

## Chapter 9. Women's health

### Introduction

This chapter brings together information on fertility, pregnancy-related matters, gynaecological services, and on two specific female cancers, breast cancer and cervical cancer. Other major health issues for women such as cardiovascular disease have somewhat similar issue as for men and are covered in previous chapters.

### Fertility

There were 56,597 live births registered in New Zealand during the year 2000<sup>1</sup>. This compares with 57,053 birth registrations in 1999, a decrease of 0.8 percent, and is about 5 percent down on the 1990 level when births were at a peak. The annual fertility rate for 2000 averaged 2.01 births per woman. This is the highest figure for the last six years, but is still about 4 percent below the level required for the population to replace itself, which without migration is 2.1 births per woman. Increased use of contraceptives, participation of women in the labour force, rising divorce rates and general economic conditions have probably all contributed to the decline in fertility levels. There has also been a shift away from early marriage and early child bearing toward later marriage and delayed child bearing. Sub-replacement fertility is a common demographic phenomenon among the developed countries, including Australia (1.7 births per woman), Canada (1.6), Denmark (1.7), England and Wales (1.7), France (1.8), the Netherlands (1.6) and Sweden (1.5)<sup>2</sup>.

For Counties Manukau there were an estimated 7,200 births in 2000, or 12.9% of the national total. Birth numbers are projected to rise, albeit at a relatively slow rate in Counties Manukau (Table 76). Maori and Pacific fertility rates are projected to decrease, but are still likely to be above replacement levels and well above the European and Other ethnic groups through to 2021 (Table 77).

**Table 76. Projected births to 2021 for Counties Manukau**

	1996	2001	2006	2011	2016	2021
Howick Pakuranga	780	874	896	892	877	877
Beachlands Maraetai	130	142	147	156	170	191
Otara	840	856	855	897	979	1,105
Mangere Papatoetoe	2,250	2,248	2,105	2,037	2,079	2,215
Manukau Manurewa	1,510	1,566	1,572	1,612	1,712	1,876
Takanini Papakura	680	670	639	621	627	661
South Rural	870	898	904	938	1,008	1,105
Total births	7,050	7,254	7,118	7,153	7,452	8,030
% increase		4%	6%	7%	8%	10%

Source: Statistics NZ 1998. High fertility assumption used (matches best with actual birth numbers for 1999)

<sup>1</sup> [www.stats.govt.nz](http://www.stats.govt.nz) HOTP Births and Death Dec 2000 quarter. Accessed 16 Mar 01

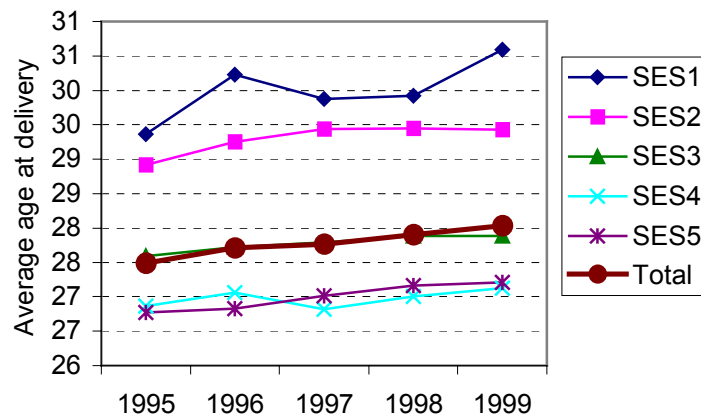
<sup>2</sup> Ibid

**Table 77. Projected fertility rates Counties Manukau**

	Maori		Pacific		Other	Total
	TFR	TPR	TFR	TPR	TFR	TFR
<b>2001</b>	2.70	0.80	3.20	0.25	1.79	2.45
<b>2006</b>	2.51	0.74	2.81	0.22	1.75	2.40
<b>2011</b>	2.39	0.69	2.56	0.20	1.73	2.37
<b>2016</b>	2.33	0.67	2.43	0.20	1.72	2.35
<b>2021</b>	2.32	0.67	2.40	0.19	1.72	2.35

TFR: Total Fertility Rate: the average number of children a woman would have in her lifetime  
 TPR: Total Paternity Rate: the average number of children a Maori (or Pacific) male with a non-Maori female (or non-Maori non-Pacific) partner would have in his lifetime.

