

A photograph of a hill with a tall monument and a city in the foreground. The monument is a tall, slender, white column with a pointed top, situated on a grassy hill. The hill is covered in green grass and some trees. In the foreground, there are several multi-story buildings, likely part of a city. The sky is blue with some clouds.

National Women's

Rose Elder



THE AUTHOR

BACKBLOCKS BABY-DOCTOR

★

An Autobiography by

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London

"Excellence in Women's Health"



**Celebrating
National Women's Hospital–50 Years
14 February 2014**




“Excellence in Women’s
Health through
empowerment and
partnership”



Why do an Annual Report ?

- *Document events*
- *Look at trends*
- *Stimulate enquiry*
- *Lead to improvements*
- *Benchmark*

Maternity systems ability to influence outcomes?

Low	High
 Degree of influence for maternity services	
<p>Prevention of:</p> <ul style="list-style-type: none">• Obesity• Substance misuse• Economic disadvantage• Younger/older motherhood• Mental health problems	<p>Quality of service</p> <p>Service that identifies and responds to risk factors</p> <p>Access to service</p> <p>Appropriate and timely referral</p> <p>Communication between service providers</p> <p>Investigation and response to adverse outcomes</p> <p>Culturally appropriate care</p> <p>Availability of services</p> <p>Choice in care</p>

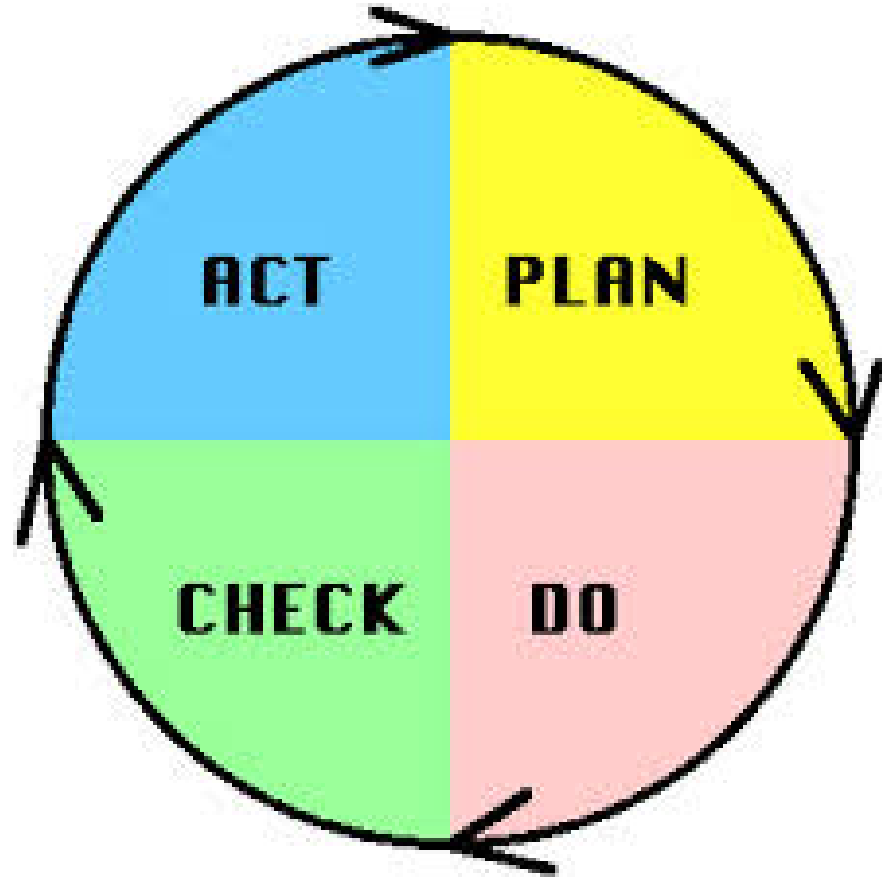
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Designed services that promote the best possible outcomes for vulnerable populations and those with risk factors

Why do an Annual Report ?

