Women's health research in New Zealand

1976-1986

BIBLIOGRAPHY
Women's Health Research in New Zealand 1976-1986

A Bibliography

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The diversity of views, perspectives and experiences of women's health is a reality that health services and health policy makers have often failed to grasp, or have found difficult to accept. Differing approaches of feminists and medical researchers to health research have led to a polarisation of views and attitudes, with each side appearing to stand on opposite sides of a chasm.

Concentrating on the differences between the groups will not help to narrow the gap. It can be bridged by combining the skills and expertise of both feminists and health/medical research to gain insight and understanding.

However, the key to understanding many women's health issues depends not only on finding ways to combine differing approaches but also in ensuring that the research captures the realities of health as experienced by women.

This bibliography will illustrate the importance of drawing on research conducted by feminist researchers and medical or health researchers, to ensure that the research is relevant to women as well as to the scientific or policy making communities. Only when this occurs will the research be truly valid, credible and useful.

Dr Judith Johnston
Director, Health Services Research and Development Unit
INTRODUCTION

Why a bibliography of women's health research?

Traditionally women have provided, and continue to provide, the bulk of health care in the community, both informally, as mothers, carers, and volunteer workers, and formally, as paid workers in the health workforce. Yet paradoxically, in the words of the World Health Organisation:

... while societies depend so heavily on women for health care, women's own health needs are frequently neglected, their contributions to health development undervalued, and their working conditions ignored [1].

As in other spheres of social life, the failure to recognise women's worth and women's special health needs is attributable to the low status which women have traditionally been accorded within society, and the predomination of male decision-makers.

In the last couple of decades both internationally and in New Zealand, there has been a growing appreciation and recognition of the role of women in health, and of the need to pay more attention to women's health needs. This increasing focus on women's health issues is directly attributable to the women's movement and the development in the 1960s and 70s of its offshoot, the women's health movement. These movements have led the way in developing awareness of women's health needs and issues. Official recognition by the WHO and the United Nations of the need for women's health to be regarded as a priority followed, and was boosted by the UN Decade for Women (1975-85), with its sub-themes of education, employment, and health.

Within New Zealand, women's health initiatives have emerged at different levels, ranging from the community, where various women's health centres, collectives, self-help groups, interest groups, and networks have sprung up, to the government, whose first major effort was the 1977 Conference on Women and Health.

Women's health has been the subject of numerous workshops, seminars, continuing education courses, and discussion groups, and has featured in many other venues for women such as the United Women's Conventions and the 1984 women's forums.

Within more general and mainstream health venues, women's voices are increasingly coming to the fore as women's interest groups are being formed.

In today's climate, women's health can be regarded as a 'growth area', in much the same way as Maori health and community health have come to be regarded. It therefore felt timely to produce a bibliography which would:

• serve as an inventory of New Zealand research initiatives in women's health;
• facilitate access to the material; and
• assist the development of women's health research.
It also hoped that the bibliography will facilitate decision-making on the part of those engaged in policy research, resource allocation, service provision, education, and the training of health personnel.

**Features of the research**

The bibliography encompasses a range of research material, the major sources being New Zealand medical journals, women's studies publications and the feminist magazine *Broadsheet*. The material thus broadly falls into two major categories representing the medical perspective and the women's or feminist perspective.

The medical perspective clearly represents the mainstream of health research, and the women's research represents the 'alternative' or 'other'. The two kinds of research are poles apart, and it is important that researchers contemplate why this is so and whether changes are needed.

Medical research is generally published in specialist medical journals which are directed exclusively at medical audiences. It is by nature sickness and disease oriented, concentrating on the clinical aspects of specific conditions. It is generally sponsored by major funding agencies and institutions, and conducted by male medical doctors.

In terms of accessibility, medical research rates poorly. Where the research is available through published sources, these sources are not widely available beyond the peripheries of the medical circles. Moreover, its form, with its technical and scientific language and presentation, places it beyond the comprehension of much of the research population and the general public.

The women's research is almost exclusively written by women, who represent a range of backgrounds. Few however, have formal medical backgrounds. The research is not well funded, with resources from the major funding bodies and institutions being the exception rather than the rule. Most women's research is therefore the product of unpaid voluntary labour.

This research extends over a wide range of topics, the major assumption being that health has a social context. The emphasis is on women's lives and experiences as felt and articulated by women themselves. Thus, for example, research on contraceptive use focuses on the effects it has on women's lives and not simply on its efficacy in preventing pregnancy. Women are considered to be the experts and to be the best judges of their own problems, priorities and needs. Much emphasis is therefore placed on collecting women's herstories and on the process of collecting this information.

In terms of accessibility, it rates better than medical research, but is generally available only in publications with fairly limited circulation even amongst women. Content and form usually do not present any problems however, as the research is presented in lay terms which do not require a specialist knowledge and vocabulary.

In addition there appears to be a substantial body of women's material which is unpublished and therefore virtually inaccessible. The Rosemary Seymour bibliographies give an indication of some of what has been produced [2]. Much of this consists of
papers presented at seminars, conferences, workshops and the like, and therefore does not reach beyond the initial audience [3].

**Women's perspectives in health research: the need for change**

Women's perspectives must be more effectively integrated into the mainstream of health research, and an understanding of women’s health perspectives is essential if women’s health needs are to be met. In this way, issues not previously addressed by medical research can be effectively explored, and the negative aspects of the medical model redressed.

The women's health model, based on an holistic understanding of health and the validation of personal experience, has its emphasis on the sharing of knowledge, information, and skills, and on collective decision making and co-operatively based organisational structures. This has far-reaching implications for research.

Women's health has often been equated with maternal health which in turn has comprised clinical aspects of pregnancy and childbirth. Moreover, much of what is commonly known as maternal health is, more properly, child health.

There is a need for more research which both explores other aspects of women’s health, and which focuses on the social dimensions of pregnancy, childbirth, and motherhood. The medical perspective tends to view the mother in terms of the biological environment she provides for her unborn children. Mothers' needs are therefore considered almost exclusively in terms of what is purportedly best for the child. This accounts for the relatively minor proportion of mainstream research which is devoted to other aspects of maternal health, such as post-natal depression.

Traditional ideas about women and their role in society are directly responsible for this lack of attention to other aspects of women's lives and the particular emphasis which maternal health has assumed.

An example is the field of women’s occupational health. This is not a well developed area of research and it encompasses a relatively narrow range of activities (mainly reproductive health hazards). The field of women's occupational health research is potentially very broad because of the nature of 'women's work'.

In conducting research into aspects of women’s health, consideration should also be given to the range of roles which women fulfil in their lives, (for example, a woman can be a mother, partner, carer of an elderly relative, and paid worker simultaneously), the interacting nature of these roles, and the impact which these often conflicting roles have on women’s health. The social context of women’s health is critical to the understanding of women’s health needs.

Ann Oakley states:

their position in society affects the kinds of health problems they are likely to get, the strategies they are likely to adopt when health problems occur, and the modes of treatment that are likely to be offered by the providers of health care to whom these problems are taken [4].
When health is placed within a social rather than an exclusively medical context, a range and dimension of health experience is revealed. It is important that researchers explore this range of women’s experience.

Women’s experiences as perceived, felt, and articulated by women themselves must be taken as the starting point for the identification of research needs. In this way women become active participants in the research process. The research topic must be identified and affirmed by women as being of significance to women, rather than to the researcher or research sponsor.

To take seriously the lived experience of women as one’s starting point is to reject, whatever the details of one’s subsequent methodology may be, a long standing alternative tradition of preferring the standpoint of the external, supposedly ‘scientific’ and ‘objective’ observer to that of the actual subjects of one’s study in their real life situation [5].

It follows that an emphasis on qualitative research methods and a recognition of the limitations of statistical analyses are imperative.

Duelli Klein identifies research on women as the ‘adding-on’ of knowledge about women to the knowledge of men, without regard for the suitability of the methods used. She comments that in the last decade an enormous body of such knowledge has been produced, citing pressure to use recognised methods of research as one reason for this [6]. It is claimed that such approaches lead to a distorted understanding of women’s problems and needs, and the prescribing of inappropriate and harmful ‘solutions’ for women. Women’s ‘differences’ have thus come to be regarded as deviations, weaknesses, abnormalities, and illnesses to be discredited, cured, and controlled.

The growing body of feminist writings on the subject of women-oriented research is concerned not so much with staking out exclusive rights to a specific feminist methodology, but with examining and expounding the need for methodological innovation and experimentation to overcome the deficiencies of traditional research approaches [7, 8, 9, 10].

It should be emphasised at this stage that there is not one sort of research for women, and another for men, but that traditionally mainstream research has been biased in its analysis and approach. Finally, researchers need to concentrate on more than just ill health. There also needs to be a wellness aspect, and a focus on preventative health care strategies to enable women to regain responsibility for and control of their own health.

Recognition of androcentric biases in the health system

Researchers need to be particularly mindful of relying on concepts which, because of their androcentric assumptions and biases, are unsuitable for researching women’s issues.

The use of morbidity and mortality statistics as health status indicators provides an example of the way in which women’s health issues are
misrepresented. As the authors of Health Facts state:

The health status indicators most readily available and most frequently used are those relating to mortality and hospitalisation. However to rely on these alone as indicators of the health status of the community is misleading. Health problems exist which may neither require hospitalisation nor result in death [11].

There is evidence that the kinds of health problems most affecting women are precisely those which do not require hospitalisation nor result in death. Commonly cited statistics are those relating to the longevity of women as opposed to men, and morbidity statistics for conditions which affect more men than women (eg coronary heart disease). It is sometimes erroneously inferred from such statistics that women are healthier than men, and that their health requires less attention and resources. However, as Peter Davis and Hilary Graham have noted:

... although women tend to outlast men and enjoy lower mortality rates for the major causes of death, on most other indicators they apparently show poorer health [12].

Despite their greater longevity, women are more likely to suffer from both chronic and acute disorders. They also make more use of medical services, particularly those of their GP [13].

In her paper ‘Morbidity in Old Age’, Avery Jack focused on one aspect of the way in which morbidity statistics misrepresent women’s health status [14]. She compared the results of a survey on physical disability [15] with published mortality and morbidity data for the over 65 year-old age group, and found that whilst the disability rate for women in that age group was 11% higher than for men, their hospital admission rate was 30% lower.

Morbidity statistics, she argued, reflect hospital treatment patterns of certain diseases rather than the level of disability and ill health in the community at large. Morbidity data considerably understate the amount of ill health among women, as opposed to men in this age group, and therefore do not provide a sound basis for planning community health services for older disabled persons.

Clearly, reliance on these statistics as indicators of women’s health status and needs is misleading. Yet morbidity and mortality statistics remain the standard gauge for health management, the investment of resources, and the evaluation of health policies.

Responsibilities of the researcher

Researchers should recognise that they are responsible and accountable first and foremost to the research population rather than to the funding body or institutions and interests which they represent. They have a particular responsibility to ensure that the perspective represented in their research does not distort, redefine, reinterpret or invalidate the issues, concerns and views of their research population. This aspect raises questions about who should do research. It is increasingly being recognised that a shared cultural background between researcher and research population is integral to
understanding the lives of the latter. A pertinent example is that of the Maori Women’s Welfare League which employed Maori women interviewers in their study of the health of Maori women. The research report recommended that this principle be adopted in future projects ‘as a greater guarantee of a culturally sensitive approach and an open response’ [16].

The researcher’s responsibility to the research population extends from the initiation of the research project to the end product. Thus the aims and the methods of the research must be acceptable to the research population. The final product must be acceptable and accessible as well. Constant checking and rechecking with one’s research population is therefore essential in all research projects.

Finally, researchers must recognise that research is an act of intervention in the lives of the researched. Researchers therefore have a responsibility to ensure that needs which arise within the course and as a result of the research process are met, (for example, the provision of counselling or support services).

**Conclusion**

To conclude, a four pronged approach is required if the quality of women’s health research is to be improved. Firstly there must be more rigorous scrutiny of the research currently being produced: of its subject matter, its assumptions and biases, and its methods of data collection and modes of analysis. Researchers have a particular responsibility to undertake this function, and be prepared to voice their concerns and criticisms of research which is considered to be deficient in any of these respects.

Secondly, there must be more active promotion of good quality, women-oriented research, that is, research which ‘tries to take women’s needs, interests and experiences into account and aims at being instrumental in improving women’s lives in one way or another’ [6].

There must be a greater visibility of such research. In this respect funding is of critical importance. It is timely for the mainstream funding agencies and institutions to recognise the value of such research and to actively promote its development.

Thirdly, there must be a broadening of the research base to include more community-based research and greater consumer participation. This requires a greater sharing of information, research resources, and skills on the part of the research community [17], and an appraisal of whose interests are being served, and the purposes of research [18].

Finally research must become more accessible both to those ‘without whom it would not have been possible’, that is, the research populations, and to the wider community.
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ABORTION

ABORTION SUPERVISORY COMMITTEE

ANNUAL REPORTS ON THE OPERATION OF THE CONtraception, Sterilisation AND Abortion ACT
Wellington: Department of Justice, annual since 1978

Presented to the House of Representatives pursuant to Section 39 of the Contraception, Sterilisation and Abortion Act, 1977.

Each report reviews the work of the committee in the previous 12 months. This work includes: liaising with those persons and groups charged to provide abortion facilities; research; advising on counselling services; and drawing together abortion statistics.

BAIRD MAH

MORBIDITY OF THERAPEUTIC ABORTION IN AUCKLAND
NZ Med J. - v83 no565 (9 June 1976) p395-399

Twenty-six women were admitted to National Women's Hospital with complications following therapeutic abortion at the Auckland Medical Aid Centre during its first year of operation. This represents 1.4% of the total number of cases at the Centre that year. The principal early complications were pelvic sepsis, suspected uterine perforation and incomplete abortion. The complication rate appears to be low and compares favourably with reports from other centres. During the same period, 17 women (8.4%) whose pregnancies were terminated at National Women's Hospital had significant complications. All 43 complicated cases are analysed.

BROOKS Jocelyn, TIMS Kitty, DAWSON Lyn, HIRST Yvonne, McIntOSH May, PENHALE Esther-Mary, ROUTLEDGE Louise, TRIM Marjorie and CHURCH Toni

ILL-CONCEIVED: LAW AND ABORTION PRACTICE IN NEW ZEALAND
Dunedin: Caveman Press, 1981

BROWN Karen

(NOT) GETTING ABORTIONS IN CHRISTCHURCH
Broadsheet 135 (December 1985) p4-5.

The author has attempted to discover why South Island women are finding it harder to get an abortion.

BROWN RA and FACER WAP

ABORTION IN NEW ZEALAND PUBLIC HOSPITALS: A TWENTY-FIVE YEAR REVIEW
NZ Psychologist. - v6 no2 (Nov 1977) p124-133

Traditionally, legal abortions have been performed in public hospital settings under conservative criteria. In response to increasing but sometimes misinformed public and parliamentary debate, this paper presents the relevant available information concerning abortion practices in New Zealand public hospitals; including the number of abortions performed annually, by type of abortion admission and patient's age, by hospital board area, and the number of reported deaths from abortion.

BROWN RA, FACER WAP, SMITH Gwendoline and KIRKWOOD BJ

PSYCHOSOCIAL ASPECTS OF EARLY PREGNANCY TERMINATION
NZ Nursing Forum. - v10 no1 (1982) p8-10

This study examines the psychological effects of early pregnancy termination in a small group of women seeking therapeutic abortions. Attempts are made to assess the effectiveness of the interpersonal support available to women receiving abortions as well as the psychological effects and how they changed over time.

CONÉY Sandra

BACKSTREET ABORTIONISTS GIVEN ROYAL CHARTER
Broadsheet 50 (June 1977) p8-10
Review of the effects on women of backstreet abortions in 1966 before the Auckland clinic opened.

DAVIDSON GP

COUNSELING ASPECTS OF ABORTION
NZ Fam Phys. - v10 no1 (Summer 1983) p20-23

The approach taken in this paper has been to encourage the most effective acceptance of the responsibilities incumbent on those who would exercise the freedom to choose in the matter of abortion. There is little escape for the woman herself from the unique psychological stresses of her situation. But society is different. We can turn away from the situation, and pretend that abortion does not happen, and that if it does, it has few needs other than comparatively basic surgical requirements. It is suggested that to do so, is to shirk the responsibilities of the freedom which our law confers. We have little ethical choice but to provide the best possible operating and counselling services, and in the latter connection, the tasks of counselling are of a particularly specialised nature.

FACER WAP (ed)

LEGAL ABORTION IN NZ: A REVIEW OF OPINIONS AND POLICIES 1970-1977
Auckland: New Zealand Rationalist Association, 1977
A Golden Jubilee Year Publication of the NZ Rationalist Association Inc

This review of opinions and policies on legal abortion in New Zealand from 1970-1977 presents the findings of surveys of public opinion, Members of Parliament and doctors. Abortion policies presented by the professional medical, nursing and health related organisations to the Royal Commission on Contraception, Sterilisation and Abortion are reviewed. The Royal Commission's Abortion Recommendations are discussed. Finally an overview of trends in public and medical opinion is presented.

FACER WAP

PROFESSIONAL AND PUBLIC OPINION ON ABORTION LAW PROPOSALS
NZ Nursing Forum. - v6 no1 (March 1978) p13-15

Four surveys, two of doctors, one of nurses and one of public opinion on the four main Amendments to the Contraception, Sterilisation and Abortion Bill are reviewed. Across the surveys a strong consensus emerges in support of the two most liberal Amendments and massive rejection of restrictive proposals.

This finding is congruent with earlier surveys which showed large majorities of medical and public opinion in favour of more liberal abortion laws. The legislation passed in December 1977 showed a rejection by most Parliamentarians of the survey results.

FACER Wayne AP, KIRKWOOD Barry J and RIDDICK Peter J

INITIAL CONSEQUENCES OF THE 1977 NEW ZEALAND ABORTION LAW
NZ Nursing Forum. - v6 no2 (Dec 1978/Jan 1979) p9-12

The 1977 abortion legislation, which came into full effect on 1 April 1978 and was amended on 10 July 1978, has had a considerable initial impact on abortion practices. The estimated number of legal abortions performed in New Zealand in 1978 has probably declined to about half that performed in 1977. This decline has primarily been caused by the introduction of a panel-type decision-making process for approving abortion requests and the limitation of facilities for performing abortions. Public hospitals have experienced considerable difficulties in providing abortion services. These factors have resulted in a substantial rise in the number of women travelling to Australia for abortions and an increase in the number of complications from illegal abortion. There is no evidence to show a reduction in the total number of women obtaining abortions in 1978 compared with previous years.
FOSTER Frank

TERMINATION OF PREGNANCY STATISTICS
1976
Wellington: National Health Statistics Centre, Dept of Health, 1977

Compares New Zealand with England and Wales, Scotland and Sweden.

GLUCKMAN LK

ABORTION IN THE NINETEENTH CENTURY
MAORI: A HISTORICAL AND ETHNOPSYCHIATRIC REVIEW
NZ Med J. - v93 no685 (10 June 1981) p384-386

The recorded evidence for the practice of induced abortion in the nineteenth century Maori is evaluated. Aborticide as opposed to feticide in late pregnancy and infanticide was very rare. Aborticide was not practised for fear of retributive Makutu.

GORDON AV

PSYCHOLOGICAL SEQUELAE OF ABORTION
NZ Psychologist. - v5 no1 (April 1976) p37-47

A review of some of the major modern studies on the psychiatric sequelae of abortion covering the areas of the effect on the woman when abortion is granted, and the effect on both the woman and the child when it is denied. Methodological problems associated with this research are discussed.

HARRINGTON Carol

THE HISTORY AND THEORY OF ABORTION
Race, Gender, Class no4 (Dec 1986) p21-23

Control over fertility is an important part of women's struggle against patriarchy in Aotearoa. This article discusses the implications for women, with regard to that control, which resulted from the conditions existing throughout Aotearoa's settler history, and shows how this history contributed to women being rigidly defined in this country as 'mothers'; a definition which has enabled the agents of patriarchy to deny women any measure of control over fertility so as to escape the reproductive role. This article demonstrates the ways in which the institutions of the medical profession and the church have operated so as to deny women access to contraception in the past, and access to abortion today. However, it is first necessary to mention exactly why fertility control is important in women's struggle.

HAUGHEY BH and LANE MR

THE AUCKLAND MEDICAL AID CENTRE STUDY
University of Auckland Medical School, 1975
Unpublished Community Health Project

A study of the Auckland Medical Aid Centre based on replies from a questionnaire to staff of the centre and women seeking abortions there.

HUNTON RB

PATIENTS DENIED ABORTION AT A PRIVATE EARLY PREGNANCY TERMINATION SERVICE IN AUCKLAND

Follow-up of patients who were denied abortion at a private early pregnancy termination service shows at least half of the sample eventually had an abortion elsewhere.

HUNTON RB

MAORI ABORTION PRACTICES IN PRE AND EARLY EUROPEAN NEW ZEALAND
NZ Med J. - v86 no602 (28 Dec 1977) p567-570

The practice of abortion and infanticide in pre and early European New Zealand is confirmed. The reasons for these practices and the methods used are discussed in relation to early Maori attitudes and mythology.

HUNTON RB and BATES Deidre

MEDIUM TERM COMPLICATIONS AFTER TERMINATION OF PREGNANCY
In the 3-9 months after first trimester therapeutic abortion at a freestanding, counsellor-oriented hospital, the great majority of 309 randomly selected patients reported no physical, emotional or social repercussions. The negative effects reported by the remainder were predominantly of minor severity.

HUNTON RB and SALIVE HT

SOCIAL CHARACTERISTICS OF PATIENTS ATTENDING A PRIVATE EARLY PREGNANCY TERMINATION SERVICE IN AUCKLAND
NZ Med J. - v85 n0584 (23 March 1977) p220-222

During a two-year period 5143 of 6303 patients referred had a therapeutic abortion at a private service in Auckland. The basic social characteristics of these patients and the workings of this service are presented. Reasons for denial of abortion requests in 18.4% of patients are discussed.

HUNTON RB and SPICER J

AN EVALUATION OF THE COUNSELLING GIVEN TO PATIENTS HAVING A THERAPEUTIC ABORTION

The results of a questionnaire evaluating patients' reactions to counselling for their therapeutic abortion are reported. Most considered that counselling was necessary and that it provided support throughout the abortion process. The counselling appeared to relieve anxiety for many patients, but seemed to be less effective for patients who were not of European origin.

HUTCHINS CJ

THE DIAGNOSIS OF INCOMPLETE ABORTION

A prospective study of 203 patients referred with a diagnosis of incomplete abortion is reported and the final histological diagnosis is discussed. Eighty-six patients (42%) were not pregnant, and 14 (7%) had other abnormalities of pregnancy. Clinical features of value in confirming the diagnosis were cervical dilatation (misleading in 6%), uterine enlargement (misleading in 31%) and pain (misleading in 34%). Amenorrhoea was significantly shorter in patients with dysfunctional bleeding and bleeding was prolonged in other groups, but a wide range was noted. Age did not differ significantly between the two groups. A histological diagnosis was made in all but five patients.

No clinical feature was completely reliable and curettage was often necessary to reach a final diagnosis.

JAMES Basil

UNWANTED PREGNANCY AS A LIFE CRISIS - THE RELEVANCE TO MENTAL HEALTH
NZ Fam Phys. - v9 no1 (Jan 1982) p8-10

Unwanted pregnancy is presented as a life crisis offering the doctor an opportunity for therapeutic intervention which has important significance for the mental health of the patient and her family. Parameters are described which are essential to full understanding of the problem. Anomalies exist in the present law which suggest less than full understanding of the issues involved, and suggestions are made of means whereby the skills of those involved may be improved. It is suggested that a new approach to preventive education in the field is possible.

JENSON I and BRUNS BJ

WATER INTOXICATION AFTER OXYTOCIN-INDUCED MIDTRIMESTER ABORTION
NZ Med J. - v89 no634 (25 April 1979) p300-302

Two cases of water intoxication associated with mid-trimester induction of abortion with oxytocin are presented. Both patients recovered from this potentially fatal condition which is associated with acute hyponatraemia. Some of the pertinent literature is reviewed and the possible mechanisms of causation and measures for prevention and treatment are discussed.
ABORTION EXPERIENCES AMONG NEW ZEALAND WOMEN

In May 1976 the incidence of abortion among New Zealand women was surveyed over a national random probability sample of 1200 women aged 15 years and over. Of the respondents who had ever been pregnant, 16.6% had at some stage considered terminating their pregnancy, and one-third of them subsequently attempted to obtain an abortion with 84% success. Single women and/or women in the 15-24 year age group were more likely than married or older women to have considered abortion when pregnant, and were more likely to have followed through with an abortion attempt after considering abortion. Prior to 1974, 62% of the abortion attempts involved an unqualified operator, in contrast to only 5% of those attempted or obtained from 1974-1976. Extrapolation from the survey data yielded a median estimated incidence of 8000 abortions per annum on New Zealand women.

PUBLIC OPINION AND LEGAL ABORTION IN NEW ZEALAND

In 1972 and 1974 opinions on legal abortion were surveyed over national random probability samples each of 2400 respondents aged 15 years and above. Both surveys found majorities favouring certain specific grounds for legal abortion. Some of these reasons approved by the majority are not legal under present law. There is a general consensus in the rank ordering of acceptability of grounds for legal abortion. Polarised minorities of respondents favour absolute legality or illegality of abortion. There has been a swing away from extreme pro- or anti-abortion sentiment to selective support for legal abortion on specific grounds.

LEVESQUE Andree

GRANDMOTHER TOOK ERGOT (AN HISTORICAL PERSPECTIVE ON ABORTION IN NEW ZEALAND, 1897-1937)
Part 1: The Abortionists
Broadsheet 43 (Oct 1976) p18-22

Abortion is not a recent phenomenon: women have always had them. Andree Levesque looks at the conditions for women in New Zealand's past.

LEVESQUE Andree

GRANDMOTHER TOOK ERGOT (AN HISTORICAL PERSPECTIVE ON ABORTION IN NEW ZEALAND, 1897-1937)
Part 2: The Women
Broadsheet 44 (Nov 1976) p26-31

McCARTHY Pat

LIFE ON TRIAL
NZ Listener. - v81 no1894 (27 March 1976) p14-16

McLEOD Rosemary

THE SYDNEY PROCEDURE
NZ Listener. - v88 no1997 (8 April 1978) p22

Sydney has three abortion clinics: the PSI, Preterm, and the Bessie Smyth Foundation. The most controversial, PSI, has been accused of being run like a business.

It is felt that there is not enough concern for the women; nor is there a satisfactory counselling service. The Smyth Foundation is run by feminists, and has a ratio of 1 counsellor to 1 woman. Preterm is classed somewhere between the other two abortion clinics. The author investigates the way the abortion clinics operate.

MILLER PR

DEMOCRACY, HYPOCRISY AND ABORTION
NZ Fam Phys. - v8 no2 (July 1981) p53-55

This paper presents a personal view on abortion and the operation of the 1977 Contraception,
Sterilisation and Abortion Act by a general practitioner and ex-certifying consultant.

NEW ZEALAND ROYAL COMMISSION TO INQUIRE INTO AND REPORT UPON CONTRACEPTION, STERILISATION AND ABORTION

CONTRACEPTION, STERILISATION AND ABORTION IN NEW ZEALAND: REPORT OF THE ROYAL COMMISSION OF INQUIRY
Wellington: Govt Print, 1977

Contains extensive material relating to all three areas.

NURSES REFORM ASSOCIATION OF NEW ZEALAND

ABORTION PRACTISE IN NEW ZEALAND PUBLIC HOSPITALS
NZ Nursing Forum. - v3 no4 (Nov/Dec 1975) p5-7

A study of therapeutic abortion practices in New Zealand public hospitals. Information was sought via a written questionnaire covering topics such as referrals, methods, decision making, facilities, counselling, follow-up and staff attitudes.

PASKE Helen

ABORTION: EITHER HERE OR THERE
NZ Listener. - v95 no2105 (17 May 1980) p14-15

The pattern of abortion in New Zealand altered when changes in the law came into effect in 1978. Two years on, Helen Paske assesses the extent of those changes.

PERRY Paul and TRLIN Andrew

ATTITUDES TOWARD ABORTION IN A PROVINCIAL AREA OF NEW ZEALAND: DIFFERENTIALS AND DETERMINANTS
Aust NZ J Soc. - v18 no3 (Nov 1982) p399-416

This study, using data from a survey of women aged 16-44 years in the Manawatu Region, examines the responses to five abortion attitude questions. The responses have been converted to a single abortion attitude scale, which has been used (a) to examine the bivariate relationships with thirteen different background variables, and (b) as a dependent variable in a series of multivariate analyses using Multiple Classification Analysis.

QUINN Marianne

DECISION MAKING BY SINGLE WOMEN SEEKING ABORTIONS IN NEW ZEALAND
NZ Nursing Forum. - v8 no2 (1980) p4-7

Thirty single women attending the Auckland Medical Aid Centre for an abortion were interviewed about the factors leading up to the pregnancy, the impact of the pregnancy on their relationships with relevant others, and the process of obtaining an abortion. Results suggest that situational factors largely determine the extent of stress and the responses of the women.

ROGERS AFC and LENTHALL Judith F

CHARACTERISTICS OF NEW ZEALAND WOMEN SEEKING ABORTION IN MELBOURNE, AUSTRALIA
NZ Med J. - v81 no536 (26 March 1975) p282-286

In a 24-month period 145 New Zealand women sought abortion in a Melbourne practice, comprising 10% of such patients seen. Some 4000 New Zealanders are estimated to fly into Australia annually because of less restrictive abortion laws in some Australian states. The age range in this sample of 145 was from 14-43 years with the mean average age at 21.4 years.

Only 24 (16.5%) had ever been married and 111 (76.5%) were pregnant for the first time. Almost half, 63 (43.5%), had never used any contraception in the past. Of the 142 patients aborted, 71 (50%) were at least 11 weeks pregnant, four being 14 weeks.

Following their abortions, patients received contraceptive education and returned to their local New Zealand doctor for follow-up.
Ronald Rosemary

Blowing the Myth about the Psychological Sequelae of Abortion
Broadsheet 29 (May 1975) p36

Summary of the results of overseas research on the psychological sequelae of abortion.

Savage Wendy

Termination of Pregnancy in Gisborne
NZ Nursing Forum. - v6 no 1 (March 1978) p5-8

An analysis was made of patients referred to Cook Hospital for termination of pregnancy. Source of patient referrals, outcome of patient's request, abortion rates, operative methods, complication rates, social characteristics and a variety of other related matters were examined in detail.

Sceats Janet

Induced Abortion in New Zealand 1976-1983: A Report Prepared for the Abortion Supervisory Committee
Wellington: Govt Print, 1985

This report brings together two sets of data: a time series of data relating to the incidence of legal induced abortion in New Zealand over an 8 year period and a large survey of abortion patients which was conducted in 1983, providing detailed information about the pre-abortion period.

Shepherd Jill M and Benny Peter S

Septic Abortion in Wellington 1960-79
NZ Med J. - v97 no756 (23 May 1984) p322-324

A retrospective analysis was made of 283 cases of septic abortion admitted to Wellington Hospital from 1960-1979. There was a substantial reduction in the annual numbers of admissions occurring at the end of the study period compared with the beginning. Morbidity as measured by hospital stay, haemorrhage and septicaemia also fell. Possible causes for the reduction are discussed.

Shirley E, Brown RA and Hunton RB

Demographic Characteristics and Contraceptive Practices of Abortion Patients at a New Zealand Medical Centre

A highly controversial Centre performing early pregnancy terminations opened in Auckland in May 1974, and remained the only facility specialising in abortion in New Zealand. It closed following the enactment of the Crimes Amendment Act in December 1977. Analysis of social characteristics of attenders shows that this Centre served a younger population than those having abortions in public hospitals. Fewer than 47% of those obtaining abortions had previously used a contraceptive technique, and of those who did the majority used methods with relatively high failure rates. There was a relationship between educational attainment, age and contraceptive usage.

Smith AH

Seasonal Analysis of Oregon Data on Spontaneous Abortions and 2,4,5-T Spraying
Paper presented to ANZSERCH Annual Conference, 13-15 Aug 1979, Dunedin

Considerable concern has been expressed in recent months about a possible association between 2,4,5-T spraying and spontaneous abortions. On the basis of data collected in Oregon, the Environmental Protection Agency has suspended the use of the chemical for forest, rights-of-way and pasture use in the United States. In this paper, problems with the EPA analysis of the data are pointed out and results from an alternative analysis using Edwards' method for the recognition and estimation of cyclic trends are presented. The findings are discussed in the context of criteria for causal interference from epidemiological studies.

It is concluded that the most likely explanation for the seasonal variation found is not related to 2,4,5-T spraying.
SPARROW Margaret J

THE CONTRACEPTIVE PRACTICE OF ONE THOUSAND ABORTION PATIENTS
NZ Med J. - v95 no722 (22 Dec 1982) p885-887

This is a report on the contraceptive practice of 1000 cases who attended the Parkview clinic for termination of pregnancy. Fifty percent were not using any method of contraception at the time of conception. The principal reasons for non-use were dissatisfaction with previous methods and risk taking behaviour. Fifty percent became pregnant while using contraception, and in 20% methods which are generally regarded as reliable had been used. Fourteen percent were using the pill at the time of failure and this group is studied in greater detail. Improvements in contraceptive practice are suggested.

TRELOAR Susan and SNYDER Emmi

THE AUCKLAND ABORTION EXPERIENCE FROM A SYDNEY VIEWPOINT

This paper comments on research by Shirley, Brown and Hunton which examined the demographic characteristics and contraceptive practices of abortion patients at a New Zealand medical centre and compares their findings with similar research conducted in a Sydney abortion clinic.

TRULIN AD

ABORTION IN NEW ZEALAND: A REVIEW

This presents systematic reviews of (a) surveys of public and professional opinion on abortion law reform, and (b) evidence on the incidence of abortion, reasons given for therapeutic abortions, and characteristics of patients. It was found that the majority of New Zealanders supported some liberalisation of the then existing laws, but not to the extent of advocating abortion on demand. The review of survey results also indicated the need for 'clarification programmes' to acquaint New Zealanders with the precise provisions and accepted or acceptable interpretations of existing laws. A plea is made for further information and research in order to facilitate informed and effective decision making by government.

WILKINSON Alan L

ABORTION SERVICES IN CHRISTCHURCH: A REPORT ON EXPERIENCES IN CHRISTCHURCH FOLLOWING THE IMPLEMENTATION OF THE CONTRACEPTION, STERILISATION AND ABORTION ACT (1977)
Christchurch: A L Wilkinson, 1978

WILLS David

CONTRACEPTION, STERILISATION AND ABORTION IN NEW ZEALAND: A REVIEW OF MEDICAL, NURSING AND RELATED PROFESSIONAL POLICY
NZ Nursing Forum. - v4 no2 (June/July 1976) p6-9

This paper reviews the policies presented by the professional medical, nursing and health related organisations to the Royal Commission on Contraception, Sterilisation and Abortion. The policies presented by these professional organisations are important, because, unlike other associations presenting evidence, all are involved in the care of patients affected by laws and practices under investigation by the Royal Commission. For the same reason they also possess special knowledge through actual experience.

WILLS David

THE REPORT OF THE ROYAL COMMISSION ON CONTRACEPTION, STERILISATION AND ABORTION: A COMPARISON WITH HEALTH PROFESSIONAL POLICIES
NZ Nursing Forum. - v5 no1 (April/May 1977) p4-6

A review was undertaken to compare the recommendations of the Royal Commission on Contraception, Sterilisation and Abortion with the policies of the organisations representing the health and related professions. The Commission's
recommendations on contraception and sterilisation are more or less consistent with the policies of the health professions. In contrast many of the key recommendations concerning abortion are in direct conflict. For instance, none of the professional organisations advocated the establishment of panels to decide whether the abortion sought is justified within the law. All advocated decision making processes that are in direct conflict with panels or any similar system.

