



NZNO WOMEN'S HEALTH COLLEGE NEWSLETTER

MAY 2025



Kia ora members

The committee has had a very busy few months where we have made submissions on some important issues that affect the health of wahine. We completed a submission about Cerazette a progesterone only pill being potentially funded. I am thrilled to say it has been funded which gives another excellent contraception option. A submission was also made to the government's consultation on workforce regulation in Aotearoa, this could potentially make changes to the Health Practitioners Competence Act. This is the law that regulates the work of health professionals. NZNO has grave concerns this is an attempt to erode clinical expertise by enabling a cheaper less trained and unregulated or semi regulated workforce that puts patients at risk. We will all need to stand together when it comes to this important issue.

The NZNO constitution is also under review. Representatives of the WHC committee attended this meeting and voted on every member getting a vote. Please attend a Zoom meeting if you can so you can make an informed vote.

The committee hosted another very successful conference in Auckland last week. The speakers were amazing and yet again we all finish the conference feeling inspired and ready to go back to our workplaces to put our new knowledge into practice. Thank you to all of the amazing people who attended. We couldn't run a conference without you. The 80s theme dinner was so much fun. My voice is still a little hoarse from all the singing. Thank you again to our organisers, Judith and Susan for doing such a brilliant job. See conference pictures below.

Sadly, we said goodbye to some on the committee, Maya Bachu. Lauren Moore and Judith Beattie. Thanks for all the hard work that you have put into the college. We will miss your support, expertise and friendship, and we welcome on three new committee members. Nadine Riwai, Georgina Barber and Josie Lambert. Thank you for volunteering your time to the college. We will look forward to working with you.

Wishing all our members a healthy, happy winter ahead.

WHC COMMITTEE

Chair - Jill Lamb

Secretary - Sarah Marshall

Treasurer - Jackie Gartell

Membership & Newsletter -
Sandy Hamilton

Committee members

- Nadine Riwai
- Georgina Barber
- Josie Lambert

NZNO Professional Nursing Advisor

Julia Anderson







IMPORTANT RESEARCH ON ENDOMETRIOSIS

My name is Katherine Ellis, and I am a PhD student at the University of Canterbury, and the Research Project Co-ordinator for Endometriosis New Zealand. My research projects have three main components. The first is listening to patient stories to characterise the experiences they have when navigating through the health system in Aotearoa New Zealand and highlighting the changes they hope to see brought about through research. I have run surveys and focus group discussions with people with endometriosis of a wide range of backgrounds, including specifically running discussions for Māori, Pasifika, and LGBTQIA+ patients to understand the unique barriers they may face in accessing care.

Secondly, my research has focused on talking with general practitioners and nurses about their perspectives on the current approach to care. The purpose of these projects has been to determine what practical solutions may be able to be incorporated into endometriosis care in Aotearoa New Zealand while we wait for improved diagnostic and management options to be thoroughly researched and become available. Currently, I am running a survey and interviews study for nurses to share their thoughts on the present state of, and approach to, endometriosis care, and whether there may be a space for having specialist nursing for endometriosis in New Zealand.

Finally, my lab-based research is focused on creating a more advanced cellular model of endometriosis that incorporates the mechanical properties of the bodily tissues endometriosis thrives in within the body. When we grow endometriosis in the lab, we generally do so on plastics that are around ten million times stiffer than the tissues endometriosis tends to grow in. By creating this model, the expectation is that potential drug treatments can be more effectively screened, and endometriosis behaviours, such as invasiveness, can be more accurately assessed than with current cellular models of endometriosis.

Research Project - please help if you can 😊

Kia ora

We are conducting a research project at the University of Canterbury and the University of Auckland looking at the perspectives of nurses in New Zealand on endometriosis care and the prospect of specialist endometriosis nursing roles.

We expect our survey will take no more than 3-5 minutes. Participation in the survey is considered consent to participate. The link to the study is here: https://canterbury.qualtrics.com/jfe/form/SV_b79ZvnxPTmz67wa

If you have any questions about this study, please feel free to ask at katie.ellis@pg.canterbury.ac.nz.

Thank you in advance for your support of this research project.