New Zealand women are continuing to delay child bearing. The 30-34 year age group with a fertility rate of 115 per 1,000 has now taken over as the most common age group for child bearing, just above the 25-29 year age group (115 per 1,000). The average age of women having children in public hospitals in Counties Manukau in 1999 was 28.0 years. This compares with a New Zealand public hospital average age of 28.6 years (compare this in turn to the average age for all births for New Zealand of 29.4 years – women choosing non-hospital deliveries tend to be older). Both are considerably older than the situation in the early 1970s where the average age was 25.5 years. The Counties Manukau age has risen slowly from 27.5 years in 1995 (Figure 181).

**Figure 181. Average age at delivery by NZDep96 quintile, Counties Manukau, 1995-99**

SES1-5 based on the Counties Manukau population being divided into 5 groups using NZDep96 scores.  
 SES1 = 20% of people living in the least deprived areas, etc. Public hospital deliveries only

This difference in age at delivery is related to both socio-economic status and ethnicity. After dividing the Counties Manukau population into NZDep96 quintiles, the 20% of women living in the least deprived areas had an average age at delivery of 30.6 years, while the 20% living in the most deprived areas had an average age of 27.2 years (Figure 181). Counties Manukau and New Zealand ethnic-specific average ages at delivery are nearly identical, Maori women having the youngest average followed by Pacific women (Table 78).

**Table 78. Average age at delivery, public hospitals, Counties Manukau compared with New Zealand 1999**

	Maori	Pacific	Other	Total
Counties Manukau	25.5	27.8	29.4	28.0
New Zealand	25.7	27.8	29.5	28.6

Source: NMDS.

## Obstetrics and maternity services

South Auckland Health provides primary, secondary and tertiary maternity services from four units within the region,<sup>3</sup>

- Middlemore Hospital - 45 antenatal and postnatal beds consisting of 23 gynaecological beds and 12 delivery beds. Full range of services provided.
- Botany Downs Maternity Unit - level 0 low risk facility providing antenatal, intrapartum and community care, with 12 beds and delivery suites.
- Papakura Maternity Unit - level 0 low risk facility providing antenatal, intrapartum and postnatal care, with 10 beds and delivery suites.
- Pukekohe Maternity Unit - level 0 facility providing antenatal, intrapartum and postnatal care with six beds and delivery facilities.

Women's Services provide a total of 19,000 ante- and post-natal visits annually. This service is provided by 26 full time equivalents working in community. The skill mix includes 81% midwives, 15% clerical/administration staff and 4% other. There are 40 full time equivalent people working in the satellite clinics. Eighty five percent of these people are midwives, 10% clerical/admin staff and 5% other. The high volume service provided include low risk ante-natal and post-natal care, moderate to high risk antenatal care, fetal testing services and services for young mothers.

Over 95% of all births for Counties Manukau residents take place in a public hospital setting. Non-public hospital deliveries will tend to be home births at low risk of complications.

Pregnancy related discharges make up a large proportion of discharges in the 15-44 year old age-group. Counties Manukau has one of the highest rates of discharge for pregnancy-related reasons in New Zealand, reflecting the relatively young population in Counties Manukau and the relatively high fertility for Maori and Pacific women (Table 79).

**Table 79. Public hospital discharges related to pregnancy as a proportion of total discharges, 1999**

	No of discharges	rate/100,000	All discharges rate/100,000	% pregnancy of total
Northland	5,420	3,735	23,189	16
North Shore	6,681	2,737	13,901	20
West Auckland	7,468	3,933	15,839	25
Central Auckland	13,171	3,564	15,668	23
<b>Counties Manukau</b>	<b>17,207</b>	<b>4,431</b>	<b>19,365</b>	<b>23</b>
Waikato	11,762	3,593	19,459	18
Bay of Plenty	9,664	3,491	21,547	16
Tairāwhiti/Hawkes Bay	6,463	3,308	21,388	15
Wanganui/Manawatu	7,688	3,419	18,504	18
Taranaki	3,545	3,285	22,744	14
Wellington	14,942	3,468	16,481	21
Nelson/Marlborough	3,444	2,781	17,273	16
Canterbury/ West Coast	19,311	3,694	19,327	19
Otago/Southland	7,932	2,733	17,838	15
Total NZ	134,698	3,511	18,432	19