WILLS David

NEW ABORTION LEGISLATION: A COMPARISON WITH PROFESSIONAL POLICY
NZ Nursing Forum. - v6 no1 (March 1978) p12-13

The abortion legislation enacted in 1977 is seen to be inconsistent with professional policy, especially in relation to decision making, grounds for abortion, and other important areas. It is argued that parliament has imposed legislation that is unacceptable to those professionals practising in the field.

WONAAC

SO YOU WANT AN ABORTION? THEN DON'T LIVE IN HAWKES BAY, INVERCARGILL, TE HAPUA . . .
Broadsheet 132 (Sept 1985) p10-11

Abortion is not a 'dead issue' for New Zealand women. Results of a recent nationwide survey conducted by WONAAC are reported. It is contended that the Contraception, Sterilisation and Abortion Act is not working and that safe, legal abortions are not available in this country to all women who want them.
OSTEOMALACIA IN THE ELDERLY: INVESTIGATION AND DIAGNOSIS

Osteomalacia in New Zealand and Australia has previously been thought rare. The medical records of 22 elderly inpatients diagnosed as having osteomalacia on biopsy criteria in Dunedin between January 1980 and December 1983 were reviewed. Risk factors, mode of presentation, month of presentation, biochemistry, bone biopsy, bright line counting and bone scans were assessed. The findings, and a review of the diagnosis of osteomalacia in the elderly are discussed. It is concluded that in the elderly, osteomalacia is not uncommon, and increased attention to the risk factors and biochemical screening is recommended.

ANAEMIA IN OLD AGE: A STUDY OF PREVALENCE AND CAUSES

A study of the prevalence and causes of anaemia in 559 randomly selected people aged 65 years and over living in their own home, in residential homes or in hospitals was made. In the population 65 years and over, 7.1% were found to have a haemoglobin level less than 120 g/l and 2.5% a haemoglobin level less than 110 g/l. The majority who were anaemic suffered from multiple chronic diseases.

The dietary intake of the anaemic was similar to those with a normal haemoglobin. In women aged 80 years or more, the haemoglobin level decreased significantly with age. Women had lower haemoglobin levels than men.

FASTING URINARY SODIUM/CREATININE IN RELATION TO CALCIUM/CREATININE AND HYDROXYPROLINE/CREATININE IN A GENERAL POPULATION OF WOMEN

The relationships between urinary sodium excretion and bone loss and bone turnover were studied by looking at sodium/creatinine (Na/creat) values in relation to: (a) calcium/creatinine (Ca/creat); and (b) hydroxyproline/creatinine (HP/creat) values in fasting urines obtained from 574 women over 16 years of age. Na/creat was positively correlated with Ca/creat and with HP/creat. Both young and old women showed these relationships. However, postmenopausal women had higher Na/creat, Ca/creat and HP/creat values than premenopausal women. It seems that subjects with a high sodium excretion show a higher net bone loss and a higher bone turnover than subjects with low sodium excretion. The results suggest that salt intake should be considered when evaluating bone loss and bone turnover from fasting urinary Ca/creat and HP/creat measurements.

PRETIBIAL LACERATIONS

Pretibial lacerations are common and cause considerable morbidity, especially for elderly women. Factors predisposing to this injury are discussed and guidelines for management outlined.
COMMITTEE ON WOMEN

DOMESTIC VIOLENCE: A SELECT BIBLIOGRAPHY
Wellington: Committee on Women 1980
Compiled by Janine Luscombe

An annotated bibliography on domestic violence and related issues focusing particularly on women and children as victims of violent offending.

COMMITTEE ON WOMEN

WOMEN AND HEALTH - A SELECT ANNOTATED BIBLIOGRAPHY
Wellington: Committee on Women, 1980
compiled by Cheryl Ann Hill, Pamela Madgwick and Ann Simpson

This bibliography includes all material on women and health in the collection of the Committee on Women and selected relevant material from the collections at General Assembly Library, the Department of Health Library and the National Library of New Zealand. In making the selection the compilers have looked for recently published material specifically on women. Some text books of a more general nature have been included but technical material, journal articles, apart from those held by the Committee on Women, have been excluded. For topics such as abortion and contraception it has concentrated on physical and psychological aspects rather than moral.

MEADE Anne

NEW ZEALAND EARLY CHILDHOOD CARE AND EDUCATION BIBLIOGRAPHY 1965-1978: WITH ANNOTATIONS

SEYMOUR Rosemary

WOMEN'S STUDIES IN NEW ZEALAND 1974-1977: A PILOT BIBLIOGRAPHY - DIRECTORY
Hamilton: Department of Sociology, University of Waikato, 1978

SEYMOUR Rosemary and ROWE Simonne

SUPPLEMENT TO WOMEN'S STUDIES IN NEW ZEALAND 1974-1977
Hamilton: Department of Sociology, University of Waikato, 1979

SEYMOUR Rosemary

WOMEN’S STUDIES IN NEW ZEALAND 1978: A BIBLIOGRAPHY - DIRECTORY
Hamilton: Department of Sociology, University of Waikato, 1979

SEYMOUR Rosemary

WOMEN’S STUDIES IN NEW ZEALAND 1979
Hamilton: Department of Sociology, University of Waikato, 1981

SEYMOUR Rosemary

WOMEN’S STUDIES IN NEW ZEALAND 1980
Hamilton: Department of Sociology, University of Waikato, 1981

SOCIETY FOR RESEARCH ON WOMEN IN NEW ZEALAND INC (WELLINGTON BRANCH)

BIBLIOGRAPHY OF SROW PUBLICATIONS 1966-1983
Wellington: Society for Research on Women in NZ (Inc), 1984
BIRTH CONTROL
(excluding ABORTION)

ANON

HOW SOME DOCTORS HANDLE
CONSULTATIONS ON CONTRACEPTION
NZ J Fam Plan. - (Spring 1977) p27

Describes the results of a survey, conducted by
JHP Chambers of doctors' attitudes to contraception
as reported by their female patients.

AUSTAD WI and HAMILTON-GIBBS JS

PORPHYRIA CUTANEA TARDA AND THE PILL:
CASE REPORT
NZ Med J. - v81 no531 (8 Jan 1975) p8-10

A patient is described who developed porphyria
cutanea tarda in association with the use of a
contraceptive pill. The relationship to porphyria
metabolism as at present understood, as well as the
significance of abdominal pain and change in
psyche, is discussed. Stopping the pill has been
associated with a remission.

BASSETT J

CONTRACEPTION AS A WOMEN'S ISSUE
University of Auckland: Department of Law, 1979
Unpublished seminar paper.

Discusses contraception as an issue that affects
women's lives at various levels; traces growth of NZ
Family Planning Association; looks at legal and
administrative impediments to availability of
contraceptive supplies and advice and assesses the
usefulness of law in this area.

BATES Ruth

CONTRACEPTION IS RARELY EASY
Broadsheet 50 (June 1976) p24-25

A case study of one woman's contraceptive
herstory.

BERER Marge

PLANTING THE PILL UNDER YOUR SKIN
Broadsheet (July/August 1986) p28-31

Contraceptive implants are capsules of
pregnancy-preventing hormones that are surgically
inserted under a woman's skin and stay there for five
years or more. Family planning in New Zealand is
aware of them and they are being investigated and
evaluated, but not yet in use here. This article, by
Marge Berer, is reprinted from the January-March
1986 publication of Women's Global Network on
Reproductive Rights.

BONITA Ruth

CONTRACEPTIVE RESEARCH - FOR WHOSE
PROTECTION?
Broadsheet 76 (Jan/Feb 1980) p6-8

Looks at the background of a projected study of
New Zealand women and the use of Depo-Provera.
Upjohn, the sole manufacturer of depo provera have
long mounted a campaign to have the drug accepted
despite all contra-indications. This multi-million
dollar study is one of the latest attempts to gain
credibility and acceptance for what is a potentially
hazardous drug.

BRIGGS MH and BRIGGS Maxine

MOLECULAR BIOLOGY AND ORAL
CONTRACEPTION
NZ Med J. - v83 no562 (28 April 1976) p257-261

Recent developments in knowledge of sex
hormone receptors and steroid analogue metabolism
allow a rational selection of oral contraceptive
steroids from among the numerous available
products. Dose related metabolic effects of synthetic
estrogens have been demonstrated. Many of these
estrogenic actions are antagonised by norgestrel but
not by any other commercially available progestogen.
Generalised activation of lysosomal enzymes can be demonstrated in oral contraceptive users and is shown to be related to the total steroid dose per cycle, rather than to particular products. These findings suggest that the lowest dose combination of ethynylestradiol and d-norgestrel is the product of choice. Clinical results with such a product are described.

BROOKES BL

HOUSEWIVES DEPRESSION: THE DEBATE OVER ABORTION AND BIRTH CONTROL IN THE 1930s
NZ J Hist. - v15 no2 (1981) p115-134

An examination of fertility control practices in the 1930s, and governmental and medical attitudes and responses to pressures for change.

BUNKLE Phillida

UNDERSTANDING THE BACKGROUND TO UPJOHN'S 'NEW ZEALAND CONTRACEPTION AND HEALTH STUDY'
Unpublished paper 1982

This study backgrounds the New Zealand Contraception and Health Study which was designed and conducted by Upjohn, the manufacturers of Depo-Provera. It was designed to provide evidence to the United States Food and Drug Administration (FDA) which banned Depo-Provera in the United States.

BUNKLE Phillida

CALLING THE SHOTS: THE INTERNATIONAL POLITICS OF DEPO-PROVERA

The background to Upjohn's sponsorship of the New Zealand Contraception and Health Study is explained. The way support from the medical establishment was obtained is described. The study is examined to show that it will neither answer the question of Depo-Provera's carcinogenic potential in cervix or breast, nor questions about a host of other effects such as infertility, bleeding, sexual turnoff. The questions about the safety of this drug that need to be researched are defined and explained.

BUNKLE Phillida

DALKON SHIELD DISASTER
Broadsheet 122 (Sept 1984) p18-22, 36

BUNKLE Phillida and ACKROYD Judith

MUG SHOTS: WOMEN AND DEPO PROVERA
Broadsheet 102 (Sept 1982) p32-34

Through Hecate Women's Health Collective in Wellington, a group of feminists began gathering case histories of women who have used Depo-Provera. In this article, the authors discuss some of the little publicised, but distressingly common, effects of Depo-Provera.

CALVERT Sarah

FOLLOW UP
Broadsheet 37 (March 1976) p10-12

Follow up information to Emily Morgan's Jan 1976 article on IUD. Pulls together research information.

CALVERT Sarah

DIAPHRAGMS
Broadsheet 40 (June 1976) p36-38

Presents information and reports research findings on the diaphragm.

CALVERT Sarah

THE PILL
Broadsheet 41 (July 1976) p36-38

Presents information and reports research findings on the pill. First of two articles. Second article Broadsheet 42 (Sept 1976) p34-36.
CALVERT Sarah

THE PILL
_Broadsheet_ 42 (Sept 1976) p34-36

Presents more information and research findings on the pill. Second article. First article _Broadsheet_ 41 (July 1976) p36-38.

CALVERT Sarah

THE PILL
_Broadsheet_ 43 (October 1976) p34-36

Presents information and research about Diethyl Stilbestrol the drug normally active in the morning-after-pill.

CALVERT Sarah

NATURAL BIRTH CONTROL
_Broadsheet_ 53 (Oct 1977) p36-38

Discussion of methods of natural birth control as one of the most promising areas of study in the whole contraception field. Pulls together research in the area.

CALVERT Sarah

STERILISATION
_Broadsheet_ 67 (March 1979) p34-37

Discusses making the decision, the types of operations available and possible problems.

CAMERON J

THE SOCIAL CORRELATES OF CONTRACEPTIVE PRACTICE AMONG UNMARRIED TEENAGERS: AN EXPLORATORY STUDY
University of Waikato, Hamilton, 1979, M Soc Sc Thesis

Data for this research were gathered from a heterogeneous sample of 234 Hamilton teenagers. A variety of factors were found to be correlated with the incidence of coitus and contraceptive practice, including age, gender, ethnicity, education, religiosity and psychological variables. Sources of contraceptive knowledge and the role of schools in providing contraceptive information are examined.

The practice of contraception is analysed in a social context, taking account of access to medical services, marketing of contraceptive methods and the use of the media as direct or indirect channels for contraceptive information. Use of theoretical models accentuate the discrepancies between determinants of marital and nonmarital fertility, and the respective methodologies by which they are studied.

CLARKSON Sarah E and GILLET'T Wayne R

PSYCHOLOGICAL ASPECTS OF FEMALE STERILISATION: ASSESSMENT OF SUBSEQUENT REGRET
_NZ Med J._ v98 n0786 (11 Sept 1985) p748-750

In order to study subsequent regret as a complication of female sterilisation, hospital records of women requesting reversal of their sterilisation were compared with women who had not requested a reversal. Regret was more likely in women sterilised at a younger age, but was not associated with lower parity. Women requesting reversal were interviewed to determine the psychosocial factors likely to produce later regret. The clinical implications are discussed.

COALITION FOR FERTILITY ACTION

DALKON SHIELD UPDATE
_Broadsheet_ 124 (November 1984) p10

Presents current information about compensation to women injured by the Dalkon Shield.

CONEY Sandra

JUST TAKE A PILL EVERYDAY
_Broadsheet_ 40 (June 1976) p22-24

Explores mechanical contraception (condoms, diaphragms) as safer for people's bodies than IUDs or the pill.
CONEY Sandra

THE RIGHT TO CONTRACEPT AND NOT TO CONTRACEPT
Paper presented to Conference on Women and Health, 14-18 Feb 1977, Wellington

CONEY Sandra

DRS NEEDLEUS AND PRICKS
Broadsheet 54 (Nov 1977) p12-13, 15

Interview with Sue Neal where research evidence of the dangers of Depo-Provera are presented.

CONEY, Sandra

THE PILL/ THE IUD
Broadsheet 57 (March 1978) p6-7

Reports of recent new findings about the Pill and a recently released IUD - Progestasert.

CONEY Sandra

A PAIN IN THE WOMB
Broadsheet 137 (March 1986) p14-17

This paper outlines the history of IUDs and brings the reader up to date on what is happening in New Zealand.

CRYER Colin

COMMENTS ON DEPO-PROVERA: THE NEW ZEALAND CONTRACEPTION AND HEALTH STUDY


DANN Christine and RONALD Rosemary

TWISTING THE FACTS
Broadsheet 50 (June 1977) p10-11

A critical examination of the arguments and conclusions drawn by the Royal Commission on Contraception, Sterilisation and Abortion, points to the way in which research was used, misused and ignored.

DUNN HP

NATURAL FAMILY PLANNING
NZ Med J. - v82 no554 (24 Dec 1975) p407-408

A personal series of 600 private patients using natural family planning techniques is presented. The total failure rate was 4.7 pregnancies per 100 women-years. The advantages of this method over conventional contraceptive techniques are stressed.

FENWICK, Penny

NEW ZEALAND FAMILY PLANNING ASSOCIATION AND THE MEDICAL PROFESSION: VARIATIONS ON THE 'DOCTORS ARE DESTINY' THEME
Paper presented to ANZSERCH Annual Conference, September 1976, Wellington

This paper takes a longitudinal perspective of the New Zealand Family Planning Association (NZFPA) as a lay women's organisation in the male doctor-dominated medical field. It is derived from a national study of the NZFPA. It proposes that the NZFPA has not been able to bring fertility regulation under the control of women themselves because it has been co-opted by the medical profession and itself become a mediating agency for social control over women. It concludes that the women's health movement should be alerted to the control by the medical profession of organisations which women have established. Especially, as evidence suggests that meeting women's health needs can only be assured if lay women themselves control service provision.
FENWICK Penny

FERTILITY, SEXUALITY AND SOCIAL CONTROL OVER WOMEN IN NEW ZEALAND
in Women in New Zealand Society, ed by P Bunkle and B Hughes

A broad ranging examination of the key importance of fertility control in overcoming the social oppression of women.

FERTILITY ACTION

THE STATUS OF IUDs IN NEW ZEALAND
Broadsheet 137 (March 1986) p17-18

This article presents research findings about the status of IUDs in New Zealand and about the success of claims for Accident Compensation as a result of injuries.

GIBBS J

HEALTH ASPECTS OF FERTILITY CONTROL
Paper presented to conference on Women and Health, Wellington 14-18 Feb 1977

Outlines the medical consequences of uncontrolled fertility.

HARTFIELD VJ

DAYCASE POMEROY STERILISATION BY THE VAGINAL ROUTE
NZ Med J. - v85 no584 (23 March 1977) p223-225

One hundred consecutive Pomeroy sterilisations were performed via the posterior vaginal fornix. In 50 cases the patient went home on the day of operation and was visited by a district nurse at home. The other 50 cases remained in hospital as inpatients for a minimum of 36 hours. The morbidity in the two groups was the same. The advantages of the daycase approach are discussed.

HASSARD TH

PROBLEM IN THE DESIGN OF CANCER TRAILS: SOME THOUGHTS ON THE DEPO-PROVERA CONTROVERSY


HUTTON John

DEPO-PROVERA: ARE THE CRITICS JUSTIFIED?
Inaugural address to the Wellington Clinical School, 3 August 1983, Wellington

JACKSON Peter and LANDER J Lew

FEMALE STERILISATION: A FIVE YEAR FOLLOW-UP IN AUCKLAND
NZ Med J. - v91 no654 (27 Feb 1980) p140-143

During the year 1972/73 sterilisation by tubal occlusion was performed at National Women's Hospital on 831 women with a mean age of 32.5 years and a mean parity of 4.6. Eighty-one percent had no regrets about being sterilised but eleven women experienced a major degree of regret. Eight patients had sought reversal of their sterilisation. Following the operation, libido was decreased in 10% of Europeans and 45% of Maoris. Menorrhagia was a common complaint after sterilisation and 7.5% had a hysterectomy within five years.

JONES RW

PERFORMANCE OF THE DALKON SHIELD INTRAUTERINE DEVICE
NZ Med J. - v82 no545 (13 Aug 1975) p85-87

A modern second generation intrauterine device,
the Dalkon Shield has been assessed at the National Women's Hospital. The markedly low expulsion rate represents real advance in intrauterine contraception. Pregnancy rates are comparable with other modern devices. Patient acceptability is higher than with earlier devices.

KELLY Janis

HEALTHY WOMEN, THE EGG AND IUD
Broadsheet 29 (May 1975) p34-35

Review of research done overseas on the IUD.

KIRKWOOD BJ, FACER WAP, LAWRENCE Glenys M and HUNTON RB

CONTRACEPTIVE PRACTICE AMONG NEW ZEALAND WOMEN
NZ Med J. - v90 no641 (8 Aug 1979) p108-111

In May 1976 the contraceptive practices of New Zealand women were surveyed among a national random probability sample of 1200 women aged 15 years and over. The survey found 93% of women aged 15-44 years considered themselves at risk of pregnancy. Of all women surveyed, almost half (two-thirds of those at risk) currently practised contraception. The highest incidence was among women aged 25-44 years. Single women at risk contracepted less frequently than did married women. The most frequently used method was the contraceptive pill, favoured particularly by younger women. It was followed by sterilisation of either partner, which was most frequent among women aged 25-44 years.

LORD DJ

ABORTION: SOME OBSERVATIONS ON THE CONTRACEPTIVE PRACTICE OF WOMEN REFERRED FOR PSYCHIATRIC ASSESSMENT IN DUNEDIN
NZ Med J. - v88 no626 (27 Dec 1978) p487-489

Factors associated with the contraceptive practice of 31 women referred for psychiatric assessment prior to therapeutic termination of pregnancy are analysed. Poor contraceptive practice is a significant contributing factor to the increasing rate of unwanted pregnancy and abortion.

LOUGHNAN BA and RAETHAL HA

THE FAMILY PLANNING ASSOCIATION IN AUCKLAND: WHO GOES AND WHY
Auckland Medical School, Department of Community Health, 1975 Unpublished project.

A survey exploring the underlying reasons for the rapid increase in the number of women attending Family Planning Clinics in Auckland.

MAYES DG

THE ACCEPTABILITY OF CONTRACEPTIVE METHODS
Paper presented to ANZSERCH Annual Conference, 13-15 Aug 1979, Dunedin

In recent years there has been general awareness that the pursuit of effectiveness alone in the search for new fertility regulating methods can easily be very wasteful if the methods are not acceptable to the intended users.

This paper concentrates on the author’s work with the aid of a WHO research grant into the qualification and description of menstrual bleeding patterns as a means of trying to determine the likely acceptability of new methods. Low-dose oral contraceptives, injectables such as norethisterone enanthate and intra-uterine contraceptive devices all disturb the 'natural' menstrual cycle, yet there are no established methods of describing the natural cycle and women’s reactions to it, let alone clear descriptions of the nature of patterns associated with the various methods and their acceptability to women.

MORGAN Emily

IUD DEAR? DO YOU DARE?
Broadsheet 26 (January 1976) p14-19

A harmless little piece of plastic or a hand grenade? The facts on IUD’s and a case study of a woman living with one.
Historical study of Depo-Provera and what is known about it.


The New Zealand Contraception and Health Study is investigating the potential health risks associated with oral contraceptives, intrauterine contraceptive devices and injectable medroxyprogesterone acetate. This prospective observational study, begun as a pilot study in 1980, will record for at least six years the health of approximately 7500 women divided into three groups of equal size according to contraceptive method at entry.

A major objective is to compare the incidence of dysplasia, carcinoma in situ and invasive carcinoma of the cervix in each group. This paper describes the design of the study and reports its progress.

A study was carried out on nurses attitudes to contraception, sterilisation and related areas. Questionnaires were sent to 400 nurses chosen at random from throughout New Zealand.

The questionnaire consisted of 23 questions and it sought opinions of nurses based on their clinical experience, on areas such as contraceptive choice, availability, distribution, the role of the health services and health professions, sterilisation of choice and criteria for sterilisation.

241 (57 male and 184 female), well-educated, largely urban, young persons, voluntarily attended a lecture on sex; after the lecture they completed an anonymous questionnaire on their background and attitudes to sex.

A majority believed that premarital sexual activity was acceptable if there was some affectional tie between the couple. Most of the men were sexually active, while only a third of the women were so.

Knowledge of contraception, while high, tended to over-estimate the efficacy of the safe period and vaginal methods. Half the sexually active group had
used contraception at sexual initiation but only a third had used reliable methods. Subsequent contraceptive practice however, was high (90%), with the pill being the most frequently used method. Twenty percent of the sexually active women had already been pregnant; of these only a quarter had carried their pregnancies to term.

POH Siew S, REINKEN JA, WISE MJ and SALMOND GC

CONTRACEPTIVE USE AND PREGNANCY PLANNING IN THE HUTT VALLEY
NZ Med J. - v85 no584 (23 March 1977) p217-220

This survey, carried out in an area where there are good family planning services, demonstrates that such surveys can be successfully carried out in New Zealand where so far there is little data on contraceptive practice and pregnancy planning.

This article compares failure rates of several contraceptive methods and shows that most women in the survey sample had had some experience in contraception during the previous three years.

Pregnancy planning overall is seen as poor, with 29.9% of all pregnancies being unwanted at the time of conception.

POOL Ian

THE DEPO-PROVERA CONTROVERSY
NZ Pop Rev. - v6 no4 (1980) p26-36

Summarises arguments for and against Depo-Provera and critically examines the New Zealand Contraception and Health Study.

QUINN M

CONTRACEPTIVE MISUSE AND THE UNPREVENTED PREGNANCY OR PREGNANCY BY DEFAULT
University of Otago
Unpublished project for the Department of Psychology

An investigation into the influences, both internal and external to the women that operate consciously or otherwise to mitigate the decision to use contraception, and the commitment to that decision.

QUINN Marianne

SEXUAL ACTIVITY AND CONTRACEPTIVE USAGE AMONG SINGLE WOMEN STUDENTS
NZ Nursing Forum. - v8 no1 (1980) p4-7

A survey of single full-time female students 25 years and less at Otago University found that over two-thirds of those with sexual experience had intercourse before the age of twenty. Residence appeared to influence both sexual activity and contraceptive usage.

More than two-thirds used contraception at the time of first intercourse. Of those using contraception at the time of survey about three-quarters employed reliable methods.

REINKEN J and BLAKEY V

FAMILY GROWTH STUDY
Wellington: Dept of Health, 1976 (Special report series no 48)

Reports the results of a 1975 WFS-type Fertility Study of 863 ever married 20-45 year-old women in the Hutt Valley. Special attention paid to the contraceptive experience of the women and their success in planning their pregnancies.

RENNER Ross

DEPO-PROVERA: THE NEW ZEALAND CONTRACEPTION AND HEALTH STUDY
NZ Statistician. - v18 no2 (1983) p20-33

This paper summarises aspects of an address entitled, 'Depo-Provera: A study in weak design', which was delivered in June 1983 at the thirty-fourth annual conference of the New Zealand Statistical Association. It sets out the raw data manipulations and certain theoretical considerations which form the basis of a simulation of the Upjohn-sponsored New Zealand Contraception and Health Study. A conclusion reached in this account is that the numbers of women in each study-group are too few,
the follow-up period is too short, and their products in total women-years is too small, to measure the relative associations between contraceptive practices and the development of cervical cancer.

RENNER Ross

SCIENTIFIC OBJECTIVITY AND SOCIAL RESPONSIBILITY: A CRITIQUE OF THE PROTOCOL OF THE NEW ZEALAND CONTRACEPTION AND HEALTH STUDY

RENNER Ross

DEPO-PROVERA: A STUDY IN WEAK DESIGN

ROSIER Pat

CONDOMS NOT A JOKE
Broadsheet 134 (November 1985) p8-9

This article presents information and research findings about the effectiveness and use of condoms as contraceptives.

SAVAGE Wendy

FAMILY PLANNING IN A HOSPITAL CLINIC
NZ Med J. - v83 no562 (28 April 1976) p261-265

The establishment of a hospital board family planning clinic and the results during its first year of operation are described. Three hundred and fifty-four patients were seen, a third of whom were interested in sterilisation. Only 3% presented with infertility and less than 1% referred themselves inappropriately. The failure rate in terms of unwanted unplanned pregnancies was 2%, and a further 1% had socially inconvenient but desired pregnancies.

Of those established on contraception 45% chose the pill, 34% the intra-uterine device and approximately 10% each the injection or a barrier method.

SAVAGE WD

STERILISATION IN A SMALL NEW ZEALAND COMMUNITY. PART 1 — SEQUELAE AND FAILURE RATE

Eighty percent of 309 women sterilised by the author were followed up 3-6 years later. Compared with a control group of women whose husbands had been sterilised, there was no increase in menstrual problems, and 5% in each group had had a hysterectomy.

Out of the 2.2% of the sterilised women who became pregnant, only one was within the year following the operation.

The initial, early and long term morbidity of vaginal tubal ligation was unacceptably high, in contrast to those operated on in the puerperium in whom there were no immediate problems or long term serious sequelae.

One third of the women had not had a cervical smear test since the operation, although two women had been treated for cervical cancer.

SAVAGE WD

STERILISATION IN A SMALL NEW ZEALAND COMMUNITY. PART 2 — WOMEN'S FEELINGS ABOUT STERILISATION

Information was obtained about the feelings of 80% of 309 women sterilised 3-6 years earlier. Ninety-seven percent felt that they had made the right decision about sterilisation. Four patients wished to have a reversal operation done. Ninety-three percent of the women thought that their sexual lives were unchanged or better.

No women wished that their husbands had been operated on instead of themselves, but two wished that they had been sterilised rather than their partners.

One marriage in 28 had been ended by death, and almost 10% had broken down, but these women felt that the sterilisation decision had been correct, and did not contribute to the marriage breakdown.

Birth Control
The analysis is made of the contraceptive practice of 100 women prior to abortion. Half the women were not using any method during the month they became pregnant. Problems with the pill, risk-taking behaviour and fears of infertility were the commonest reasons for non-use. In the 50% who were using a method, failure was most commonly due to human error and to the use of less reliable methods. Psychological and social factors were seen to be important determinants of behaviour. This study emphasises the need for remedial action.

The contraceptive knowledge, use, and desire for information of never-married Manawatu women aged 16-19 years were examined, distinguishing between respondents with and without pregnancy risk (coital) experience. Overall, 45.7% of the women had ever been at risk, the percentage varying positively with age. Awareness of contraceptive methods (especially the pill and condom) was widespread, particularly among the sexually experienced, a higher percentage of whom had also ever wanted and sought contraceptive information. Women who had never been at risk were less knowledgeable, fewer had ever wanted information (19.3%) and about one-third knew of no source of contraceptive information. Few (7.9%) of the sexually experienced had never used any contraceptive methods but others (19.9%) had not yet employed an effective female method. These results, akin to previous studies, indicate a need for school-based sex education.

A survey of the use of intra-uterine devices and contraception in a country practice has been made. Twenty percent found an IUD unacceptable. The contraceptive pattern of 157 women was analysed and 13.8% were using inefficient methods. The possibility of contraceptives being made available on the Drug Tariff is discussed.

The project was initiated primarily in response to the statement (Reinken and Blakey, 1976) that '... until at least one further survey is carried out in another point of the country, preferably including a rural area, it cannot be known whether any of the
findings reflect particular conditions unique to the Hutt area.” Hence the location of the Manawatu project which has a specific aim of comparison with and verification of findings of the Hutt family growth study. Because the Hutt study found a relatively large number of unplanned pregnancies, the Manawatu project sought to collect additional information which could possibly account for such “failures”. The Manawatu project included all women 16-44 years of age.

TRLIN Andrew D and PERRY Paul E

THE ORAL CONTRACEPTIVE PILL: USE, USER SATISFACTION, SIDE EFFECTS AND FEARS AMONG MANAWATU WOMEN
NZ Med J. - v95 no717 (13 Oct 1982) p700-703

The 1978 Manawatu Family Growth Study included questions on the oral contraceptive pill. Of the 1390 women aged 16-44 interviewed, 1085 (78%) had ever used the pill - 411 and 674 were current and previous users, respectively. Among the current users 45.2% stated they sometimes forgot to take the pill and 50% reported they were not entirely happy about using the pill. For dissatisfied current users and all previous users it was found that: (a) various side effects were experienced by substantial percentages in each group, the most common being weight gain or swelling; and (b) a fear of permanent damage to health was acknowledged by more than half of each group. Concern caused by publicity on side effects was reported by 46.9% of those who had ever used the pill. These and other results, and their implications, indicate a need for instruction, guidance and counselling for oral contraceptive users.

WEBB Mary C

WOMEN’S ATTITUDES TO CONTRACEPTION in Psychology of Women: Research Record I, ed by Jane Ritchie. Hamilton: University of Waikato, 1977 (Psychology research series no 5) p190-204

Results of a questionnaire distributed to 100 Hamilton women on their contraceptive attitudes and practices.

WILLS David

FAMILY PLANNING PRACTICE IN NEW ZEALAND
NZ Nursing Forum. - v4 no1 (April/May 1976) p6-8

A study was undertaken to obtain information on actual practice relating to fertility control in New Zealand.

WILLS David

CONTRACEPTION, STERILISATION AND ABORTION IN NEW ZEALAND: A REVIEW OF MEDICAL, NURSING AND RELATED PROFESSIONAL POLICY
NZ Nursing Forum. - v4 no2 (June/July 1976) p6-9

The paper reviews the policies presented by the professional medical, nursing and health related organisations to the Royal Commission on Contraception, Sterilisation and Abortion.

WILSON Jennifer

A RANDOMISED TRIAL AND A COMPARATIVE STUDY OF THE COPPER 7 200 AND THE MULTILOAD COPPER 250 INTRAUTERINE DEVICES

A randomised trial of the Copper 7 200 (Cu 7 200) and the Multiload Copper 250 (ML Cu 250) intrauterine devices (IUD) was carried out for 13 months. On life table analysis at 12 months, net cumulative closure rates for use-related terminations (net rates) for the Cu 7 200 were higher than for the ML Cu 250 for accidental pregnancy (NS), expulsion and medical removals for pain and/or bleeding. The continuation rate was lower for the Cu 7 200. In a larger comparative study, at 12 months there was a highly significant difference in favour of the ML Cu 250 in accidental pregnancy, expulsions and removals for pain and/or bleeding and continuation of use.

Since the ultimate purpose of the use of an IUD is pregnancy protection with a minimum of side effects, the continued use of the Cu 7 200 is not recommended.
CANCER

BETHWAITE J, RAYNER T, BETHWAITE P

ECONOMIC ASPECTS OF SCREENING FOR CERVICAL CANCER IN NZ
NZ Med J. - v199 n0811 (8 October 1986) p747-751

The allocation of scarce health resources to cervical screening indicates that an implicit valuation is being placed on the lives that will be saved. From a model which compares the lives saved with the costs of various screening policies, the valuation of life implied by these policies has been calculated.

Screening every three years implies a valuation of life between $86,000 and $191,000 (1984 prices), which is of a similar order of magnitude to valuations placed on life for other policy purposes. Annual screening would only be appropriate if the valuation of life is $420,000 or over.

If screening is to take place at all, then it should be done at least every five years. Very infrequent screening cannot be justified because the costs of screening still have to be borne, yet the frequency of detection allows a considerable development of invasive lesions between screenings.

BORRIE PM and THOMSON JD

FAMILIAL OVARIAN CARCINOMA
NZ Med J. - v95 no703 (10 March 1982) p147-148

A family of three sisters and one of their daughters had ovarian carcinoma within three years. An aunt of the sisters had died earlier of the disease.

BROWN GED and REES MJW

BREAST RECONSTRUCTION FOLLOWING MASTECTOMY

The modified radical mastectomy for carcinoma of the female breast offers the best opportunity for local cure of this disease. This treatment is locally disfiguring. It can produce physical discomfort with tight skin flaps, contracted scars and prominent ribs.

Psychological trauma with a sense of loss of femininity, self-esteem and confidence can affect many patients.

Recent advances in reconstructive surgery have introduced a new generation of skin flaps which now make breast reconstruction a one or two stage procedure.

Breast shape, size and consistency can approach normal and the opposite breast can be adjusted to create mammary symmetry.

Many women are now well informed about this surgery and an increasing number are actively seeking it.

CALVERT Sarah

CERVICAL CANCER ON THE INCREASE
Broadsheet 71 (July/Aug 1979) p30-31

Reports are appearing saying that there is a virtual epidemic of cervical cancer. This is discussed and possible causes for the increase presented.

CALVERT Sarah

BREASTS, BOOBS, TITS . . .
Broadsheet 100 (June 1982) p43-46

Draws together research and information on breasts and breast cancer.

CALVERT Sarah

CERVICES AT RISK
Broadsheet 123 (October 1984) p37

Women’s promiscuity has often been cited as the ‘cause’ of soaring rates of cervical cancer. Is this just another case of ‘blame the victim’? The author discusses the many causes of the disease.
Education about cancer in the community aims to change attitudes and modify behaviour. For women, health education about breast self-examination (BSE) endeavours to encourage a regular practical and personal health habit.

The media of communicating information is investigated and data is presented on the knowledge women have of BSE. Over 95% of women knew of BSE yet less than 10% examined themselves monthly.

Because breast cancer is the most common malignancy (except skin cancer) in women the importance of BSE as part of health education is stressed.