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Improvement Process

Refine / Continue
Improvement

Plan
Implementation

Define Goal

Select Balanced Team

Identify Champion &
Management Process

Obtain Current Data

Research Root Causes

Brainstorm Improvements

Identify Barriers to Success

In 2013 the MOH published

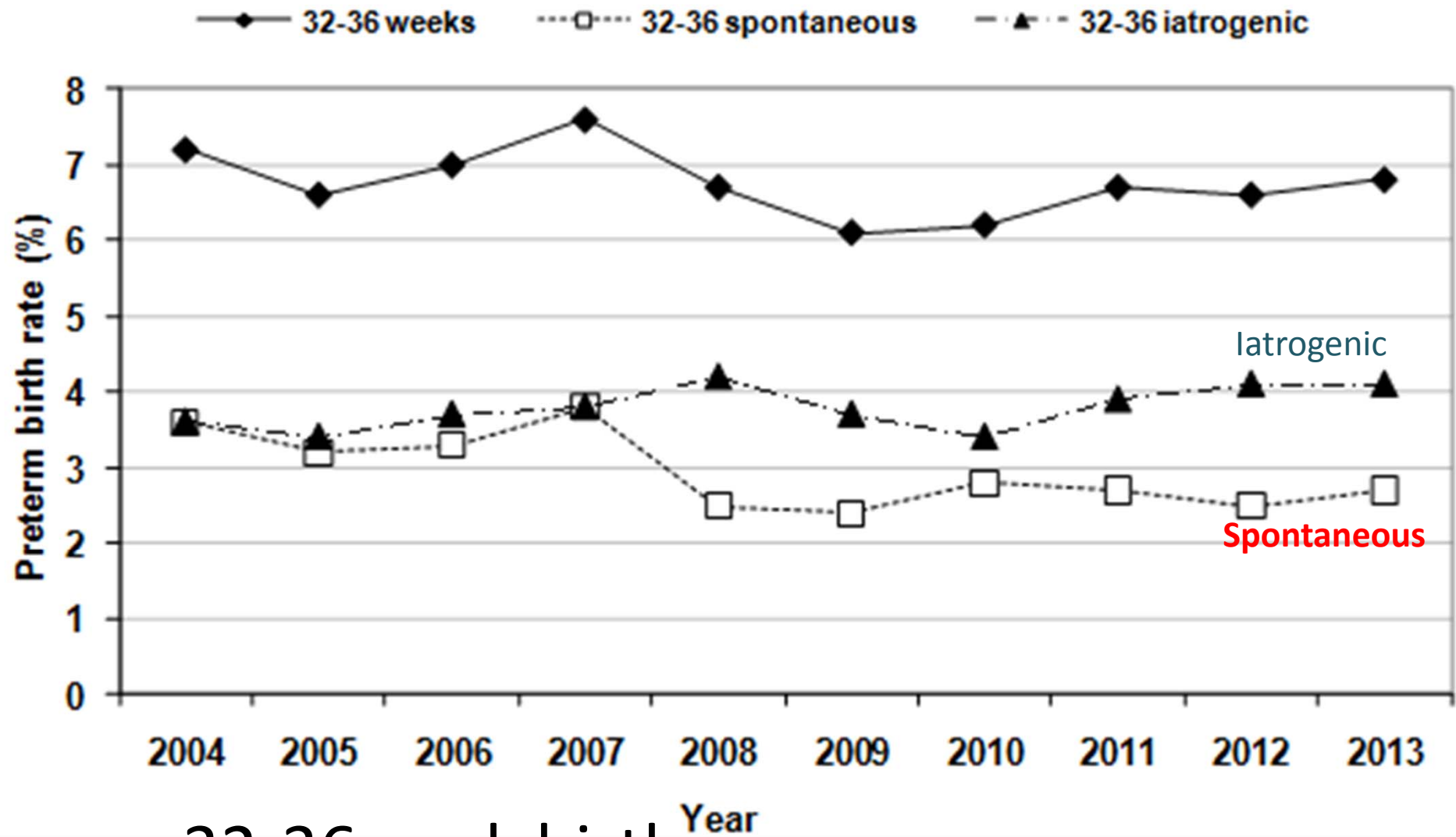


Report:
Comparative study of maternity systems

Reducing perinatal and neonatal Mortality - MOH 2013

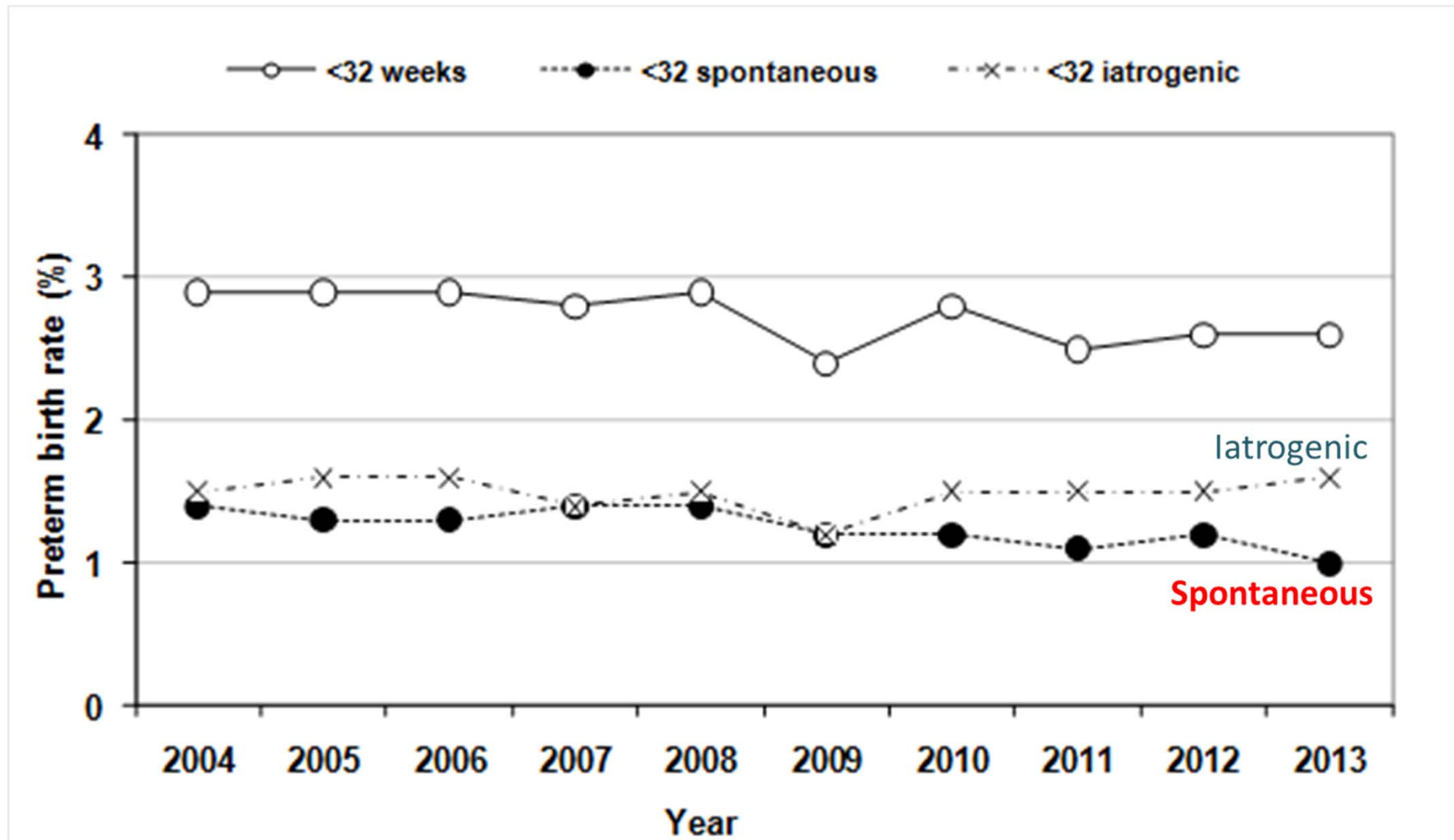
- **Raised issue of premature birth**
- NWH -> preterm clinic

So in 2013 NWH :



32-36week births

<32 weeks



Less multiples

- 2.7% in 2000
- 2.1% in 2013



Low smoking rates

- 5.7% at booking
- 4.5% at birth
- NZ 15%
of NZ adults



NZ and smoking

- NZ Popn : rates continue to decline
- daily smoking rate in adults

15.5% in 2012/13

16.4% in 2011/12

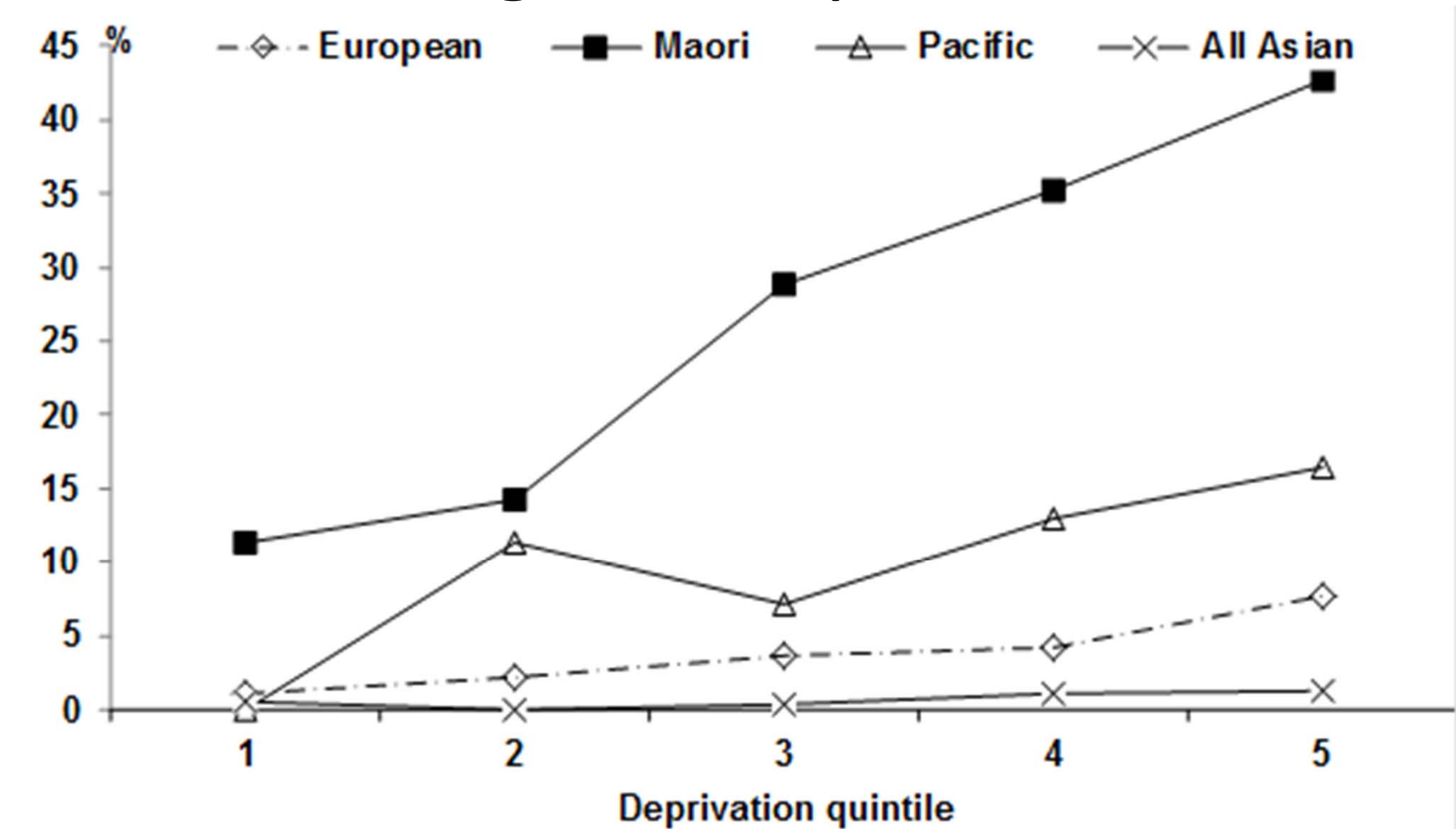
18.3% in 2006/07

- Māori adults 36% smoking daily in 2012/13.
- 28% of adults living in the most deprived areas