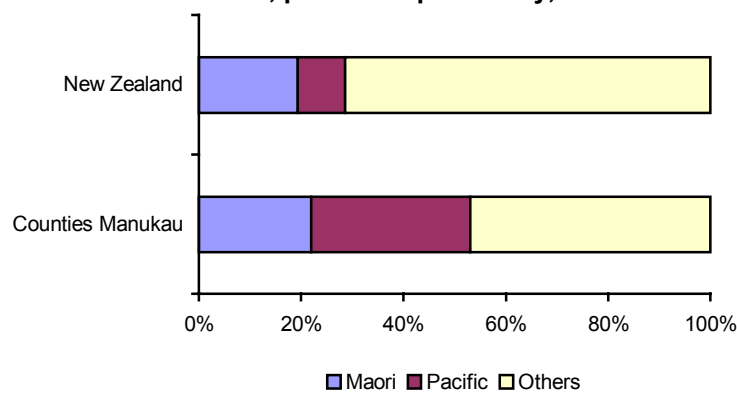
<sup>3</sup> South Auckland Health. *Maternity Services Report 1998 / 1999*. 2000.

### Birth rates

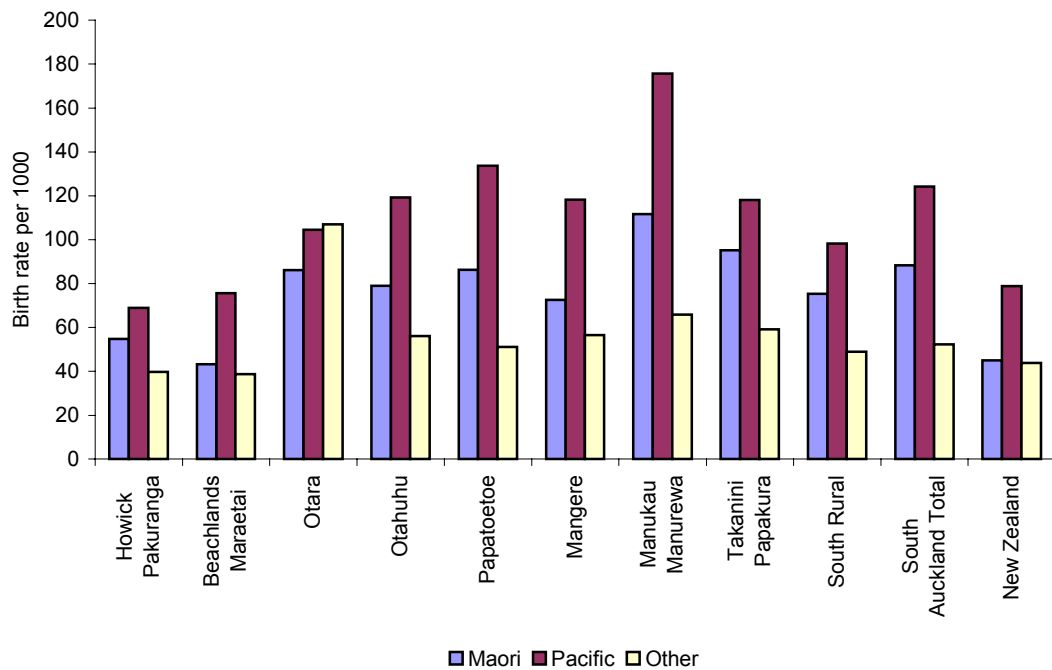
For the calendar year 1999 there were 7,148 births in public hospitals to Counties Manukau women, 80% of which occurred at South Auckland Health facilities. The high number of Maori and Pacific women in Counties Manukau and their higher fertility results in a higher proportion of births of Maori and Pacific origin compared with New Zealand (Figure 182).

In 1999, of those who delivered in a public facility, 92% Maori, 88% Pacific and 69% Other Counties Manukau residents had their delivery at a South Auckland Health facility. In contrast to other specialties women can choose where they deliver. Women particularly in more affluent suburbs such as Howick/Pakuranga have been choosing to use (mainly) Auckland Healthcare facilities, although this has been declining in recent years (data not shown).

**Figure 182. The proportion of births by ethnicity for Counties Manukau residents and New Zealand, public hospitals only, 1999.**



**Figure 183. Birth rates per 1000 women by ethnicity, public hospitals, 1999.**



Source: NMDS. Births per 1000 women aged 15 - 49 years

Birth rates within Counties Manukau calculated using all births in public hospitals per 1000 women aged 15-49 years are shown compared with New Zealand in Figure 183.

Birth rates for Maori and Pacific people are consistently higher than for “other”, in line with fertility figures noted earlier (Table 77) and in Figure 183.