Analysis of the abnormal cervical smears seen in Dunedin Hospital during the 20 year period 1963-82 showed a significant increase in abnormal smears in patients 34 years of age and younger during 1978-82. There were also a number of abnormal smears seen in teenagers; indicating early onset of sexual activity. The increase in abnormal smears is expected to continue; especially in the younger subjects and a one yearly screening programme for all sexually active females is advocated. The possible role of the human papilloma virus in cervical neoplasia is discussed.

Each year, approximately 1,300 women in New Zealand undergo mastectomy. Recalling that some 400 deaths from breast cancer are recorded annually, it is not surprising that the mastectomy operation has been the subject of widespread concern and research, academic and lay, as to the physiological and psychological factors involved. This paper considers some of the latter: what happens to a woman when a mastectomy is recommended?
Cervical cytology is an effective method of detection of pre-malignant and early malignant changes provided it is performed at the appropriate ages and frequency with a correct technique. The procedure has been criticised for failure to reduce the number of cervical cancers but it would appear that in New Zealand there has not been sufficient attention paid to groups at high risk. Changing sexual attitudes in the community are changing the ages of greatest risk of cervical cancer and the 1980s may well see an increase in the disease and its precursors.

Factors Affecting the Response of Women to Cervical Screening

A survey was conducted to obtain information about women's attitudes, beliefs and behaviours in relation to cervical cancer and screening. Two hundred women were interviewed. The study was exploratory and descriptive. The sample was not randomly selected. The sample included women who differed in social class, ethnicity and age. Middle class women tended to have regular smear tests more often than working class women. Maori women more frequently reported no screening than either Pakeha women or women who identified as both Maori and Pakeha. Women over the age of 45 were more likely than younger women to have been screened irregularly or not at all. The different patterns of screening were initiated by doctors. Women did not neglect to obtain screening because of problems they perceived.

Results of Treatment of Cancer of the Cervix in Wellington: 1975-9

A review was undertaken of all patients treated for invasive carcinoma of the cervix in the Wellington region in the period 1975 to 1979. A total of 84 patients were assessed for the results and complications of treatment. Forty-one were stage I, 18 stage II, 18 stage III, and seven stage IV (FIGO staging). Treatment by different combinations of surgery and radiotherapy for each stage are described. Actuarial survival at five years is 54% for all stages. For stage I it is 86%, stage II 54%, and stage III 44%. There were only seven patients in stage IV. Seven patients (8.3%) suffered major complications, mainly gastrointestinal or genitourinary. Most complications occurred in patients treated with a combination of radical surgery followed by high dose external radiotherapy. This treatment should be reserved for selected patients who can be identified as having a very high risk of recurrence in the pelvis after surgery.

Invasive cancer of the cervix is a highly treatable disease, with over half the patients surviving free of disease at five years, but screening programmes for early detection are essential.

Rising Cervical Cancer Mortality in Young New Zealand Women

New Zealand age-standardised mortality rates for cervical cancer in women 20-34, 35-64 and 65 years and older show that mortality has been falling steadily for women 35 years and older ever since 1941, 14 years before cytology screening was introduced. Mortality has risen significantly since about 1959 in women 20-34 years old. These findings cast doubt on the value of screening. Possible causes of the increased mortality in young women include a cohort effect, increased promiscuity, and the effect of steroidal compounds on cervical epithelium.

Long-Term Prognosis of Women with Breast Cancer in New Zealand: A Study of Survival to 30 Years

Possible causes of the increased mortality in young women include a cohort effect, increased promiscuity, and the effect of steroidal compounds on cervical epithelium.
The long term prognosis of women with breast cancer was studied by analysing retrospectively the 30 year survival of 2019 women with histologically proved breast cancer recorded at the National Cancer Registry in New Zealand between 1950 and 1954. Excess mortality rates for successive five year survival cohorts were calculated from the survival data. From the total cohort the excess mortality rate fell rapidly during the first 10 years and then became low after 20 years. There were no significant differences in excess mortality for the age cohorts. Most of the excess mortality for 20 years was due to deaths from breast cancer. In this study the prognosis for women with breast cancer approached normal after 20 years.

HORRELL Cheryl

THE POLITICS OF BREAST CANCER
Race, Gender, Class no 3 (July 1986) p20-22

'Facing cancer can be a very lonely and frightening experience. Facing the medical system can be equally lonely and frightening. This article is based on a tape I made whilst I was undergoing treatment for breast cancer. It is not intended as an 'in-depth analysis' of the politics of breast cancer, but is more a reflection of my feelings recorded at the time. I hope to eventually find the strength to tell the whole story - of the powerlessness, facelessness and the loneliness of a patient within the medical system . . . .'

JONES ISC

AN ASSESSMENT OF VULVAL PIGMENTATION
NZ Med J. - v89 no635 (9 May 1979) p348-350

Thirty-five vulvectomy specimens were obtained from post-mortem material and studied to assess the distribution of melanin pigment. The information obtained was compared with the melanin distribution in melanoma-in-situ and melanosis vulvae. A lesion had to be larger than 3mm before it was recognised clinically. Melanosis vulvae is but an exaggeration of the normal distribution of melanin pigment. Melanoma-in-situ however, cannot be reliably distinguished from the benign causes of pigmentation on clinical grounds. The correct diagnosis can only be made histologically. Other causes of vulval pigmentation are also discussed.

JOSEPH Jill G, SIMPSON John S, MACDONALD Claire E, UNSWORTH Coral L, CARPENTER LM

BREAST SELF-EXAMINATION IN AN URBAN POPULATION: ESTIMATES OF PREVALENCE AND QUALITY OF PERFORMANCE
NZ Med J. - v99 no797 (12 March 1986) p156-159

Interview data from 434 women (aged 20 years) in two Wellington suburban areas were used to estimate the prevalence and quality of performance of breast self-examination. Although 98% of women were familiar with breast self-examination, and 73% had performed it at least once, only 39% did so at least monthly. Its practice was significantly more common in the middle years (30-59), among Europeans, and in women with tertiary education. Thoroughness or quality of performance was assessed by comparison with Cancer Society recommendations. Scores for examination technique were generally high (mean = 73%) compared with those assessing timing (mean = 47.5%) and conditions under which breast self-examination was performed (mean = 43.3%). Results from this study were compared with 1975-76 New Zealand survey data which produced lower estimates of the prevalence of monthly breast self-examination. Both studies found that more than a quarter of women have never practiced it.

KOELMEYER TD

SYNTHETIC HUMAN CALCITONIN IN THE TREATMENT OF HYPERCALCAEMIA OF METASTATIC BREAST CANCER: PRELIMINARY REPORT

A preliminary report on an ongoing study in the use of synthetic calcitonin and the control of hypercalcaemia of metastatic breast cancer.
Twenty-seven cases of choriocarcinoma treated at the National Womens Hospital in Auckland over a 32 year period (1947 to 1979) are presented, with an epidemiological analysis. Aetiological factors in trophoblastic disease are discussed, with particular reference to racial variations, and results from other centres are compared.

MacLEAN Allan B
CYTOLOGY, COLPOSCOPY AND CERVICAL NEOPLASIA
NZ Med J. - v98 no786 (11 Sept 1985) p756-758

There have been suggestions that the failure to reduce the incidence of cervical carcinoma in New Zealand is due to a failure to take cervical smears from women at risk, and to appropriately manage those with abnormal smears. Review of data collected from a clinic in Christchurch over a four-year interval found that the majority of those with invasive cancer had never had a smear taken, or had not had smears taken frequently enough. There was evidence that cytology does not always correlate with definitive histology, and that patients with abnormal smears sometimes experienced lengthy delays before being referred for management.

Comments are made on who should have smears, how often, and how women with abnormal smears should be managed.

McDOUGALL Judith Anne
AN EXAMINATION OF THE PSYCHOSOCIAL CHARACTERISTICS OF WOMEN WHO DEVELOP CANCER
Victoria University of Wellington, 1979, MA Thesis Psychology

This study was an attempt to predict which of a group of women presenting to outpatient clinics at Wellington Hospital with possible cancerous physiological abnormalities would be found on histological examination to have cancer. Feelings of hopelessness provided the basis for this prediction. Other psychological and social variables were also examined including depression, locus of control, experience of loss, age and marital status.

MINISTRY OF WOMENS AFFAIRS
 COMMENTS ON THE PROCEEDINGS OF A MEETING ON CERVICAL CANCER SCREENING PROGRAMMES
Wellington: Ministry of Womens Affairs (June 1986)

NZ DEPARTMENT OF HEALTH AND THE CANCER SOCIETY OF NEW ZEALAND
SCREENING FOR CERVICAL CANCER IN NEW ZEALAND
Wellington: Dept of Health. 1986

Proceedings of a meeting to consider the present state and future needs of screening for cervical cancer in New Zealand. Describes several doctor-based screening programmes.

NZ MEDICAL JOURNAL (editorial)
EARLY CANCER OF THE BREAST
NZ Med J. - v92 no672 (26 Nov 1980) p385-386

Reports on a multicentre trial with the object of seeing what part irradiation played in the management of early cancer of the breast.

PARKER Ashton and UEKI Minoru
A COMPARISON OF PREOPERATIVE EXFOLIATIVE CERVICAL CYTOLOGY WITH SUBSEQUENT HISTOLOGY

A comparison of the preoperative cervical cytology with the subsequent histology in 441 cases showed a wide variation in the prediction of the histological diagnosis by cytology. There was a precise correlation in 66% of cases. The false negative rate was 11.5% and the false positive rate was 11.2%.
These data illustrate the difficulty managing premalignant and malignant disease of the uterine cervix using cytology alone for guidance.

PARSONS Diana Mary

COPING WITH ADJUSTING TO MASTECTOMY AND WIDOWHOOD: A COMPARATIVE STUDY
Massey University 1979, MA Thesis Psychology

A comparison of two cross-sectional surveys of thirty women who had undergone mastectomy with thirty widows established that both losses were met with a similar initial grief reaction. Duration of reaction, ongoing feelings, ability to return to a normal life-style and use of forewarning are also examined.

RUTHERFORD AM

NZ Med J. - v89 no631 (14 March 1979) p168-169

Cancer of the ovary is the leading cause of death from gynaecological cancer. Forty-six cases are reported to re-emphasise certain features. These include the short history and the high mortality rate regardless of what treatment is used. Whereas improvement has occurred in the treatment of cancer of the corpus and the cervix, there has been no improvement over two decades in cancer of the ovary.

SCOTT Elizabeth and WOMEN’S ELECTORAL LOBBY (WEL)

EXCERPT FROM THE WEL NATIONAL NEWSLETTER
Broadsheet 132 (September 1985) p41

Elizabeth Scott reports on her recent experience of breast cancer treatment in New Zealand.

SIMMONS Joan

THE DIARY OF A MOMENT WITH BREAST CANCER
Broadsheet 26 (Jan 1975) p17-19, 25

Case study of the author’s breast cancer and surgery.

SIMMONS Joan

MASTECTOMY: WHAT COMES AFTER
Broadsheet 32 (Sept 1975) p31-35

Follow up article to January article, 'The Diary of a Moment with Breast Cancer', describing the author’s experiences since discovering breast cancer and new techniques in coping with the aftermath of mastectomy 8 months later.

SKEGG DCG, CORWIN PA, PAUL C and DOLL R

IMPORTANCE OF THE MALE FACTOR IN CANCER OF THE CERVIX
Lancet - v2 no8298 (11 Sept 1982) p581-583

A woman’s risk of cervical cancer is generally thought to be related to her sexual behaviour. The sexual background of her male partners is also important. In some societies, a woman’s risk of cancer of the cervix will depend less on her own behaviour than that of her partner. Male sexual behaviour, particularly in relation to prostitution, may account for two hitherto unexplained features of the epidemiology of this disease - the extremely high incidence in Latin America and the decline in mortality this century. If this is so and men carry the aetiological agent, it will be important to discover whether they do so for short or long periods.

SKEGG DCG, PAUL Charlotte, FITZGERALD NW, BARHAM PM and CLEMENTS CJ

RECOMMENDATIONS FOR ROUTINE CERVICAL SCREENING
NZ Med J. - v98 no784 (14 Aug 1985) p636-639

Bibliography of Women’s Health Studies
Because of concern about the rising incidence of cervical cancer in young women, the Department of Health and the Cancer Society invited a working group to make recommendations on cervical screening. There is now compelling evidence that cytological screening is an effective preventive measure. All women who have had sexual intercourse should be offered screening. They should be screened as soon as possible after commencing sexual activity, or when first receiving contraceptive advice, antenatal care, or treatment of a sexually transmitted disease. If the first smear is negative, it should be repeated within one year. Routine screening should thereafter be repeated at least every three years. A special effort must be made to reach women who have never been screened, including those who are middle-aged or elderly.

STEVEN Pam

MASTECTOMY
Broadsheet 100 (June 1982) p14-17

Case study of a mastectomy.
CARING IN THE COMMUNITY

CHETWYND Jane

FACTORS CONTRIBUTING TO STRESS ON MOTHERS CARING FOR AN INTELLECTUALLY HANDICAPPED CHILD
Br J Social Wk. - v15 no3 (June 1985) p295-304

With the shift away from institutional care, increasing responsibility is falling on families to care for their elderly or disabled members. Whilst this move may be cost-beneficial for the authorities, it inevitably puts additional strain on family resources.

This paper examines the home care of intellectually handicapped children and the subsequent impact on families. Specifically, it assesses stress levels amongst mothers of intellectually handicapped children and explores the factors which contribute to that stress. It is argued that better understanding of the causes of stress will help in the optimal provision of support services.

CHETWYND Jane, CALVERT Susan and BOSS Virginia

CARING AND COPING: LIFE FOR MOTHERS OF INTELLECTUALLY HANDICAPPED CHILDREN
NZ Women's Studies J. - v1 no2 (April 1985) p7-20

A study based on interviews with mothers caring for intellectually handicapped children. Includes detailed comments by the mothers.

COOPER Marion

THOUGHTS ON COMMUNITY CARE
Paper presented to Conference on Women and Health, 14-18 Feb 1977, Wellington

If health services are to further extend into the community women will be playing an ever increasing role as providers of health care, thus relieving the health system of a tremendous burden. This paper discusses issues in community care.

HARCOURT Nona

DOMICILIARY CARE OF A TERMINAL PATIENT
Paper presented to Conference on Women and Health, 14-18 Feb 1977, Wellington

A personal account of the domiciliary care of a terminally ill patient illustrating many important aspects of community care. The main contention is that more families should have the opportunity to care for such patients at home. Overseas literature is reviewed in support of this.

HYSLOP John and POH Siew Suan

HOME HELP SERVICES IN NEW ZEALAND
Paper presented to Conference on Women and Health, 14-18 Feb 1977, Wellington

Reports on a survey which describes existing home help services in detail and makes recommendations for expanding and improving them.

MILLEN Julia

LOOKING AFTER MOTHER
Broadsheet 140 (June 1986) p27-29

The author examines some of the conflicts that arise for pakeha New Zealanders when the elderly need special care.

NOVITZ Rosemary

CARING: THE ADVICE OF THE 'EXPERTS' AND THE REALITY OF THE EXPERIENCE
NZ Women's Studies J. -v1 no2 (April 1985) p73-85

This review of a number of books recently published outside New Zealand highlights the tension between the advice of the 'experts', largely men, on how to care for others and the day-to-day reality of caring for others, chiefly done by women.
This paper presents the findings of an exploratory survey of the adequacy of community services throughout New Zealand. Community services are defined and include both preventive and remedial measures.

**THE EFFECT OF PERSONAL CHARACTERISTICS ON RESPONSE LEVELS IN A HEALTH SURVEY**

In a survey of everyday health in South Auckland, 207 mothers kept a diary of their families' health episodes and influences. Besides noting the problems of obtaining and maintaining respondent compliance, considerable variations were found in reporting levels between the main ethnic groups and between those willing to keep diaries for shorter or longer periods. The number of reports recorded varied on different days of the week and as time progressed. Variations were quantified and correction processes which may be applied to research findings in multi-cultural areas were suggested.
DISABLED WOMEN

DRAPER Margaret C

ACCIDENTS AND REHABILITATION: INTRODUCTORY PAPER ON REHABILITATION
Paper presented to Conference on Women and Health, 14-18 Feb 1977, Wellington

GRIMSDELL Susan

WOMEN WITH DEAFNESS SPEAK
Broadsheet 134 (November 1985) p10-14

The author presents the findings of her research and interviews with six women who have close experience of deafness.

JACK Avery

DISABLED WOMEN IN WELLINGTON
Paper presented to ANZSERCH/APHCA Annual Conference, 11-14 May 1981, Melbourne
Comm Health Studies. vVI no2 (1981) p194

Of 2024 physically disabled persons interviewed in a random sample survey of private households in Wellington, New Zealand in late 1978, 558 were women aged 15-64 years. Approximately 45% of them were handicapped by their disability to the extent that they were permanently dependent on walking aids, unable to carry out self care activities or unable to see or hear adequately even when using appropriate aids. The prevalence of disability for women in this age group was found to be 65.1 (±5.3) per 1000, the rate for handicap being 31.0 (±3.6).

The 266 handicapped women are described and it is shown that, in spite of their disabilities, they continue in the traditional female roles, taking major responsibilities for child care and household chores. Disabled women were much more likely than disabled men to be unemployed. Married women not in the workforce usually had no income and did not qualify for an income maintenance benefit. The paper outlines what disabled women considered were, for them, the worst features of disability.

JACK A, DOWLAND J and HYSLOP J

DISABLED WOMEN: A DOUBLE DISADVANTAGE?
Wellington: Dept of Health, 1982 (Occasional paper no 21)

The New Zealand research data presented in this paper were gathered in a random sample survey conducted in Wellington in 1978 in which over 2000 physically disabled persons were interviewed. This paper is about the 668 women who were identified as handicapped, unable to lead reasonably normal lives, when they were interviewed in the Wellington survey. Their circumstances and disadvantage are discussed. At times their situation is compared with that of handicapped men and with that of able-bodied women.

JACK Avery, DOWLAND Jan and HYSLOP JR

DISABLED WOMEN IN WELLINGTON
Comm Health Studies. vVI no2 (1982) p154-159

This paper is based on the results of a survey carried out in Wellington in 1978 to ascertain the prevalence of physical disability and the social service needs of disabled persons. The figures for women aged 15-64 years have been extracted and the rates and causes of disability among women in this age group examined. The paper then goes on to discuss the employment and financial circumstances of those women who were found to be considerably limited by their disability.

JAKIC Miranda & MADDEN Vicki

DISABLED WOMEN ON JOBS, SEX AND THE NON-DISABLED
Broadsheet 98 (April 1982) p28-29

Report on research involving the interviewing of disabled women in the Auckland area to evaluate the status of disabled women in New Zealand.
PHILLIPS Jane

WILLING BUT UNABLE
Broadsheet 91 (July/August 1981) p28-29

The author presents the fears and concerns of the disabled woman.

STRANSFIELD Pauline AR

REHABILITATION
Paper presented to Conference on Women and Health, 14-18 Feb 1977, Wellington

A discussion on the psychological problems for women with a permanent physical handicap and the rehabilitative measures that may be taken to assist in the adjustment of the individual and her family.
BIRD Christine

DEBENDOX: OR WHAT THEY DON'T KNOW WON'T HURT THEM: HOW DRUG COMPANIES AND 'SCIENTIFIC' REPORTS FOOL THE PUBLIC
Broadsheet 129 (May 1985) p26-32

Debendox came to the market four years before Thalidomide, sailing through the 1950s New Drug Application process in only 28 days. The drug, given to pregnant women for nausea, was in stock in New Zealand pharmacies in May 1985. There is much evidence to show gross abnormalities to foetuses of women who take Debendox during pregnancy. This article discusses the history of Debendox.

CHAPMAN BA, LAURENSON VG and COOK HB

HALOTHANE HEPATITIS: TOXICITY OR HYPERSENSITIVITY?

A 32 year old female developed a severe hepatitis one week after a halothane anaesthetic. Six months later a general anesthetic was administered via a halothane free circuit without incident. A year later a further non halothane anaesthetic was administered, this time utilising the routine circuit after briefly flushing the rubber tubing with oxygen. That evening she became febrile and the following day abnormal liver function tests were documented. She remained asymptomatic.

This case illustrates the severity of the halothane hepatitis and the extreme sensitivity of these patients to trace amounts of halothane.

HANSEN Gabrielle

DANCING WITH DANAZOL
Broadsheet 116 (Jan/Feb 1984) p30-32

Danazol is a drug used to treat endometriosis. The author writes about her experience of taking this drug and the effects of it on her life.

LEVESQUE Andree

PLAYING GOD WITH A STETHOSCOPE
Broadsheet 41 (July 1986) p25,29,33

Historical perspective on the perception of women presented in the New Zealand medical journal from 1887-1922.

MacDONALD KJ, LITTLE PJ and BAILEY RR

LITHIUM AND THE KIDNEY
NZ Med J. - v90 no646 (24 Oct 1979) p323-325

Three middle aged women treated with lithium carbonate for a manic-depressive illness have had complicating nephrogenic diabetes insipidus, renal tubular acidosis, acute reversible renal functional impairment in association with hypercalcaemia, or irreversible chronic renal damage. Renal toxicity developed in the presence of normal levels of lithium in the serum. The possibility of permanent renal damage as a result of long term lithium therapy is of major concern.

MACREADY ME, SOLOMON N and TOMPKINS SE

VISUAL ACUITY AMONGST THIRD FORM GIRLS
Auckland: Dept of Health, 1981 (Occasional paper, Auckland)

A paper which reports the findings of a field study in which the vision of 282 third form girls was tested. The distribution of unaided acuity results is compared with material from a United Kingdom cohort study and found to be very similar.

Of the group examined, 90% passed the test, wearing glasses if they had them. The 10% failing the test were investigated and many were found to be adequately supervised. Various patterns are presented. Some 6% of the total tested will benefit from the screen.
MEDDINGS John and GRENNAN David M

THE PREVALENCE OF SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) IN DUNEDIN
NZ Med J. - v91 no656 (26 March 1980) p205-206

The prevalence of SLE was determined in Dunedin, where there is a relatively stable population with ready access to hospital facilities. The overall prevalence of the disease was 1/6780 and its prevalence in women 1/4312.

MILLER Judith A, KATTNER Norman S and HERMON Yvette E

THE 1980 RUBELLA OUTBREAK IN NEW ZEALAND
NZ Med J. - v95 no709 (9 June 1982) p385-387

From late 1979 to 1981 there was an outbreak of rubella in New Zealand, most parts of the country being affected. The diagnostic virus laboratory at the National Health Institute, Wellington, examined approximately 15000 sera for rubella during this period. The total number diagnosed as positive for rubella was 186. The extent of the outbreak was seen when these numbers were compared with the rates of positive cases/numbers tested in the years from 1973. Of those diagnosed as having rubella infection, 63% were women of child-bearing age and approximately half of these (37%) were in various stages of pregnancy. Also an assessment of rubella immunity in New Zealand was made, comparing results of a survey carried out in 1976-77 with antibody levels obtained by the laboratory from sera tested in 1979 and 1980. In 1980 it was found that 12% of women in the child-bearing age group lacked adequate immunity, notwithstanding an actively pursued national rubella immunisation programme initiated in 1970.

PAUL Charlotte E and POOLE Elizabeth S

RUBELLA IMMUNISATION AND IMMUNITY IN A DEFINED POPULATION
NZ Med J. - v96 no736 (27 July 1983) p557-560

The level of rubella immunity was measured in the population of Milton. Rubella antibody was measured by haemagglutination-inhibition in women and men aged 16-34 years. Details were sought of past rubella infection, immunisation and records of immunisation. Overall 11.3% of the women were not immune by the laboratory criterion. All women younger than 25 years had detectable rubella antibody, though 13.8% had low antibody levels not regarded as immune according to current criterion.

These low antibody levels probably reflect the high prevalence of vaccine-induced immunity. Most of these women are likely to be immune and other methods of rubella screening are needed to identify the truly susceptible women. Women aged 32-34 years had the highest level of rubella susceptibility, 9% without any detectable rubella antibody. Although the Milton population may not be representative of the total New Zealand population, in this area there was an encouragingly low proportion of women who could be regarded as definitely susceptible to rubella.

REDDY J and BAILEY RR

PARAPROTEINAEMIA AND RENAL PAPILLARY NECROSIS IN THREE WOMEN: COINCIDENCE OR NOT?

Three women with acute-on-chronic renal failure and renal papillary necrosis were found to have a paraproteinaemia. One of the patients also had Bence Jones proteinuria. Although this may be a coincidental finding, it is suggested that the paraproteinaemia may be a sequel to analgesic nephropathy.

SCRAGG Robert, McMICHAEL Tony and SEAMARK Robert

ORAL CONTRACEPTIVES, PREGNANCY, AND ENDOGENOUS OESTROGEN IN GALLSTONE DISEASE: A CASE CONTROL STUDY
Paper presented to ANZSERCH APHA Annual Conference, 17-18 May 1984, Dunedin (Community Health Studies vVIII no3, 1984, p342)

Previous exposure to oral contraceptives and pregnancy, and levels of endogenous hormones, amongst women in a large case-control study of
gallstone disease were investigated. The study sample comprised 200 incident hospital cases, 182 individual matched community controls, and 234 hospital controls.

Oral contraceptive usage was associated with an increased risk of gallstones among young subjects, but a decreased risk among older subjects. The increasing gallstone risk associated with increasing parity was greatest among younger women. Mean 24 hour urinary excretion of estrone, but not of pregnanediol, was significantly \( p < .05 \) greater for post menopausal cases than controls.

The age dependency of the relative risk associated with oral contraceptives and pregnancy suggest that there are sub-populations of women susceptible to early gallstone formation after exposure to either of these two factors.

SOLOMON N, MacREADY ME and YOUNG SL

EAR DISEASE AMONGST THIRD FORM GIRLS
Auckland: Dept of Health, 1981 (Occasional paper)

A paper which reports the findings of a field study in which 282 third form girls were screened for ear disease.

Using very conservative criteria for failure at least two percent of pupils are shown to have chronic bilateral hearing impairment while at least a further six percent are shown to have chronic unilateral impairment. In all, 11% of the subjects failed serial pure tone tests.

Pupils were also screened for pathological ear conditions using pneumatic otoscopes. Two percent were found to have wet perforations (with or without hearing impairment) and a further two percent presented with otitis externa, acute otitis media, or dry perforations. Using failure of serial tympanometry as confirmation for diagnosis of serious otitis media, some three percent of pupils were shown to have this condition (with or without hearing impairment).

In summary, the most conservative criteria were employed to show that 13% of our third form groups of girls had ear disease. When the correlation between test failure and academic performance at school is analysed the overall relationship is shown to be strong.

SUDDENS Doreen

DIOXIN DANGERS SPOTLIGHTED
Broadsheet 130 (June 1985) p7

Since November 1984 Renate Kroesa has been campaigning against Ivan Watkins-Dow the last producer world-wide of the herbicide 245T. For many years 245T has been suspected of being responsible for many forms of cancer, miscarriages, and of birth deformities such as club feet and spina bifida. The author has talked to Renate Kroesa about her work.
GYNAECOLOGY

BROADMORE Juliet, CARR-GREGG Michael and HUTTON John D

VAGINAL EXAMINATIONS: WOMEN’S EXPERIENCES AND PREFERENCES
NZ Med J. - v99 n0794 (22 Jan 1986) p8-10

A 70 item questionnaire, completed by 199 women attending the Wellington family planning clinic, sought information on the experience of their previous vaginal examinations. A wide variety of experiences and preferences was found but in particular, women appreciated an explanation of the procedure, a warm speculum, and a relationship with the doctor that was sensitive to the woman’s feelings during the examination.

CALVERT Sarah

HYSTERECTOMY
Broadsheet 68 (April 1979)p28-30

Hysterectomy has being seen by the medical profession as a cure-all for any apparent malfunction of the female productive organs. Justification for the operation is discussed, as well as what the operation involves and the effect on women’s lives.

DUNCAN GR and PARRY GK

CRYOSURGICAL TREATMENT OF THE BENIGN CERVIX

Twelve months’ experience with cryocautery of the cervix at Wellington Hospital is reviewed. Cryocautery is confirmed as a safe, effective and complication-free technique for the treatment of cervical erosion and chronic cervicitis. There is also a place for this treatment in cervical epithelial dysplasia if colposcopy is practised.

HEGINBOTHAM D and RUTHERFORD AM

METRONIDAZOLE IN THE PROPHYLAXIS OF ANAEROBIC INFECTIONS IN GYNAECOLOGICAL SURGERY: A TRIAL
NZ Med J. - v89 no633 (11 Apr 1979) p246-248

Flagyl (metronidazole) was evaluated in the prophylaxis and treatment of patients undergoing gynaecological surgery. One hundred patients were studied: 50 of these patients received prophylactic metronidazole and 50 received matching placebos. Eight percent of metronidazole treated patients developed wound infections which was less than half the number of untreated patients (18%). No anaerobic infections were seen in Flagyl treated patients whereas four (8%) were seen in placebo patients.

HUTCHINS CJ

THE FUNCTIONING OF A SHORT-STAY EMERGENCY GYNAECOLOGICAL UNIT
NZ Med J. - v87 no611 (10 May 1978)p311-313

Admissions to a small constantly staffed emergency gynaecological unit over a two month period are reported. Of 408 patients seen, 230 were in hospital for less than 36 hours and of these 128 were not admitted to a hospital ward. Of a yearly total of 2000 emergency admissions about 1000 did not need admission to a hospital ward. Full staffing of such a unit for 24 hours a day would thus allow a considerable number of beds to be released for elective work.

JACKSON Peter

SEXUAL ADJUSTMENT TO HYSTERECTOMY AND THE BENEFITS OF A PAMPHLET FOR PATIENTS
NZ Med J. - v90 no649 (12 Dec 1979) p471-472

The purpose of this study was to evaluate the response, of vaginal hysterectomy patients, to a
pamphlet of accurate information on hysterectomies and to appraise the current status of sexual adjustment to hysterectomy.

JACKSON P, RIDLEY WJ and PATTERSON NS
SINGLE DOSE METRONIDAZOLE PROPHYLAXIS IN GYNAECOLOGICAL SURGERY
NZ Med J. - v89 no633 (11 Apr 1979) p243-245

A double blind study of 200 patients was undertaken to evaluate the prophylactic effect of 2g metronidazole rectal suppositories given prior to major gynaecological surgery. The patients receiving metronidazole were found to have a significant reduction in the quantity of postoperative pyrexia as assessed by the fever index. Metronidazole prophylaxis was associated with a dramatic reduction from 18% to 1% of major postoperative wound and pelvic infections. Four patients in the study developed proven Bacteroides infections, all of whom were in the placebo group.

KEANE John AN, MCKIMM Robert J and CHITHARANJAN M David
PERIHEPATITIS ASSOCIATED WITH PELVIC INFECTION: THE FITZ-HUGH-CURTIS SYNDROME
NZ Med J. - v95 no718 (27 Oct 1982) p725-728

Once regarded as rare, acute perihepatitis associated with pelvic inflammatory disease or Fitz-Hugh-Curtis syndrome is being diagnosed with increasing frequency.

At Waikato Hospital, Hamilton in recent months 16 cases of perihepatitis have been identified, of which 12 were confirmed by laparoscopy, one at laparotomy, and one by post mortem examination. The other two were diagnosed on clinical and laboratory criteria. Neisseria infection was demonstrated in one case only.

It is suggested that perihepatitis is not as rare as was hitherto believed and taught, and that the more widespread use of the laparoscope as a diagnostic tool would confirm this.

MOON Margaret H and GIBBS John M
THE CONTROL OF FEEDBACK IN PATIENTS UNDERGOING HYSTERECTOMY
NZ Med J. - v97 no764 (26 Sept 1984) p643-646

Electromyographic (EMG) measurements from the forehead and rectus abdominis areas were undertaken in a group of patients presenting for elective hysterectomy. The efficacy of EMG auditory feedback as a means of inducing relaxation so as to modify the dose of postoperative analgesia was examined and compared with the dose in subjects having EMG measurements without audiofeedback. Comparison was also made with a group of subjects who did not have EMG measurements. Subjects in those groups who were given relaxation instruction received less postoperative analgesia than subjects not receiving this treatment. A reduction in EMG activity was demonstrated with auditory feedback, but this did not relate directly to reduced analgesic administration after surgery.

MOORE Sally, BAILEY RR, MALING TMJ and LITTLE PJ
URINARY TRACT OBSTRUCTION AND RENAL FAILURE DUE TO UTERINE PROLAPSE

Three women are described in whom obstructive uropathy was found secondary to uterine prolapse. Two of these patients had severe renal failure. It is important to exclude this condition in any woman presenting with renal functional impairment. Potentially damaging urinary tract obstruction should be considered in every patient with a uterine prolapse.

MARTHA
CUT AND TUCK YOUR SEX LIFE, MA'AM?
Broadsheet (Dec 1986) p30-31

An older woman who went to her doctor about a prolapse describes her experience.

Bibliography of Women's Health Studies

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Six hundred and twenty-one hysterectomies were performed at National Women's Hospital, Auckland, during 1975. Abnormal vaginal bleeding was the clinical indication in 50.72% of the cases. Fibroids, pelvic mass, prolapse, stress incontinence and cervical neoplasia were the indication for 45.88% of the cases. Total hysterectomy was performed in 618 (99.5%) patients whilst sub-total hysterectomy was done in only three cases. Histopathological studies revealed that 557 (91.30%) of specimens were pathological and there was multiple pathology in 55.87% of the specimens. Leiomyomas were present in 278 cases (44.76%); microleiomyomatosis in 178.

In this article the author presents information about the treatment of hysterectomy patients at National Women's Hospital and the effects of the operation. She writes from her own experience and from research.

Two patients with postmenopausal bleeding due to metastatic hypernephroma are described.
HEALTH EDUCATION AND INFORMATION

ANON

SUBJECTS COVERED BY HEALTH FEATURES AND COLUMNS IN THE POPULAR WOMEN'S MAGAZINES 1974-1976
Paper presented to Conference on Women and Health, 14-18 Feb 1977, Wellington

This paper lists Woman's Weekly health features for 1974, 1975 and 1976; articles in Thursday magazine's regular column 'Psychologically Speaking' for 1975; and a summary of letters to Thursday magazine's Medical Forum 1975, February to May.

CALVERT Sarah

'KNOWLEDGE IS POWER': FREEDOM OF INFORMATION, ACCESS TO INFORMATION, INFORMED CONSENT AND ISSUES ON WOMEN'S HEALTH

In recent years the medical profession, and health services in general, have been the centre of widespread and consumer interest and activism. Considerable debate has focused on the issues of freedom of information, access to information, informed consent and patients rights. The women's health movement, as an independent interest group, has addressed these issues from the wider context of women's special problems in relating to health/medical services, professionals and technology. This paper looks at these issues from the women's health movement perspective.

DE LACEY Anne

REPORT ON HEALTH DEPARTMENT PAMPHLETS
Paper presented to Conference on Women and Health, 14-18 Feb 1977, Wellington

This paper presents an analysis of Health Department pamphlets for sexist language, illustrations and content.

GREEN Kathy

SELF-HEALTH CARE: TOPICS AND MEDIA FAVOURED BY NEW ZEALAND RESIDENTS
NZ J Health, Phys Ed and Recreation - v16 no3 p5-7.

Results of a questionnaire administered to two groups (a group of university students and a group of Wellington residents) on their self-care information needs and interests, and the form in which they would prefer to have this information presented.