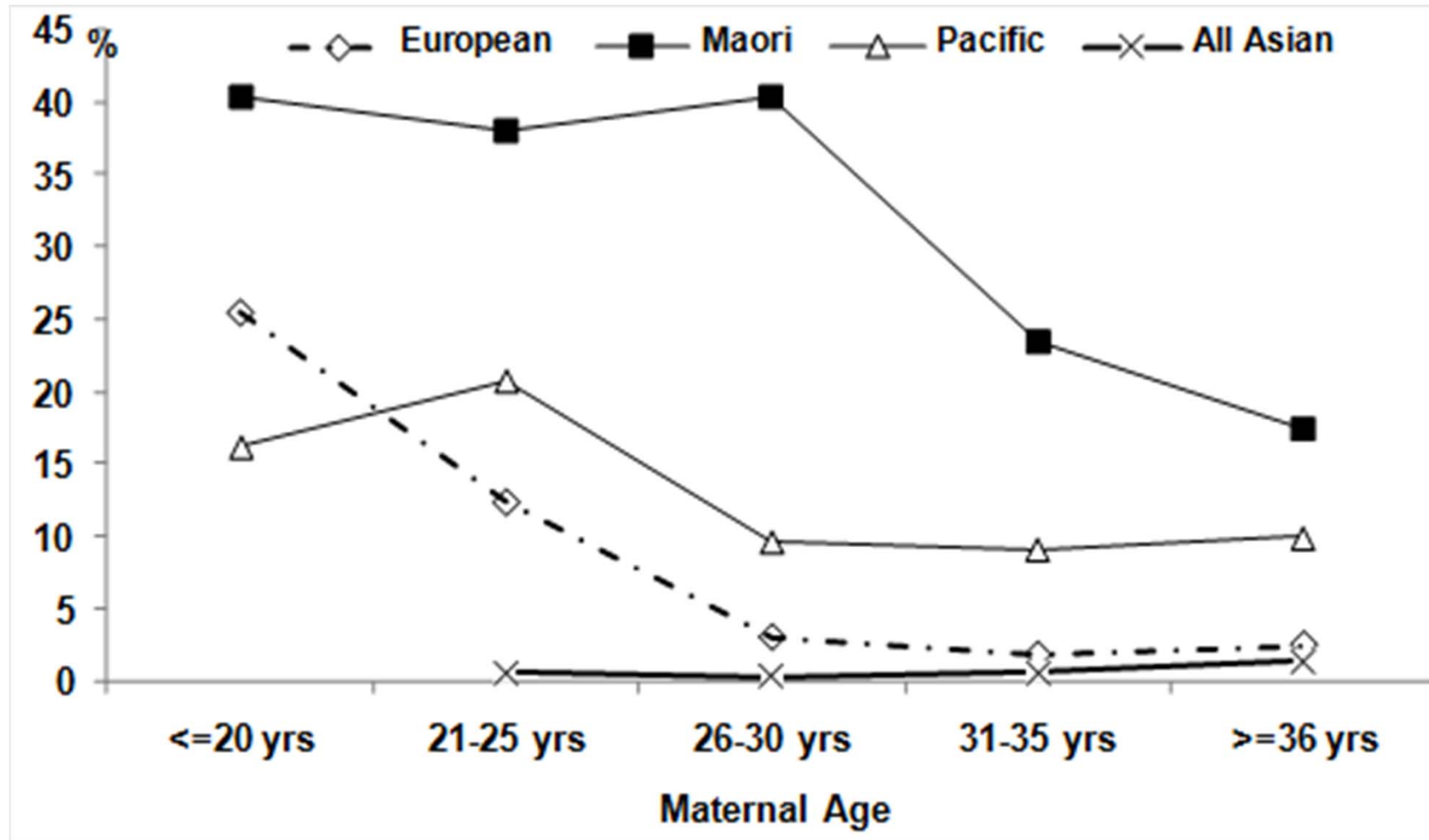


NZ health survey MOH 2012-13

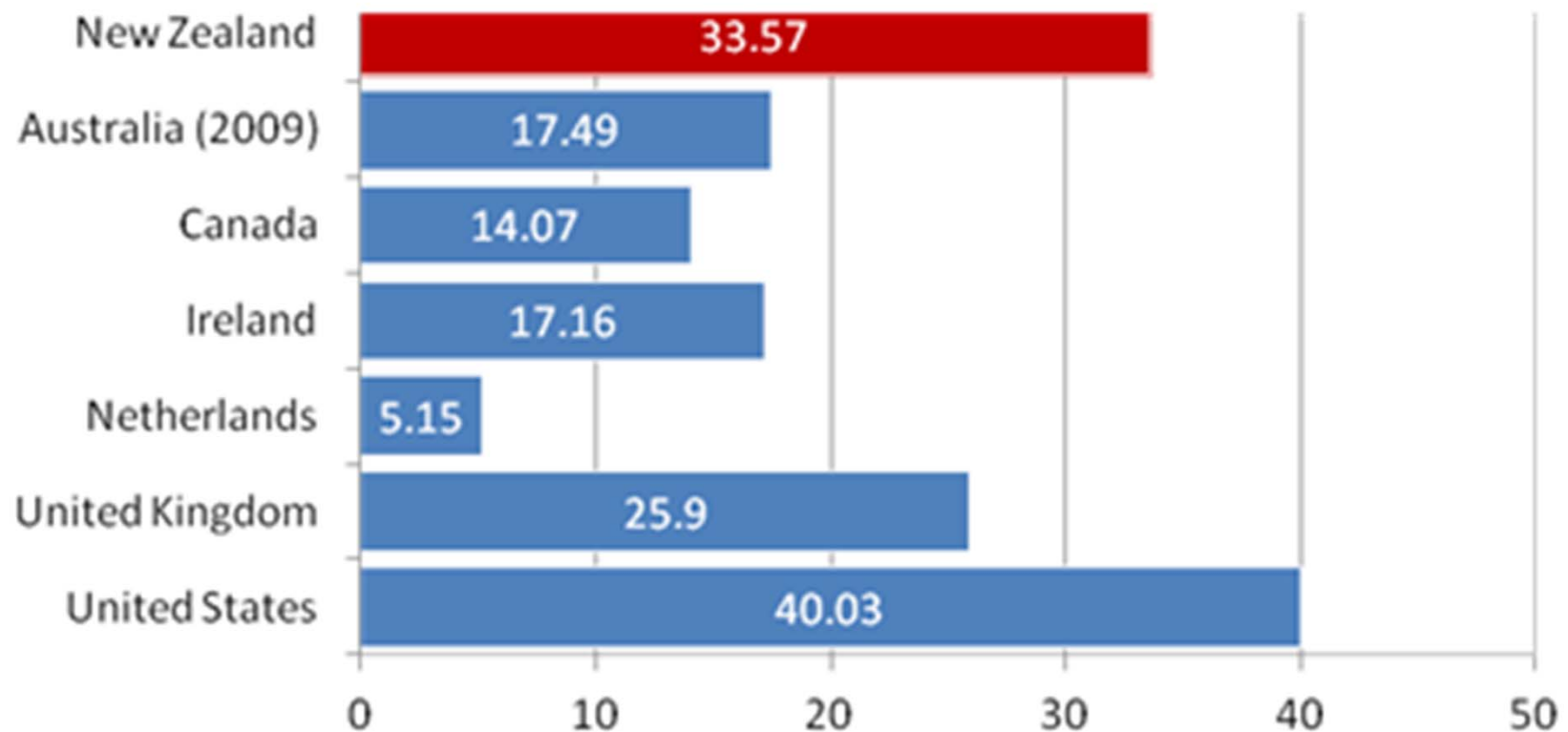
Smoking and deprivation



Smoking, Age, Ethnicity



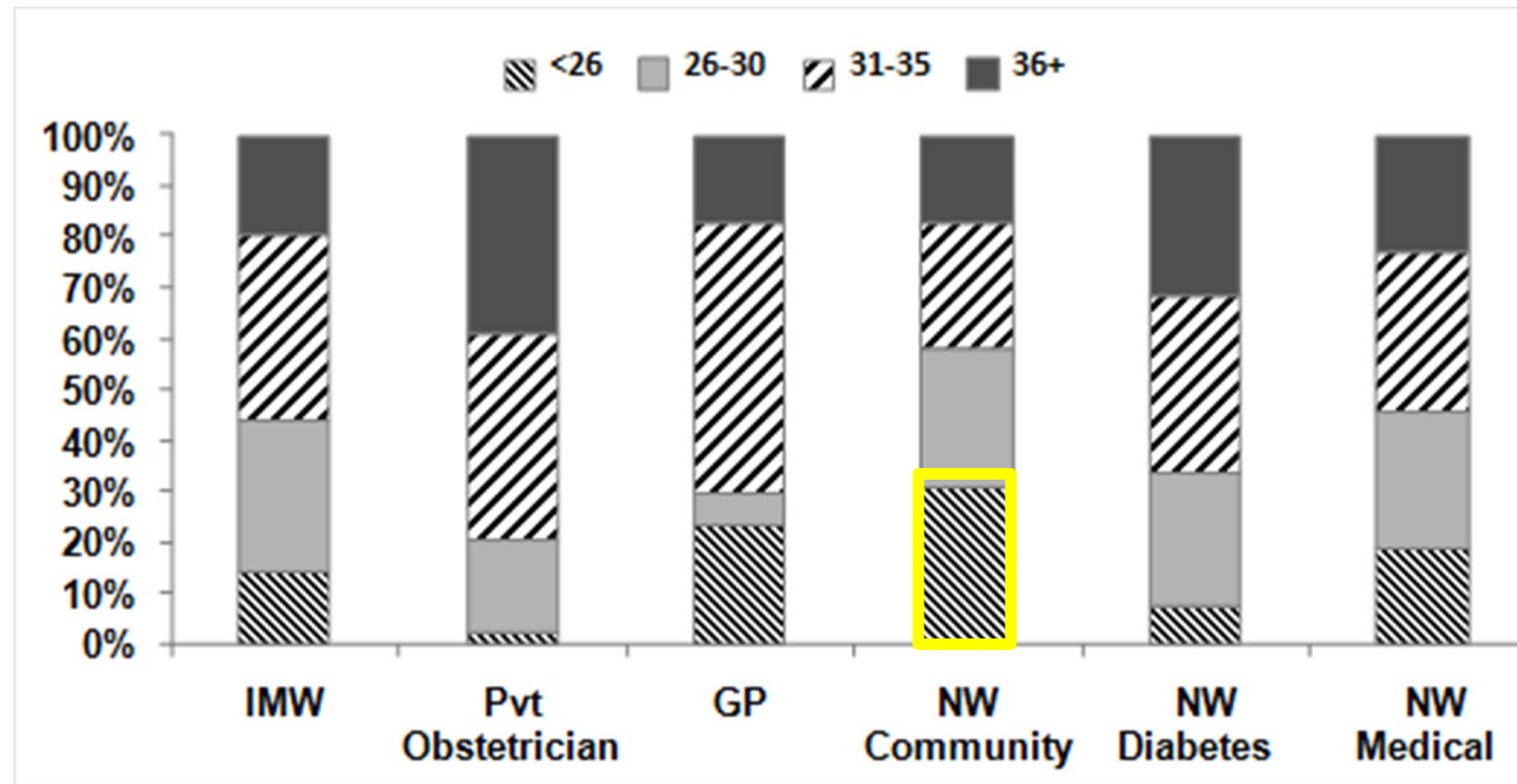
Teenage mums

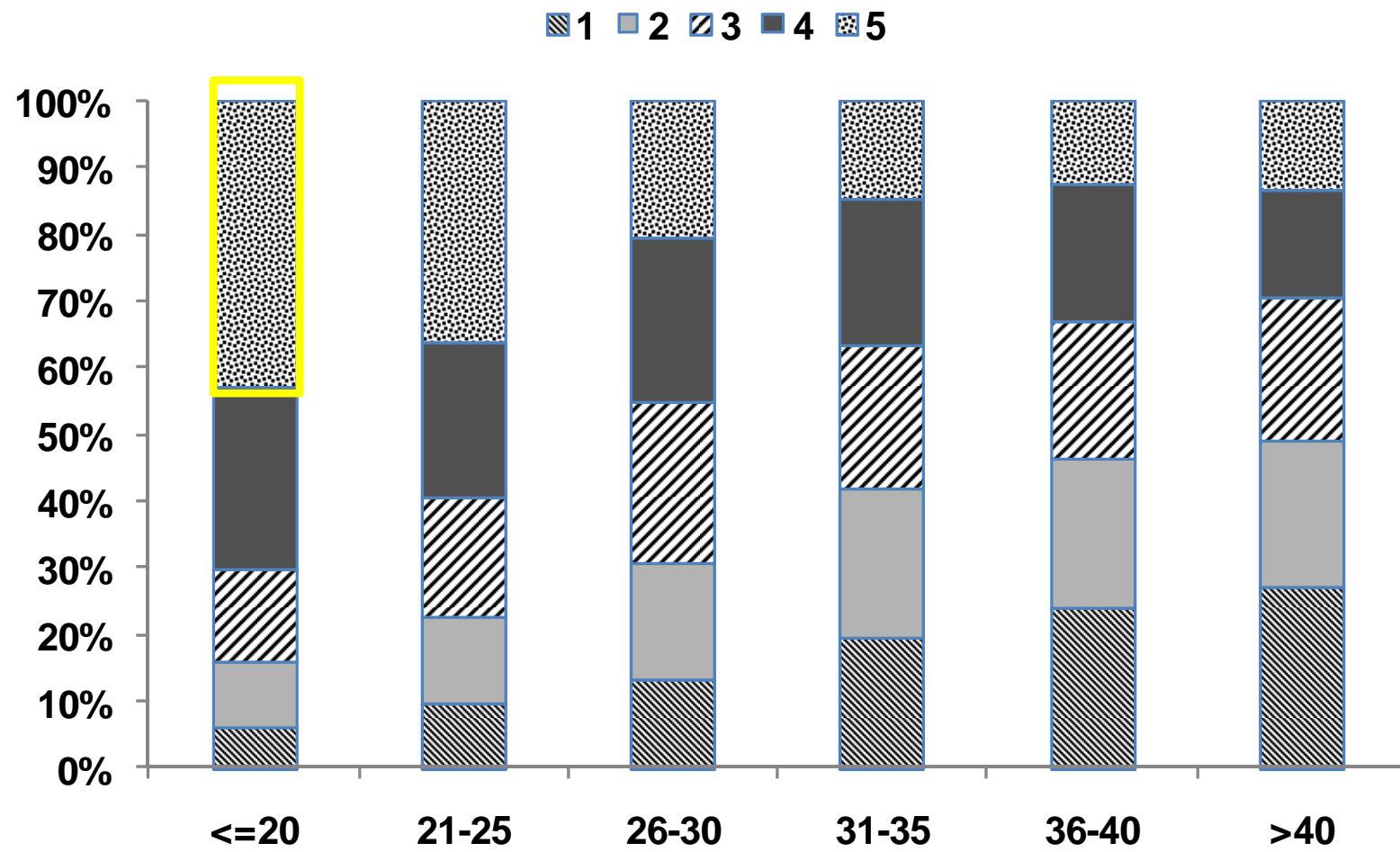


Teenage mums

- poor maternal weight gain
- Anaemia
- Low birth weight babies
- Premature births,
- Smoking
- Deprivation

LMC at birth and maternal age NWH 2013





Public health issue : 3 vege

(unadjusted prevalence, estimated number of people, 95% confidence intervals)

Population group	Total % (95% CI)	Men % (95% CI)	Women % (95% CI)
Total population	66.3 (64.6–68.1)	63.5 (61.1–65.8)	69.1 (67.3–70.8)
Age group (years)			
15–24	60.0 (56.0–63.8)	60.7 (55.6–65.7)	59.1 (53.8–64.3)
25–34	59.6 (56.1–63.1)	55.9 (50.3–61.3)	63.3 (59.6–66.9)
35–44	65.1 (62.1–67.9)	61.6 (57.6–65.5)	68.2 (64.5–71.8)
45–54	68.9 (66.2–71.5)	65.6 (61.3–69.6)	71.9 (68.7–75.1)
