Briefing Paper for Incoming Minister of Health

December 2023

Women have particular health needs through their lifecycle, and women's health is central to the wellbeing of whānau and communities… and yet is often under prioritised and resourced

There must be continued focus on improving health outcomes and equity

Action and investment in key areas will significantly improve women's health in Aotearoa New Zealand

Te Kāhui Oranga ō Nuku
RANZCOG New Zealand

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14 December 2023

Hon Dr Shane Reti
Minister of Health
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Tēnā koe Minister

Congratulations on your appointments as Minister of Health.

Health is a challenging and critical issue for Aotearoa New Zealand, in fact countries around the world, and certainly for women's health.

This briefing document is not a comprehensive review of all the clinical and professional matters we are concerned with. Rather we have chosen to focus on what we see as the key issues and opportunities within our specialty of obstetrics and gynaecology. Over recent months we have been pleased to hear you express your commitment to women's health. We firmly believe that women's health is both under-prioritised, and a key to health and wellbeing of wider family and community.

RANZCOG, and in particular, Te Kāhui Oranga ō Nuku (the New Zealand branch of RANZCOG), looks forward to working with you over the coming years. We would appreciate the opportunity to meet to discuss strategies for improving women's health.

Nāku noa, nā

Dr Susan Fleming
Vice President
Chair Te Kāhui Oranga ō Nuku

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About RANZCOG

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) is a not-for-profit organisation dedicated to the establishment of high standards of practice in obstetrics and gynaecology and 'excellence and equity in women's health'. The College trains and accredits doctors throughout Australia and New Zealand in the specialties of obstetrics and gynaecology. The College also supports research into women's health and advocates for women's healthcare.

In New Zealand RANZCOG's Te Kāhui Oranga ō Nuku and He Hono Wāhine support College activities, taking into account the context of the New Zealand health system and the needs of women in Aotearoa New Zealand. In particular focusing on hauora wāhine Māori, equity and RANZCOG's commitment to te Tiriti o Waitangi.

Context

RANZCOG has long advocated for a stronger focus on women's health and a more strategic approach through the development of a women's health strategy. In 2022 we developed our '10 Top Actions to Improve Hauora Wāhine/Women+'.

10 Top Actions to Improve Hauora Wāhine/Women+

Wāhine/women+ at the centre

1 A health system where wāhine/women+ can thrive *recognising that*

- wāhine/women+ hold the whakapapa which connects tamariki/children, whānau/family and hapori/community
- wāhine/women+ have unique health needs that change across their life course

2 A wāhine/women+ health strategy

- that addresses the specific and unique needs of wāhine/women+
- includes a formal needs assessment of current issues in wāhine/women+ health in Aotearoa
- considers the social determinants of health and importance of whānau

3 A hauora wāhine/women+ plan *that*

- ensures services are delivered in a coordinated, sustainable and integrated manner
- sees wāhine/women+ and their communities supported by health professionals to achieve their health goals
- empowers wāhine/women+ to the services they need
- ensures all wāhine/women+ achieve their health potential

Integrated, accessible, fully funded multidisciplinary care

4 Community based care close to home

- primary care competent and confident in providing hauora wahine/women+ care
- strong linkages between primary care providers, and between primary and hospital services when required
- enhanced prevention services, including for cervical (HPV) and breast cancer, and non-invasive prenatal testing (NIPT)

5 Equitable access without cost barriers

- all wāhine/women+ are enabled to access the care they need when they need it
- the need for wāhine/women+ to partly self fund services is eliminated

6 A comprehensive maternity system

- strengthened interdisciplinary collaboration
- designed to better support the increasingly complex needs of wāhine/women+
- fully funded to provide the basics of care, for example ultrasound
- addresses the mental health needs of wāhine/women+

Strong leadership and governance

7 Visible integrated leadership within the new health system for wāhine/women+ health matters *including*

- integrated view across maternity care, gynaecological care, sexual and reproductive health, including screening and prevention
- integrated view across community based services and specialist and hospital care
- integrated view across public and private and ACC funded care