McKEGG Robert

A CONTROLLED TRIAL FOR A DENTAL HEALTH EDUCATION SYSTEM
Comm Health Studies. - v8 no1 (1984) p54-61

The paper describes a dental health education programme designed to modify oral hygiene behaviour of a selected group of women in their first pregnancy. The study group was exposed to a lay educator with a programme which was directed at the behaviour, rather than the knowledge or feelings of each individual in the group. Results were estimated by using oral hygiene effectiveness scores. The study group showed a 38% reduction in mean scores after 12 months, significantly greater than the 18% reduction shown by the control group. This represents a considerably improved clinical picture. Main conclusions are that primigravidae are a worthwhile target group; that a carefully chosen lay health educator may be an effective teacher and a programme which provides intermittent feedback and support may establish better health habits.
RICHARDS JG

AN EXPERIMENT IN PUBLIC EDUCATION

The Cancer Society of New Zealand was interested in assessing the level of public knowledge acquired from a variety of sources of information concerning breast self-examination. An organisation, the National Research Bureau, was engaged to conduct a New Zealand-wide survey in March 1975 in order to provide baseline information and the study was repeated in March 1976. In August 1975, the Cancer Society held what was known as 'Cancer Week'. During this week, in particular, a large number of publicity measures were adopted in order to bring this screening procedure to the attention of New Zealand women. This study attempts to assess the effectiveness of the publicity methods used.

SPARROW Margaret

SEX INFORMATION AND ATTITUDES IN YOUNG PEOPLE
NZ Med J. - v88 no626 (27 Dec 1978) p483-486

A questionnaire survey was conducted in the Wellington area among 696 senior secondary school pupils. The first part of the questionnaire studied aspects of sexual knowledge and the sources of information. The general level of knowledge was good at an elementary level but less than adequate when more detailed knowledge was considered.
INFERTILITY

BEARD Michael EJ, CONDER Joanne L and CLARK Vivienne A

OVARIAN FAILURE FOLLOWING CYTOTOXIC THERAPY
NZ Med J. - v97 no767 (14 Nov 1984) p759-762

Evidence of ovarian failure was sought in 18 premenopausal women who were being treated with cytotoxic drugs for malignant disease. Ten had symptoms and signs of ovarian failure although only two had conveyed these problems to the study team. Ovarian failure was more frequently observed in patients over 25 and in those on continuous low doses of alkylating agents such as busulphan. Oestrogen/progesterone replacement therapy together with appropriate counselling was given to eight women and brought great benefit to them all. Provided there is no danger of activating the tumour, cytotoxic induced ovarian failure should be treated promptly with replacement therapy even if life expectation is short.

BONHAM Dennis

ADVANCES IN THE MANAGEMENT OF INFERTILITY
NZ Med J. - v97 no751 (14 March 1984) p146-147

Explains artificial insemination, in vitro fertilisation and embryo replacement and discusses the ethics involved in these procedures. The author then refers to the pilot in vitro fertilisation and embryo replacement programme being developed in Auckland.

BUNKLE Phillida

MANUFACTURING MOTHERHOOD
Broadsheet 118 (April 1984) p12-15,23

This article provides an analysis of some of the issues surrounding reproductive technology.

CALVERT Sarah

INFERTILITY: NOT A SUBJECT FOR DISCUSSION
Broadsheet 82 (Sept 1980) p30-33

Research on the causes, treatment and psychological reactions to infertility.

CONLEY Sandra

A WOMB OF ONE’S OWN
Broadsheet 131 (July/Aug 1985) p5-6

This article discusses male domination of the new reproductive technologies highlighting some of the issues for women.

DANIELS KR

THE PRACTICE OF ARTIFICIAL INSEMINATION OF DONOR SPERM IN NEW ZEALAND
NZ Med J. - v98 no776 (10 April 1985) p235-239

There appears to be growth in the demand for artificial insemination using donor sperm (AID) in New Zealand. In an attempt to discover the extent of AID practice in New Zealand and to initiate study of related issues, a postal survey of obstetricians and gynaecologists was undertaken. This paper reports the results of that survey. The discussion centres on the five general areas covered by the results: growth in demand; extent and nature of AID practice; psychological aspects of practice; donors and policy issues.

GRAHAM FM, BINKERD P, FRANCE JT and CLARK J

THE DEVELOPMENT OF A PROGRAMME FOR IN VITRO FERTILISATION IN NEW ZEALAND
NZ Med J. - v98 no775 (27 March 1985) p177-181

The first seven months experience of a programme for in vitro fertilisation at National Women's Hospital in Auckland is described.
Following a five month period of technique development, 36 women with tubal infertility were admitted to the programme from July 1983 to February 1984. A clinical pregnancy rate of 15% (6/41 laparoscopies) was achieved during this period.

MacLEAN AB, AICKIN DR, EVANS JJ and STEMMER Maryanne R

ARTIFICIAL INSEMINATION BY DONOR

The first documented human pregnancy from artificial insemination using donor sperm occurred in USA in 1884, one century ago. Since that time advances in semen freezing, technology and sperm cryosurvival have produced extensive use of artificial insemination in animal breeding, and increasing use in the management of human infertility.

An artificial insemination by donor programme was started in 1974 as part of the fertility service provided by the University Department of Obstetrics and Gynaecology, Christchurch Clinical School of Medicine, and has continued over the ten years to date.

This report reviews the programme between December 1980 and December 1983.

NATIONAL PERINATAL STATISTICS UNIT,
FERTILITY SOCIETY OF AUSTRALIA

IN VITRO FERTILIZATION PREGNANCIES:
AUSTRALIA AND NEW ZEALAND 1979-1984
Sydney: National Perinatal Statistics Unit, 1985

Statistical information compiled from a national register of pregnancies resulting from in-vitro fertilization in Australia and New Zealand.

NZ DEPARTMENT OF JUSTICE LAW REFORM DIVISION

NEW BIRTH TECHNOLOGIES: AN ISSUES PAPER ON AID, IVF, AND SURROGATE MOTHERHOOD
Wellington: Dept of Justice, 1985

This is an issues paper on artificial insemination (AID and AIH), in vitro fertilisation (IVF), and surrogate motherhood. Its object is to promote informed public debate on the issues raised by the new reproductive methods. The paper does not set out optional responses which the Government could make. Rather, it aims to encourage New Zealanders to consider what those options should be and to indicate to the Government the sort of response which the community believes is best for New Zealand.

Bibliography of Women's Health Studies
LIFE CYCLE CHANGES

AICKIN DR and DONALD RA

AMENORRHOEA
NZ Med J. - v96 no724 (26 Jan 1983) p48-49

The purpose of this brief article is to identify general principles for guidance of those who will only occasionally encounter amenorrhoea requiring positive action. Women with amenorrhoea can be divided broadly into three age groups: (1) Those under 20 years in whom primary amenorrhoea will often be present, but who are also particularly prone to irregular or infrequent vaginal bleeding. (2) Those between 20 and 35 years with secondary amenorrhoea which is often associated with infertility, or at least anxiety about capacity to be fertile. (3) Those over 35 years, who are more likely to be concerned about amenorrhoea in conjunction with contraception, and who may wish to know whether its presence guarantees non-conception.

BOLLI P and SIMPSON FO

CLONIDINE IN MENOPAUSAL FLUSHING: A DOUBLE-BLIND TRIAL
NZ Med J. - v82 no548 (24 Sept 1975) p196-197

Twelve hypertensive women were treated with low doses of the antihypertensive drug clonidine for their menopausal flushing in a double-blind trial. There was a high degree of placebo effect but clonidine at a daily dose of 150 µg was more effective than placebo.

BURNS Janice and MAIDABORN Viv with the HECATE WOMEN'S HEALTH COLLECTIVE and FRIENDS

PREMENSTRUAL EXPERIENCE
Wellington: AH and AW Reed Ltd, 1984

Documents New Zealand women's premenstrual experiences.

CALVERT Sarah

MENOPAUSE (PART 1)
Broadsheet 57 (March 1978) p36-38

Looks at facts and fallacies surrounding the menopause.

CALVERT Sarah

MENOPAUSE (PART 2)
Broadsheet 58 (April 1978) p36-39

Two major areas of controversy have arisen in medical and consumer literature about treatments for menopausal women - ERT Estrogen Therapy for older women and the increased use of hysterectomy as a surgical procedure. The author looks at these treatments for menopause and suggests alternatives.

CALVERT Sarah

MENSTRUATION (PART 1)
Broadsheet 59 (May 1978) p36-38

Examines the physical facts of menstruation and presents the research.

CALVERT Sarah

MENSTRUATION (PART 2)
Broadsheet 60 (June 1978) p36-39

Pulls together research information on emotional factors surrounding menstruation, and suggests ways to cope with cramps and other problems which may arise during periods.

CONEY Sandra

PULLING THE PLUG ON TAMpons
Broadsheet 85 (Dec 1980) p12-15

Research into the tampon industry in New Zealand and overseas.
This article examines pre-menstrual syndrome - the 'causes' and the 'cures' - and asks who gains from depicting women as victims of their own hormones.

Onset of menstruation was studied in 901 secondary school girls attending three Christchurch girls' schools with boarding establishments. The median age of menarche was 13.3 years with a standard error of 0.08. This is higher than that obtained in a 1969 New Zealand survey (13.0 years) and higher than that for American girls (12.8) but comparable to that in some British studies (13.3, 13.4 years). Boarders and day girls did not differ in age at menarche. Body form was weakly related to menarcheal age, with shorter and stouter girls tending to reach menarche earlier.

A personal series of 186 cases of outpatient Vabra curettage is presented. The procedure was found to be a convenient, quick and economical method for investigating menstrual disorders and did not usually cause the patient discomfort.

This research examines research methodologies for premenstrual syndrome. Thirty women who reported symptoms of premenstrual syndrome completed three interviews and recorded daily mood and symptom data over a number of menstrual cycles.

It has been suggested that cigarette smoking may contribute to the pathogenesis of osteoporosis. A retrospective study of data obtained in a health survey was conducted to study the effects of smoking on the age of onset of menopause and parameters of bone loss and bone turnover in a population of women living in a rural town in New Zealand. Smokers underwent menopause earlier than non-smokers. However, smoking did not affect bone loss or bone turnover after the menopause. Thus if smoking increases the propensity to osteoporosis, the effect is more likely to be related to early onset of menopause than to increased intensity of postmenopausal bone loss.

This research examines research methodologies for premenstrual syndrome. Thirty women who reported symptoms of premenstrual syndrome completed three interviews and recorded daily mood and symptom data over a number of menstrual cycles.
Volunteer female psychology undergraduates (n=44) and nursing students (n=49) were asked to state the stage of their menstrual cycle immediately after completion of the Group Embedded Figures Test of perceptual disembedding. Psychology students tested during the equivalent of days 11-17 of an average 28-day cycle made more errors than those tested near the beginning or end. This relation did not hold for student nurses, whether on oral contraceptives or not. Results appear unexplained by estrogen-induced impairments of inhibition-based perceptual disembedding ability. Beliefs about menstrual-cycle effects may have increased motivation from a perceived disadvantage during menstrual and premenstrual phases and led to better performance of psychology students in these phases.

INKSTER HC

MENSTRUAL CYCLE AND TASK PERFORMANCE
University of Canterbury, 1994, MA Thesis Psychology

Twenty-five female volunteers were tested over three menstrual cycles to determine the effect of menstrual-cycle-related changes in oestrogen and progesterone on performance on various cognitive tests. As well, some women were given information about menstrual-cycle effects prior to second cycle testing in order to assess whether increased motivation arising from a perceived disadvantage at various stages resulted in better performance in these phases.

LEA Susan, MERCER WH and ELLIS-PEGLER RB

A YOUNG WOMAN WITH TOXIC-SHOCK SYNDROME IN AUCKLAND
NZ Med J. - v93 no678 (25 Feb 1981) p112-113

There has been widespread medical and lay publicity in the USA about the recently recognised toxic-shock syndrome in young women. We describe here a New Zealand woman who had two episodes of this syndrome while using tampons during menstruation.

LIGHTMAN SL and LINSELL C

CHRONOBIOLOGY OF POST-MENOPAUSAL FLUSHING

It has previously been shown that climacteric flushes and the secretion of a pulse of luteinising hormone (LH) are chronologically related, although the LH pulse is not necessary for the development of the flush (Lightman, 1981). This suggests that there is some common hypothalamic mechanism for these two events and that there might be some biological rhythm underlying them. Episodes of daytime flushing were recorded by three women over a period of one month.

It was concluded that flushes do not occur at random intervals, and although no model was found to adequately describe their time distribution some suppression does occur at intervals immediately after the flush.

MacKENZIE Raewyn

MENOPAUSE
Wellington: AH & AW Reed Ltd, 1984

Draws on the experiences of 300 women - their menopausal symptoms and the effects on their lives.

METCHALF Mary G

INCIDENCE OF OVULATION FROM THE MENARCHE TO THE MENOPAUSE:
OBSERVATIONS OF 622 NEW ZEALAND WOMEN

Urine samples were collected once weekly for two to four months from 622 normal women. Menstrual cycles were considered to be ovulatory if the 24 h pregnanediol output in the 12 days preceding menstruation was \( \geq 5 \mu\text{mol} \) on one occasion, or if the total excreted on two occasions, one week apart, was \( \geq 7 \mu\text{mol} \).

The incidence of ovulatory cycles increased from 48% in girls aged 10-14 yr to 72% by 20-24 yr, reached a plateau of 98% in women aged 30-39 yr, then declined with the approach of the menopause to 66% in women over the age of 50 yr. In women who
were 5-8 yr from the menarche, departure from the parental home was associated with a decline in ovulatory incidence (84% for women living with parents, cf 46% for women living in flats and hostels). A similar decline was noted in women over the age of 40 yr who had experienced a break in a previously regular pattern of menstrual cycles (98% for women with regular cyclicity, cf 58% for women with variable cyclicity). Hormone patterns consistent with the occurrence of ovulation were seen at all stages from 120 days after the menarche to seven days before the menopause.

METCALF Mary G and DONALD RA

FLUCTUATING OVARIAN FUNCTION IN A PERIMENOPAUSAL WOMAN
NZ Med J. - v89 no628 (24 Jan 1979) p45-47

Plasma follicle stimulating hormone (FSH) and luteinising hormone (LH) concentrations, and pregnanediol and oestrogen excretion rates, were measured in a perimenopausal woman from the first appearance of oligomenorrhoea until the onset of severe and persistent hot flushes two years later. Postmenopausal episodes characterised by hot flushes, amenorrhoea, high FSH levels (≥ 5IU/L) and low urinary oestrogens (≤ 50 nmol/24hr), were followed by menstrual cycles in which the FSH levels were low (< 5IU/L) and there was an ovulatory pattern of oestrogen and pregnanediol excretion. An unusual association of high urinary oestrogens (≥ 50 nmol/24hr) with high gonadotrophin levels was observed on several occasions. The transient postmenopausal episodes were biochemically and symptomatically indistinguishable from the permanent amenorrhoea of postmenopausal women.

METCALF MG, DONALD RA and LIVESEY JH

CLASSIFICATION OF MENSTRUAL CYCLES IN PRE- AND PERIMENOPAUSAL WOMEN
J Endocrinology. - v91 no1 (Oct 1981) p1-10

A longitudinal study of the menstrual patterns of 30 perimenopausal women. This perimenopausal group comprised women aged 36-55 years 'who had experienced a sudden break in menstrual cyclicity after many years of regular cycles.'

NELSON Sarah B

THE PERI-MENOPAUSE: PSYCHOSOCIAL ASPECTS
NZ Fam Phys. - v10 no1 (Summer 1983) p16-19

Paper presented to RNZCGP Annual Conference 'Women and Medicine', Hamilton, May 1982

This paper explores the psychosocial aspects of menopause. The author defines the menopausal woman as above all, an individual. Possible causes of depression, the most common menopausal symptoms, are explored. Other repercussions of menopause are discussed. What women need is doctors' perceptiveness to their individual needs.

OWERS Karyn Gail

MENSTRUAL DISTRESS, ATTITUDE AND DELINQUENCY
University of Canterbury, 1976, MA Thesis Psychology

The relationship between delinquency, attitude and the reporting of menstrual distress symptoms was examined. Twenty-seven delinquent and thirteen non-delinquent girls completed three questionnaires: the Moos Menstrual Distress Questionnaire was filled out during the intermenstrum and then again during the paramenstrum, as well as a measure of attitude towards menstruation.

RUTHERFORD AM

THE MENOPAUSE
NZ Med J. - v87 no609 (12 April 1978) p251-253

The following symptoms which can occur with menopause are discussed: disturbances in menstrual habit, menorrhagia, hot flushes, palpitations, changes in the genital tract leading to atrophic vaginitis and micturition, emotional distress and depression.
SCOBIE BA

STAPHYLOCOCCAL TOXIC SHOCK: TWO FULMINANT CASES WITH RECOVERY
NZ Med J. -v95 no 703 (10 March 1982) p145-147

Two young women with toxic shock syndrome are reported and compared with the three previous New Zealand cases. Both presented with fulminant diarrhoea, confusion, collapse and an erythematous desquamating rash. One, complicated by disseminated intravascular coagulation, rhabdomyolysis, myoglobinuria and renal failure, recovered following peritoneal dialysis. At the onset of their illnesses both were menstruating and using tampons. Light growths of Staphylococcus aureus were cultured from the vagina in one case and the faeces in the other. Successful treatment depended on a vigorous intensive care regime.

van BASTEN BATENBURG MGT

ALCOHOL AND THE MENSTRUAL CYCLE
University of Canterbury, 1984, MA Thesis Psychology

This study explored possible antecedents in women who were moderate drinkers, and who had one or more premenstrual symptoms but were menstruating normally. The supposition that women drink more alcohol during premenstruation in order to self medicate premenstrual distress was investigated. A single subject longitudinal design was employed.
MAORI WOMEN

AWATERE Donna

FROM THE EARLIEST DAYS THE MAORI PEOPLE HAVE EASED THE PAIN OF ACCULTURATION WITH ALCOHOL
Broadsheet 88 (April 1981) p17

The author examines the reasons for Maori women's heavy drinking and looks at the problems this causes.

AWATERE Donna

MAORI WOMEN'S HEALTH ISSUES
From a Report on the Women's Health Network National Conference.
National Women's Health Conference (17-19 September 1982), Auckland
New Zealand Women's Health Network, P O Box 2312, Tauranga

EVANS Ripeka

TAURANGA MOANA MAUAO TE MAUNGA, NGATI RANGANUI, NGAI TE RANGI
Broadsheet 120 (June 1984) p20-23

The second national Hui Wahine was held at Tahuwhakatiki marae in Tauranga Moana from 5-8 April 1984. More than 400 Maori from throughout Aotearoa gathered to focus on spiritual, mental and physical health, women and taha Maori. In this article the author spoke to te ropu Tautoko Wahine and their whanau, tangata whenua of the hui.

MURCHIE Elizabeth

RAPUORA: HEALTH AND MAORI WOMEN
Wellington: The Maori Women's Welfare League, 1984

This report is an analysis of the data gathered by the Maori Women's Welfare League in a household survey on the health perceptions of the Maori women. . . . Because of its methodology the study relates to a specific population in a well-defined area. It cannot be regarded as a definitive statement on the health perceptions of all New Zealand Maori women. Nevertheless it can indicate health responses that may be expected from women who share historical, social, economic, political and environmental conditions similar to the survey women. The report then is a general statement of health experiences of a large group of Maori women . . .

WHITESIDE Lyn

MAORI WOMEN AND BIRTH
Broadsheet 99 (May 1982) p37

Examines the use by Maori women of maternity services and concludes that if health workers want Maori women to use their maternity services then Maori women should be involved in the decision making at all levels.
MENTAL HEALTH

ABBOT Max and DOBSON John

POSTNATAL DEPRESSION RESOURCE MATERIAL
Auckland: Mental Health Foundation, 1982

This resource pamphlet pulls together information and research on postnatal depression, including research findings, case studies, book reviews and facts and figures.

ANON

FACES ARE MADE TO BE FIXED INTO SMILES: WOMEN, PSYCHIATRY AND SHOCK TREATMENT
Broadsheet 58 (April 1978) p22-26,30

A feminist analysis of the use of shock treatment by psychiatrists on women.

BURNS Janice

THE TREATMENT OF WOMEN BY THE PSYCHIATRIC SERVICES: A FEMINIST PERSPECTIVE
Paper presented to Conference on Women and Health, 14-18 Feb 1977, Wellington

A discussion about what makes a woman 'mad' or why do they 'go mad', the help they get and what they can do about it.

CALVERT Sarah

POSTPARTUM DEPRESSION
Broadsheet 70 (June 1979) p28-30

Examines possible reasons for postpartum depression and suggests some ways in which it can be averted.

CALVERT Sarah

PSYCHOLOGY AND OPPRESSION: BITCH, SISTERS, BITCH
Broadsheet 74 (Dec 1979) p10-13

Examines the relationship between psychology and the oppression of women.

CALVERT Sarah

WOMEN AND MENTAL HEALTH IN NEW ZEALAND: AN OVERVIEW OF THE FINDINGS

A report on the findings of a study of the relationship between women and women's role and mental illness. The study was an attempt to delineate in the New Zealand situation how women's roles (particularly marriage and motherhood) affect their mental health.

The study includes a statistical profile of mental patients in New Zealand, and a comparison of the differences between males and females in the statistics. An extensive series of interviews is also reported on.

CALVERT Sarah

WOMEN AND MENTAL HEALTH IN NEW ZEALAND
University of Waikato, 1981, D Phil Thesis
Psychology

This thesis investigates the relationship between social factors and mental illness in New Zealand. It includes: an extensive literature review; extensive statistical information about mental illness in New Zealand; information about the lives, roles and areas of difference between two groups of women, one from Tokanui Hospital and one from the community;
and a survey ascertaining the attitudes of professionals working both in psychiatric institutions and the community. It concludes that women's role in society is a major cause of the high incidence of mental illness among women.

CALVERT Sarah

WOMEN'S MENTAL HEALTH/ILLNESS: CYCLES OF CHANGE AND ADJUSTMENT
*Health Review.* - v5 no2 (Autumn 1985) p17-19

The paper sets out to look at the perspective of women, as it relates to issues of mental health and illness. It starts by addressing the issue of male and female psychology and behaviour - perspectives of who we are and why we are. Secondly, it looks at the social fabric especially as it applies to women: those aspects of everyday life that alter our perceptions of ourselves. Finally, the clinical area, its theories, treatments and problems is discussed.

CLARKSON Sarah E

URBAN RURAL WOMEN'S MENTAL HEALTH
Paper presented to ANZSERCH APHA Annual Conference, 17-18 May 1984, Dunedin

Preliminary discussion with Otago rural women suggest that they are concerned about their mental health. Many believe that rural women have high rates of anxiety, depression, drug and alcohol dependence and marital discord, and that these problems are compounded by rural difficulty in getting treatment.

A research proposal which aims to compare the mental health of urban and rural women is outlined. Included is a description of the typical social networks in each area to see what truth exists in the prevailing myth of rural relationships as cohesive, supportive and stable.

CLARKSON Sarah E, MULLIN Bernadette, SHARPLES Katrina

THE MENTAL HEALTH OF MOTHERS OF PRESCHOOL CHILDREN: SOME PRELIMINARY DATA
*NZ Med J.* - v99 no797 (12 March 1986) p152-153

Psychiatric symptomatology was assessed in a group of mothers of preschool children. One-fifth described a number of symptoms suggestive of a psychiatric diagnosis. The findings are discussed.

HAINES Hilary

THE PECULIARITIES OF THEIR SEX: AN ANALYSIS OF THE CAUSES OF INSANITY AMONG NEW ZEALAND WOMEN FROM 1878 to 1902
Auckland: Women's Studies Association, 1982 p175-190

This paper is a preliminary outline of an historical investigation into the medical profession's changing images of women and madness in nineteenth century New Zealand. Statistics on the 'Causes of Insanity' from 1878 to 1902 have been examined, and their implications are discussed in the light of psychiatric ideas of the day. New Zealand's mad-doctors apparently held to the view that women's reproductive capacities made her particularly prone to insanity. It must not be imagined, however, that the nineteenth century psychiatric fraternity adopted a wholly medical model of insanity. Before the rise of Social Darwinist ideas, which resulted in an hereditarian approach, the 'moral managers' of the nineteenth century were sensitive to environmental influences.

An examination of 'Causes of Insanity' attributed to environmental pressures reveals marked sex differences; whether these differences resulted from stereotyped perceptions or whether they reflected the realities of life in nineteenth century New Zealand is an arguable point. In conclusion, further directions in research of this nature are discussed.
HAINES Hilary

WOMEN, MENTAL HEALTH AND SOCIAL ROLES
Address to Zonta's seminar, Whangarei, 13 March 1982

This paper briefly explores some of the ways in which being a woman in our society can produce stresses and strains which are detrimental to psychological well-being.

HAINES Hilary

WOMEN AND MENTAL HEALTH IN NEW ZEALAND: FACTS AND FIGURES
Auckland: Women's Studies Association, 1984. p83-100

The purpose of this paper is to bring together the available research findings on women's mental health in New Zealand, so as to provide an overall perspective on the subject, and so that we can identify pressure points in New Zealand women's lives. It also compares New Zealand findings with overseas research in this area.

HAINES Hilary

WOMEN AND PSYCHOLOGY
Lecture given in the 'Perspectives on Women Today' series, Continuing Education, University of Auckland, June 1986

This paper looks at how the discipline of psychology, the science of mind and behaviour, has viewed women. Firstly, it discusses images of women in traditional psychological research and theory and then more speculatively explores some new directions in feminist psychologies of women.

HALL Anne

WOMEN AND MENTAL HEALTH: AN OVERVIEW
Paper presented to Conference on Women and Health, 14-18 Feb 1977, Wellington

In discussing women and mental health the author begins by examining psychiatric services. Secondly she examines mental health statistics and refutes the widely held view that women are more mentally unhealthy than men. Finally she looks to see if there is something in the role of women in our society that makes full mental health difficult.

MOIR Gillian

BENEFITS AND PROBLEMS OF COMMUNITY BASED RESEARCH
Paper presented to ANZSERCH APHA Annual Conference, 17-18 May 1984, Dunedin
Comm Health Studies. - vWIII no3 (1984) p341

Based on a research design of Dr Sarah Calvert, the community based and community actioned Women's Mental Health Project (Inc) attempted to ascertain the incidence and possible causes of mental illness among women, using as subjects women in two contrasting communities.

Some of the values, benefits and problems related to such community based research projects are outlined.

RITCHIE Jane

SEX ROLE DIFFERENTIATION, SELF ESTEEM AND PSYCHOLOGICAL WELL-BEING
Hamilton: University of Waikato, 1980 (Psychology Research Series No8)

This paper describes the process of developing items for a New Zealand sex role inventory and the results of its administration to two samples of Psychology students.
THOMPSON J

MARRIAGE FOR WOMEN: NOT A HEALTHY BUSINESS
Paper presented to Conference on Women and Health, 14-18 Feb 1977, Wellington

An examination of depression in married women.

THOMPSON Julie

AND YOU CAN'T EVEN DREAM OF LEAVING
Broadsheet 50 (June 1977) p16-19, 22

Case study and analysis of women’s powerlessness in society examining why women find marriage a worse deal than men do, frequently to the point of depression and treatment for it.

THOMPSON Julie

I PUT EVERYONE BEFORE ME
Broadsheet 52 (Sept 1977) p28-31

Case study and analysis of the use of drugs to treat sick women who are housewives and mothers. It examines the fact that marriage itself is often the cause of women’s mental illnesses.

WOMEN’S MENTAL HEALTH PROJECT INC
(TAURANGA AND MATAMATA)

REPORT OF THE WOMEN’S MENTAL HEALTH PROJECT
Tauranga: Women’s Mental Health Project Inc, 1985

A community based study which aimed to assess the causes and incidence of distress in women, identify the extent of existing community services and plan and develop community based self-help programmes for women.

WOOD Rosemary

WOMEN AND DEPRESSION
NZ Fam Phys. - v5 no1 (March 1978) p35-40

An essay written by a woman medical student following her experiences in a general practice as a 6th year medical student. A subjective and expressionistic account not intended to be an exhaustive statistical or factual survey, with suggestions as to the social causes of depression in women (especially married women with children living in suburbs) and concrete suggestions as to how to cope with this situation in the surgery.
MOTHERHOOD AND PARENTING
(includes BREAST FEEDING)

AUCKETT Gay

BREAST FEEDING AND LA LECHE LEAGUE IN HAMILTON
in Psychology of Women: Research Record III, ed by Jane Ritchie.
Hamilton: University of Waikato, 1980
(Psychology Research Series No 12) p3-19

A study of breastfeeding practices. Examines the differences between 20 first time mothers in Hamilton who had attended La Leche meetings, and 20 who had not.

BONITA Ruth

HEALTHY MOTHERHOOD OR WISHFUL THINKING?
Broadsheet 106 (Jan/Feb 1983) p8

Examines the findings of a study, recently published in the New Zealand Medical Journal, of the mental health of 150 Auckland mothers.

BRIESEMAN Melvin A

KNOWLEDGE AND PRACTICE OF NEW ZEALAND MOTHERS IN THE TREATMENT OF INFANTILE DIARRHOEA

One hundred and ninety-four mothers in the Christchurch area were questioned concerned their knowledge and treatment of diarrhoea in infants. Results showed that although traditional ideas have changed and there is some awareness of the need to use fluid replacement, there is a lack of appreciation of the importance of solutes in oral rehydration, suggesting that New Zealand is as much in need of health education as developing countries in this particular facet, as well as in other related matters.

BRIGGS JA and ALLAN BC

MATERNAL AND INFANT CARE IN WELLINGTON IN 1978: A HEALTH CARE CONSUMER STUDY IN REPLICATION
Wellington: Management Services Research and Development Unit: Dept of Health 1983. (Special report series no 64)

Developments leading to the replication in 1978 of a health care consumers study carried out in 1972, are described. Mothers living in Wellington, Tawa and Porirua in 1972 had been shown to differ on certain demographic and social characteristics according to five residential areas of different socio-economic status. Comparisons are made among mothers by residential area in 1978, and changes noted between surveys in use of and attitudes to antenatal and maternity hospital care, postnatal medical care and infant nursing supervision. Changes over time are also described in circumcision of male infants, breastfeeding, immunisation, curative use of primary medical care and hospital care. The wider issues of service utilisation by and delivery to certain disadvantaged groups are touched upon.

BRIGGS JA and SALMOND GC

MATERNAL AND INFANT CARE IN WELLINGTON REPLICATED: 1972 and 1978
Paper presented to ANZSERCH APHA Annual Conference, 1981, Auckland

A health care consumer study carried out in 1972 was replicated in 1978. Some of the results are compared and discussed. Changes in the use of and attitudes towards maternal and infant health services over time and between residential areas are discussed in the light of demographic and socio-economic change. The improvement in infant nursing services between 1972 and 1978 to mothers in one low socio-economic status area is examined in detail.
BROWNLIE BEW and HEDLEY JM

UNILATERAL BREAST-FEEDING: A NEW CLUE TO THE DIAGNOSIS OF THYROTOXICOSIS
NZ Med J. - v88 no624 (22 Nov 1978) p404-405

Two thyrotoxic women who had breast-fed exclusively at the right breast are reported. This phenomenon may prove to be a useful clue to undiagnosed thyrotoxicosis in the postpartum period.

CHUNG Kie Liang

FACTORS AFFECTING UNMARRIED MOTHER'S STATUS DECISION
Victoria University of Wellington, 1975, MA Thesis Social Work

This thesis studies three factors that affected the decisions of 20 unmarried mothers about their babies - personal/familial background, circumstances surrounding conception and relationship with the putative father.

CLARIDGE RH and HENSHAW HR

SOLO MOTHERS AFTER DELIVERY AT CHRISTCHURCH
NZ Med J. - v82 no545 (13 Aug 1975) p82-83

A questionnaire was sent to 130 single mothers who kept their infants after delivery. The questionnaire was designed to find out the needs, if any, of solo mothers. The Social Welfare Services were not fully utilised.

CLARKSON John E, BROWN Juliet A, FRASER Glenda D, HERBISON G Peter, GEDDIS David C

EVALUATION OF DUNEDIN PLUNKET FAMILY UNITS
NZ Med J. - v98 no787 (25 Sept 1985) p807-810

The 249 new cases who presented to Dunedin's two family units during an eight month period in 1983 are described. Data including demographic details, the nature of the presenting problems, the types and frequency of interventions used, and the outcome as perceived by unit staff, referring agency and the child's mother, were collected.

Commonly the presenting problem was but one of several identified by unit staff. The number and duration of family unit contacts did not differ greatly for different types of presenting problems. Outcome ratings by the involved health care workers agreed closely with those who made the referral (usually Plunket nurses) and suggested a definite improvement in the majority of cases. There was a high level of consumer satisfaction.

CLARKSON Sarah A, MULLIN Bernadette and SHARPLES Katrina

THE MENTAL HEALTH OF MOTHERS OF PRESCHOOL CHILDREN: SOME PRELIMINARY DATA
NZ Med J. - v98 no791 (27 Nov 1985) p1007-1008

Psychiatric symptomatology was assessed in a group of mothers of preschool children. One fifth described a number of symptoms suggestive of a psychiatric diagnosis. The findings are discussed with reference to previous work.

CROTHERS Barbara


This paper gives some preliminary analysis of parts of a study of 265 Wellington mothers, interviewed by the Society for Research on Women, in late 1977. These women were interviewed six weeks before delivery, and again six weeks after. Their babies were all born at Wellington Hospital or St Helens.

The focus of the study was on the experience in hospital, but for this paper looks at only one area in detail, breast feeding, with some comments at the end on attitudes to home delivery or early release, shared or private rooms, and circumcision.

Bibliography of Women's Health Studies
DAWSON KP, RICHARDSON Elizabeth, CARPENTER Jacqueline and BLAIR Quana

KEEPING AHEAD OF THE TIMES: THE TAURANGA INFANT FEEDING SURVEY
NZ Med J. - v89 n0629 (14 Feb 1979) p75-78

An infant feeding survey revealed that 77% of 187 mothers, whose babies were born over a three month period in the Tauranga maternity annex, were breast feeding on discharge. Fifty-seven percent of the total breast fed for at least three months. The feeding pattern did not vary with ethnic group nor with previous breast feeding experience. Short-term breast feeders were younger and had fewer children than either bottle feeders or long-term breast feeders. Bottle feeding tended to occur with extremes of maternal age. Breast feeders sought more advice during pregnancy and confinement. Overall, the most common reason for changing to bottle feeding was 'insufficient lactation', although this reason rarely stood alone. Many mothers experienced difficulties with artificial feeds and made at least one milk change, nearly half receiving no advice. Solid food was most commonly introduced at three months.

DODGE Jeffrey and SILVA Phil A

A STUDY OF MOTHERS' HEALTH

The physical and mental health of the mothers of 991 children being examined in phase five of the Dunedin Multidisciplinary Child Development Study was assessed through two questionnaires which were designed to show changes in health status rather than to indicate defined disease. Less than one in five of the mothers gave no positive responses to the questionnaire on physical health and less than two in five gave no positive responses to the questionnaire on psychological health. The general level of health was lower than anticipated. Younger mothers showed more positive responses overall than older mothers and more frequent positive responses correlated significantly with family size and the presence of younger children in the family. It is considered that pressure of child rearing, especially in the larger families and in families with pre-school aged children, contribute to this lower health status.

DOMINICK Clare

EARLY CONTACT IN ADOPTION
Department of Social Welfare Research Section
Work in Progress

An interview survey of 65 birth mothers and 156 adoptive parents in order to determine the extent and effect of contact between the birth mother and adoptive parents.

FERGUSSON DM, HORWOOD LJ, SHANNON FT

ATTITUDES OF MOTHERS OF FIVE-YEAR-OLD CHILDREN TO COMPULSORY CHILD HEALTH PROVISIONS

The attitudes of a sample of 1123 mothers of five-year-old children participating in the Christchurch Child Development Study, to a series of issues relating to the compulsory protection of children were studied. The issues examined were: the introduction of car seat restraint legislation, compulsory fencing of domestic swimming pools, the desirability of linking child health care provisions to family benefit payments and the desirability of water fluoridation.