55–64	72.7 (70.0–75.3)	68.3 (64.3–72.0)	76.9 (73.8–79.9)
65–74	73.7 (70.0–77.1)	68.8 (63.4–73.9)	78.2 (73.9–82.1)
75+	71.6 (67.7–75.3)	71.4 (66.5–75.9)	71.8 (67.1–76.2)
Ethnic group			
Māori	61.0 (58.1–63.7)	60.1 (55.7–64.4)	61.7 (58.4–64.9)
Pacific	46.8 (42.0–51.7)	46.6 (39.3–53.9)	47.1 (40.6–53.6)
Asian	51.0 (46.2–55.8)	47.9 (41.5–54.4)	54.5 (48.0–60.8)
European/Other	70.3 (68.5–72.1)	67.4 (65.0–69.7)	73.1 (71.1–75.0)
Neighbourhood deprivation (NZDep2006 quintile)			
Quintile 1 (least deprived)	71.7 (66.9–76.2)	68.0 (62.1–73.4)	75.3 (69.8–80.2)
Quintile 2	70.1 (66.2–73.8)	66.2 (60.9–71.1)	74.2 (70.2–77.9)
Quintile 3	69.3 (64.9–73.4)	66.3 (60.8–71.4)	72.3 (67.8–76.5)
Quintile 4	61.7 (58.6–64.6)	59.2 (54.9–63.3)	64.0 (60.2–67.6)
Quintile 5 (most deprived)	58.1 (54.6–61.5)	56.6 (52.0–61.1)	59.4 (55.9–62.8)

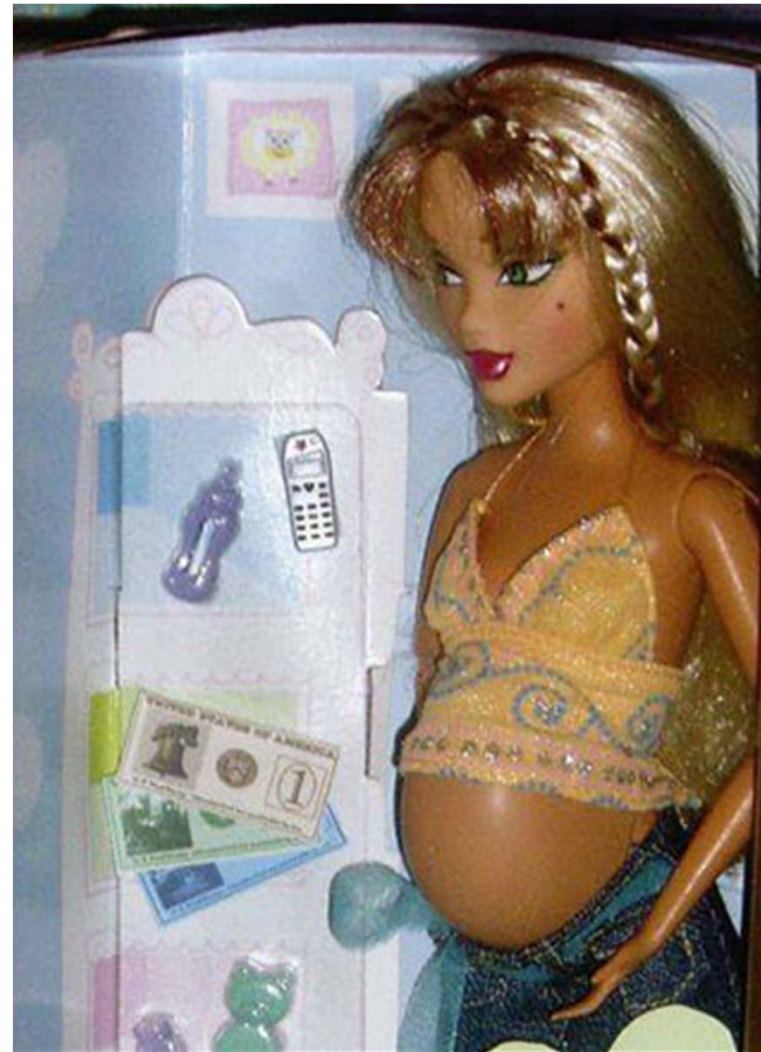
Young

deprived

Pacific

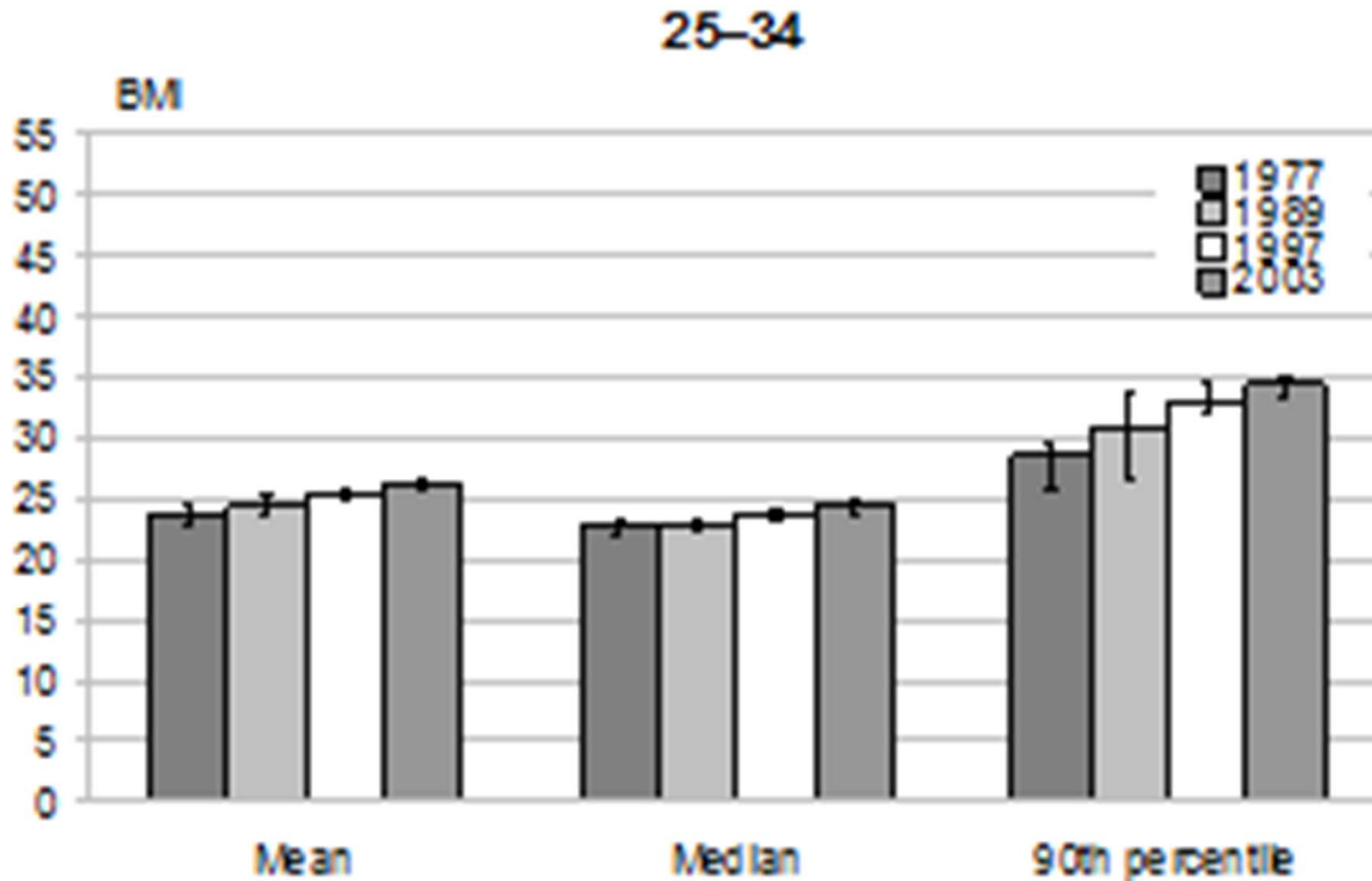
MOH

What are
the
outcomes for
teenage
mums at
ADHB?