8 Accountability for quality

- governance and monitoring of hauora wāhine/women+ care delivery, performance, and outcomes
- high quality clinical and performance data at a local and national level
- data collected includes consumer measures such as patient-reported outcome measures (PROMS) and patient-reported experience measures (PREMS)
- oversight shared with expert advisory groups such as Maternity Monitoring Group (NMMG) and Perinatal Mortality Review Committee (PMMRC)

Robust systems and workforce planning

9 A national, integrated IT system

- IT strucures in place to enable prospective data collection for all aspects of wāhine/women+ care delivery, so that data can inform practice and service delivery
- data sharing is enabled between community services and between community and hospital based services
- investment in ensuring data quality at local and national level

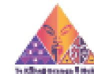
10 Workforce planning

- current shortages and future needs addressed
- strong multi-disciplinary team that includes primary care providers, obstetricians and gynaecologists, midwives, nurses and other specialist groups
- development of a workforce that is clinically and culturally competent
- wāhine/women+ leadership is fostered

See full version

We are delighted that Aotearoa New Zealand now has a women's health strategy.

In 2022 (after several postponements as a result of Covid-19) RANZCOG, together with a group of partner organisations brought together around 100 people with a focus on women's health from different organisations and perspectives - government, community, medical and academic. Flourish Women+ Health Summit was a valuable opportunity for those in women's health to come together to build relationships and to develop a vision for a women's health strategy that contributed to the development of New Zealand's Women's Health Strategy. We hope host a Women+ Health Summit again in 2024.



Flourish vision for Women's Health Strategy

- A life-course approach considering the specific needs of women
- Addresses the economic and social determinants of women and gender diverse people's health inequities
- Prevention and health promotion as well as treatment
- Health services that are whānau centred and holistic

See the full version

We support the 2023 Women's Health Strategy's acknowledgement of women's particular health needs and gender bias in the health system.

The changes to the health system under the Pae Ora (Wellbeing) Act are yet to be fully enacted and to show the potential benefits of a national health system. **RANZCOG believes that the health system must retain a central focus on equity and addressing current inequities, and must also enact Te Tiriti o Waitangi partnership.** As well as workforce overload and burnout, we see a high level of uncertainty and lack of engagement in health system reforms. There is an urgent need for clinical involvement in work to improve the health system, and strengthened ongoing clinical partnership and leadership.

We also note the critical need to address the dire state of our health workforce in New Zealand. This includes O&G and midwifery, where workforce shortages are creating burnout of the health workforce and impacting on the provision of care to women and others requiring obstetric or gynaecological care.

A women's health strategy is important in setting a high-level direction for improvement in women's health, but there is a need for **action and funding**, and implementation of changes that will make a difference.

Comment on implications of new health policies

Disestablishment of Te Aka Whai Ora Māori Health Authority

Of vital concern with the disestablishment of Te Aka Whai Ora is the continuation of work towards equity for Māori. We know that outcomes experienced by Māori are worse in a whole range of areas and that health care systems need to change to avoid perpetuating this. The directives in the coalition agreements that public services should be prioritised on the basis of need not race, seem to ignore the systemic racism and barriers to access faced by Māori and other groups.

RANZCOG is committed to continuing our journey to improving health equity and we call upon you and the Government to ensure that our health system enacts the commitments of te Tiriti o Waitangi and focuses on equity of outcomes in Aotearoa.
RANZCOG reaffirms its commitment to Te Tiriti o Waitangi and equity of health outcomes - RANZCOG

Repealing of smokefree legislation

RANZCOG supported the introduction of strong legislation to reduce smoking and we are very disappointed to see that this legislation will be repealed. The health impacts of smoking are well known, including the impacts of smoking in pregnancy. We urge you to ensure that new regulation to protect future generations from the personal and health care costs of smoking is put in place, and we support regulation to protect against the harmful effects of vaping.

We suggest that there are other avenues for revenue collection and other approaches for avoiding creation of a black market. An example of revenue collection which would have health **benefits** would be tax on sugar.