Contrary to common assumptions, this sample showed strong support for the introduction of compulsory methods for protecting child health: approximately 90% of respondents favoured car restraint and pool fencing provisions, two-thirds were in favour of linking family benefit payments to routine child health care provisions but less than half were in favour of water fluoridation.

FERGUSSON DM, HORWOOD LJ, SHANNON FT

THE RELATIONSHIP OF FAMILY LIFE EVENTS, MATERNAL DEPRESSION AND CHILD REARING PROBLEMS
Paediatrics: - v73 no6 (June 1984) p773-776

The relationship between maternal reports of child-rearing problems, family life events, and
maternal depressive symptoms was studied in a birth cohort of children in New Zealand. Rates of child-rearing problems showed a steady increase with both increasing levels of family life events and maternal depressive symptoms. Log-linear modelling of the results suggested that the apparent correlation between family life events and reports of child-rearing problems was mediated by the effects of maternal depression so that women subject to large numbers of adverse life events suffered increased rates of depression and in turn reported higher rates of problem behaviour in their children. There was no significant correlation between family life events and reports of child-rearing problems when the effects of maternal depressive symptoms were taken into account.

FERGUSSON DM and SHANNON FT

MATERNAL SATISFACTION WITH PRIMARY HEALTH CARE

Maternal reactions to child health care services were examined for 1143 Christchurch children during the period birth to three years. The majority of mothers were well satisfied with the service provided by their family doctor. Over half the mothers who reported problems with their family doctor did so because of perceived inadequacies in the doctor's management and treatment. Dissatisfaction with the doctor did not vary with maternal social background. Mothers were less satisfied with the Plunket nurse, with 25% feeling neutral or dissatisfied. Major areas of conflict between mothers and Plunket nurses concerned feeding regimes and weight gains. Dissatisfaction with the Plunket nurse was most common amongst young mothers and single mothers. While 24% of mothers would have liked some reduction in medical consultation fees for children, by a small majority mothers were opposed to, or neutral about, free medical consultations for children. A large majority of mothers favoured some form of compulsory system of routine child health care.

FLIGHT RJ and ADAM D

BREAST FEEDING PATTERNS IN WEST AUCKLAND
Auckland: Takapuna Health District, Dept of Health, 1986

An examination of present levels of breastfeeding in the rapidly developing western suburbs of Auckland based on data collected from Plunket and Public Health Nurses.

FROST BRM

LACTATIONAL MASTITIS - A SIMPLE CASE?
NZ Fam Phys. - v7 no1 (March 1980) p55

A case of post-partum sub-clinical bilateral breast infection in a primigravida is described. A tentative diagnosis is suggested by laboratory investigations.

GEDDIS DC

DAY CARE, WORKING MOTHERS AND THE PRE-SCHOOL CHILD
NZ Med J. - v92 no667 (10 Sept 1980) p201-204

GEDDIS DC, MONAGHAN SM, MUIR RC and JONES CJ

EARLY PREDICTION IN THE MATERNITY HOSPITAL - THE QUEEN MARY CHILD CARE UNIT
Child Abuse and Neglect. - v3 (1979) p757-766

For the past four years the Child Care Unit of Queen Mary Maternity Hospital in Dunedin has been evaluating mothers during the ante-natal period in an attempt to predict those who might subsequently exhibit severe parenting difficulties. The paper concludes with some observations on the sample of 200 including their experience of the education system, the effect of admission of the baby to the neonatal intensive care unit on the parents' performance and the parents' proposed methods of child rearing.
GEDDIS DC and SILVA PA

THE PLUNKET SOCIETY: A CONSUMER SURVEY
NZ Med J. - v90 no650 (26 Dec 1979) p507-509

This paper reports the findings of a questionnaire completed by 982 mothers whose children are members of the Dunedin Multidisciplinary Child Development Study. The questionnaire was designed to explore various aspects of the service offered by the Plunket Society. All but two percent of the families utilised the Plunket service to some degree, the majority (69%) until their child was four years old. The specific areas of greatest assistance are described and the areas in which mothers would have liked additional help outlined. Such findings have implications for the training of the professional staff and for the future development of the service and these points are discussed.

GUNN Tania R

THE INCIDENCE OF BREAST FEEDING AND REASONS FOR WEANING
NZ Med J. - v97 no757 (13 June 1984) p360-363

All 186 mothers delivered in a one month period at St Helens Hospital, Auckland, were interviewed on admission to hospital regarding their attitude to breast feeding and were followed until the infant was weaned or six months of age. One hundred and fifty-two (82%) of mothers were breast feeding on discharge, 34 (18%) were artificially feeding and only three of these had planned to breast feed before delivery. Racial characteristics were important, with only 7.5% Pacific Island mothers leaving hospital bottle feeding compared to 20% European and 29% of the Maori mothers. Only 23% of the mothers were still breast feeding at six months of age. The mean age of weaning was 15±9 weeks and the major reasons for weaning was that of an inadequate milk supply.

Despite the high proportion of mothers breast feeding on discharge from hospital, the rapid fall off in breast feeding following discharge highlights the need for improved education of the mothers.

HAINES Hilary, GAVEY Nicola, FRANCES Sharron, SMITH Stephanie, HENRY Jill Eden and ADAMS Marin

WHAT WE NEED AND WHAT WE GET: MOTHERS' PERCEPTIONS OF SERVICE PROVIDERS IN TORBAY
Auckland: Mental Health Foundation of NZ, 1986

An examination based on a survey of women in Torbay of the needs of mothers for support services and the ways in which these needs are, or are not, met. The study was conducted as a collaborative exercise between the Mental Health Foundation and the Torbay Community Support Group.

HOOD Lynely J, FAED Julia A, SILVA PA and BUCKFIELD Patricia M

BREAST FEEDING AND SOME REASONS FOR ELECTING TO WEAN THE INFANT: A REPORT FROM THE DUNEDIN MULTIDISCIPLINARY CHILD DEVELOPMENT STUDY

Data are presented on the prevalence of breast feeding among 1037 Dunedin mothers who gave birth to infants between April 1972 and March 1973 and their reasons for weaning. Although breast feeding was becoming more common at the time, more than two-thirds of the mothers weaned their babies as a result of the difficulties they encountered. One of the most significant factors in lactation failure is the mismanagement of breast feeding by health professionals.

McKINLAY Robin

MOTHERS IN THE CHILDREN'S WARD: AN EXAMINATION OF THE DIFFERENT ATTITUDES EXPRESSED BY MEDICAL AND NURSING STAFF ABOUT MOTHERS WHO COME TO HOSPITAL WITH THEIR SICK CHILDREN
This paper examines the different ways in which medical and nursing staff define the mother's involvement in her child's hospital care and the value they place on her experience of mothering in relation both to the ward environment and to their own identity as professional carers. It then compares this set of definitions and perceptions with the experience of mothers who come into hospital with their children.

NOVITZ Rosemary Ann

THE PRIORITY OF THE MOTHER ROLE: AN INVESTIGATION OF THE IMPORTANCE WOMEN GIVE TO THEIR ROLE AS MOTHERS AND ITS RELATIONSHIP TO THEIR EMPLOYMENT BEHAVIOUR
University of Canterbury, 1976, MA Thesis Sociology

This research assesses whether change was occurring in the extent to which New Zealand mothers give priority to their role as mothers and examines the relationship between variance in the priority women assign to the mother role and their employment behaviour.

OPIE Anne

POST-NATAL GROUPS IN WELLINGTON
NZ Social Work - v4 no3 (Feb 1980) p14-17

Describes the running of a post-natal group in Wellington, and examines aspects of pregnancy and motherhood as experienced by the mothers attending the group.

PARK Julie

COPING AND FAILING: ATTITUDES OF MOTHERS AND CAREGIVERS IN AN AUCKLAND SUBURB
NZ Fam Phys. - v10 no4 (Spring 1983) p197-199

Attitudes of mothers and caregivers towards giving, receiving and asking for support are examined by means of six case studies drawn from social anthropological research in a middle class Auckland suburb. Many mothers believe that they ought to be able to cope by themselves and that to ask for or to accept help is to acknowledge failure. The researcher suggests that the extension of an occupational health framework into the area of mothers' work at home may allow for the provision of support without the implications of failing.

PHILLIPS Jenny

MOTHERS MATTER TOO: A BOOK FOR NEW ZEALAND WOMEN AT HOME
Wellington: Reed, 1983, revised 1984

This book about mothers starts from the author's own experiences as a young mother and reaches out to integrate information about, what she calls, 'the homemaker syndrome'. She draws together very extensive professional and academic literature against the background of the direct experience of herself and other New Zealand mothers. She links the theories and research to everyday concerns in a relevant, readable way.

PHILLIPS Jenny

THE POST-NATAL CHECK: MOTHERS MATTER TOO
NZ Women's Studies J. - (August 1984) p36-43

This paper discusses the release of the author's research, Mothers Matter Too, which examines the role of motherhood in New Zealand society and suggests ways for mothers to cope with it. The author discusses the use of the media to publicise her work, publishing it, the feedback she received and her plans for a second book on motherhood.

POUTASI K

A SURVEY OF THE MOTHERS OF YOUNG PRESCHOOL CHILDREN ON THEIR ATTITUDES TOWARDS WORKING (FOR MONEY)
Dunedin: Dept of Health, 1979

This survey identified working mothers of children under three and their child care arrangements, the effects their working had on their children and determined what proportion of mothers are content with their present circumstances whether at home or working. It concluded by determining the type of child care which, if necessary, they would want.
In 1978 a sample of 158 solo mothers was interviewed by third year psychology students under the supervision of the author to obtain data both on their child rearing practices (for comparison with data obtained the year before from a sample of dual parents) and on their social circumstances. These data indicated that in the case of women who had previously been married, most aspects of their life, with the exception of finance, had now improved. Freedom from conflict and greater independence were cited as the advantages of being a solo parent; loneliness and responsibility were the major disadvantages. Parents and friends were the chief sources of support.

While it is generally well known that relactation can be achieved by mothers who have had a previous pregnancy, relatively little information is available on the extent to which lactation can be induced in women who have never given birth. Accordingly, the purpose of this article is to provide information on induced lactation that practitioners may use in counselling adoptive mothers who are interested in the possibility of nursing with a supplementary feeding aid.

This study investigates maternal responses to night waking and infant crying. It illustrates differences in the degree and type of mothering that is practised with relation to previous mothering experience, prior and immediate circumstances surrounding the baby's cry, and the educational level of the mother. Two groups of mothers were interviewed: a multiparous group and a primiparous group. All mothers had babies between the ages of three and twelve weeks at the time of the interview. Classification was according to family socio-economic level, mother's education and the number of children in the family. Four vignettes were prepared to hypothesise four feeding states. Each vignette was followed by questions on what mother would do when baby cried, and how soon she would do it.

Observations from this survey show differences in waiting times with relation to the experience of mothering, the amount of time given to attending to basic social needs, and the amount of time repeatedly spent attending to basic physical needs.

The attitudes of different communities to breast feeding are compared. The ways to promote and encourage breast feeding are discussed with particular reference to the benefits of breast feeding to the child, mother, family and the community.
SOCIETY FOR RESEARCH ON WOMEN IN NEW ZEALAND INC (CHRISTCHURCH BRANCH)

SOLO MOTHERS
Christchurch: Society for Research on Women in New Zealand (Inc), 1975

A report of a survey of 319 solo mothers in Christchurch. Areas covered are housing, income, employment and childcare. Includes a chapter on the personal health and happiness of solo mothers.

SOCIETY FOR RESEARCH ON WOMEN IN NEW ZEALAND INC (AUCKLAND BRANCH)

WHAT SHALL I DO?: THE UNMARRIED MOTHER'S DECISION
Auckland: Society for Research on Women in New Zealand Inc, 1977

Results of a study on the influences on the decision of 200 unmarried mothers to keep their babies or offer them for adoption. (See also: What I Did: Effects of the Unmarried Mother's Decision and The Right Decision?)

SOCIETY FOR RESEARCH ON WOMEN IN NEW ZEALAND INC (AUCKLAND BRANCH)

WHAT I DID: EFFECTS OF THE UNMARRIED MOTHER'S DECISION
Auckland: Society for Research on Women in New Zealand Inc, 1979

A follow-up study of the unmarried mother, her decision and its effect on her life ten months after the birth of her baby. (See: What Shall I Do?: The Unmarried Mother's Decision and The Right Decision?)

SOCIETY FOR RESEARCH ON WOMEN IN NEW ZEALAND INC (AUCKLAND BRANCH)

THE RIGHT DECISION?
Auckland: Society for Research on Women in New Zealand Inc, 1984

The Right Decision? is the final report of a longitudinal study carried out by the Auckland Branch of the Society for Research on Women. The original aim of the research was to investigate the factors that prompted a group of unmarried mothers to either keep their babies or have them adopted. The first two and a half years of the history of these women has been published in two sequential reports entitled What Shall I Do? and What I Did.

The major query of the study was whether the mothers had come to terms, after five and a half years, with their decision to either keep their babies or have them adopted. Only three respondents out of the ninety-nine who remained in the sample after six years, thought they had made the wrong choice and that their lives had been adversely affected.

By the time the final interviews had been analysed these women could no longer be identified as a group. Their problems and satisfactions were those experienced by women in similar situations and could not be attributed to the choices they made after the births of their babies.

SOCIETY FOR RESEARCH ON WOMEN IN NEW ZEALAND INC, (WAIKATO BRANCH)

DUAL CAREER FAMILIES WITH PRESCHOOLERS: HOW DO THEY COPE?
Auckland Society for Research on Women in New Zealand Inc, 1976

A study of young couples in paid employment who have preschool children. Includes information on the physical and mental well-being of the women.

STARLING J, FERGUSSON DM, HORWOOD LJ and TAYLOR B

BREAST-FEEDING SUCCESS AND FAILURE
Aust Paediatr J. - v15 no4 (Dec 1979) p271-274

The factors influencing the success or failure of breast-feeding were assessed in 1121 mothers. Of the 81% who intended to breast-feed, 52% failed to achieve their desired duration. Over three-quarters of the failures occurred in the first three months of life, and the major explanation given for failure was inadequate lactation. Among the factors associated with failure to achieve breast-feeding intentions were complementary feeding in the maternity hospital and
limited mother/child contact in the first few days after birth.

Better educated mothers, those in two parent families and older mothers were more likely to succeed, as were those who received encouragement from family, professional and lay support groups. Factors that showed no relation to success or failure were mother/child contact at birth, antenatal education, maternal race, and parity or discouragement from any source.

TRILIN Andrew D and PERRY Paul E

BREAST FEEDING TRENDS AMONG MANAWATU WOMEN: A COHORT APPROACH

The breast feeding trends for first, second and third parity births for four successive birth cohorts of Manawatu mothers were examined. Two recent phases in breast feeding behaviour were identified; an initial period of decline, represented by the two oldest cohorts, and a subsequent resurgence among women in the two younger cohorts. This basic pattern was clearly evident in the incidence of breast feeding for each parity and for the mean duration of feeding for first parity births. Reflecting public and professional attitudes, it was found that these trends were paralleled by a change in the discussion and encouragement of breast feeding. A relationship between the discussion, encouragement and practice of breast feeding is suggested by these results.

WERRY John S and CARLIELLE Jayne

MATERNAL HEALTH AND HEALTH CARE IN 150 AUCKLAND MOTHERS
NZ Med J. - v95 no718 (27 Oct 1982) p728-732

One hundred and fifty Auckland mothers of preschoolers were interviewed about their mental health, child rearing problems and the medical care sought for these. There was a high level of satisfaction with motherhood, and with the quantity and quality of family medical care. However, stress and psychosomatic symptoms were common, though frank depression unusual. Only occasionally was medical care sought and psychotropic drugs prescribed for these problems. Generally, these were handled by stoicism, extended family and community support. Sleep problems in children were common and often resulted in medical consultation and prescription of antihistamines. Except in this respect there was no evidence of medical overtones.

WRIGHT Elizabeth Anne

PREPARATION FOR MOTHERHOOD: A STUDY OF PERINATAL EDUCATION IN THE HUTT VALLEY, NEW ZEALAND
Victoria University of Wellington, 1980, MA Thesis Sociology

This thesis is concerned with both formal and informal preparation for motherhood in New Zealand and gives particular attention to a number of areas including women's perception of formal perinatal education, the role of family and friends, the father's participation, and women's expectations of motherhood.
OCCUPATIONAL HEALTH

BARNES Hazel

NIGHT WORK FOR WOMEN

This paper is based on the author’s research in the Department of Labour. It presents the present legislation and attitudes towards review; research problems; health of night workers; family life; social patterns; occupational issues; transport; adjustment to night work; and excerpts from the European Commission report.

BARNES HA

WOMEN NIGHT CLEANERS
Wellington: Department of Labour, 1981

Case studies of thirty women night-workers to examine their motives for working at night and the effects of nightwork on their family and social life.

BENNETT Kris

A PAIN IN THE HANDS
Broadsheet (September 1986) p34-35

Tessa Farnsworth and Sue McVeigh of the Auckland Repetition Strain Injury (RSI) Support Group spoke with Kris Bennett.

CHRISTENSEN Judith

THE WORKER AND THE SYSTEM
Paper presented to Conference on Women and Health, 14-18 Feb 1977, Wellington

CONEY Sandra

HEALTH HAZARDS IN THE WORKPLACE: CLERICAL WORKERS
Broadsheet 90 (June 1981) p10-13

Research on the health hazards of office work which, by their very invisibility, are insidious. (Part of feature: ‘Does Work Make You Sick?’)

DANN Christine, MCVEIGH Sue and REA Lyndsay

TERMINAL ILLNESS
Broadsheet 118 (April 1984) p32-35, 48

Three articles together as a feature on the health risks of visual display terminals in New Zealand and the trade union response.

DEPARTMENT OF LABOUR

WOMEN IN PAID EMPLOYMENT: ISSUES RELATING TO THEIR PHYSICAL AND MENTAL HEALTH
Paper presented to Conference on Women and Health, 14-18 Feb 1977, Wellington

Industrial Health Nurses in two large female intensive factories were interviewed about the operation of factory surgeries, and their opinion on the health of women working in their factories. There is also an analysis of various provisions of awards and agreements, and statistics on industrial accidents.

FEDERATION OF LABOUR

RESEARCH PRIORITIES ON WOMEN'S OCCUPATIONAL HEALTH AND SAFETY
Submission to the Occupational Health Advisory Committee to the Minister of Health, 2 Nov 1983.

Argues that women have particular occupational health and safety needs and that research should be
encouraged into both those problems which are specific to women workers and the problems characteristic of the type of jobs which are done by large numbers of women.

GLASS Bill and YOUNG Bob

SIX WOMEN WORKERS, THE TELEPHONE AND A TAGGING MACHINE

This small case study illustrates a common workplace hazard - the 'over-use syndrome'. It also illustrates the response of management, a variety of health professionals and the trade union movement to the problem. It shows the value of Union-run occupational health and safety training programmes and the role of the job delegate and shop steward in improving health and safety conditions at work.

JACKSON, Miriam

SEXUAL HARASSMENT AT WORK
Broadsheet 87 (March 1981) p10-13, 27

Women throughout the world are starting to speak out about sexual harassment at work and demand it stop. This article examines this common occupational hazard in the lives of working women.

KIRKPATRICK KR

STRESS, COPING AND HEALTH: AN EXPLORATORY STUDY OF WOMEN IN MANAGEMENT
University of Canterbury, 1984, MA Thesis Psychology

LYTOLLIS Sue

NOT WHITE, NOT BLUE BUT RED-HOT-UNDER-THE COLLAR WORKERS
Broadsheet 102 (September 1982) p35

An article on sexual harassment in the workplace.

McVEIGH Sue

COMING TO GRIPS WITH REPETITION INJURY
Broadsheet 117 (March 1984) p26-27

This article presents information and research findings about repetition strain injury.

PARK Julie

WHAT'S THE MATTER WITH MOTHERS?

An occupational health model is delineated for the use of GP's and their patients who are mothers. A major advantage of such a model is that it involves both patient and doctor in the analysis of the patient's work-life situation and in the amelioration of health-threatening conditions. In addition it focuses attention on the social constraints which create these conditions.

RANKINE Jenny

HEALTH HAZARDS IN THE WORKPLACE: DENTAL NURSES
Broadsheet 90 (June 1981) p16-18

Historical look at the events of the great mercury poisoning controversy spearheaded by dental nurses back in 1974. Their work led to a successful campaign to clean up their workplace. Part of feature 'Does Work Make You Sick?'

RANKINE Jenny and McLEISH Heather

HEALTH HAZARDS IN THE WORKPLACE: MEAT WORKERS
Broadsheet 90 (June 1981) p14-16

Women face special occupational hazards in some industries where chemicals and disease can affect pregnancies. The authors interview some women meat workers. Part of feature 'Does Work Make You Sick?'
A HEALTH SCREENING SURVEY OF STAFF OF A DEPARTMENT STORE

Paper presented to ANZSERCH APHA Annual Conference, 17-18 May 1984, Dunedin
Comm Health Studies. - vVIII no3 (1984) p342

Thirty five members of the staff of a local department store took part in a health screening survey. A questionnaire was administered by an occupational health nurse from the department, and a full medical and social history was obtained. A clinical examination was performed including urinalysis, measurement of blood pressure, breast examination, and pelvic examination and cervical smear in all women who requested it. Two acute medical conditions were found, necessitating immediate referral to a general practitioner. Five further people were advised to see their general practitioner in due course.

The survey provided an ideal opportunity for discussion of lifestyle and health education on a one-to-one basis. It was relatively cheap and easy to set up, taking a minimum of worker time. It provided a considerable amount of information on the health of the workers interviewed.
Physical Fitness and Recreation

AWATERE Donna and BROADSHEET

FIGHTING FIT
Broadsheet 86 (Jan/Feb 1981) p12, 17

'Health is an important issue for feminists but how serious are we about our own physical health? Donna Awatere looked at herself and realised that she wasn’t practising what she was preaching. In this article she talks about the importance of being fighting fit, and we interviewed a number of fighting fit feminists.'

GOULDING Ailsa

ATHLETIC AMENORRHOEA: A RISK FACTOR FOR OSTEOPOROSIS IN LATER LIFE?

Secondary amenorrhoea is being reported with increasing frequency among young female athletes participating in intensely active sports or long-distance running. Though events precipitating athletic amenorrhoea are incompletely understood, it is clear blood levels of oestradiol and progesterone are reduced in these women. Since oestrogens and progesterone are potent bone-sparing agents, the question naturally arises: 'is a deficit of these hormones adversely affecting bone mass in young athletes'? Thus recent results obtained from quantitative measurements of bone mass in young amenorrhoeic women are disturbing.

HUTTON John D

EFFECT OF EXERCISE ON PUBERTY PERIODS AND PREGNANCY
NZ Med J. - v99 no794 (22 Jan 1986) p6-7

Exercise is now routinely undertaken by many women in New Zealand. The exercise may be regarded as strenuous if 60-80% of the maximal aerobic capacity (or maximal pulse rate) is attained for at least ten minutes during the exercise.

Although direct comparisons between studies are not usually possible, a general picture of the effects of strenuous exercise on reproductive function is now available. This article reviews the effects of such exercise on the female reproductive function, particularly on puberty, menstruation and pregnancy.

JONES Diana

VALUE OF PHYSICAL ACTIVITY
Broadsheet 121 (July/August 1984) p22

This article explores the value of physical activity for women. Article in feature 'Women Develop Muscle'.

JONES Diana

UNTITLED
Broadsheet 121 (July/August 1984) p23

This article examines two outcomes of the recent trend for women to do weight training. Article in feature 'Women Develop Muscle'.

NEW ZEALAND COUNCIL FOR RECREATION AND SPORT

PAPERS AND REPORTS FROM THE CONFERENCE ON WOMEN AND RECREATION 31 Aug-3 Sept 1981, Wellington
compiled by Adrienne Welsh
Wellington: NZ Council for Recreation and Sport, 1981

A wide range of papers concerning the recreation needs of women. The impact of recreation on women's physical, mental and emotional health is one of the underlying themes.
Are many women being denied the opportunity to attain a personally satisfying level of health, because of the lack of opportunity to pursue a form of recreation that is self-fulfilling? Health is defined as 'optimal personal fitness for full, fruitful and creative living, and as encompassing the presence of vigor and vitality, social well-being and a zest for living'. New concepts of recreation and leisure are presented. Women in our society are being denied health and recreation because of social attitudes. Examples are given of ventures organised by and for women. These are changing the image of recreation, and giving women opportunities to take responsibility for heightening and developing meaningful recreation.
PREGNANCY AND CHILDBIRTH

BAEYERTZ John D

ASSESSMENT OF GESTATIONAL MATURITY USING A NEW FUNDAL HEIGHT MEASURING TAPE

From a series of women with known conception dates, the 50th percentiles of their weekly fundal height measurements were used to calibrate a measuring tape. As a method of gestational assessment, the tape was found to be accurate to within two weeks of the exact dates in 79% of this control group, compared with 96% and 84% respectively using conventional crown rump length and biparietal diameter ultrasound techniques on these same patients.

BENNY PS, LEGGE M and AICKIN DR

THE BIOCHEMICAL EFFECTS OF MATERNAL HYPERALIMENTATION DURING PREGNANCY

Six patients each with a very low 24-hour urine oestriol excretion were infused with hypertonic dextrose and amino acids for 48 hours prior to delivery. Amniotic fluid samples were studied before and after infusion. Lecithin sphingomyelin ratios and insulin levels were increased following infusions in all patients. There was usually a fall in amniotic fluid glucose and an increase in ammonia, amino acid nitrogen and osmolality following infusions. Maternal plasma oestriol, human placental lactogen, cystyl aminopeptidase and urine oestriol excretion were unchanged during the infusions.

BOARD OF HEALTH: MATERNITY SERVICES COMMITTEE

MATERNITY SERVICES IN NEW ZEALAND INCLUDING SUMMARY AND RECOMMENDATIONS
A report of the Board of Health Maternity Services Committee Wellington: Board of Health, 1976 (Report series no 26)

An enquiry into maternity services provided by New Zealand hospitals.

MOTHER AND BABY AT HOME: THE EARLY DAYS
A report of the Board of Health Maternity Services Committee 1982.
Wellington: Board of Health, 1982 (Report series no 30)

An enquiry into the standards of services provided in the community for those mothers being delivered in the community and those discharged from hospital who still required support and assistance.

BONHAM DG

MATERNAL MORTALITY NEWSLETTER NO 7

General comments of the Committee:
1. The committee noted the slow improvement in maternal mortality which still compares unfavourably with a number of Scandinavian and European countries. Geographical and ethnic elements contribute to the problems in New Zealand but high risk detection remains important.
2. In several cases in hospital practice the management of serious cases of bleeding or septic spontaneous abortions by junior residents was noted. More active involvement by specialists is indicated.
3. The anaesthetic-related deaths appear to be increasing relative to the overall incidence. There is need for greater supervision of caesarean section anaesthetics in major hospitals.
4. In the cases of postpartum haemorrhage the committee noted management errors by medical
and nursing personnel. The relative rarity of severe postpartum haemorrhage may now be leading to complacency.

5. Records, both public and private, in both large and small hospitals and in doctors’ rooms are often inadequate. There was also lack of transfer of records between doctor and hospital and hospital and doctor.

BONHAM DG

CAESAREAN BIRTH
NZ Med J. - v96 no728 (23 March 1983) p205-206

In the last decade there has been a world-wide increase in the incidence of caesarian births. The author reviews the main findings and recommendations of a National Institutes of Health Consensus Development Conference on caesarian childbirth. The author then examines the New Zealand situation.

BOYD GR

VIEWPOINT ON NEW ZEALAND OBSTETRICS
NZ Fam Phys. - v7 no3 (Sept 1980) p168-174

A report is given of time spent as the Merck Sharp and Dohme Fellow in Family Medicine, in which the writer’s interests in general practitioner obstetrics, and quality assessment and quality control in general practice were furthered. This is followed by a personal viewpoint on New Zealand Obstetrics.

BUCHAN GS, GIBBONS BL and GRIFFIN JFT

THE INFLUENCE OF PARTURITION ON PERIPHERAL BLOOD MONONUCLEAR PHAGOCYTE SUBPOPULATIONS IN PREGNANT WOMEN

Mononuclear phagocytes (MPs) from human peripheral blood were separated on discontinuous Percoll gradients into two subpopulations. A high density population was isolated which contained less mature MPs, while the MPs in the low density population were more mature cells. The proportion of high density MPs was found to increase sharply in conjunction with the peripheral blood monocytosis associated with parturition in women. The data show that there is a measurable response in the circulating MP pool to this acute inflammatory stimulus and that this response is manifested as an increase in absolute numbers of both total and high density MPs. No significant change was found in the number of low density MPs.

BUCKFIELD Patricia M

PERINATAL EVENTS IN THE DUNEDIN CITY POPULATION 1967-1973
NZ Med J. - v88 no620 (27 Sept 1978) p244-246

The incidence of an array of maternal, obstetric and neonatal events occurring in the Dunedin City population in the six years from 1 August 1967 is presented. The total births in Dunedin City were 10091 and the perinatal mortality was 17.5 per 1000 total births.

Some of the pertinent findings were: 8.8% of the mothers were either not married or were not living with their husbands; 36.5% were primigravida; 13.2% of mothers were less than 20 years of age; 9.6% of mothers had an adverse past obstetric history; 11.5% had a diastolic blood pressure in excess of 90mmHg during the pregnancy; 5.0% had an antepartum haemorrhage of which 45.4% occurred in the first trimester; 6.5% of newborns were non-European; 2.0% were multiple births; 0.8% had a single umbilical artery; in 27.4% the delivery was not spontaneous; 6.2% had a low birth weight; 4.0% were born preterm; 5.2% of newborns experienced neonatal complications; 2.1% had a major, and 6.4% a minor congenital fault.

BUSH RT and DUKES PC

PROGENY, PREGNANCY AND PHENYLKETONURIA
NZ Med J. - v82 no549 (8 Oct 1975) p226-229

Two sisters were diagnosed as having phenylketonuria at the age of 13 years and eight years and having Wechsler IQs of 48-58 and 71-81 respectively. Neither girl was treated with diet. At the age of 21 years the older girl became pregnant. Her blood phenylalanine level was 23mg/100ml.
A low phenylalanine diet, instituted from the 10th week of gestation, maintained her blood phenylalanine levels below 6mg/100ml for the rest of the pregnancy. A female baby, of birth weight 3216g and normal skull size, was delivered at term. The baby died at 14 days of congenital heart disease. Pregnancy in a phenylketonuric woman carries high risks to the fetus. A generation of treated phenylketonuric girls is approaching reproductive life, and doctors and the girls themselves need to be alerted to these risks and the need for strict dietary control during pregnancy. There are probably unrecognised women in the community with phenylketonuria or with hyperphenylalaninaemia whose babies face similar risks. Identification of these women could be achieved by antenatal Guthrie testing.

BUSH RT and DUKES PC

WOMEN WITH PHENYLKETONURIA: SUCCESSFUL MANAGEMENT OF PREGNANCY AND IMPLICATIONS
NZ Med J. - v98 no775 (27 March 1985) p181-183

Dietary management of five pregnancies in two women (sisters) with classical phenylketonuria (PKU) is described. One child died neonatally of congenital heart disease and one pregnancy miscarried. Of the three surviving children the only physically and mentally normal child, followed up to eight years, was born after a carefully planned pregnancy with strict dietary control preconceptually and throughout pregnancy. One pregnancy treated dietetically from six weeks gestation resulted in a child mentally normal at seven years but born with oesophageal atresia. The third surviving child is microcephalic and mentally retarded but dietetic treatment did not commence till 28 weeks gestation. It is concluded that to be effective, dietary control must be instituted preconceptually.

CALVERT Sarah

BIRTH BOOKS
Broadsheet 56 (Jan 1978) p36-38

Looks at recent publications on the topic of birth which present alternatives to institutionalised childbirth.

CAMPOS G and LIGGINS GC

ORAL PROSTAGLANDIN E2 FOR INDUCTION OF LABOUR AT TERM
NZ Med J. - v90 no646 (24 Oct 1979) p326-327

A low dose regimen of prostaglandin E2 tablets, 0.5mg hourly for up to 10 doses, was used in an attempt to induce labour without prior amniotomy in 69 patients between 35 and 44 weeks gestation. The induction was considered successful if the patient delivered within 36 hours after therapy began. The success rate was 62%. The incidence of undesirable side effects was low and no serious fetal complications were related to treatment.

CAREY-SMITH Marion J

EFFECTS OF PRENATAL INFLUENCES ON LATER LIFE
NZ Med J. - v97 no747 (11 Jan 1984) p15-17

Reviews research on the effects of prenatal influences on later life focusing on the effect of the mother's feelings and attitudes throughout the pregnancy. This area may be one where education and concern for prospective parents can show them how to give their baby a positive start, with long term benefits.

CASEY BR, McCREANOR Helen R, McQUILKAN Susan and WALKER Susan

ALPHA FETOPROTEIN LEVELS IN AMNIOTIC FLUID AND MATERNAL SERUM AND THEIR USE IN SCREENING IN PREGNANCY
NZ Med J. - v88 no615 (12 July 1978) p11-12

During the period January 1975 - July 1977 alpha fetoprotein was measured in 263 amniotic fluid samples and 44 maternal serum samples taken in the second trimester of pregnancy. The importance of careful interpretation of results is discussed.
Uterine volumes measured by two different ultrasonic methods, and gestation sac volumes in early normal pregnancy are reported. The results obtained for uterine volume measurements are compared. Methods using measurements obtained from only a longitudinal scan were simpler but slightly less accurate.

Uterine volumes were also calculated in a series of patients with pregnancy complicated by threatened abortion. The accuracy of the prediction of the outcome of the pregnancy, based solely on uterine volume was 71%. Uterine volume measurement is most useful in identifying cases of missed abortion where the period of gestation is known.

Type V hyperlipoproteinaemia complicated a pregnancy in a 38 year old Samoan multigravida with previous non-insulin dependent diabetes. The hypertriglyceridaemia was associated with severe insulin resistance, non-acidotic ketosis and poor control of the diabetes. Continuous subcutaneous insulin infusion resulted in excellent diabetic control and plasma triglyceride levels fell to normal without specific dietary fat restriction. The pregnancy resulted in the live birth of a normal healthy infant at 38 weeks gestation.

Encompasses the period November 1973-74

Encompasses the period November 1973-77

Article based on A survey of students enrolled on account of pregnancy (see entries above).
A serological survey of pregnant women attending the Waikato Women's Hospital antenatal clinics established that 60% of the women possessed antibodies against T. gondii.

CUTHBERT Kitch and LONG Sandra

COPING WITH MISCARRIAGE

On-going research for a book about women's experiences of miscarriage. See Broadsheet 128 (April 1985) p31-33 for article about the project and copy of the questionnaire being used.

DALLEY DR

HOME BIRTHS - A REVIEW OF OVERSEAS AND LOCAL EXPERIENCE
NZ Fam Phys. - v10 n01 (1983) p6-10

This article examines issues of home births. The international experience is reviewed. Attitudes towards home births, risks of hospital births, which patient wants a home birth, which patient should be selected, risk factors, common hazards and outcome of home deliveries are discussed. The New Zealand experience is reviewed briefly and the author's own work in Christchurch highlighted. He concludes that with thoroughly screened and prepared patients the experience of successful home birth is most satisfying to all concerned.