Ngā mihi nui
Katherine Ellis



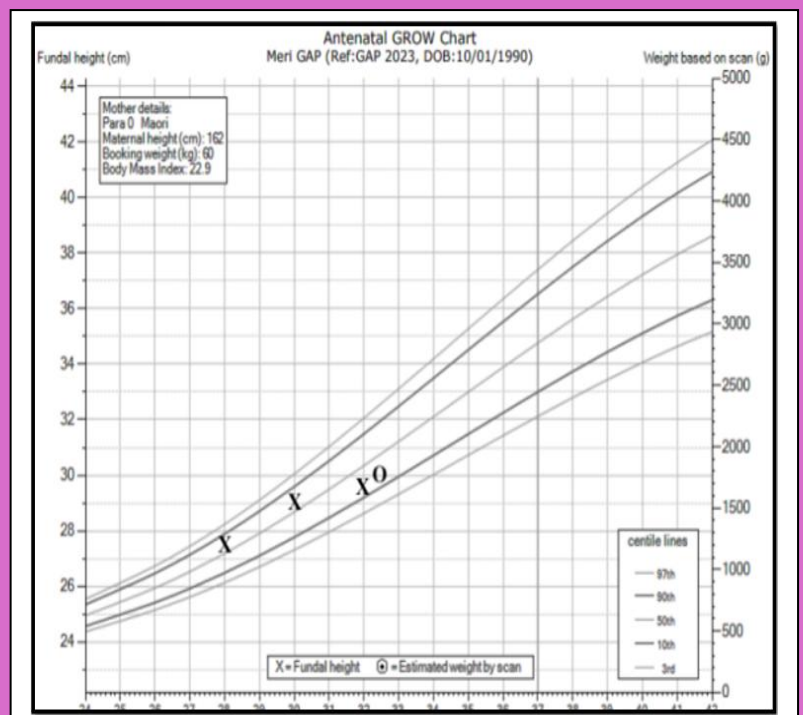
WHAT IS GROWTH

Customised charts predict the growth potential of each baby and display the **G**estation **R**elated **O**ptimal **W**eight (GROW) curves. This is done by adjusting for known constitutional/ physiological variables (maternal height, weight, ethnic origin and parity), and excluding pathological factors such as smoking and diabetes. As a result, GROW charts are better at identifying pathological growth and confirming when growth is normal than any population-based chart. For further information, please see WWW.GESTATION.NET/LITERATURE.HTM International research has demonstrated that the use of GROW charts has led to a reduction in stillbirths by up to 24%. (Hugh et al. 2020) Midwives, Judith Beattie (Auckland) and Maylene Ash (Rotorua) oversee the program in NZ. Their responsibilities include conducting monthly online workshops and occasional in-person sessions. Each region in NZ is encouraged to appoint a champion midwife to advocate for the program and audit local outcomes. Judith provides support to these champions, listens to their challenges, and collaborates with them to develop strategies for enhancing engagement with the program and identifying areas for system improvement. If you'd like to contact Judith to find out about free education opportunities email: jbeattie@perinatal.org.uk



Judith Beattie (left) visiting
Wellington midwife champions
Holly Mine and Donna Davies

Example of a GROW chart where the change in uterus measurement (X) has prompted an ultrasound scan (O).



Judith Beattie attended the annual C&S forum on behalf of the WHC. This event provided an opportunity to learn about the initiatives others are working on. There was also time allocated for networking and discussing potential changes we aim to implement. Judith has compiled a summary of the speakers' presentations.

Anne Daniels, President discussed advocating to eliminate workplace violence Seventy percent of health professionals underreport exposure · Unsafe staffing contributes · No national incident database · ILO C190 not signed by the government ILO C190 Guide | Illoc190

Kerri Nuku, Kaiwhakahaere highlighted that Colleges and Section (C&S) are the way to unlock the power of the professional voice. Especially as NZNO has >60,000 members

Paul Goulter, CEO discussed concerns about privatisation of the aged care sector · Canadian nurses are fighting to reverse privatisation · Government not releasing data; OIA requests needed to obtain an insight into health spend and outcomes.

Neville Rodda, Database manager & Paul Flynn, Membership manager delivered exciting news about upcoming changes. · Email / Teams / Website / Reporting will be upgraded · Generic address for your college. A login will be given to a committee member to access reporting and the ability to change website pages. · Active campaigns: marketing automation tool will introduce new members to C&S · Preprepared templates · New membership system & website · Using real-time data to learn, adapt and make better decisions. Predictive analytics forecast membership growth and needs. Automated reporting generates reports for meetings.

Resisting Deregulation, **Nathalie Jacques & Suzanne Rolls** explained that the review of the HPCA Act is consistent with the historical trend to have other lesser paid and skilled roles take up pieces of the nurse's scope employing the same tactics. · 3 regulatory shifts: full competence, alternative regulation, interdisciplinary approach · Proposed Bill risks anti-regulation bias · Decisions based on budgets, affecting nursing staff

Te Pae Tawhiti – Pursue Distant Horizons, **Natasha Hemopo** College of Emergency Nurses NZ (CENNZ) aims to improve responses when caring for Māori and to support the Māori nurse workforce development · Demographics need to capture iwi and sub-tribes · Māori Health Strategy for CENNZ · Actions: advocacy, growth strategy, grants, Tuakana Teina education, cultural support · Revamped Triage course with Māori health and cultural safety chapters



EDUCATION OPPORTUNITIES

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NZ Female Pelvic Mesh Symposium, hosted by the NZ Female Pelvic Mesh Service (NZFPMS), The symposium brings together clinicians, researchers, and consumer voices from Aotearoa, Australia, France and the United Kingdom, and will focus on improving outcomes for women affected by mesh-related complications following procedures for stress urinary incontinence (SUI) and pelvic organ prolapse (POP).