Māori and pacific admission schemes

We strongly support the intention of the admissions schemes of the University of Auckland (MAPAS) and University of Otago (Mirror on Society) which use modified criteria to preferentially admit Māori and Pacific students into medicine. These programmes have contributed to increasing the number of Māori doctors, however Medical Council of New Zealand data (September 2023) shows that only 4.7% of New Zealand's doctors are Māori. This is up from 3.2% in 2015, but still a long way short of reflecting the population. This is important because the evidence shows health outcomes are improved when people are treated by someone who understands their social and cultural needs and background. Further, it is critical that in addition to strengthening the clinical workforce there is a pipeline of Māori (and Pacific) doctors supported to take on leadership roles.

Maternal and perinatal outcomes for Māori lag behind those of New Zealand European women. Yet in Obstetrics and Gynaecology only 3.9% of specialists are Māori (which equates to 14 Māori doctors). RANZCOG's trainee selection is weighted to encourage selection of Maori. This has resulted in an increase in Māori O&G trainees and in 2024 the percentage of new trainees who are Māori rose to 17.6%.

We can only continue to improve the numbers of Māori and Pacific O&Gs if the medical schools are producing Māori and Pacific doctors in numbers beyond the population level.

Therefore, it is vital that medical schools continue to have admission schemes that support increasing the numbers of Māori and Pacific medical students, and other underrepresented groups.

Proper funding for birthing units and maternity care, providing for a three day stay

Unsurprisingly RANZCOG absolutely supports ensuring proper funding for all maternity care, and in fact for wider women's health care! We agree that maternity care and women's health care is significantly under-funded currently.

RANZCOG theoretically supports providing the choice to stay for up to three days after delivery, and we note that this may be particularly beneficial in terms of establish breast feeding. We do question though whether there is any evidence to support that outcomes are better with three days in hospital, and we believe it is highly aspirational in terms of capacity in facilities and staffing to implement this. We believe that the intention of this initiative, which is to ensure a confident start to parenting and support breast feeding would be best achieved with a mixture of initiatives that are largely community based.

Targets for the healthcare system

While we would like to see improvements in access to care, especially for non-cancer gynaecology, we are weary of targets which often have unintended consequences. For example, targets to address surgical waiting lists have resulted in referrals for non-urgent, non-cancer gynaecology being declined in a number of units around the country, resulting in an increasing burden of suffering on women. In addition, wait list management has led to an increase in outsourcing of surgery with means that surgical training opportunities are reduced with a flow on impact on the future workforce.

It is vital that careful consideration is given, when establishing targets, to the resourcing required, the availability and impact on workforce, and any broader impact on access to care.

Action priorities for women's health

Obstetric ultrasound

RANZCOG recommends that funding for community provision of maternity ultrasounds is urgently reviewed and that there is allocation in Budget 2024 to allow full funding of obstetric ultrasound on an ongoing basis.

It is our view, and that of the network of O&G Clinical Directors around the country, that improving access to ultrasound is the both the most urgent change needed in the provision of maternity care and the change that will result in a measurable improvement in perinatal outcome.

RANZCOG has raised serious concerns about access to obstetric ultrasound scans with successive ministers. We strongly encourage you to enact this change.

The New Zealand Obstetric Ultrasound Guidelines published in December 2019 provide a strong basis for high-quality maternity ultrasound services however these are not able to be fully and equitably implemented. In addition, recent ACC and maternity sector work has developed guidelines for management of small for gestational age babies and fetal growth restriction. Without free access to ultrasound, these guidelines will also not be able to be implemented and will perpetuate inequities.

The majority of obstetric ultrasound scans are performed by private providers in the community, and this is funded by a fee provided for in the Primary Maternity Services Notice. The fee for obstetric ultrasounds has not been reviewed for many years and differences in complexity of maternity ultrasounds is not taken into consideration, resulting in maternity ultrasounds being underfunded compared to other areas. This limits availability and sees significant and continually increasing surcharges. Surcharges vary around the country but range to over $100 in some areas. These surcharges create an insurmountable barrier for some, and women who need scans for the safety of their pregnancy and baby are missing out.