DALLY-PEOPLES Linda

THE POLITICS OF CHILDBIRTH
Broadsheet 48 (April 1977) p14-21

Discusses women's criticisms of big maternity hospitals and examines the counter-claims made by the medical profession.

DONLEY Joan

HOME BIRTH UNDER ATTACK
Broadsheet 99 (May 1982) p36-37

This report looks at attitudes towards home birth in New Zealand.

DONLEY Joan

HAVING THE BABY AT HOME
Broadsheet 132 (September 1985) p17, 47

The author, an Auckland midwife, reports on the growth of the home birth movement.

DONNELLY T, MACLEAN AB, SCOTT RS, DUFF GB and DARLOW BA

CHANGES IN THE MANAGEMENT OF THE PREGNANT DIABETIC
NZ Med J. - v98 n0781 (26 June 1985) p487-490

Prior to the introduction of insulin in 1922, few diabetic women became pregnant and in those who did, death during or soon after the pregnancy was a common event. Nowadays, maternal mortality should be no different from that in the non-diabetic. Unfortunately, the same cannot be said for perinatal mortality and morbidity.

In 1942 Lawrence and Oakley showed that if the pregnant diabetic had no antenatal care the perinatal mortality was 7%, if she had complete antenatal care this mortality was reduced to 23%. Since then there have been improvements to reduce mortality to 4-5% (40-50 per 1000 total births), but this rate is still 3-4 times that of non-diabetic pregnancies. The excess in mortality is due to high malformation rates in infants of established diabetic mothers, unexpected intrauterine death, birth trauma, or the complications of preterm (either iatrogenic or spontaneous) delivery. Every practitioner must be alert to the possibility of undiagnosed diabetes in pregnancy, of the importance of pre-pregnancy normoglycaemia among diabetic women, and the modern management of these women through their pregnancies.
ALCOHOL DRINKING PATTERNS BEFORE AND DURING PREGNANCY
Paper presented to ANZSERCH/APHA Annual Conference, 17-22 May 1982, Christchurch

Self-report data regarding consumption of wine; beer; fortified wines and spirits before and during pregnancy was obtained from a sample of 122 Hamilton women who were aged between 16 and 39 years and in the last trimester of pregnancy.

Drinking patterns showed a consistent trend both when pregnant and when not pregnant. Wine and spirits were the most popular drinks. A statistically significant finding was obtained between increase in sherry and wine drinking during pregnancy and a perceived lack of emotional support from husband/partners. A dichotomy appears to exist between the pregnant woman's psychological needs and the infant's well-being. The need for more public information and education regarding pregnancy, alcohol consumption and FAS (Foetal Alcohol Syndrome) is apparent from this study.

ANTE- AND POST-NATAL EXPERIENCES
University of Waikato, 1982, M Soc Sc Thesis Psychology

This exploratory study analysed self-report data about the ante- and post-natal experiences of 122 Hamilton women aged between 16 and 39 years.

THE USE OF ULTRASOUND IN THREATENED ABORTION
NZ Med J. - v88 no624 (22 Nov 1978) p398-400

One hundred and twenty-seven pregnancies complicated by painless vaginal bleeding before 20 weeks of gestation were scanned. In the 51 cases where pregnancy continued the scan was normal in 80%. In an additional 10% the only abnormalities were either a low placental implantation or a twin pregnancy, one sac of which was blighted. In the 76 cases where the pregnancy did not continue the scan was abnormal in 83%, there was a low placental implantation but no other abnormality in 4% and in an additional 6.5% a repeat scan was abnormal after an initial normal scan.

Ectopic pregnancy was diagnosed in only 33% of cases while molar pregnancy was diagnosed in 75% and in the one which ultrasound failed to diagnose the appearances suggested abortion was inevitable.

THE PARTOGRAM: A GRAPHIC GUIDE TO PROGRESS IN LABOUR

The use of the partogram of Philpott, Studd, has proved to be a very valuable aid in the early detection of abnormal progress in labour. The graphic representation of all the relevant data of the labour on one sheet of paper has been received enthusiastically by the nursing and medical staff alike and has allowed the earlier detection of abnormal patterns of labour. It is considered that the partogram should become an essential part of the documentation of labour in all patients.

OESTRIOL IN SALIVA DURING PREGNANCY

UNUSUAL OESTROGEN CONCENTRATIONS DURING PREGNANCY

A pregnancy is reported in which low urine and plasma total oestriol levels were observed concurrently with normal plasma unconjugated oestriol concentrations. It is suggested that the apparently conflicting data were a result of atypical maternal metabolism of oestriol, perhaps due to an abnormal enterohepatic circulation.
Saliva would have advantages over plasma or urine for monitoring estriol during pregnancy. Specimen collection, after stimulation of flow by citric acid, is non-invasive and simple. We measured concentrations of unconjugated estriol in saliva and compared them with those in plasma in normal pregnancies, and found a good correlation \((r = 0.79)\). In addition, trends of concentrations in saliva and plasma were statistically compared and found to be highly correlated. The variation among individuals in the saliva/plasma concentration ratio suggested that some inter-individual factor(s) may affect this relationship. The normal reference interval for unconjugated estriol concentration in saliva from 20 weeks of gestation to term was established.

Cadmium is a ubiquitous but scarce environmental constituent which is of concern because it can accumulate with age in human tissues and cause both acute and chronic illness. Two major sources are food and cigarettes. Cigarette smoke is of concern because Cd is more efficiently absorbed from the lungs than from the gastrointestinal tract. The low concentrations of Cd normally present in human placental tissue and in maternal blood at birth are significantly higher if the mother has smoked cigarettes during pregnancy. The authors sought to determine whether milk from smoking mothers also contained a higher concentration of Cd since infants are thought to have a higher Cd absorption than adults. The selenium content of the milk and blood samples was also determined because Se can be the most effective antagonist to Cd and New Zealand breast milk has the lowest reported Se content.

The paper examines smoking amongst a sample of 1248 women giving birth to live born infants. The findings show:
1. That about 26% of women smoked throughout pregnancy and a further 8.0% smoked at some time during pregnancy.
2. Smoking during pregnancy was related to the mother’s social background: younger mothers, non-European mothers, mothers with no formal educational qualifications, mothers of low socio-economic background and mothers of ex-nuptial infants tended to smoke more during pregnancy.
3. Smoking was associated with a decrease in birth weight, a greater risk of low birth weight (<2500g) infants and a greater risk of spontaneous abortion.
FERGUSSON OM, HORWOOD LJ and SHANNON FT

FACTORS ASSOCIATED WITH EX-NUPNTIAL BIRTH
NZ Med J. - v89 no633 (11 April 1979) p248-250

The paper examines the background to 210 live ex-nuptial births studies in the first phase of the Christchurch Child Development Study. The results show:
1. That nearly half of the children had been conceived within cohabiting situations.
2. That nearly one in five ex-nuptial children was the result of a planned pregnancy.
3. Maternal reactions to the birth and pregnancy varied with the mother's situation: cohabiting mothers reported considerably less adverse reaction to the birth than did non-cohabiting mothers.
4. Overall, mothers of ex-nuptial children had a fairly sophisticated appreciation of contraceptive methods.
5. One quarter of unplanned ex-nuptial pregnancies were the result of contraceptive failure and three-quarters were the result of contraceptive non-use.
6. In common with previous findings for nuptial pregnancies, about 35% of unplanned ex-nuptial pregnancies were ascribed to a breakdown in the woman's pattern of usage of the contraceptive pill.

FIRTH LA, PIERRE AW and WILSON PD

CHORIOCARCINOMA PRESENTING AS A RUPTURED ECTOPIC PREGNANCY

Choriocarcinoma is an uncommon malignancy, complicating approximately 1 in 40,000 pregnancies in European races. Only 1 or 2 cases are to be expected in New Zealand each year. The malignancy is relatively common after a pregnancy complicated by hydatidiform mole (50% of choriocarcinomas), and occurs rather less often after an abortion (25%) or a normal pregnancy (22.5%). Only 2.5% of cases of choriocarcinoma follow an ectopic pregnancy.

A case is described in which the disease developed within the broad ligament and presented as an abdominal emergency with the features of a ruptured ectopic pregnancy.

FRANCE JT, HARVEY GM and MULLINS P

AN EVALUATION OF THE PERFORMANCE OF LABORATORIES IN THE ASSAYS OF OESTRIOL AND CREATININE IN PREGNANCY URINE: THE NATIONAL PREGNANCY URINE SURVEY
NZ Med J. - v92 no667 (10 Sept 1980) p205-208

The performance of clinical chemistry laboratories in New Zealand in the assays of oestriol and creatinine in pregnancy urine has been investigated. The quality of oestriol determinations in general was poor. Only seven of 20 laboratories achieved an inter-assay precision of better than 12% consistently through the range of oestriol levels represented by three control urines. The precision of laboratories in assaying urinary creatinine was, however, of a higher standard. Only three of 18 laboratories had precision values that could be regarded overall as unsatisfactory.
GALLETTY D, YEE P and MALING T

ANAESTHETIC MANAGEMENT OF COMBINED CAESAREAN SECTION AND PHAEOCHROMOCYTOMA REMOVAL
Anaesthesia and Intensive Care. - v11 no3 (August 1983) p249-253

This paper presents a case study of the anaesthetic management of a woman who received a combined caesarean section and phaeochromocytoma removal. It discusses the pharmacological properties of the cardiovascular drugs used.

GILLET WR, CLARKSON JE and ALLISON JV

DECISION ANALYSIS OF THE MANAGEMENT OF SPONTANEOUS RUPTURE OF THE MEMBRANE AND PREMATURE LABOUR
Proceedings of the University of Otago Medical School. - v63 (1983) p19-20

Medical decision analysis is a systematic approach to clinical decision-making in conditions of uncertainty, so that components of the decision and the consequences of assigning various values to these may be examined. The aim is to help the clinician choose the course of action with maximum benefit to the patient. The authors have used this technique to examine the problem of managing premature labour in a pregnancy also complicated by spontaneous rupture of the membranes.

GRIEVES Susan Ann

DEVELOPMENT OF METHODS TO INVESTIGATE EARLY EVENTS IN PROSTAGLANDIN BIOSYNTHESIS PRECEDING PARTURITION
University of Auckland, 1975, M Sc Thesis Cell Biology

The thesis aimed to establish methods to investigate the early stages in the biosynthesis of prostaglandins. Because of interference from contaminants, it was concluded that amniotic fluid was not the best biological fluid to use for the investigation of the appearance of phospholipase A2 prior to the initiation of parturition.

GRIFFIN JFT

PREGNANCY-ASSOCIATED PLASMA PROTEIN LEVELS AT TERM IN NORMAL PREGNANCY, PRE-ECLAMPSIA AND ESSENTIAL HYPERTENSION
Aust NZ J Obstet and Gynaecol. - v23 no1 (Feb 1983) p11-14

The levels of protein associated with pregnancy, immune function and inflammation were studied at term in groups of patients with normal and complicated primigravid and multigravid pregnancy. It is suggested that reduced plasma \( \alpha \)-2-PAG may be of prognostic value and have a role in the aetiology of pre-eclampsia whereas increased ceruloplasmin levels may be no more than an acute phase reactant resulting from pathological changes due to hypertension.

GUNN Tania R, FISHER Ann and LLOYD Pete

ANTENATAL EDUCATION: DOES IT IMPROVE THE QUALITY OF LABOUR AND DELIVERY
NZ Med J. - v96 no724 (26 Jan 1983) p51-53

Of 196 nulliparous women who delivered in a two month period, 78% had attended antenatal education classes. The mothers who did not attend antenatal classes consisted of significantly more Maori and Pacific Island mothers, they were younger, smoked more, had a lower socioeconomic status and fewer were married. The group who went to antenatal education classes had a significantly longer second stage in labour and required more forceps assistance during delivery compared to non-attenders. These results remained for the Polynesian mothers, when they were analysed separately and the differences in age and socioeconomic status were no longer present. There was no difference in the type of pain relief required during childbirth by the attenders or non-attenders. No evidence was found that attending antenatal education classes will ensure an easy and less complicated childbirth.

Pregnancy and Childbirth
From 1967-1978, there were 26,688 births at St Helens Hospital, Auckland. A comparison was made between the Pacific Island stillbirths, and 65 matched European stillbirths. The stillbirth rate for the European group was only 6.6 per 1000 births, despite the increased prevalence of the following adverse factors: preterm 42%, toxæmia 38%, and lethal congenital abnormalities 20%. There was a significantly increased incidence of neural tube defects in the European group.

In contrast, the Pacific Island stillbirth rate was 11.1 per 1000 births, and the important factors were: unknown gestation 17%, post-term delivery 17%, no antenatal care 8%, or born before arrival in 3%. Intrauterine anoxia was the major cause of stillbirths, especially in the Pacific Island group where 68% of the infants were 37 weeks gestation or more. Community education stressing the importance of good antenatal care beginning in early pregnancy is needed for the Pacific Island mothers, with the avoidance of postmaturity and intrauterine anoxia by appropriate obstetric treatment.

Intrauterine anoxia was the major cause of stillbirths, especially in the Pacific Island group where 68% of the infants were 37 weeks gestation or more. Community education stressing the importance of good antenatal care beginning in early pregnancy is needed for the Pacific Island mothers, with the avoidance of postmaturity and intrauterine anoxia by appropriate obstetric treatment.

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shared room and feeding pattern for the baby. The degree of choice was found to be influenced by parents' level of education. Some comments were about the physical surroundings and ways in which the hospital could better resemble the patients' home.

HORWOOD LJ, FERGUSSON DM and SHANNON FT

MATERNAL REACTIONS TO LABOUR AND CHILDBIRTH

Unpublished paper. Refer D M Fergusson, Christchurch Clinical School of Medicine

This paper examines the factors associated with maternal reaction to labour and childbirth in a sample of 1248 New Zealand women.

The findings show:
1. That reactions to labour were not well predicted from a series of 19 variables descriptive of the mother's background, her antenatal history, her labour and delivery and her child's perinatal history.
2. The strongest predictors of maternal reaction were the duration of labour, the mode of delivery and the type of hospital in which the birth took place.
3. Antenatal education and paternal presence during delivery had little effect on the mothers' reactions. The paper concludes by suggesting that experimentation with methods of management of the labour ward may provide a fruitful line for future research.

HUMAN RIGHTS COMMISSION

POLICY STATEMENT ON PREGNANCY AND HEALTH INSURANCE

Wellington: Human Rights Commission, 1985

An examination of travel and sickness insurance policies which exclude specifically female related illnesses (particularly those arising from pregnancy and childbirth).

HUTTON John D

IS ECTOPIC PREGNANCY TOO OFTEN DIAGNOSED TOO LATE?

NZ Med J. - v99 no794 (22 Jan 1986) p3-5

An increasing incidence of ectopic pregnancy resulted in 177 women being treated at National Women's Hospital in 1979 to 1980. However, only 65% of women were diagnosed and treated within 24 hours of admission. The affected tube was conserved in only 24% of women. Blood transfusion was required in 52 patients (29%) and in one quarter of these cases, the diagnosis was not made within 24 hours of admission. Four of 20 patients who were discharged and readmitted before the diagnosis was made required blood transfusion, and one of these women was shocked.

Women who present with pelvic pain and vaginal bleeding after < 9 weeks amenorrhea and have pelvic tenderness and abdominal rebound tenderness, must be suspected of having an ectopic pregnancy. Early laparoscopy may then reduce the need for both transfusion and radical tubal surgery.

HUTTON JD, BOYLE Katherine, LYMAN Jan and ELLIS Jo

SOCIOLOGICAL ASPECTS OF ATTENDERS AND NON-ATTENDERS OF ANTENATAL CLASSES

NZ Med J. - v95 no703 (10 March 1982) p143-145

One hundred and eighty-six women delivering in a one-month period were questioned about their attendance at antenatal education classes and various sociological characteristics.

Forty-three women had never attended antenatal classes: young women, unmarried women, Maori or Pacific Island women and women of low socio-economic status or educational achievement were disproportionately represented amongst the non-attenders. Non-attenders of antenatal classes also lacked knowledge about the classes and had more transport and childcare problems when compared with attenders. The present antenatal classes are not being attended by those who would probably benefit most from education for parenthood.
KARALUS NC, DUNN PJ, HASLAM AJ and BURROUGHS A

OUTCOME OF DIABETIC PREGNANCIES IN WAIKATO: FIVE YEAR EXPERIENCE
NZ Med J. - v98 no779 (22 May 1985) p369-371

The outcome of diabetic pregnancies in Waikato Hospital from 1979-1984 was reviewed. Overall perinatal mortality in the 61 deliveries was 69/1000 births but in the 38 deliveries whose antenatal care included close diabetic control, the perinatal mortality was 26/1000 births. The national perinatal mortality has improved from 12.2/1000 births in 1979 to 9.6/1000 in 1983 (provisional) with an overall rate of 11.0/1000 births.

Improved outcome of diabetic pregnancies both in terms of reduced perinatal mortality and reduced neonatal and maternal complications depends on meticulous blood glucose control throughout pregnancy.

KEANE B

MATERNAL SYNDROME ASSOCIATED WITH HYDROPS FETALIS: CASE REPORT
NZ Med J. - v88 no616 (26 July 1978) p56-57

A case of maternal fluid retention syndrome associated with fetal hydrops due to rhesus isoimmunisation is reported. The aetiology and clinical features are discussed. Prophylactic anti-Rh immunoglobulin should reduce the incidence of such cases in the future.

KERR M McK

GENERAL PRACTITIONER OBSTETRICS
NZ Fam Phys. - v8 no2 (July 1981) p51-53

In New Zealand at present the general practitioner obstetrician is facing the following difficulties: the fall in birth rate, increasing numbers of doctors, geographical problems, availability of obstetric beds, demands for higher standards, changing patient attitudes and the availability of postgraduate training posts. The New Zealand and overseas experiences are discussed.

LEGGE M

URINARY CREATININE EXCRETION DURING PREGNANCY
NZ Med J. - v91 no655 (12 March 1980) p175-176

Urinary creatinine excretion during pregnancy has traditionally been used to validate the urinary oestriol excretion when doubts on the completeness of a 24 hour urine collection have been raised. Using such a method, doubts still arise as to whether the urine creatinine excretion is normal, as the only comparison which can be made is with the normal non-pregnant creatinine excretion. This study has investigated urinary creatinine excretion in three pregnancy groups, normotensive, hypertensive and twin pregnancies without complications.

LEGGE Michael

OUTCOME OF PREGNANCY AFTER PRENATAL DIAGNOSIS AMNIOCENTESIS
NZ Med J. - v95 no708 (26 May 1982) p344-345

Notification of 390, third trimester pregnancy outcomes were received from patients who had prenatal diagnosis amniocentesis during the mid-second trimester. The neonatal evaluation indicated that there was no increase in low birth-weight.
positional malformations or respiratory problems. These findings support the current opinion that the technique of mid-second trimester prenatal diagnosis amniocentesis is a safe procedure.

LEGGE Michael

SECOND TRIMESTER AMNIOTIC FLUID ACETYLCHOLINESTERASE QUANTITATION IN THE PRENATAL DIAGNOSIS OF NEURAL TUBE DEFECTS

Amniotic fluid acetylcholinesterase (AChE) activity was assayed in second trimester amniotic fluids by inhibition of non-specific cholinesterase using lysivane. Of the 196 samples analysed, 146 were from normal pregnancies; 11 (5.6%) from severe open neural tube defects; two from small open spina bifidas; seven from fetal chromosome abnormalities and two from severe skeletal dysplasias. In addition nine amniotic fluids were meconium stained and 19 (9.7%) had varying degrees of blood staining. Acetylcholinesterase values remained relatively constant from 13-21 weeks gestation in normal pregnancies and a cut-off limit of 3.2 ul/l was set (mean + 2 SD). Heavily blood stained amniotic fluids were associated with AChE levels on or above the normal cut-off limit. Meconium staining caused a non-significant elevation of AChE.

No significant elevation of AChE was demonstrated for fetal chromosome abnormalities, or severe skeletal dysplasias. Anencephaly and severe open spina bifida had significantly elevated AChE levels.

LEGGE M, STEWART CR and WILLOCKS DL

PRENATAL DIAGNOSIS USING AMNIOCENTESIS: THE CHRISTCHURCH EXPERIENCE
NZ Med J. v90 no641 (8 Aug 1979) p95-97

A service for biochemical analysis of amniotic fluid has been available since 1975. A total of 186 early pregnancy samples were received, the majority were from patients at risk for chromosome abnormalities or neural tube defects. The indications for analysis and the problems related to the results are presented and the need for an established genetic counselling system with a supra-regional assay service is discussed.

LENNANE K Jean

PAIN AND PAIN RELIEF IN LABOUR
NZ Med J. v87 no603 (11 Jan 1978) p1-3

In a survey of 50 women delivered consecutively in a modern maternity hospital, 45 suffered severe and/or very severe pain. This followed an average of just over five hours of mild or moderate pain, and lasted for an average of 3 1/4 hours, in spite of pain relief. Intramuscular pethidine, which tended to be given late in labour, was notably ineffective in relieving pain. Epidural analgesic was highly effective, but was used in only 10 patients, and after an average of 5 1/2 hours of severe or very severe pain.

A majority of primiparas found the pain more severe or much more severe than they had been led to expect, and only 34% of the sample were 'quite happy' about their next labour, with regard to pain. It is suggested that there is room for improvement.

LIGHTFOOT Eleanor Claire

ENVIRONMENTAL FACTORS AND ANXIETY LEVELS OF PREGNANT WOMEN
Canterbury University, 1979. MA Thesis Education

The present study was concerned with the effects of antenatal class attendance and other environmental influences on the anxiety levels of 258 pregnant women.

LIGHTFOOT EC, KEELING B and WILTON KM

CHARACTERISTICS DISTINGUISHING HIGH ANXIOUS AND MEDIUM/LOW ANXIOUS WOMEN DURING PREGNANCY

Biographical and psychological data were obtained from pregnant women by means of questionnaires. An analysis was undertaken to compare 20 high-anxious with 20 medium-anxious and 20 low-anxious women to determine whether...
there were particular distinguishing characteristics between the groups. No significant differences were found between medium and low-anxious women but high-anxious women were significantly different from the other two groups on three variables: Level of financial security, tertiary education and family living in locality. Medium and low-anxious women were financially more secure, were better educated and were less likely to have immediate family living in the locality than highly anxious women.

LUBBE WF, BUTLER WS and LIGGINS GC

THE LUPUS-ANTICOAGULANT: CLINICAL AND OBSTETRICAL IMPLICATIONS
NZ Med J. - v97 no758 (27 June 1984) p398-402

A circulating factor that interferes with clotting of blood in vitro was identified in 1952 by Conley and Hartmann in the plasma of two subjects with systemic lupus erythematosus. It was labelled 'lupus-anticoagulant' (LE-anticoagulant or LE-inhibitor) because of its association with systemic lupus erythematosis; subsequent studies have established that it can occur in the absence of identifiable systemic lupus erythematosis or other clinical conditions. An association has been described in women between the presence of the circulating LE-anticoagulant and repeated fetal losses. The demonstration that the LE-anticoagulant activity in the maternal circulation can be suppressed effectively by corticosteroid therapy with subsequent delivery of live infants has awoken interest in the obstetric aspects of the multifaceted clinical syndrome. Unsuccessful pregnancies associated with lupus anticoagulant should now be regarded as avoidable.

LUBBE WF and HODGE JV

COMBINED ALPHA AND BETA-ADRENOCEPTOR ANTAGONISM WITH PRAZOSIN AND OXPRENOLOL IN CONTROL OF SEVERE HYPERTENSION IN PREGNANCY
NZ Med J. - v94 no691 (9 Sept 1981) p169-172

The combination of prazosin (3-21 mg/day) and oxprenolol (60-360 mg/day) was used to treat 25 pregnant women with severe essential hypertension and 19 women with the hypertension-oedema-proteinuria syndrome. In the group with essential hypertension, control of blood pressure was sufficient to avoid addition of hydralazine infusions in all but one patient.

In the hypertension-oedema-proteinuria group, blood pressure control was more difficult to sustain, necessitating additional hydralazine infusions in 11 patients. Pregnancy had to be terminated urgently because of progression of the disorder in 13 patients. There were three intrauterine deaths in this series and one infant was lost eight hours after delivery.

The combination of prazosin and oxprenolol was safe for use in pregnancy and provided excellent control in virtually all patients with essential hypertension. It proved inadequate for blood pressure control in the majority of patients with the hypertension-oedema-proteinuria syndrome, but did allow valuable gestation time to be gained in a selected group of women with borderline fetal maturity.

LUBBE WF, HODGE JV and KELLAWAY GSM

ANTIHYPERTENSIVE TREATMENT AND FETAL WELFARE IN ESSENTIAL HYPERTENSION IN PREGNANCY: A RETROSPECTIVE SURVEY OF EXPERIENCE WITH VARIOUS REGIMES AT NATIONAL WOMEN'S HOSPITAL, AUCKLAND, 1970-80
NZ Med J. - v95 no699 (13 Jan 1982) p 1-5

A series of 184 pregnancies in 161 hypertensive women was classified according to the regimen of antihypertensive treatment used during pregnancy. In 72 pregnancies management was with bed rest alone, attaining a mean gestation of 37.8 ± 0.4 weeks, a mean birthweight of 2941 ± 97g with 38% of infants below the 25th percentile. Late deterioration of hypertension with development of proteinuria occurred in 16.6% with fetal mortality of 6.9%. Antihypertensive therapy involved methyldopa, thiazide diuretics, sympathetic ganglion blockers, hydralazine, β-adrenergic blockers and the combination of oxprenolol and prazosin. Fetal growth was compared in pregnancies that reached term on the various regimens.

Significantly better growth was achieved where debrisoquine plus a thiazide were used (3617 ± 113g

Bibliography of Women's Health Studies
in six subjects) and oxprenolol/prazosin (3411 ± 72g in 14 subjects) compared to 11 comparably hypertensive patients on bed rest alone (2975 ± 87g). Therapy with the ganglion blocker plus thiazide was complicated by the deterioration of hypertension with proteinuria in 37.2% of women; this did not occur in patients receiving oxprenolol/prazosin. Maternal age had no effect on fetal growth, but smoking more than 10 cigarettes per day caused significant growth retardation.

LUBBE WF, WALKOM P and ALEXANDER CJ

HEPATIC AND SPLENIC HAEMORRHAGE AS A COMPLICATION TO TOXAEMIA OF PREGNANCY IN A PATIENT WITH CIRCULATING LUPUS ANTICOAGULANT
NZ Med J. - v95 no721 (8 Dec 1982) p842-844

A 29 year old pregnant woman presented at 28 weeks with severe upper abdominal pain. Features of pre-eclamptic toxaemia became apparent and intrauterine death occurred abruptly. The development of shock, a reduction in haemoglobin from 124 to 88 g/l without evidence of external blood loss and tender hepatosplenomegaly suggested major intrahepatic and intrasplenic haemorrhage. This suggestion was supported by ultrasound and CT scans. The patient made a complete recovery over a period of weeks. She was shown to have a circulating LE-inhibitor and had major thrombotic episodes involving her leg veins.

LYNN Kelvin L and BAILEY Ross R

PREGNANCY AND THE NEPHROLOGIST: A REVIEW OF ONE YEAR'S EXPERIENCE
NZ Med J. - v96 no733 (6 June 1983) p433-435

A study was undertaken to assess the role that a nephrologist can play in modern obstetric practice. During 1981, 699 pregnant women were screened for covert bacteriuria. Thirty (4.3%) had bacteriuria and 24 were treated and followed through pregnancy. Acute pyelonephritis occurred in two. One of 21 intravenous urograms was abnormal. Fifteen women were seen with pregnancy-associated nephrological problems (complicated pre-eclampsia (7), reflux nephropathy (3), glomerulonephritis (3), essential hypertension (2)). All women with pre-eclampsia had a normal intravenous urogram and recovered completely. Pregnancies in women with renal disease or essential hypertension had good outcomes for mother and baby if there was no renal insufficiency and blood pressure control was maintained.

McCOWAN L and JACKSON P

THE PROPHYLACTIC USE OF METRONIDAZOLE IN CAESAREAN SECTION

A double-blind study of 73 patients was undertaken to evaluate the prophylactic effect of short-term metronidazole in caesarean section. Metronidazole, 500 mg, given intravenously prior to making the incision, followed by 2g, rectally, on completion of surgery failed to reduce the incidence of infection post-operatively. There was no reduction in the number of patients requiring antibiotics or in the quantity of post-operative pyrexia, as assessed by the fever index. The incidence of post-operative pyrexia was not affected by the duration of ruptured membranes or the use of a fetal scalp electrode.

McCREANOR Helen R

ACHIEVEMENT BY THE GENETICALLY DISABLED: A HISTORY OF SOCIAL AND MEDICAL AID TO A PATIENT WITH PARTIAL DOWN'S SYNDROME
NZ Med J. - v90 no645 (10 Oct 1979) p293-294

A trisomy 21/normal mosaic is described, together with her educational and social development. Amniocentesis was used to monitor her two pregnancies and both fetuses were found to be normal. Social and medical aid have encouraged the patient to lead a normal life.

MacKAY BJ

RESEARCH METHODOLOGY: APPLICATION OF EXTENDED SURVEY TO OBSTETRIC AND NEONATAL SERVICES POLICY
Wellington: NZ Institute of Public Administration
An examination of the survey as an improved method of obtaining data for policy making, using a case study concerning the development of obstetric and neonatal services.

McLEAN NE and BLANCHETTE GC

CAESARIAN SECTION IN A LOCAL HOSPITAL: A REVIEW OF 100 CASES

One hundred consecutive caesarean sections performed in Southland, between 13 August 1974 and 18 December 1975, were studied. The purpose of the study was to compare caesarean sections in Southland with elsewhere. There was a caesarean section rate of 3.4 during 1975, with no maternal death and a gross perinatal mortality of 4%. With the safety of the present operative technique and a trend toward smaller family size, caesarean section rates could be increased. There were nine transverse incisions and 11 epidural anaesthetics used, and an increased number of these may be indicated.

McLENNON LJ and LAMBIJE C

A RETROSPECTIVE SURVEY OF A GENERAL PRACTICE'S OBSTETRIC RECORDS
NZ Fam Phys. - v7 no3 (Sept 1980) p175-178

Two hundred and forty obstetric case records in one general practice were surveyed to determine how many ante-natal patients changed their risk designation and to obtain some data on outcome of the pregnancy.

McVEAGH HE

PREGNANT SCHOOLGIRLS AND THEIR CONTINUING EDUCATION
NZ Med J. - v63 no564 (26 May 1976) p354-357

Pregnant schoolgirls constitute a medical, social and educational problem. Not only is their normal schooling interrupted but mentally and emotionally they are ill-equipped to cope with their difficulties. A proportion of these students continue their education at the Correspondence School. A recent survey directed by the Principal attempts to measure their achievements and to make known some of the problems faced by the pregnant schoolgirls.

MAXWELL GM and BRADSHAW PW

CONSUMER REACTIONS TO MATERNITY CARE
A report to Southland Hospital Board
Dunedin: University of Otago, 1979

The report is based on a survey of 256 mothers who had been recently delivered either at the special unit for complications at Kew Hospital or at the Dee Street Maternity Hospital which has now been replaced by a modern facility. The goal was to determine the extent to which mothers were satisfied with current patterns of maternity care and to suggest areas of policy change which could be considered for implementation in the new facilities. Data was also collected which might indicate perinatal factors which affected maternal bonding to the infant. Results indicate a general satisfaction with the quality and type of care but do suggest that increased explanation of procedures and creating a more homey environment would be desirable.

MAYNARD EJ and KRAACK M

MATERNITY SERVICES, SOUTH AUCKLAND
South Auckland: Dept of Health, 1978 (Research and Evaluation Unit Report)

Maternity benefits claims (H554) submitted by South Auckland and Auckland medical practitioners for women residing in South Auckland during 1978, were analysed to describe the activities of maternity services in South Auckland. Data included information on the mothers' background, antenatal information and delivery. A total of 4466 claims were analysed. Most were for antenatal care, delivery or post-natal care. A claim for antenatal examination within one month of delivery was only made for half the mothers but 95% received at least one puerperal examination.

There no longer appears to be obstetric care available as a neighbourhood service as a large proportion of doctors provide no obstetric care. Most
mothers are confined at Middlemore, small numbers at Papakura, Pukekohe and Howick, and very few at private hospitals. Only half the mothers remained with one doctor throughout the pregnancy, a situation which puts continuity of care at great risk.

MENZIES K, BARNETT PS and DALL J

PLANNED EARLY DISCHARGE: REVIEW AND SURVEY OF OBSTETRIC PATIENT OPINION Christchurch: Health Planning and Research Unit, Feb 1981 (Planning and research series, No 8)

The study reveals literature on the medical effectiveness, efficiency in resource use and acceptability to patients of planned early discharge (PED) from obstetric care.

Acceptability was assessed by a survey of patient opinion to determine the attitudes of women to length of stay in hospital and to PED, and determine the extent to which the availability of services influences these.

Two samples of patients from Christchurch Women's Hospital were interviewed - all patients booked into the hospital's ante-natal clinic, and all patients who had delivered their babies in the previous few days. Results indicate a lower receptivity to PED after delivery and the importance of home aid services and self help groups for successful early discharge. The majority of both pre and post-delivery patients favour stays of under five days. There is discussion of the results in terms of resource use and the potential of PED as an alternative post-natal service.

MILLAR JA, WILSON PD and MORRISON N

MANAGEMENT OF SEVERE HYPERTENSION IN PREGNANCY BY A COMBINED DRUG REGIMEN INCLUDING CAPTOPRIL: CASE REPORT NZ Med J. - v96 no742 (26 Oct 1983) p796-798

The use of captopril in pregnancy has not previously been reported. The authors describe a patient who presented in the third trimester of pregnancy with severe hypertension secondary to renal artery fibromuscular hyperplasia and who was successfully treated with captopril alone and in combination with labetalol and frusenide.

MOK PM and MORA JD

ANTENATAL ULTRASOUND DIAGNOSIS OF DEVELOPMENT ABNORMALITIES NZ Med J. - v98 no790 (13 Nov 1985) p954-956

The use of ultrasound in antenatal detection of developmental abnormalities is reasonably well established, although its full potential is probably yet to be realised.

This report reviews the authors' experience in this aspect of obstetric ultrasound and discusses its impact on the management of affected mothers and fetuses, antenatally and postnatally.

MORA J Dermot

OBSTETRIC ULTRASOUND: USES AND LIMITATIONS NZ Med J. - v96 no729 (13 April 1983) p246-248

The increasing use of ultrasound in obstetrics in this country has resulted in advice being sought regarding suitable equipment and the most effective way of using it. This article summarises up-to-date attitudes in obstetric ultrasonography, its limitations and uses.

In general, ultrasound like any other method of clinical investigation, is as useful as the equipment used and the person using it. It replaces no other methods of examining the patient except to a very great extent, X-rays. It is a further aid in clinical obstetrics but in no instance does it replace techniques developed up to the present time nor the necessity for referral for a consultant opinion when such an opinion would be appropriate.

NICHOLLS Vivienne and NYRE EB

THE INFLUENCE OF MATERNAL FACTORS ON PLACENTAL WEIGHT NZ Med J. - v91 no661 (11 June 1980) p426-427

The influence of maternal factors on placental weight has been studied. Their effect may be partially masked as it was not possible to eliminate the effect of fetal factors. For a narrow range of birthweights placental weight correlates increasingly closely with maternal pregnant weight, non-pregnant
weight, and weight-for-height; it correlates more closely with all of these than with the baby’s birthweight. Maternal obesity has a significant effect on placental weight independent of the possible fetal effect. Maternal height and weight gain in pregnancy share no such effect. Pregnancy weight gain is a poor indicator of feto-placental development.