**What other
factors are
impacting ?**

NZ: BMI in 25-34yo's 1977 - 2003



New Zealand Health Survey: Annual update of key findings 2012/13

- Adults BMI ≥ 30

	2012/13	2011/12	2006/07
Percent (%)	31.3 [#]	28.6	26.5

One-fifth (21%) of 15–24-year-olds were obese

22% of women 25-44yo obese in ADHB in 2012 cf **19.8%** in 2007 (30.5% for NZ in 2012)MOH

18% of women birthing at NWH in 2013

No change in BMI @NWH in last 5y

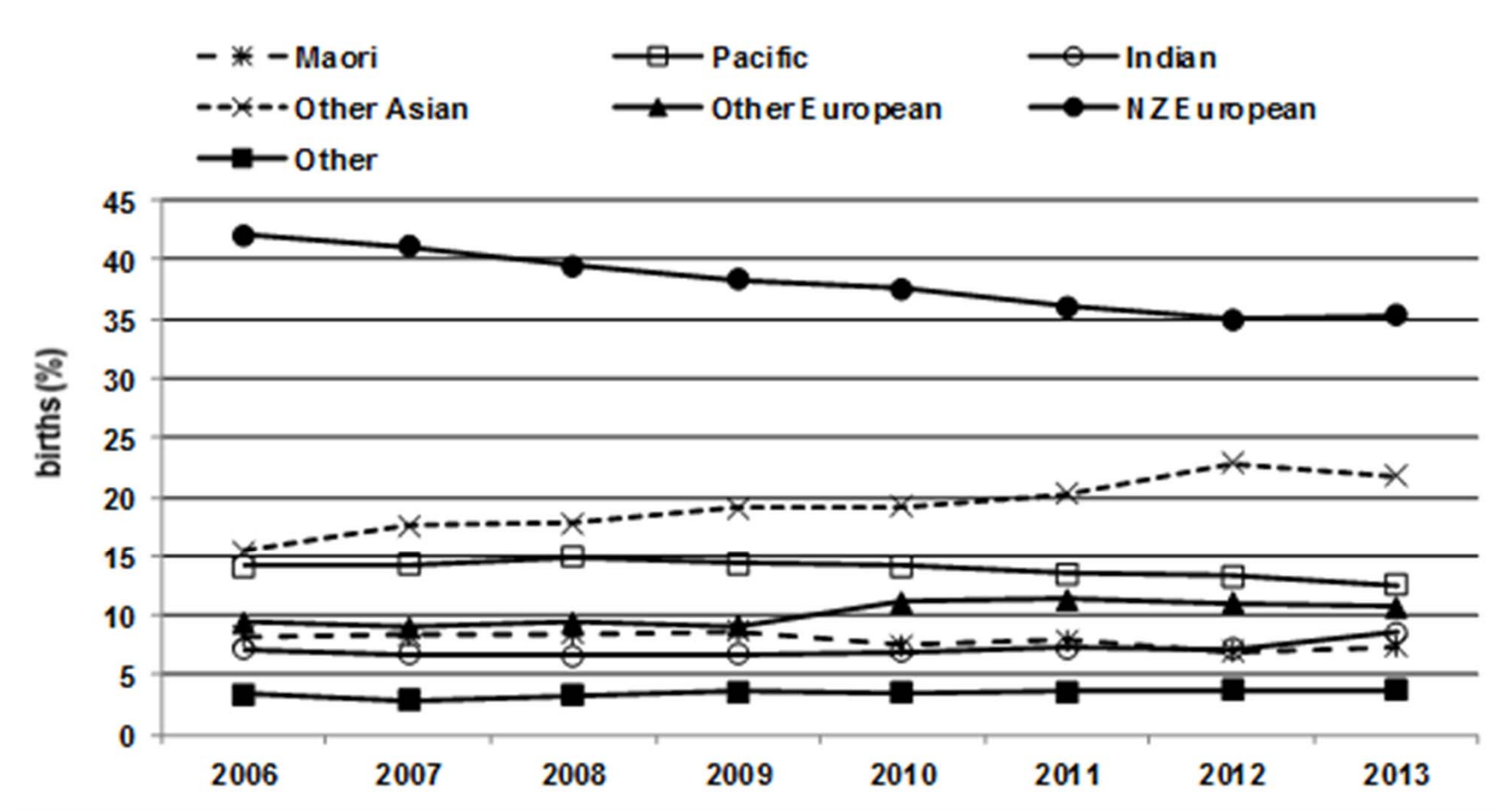


Figure 8: Ethnicity of mothers giving birth at NWH 2006-2013

No change in BMI @NWH in last 5y

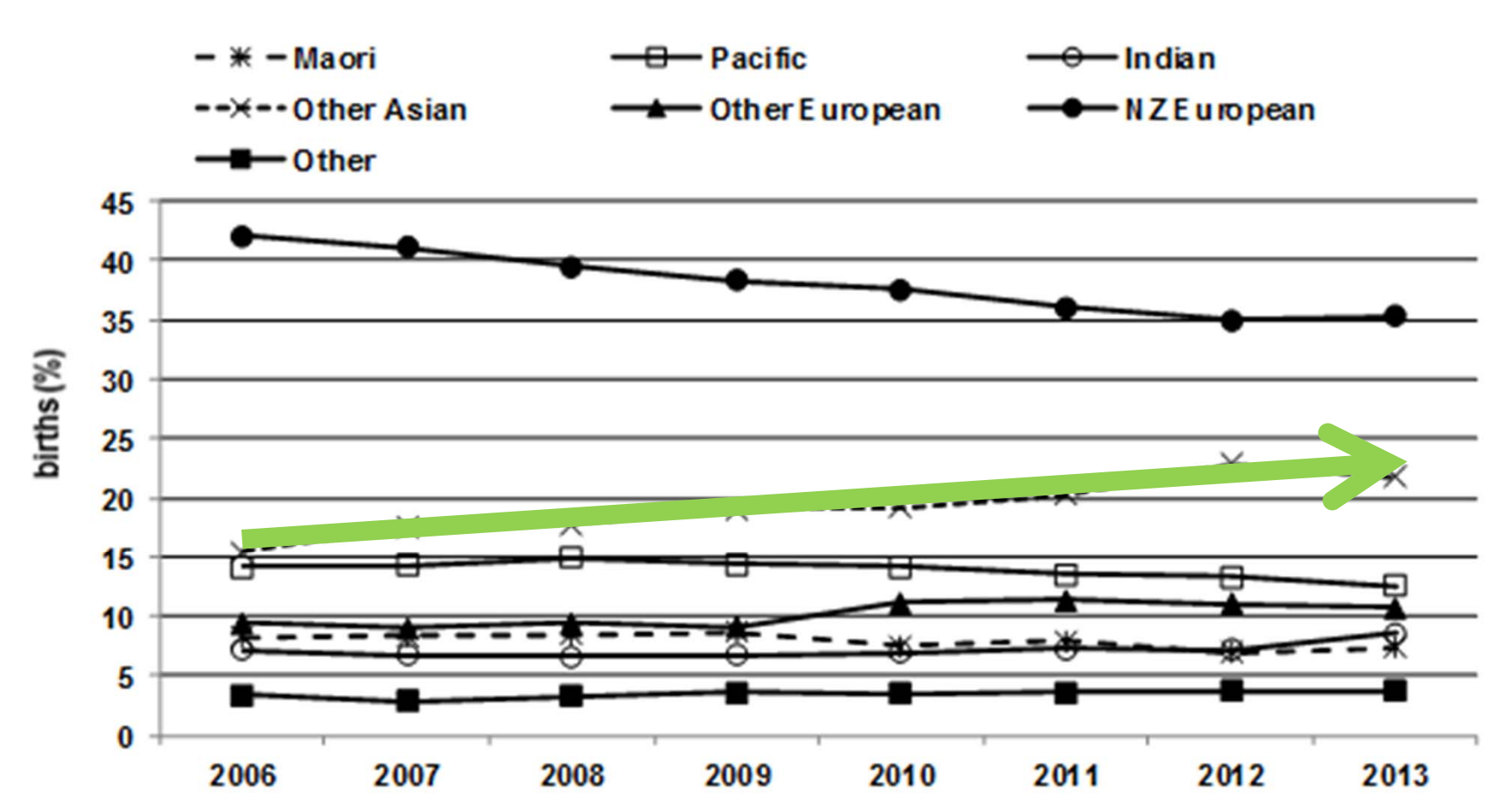
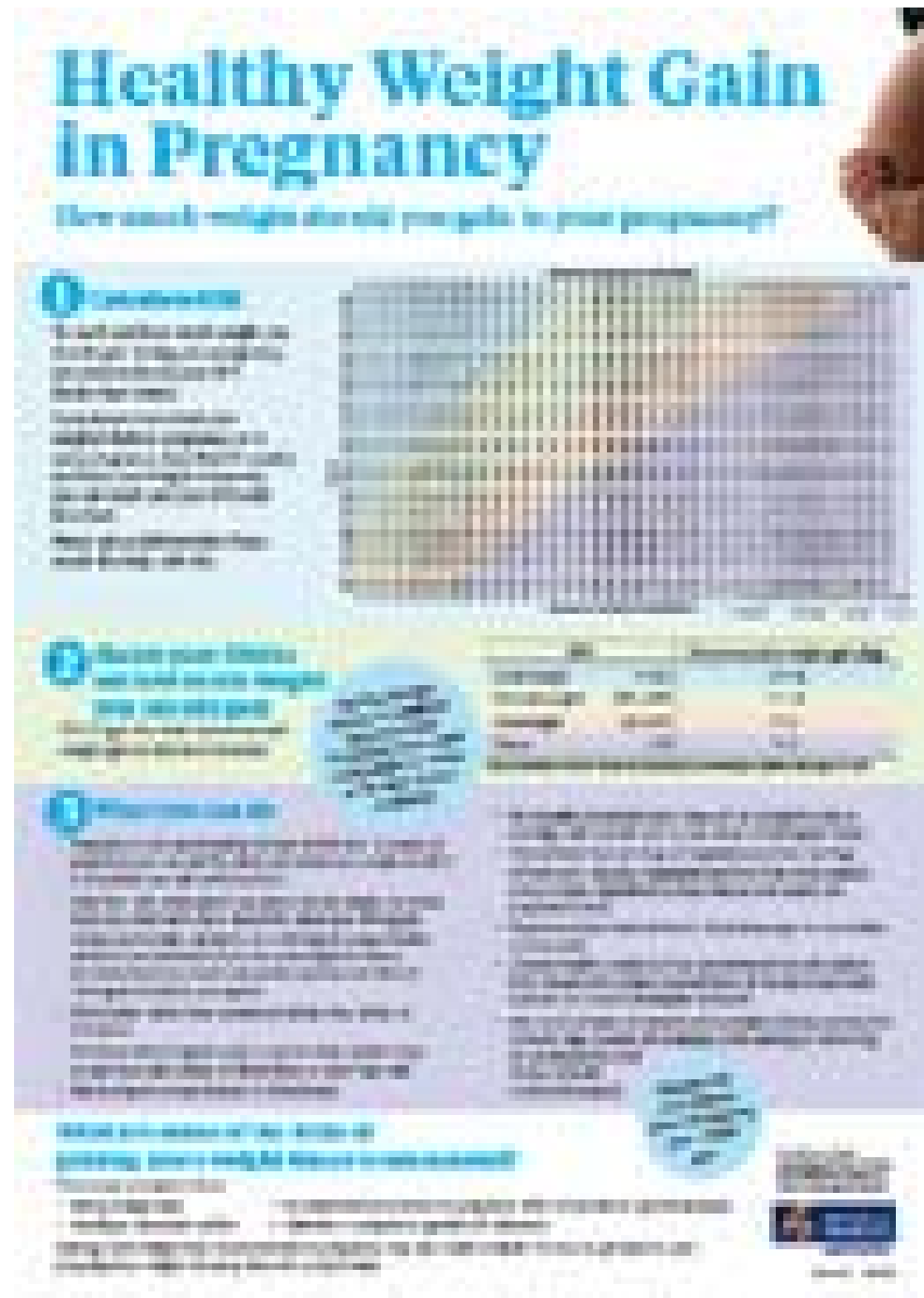