Some Te Whatu Ora districts subsidise surcharges for community ultrasounds, and we understand that temporary additional funding for this purpose may soon be available. But this approach is not long term and sustainable.

Non-invasive prenatal testing (NIPD)

RANZCOG recommends that access to NIPT should be consistently publicly funded.

Prenatal testing for chromosomal abnormalities is routinely available in New Zealand and fully funded for maternal serum screening. However, Non Invasive Prenatal Diagnosis (NIPD) is generally not funded. NIPT testing is more accurate at detecting chromosomal abnormalities than standard maternal serum screening and therefore can be used to reduce the number of invasive and higher risk diagnostic tests such as chorionic villous sampling or amniocentesis performed, which both carry an increased risk of miscarriage.

At the present time there is variable access to NIPD testing in New Zealand. For most patients access to NIPD is privately funded. Some hospitals fund access to NIPD in some circumstances, leading to inequities in access.

Urogynaecology and mesh pause

RANZCOG recommends that:

- Sufficient resources are available to ensure that the systems and processes necessary to lift the mesh pause are completed by the end of 2024.
- A formal review of the credentialing process and framework occurs in later 2024/early 2025
- Support is provided by Te Whatu Ora to establish an upskilling, mentoring and proctoring program to ensure sufficient skilled clinicians are available to meet the demand for SUI surgery

RANZCOG continues to be actively engaged with the work to support women who have experienced mesh harm, and to restore confidence in the surgical care for women with stress urinary incontinence and prolapse.

RANZCOG opposed a pause in the use of mesh, because it limits treatment options for women. However RANZCOG has formally advised gynaecologists in New Zealand to comply with the Director General of Health's recommendation of a pause and its actively working with the Mesh Round Table and Ministry of Health to address the recommendations of the restorative justice process.

In the UK the pause introduced in Scotland in 2014, and the rest of the UK in 2018, has never been lifted. The pause in the use of mesh in Aotearoa New Zealand was introduced with the clear intention that it be 'time-limited' and this is consistent with the response of the Health Committee to the petition. The pause is intended to allow the implementation of system supports (credentialing, mesh registry, patient decision tool and multi-disciplinary meetings) to minimise harm. It is vital that this work proceeds quickly and that **the pause is then lifted** so that we do not find ourselves in the scenario of the UK, of a never-ending pause where women have fewer options for treatment and surgeons have lost competence in midurethral slings.

One of the four criteria for lifting the pause is credentialing of surgeons under the *National Credentialling Framework: Pelvic floor reconstructive, urogynaecological and mesh revision and removal procedures.* RANZCOG. So far only a small number of surgeons have been credentialed for Tier 3 of the framework, largely for mesh removal. The aim is to roll out credentialing for Tiers 1 and 2 of the framework over 2024. however Manatū Hauora has limited capacity for credentialing. Given the primary importance of credentialing for mesh and stress urinary incontinence procedures, and that the framework is poorly designed for prolapse procedures, RANZCOG is strongly advocating that priority for credentialing is for mesh and stress urinary incontinence procedures.
2023_11_29_RANZCOG_to_MOH_letter_on_urgoynae_credentialing.pdf (mcusercontent.com)

We believe it is vital that towards the end of 2024 a formal review of the credentialing process and the framework is undertaken.

Credentialing to date has demonstrated that there are clinicians who need support to ensure their skills are at the level necessary to meet the new standards established by the credentialing process. In part this is due to the fact that Mid-urethral slings had become the main surgical approach for stress urinary incontinence and previously used approaches, such as colposuspension and fascial slings were less frequently performed. The removal of MUSs as a current surgical option has meant few surgeons have the surgical numbers to meet the credentialing standard. The erosion of surgical skills is also contributed to by the issues described in the section "Gynaecological care and surgery" which follows.