RANSTEAD Jill

THE 245T STORY: MOTHERS COME UP AGAINST BIG BUSINESS
Broadsheet 51 (July 1977) p8-10

The effects of the agricultural chemical 245T have been hotly debated. Broadsheet attended a press conference where three mothers who believe that their children were born suffering from spina bifida because they were exposed to 245T in early pregnancy put their case.

SANDERS EP

SUBACUTE ECTOPIC PREGNANCY
NZ Med J. - v87 no604 (25 Jan 1978) p41-44

A series of 90 patients with 98 ectopic pregnancies is discussed, emphasising problems of diagnosis. Predisposing factors and evidence of previous pelvic pathology was not uncommon. Laparotomy was considerably delayed in 31 patients, 15 of whom required two admissions before definitive treatment. There was one death in the series.

An accurate history is most important. In doubtful cases, direct inspection of the pelvic organs is the only sure way of excluding ectopic pregnancy. Laparoscopy allows this, yet will save a laparotomy in a number of cases.

SMITH Philippa Mein

MATERNITY IN DISPUTE: NEW ZEALAND 1920-1939
Wellington: Government Print, 1986

An historical account tracing the development of the control of obstetrics in New Zealand.

SOCIETY FOR RESEARCH ON WOMEN IN NEW ZEALAND INC (WELLINGTON BRANCH)

HAVING A BABY: THE EXPERIENCES OF SOME WELLINGTON WOMEN
Wellington: Society for Research on Women, 1985

A report of maternity services in Wellington, focusing on labour, delivery and postpartum hospitalisation.

STUBBS Richard S and SMEDLEY Michael G

A CASE OF ADVANCED ABDOMINAL PREGNANCY
NZ Med J. - v90 no643 (12 Dec 1979) p191-193

A case of advanced abdominal pregnancy is described, with survival of both the mother and a normal infant. Reasons for the failure to establish the correct pre-operative diagnosis are discussed.

SWAIN David

AN EXPERIMENTAL TREATMENT OF THE PROFESSIONAL SYNDROME AMONG MIDWIVES: OR CHILDBIRTH IN CROSS CULTURAL PERSPECTIVE

SWAIN David

RESEARCH DESIGN FOR A LONGITUDINAL STUDY OF HAMILTON PRIMIGRAVIDAE AND MULTIGRAVIDIC NULLIPARAE FROM EARLY PREGNANCY TO SIX MONTHS POST PARTUM
Hamilton: Department of Sociology, University of Waikato, Nov 1975

A technical document setting out the basic methodology of the Pregnancy and Parenthood Research Project.
SWAIN David A and GIBB Eleanor

FIRST PREGNANCY AND FIRST PARENTHOOD
Hamilton: Pregnancy and Parenthood Research Project, June 1978

This is the first report from the Project, outlining the basic findings from Phase 1. It was written for and sent to all participants in the Project. It gives basic findings on the various topics, spanning pregnancy and the first months after the birth of the first child, to about 300 Waikato women.

TAMBYRAJA RL and SALMOND JA

ENDOCRINOLOGY OF NORMAL PREGNANCY AND PREMATURE LABOUR
NZ Med J. - v86 no592 (27 July 1977) p89-92

Peripheral plasma levels of the biologically important hormones of pregnancy - plasma oestradiol, plasma oestriol, plasma progesterone, human placental lactogen (hPL) and human chorionic gonadotrophin (hCG) have been measured serially in a control group of 10 normal women who delivered at term ± three days. A second group of patients were similarly studied when admitted in premature labour and the levels compared with the control group. The levels of all hormones except human chorionic gonadotrophin increased till 37 weeks. After the 30th week, the increase of oestriol was steeper than oestradiol and hPL. The hormone profile of the maternal plasma is a good index of feto-placental function. The hPL levels which heralded the increase in endocrine function of the feto-placental unit were also elevated in premature labour, suggesting a causal relationship of significance. Levels of plasma oestradiol in premature labour were considerably higher than in the control study and suggests an endocrine basis for premature labour of hitherto unknown aetiology.

TAN Jan

BIRTHING BATTLES
Broadsheet 108 (April 1983) p10-12


TIMINGS PL and DUFF GB

CAESAREAN SECTION IN CHRISTCHURCH
NZ Med J. - v98 no776 (10 April 1985) p225-227

Base hospital caesarean section rates in Christchurch have risen from 4.1% in 1967 to 14.1% in 1982. However, the Christchurch district caesarean section rate for 1982 was only 9.6%.

Analysis of the indications for caesarean section according to the year showed that most indications have increased in frequency and that between 1977 and 1982 this increase was highly significant for failure to progress and fetal distress.

Analysis of the indications for caesarean section according to the type of antenatal booking revealed that in 1982 private patients underwent caesarean section more frequently than clinic patients and that they were more likely to have the caesarean section for failure to progress or fetal distress. Emergency transfer patients had an even higher primary caesarean section rate for most indications.

TENNANT Margaret

MATERNITY AND MORALITY: HOMES FOR SINGLE MOTHERS 1890-1930
NZ Women’s Studies J. - v2 no1 (Aug 1985) p28-49

An analysis of services for the unmarried mother, and the moral attitudes upon which these were based.

TREMewan RN and DUFF AB

THE MID-TRIMESTER LOW LYING PLACENTA: A PROSPECTIVE STUDY

Thirteen women who were found to have a low lying placenta on ultrasound scan during the mid-trimester were followed prospectively with repeated ultrasound examinations in order to observe changes in placental position and to determine the prognostic
significance of low-lying placentate found during the mid-trimester. Two women aborted spontaneously and in the remainder the placenta ceased to be previa by 30 to 32 weeks gestation, ie about the time of the formation of the lower uterine segment.

TRLIN AD and RUZICKA LT

NON-MARITAL PREGNANCIES AND EX-NUPTIAL BIRTHS IN NEW ZEALAND
Journal of Biosocial Science. - v9 n02 (April 1977) p163-174

Investigates the incidence and pattern of non-marital pregnancies in New Zealand, and their outcome as nuptial or ex-nuptial births. Changes in sexual attitudes and behaviour, reflected in the increase in non-marital pregnancies, are important but are only part of the total picture. Since a massive return to social norms favouring non-marital sexual abstinence and forced marriages is unlikely, it is imperative that New Zealanders resolve the debates on the availability of sex education, contraceptives and contraceptive advice, and abortion.

VANDENBERG Marjorie

SMOKING DURING PREGNANCY AND POST-NEONATAL DEATH

Data from a survey of all post-neonatal deaths for 12 months to 28 February 1979, together with population data, were used to assess maternal cigarette smoking as a risk factor for post-neonatal death and cot death. Smoking was estimated to be a risk factor, but only where the smokers (Maori and non-Maori) were under 25 years of age. The infants most at risk were those of Maori smokers aged 20-24. As a risk factor for post-neonatal death smoking during pregnancy ranked third, with Maori maternity second and low infant birthweight first. Results indicate that the relevance of maternal smoking to post-neonatal mortality may depend on the total psycho-social-cultural context in which it occurs.

It is suggested that factors that initiate and maintain smoking behaviour in young women need to be identified and strategies developed to counteract them. Concurrently, non-smoking behaviour needs to be positively promoted as a more attractive option for young women to adopt.

WEST AUCKLAND COMMUNITY HEALTH GROUP

WHEN I HAD MY BABY: WOMEN'S PERSPECTIVE ON MATERNITY SERVICES FOR WEST AUCKLAND
Auckland: West Auckland Community Health Group, August 1980

A survey of 205 women's views on maternity needs and services in West Auckland. Includes recommendations for services and areas for further research.

WHITE Sian

PLANNED HOME BIRTH IN AUCKLAND
NZ Nursing Forum. - v10 n01 (1982) p4-7

This review of 89 planned home births shows home birth to be a viable alternative to hospital delivery, for those couples seeking this option. The review also shows the responsible way in which home birth services function.

WILSON Penelope Jane

ADOLESCENT PREGNANCY: TRANSITION TO ADULTHOOD
University of Auckland, 1980, MA Thesis Sociology

A small study of a group of pregnant adolescent girls to examine the implications of adolescent pregnancy and to develop a greater understanding of the needs of very young mothers.

WISHART Kate

THE BIRTH OF KATE
Broadsheet 35 (Dec 1975) p16-19

Case study of a home birth.
Nine hundred and thirty four rural women from six regions of New Zealand were interviewed about many aspects of their lives. Their health was examined in four areas: illness, emergency, loneliness and depression.
ANON

REPORTING ON HITE
Broadsheet 59 (May 1978) p10-11

Interview with Shere Hite who discusses her new book The Hite Report - the first large descriptive study of women’s sexuality, informed by a feminist perspective.

CHETWYND S Jane

THE DEVELOPMENT OF ATTITUDES TO FEMALE SEXUALITY
Paper presented to Conference on Women and Health, 14-18 Feb 1977, Wellington

This paper traces the development of attitudes to female sexuality from primitive cultures to the present day. It describes the influence of Christianity, Victorian attitudes, Freudian theories, and modern day sexologists such as Masters and Johnson. It concludes by examining some of the implications of the present state of understanding of female sexuality.

COLGAN Aloma

SEXUAL DYSFUNCTION
Paper presented to Conference on Women and Health, 14-18 Feb 1977, Wellington

In discussing sexual dysfunction the author pointed out that there was growing awareness of the importance of satisfactory human and sexual relationships as components in emotional and physical well-being.

In many cases the natural preparation and development of such relationships came into conflict with social conventions, precepts and double standards. Greater social freedom, far from freeing adolescent girls from pressures, had subjected them to different and sometimes more difficult pressures. The media presented expectations which remained false and unrealistic, and led to difficulties, conflicts and failures which often required counselling and therapy. The author then outlined the development of a sex-therapy clinic in Auckland and its methods of providing advice and assistance. The range of problems was described and it was pointed out that with improvement after treatment, patients were usually enabled to establish much better all-round relationships with their partners.

KEALL Beverley Ann

WOMEN'S SEXUAL PROBLEMS: CONTRIBUTING CAUSES
Victoria University of Wellington, 1982, MA Thesis in Social Work

This thesis investigates influences which contribute to women's sexual problems within marriage. The literature is examined for important themes and these are then tested against data from 54 women who, with their husbands, attended the Sexual Dysfunction Clinic at Porirua Hospital, Wellington between 1977 and 1981.

PERSON Antoinette

FEMALE SEXUALITY IN TWO SAMPLES OF NEW ZEALAND WOMEN
University of Waikato, 1979, M Soc Sc Thesis in Psychology

The sexuality of New Zealand women, their preferences and their practices, was compared in a questionnaire administered to two groups of New Zealand women. The questionnaire examined the respondent's sexual preferences, fantasy, masturbation, orgasm, partner related questions and questions on oral sex. This study confirms the clitoris as the female's orgasmic organ.
PERSON Antoinette

RESEARCH INTO FEMALE SEXUALITY IN NEW ZEALAND
in Psychology of Women: Research Record II, ed by Jane Ritchie.
Hamilton: University of Waikato (Psychology Research Series No 8) p242-267

PETERSEN Nancy

THE HITE REPORT: UNMASKING THE HETEROSEXUAL INSTITUTION
Broadsheet 69 (May 1979) p26-29, 31

Reviews the findings, and considers the implications, of The Hite Report, a study of women’s sexuality.

THOMPSON Julie

MASTURBATION
Broadsheet 37 (March 1976) p24-31

Literature review exploring why masturbation has been denied to women.
SEXUALLY TRANSMITTED DISEASE

BREMNER DA

THE VALUE OF SMEARS IN THE DIAGNOSIS OF GONORRHOEA IN THE FEMALE
NZ Med J. - v90 no646 (24 Oct 1979) p328-329

Of 332 consecutive patients attending the female venereal disease clinic, Auckland Hospital, 74 patients had gonorrhoea confirmed by culture, but gram stained slides were positive in only 36 of these patients. Five other patients had positive gram stained smears but were culture negative. The study showed the value of gram stained smear in the rapid diagnosis of gonorrhoea in the female.

CALVERT Sarah

VENEREAL DISEASE: THE MODERN PLAGUE
Broadsheet 87 (March 1981) p28-29

Many forms of venereal disease are now on the increase, but women are often ill-informed about the symptoms of these diseases and what to do when VD is suspected. This article presents information and research.

CALVERT Sarah

AIDS: THE FACTS
Broadsheet 129 (May 1985) p36-37

The author demystifies the latest sexually transmitted disease presenting research findings and information with some emphasis on women.

CHARTERS DW and REES Elisabeth

CHLAMYDIAL OPHTHALMIA NEONATORUM
NZ Med J. - v83 no557 (11 Feb 1976) p82-84

A case of chlamydial ophthalmia neonatorum is presented. The importance of early diagnosis and treatment is discussed.

EDWARDS Diana, PHILLIPS Diane and STANCOMBE Sheila

CHLAMYDIA TRACHOMATIS INFECTION AT A FAMILY PLANNING CLINIC
NZ Med J. - v98 no778 (8 May 1985) p333-335

Endocervical samples were taken for the detection of Chlamydia trachomatis from 500 consecutive patients attending a family planning clinic. The Microtrak direct specimen immunofluorescence test was used. Swabs from 79 patients (15.8%) were positive for chlamydia. Seventy-one (95%) of these patients were symptom free, and 39.8% were under 20 years old. Twenty-one patients were pregnant, seven (33%) had chlamydia. Those positive for chlamydia had twice the frequency of abnormal smears and other sexually transmitted infections as those who were negative. Contraceptive use was similar except that intrauterine devices were used less frequently by patients with chlamydia infection.

This report indicates the frequent occurrence of Chlamydia trachomatis infection in New Zealand and that newly developed methods of diagnosis enable us to identify and treat those with this infection. Characteristically these patients are under 20, have multiple partners and a high incidence of abnormal smears and other sexually transmitted infections.

KEANE John

THE SEXUALLY TRANSMITTED DISEASES IN PREGNANCY AND DURING THE NEO-NATAL PERIOD
NZ Fam Phys. - v10 no3 (Winter 1963) p131-134

Since pregnancy is a sexually transmitted condition it is appropriate to consider how the sexually transmitted diseases affect it and its participants, namely the mother - the baby - and the father.
KEANE John A, CURSONS Ray T and KJESTRUP Elspeth J

CHLAMYDIA TRACHOMATIS AS A GENITO-URINARY PATHOGEN? COMPARISONS BETWEEN TWO PATIENT GROUPS AT A NEW ZEALAND UNIVERSITY CITY

NZ Fam Phys. - v12 no2 (Autumn 1985) p52-54

Endocervical specimens were obtained from female patients presenting for routine examination at a student health centre, and at a public STD clinic. As a further comparison 79 male patients attending the public STD clinic were reviewed.

There is discussion of methods of detection of chlamydial elementary bodies, the incidence of infection in each group of subjects, the frequency of dual infections, the impression that infections in the males were more symptomatic than in the females, the issue of clinical latency, the need for contact tracing and treatment.

MacLEAN AB, PALTRIDGE Sally and PLATTS WM

ANTENATAL SCREENING FOR GONORRHOEA IN CHRISTCHURCH

NZ Med J. - v85 no582 (23 Feb 1977) p136-138

All antenatal patients presenting over a 12-month period had a cervical swab taken to screen for gonorrhoea. Among 1135 patients the incidence of infection was 1.3% for unmarried women and 0.4% for those married.

The size of the gonorrhoea problem in Christchurch and the need for suitable screening programmes are outlined. It is believed that a screening programme complements the function of a sexually transmitted diseases clinic in combating gonorrhoea.

MARKHAM Jean G

GENITAL TRACT-TO-EYE INFECTION: TISSUE CULTURE OF CHLAMYDIA TRACHOMATIS

NZ Med J. - v90 no643 (12 Sept 1979) p186-188

A method of cell culture using HeLa 229 is described for the isolation of Chlamydia trachomatis.

From 40 patients with non-specific urethritis (NSU) attending a venereal disease clinic, the isolation rate was 60% and 78% from neonates with sticky eyes from which no other organism could be isolated.

PLATTS M

THE CHANGING FACE OF SEXUALLY TRANSMITTED DISEASE

NZ Med J. - v90 no644 (26 Sept 1979) p248-251

This paper examines the incidence and presentation of: gonorrhoea; syphilis; minor sexually transmitted diseases, namely non-specific urethritis, genital herpes and genital warts; and a number of other diseases transmitted sexually.

RANKINE Jenny

WOMEN AND AIDS

Broadsheet 141 (July/August 1986) p24-26

The author has collated the latest information on women and AIDS.

SAY P Janet, HOOKHAM AB and WILLMOTT FE

UNSUSPECTED CHLAMYDIA TRACHOMATIS IN FEMALES ATTENDING A SEXUALLY TRANSMITTED DISEASES CLINIC

NZ Med J. - v96 no740 (28 Sept 1983) p716-718

One hundred and five women attending the Auckland Sexually Transmitted Diseases clinic were reviewed because of positive cervical cultures for Chlamydia trachomatis. Their average age was 19 years, 70% were European; 28% were Maori. In half the patients the positive culture was a chance finding and therefore treatment was delayed resulting in six patients (12%) developing pelvic inflammatory disease.

Eight out of nine male contacts, subsequently traced, had asymptomatic urethritis, one having epididymitis. One patient had no evidence of urethritis but was chlamydia positive. Associated pathogens present in the women were Neisseria gonorrhoeae (26%), Trichomonas vaginalis (6%), Gardnerella vaginalis (46%) and Candida albicans (19%). These findings support a need for routine
chlamydial testing in female patients attending sexually transmitted diseases clinics and epidemiological treatment of female contacts of men with non-specific urethritis.

SIMPSON Julie

THE INCREASING SOCIAL DISEASE
Paper presented to Conference on Women and Health, 14-18 Feb 1977, Wellington

Results of a survey of knowledge and attitudes toward sexually transmitted diseases among clinic attendees, student teachers, and secondary school students in Wellington in 1976.

WILLMOTT FE

GONORRHOEA IN WOMEN OF DIFFERING ETHNIC ORIGIN IN AUCKLAND
NZ Med J. - v95 no704 (24 March 1982) p176-178

One hundred and forty-eight women with gonorrhoea attending the Auckland VD clinic were assessed for epidemiological factors, efficacy of diagnostic tests and differences relating to ethnic origin. Maoris and Polynesians showed a greater incidence than would be expected from population levels. One hundred and two (69%) were below the age of 25 years. Overall 34 (23%) were unemployed with a preponderance amongst the Maori (32%). One hundred and twelve (76%) presented as contacts of men with gonorrhoea and 97 (66%) were asymptomatic.

Immediate smears were positive in 130 (88%), and cultures in 144 (97%). Europeans had a higher incidence of rectal (36%) and throat (11%) involvement. The defaulter rate was high in Maoris (41%) and Polynesians (43%). Other factors considered are marital status, contraception, socio-economic levels and associated infections. The findings are discussed in relation to ethnic origin and their implications as regards control and education.

WILSON Helen

CHLAMYDIA
Broadsheet 134 (November 1985) p40-41

This article presents research findings about chlamydia, the most common sexually transmitted disease in the Western World.
In 1986, with a continuing drop in cigarette sales amongst white middle class men in developed countries, women and people in third world countries remain the tobacco companies' prime hopes for continued profits. This article has researched the issue of women smoking.

CASSWELL Sally

THE SNIORT REPORT
Broadsheet 88 (April 1981) p12-16

The author challenges current images of women and alcohol, takes a look at drinking problems and suggests a programme for getting your drinking under control if it is getting the better of you.

CHETWYND Jane

SOME CHARACTERISTICS OF WOMEN SMOKERS
NZ Med J. - v99 no794 (22 Jan 1986) p14-17

Smokers were compared with non-smokers in a sample of 978 women aged 18 to 60 year. The smokers were more likely to come from blue collar occupational backgrounds, they were more likely to report family problems and depressive symptoms, and they were more likely to make excessive use of other dependency type substances. Smoking amongst mothers and partners of the women was found to be more prevalent amongst the smokers. The findings are discussed in terms of their implications for smoking prevention amongst women.

CHETWYND S Jane and PEARSON Verna

ALCOHOL PROBLEMS AMONG WOMEN WORKING IN THE HOME: PREVALENCE AND PREDICTORS
Aust and NZ J Psychiatry. - v17 no3 (Sept 1983) p259-264

A sample of 655 women was contacted whilst attending general practitioners' surgeries and questioned on numerous health and social matters. Follow-up interviews were held a year later in the women's homes and information on drinking...
behaviour and problems with drinking obtained. Almost 15% of the sample could be classified as problem drinkers on the basis of their responses to a 'problems with drinking' scale. Seven major variables were identified as being associated with problem drinking amongst these women. These included familial history of heavy drinking, depression, stress level, major life changes, reported alcohol consumption, usual type of leisure activities and abuse of substances such as coffee and tobacco which can result in dependency. Likelihood of problem drinking increased substantially with the number of adverse factors reported. It was concluded that knowledge of these factors would help the general practitioner in the identification of women with alcohol problems.

CHETWYND SJ and PEARSON V
REPORTED DRINKING PRACTICES AMONGST WOMEN WORKING IN THE HOME
Community Health Stud. - v7 no3 (Sept 1983) p278-284

Many alcohol researchers have pointed to the dearth of information on women's drinking, despite evidence that women make up a growing proportion of problem drinkers and that they, or their children, may be at greater risk than males of physical damage from heavy alcohol use. Women whose major occupation is household duties and childcare have been considered to be particularly at risk, predominantly because symptoms of hazardous drinking may go unobserved much more readily than is the case of paid labour force participants.

This study specifically explored the drinking patterns of this group of women and examined possible age-related drinking behaviours.

GRANT Henry and GUEST Jean
SEX DIFFERENCES IN SMOKING BEHAVIOUR
in Psychology of Women: Research Record I, ed by Jane Ritchie.
Hamilton: University of Waikato, 1977 (Psychology Research Series No 5) p110-124

Results of a questionnaire distributed to 92 subjects (46 males and 46 females) on smoking patterns and attitudes.

HAY DR
THE SMOKING HABITS OF NURSES IN NEW ZEALAND: RESULTS FROM THE 1976 POPULATION CENSUS
NZ Med J. - v92 no672 (26 Nov 1980) p391-393

In the 1976 New Zealand Population Census, 25641 female and 1682 male nurses responded to a question on cigarette smoking. Thirty-six percent of all female and 49% of all male nurses were cigarette smokers compared with 32% of women and 39% of men in the general population of 15 years and over. The highest rate of smoking was amongst psychiatric nurses of whom half were regular smokers. Two-thirds of psychiatric male nurse smokers smoked more than 20 cigarettes a day as did 51% of the females. Those whose nursing duties were among pregnant women, infants and children smoked less than average, while nurses under 20 years of age smoked more than older or registered nurses.

In contrast to those in other professional occupations there are more smokers among nurses than the average for the New Zealand community.

HAY DR
INTERCENSAL TRENDS IN CIGARETTE SMOKING BY NEW ZEALAND DOCTORS AND NURSES
NZ Med J. - v97 no754 (25 April 1984) p253-255

The proportion of cigarette smokers has fallen in male doctors from 20% in 1976 to 15% in 1981 and in female doctors from 17% to 13%. The same trends have also occurred in nurses with a reduction from 49% to 39% in men and from 36% to 31% in women. Smoking rates remain high among female psychiatric nurses (46%) and male general nurses (48%).

Only 10% of all doctors under 24 years are smokers. Among general practitioners, the proportion of smokers has fallen from 21% to 14% and among surgeons from 22% to 13%.

If present trends continue, a generation of non-smoking doctors may be expected by the year 2000. Both doctors and nurses have accepted their role as
exemplars and made significant reductions in their level of smoking.

**HAY DR and FATER FH**

**INTERCENSAL TRENDS IN CIGARETTE SMOKING IN NEW ZEALAND 1: AGE, SEX AND ETHNIC STATUS**

The 1981 New Zealand Census has shown that since 1976 the proportion of cigarette smokers has fallen from 40% to 35% in men and from 32% to 29% in women. In men, there has been a reduction in smoking in every age group, but in women smoking has increased in those aged 20-24 and 70-74 years. More girls aged 15-19 years are smokers than boys.

Maori rates of smoking are much higher than other ethnic groups but since 1976 there has been a considerable reduction in the proportion of Maori men and women who smoke. The important exception is that smoking by Maori women aged 20-24 years has increased to very high levels (70%). Almost half the men and a third of the women who smoke consume 20 or more cigarettes a day. The average number of cigarettes smoked per day has fallen since the 1976 census to 18 for men and 14 for women.

From 1976 to 1981, the prevalence of smoking in New Zealand has shown a considerable reduction in non-Maori and Maori men and women of most ages, except for younger women.

**HESLOP Helen, RICHARDS A Mark, NICHOLLS M Gary, ESPINER Eric A, IKRAM Hamid and MASLOWSKI Andrew H**

**HYPONATRAEMIC-HYPERTENSIVE SYNDROME DUE TO UNILATERAL RENAL ISCHAEMIA IN WOMEN WHO SMOKE HEAVILY**
*NZ Med J.* - v98 no786 (11 Sept 1985) p739-742

The hyponatraemic-hypertensive syndrome due to renal ischaemia is presumed to be uncommon. We describe four patients who presented with this syndrome over a period of 21 months. All were women who smoked heavily and had unilateral atherosclerotic renal ischaemia. Hypokalaemia was present in each patient, and in one case resulted in recurrent ventricular tachycardia. All had noted thirst, polyuria, and weight loss. Initiation of treatment with a converting-enzyme inhibitor reduced arterial pressure precipitously in two patients. Removal of the ischaemic kidney, or chronic therapy with a converting-enzyme inhibitor reversed the biochemical abnormalities and the presenting symptoms, and lowered arterial pressure. Detailed studies in two patients before and after treatment confirmed the central role of the renin-angiotensin system in the development of the hyponatraemic-hypertensive syndrome.

**HUYGENS Ingrid and MENZIES Cathie**

**THE DRUG YOU DRINK**
*Broadsheet* 138 (April 1986) p24-26

The authors, alcohol counsellors for Presbyterian Support Services in Auckland, discuss research and information on alcohol and women.

**KISSEL Catherine Jane**

**WOMEN'S ALCOHOL CONSUMPTION IN RELATION TO SEX-TYPING AND SEX-ROLE DISSATISFACTION**
University of Canterbury, 1982, MA Thesis Psychology

The degree to which women see themselves as being sex-typed, the dissatisfaction produced from women's performance of their roles, and women's alcohol consumption are examined. Sex-typing was measured using the Bem Sex Role Inventory and dissatisfaction by a questionnaire designed specifically for the present research. Women were divided into three groups depending on their level of alcohol consumption and were matched between these groups, on age and marital status. These women then completed the two questionnaires.
KITTS Laurie

Hamilton: University of Waikato, 1980 (Psychology Research Series No 12) p167-183

The purpose of the project was 'to gain some understanding of the motivations for and patterns of women's drinking'. It includes a literature review on women and alcohol, and results of a survey of women in Hamilton.

LITMAN Gloria and CHETWYND Jane

THE WOMAN ALCOHOLIC: INCIDENCE, STEREOTYPE AND TREATMENT
Paper presented to Conference on Women and Health, 14-18 Feb 1977, Wellington

At the time this article was written there had been very little work of any substance or merit which dealt with the alcoholic woman. The author draws together findings on the incidence, stereotype and treatment of alcoholic women.

MacMURRAY Brenda

UNTITLED
*Broadsheet* 138 (April 1986) p28-29

The author discusses her experience with prescription drugs.

PEARSON Verna and CHETWYND Jane

SELF-REPORTED DRINKING PATTERNS OF WOMEN AT HOME
Paper presented to ANZSERCH/APHA Annual Conference, 17-22 May 1982, Christchurch

This paper presents patterns of self-reported alcohol intake by 655 women aged 18 to 60. They were GP attendees, without full-time paid employment and were interviewed in their own homes.

The variables studied included time, amount and type of beverage consumed on the last two drinking occasions, estimates of usual consumption, times of the day and week, location, companions and circumstances of drinking. Detailed results are presented on each item.

RITCHIE Jane

Auckland: Women's Studies Association, 1984 p162-172

New Zealand was the first country in the world to include, in 1976, a question in its national census on smoking behaviour. Data from the 1975 and 1981 Censuses indicate that the percentage of women and men who currently smoke is falling. However, analysis of age specific trends shows no decrease among women in the 15-19 age group and an increase among women in the 20-24 age group. The increasing proportion of young women smokers is a cause of concern to health professionals and health educators. The author noticed a large number of women smoking at all-women gatherings. Many of her feminist friends smoke. Since many feminists are health conscious and concerned about their bodies and what they eat, there appeared to be a contradiction. In the sample more feminists than non-feminists smoked.

ROSIER Pat

TRANXIETY
*Broadsheet* 138 (April 1986) p27-28

Women are particular targets for the marketing (via doctors) of tranquillisers. The author presents information and research findings.

ROSIER Pat

A VICIOUS CIRCLE
*Broadsheet* 138 (April 1986) p30-33, 37

The author went to the Auckland Drug
Dependency Centre and talked to Counsellor Maree Moody and four women who have been heroin addicts.

VANDENBERG Marjorie

CIGARETTE SMOKING BEHAVIOUR OF MAORI AND NON-MAORI WOMEN BY MATERNAL STATUS: A WORKING PAPER
Wellington: Health Services Research and Development Unit, Dept of Health, Nov 1985

This paper provides a set of working tables on the cigarette smoking practice and consumption of Maori and non-Maori women, 15-44 years categorised according to maternal status.
NEW ZEALAND DEPARTMENT OF HEALTH, NATIONAL HEALTH STATISTICS CENTRE

INDEX OF STATISTICS
Wellington: Dept of Health, 1983

The aim of the index is to provide for users of health statistics, a comprehensive list of data published by the Department of Health and to indicate in which publication each subject appears. Includes statistics on abortions, maternity admissions, cancer deaths, causes of death, maternal death and sterilisations.
Published biennially.

NEW ZEALAND DEPARTMENT OF HEALTH, NATIONAL HEALTH STATISTICS CENTRE

COMPENDIUM OF WOMEN'S HEALTH DATA
Wellington: National Health Statistics Centre, Dept of Health 1985

Combines data on aspects of women's health published by the National Health Statistics Centre in its various reports. These include 'Trends in Health and Health Services', 'Mortality and Demographic Data', 'Hospital and Selected Morbidity Data', 'Mental Health Data' and 'Cancer Data'.

NEW ZEALAND DEPARTMENT OF STATISTICS (INFORMATION SERVICES DIVISION)

DESCRIPTION LIST OF PUBLICATIONS AS AT 31 DECEMBER 1983
Wellington: Dept of Statistics, 1984

Provides a comprehensive list of information and publications produced by the Department of Statistics.
VAGINAL AND URINARY TRACT INFECTION

AINSWORTH JWL and RUTHERFORD AM

CLINICAL EFFICACY OF PIMAFUCIN (NATAMYCIN) VAGINAL TABLETS IN A TEN DAY COURSE FOR VAGINAL CANDIDIASIS
NZ Med J. - v91 no661 (11 June 1980) p420-421

Fifty women with vaginal Candida albicans infection were given Pimafucin (natamycin) vaginal tablets, two nightly for 10 days. At two weeks there was a 76% cure rate which was maintained at four weeks.

BAILEY Ross and PEARSON Sylvia

COMPARATIVE TRIAL OF SULPHADIAZINE-TRIMETHOPRIM (CO-TRIMAZINE), CO-TRIMOXAZOLE AND SULPHAMETHIZOLE IN THE TREATMENT OF UNCOMPLICATED URINARY TRACT INFECTIONS
NZ Med J. - v91 no652 (23 Jan 1980) p43-44

A combination of sulphadiazine and trimethoprim (co-trimazine) has been developed specifically for the management of urinary tract infections. The pharmacokinetics of co-trimazine make it possible to use lower doses of both the sulphonamide and trimethoprim than in co-trimoxazole, while maintaining clinical efficacy.

One hundred and twenty women with a urinary tract infection were randomly allocated to a five-day course of treatment with either co-trimazine (sulphadiazine 410 mg and trimethoprim 90 mg 12-hourly), co-trimoxazole (sulphamethoxazole 800 mg and trimethoprim 160 mg 12-hourly) or sulphamethizole (1 g 8-hourly). The respective cure rates were 95, 98 and 90 percent.

No serious side effects of therapy were encountered. Co-trimazine proved to be an effective antibacterial combination for the treatment of uncomplicated urinary tract infections.

BAILEY Ross R, PEDDIE Barbara, CHAMBERS Peter FM, CROFTS Henry G, DAVIES Paul R, BISHOP Vicki and BLAKE Elspeth

SINGLE DOSE DOXYCYCLINE, CEFUROXIME AND PIVMECILLINAM FOR TREATMENT OF BACTERIAL CYSTITIS

There is now considerable evidence showing the benefits of single dose antibacterial treatment for uncomplicated urinary tract infections. If single dose therapy is to become widely used it is necessary to clarify the minimum effective dose of the most efficient drugs. This paper reports three trials in women presenting in general practice with bacterial cystitis. In each trial the patients were randomly allocated to either a five day course of oral co-trimoxazole (CTM) or to doxycycline 300 mg orally, cefuroxime 1.5 g intramuscularly or pivmecillinam 600 mg orally. None of these three drugs, when administered as a single dose, was as effective as a single 1.92 g or 2.88 g dose of CTM used in our previous studies in domiciliary practice. These studies confirmed, however, that single dose therapy was well tolerated, preferred by the patients and side effects were minimal.

BAILEY Ross R, KEENAN T Desmond, ELIOT John C, PEDDIE Barbara A and BISHOP Vicki

TREATMENT OF BACTERIAL CYSTITIS WITH A SINGLE DOSE OF TRIMETHOPRIM, CO-TRIMOXAZOLE OR AMOXYCILLIN COMPARED WITH A COURSE OF TRIMETHOPRIM
NZ Med J. - v98 no779 (22 May 1985) p387-389

A single dose of trimethoprim, co-trimoxazole or amoxycillin was compared with a five-day course of trimethoprim for the treatment of bacterial cystitis in general practice. The respective cure rates were 80%, 90%, 65% and 86%. These differences were not statistically significant. Side effects were minimal. Single dose therapy is recommended as
the treatment of choice for bacterial cystitis in domiciliary practice.

CALVERT Sarah

VAGINAL INFECTIONS
Broadsheet 47 (March 1977) p36-39

Presents information and research on vaginal infection.

KIPPAX Russell A, CARADOC-DAVIES Gillian and MEECH Richard J

POLYMICROBIAL NATURE OF VAGINITIS IN YOUNG WOMEN: A MICROBIOLOGICAL AND THERAPEUTIC STUDY

Thirty-six young females attending the Student Health Service with vaginitis were investigated by serial semi-quantitative aerobic, anaerobic, fungal, mycoplasma and viral cultures over a 10 day period and results were correlated with signs and symptoms.

Antifungal therapy (econazole pessaries and cream) resulted in clearance of candida from 13 out of 16 patients where there was no increase in the anaerobic flora. In the four subjects where candida was isolated along with Gardnerella vaginalis plus abnormal anaerobic flora, only one cleared with econazole, the remaining three clearing during therapy with metronidazole. In the nine subjects with Gardnerella vaginalis and abnormal anaerobic flora, metronidazole relieved symptoms despite failure to eradicate G vaginalis in seven indicating the pathogenic role of the anaerobic flora G vaginalis. Mycoplasma hominis, Ureaplasma urealyticum and gram negative enteric bacilli were not implicated as primary agents in causing vaginitis.

