62375\\_1/94f919a0b21181732421d9f3741a57d14163a9c8](http://www.parliament.nz/resource/en-nz/51DBHOH_PA_P62375_1/94f919a0b21181732421d9f3741a57d14163a9c8)

2. Abortion is only lawful in New Zealand if two certifying consultants (doctors approved by the Abortion Supervisory Committee), one of whom must have experience in obstetrics, provide certification that a woman meets one of the limited grounds for an abortion. The grounds for an abortion are in the Crimes Act 1961 (and two amendments passed in December 1977 and July 1978) are: serious danger to life, serious danger to physical health, serious danger to mental health, any form of incest or sexual relations with a guardian, mental subnormality, fetal abnormality.

## ACC Audit of Surgical Mesh: A Milestone but Gaps Remain

By Sandy Hall

**Over the past two years WHA has worked with other consumer groups including Mesh Down Under to advocate for more controls on the use of surgical meshes, proper national auditing of their use and treatment outcomes, and improved informed consent processes and consumer information. In 2014 we supported the Berry/ Korte petition to Parliament for an inquiry into mesh and later appeared before the Health Select Committee.**

Our previous articles have described the increasing international evidence that significant numbers of women have experienced complications and treatment injuries, including disabling pain and severe tissue damage. One of the key players in assessing and compensating for the treatment injuries caused by mesh in Aotearoa New Zealand is ACC. At the time of the 2014 select committee hearings, ACC decided to undertake an audit of all claims relating to surgical mesh. The results were tabled in February 2015 and publicised in May 2015, nearly a year after the initial committee hearings.

The report, which is an analysis of treatment injury claims, only includes data from claims to ACC that involved the word mesh. Consequently, the report acknowledges some claims may not have been included and that claims for pain may also be underrepresented. Regardless of its limitations, it is the first comprehensive analysis of mesh injury claims in Aotearoa New Zealand and is also something of a milestone for those who have spent time advocating for better information about the safety of mesh products.

So what does the report tell us? The report notes that the average age of claimants was

56 but ages ranged from 20 to 84. Two thirds of the claims were from private hospital clients and importantly, that the claim rate is five times higher in mesh used for pelvic organ prolapse (POP) repair than for hernia or stress urinary incontinence (SUI).

The report does not make recommendations, rather it raises "topics for discussion". ACC will now explore options regarding data fields to identify mesh claims and send all surgical mesh data to Medsafe which goes part way to addressing the requests WHA first made two years ago that government agencies share this information with each other and the public.

The report also suggests that a post market surveillance study be undertaken for each product currently marketed in Aotearoa New Zealand, a multi-agency registry be established to track mesh use and complications and a full evidence based review undertaken to evaluate mesh effectiveness in urogynaecological surgeries.

The use of surgical mesh in gynaecological and colorectal surgeries in New Zealand has highlighted the lack of regulatory control over medical devices and the need to ensure devices are subjected to gender specific research and testing. Sadly, as more people with side effects or injuries come forward it has become clear that Aotearoa New Zealand also faces a lack of surgeons who are skilled in the complicated task of mesh removal.

While significant gaps remain in the approval process for medical devices and in the informed consent information given to patients about mesh by both GPs and specialists, WHA welcomes ACC's endeavours. WHA will continue to call for investigation of the systemic gaps and a more robust informed

consent process to ensure patients are aware of the risks involved and the alternatives available.

**If you want help or support about surgical mesh contact: <http://meshdownunder.co.nz/>**

## LOOKING FOR HEALTH RESOURCES FOR WOMEN?

WHA produces and disseminates a number of resources to health professionals and direct to the public. The resources include decision-making guides on maternity, including: 'Vitamin K: Does my baby need it?', 'Ultrasound scans during pregnancy', and 'Third Stage of Labour: making an informed choice about physiological care or active management'. These resources are intended to be used as part of a discussion between lead maternity carers and women.

WHA also produces breastfeeding promotional materials, including positive breastfeeding posters and breastfeeding welcome stickers, and information packs on breastfeeding friendly workplaces.

In addition, topical books relevant to women's health are also available. Currently, these include 'The Myth of Osteoporosis' and 'Women's Waterworks: Curing Incontinence'.

Orders can be made online through WHA's website: <http://www.womens-health.org.nz/place-order/>. Orders can be purchased by credit card, direct deposit, or on invoice. For more information, contact Women's Health Action on 09 520-5295 or email info@womens-health.org.nz.

# The Big Latch On 2015 preparations in full swing!

By Isis McKay

**This year on Friday July 31st and Saturday 1st August thousands of women, children and supporters will gather to celebrate the 11th annual Big Latch On.**

Introduced by Women's Health Action in 2005, the Big Latch On is now a worldwide initiative directed at strengthening national and global support for breastfeeding.