Figure 8: Ethnicity of mothers giving birth at NWH 2006-2013

Recommendations for total weight gain during pregnancy



+BP

+DM

+CS

+LGA

+Excess weight
and health
problems after
birth

- SGA, Preterm

Why?



Healthy Weight Gain in Pregnancy

Gaining the right amount of weight during your pregnancy is one of the most important things you can do to support your health and the health of your baby.

Your pre-pregnancy body mass index (BMI) is

It is recommended you gain between kg (lb) kg (lb) in your pregnancy

The more you will ideally weigh between kg (lb) and kg (lb) at the end of your pregnancy

Track your weight gain on this table	
Week	Weight

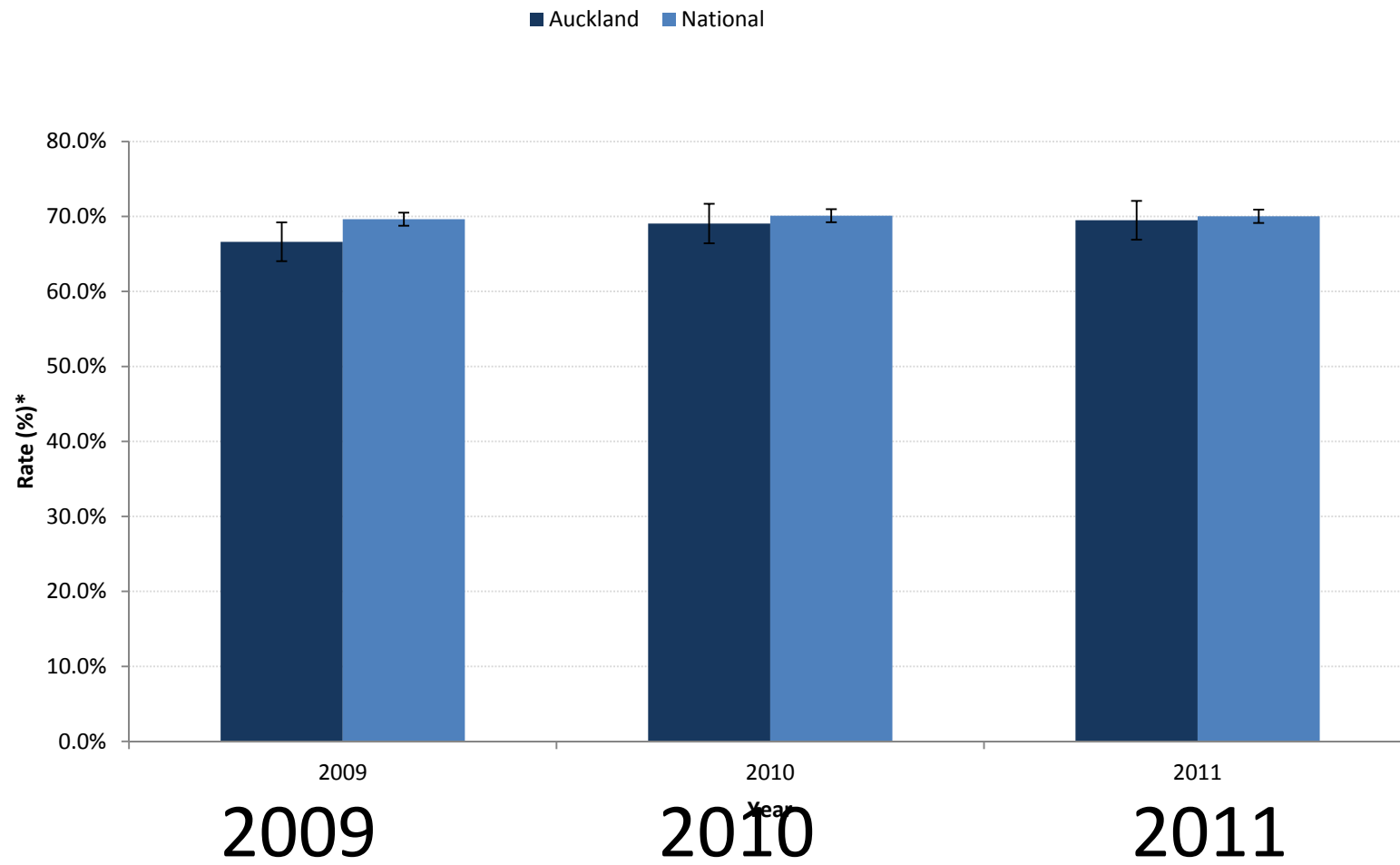
How to weigh yourself every two weeks. Ideally, you should weigh yourself on the same set of scales each time at the same time of day. If you don't have scales, ask your midwife to weigh you.

It is important you tell your midwife about your weight gain throughout pregnancy.

For more information, contact your midwife or health visitor.