RANZCOG, RACS and USANZ are exploring ways in which we could collaborate to provide additional training and a mentoring and proctoring program. To be successful it will require support and resourcing by Te Whatu Ora.

Gynaecology care and surgery

RANZCOG recommends increased equitable funding and prioritisation of gynaecological care.

Access to gynaecological care around the country has been disproportionately impacted by the effects of Covid and operating theatre access issues. Service provision for both outpatient care and surgical care is varies by hospital, but generally falls significantly short of meeting demand.

Surgical waiting times are the most obvious measure of unfilled demand but are the tip of the iceberg when it comes to the wait for planned care. A number of hospitals, including some of our largest, are currently closed to referrals for non-cancer gynaecology. This means that there is unmet need that is unquantified and not reflected in monitoring of first specialist assessment waiting times. Women with chronic conditions like heavy menstrual bleeding, pelvic pain, endometriosis, urinary incontinence and prolapse face unreasonably long wait times before a surgical referral is accepted or in some cases initiated (because the GP is aware of the likelihood of referral rejection).

Lack of access to gynaecological care for women is having a flow on effect for gynaecological surgeons, particularly those early in their career, who need to consolidate surgical skills to remain competent and confident surgeons. Many of our more recently graduated gynaecologists are moving into the private sector as a way of supporting their surgical practice. This puts further pressure on the already stretched O&G workforce. In addition, it impacts on surgical training. Surgical numbers in New Zealand are below those for RANZCOG trainees in Australia. RANZCOG accepts its responsibility for providing quality training and finding ways to compensate for the reduction in access to live operating. We are exploring several approaches, including increased use of simulation. However, this can only partially compensate for the reduced operating opportunities that exist now.

Cervical cancer elimination

RANZCOG recommends commitment to elimination of cervical cancer through access to fully funded HPV testing and an action plan to increase HPV testing and HPV immunisation.

The recent move to HPV testing, and availability of self-testing, is important progress however it does not go far enough. For a preventable cancer we should be aiming for elimination. Free screening for Māori, Pacific, Community Service Card Holders and under-screened wāhine and people with a cervix was only introduced temporarily. Most screening programmes are fully funded and free to access – the other exception being ultrasound scanning.

Birth trauma

RANZCOG advises that a proactive approach to addressing birth trauma is taken by the government in partnership with the maternity professions and Te Whatu Ora.

Birth trauma refers to any physical or emotional injury experienced during the birth process. It is of concern because its potential long-lasting impact on individuals and families. The physical impacts of birth are well known and acknowledged but the emotional and psychological impacts have taken longer to be recognised.

Birth trauma is being increasingly talked about globally. In June 2023 NSW Parliament launched a committee to examine birth trauma and the UK public health service has recently announced plans to establish a nationwide pelvic health service that includes provision of better information during antenatal care and after care and support to address birth trauma. National pelvic health service to support women - GOV.UK (www.gov.uk)

Birth trauma- Physical injury

In New Zealand ACC birth injury cover is a significant step towards better treatment for women who have experienced birth injuries, but it needs to go further. Birth injuries can have consequences that only become apparent some time after birth and eligibility for cover is only for births since 1 October 2022. This will, for some years, mean two 'tiers' of access for those with and those without eligibility to ACC cover. Current cover also only funds psychological harm where it is connected to a physical injury on the list of physical injuries in the legislation.

The first line of treatment for many birth injuries is pelvic physiotherapy and fees paid for physiotherapy by ACC are such that there is generally a surcharge. RANZCOG is concerned that surcharges prevent access to treatment for some women and result in inequitable access to care. ACC has been trialling an approach to removing surcharges for physiotherapy for other injuries for community services card holders, but so far has not addressed this issue for maternal birth injuries.