We recognise the essential role of nurses across the health system in the prevention, early identification, referral, treatment and long-term care of these women. The symposium programme includes several sessions relevant to nursing practice in both primary and secondary care, and across public and private sectors.

Key topics for women's health nurses include:

- Early signs and symptoms of mesh-related complications Supporting women through SUI and prolapse care pathways, including non-surgical, surgical and advanced surgical treatment options
- Sexual health and morbidity following pelvic surgery
- Trauma-informed care in nursing practice, with a focus on women with complex or historic harm
- Understanding referral pathways and service navigation (NZFPMS, ACC, specialist services)
- Supporting women through pain and psychosocial recovery
- Physiotherapy and nursing collaborations in pelvic health and
- Future directions in the management of SUI and POP, including emerging treatments

Please visit www.nzfpmsmeshsymposium.com

SEXUAL WELLBEING AOTEAROA

"Why we need Reproductive Justice in Aotearoa NZ"

Presenter: Professor Tracy Morison

Date: Thursday 8 May 2025

Time: 1pm

Location: Online - Zoom

What does it really mean to have control over our reproductive lives?

This talk explores why reproductive justice matters.

RSVP to "Why we need Reproductive Justice in Aotearoa NZ"

<https://sexualwellbeing.org.nz/about/equity-in-aotearoa/research>

WHC FACEBOOK PAGE

We would love you to join us on our Facebook page. We now have 180 members 😊 If you would like to join click [Women's Health college NZNO](#), answer the questions and apply to join.

To protect our group, we are only letting WHC members join.

NOTE: If you are a new member or go under a different name on Facebook, please look out for my messenger message so I can help get you accepted.

Thanks

Sandy Hamilton

SAVE THE DATE 💖

On behalf of Peter Ford from the Burnett Foundation Aotearoa; and Edward Coughlan and Caro Davidson from the Sexual Health Clinic, I am thrilled to extend this invitation to Sex & Consequences 2025!

As always, S&C is a free event, that can be attended in person or online.

Stellar speakers are lined up, so make sure you put Thursday 26 June (1 till 5pm) in your diary.

Please share this pānui with your colleagues and anyone who has an interest in or works in sexual health.

We look forward to seeing as many of you as possible.

A DAY IN THE LIFE OF ANOTHER AMAZING MEMBER

My role as the Clinical Nurse Coordinator for Te Mahoe (Regional Abortion Service), Wellington Hospital

My name is Jess, and I work as a Clinical Nurse Coordinator for the regional abortion service at Wellington. After qualifying as a Registered Nurse and spending time in various acute inpatient environments, I decided to pursue a nursing opportunity with the abortion service. Here, I felt I could use my nursing skills, alongside an expert multi-disciplinary team, to provide holistic care and advocacy to facilitate informed reproductive health choices.

This role involves ensuring a smooth pathway for people and their partners/ support people accessing abortion services. The individuals who access our service may be anxious, have conflicting emotions, and their decisions are often complicated by complex social and health backgrounds. My approach is to be patient centred, flexible and provide support for the person who is making deeply personal decisions about their reproductive health. Essentially, my approach to abortion care needs to be culturally sensitive, recognising and respectful of the diverse beliefs and practices of individuals and communities.

My day starts with coming into work, greeting the administration staff, and doing handover with the nurses, midwives, and HCA for the patients coming in that day for their abortions. After that, I'm often on the phone making follow-up calls, triaging referrals, and checking on any pending blood test or swab results, keeping everything moving smoothly. Then we dive into the clinic, which runs from 830 a.m. to 300 p.m., seeing up to 10 plus patients for their initial consults at Te Mahoe.

Throughout the day, I juggle multiple tasks - managing patient care, coordinating with the team, and ensuring everything runs efficiently. In addition, I coordinate out-of-town patients for procedures in Wellington, as the regional abortion service provider, handle complex cases, triage post-termination complications, and respond to inquiries, all while performing in-clinic ultrasound scans and prepping for the next day.

I am actively applying the ultrasound scanning skills I gained in Australia to assess patients during their first appointments at our clinic. By improving my proficiency in both transabdominal and transvaginal scanning, I aim to streamline our processes, reduce unnecessary outpatient referrals, and minimise patient waiting times. As I approach the completion of my post-graduate diploma, I've enrolled in the prescribing pathway for 2026, which will significantly enhance my role. I anticipate that this will improve patient access to treatment and further increase the efficiency of our clinic's services. Looking ahead, I plan to pursue a Nurse Practitioner position within the next five years.

All in all, this is a highly satisfying nursing role where I can use my skills, education and experience to provide a crucial health service. I am privileged to work within a dedicated and supportive multi-disciplinary team and feel this role has offered so many opportunities to develop a career that has many challenges and many rewards.