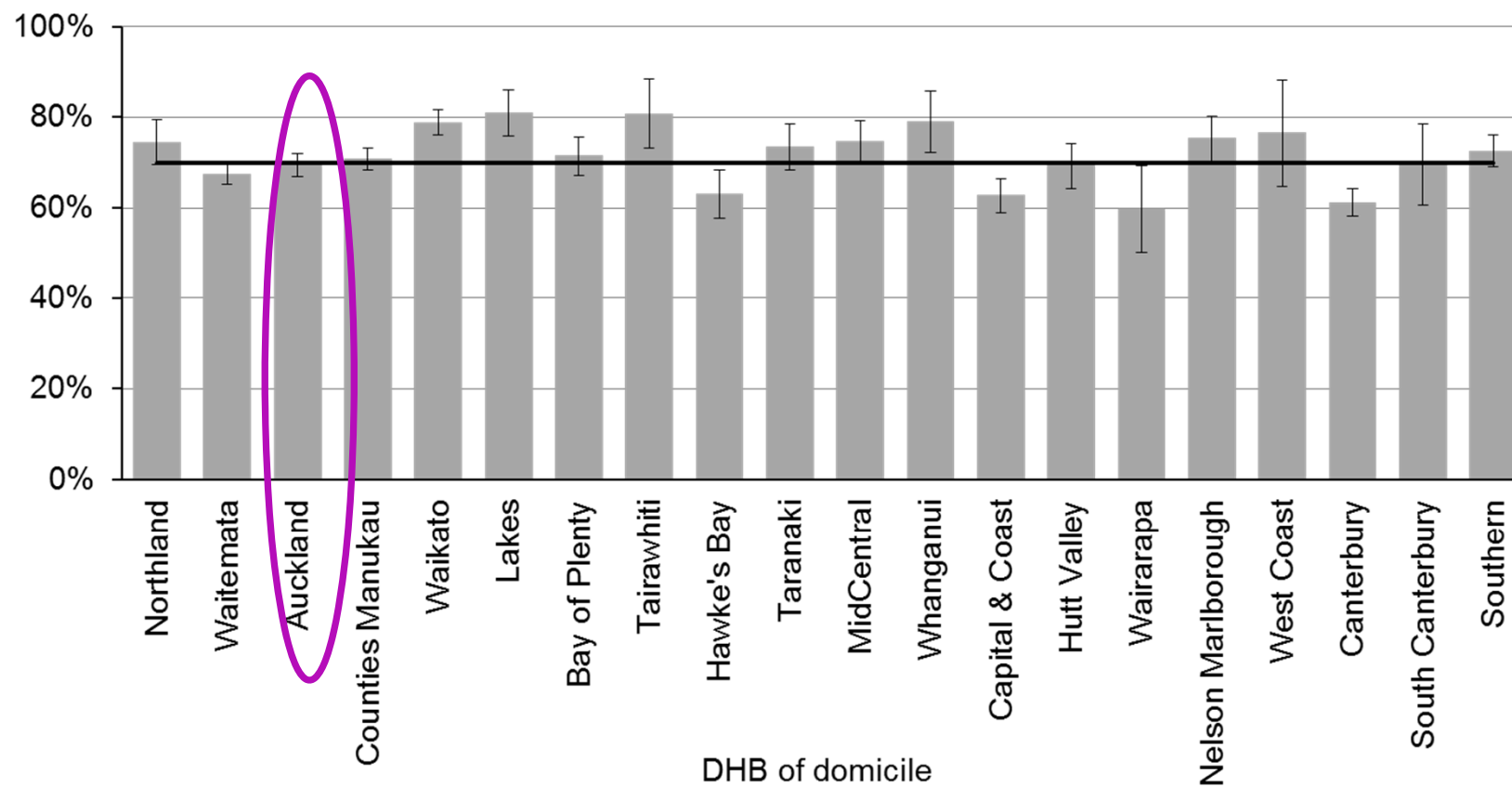
 **NHS**
111 24/7

Standard primiparae who have a spontaneous vaginal birth

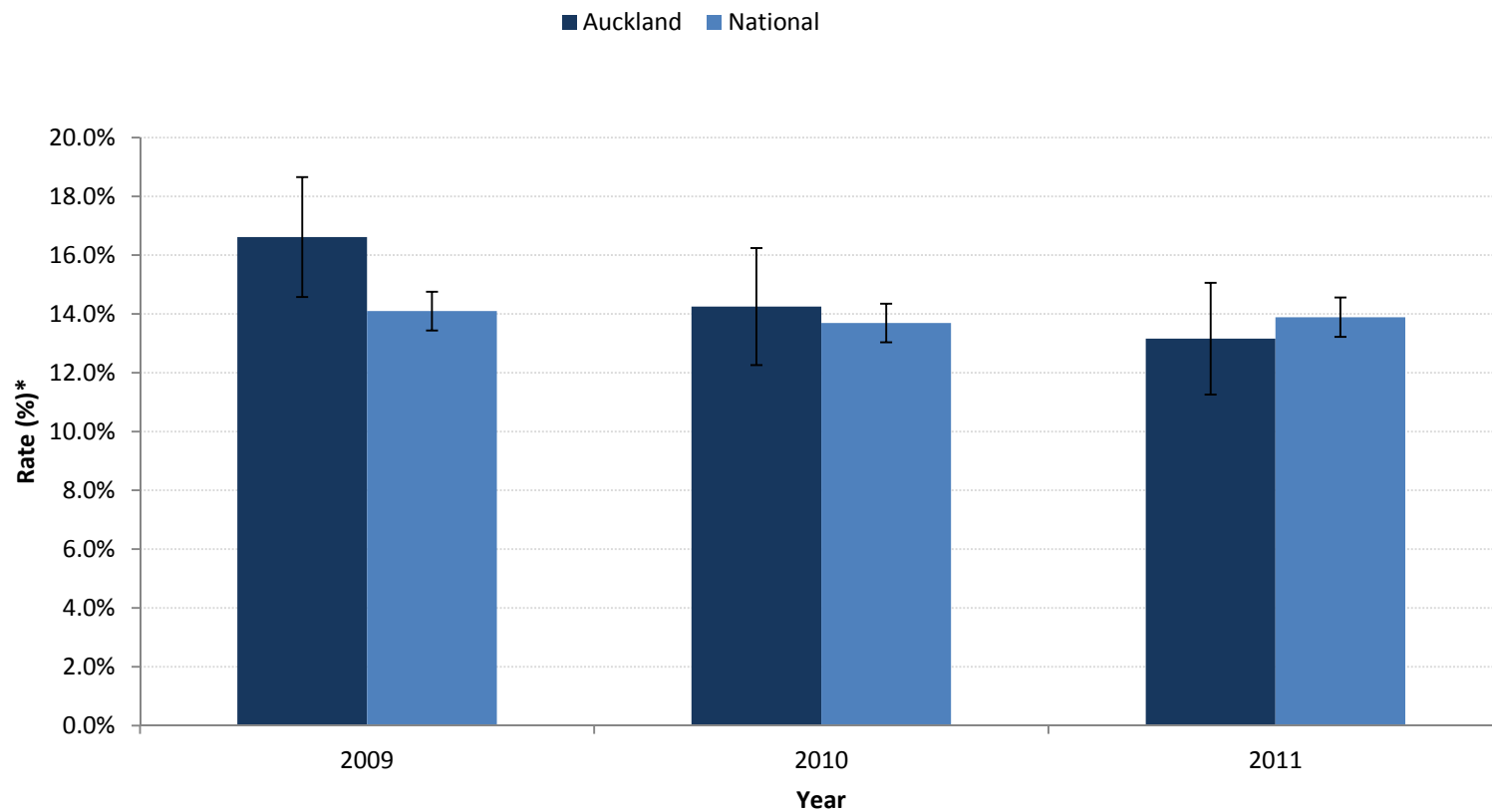


SVB

Percentage of standard primiparae giving birth



Standard primiparae who undergo an instrumental vaginal birth

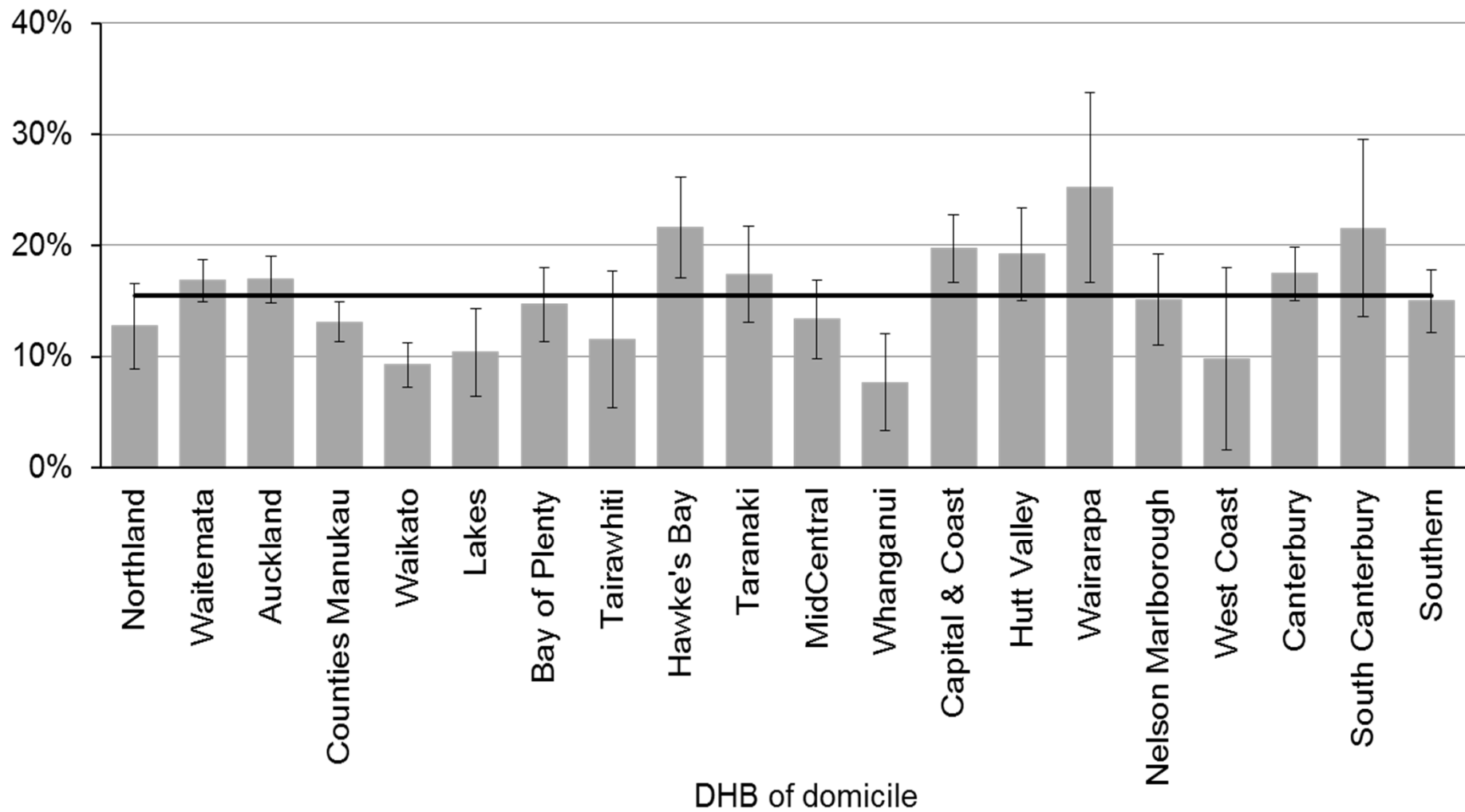


Standard primiparae who have a CS



CS

Percentage of standard primiparae giving birth



CS rates

- In 1985 the WHO recommended caesarean rates of 10 to 15% though these targets may now be out of date and have been criticised as arbitrary
- rates of caesarean section have increased in developed countries

- to funding incentives, convenience, defensive medical practice, increases in numbers of older mothers and patient preference (Hodnett et al. 2010).