RANZCOG recommends:

1. Strengthening ACC cover by:
   - Expanded cover to include psychological harm and addressing birth trauma
   - Backdating maternal birth injury cover so that all women who need treatment related to a birth injury are able to access it
   - Funding for physiotherapy treatment so that surcharges do not create a barrier for those on lower incomes

2. Implementation of a national approach for female pelvic health which includes education of pregnant women on pelvic health and pelvic floor assessment of pregnant women, with access to funded physiotherapy for those that need it

Investments in addressing injuries postnatally needs to be combined with investment in pelvic floor injury prevention including education, screening, and antenatal physiotherapy. Pelvic floor physiotherapy provided antenatally, is likely to reduce adverse outcomes postpartum. Multidisciplinary advisory group, APHERM (Advocating Pelvic Health Empowerment and Rehabilitation for Mothers) has developed a plan for education and prevention and improvement in women's pelvic health which includes assessment of pelvic floor function during pregnancy, education for pregnant women, physiotherapy for those symptomatic or at increased risk of pelvic floor disfunction.

Birth trauma -emotional and psychological injury

Increased attention to maternal mental health has led to the recognition of the emotional and psychological trauma (also referred to as postnatal post-traumatic stress disorder). The true incidence is unknown but emerging evidence suggests it may be relatively common, and in the short term contribute to difficulties in forming parent-child attachments. In the longer term the condition can have a lasting impact on the well-being and quality of life of individuals and can also influence future reproductive choices and experiences.

RANZCOG advocates for post birth services to help women process the events associated with birth. Approaches have been trialled in both Australia and New Zealand such as the Metro North Debrief Clinic in Queensland and Birth Afterthoughts Clinic in Christchurch. Birth Afterthoughts Clinic | Te Whatu Ora - Waitaha Canterbury (cdhb.health.nz)

RANZCOG recommends:

- Improved antenatal education and access to information around evidence based and realistic birth plans and possible paths that birth could take if complications arise.
- Funding for a nation-wide after birth service to help women process events associated with their birth
- Prioritising research and data collection to better understand the prevalence, risk factors, and long-term effects of birth trauma. This will enable evidence-based interventions and strategies to be developed and implemented.
- Fostering a culture of open communication and transparency within our healthcare systems to enable honest and empathetic discussions about birth trauma, including opportunities for feedback and complaints, can help identify areas for improvement and prevent future incidents.

O&G workforce

RANZCOG recommends:

- Strategies to grow the workforce pipe-line like increasing training places and support for medical students, and midwifery and nursing students
- Comprehensive job-sizing so that resourcing can matches the actual work
- Greater support for surgical training, including investment in simulation training facilities

The challenges facing the entire health workforce are well known. Feedback from our members suggest that the situation is becoming increasingly dire and that resourcing of both O&Gs and midwives is impacting on the ability to provide best practice care or to implement the care established in clinical guidelines. This is creating additional stress, and distress, for clinicians.

A clear impact of the reduced workforce is lack of access to care for women, particularly in gynaecology as outlined above. Within maternity care this is resulting in a growing inability for clinicians to provide care to the high standards they wish to ensure, and to which they are held to account.

A consequence of reduced surgical services for women is that RANZCOG trainees struggle to get the surgical experience they need to become confident specialists, with the broad skill sets consumers need and expect. This will have an impact on the workforce of the future.

RANZCOG has been proactive in addressing the workforce issues which are within our control. In July 2022 the RANZCOG Aotearoa New Zealand O&G Workforce Working Group produced a report titled *A looming crisis… or a crisis? The O&G workforce in Aotearoa.*

Other things we support….

- Strengthened access to expert primary care for women, including access to contraction, free GP care during pregnancy, and funded annual preventative healthcare and wellness visits which includes stage of life reproductive health needs assessment
- Education in schools on sexuality, consent, relationships and contraception
- Gender inclusivity and access to health care for those that need it, including gender affirming care
- Addressing climate change and the impact of climate change on wellbeing and health, as well as improving the environmental sustainability of healthcare
- Health promotion and active and focused approaches to addressing co-morbidities such as obesity, smoking, alcohol and recreational drug use, including measures to reduce advertising and promotion of unhealthy foods and products to vulnerable audiences, and policies to incentivise improved nutrition in supermarket and fast-food products.

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