MEECH RJ and LOUTIT J

NON-SPECIFIC VAGINITIS: DIAGNOSTIC FEATURES AND RESPONSE TO IMIDAZOLE THERAPY (METRONIDAZOLE, ORNIDAZOLE)
NZ Med J. - v98 no 779 (22 May 1985) p389-391

Detailed quantitative aerobic, anaerobic, fungal and mycoplasma flora was obtained for 43 women presenting with complaints of vaginal discharge and malodour. Clinical response was associated with eradication of the abnormal anaerobic flora, despite persistence of G vaginalis in nine (26%). Topical imidazole therapy appeared to have some advantage over oral therapy. Gram stains of vaginal swabs were found to be the most useful laboratory investigation.

MEECH RJ, SMITH JMB and CHEW T

PATHOGENIC MECHANISMS IN RECURRENT GENITAL CANDIDOSIS IN WOMEN
NZ Med J. - v98 no 771 (23 Jan 1985) p1-5

A detailed analysis of the microbiological flora and investigation of the host immune response to Candida albicans was performed on 22 women presenting with a history of recurrent genital candidosis, as defined by at least four clinical episodes, with at least two episodes microbiologically proven, due to C albicans in the preceding 12 months. Disease due to C albicans could occur at low counts (10^2 - 10^3 /ml) or very high counts (> 10^6 /ml). Immunological investigations indicated that both hypersensitive and anergic states occur, the nature of the host response determining the clinical features noted on presentation. Polymicrobial mixed infections were also noted in six women. Recognition of the nature of the host response is important in understanding the pathogenesis of recurrent candidosis and devising effective therapeutic regimes.

PEDDIE Barbara A, LITTLE PJ and SINCOCK Adrienne R

URINARY TRACT INFECTION IN GENERAL PRACTICE

In three studies 616 patients (610 female and six male) presented with symptoms suggesting urinary tract infection (UTI). Of these, 321 had > 100 x 10^6 bacteria per litre in a midstream urine sample. None of the presenting symptoms could be considered to be a reliable indicator of bacteriuria. Ninety percent of infected urines and 44% of uninfected urines had...
a raised white cell concentration. Escherichia coli was the most common infecting organism (71.3%). Next were Gram positive cocci at 15.6%, Proteus mirabilis (7.5%), and Klebsiella-Enterobacter species (0.7%). At follow-up over 30 days 25.6% of patients initially infected again had infected urine. The organisms isolated from initial MSUs were sensitive to most antibacterial agents by disc-sensitivity testing. The expected urine levels of drugs used in the study greatly exceeded the measured minimum inhibitory concentration.

RUTHERFORD AM

GYNODAKTARIN (MICONAZOLE NITRATE) FOR VULVOVAGINAL CANDIDIASIS
NZ Med J. - v84 no567 (14 July 1976) p9-10

A new potent fungicidal preparation, miconazole nitrate 2% (Gynodaktarin) was used in 40 patients, both pregnant and non-pregnant, with vulvovaginal candidiasis. It was as effective in pregnant as in non-pregnant patients. Retreatment in three cases of recurrence was successful.

There were no side effects reported, and the drug was found to be safe for pregnant patients and their off-spring.

SHEPHERD MG, SMITH JMB, SULLIVAN PA, MEECH RJ and POULTER RTM

CANDIDOSIS
NZ Med J. - v96 no737 (10 Aug 1983) p619-621

Candidosis is caused primarily by the opportunistic yeast pathogen Candida albicans and, less frequently, by other species, e.g., Candida parapsilosis and Candida tropicalis. This article discusses basic research findings and anti-fungal agents. It notes that despite the fact that candida vaginitis is one of the commonest world-wide infectious disease problems, microbiological aspects of this condition are poorly understood or documented.
VIOLENCE

ANON

BASHED WIVES REVEAL THEIR LIVES OF HIDDEN SUFFERING
New Zealand Woman's Weekly. - October 23 1978

This paper presents the results of a questionnaire on domestic violence which was published in the New Zealand Woman's Weekly at the request of Miriam Jackson.

ANON

RAPE IN NEW ZEALAND
Broadsheet 55 (Dec 1977) p18

Presents figures from the NOW Research Committee first survey of rape in New Zealand. Contrasts the myths about rape with the facts from the New Zealand survey.

BANKS Bronwyn, FLORENCE Joy and RUTH Jenny

HE SAID HE LOVED ME REALLY: EXPERIENCES AT A WOMEN'S REFUGE
Auckland: Halfway House Book Collective, 1979

Based on the experiences of women involved in the running of the Halfway House women's refuge. Includes personal herstories, facts and figures and details about the running of the refuge.

CHURCH John

VIOLENCE AGAINST WIVES: ITS CAUSES AND EFFECTS
(Results of the Christchurch Family Violence Study)
Christchurch: John Church, 1984

The research described in this report was designed to explore the causes and effects of violence against wives. While there were many questions which might have been asked, the main aim of the study was to collect, from a sample of battered wives, information on the following matters: the family backgrounds and demographic characteristics of the husband and the wife, beliefs about marriage, the events leading up to and following the first and worst assaults, the kinds of coercion experienced within the relationship, the order and timing of selected events within the deteriorating relationship, the effects of violent coercion on the behaviour, beliefs and mental health of the abused wife, the effects of family violence on the development of the children, the division of household income and work within the relationship, the personality of the violent spouse, and the wife's reasons first for staying with and then for leaving her violent partner.

CHURCH John and Doris

LISTEN TO ME PLEASE: THE LEGAL NEEDS OF DOMESTIC VIOLENCE VICTIMS
Christchurch: Battered Women's Support Group, 1981

As the title suggests, this is primarily about the legal needs of battered women and their children. Includes sixteen 'case studies' of New Zealand women, and draws on experience acquired through operation of the Battered Women's Support Group.

CHURCH RJ

DOMESTIC VIOLENCE: THE PROFESSIONAL'S RESPONSE
University of Canterbury, 1982

CODDINGTON Carrie and MARIKIND Lin

RAPE: AN ANALYSIS OF CALLS TO THE HAMILTON RAPE CRISIS CENTRE
in Psychology of Women: Research Record IV, ed Jane Ritchie.
Hamilton: University of Waikato, 1983, p116-136

Profiles rape victims and experiences including physical and psychological consequences, and
contact with services.

CROSSLEY Lyn

MARITAL STATUS: WIFE - OCCUPATIONAL HAZARD: MURDER
Broadsheet 108 (April 1983) p15

Murder of a wife by her husband is the single most common type of murder of women. This article presents research findings on wife murder in New Zealand.

HAINES Hilary

SEXUAL VIOLENCE AND THE MASS MEDIA
Auckland Mental Health Foundation 1983

The author explores the relationship between sexual violence and the mass media, defined as media that large numbers of people have ready access to: television, films, magazines, records, newspapers (and, increasingly, videos). The paper discusses the influence of portrayals of sexual violence on behaviour, and then looks at studies which document the extensiveness of such portrayals in the media.

HAINES Hilary

THE EXTENSIVENESS OF SEXUAL ABUSE: A BRIEF LITERATURE REVIEW
Auckland, Mental Health Foundation

The author reviews New Zealand literature on sexual abuse of children and rape. Unfortunately, in New Zealand we do not have good random sample survey research, the best source of information on sexual abuse. However, the information that we do have suggests that sexual abuse is a crime which occurs far more frequently than is usually thought.

HANCOCK Mary

BATTERED WOMEN
An analysis of women and domestic violence, and the development of women’s refuges.
Wellington: The Committee on Women, 1979

INGLIS Mary

LEAVING THE REFUGE
in Women’s Studies: Conference Papers 1981
(Papers of Women’s Studies Association Conference, 4-6 Sept 1981 Wellington), ed by Hilary Haines
Auckland: Women’s Studies Association, 1982 p151-155

An examination of the factors influencing women’s decisions to leave a refuge, and the outcome of their decision. Also discussed is the process of change women experience whilst staying in the refuge.

MENTAL HEALTH FOUNDATION OF NEW ZEALAND

RAPE IN NEW ZEALAND
Auckland: Mental Health Foundation of New Zealand, 1983.

RANKIN Louise

RAPE: A CASE OF
Broadsheet 102 (September 1982) p38-39

Case study of a woman who was violently raped and the ordeal that followed with doctors, police, the legal system, and with society.

RANKINE Jenny

WIFE BATTERING SOLDIERS
Broadsheet 133 (October 1985) p6-7

The author reports on a study of violence by soldiers to their wives.

SAPHIRA Miriam

RUN AWAY FROM HOME
Broadsheet 111 (July/August 1983) p8-9

The author comments on a recent study of New Zealand refuges titled ‘A Socio-economic
Assessment of New Zealand Refuges'. The study included a profile of 17 refuges, 46 case studies of battered women and 192 questionnaires of individual women who entered one of the refuges over a three-month period.

STONE Joan, BARRINGTON Rosemary and BEVAN Colin

RESEARCH REPORT I: THE VICTIM SURVEY in Rape Study v2: Research Reports Wellington: Dept of Justice, 1982

Based on interviews conducted with 'victims' of rape and other forms of sexual assault.

SYNERGY APPLIED RESEARCH LIMITED

A SOCIO-ECONOMIC ASSESSMENT OF NEW ZEALAND WOMEN'S REFUGES

The purpose of the research was to provide concerned decision makers with an in-depth review of the activities and funding requirements of women's refuges in New Zealand. Particular emphasis is placed on the benefits to society accruing from the operations of the refuges in dealing with a neglected and serious social problem.

WILKINSON Glennis

A REFUGE FOR VICTIMS OF DOMESTIC VIOLENCE IN WELLINGTON Wellington City Council, 1979

WOMEN AGAINST PORNOGRAPHY

CONNECTIONS FROM RESEARCH Wellington: Women Against Pornography, 1986

Summarises research in the areas of media violence, pornography, attitudes and behaviour, pornography models and actors, and some characteristics and trends in pornography.
WEIGHT CONTROL AND EATING DISORDERS

ABPLANALP Karen

EATING DISORDER SUPPORT
Broadsheet (Nov 1986) p11

Karen Abplanalp writes about an anorexic and bulimic support group which has recently formed in Auckland.

ANON

ANOREXIA
Broadsheet 84 (Nov 1980) p20-21

A woman writes of her anorexia. (Part of feature ‘Anorexia: When the dieting turns to starving’).

BLUNDELL Sally

ANOREXIA AND BULIMIA AID
Broadsheet 140 (June 1986) p10-11

The author writes about the Anorexia and Bulimia Aid group in Christchurch.

CALVERT Sarah

ANOREXIA: WHY DOES IT HAPPEN? WHAT IS IT ABOUT?
Broadsheet 84 (Nov 1980) p23-24

Looks at the problem and how it affects its victims. (Part of feature ‘Anorexia: When the dieting turns to starving’).

CONCY Sandra

AN INTERVIEW WITH AN ANOREXIC
Broadsheet 84 (Nov 1980) p22

A case study of an anorexic. (Part of feature ‘Anorexia: When the dieting turns to starving’).

CHEEK D, GRAYSTONE JE, SEAMARK RF, McINTOSH JEA, PHILLIPOU G and COURT JM

URINARY STEROID METABOLITES AND THE OVERGROWTH OF LEAN AND FAT TISSUES IN OBESE GIRLS

DAVIDSON Flora

SOME NOTES ON ENERGY BALANCE AND WEIGHT CONTROL
Paper presented to Conference on Women and Health, 14-18 Feb 1977, Wellington

Weight control has become a major preoccupation of New Zealanders. This paper pulls together some research in the areas examining such things as sex differences in weight control.

FOX KC and JAMES N McL

ANOREXIA NERVOSA: A STUDY OF 44 STRICTLY DEFINED CASES
NZ Med J. - v84 no574 (27 Oct 1976) p309-312

Forty-four patients with strictly defined anorexia nervosa were studied. They were found to come from the higher socio-economic levels and to be the early born of older parents. Their families were of average size, but females were over-represented. Premorbid obesity was uncommon, but over two-thirds had secondary depression.

The treatment methods used until 1974 showed no great variation in success. Poor prognosis was most commonly linked to use of purgatives. A new treatment programme involving re-feeding to reach ideal weight and followed by psychotherapy show encouraging results.
HALL Anne

TREATMENT OF ANOREXIA NERVOSA
NZ Med J. - v82 no543 (9 July 1975) p10-13

Anorexia nervosa is a well-known syndrome occurring predominantly in adolescent girls, and characterised by amenorrhoea and gross weight loss due to self-induced restriction of food intake. The prognosis is poor but full recovery does occur as illustrated by long-term follow-up of 22 unselected patients, eight of whom have recovered to date. A definite treatment programme is recommended as likely to improve the prognosis. This consists of hospital admission for restoration of normal weight, combined with family intervention and continuing long-term individual psychotherapy. The hospital regime for weight restoration involves bed rest, refeeding by experienced nursing staff, and a situation where the patient has no opportunity for avoiding weight gain but receives constant reassurance. Under these conditions restoration of full normal weight is achieved, as illustrated by 14 admissions to hospital with only one failure to achieve target weight.

HALL Anne

ANOREXIA NERVOSA
NZ Med J. - v94 no698 (23 Dec 1981) p460-462

This article presents the findings of a study of fifty anorexics treated by the author over a ten year period. Cultural distribution, hypotheses about aetiology, treatment and prognosis are discussed.

HALL A and BROWN LB

A COMPARISON OF THE ATTITUDES OF YOUNG ANOREXIA NERVOSA PATIENTS AND NON-PATIENTS WITH THOSE OF THEIR MOTHERS

Attitudes towards 'sickness', 'arguments', 'tension', 'social isolation', 'thinness', 'growing up' and 'grown up' were investigated in 20 young female anorexia nervosa patients and their mothers, and in 32 volunteer non-patient schoolgirls and their mothers. A computer-generated semantic differential questionnaire was completed by each daughter and her mother, first for herself and then as she thought the other person would have answered it. The majority of significant differences occurred between the anorexic daughters and their mothers as a group, and the non-patient daughters and mothers as a group. The anorexia nervosa group rated 'sickness', 'arguments' and 'tension' more favourably than did the non-patients, while the patients rated 'thinness' and 'social isolation' less favourably than did the non-patient group. Neither group of mothers and daughters consistently misjudged each other.

HALL Anne, HAWKER Fiona, SLIM Enid and SALMOND CE

ANOREXIA NERVOSA: LONG TERM OUTCOME IN 50 FEMALE PATIENTS

Fifty consecutively referred female patients with anorexia nervosa were followed-up to identify those completely healthy at a minimum of four years (mean eight years) since onset. As well as using Morgan's Outcome Measures, an independent psychiatrist elicited details of food/weight preoccupation and psychiatric state. The outcome results, based on weight and menstruation, (36% 'good', 36% 'intermediate', and 26% 'poor' including 2% dead, and 2% not assessed) did not differ significantly from those of the three similar published studies on similar patients; 62% of patients continued to have some food/weight pre-occupation. DSM III criteria for a psychiatric disorder other than eating disorder were fulfilled by 50%; dysthymic disorder was common (34%), occurring exclusively in patients with continuing eating disorder symptoms, while only 20% of the sample were free of any physical or mental abnormality. Of 52 prognostic factors studies, only four were significantly related to the outcome measures. Length of illness at presentation was the only prognostic factor common to all four similarly conducted studies.
HILHORST Marieke

BULIMIA: EATING TO STAY THIN
Broadsheet 130 (June 1985) p26-27

The author presents information and research on bulimia including a study of her own bulimia.

LOWE HC, MILES SW and RICHARDS CG

EATING ATTITUDES IN AN ADOLESCENT SCHOOLGIRL POPULATION
NZ Med J. - v98 no 778 (8 May 1985) p330-331

One thousand five hundred and fourteen Auckland school girls in the age range 13 to 17 were given an eating attitudes test. Fourteen percent of this large population produced a score on that test of greater than 30 which has been claimed to be indicative of potential eating disorder. The authors view this incidence with alarm and comment on the social process of coupling the thin feminine body ideal with success.

MATTHEW Sue

LIFTING THROUGH CLOUDS
Broadsheet 84 (Nov 1980) p21

A woman writes of her anorexia. (Part of feature 'Anorexia: When the dieting turns to starving'.)

MILES SW

THE BORDERLAND OF ANOREXIA NERVOSA: RELATIONSHIP OF WEIGHT LOSS AND AMENORRHOEA TO BODY IMAGE MEASURES
NZ Med J. - v95 no 721 (8 Dec 1982) p844-846

The attitudes to body image of a group of nursing students were measured by a form of the repertory grid. These responses are compared with responses of low weight and refed anorexia nervosa subjects.

A high incidence (20%) of self-reported amenorrhoea associated with dieting and weight loss was present in the nursing student group. Those subjects reporting such an experience were demonstrably different from both the remainder of the nursing student group and the anorectics. Major findings were the personal perception of themselves as more feeling and sexual despite a continuance of an apparent desire for a belly thinner than that actually perceived. These distinctions may reflect important psychological conflicts operative in development or continuance of anorexia nervosa.

MILES SW and WRIGHT JJ

PSYCHOENDOCRINE INTERACTION IN ANOREXIA NERVOSA, AND THE RETREAT FROM PUBERTY: A STUDY OF ATTITUDES TO ADOLESCENT CONFLICT, AND LUTEINIZING HORMONE RESPONSE TO LUTEINIZING HORMONE RELEASING FACTOR, IN REFED ANOREXIA NERVOSA SUBJECTS

Seventeen young women suffering from anorexia nervosa underwent LHRF infusion, and repertory grid psychometric measures, soon after they had regained ideal body weight. Those who had regained normal LH responsiveness showed repertory grid evidence of increased adolescent conflict compared to those who failed to respond to LHRF. Certain other clinical variables which might account for this finding were excluded, and the hypothesis that amenorrhoea in anorexia nervosa is partly explicable as a psychobiological defence against adolescent conflict is supported.

ROSIER Pat

FIGHTING FAT PHOBIA
Broadsheet 136 (Jan/Feb 1986) p14-17

This article explores how hatred and fear of fat is used to control women.

SINGH Jasbindar

BULIMIA
Broadsheet 130 (June 1985) p28-29

The author is researching the extent of bulimia and how it affects women's lives.
WEIGHT CONTROL AND EXERCISE
Paper presented to Conference on Women and Health, 14-18 Feb 1977, Wellington

An examination of the role of exercise in weight control and the propaganda of weight control and diet.
WOMEN AS HEALTH CONSUMERS
(including Patient's Rights)

ACEY Frances

PATIENTS' RIGHTS: TO BE READ IN CONJUNCTION WITH BILL OF RIGHTS ATTACHED
(prepared with members of the Patients' Association of Wellington)
Paper presented to Conference on Women and Health, 14-18 Feb 1977, Wellington

This paper backgrounds and presents a Bill of Rights for hospital patients. It is based on overseas drafts and on a large number of instances where members of the Wellington Patients' Association have not received the consideration or treatment they believe they should have had.

ANON

PATIENT'S RIGHTS IN CHRISTCHURCH
Broadsheet 124 (Nov 1984) p10-11

The article reports on the Patients' Rights Group in Christchurch including their research work.

BEAGLEHOLE Ruth

THE PATIENT'S VIEW
Address to 7th Congress of Royal Gynaecologists, 2 Feb 1976, Nelson

CUTRESS Brenda

PATIENT'S RIGHTS
Paper presented to Conference on Women and Health, 14-18 Feb 1977, Wellington

This paper examines patients' rights under current law then discusses the needs, interests and rights of patients in the light of needed reform.

FEMINISTS FOR LIFE (AUCKLAND)

AMENDED VERSION OF MATERNITY PATIENTS BILL OF RIGHTS
Paper presented to the Conference on Women and Health, 14-18 Feb 1977, Wellington

This paper presents an amended bill of rights for maternity patients designed to assist the mothers to approach childbirth as a natural phenomenon and to eliminate the misunderstanding that can exist in a medically orientated institution.

RICHARD JG and McPHERSON MJ

GENERAL PRACTICE: A CONSUMER VIEWPOINT
NZ Med J. - v95 no705 (14 April 1982) p225-229

A random survey of households in the Auckland area, based on a study by Ann Cartwright in her book 'Patients and their Doctors'. The Auckland study attempted to elicit the opinion of the female head of the household; second and third choices were the male head of the household or a responsible adult with good knowledge of the family. 78% of interviews were with women. Topics covered various aspects concerning doctor preference, usage and services.

ROSIER Pat and HAINES Hilary

POWER TO THE PATIENTS
Broadsheet 140 (June 1986) p16-22

Pat Rosier interviewed Mary O'Hagan and Hilary Haines interviewed Judy Chamberlain about issues inside and outside psychiatric hospitals.
Results of a study following 63 patients (39 female and 24 male) through three stages of a consultation - immediately prior to a consultation, the actual consultation, and a few days after the consultation. The overall objective of the study was to determine the extent to which misunderstandings on both sides affect communication during a consultation between doctor and patient. The findings would suggest that the communication between patient and doctor was in the majority of cases, satisfactory.
**WOMEN — GENERAL**

**BELC Claudia and ADAIR Vivienne**

**WOMEN AND CHANGE: A STUDY OF NEW ZEALAND WOMEN**
Wellington: National Council of Women of New Zealand, 1985

Chapter six contains sections on health and sexuality.

**SOCIETY FOR RESEARCH ON WOMEN IN NEW ZEALAND INC (WELLINGTON BRANCH)**

**IN THOSE DAYS**
Wellington: Society for Research on Women in NZ (Inc), 1982

A study of the life experience of 51 women aged 70 years and over. Material follows a ‘life-cycle’ approach, and includes topics such as conception and contraception, illnesses, retirement and coping strategies.
Women in the Paid Workforce

BUNKLE Phillida

AND TWO CHINESE LEPERS
Paper presented to Conference on Women and Health, 14-18 Feb 1977, Wellington

This paper traced the history of medical services for women and the structure of the medical profession showing that women remained as 'outcasts' of the health services. They constituted by far the greater number of workers, but were almost entirely found within the lower and middle ranks, where there was also social and economic stratification. Power, policy-making and planning were, however, retained exclusively in the hands of a small minority of male doctors. Great progress in technology had increased specialisation often at the expense of human qualities and the emotional needs of consumers.

CALVERT Sarah

MIDWIVES AND REVOLUTIONARIES: THE BIRD TAKES FLIGHT
Paper presented to the Inaugural Conference of Women Psychologists, Feb 1978, Auckland

Discusses the relationship of psychology and women; the political nature of psychology and the ways in which this relates to women and the responsibilities of women psychologists.

CHRISTENSEN Judith

THE WORKER AND THE SYSTEM
Paper presented to Conference on Women and Health, 14-18 Feb 1977, Wellington

This paper examines: choice of role in the health service according to sex; leadership in the health service according to sex; and the changing social patterns for women in terms of career, marriage and family.

CULLINGTON Stella J

GENERAL PRACTICE AS EXPERIENCED BY A WOMAN GP
NZ Fam Phys. - v6 no3 (Sept 1979) p9-10

The author draws on her experience in many types of general practice as a locum and as an assistant and in her solo general practice which she has surveyed according to age, sex, whether old or new patients. She observes that men consult less frequently than women. Females in the practice comprise 71% of patients and 85.5% of consultations. There appears a marked preference to have a woman doctor to deal with gynaecological, family and psychiatric problems. The author notes with concern that more women doctors are not entering general practice.

DONLEY Joan

SAVE THE MIDWIFE
Auckland: New Women's Press, 1986

Explores the course of midwifery in twentieth century New Zealand.

DRISCOLL Sharon

NURSES: POLITICAL ACTIVITIES AND AWARENESS
in Research Papers 1979: Women's Studies (Papers of Women's Studies Association Conference, University of Waikato, 29 Aug - 1 Sept 1979), ed by Rosemary Seymour.
Hamilton: Women's Studies Association, 1979 p46-50

This paper studies New Zealand nurses, as a predominantly female workforce of approximately 2500 people in three areas: (a) effects of family, education, media, and peer groups on nurses' political socialisation; (b) political behaviour of New Zealand nurses; and (c) nurses and the Contraception, Sterilisation and Abortion Act 1977.
Although approximately three quarters of health service personnel are female, very little is known about them. This paper explores some of the issues in three sections. The first outlines the impact of the Second World War on the growth and characteristics of the female labour force in New Zealand, and follows subsequent trends on labour force participation. The second explores women's contribution to the provision of health services and discusses some of the organisational factors which could affect female employment patterns. Finally the implications of increasing female labour force participation for health service planners are highlighted.

This study consisted of an analysis of fourteen interviews of fourteen professional women taped over a four week period. The interviews were structured to enquire into the background of the participants with regard to the family of origin and education; organisation; role patterns and attitudes within the family of procreation were studied next, and finally an attempt was made to analyse opportunities in the professional situation and the attitudes of others studied.

An historical look at the development of nursing as a profession in New Zealand. This study backgrounds the development of nursing in nineteenth century Europe and examines military and religious influences. The New Zealand situation is looked at more specifically. The registration of nurses is discussed as is the development of training; the battle for better conditions and qualifications; and recent major changes in education, unionisation, and the increase of men in the profession.

Nursing as a women's occupation had to establish its own professional standards and programmes without effective models to follow. . . . To begin with, New Zealand nurses like their counterparts in other countries had included women of very varied abilities and qualities, some of them rough, uncouth and uneducated. An improvement in nursing standards began after the arrival of nurses trained in the Nightingale system, a system emphasizing the autonomy of the matron in certain spheres of the hospital, the importance of the ward sister, and of theoretical as well as practical instruction to nurses. . . . For many years the training of nurses was an apprentice-type-on-the-job mode of instruction, with obvious advantages to Hospital Boards which gained a good supply of cheap labour. . . . A demand that university training should be available for nurses began soon after the war (1918). . . . But there were no university studies in nursing until Massey University introduced them into its curriculum in 1973.

A brief look at the background of the early women doctors in New Zealand who graduated up until

Bibliography of Women's Health Studies
1924. Among these graduates are those who travelled to the colonies from such places as Scotland, Australia, Ireland. The women described include Agnes Bennett, Elizabeth Bryson, Helen Baird and Emily Siedeburg. From these studies Hughes attempts to present the patterns apparent in these women's experiences. Problems such as loneliness, rejection and frustration plagued their lives as they tried to establish themselves in the male-oriented society of New Zealand in the early 1900s.

HYMAN Prue

NURSING IN THE UNITED STATES, GREAT BRITAIN AND NEW ZEALAND: SIMILARITIES AND CONTRASTS IN EDUCATIONAL PREPARATION, PAY AND UNION/PROFESSIONAL ASSOCIATION REPRESENTATION

Organised nursing has been, since the days of Florence Nightingale, a predominantly female occupation. It is not too much of a caricature to assert that the role of nurses is seen by most doctors, many patients, much of the community and, at least until recently, by many nurses themselves, as that of dedicated selfless care to the patient and assistance to or even subservience to the medical profession. Only comparatively recently has nursing started to put forward a picture of itself as a profession separate from but equal to medicine. The earlier process by which the male medical profession took over from women the responsibility for heath and the treatment of illness is well documented elsewhere. Here, attention is confined to recent developments in nursing as an occupation and a manpower market, with the main emphasis being placed on educational preparation, pay levels and patterns of representation of nurses in the United States, Great Britain and New Zealand.
the medical profession's concerted aim to control reproductive technology, to monopolise contraceptive information and to control obstetrical practice. At the same time, the medical profession had assumed a form of moral authority in order to reinforce their own position, by making pronouncements about the dangers of intellectual development in women, and the potential race-suicide implicit in their evasion or control of child-bearing responsibilities.

PACK Angela

WOMEN IN DENTISTRY IN NEW ZEALAND TODAY
NZ Dent J. - v75 no342 (Oct 1979) p212-214

The number of women on the New Zealand Dental Register has increased in recent years from 2.5% in 1973 to 4.6% in 1978. A questionnaire was sent to all the women on the 1973 register and subsequently to the additional women on the 1978 register in order to investigate the years of dental service given, and the need for refresher courses to encourage those women with broken service to return to the practice of dentistry. The majority of respondents favoured a course of three months' duration timed for approximately six years after graduation. Consideration is given to possible ways of overcoming the wastage of dental women-power because of child raising commitments. The dental profession should recognise the challenge of this problem.

RANKINE Jenny

YOUR FRIENDLY LESBIAN STAFF NURSE
Broadsheet 131 (July/August, 1985) p44-46

The author spoke to six pakeha lesbian nurses about life on the job.

ROBINSON RG

WOMEN AND MEDICINE (editorial)
NZ Med J. - v89 no627 (10 Jan 1979) p17-18

SAWICKI Nina

WOMEN IN MEDICINE
in Women's Studies Conference Papers 1981
(Papers of Women's Studies Association Conference, 4-6 Sept 1981, Wellington), ed by Hilary Haines.
Auckland: Women's Studies Association, 1982 p59-66

Summarises some of the current published literature on women in medicine, and focuses on some of the difficulties encountered, by the rising proportion of women in medical schools, and in ongoing medical training schemes, and elucidates some of the adjustments on the part of Hospital Boards, and other employers that will facilitate women realising their full career potentials.

This paper describes some of the current employment patterns, and constraints on professional activity and attainment. It then proposes some solutions to these problems, i.e. sound competent career advice, helping to overcome the periods of withdrawal and the creation of widespread part-time training posts.

SEYMOUR Rosemary

WOMEN AND MEDICINE: RELIGION AND PROFESSIONALISATION AS RESTRICTIVE FORCES IN HISTORY
Paper presented to Conference on Women and Health, 14-18 Feb 1977, Wellington

TENNANT Margaret

MRS GRACE NEILL IN THE DEPARTMENT OF ASYLUMS, HOSPITALS AND CHARITABLE INSTITUTIONS
NZ J Hist. - v12 no1 (1978) p3-16

Traces the career and impact of Grace Neill as an inspector with the Department of Hospitals, Asylums and Charitable Institutions at the turn of the century.
The paper summarises the published literature on women in medicine. It analyses the material from three perspectives: the patterns of medical women’s employment; why medical women perform as they do; and what can be done to improve women doctors’ contribution.

WELLS J Elizabeth, FRY Lyn and HESKETH Beryl

REPORT OF THE AD HOC COMMITTEE ON WOMEN IN PSYCHOLOGY IN NEW ZEALAND
NZ Psychologist. - v7 no1 (May 1978) p24-26

At the 1975 Annual General Meeting of the New Zealand Psychological Society a remit was passed calling for an investigation into the position of women within the profession. In April 1976, council asked Dr Elizabeth Wells to convene an ad hoc committee for this purpose. The committee produced suggestions for research and some preliminary results for the 1976 conference and the following report was presented at the 1977 Annual General Meeting.

WRIGHT-ST CLAIR RE

SIX WOMEN
NZ Med J. - v88 no617 (9 Aug 1978) p103-104

By the end of the year 1900 the New Zealand medical register carried the names of five women practitioners (and 706 men). Four of the women were practising in New Zealand and the other one had returned overseas after a short stay. In addition another woman doctor, an American graduate, had been briefly in New Zealand and had evidently given some thought to staying longer.

These six women medical practitioners in colonial New Zealand are the subject of this paper. One stood in poor repute in the profession, but, fortunately perhaps, did not stay here long; the other five were reputable and dedicated doctors. In the following decade 27 more women were added to the register.
WOMEN'S HEALTH MOVEMENT

ALLWOOD Janet

A STUDY OF WOMEN'S HEALTH GROUPS
Prepared as part of an elective period in the Dept of Community Health, Wellington Clinical School of Medicine, 1990.

An examination of eight women's health groups in the Wellington area.

BIRD Christine

USING WOMEN’S HEALTH GROUPS
Broadsheet 137 (March 1986) p19-21

BIRD Christine

HEALTH ALTERNATIVES FOR WOMEN
Race, Gender, Class no 4 (Dec 1986) p5-9

The Health Alternatives for Women (THAW) was set up in Christchurch and has dealt with many women in need of alternative health care. Some of the major areas in which these needs arise are presented in this article and possible reasons, including inadequacies of the present health care system in catering for these needs, are discussed.

BIRD Christine and CUMMING Jane for the THAW COLLECTIVE

THE HEALTH ALTERNATIVES FOR WOMEN
Broadsheet 108 (April 1983) p28-30

A herstory of The Health Alternatives for Women (THAW), a women's health centre in Christchurch.

BURNS Janice Anne

THE WOMEN'S HEALTH CENTRE MOVEMENT: A RADICAL ALTERNATIVE IN HEALTH CARE FOR WOMEN
Victoria University of Wellington, 1977, MA Thesis Social Work

One practical expression of the international Women's Health Movement is Women's Health Centres which provide a radical alternative in health care for women. The author argues that the Women's Health Movement has reached New Zealand and that the provision of Women's Health Centres seems imminent.

CALVERT Sarah

KNOWLEDGE IS POWER: REASONS FOR THE WOMEN'S HEALTH MOVEMENT
Broadsheet 80 (June 1980) p26-30

An examination of the reasons for the women's health movement throughout the world and particularly in New Zealand.

CALVERT Sarah

KNOWLEDGE IS POWER: REASONS FOR THE WOMEN'S HEALTH MOVEMENT
Paper presented to Women and Health Seminar, Victoria University Extension Dept and Dept of Health, 1980, Wellington

CALVERT Sarah

AN EFFECTIVE TACTIC: WOMEN'S HEALTH AS AN ISSUE WITHIN THE FEMINIST MOVEMENT

This article is an attempt to discuss the women's health movement, its impact and position as an effective tactic for feminism. . . . 'It is my own view that health is the most useful organising issue for feminism and one where we are best able to put our visions and ideas into practice in regaining control over our lives. I feel health has been down-played as a tactical area in the movement and that we need to reassess it.'
FENWICK Penny and McKENZIE Margaret

FEMINIST HEALTH ALTERNATIVES SAFETY VALVES FOR THE SYSTEM?

The women’s health movement argues that establishing self-help alternative health care both provides an alternative for women within the existing system and is a way of effecting long-term change in that system. The actual threat posed to ‘the system’ by two such alternatives, the New Zealand Family Planning Association and women’s refuge centres, is explored through data collected on these groups. The case study of the older organisation (NZFPA) shows that what began as a lay women’s organisation to press for contraceptive provision for women was co-opted to become part of the medical establishment. Women’s refuges seem to be following a similar course. Does this indicate that the setting up of these alternatives is a palliative rather than a threat to the system?

FENWICK Penny and McKENZIE Margaret

HOW HELPFUL IS SELF-HELP?
Broadsheet 68 (April 1979) p24-27

It is now widely held in the radical feminist sector of the wider women’s movement that if changes are to be made in society and challenges effected to patriarchal dominance, then the establishment of women oriented alternatives is the way to do it. But how much of a challenge do they really make? The authors look at the self-help concept, with particular reference to health facilities.

GILBERT Sue

STRATEGY FOR CHANGE: AN EXAMPLE: A WELL WOMEN’S WORKSHOP IN KAIKOHE
Paper presented to Conference on Women and Health 14-18 Feb 1977, Wellington

HARDER Helen Campbell

SELF-HELP: AN EDUCATIONAL APPROACH TO WOMEN’S HEALTH
University of Waikato, 1981, M Soc Sc Thesis

The health attitudes and knowledge levels of two groups of women, one of which had been involved in a lay-organised self-help group, the other a randomly selected sample with no similar experience, were compared by means of a questionnaire. The study concluded that participation in a self-help group increases familiarity with some gynaecological aspects of care and is contributory as an educational process enhancing medical awareness and consumer participation.

LARKIN Lesley and GRAY Pat

FUNDING FAILURE
Broadsheet 139 (May 1986) p10-11

The authors, who were the first two paid workers at the Whangarei women’s resource centre, write about its history.

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