Ultimately the Big Latch On aims are to reduce some of the most common barriers to breastfeeding continuation and the 2014 Big Latch On evaluation shows that we are achieving these aims:

- 93% of participants reported attending the Big Latch On positively impacted their feelings about breastfeeding
- 45% reported increased confidence to breastfeed in public
- 57% reported significantly increased awareness of breastfeeding support and knowledge in their communities

Participants also gave positive comments about the event and how it affected their breastfeeding. One woman stated, "It made me aware of exactly what resources and support there are. I knew that support was out there but not exactly who/ how to contact". Another said "Seeing the older kids feed encourages me to feed longer".

In 2014 we introduced the 'I 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.

The selfie campaign was also successful in achieving the broader aims of the Big Latch



On, with most participants reporting increased support to breastfeed (86%) and increased connection to other breastfeeding women (91%). Forty percent of participants also reported increased confidence to breastfeed in public.

Selfie participants also gave positive comments, including:

- *"I was like I'm supposed to take a picture of what?!" Now I feel much more comfortable being open about breastfeeding. It helped to overcome that hurdle"*
- *"I'm a young 'teen' mum .. Lots of my friends think I am weird and gross for*

*breastfeeding my 18mnth old, I got so much support after posting my selfie! I love this page"*

- *"My husband was a person who didn't agree with it, but after showing him the Facebook page he has a better understanding and is all for breastfeeding in public!"*

There is huge diversity in who, how and where women participate. In 2014 there were 41 different ethnic groups that were self-identified by women who participated. The breastfeeding women were aged between 15 – 48 years old with children aged 0-36 + months. The selfie campaign attracted a younger audience with over 40% of selfie mums 28 and under.

The key to the Big Latch On's success is allowing communities to own their event, empowering them to create an event that relates to the people of their community, while still taking part in a national and global event. The Big Latch On is informed by the principles of peer support and community development, providing the opportunity for breastfeeding women to get together in their local communities, coordinate their own events, and identify opportunities for on-going support.

Preparations for the 2015 Big Latch On are well underway. There are already over 200 venues registered to take in part globally, with 22 of them registered in various locations across Aotearoa, including venues in Auckland, Bay of Plenty, Canterbury, Manawatu, Nelson, Northland, Otago, Taranaki and Wellington. With so many venues already registered, this year is looking to be another successful event.

**If you are interested in hosting please contact WHA on 09 5205295 or [breastfeeding@womens-health.org.nz](mailto:breastfeeding@womens-health.org.nz) to talk about how we can support you to be part of this rewarding event. A list of venues and easy steps to hosting can be found at [www.biglatchon.org.nz](http://www.biglatchon.org.nz)**

## 'Faultlines: Human Rights in New Zealand' - A Review

By Sandy Hall

**In the following article Women's Health Action's Policy Analyst Sandy Hall takes a look at the recent report "Faultlines: Human Rights in New Zealand" and discusses what it might mean for those concerned with human rights and with the health of women and children in Aotearoa New Zealand.**

Faultlines is the culmination of a three year study undertaken by Judy McGregor, Sylvia Bell and Margaret Wilson. Between them these women have experience in the political, legal and academic sectors and an in-depth knowledge of human rights issues.

The report provides a history of the development of human rights in Aotearoa New

Zealand and investigates our performance against the six major human rights treaties Aotearoa New Zealand is party to. Key informants include politicians such as Ruth Dyson and Lianne Dalziel.

The results of this study are not encouraging. The report notes that New Zealanders have such a strong belief in our performance in this area, based mostly on historical achievements such as votes for women, that we are failing to see how far behind we are falling in addressing cultural, social and economic human rights and may in fact be regressing in some areas.

It highlights the false perception that Aotearoa New Zealand is a leader in human

rights noting "An inevitable conclusion that emerges from sustained scrutiny of our implementation of human rights...is that New Zealand needs to come down to earth about the faultlines in its realisation of treaty body obligations".

Progress or lack of human rights has particular impacts on the health of women and children. The report details how we are failing to address important issues including poverty, the disadvantage of certain groups including Māori and people with disabilities, and violence. Women are still economically disadvantaged in terms of pay equity and occupational segregation. These and other issues detailed in the report affect the health

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of women and children. In addition we have a poor record of promoting human rights at home despite our high profile in this area overseas.

The report makes a number of recommendations including better institutional mechanisms and monitoring, a parliamentary select committee to deal with human rights changes to some legislation, better reporting processes with cross party representation and better publicising of information and improved media practices. In particular it notes that the Human Rights Act is "overdue for a comprehensive review" and that the current

Human Rights Amendment Bill is seriously flawed. It also advocates for an autonomous forum of NGOs funded by the Ministry of Justice to enhance the capacity of civil society to report to the United Nations Universal Periodic Review.

One of the interesting points the report makes is that progress on human rights has often been driven by individuals not all of whom have been politicians. Sylvia Cartwright, the leaders of the Homosexual Law Reform campaign and aged care worker Kristine Bartlett are noted as advancing rights for New Zealanders via their promotion of legislative change.

The report also suggests involvement in monitoring human rights and using these

mechanisms to effect progress by civil society with NGOs forming coalitions and gaining greater experience in the shadow reporting process. The report argues that instruments like the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), can provide a strong focus to address gender disparity.