CS

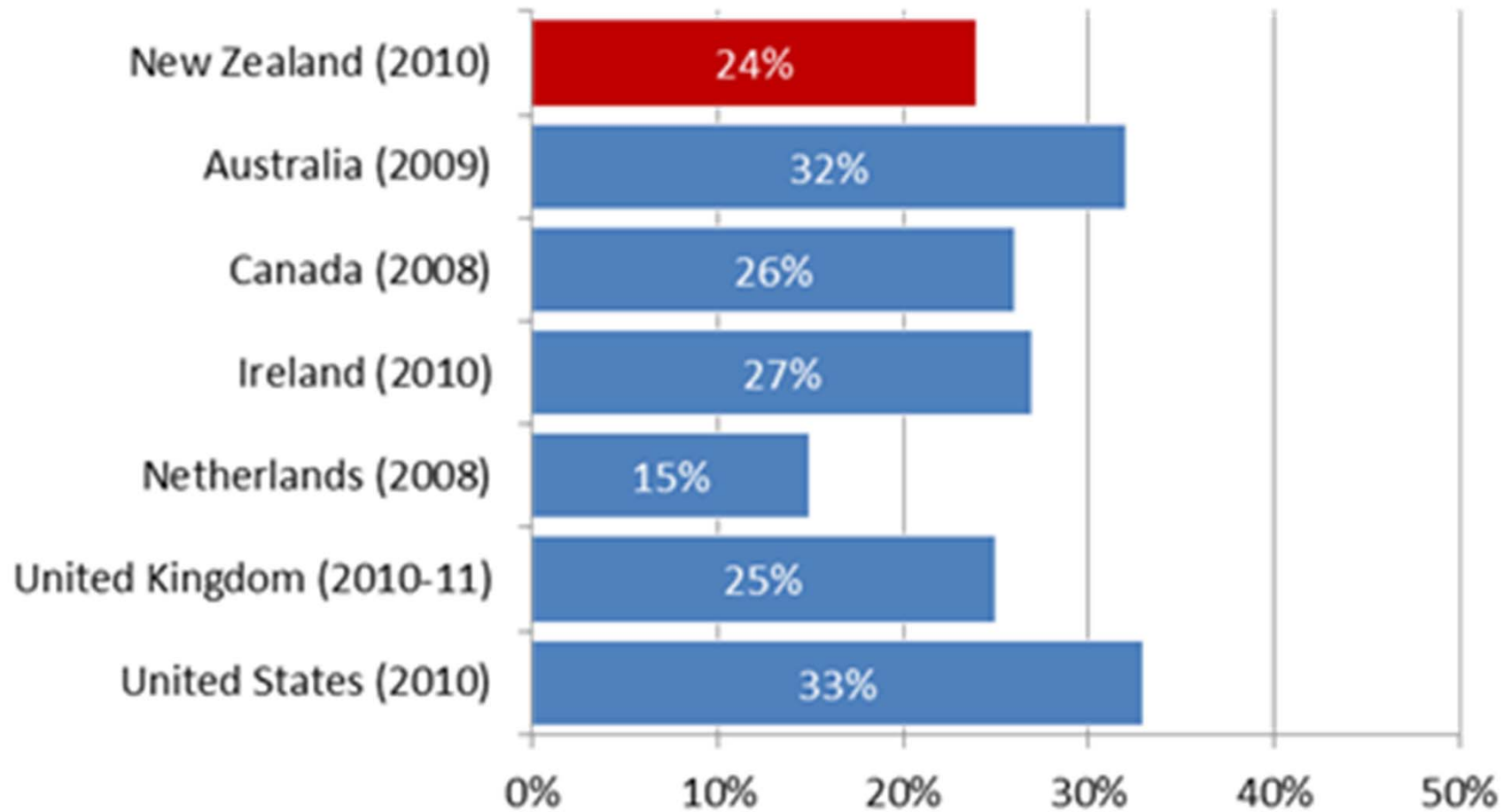


Figure 3: Mode of birth NWH (1991-2013)

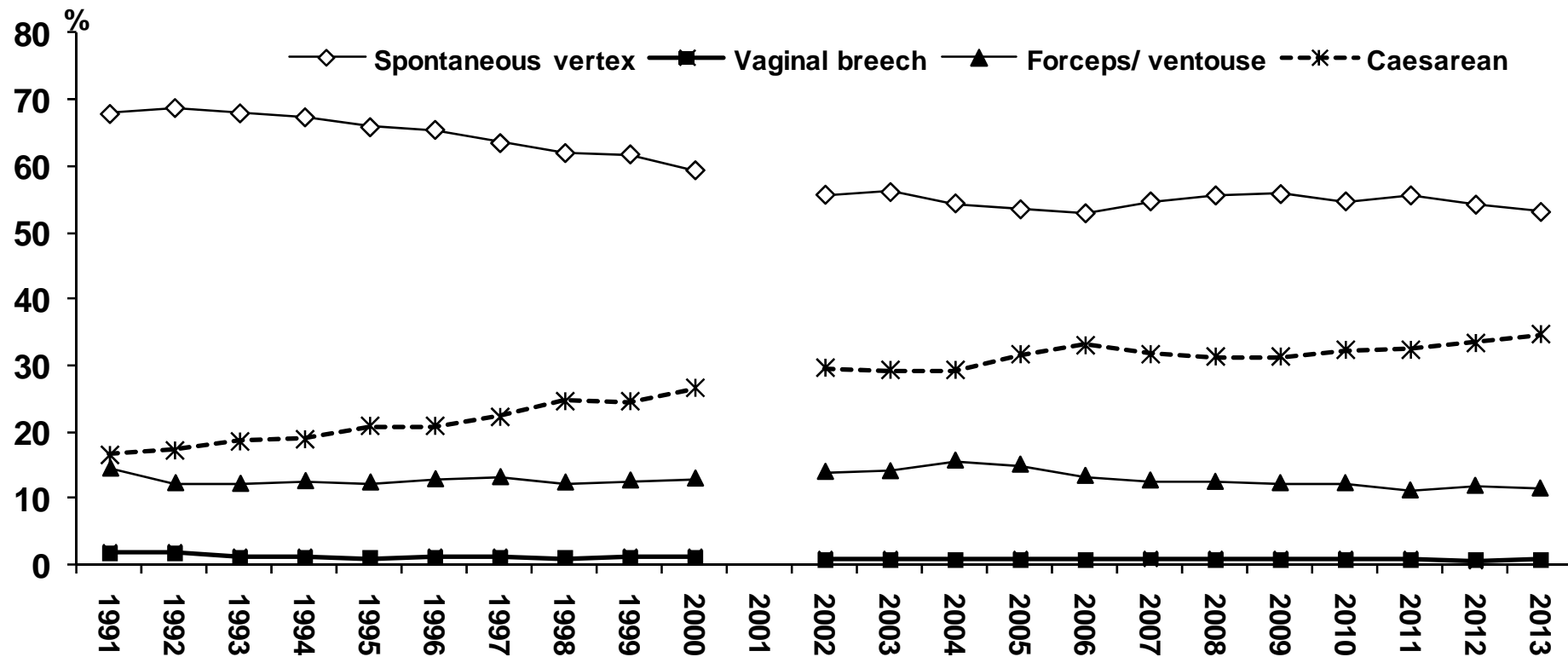
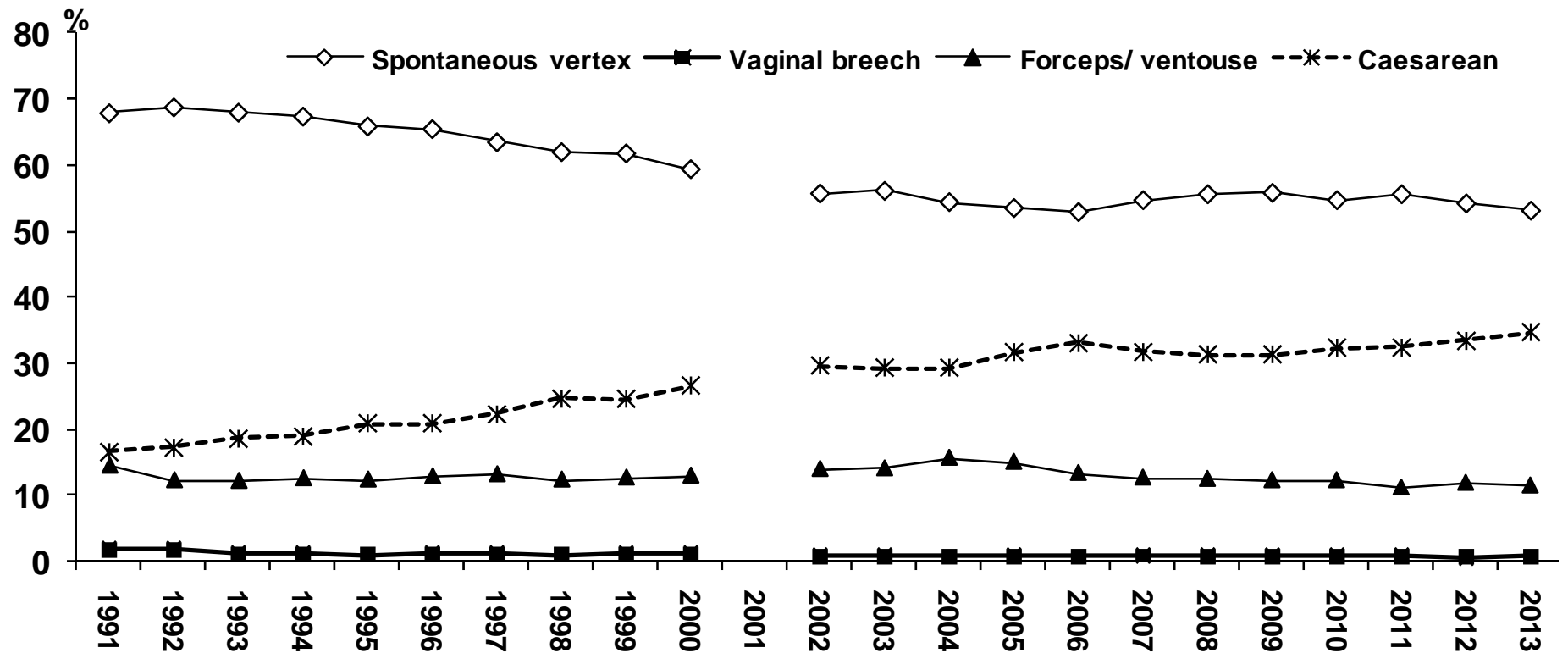


Figure 3: Mode of birth NWH (1991-2013)



34.7%

Figure 4: Perinatal mortality rate, perinatal related mortality rate, fetal death rate and neonatal mortality rate NWH (1991-2013) (all rates expressed as deaths/1000 births)