This report provides an informative background to anyone wishing to address issues such as violence, health disparities and economic disadvantage from a rights perspective and those wishing to improve New Zealand's human rights record. For those of us interested in improving women's health the report contains possibilities for future work.

## The Future of Cancer Screening in New Zealand Symposium

This year to mark the 27th anniversary of the release of the Cartwright Inquiry report, the Cartwright Collective, in association with Women's Health Action and the Auckland Women's Health Council, is organising a symposium called 'The Future of Cancer Screening in New Zealand: Balancing the benefits and risks'.

The event will bring together health practitioners, health consumers, and policy makers to review the role of screening in the

control of cancer and the potential benefits and risks. Topics include cervical, breast, and colorectal cancer screening as well as the potential for primary prevention of these cancers.

The forum speakers include Sue Claridge (Breast Cancer Network), Associate Professor Brian Cox, Sarah Derrett (Beat Bowel Cancer Aotearoa), Dr Hazel Lewis, Dr Susan Parry, Professor John Potter, Professor Ann Richardson and Associate Professor Diana Sarfati.

The symposium will be held at the Fickling Convention Centre, Three Kings, Auckland on Friday 7th August 2015, 9.30am-4.30pm and costs \$150 (\$80 for consumers and consumer organisations) which includes lunch and refreshments.

**Register online at <http://cancerscreening.eventbrite.co.nz> or contact Women's Health Action on 09 5205295 or email [info@womens-health.org.nz](mailto:info@womens-health.org.nz).**

*The organisers gratefully acknowledge its sponsors New Zealand Cancer Control Trust and Cancer Society Auckland.*

## NOTICEBOARD

### NOURISH WORKSHOP

7 JULY, AUCKLAND

Nourish gives participants creative activities, discussion ideas, a DVD, images and worksheets to use with students and youth to help them explore body image, critical media literacy, appearance based bullying and self-esteem issues in a variety of learning styles.  
Email Meg@womens-health.org.nz

### 19TH BIENNIAL CONFERENCE OF THE AUSTRALASIAN HUMAN DEVELOPMENT ASSOCIATION (AHDA)

8-11 JULY, WELLINGTON

AHDA brings together a community of researchers including educators, academics, and practitioners from Australia, New Zealand and Asia who all share interests in the social and cognitive development of young people. See also the one-day pre-conference workshop on bullying.  
<http://confer.co.nz/ahda2015/>

### ENGAGING PASIFIKA CULTURAL COMPETENCY WORKSHOP

31 JULY, WELLINGTON

The programme aims to ensure a mental health, addiction, disability and public health workforce that can better engage Pacific clients, families and communities at the critical first point of contact,

ensuring the best possible outcomes for Pacific consumers and their families/aiga.  
<http://www.leva.co.nz/events/07/2015>

### THE BIG LATCH ON

31 JULY AND 1 AUGUST, NATIONWIDE

Join other breastfeeding women and supporters for a fun event happening over two days at registered locations throughout Aotearoa New Zealand.  
[www.biglatchon.org.nz](http://www.biglatchon.org.nz)

### CARTWRIGHT ANNIVERSARY SEMINAR

7 AUGUST, AUCKLAND

Women's Health Action, in association with the Cartwright Collective and the Auckland Women's Health Council, is organising a symposium called 'The Future of Cancer Screening in New Zealand: Balancing the benefits and risks'  
<https://cancerscreening.eventbrite.co.nz>

### 16TH INTERNATIONAL MENTAL HEALTH CONFERENCE

12-14 AUGUST, SURFERS PARADISE

The conference theme is "Mental Health Future For All". This conference will bring together leading clinical practitioners, academics, service providers and mental health experts to deliberate

and discuss mental health issues confronting Australia and New Zealand.  
<http://www.anzmh.asn.au/conference/>

### PUBLIC HEALTH ASSOCIATION CONFERENCE

6-9 SEPTEMBER, OTEPOTI/DUNEDIN

This year's conference theme is "Healthy people, healthy nation: Public health is everybody's business". It will explore how we can build a healthier Aotearoa New Zealand together.  
<http://www.pha.org.nz/phaconference.html>

### SUFFRAGE DAY COMMEMORATION

16 SEPTEMBER, AUCKLAND

Save the date for Women's Health Action's suffrage commemoration. More details will be released closer to the date.  
<http://www.womens-health.org.nz/>

### NZ SEXUAL HEALTH SOCIETY CONFERENCE

15-17 OCTOBER, TAUPO

This year's sexual health conference is structured around the 2014 World Health Organisation position paper 'Sexual and Reproductive Health beyond 2014; Equality, Quality of Care and Accountability'.  
<http://www.shs2015.co.nz>



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**Women's health information - [www.womens-health.org.nz](http://www.womens-health.org.nz)**  
**Breastfeeding Friendly Workplaces - [www.bfw.org.nz](http://www.bfw.org.nz)**

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