## Deliveries and outcomes

Concern has been expressed about rising caesarean section and obstetric intervention rates<sup>4</sup>. Counties Manukau women have a low rate of obstetric intervention compared with all New Zealand for caesarean sections and forceps deliveries (Table 80). The European and other group have significantly higher rates of intervention. Counties Manukau rates are lower for each ethnic grouping, so the ethnic mix contributes to but does not explain completely the low intervention rate for Counties Manukau women<sup>5</sup>.

**Table 80. Percentage of deliveries requiring medical intervention, Counties Manukau compared with New Zealand, 1999**

		Maori	Pacific	Other	Total
Operative vaginal deliveries	Counties Manukau	5%	5%	8%	6%
	<i>New Zealand</i>	<i>4%</i>	<i>4%</i>	<i>6%</i>	<i>6%</i>
Forceps deliveries	Counties Manukau	1%	1%	5%	3%
	<i>New Zealand</i>	<i>3%</i>	<i>2%</i>	<i>6%</i>	<i>5%</i>
Caesarean sections	Counties Manukau	11%	13%	19%	16%
	<i>New Zealand</i>	<i>13%</i>	<i>16%</i>	<i>22%</i>	<i>20%</i>
Episiotomies	Counties Manukau	3%	5%	7%	6%
	<i>New Zealand</i>	<i>2%</i>	<i>5%</i>	<i>6%</i>	<i>6%</i>
Total - all interventions (excluding episiotomy)	Counties Manukau	17%	19%	32%	25%
	<i>New Zealand</i>	<i>19%</i>	<i>22%</i>	<i>34%</i>	<i>30%</i>

Source: NMDS. Caesarean = ICD-9-CMA procedure codes 740-2, 744, 7499; operative vaginal = 725-9, 7322 (ie breech, ventouse, other instruments); forceps = 720-724; episiotomy = 736 (ie excludes with forceps or ventouse).

The slightly higher rate of breech and ventouse procedures (in “operative vaginal deliveries” in Table 80) is presumably related to the lower caesarean rate – breech babies being born vaginally rather than via caesarean section.

The South Auckland Health caesarean delivery rate in 1999 was 13%, less than the Counties Manukau residents (public hospital) rate of 15.8%, and is one of the lowest in New Zealand. South Auckland Health policies are a major driver for the low intervention seen in Counties Manukau women, complemented by the relatively high proportion of the births to Counties Manukau women that do not take place at South Auckland Healthcare facilities being caesarean. The Counties Manukau proportion is less than the national average of 19.8% and compares with the recommended WHO rate of 15%<sup>6</sup>.

Rates of postpartum haemorrhage (PPH) are sometime used as an outcome indicator in obstetric care<sup>7</sup>. Women in Counties Manukau delivering babies in public hospitals have a similar rate of PPH to the New Zealand average. Use of routine data to monitor this as an indicator is complicated by definitional – the volume of blood loss (usually somewhere between 500ml and 1 litre) – and measurement difficulties (when that blood is spread throughout bed linen it is difficult to assess just how much has been lost), as well as coding completeness problems.

<sup>4</sup> Bulger T; Howden-Chapman P; Stone P. A cut above: the rising Caesarean section rate in New Zealand. *NZ Med J* 1998 13;111:30-3

<sup>5</sup> Johnson NP; Lewis J; Ansell DA Does ethnicity influence obstetric intervention? *NZ Med J* 1995 8;108:511-2

<sup>6</sup> If we assume that all the births to Counties Manukau residents that occur outside public hospitals were normal deliveries the overall caesarean rate for Counties Manukau residents would be around 15.3%)

<sup>7</sup> Schuurmans N, MacKinnon C, Lane C, Etches D. Prevention and management of postpartum haemorrhage. *J Soc Obstet Gynaecol Can* 2000;22(4):271-81

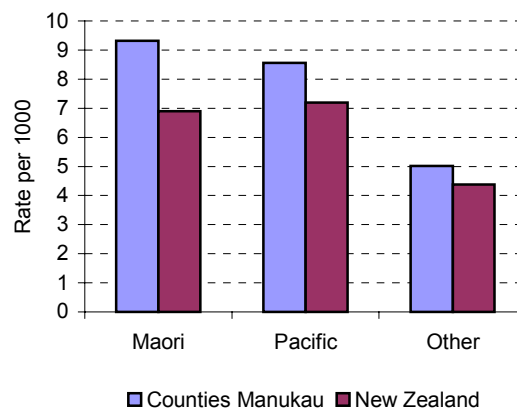
[http://sogc.medical.org/SOGCnet/sogc\\_docs/common/guide/pdfs/ps88.pdf](http://sogc.medical.org/SOGCnet/sogc_docs/common/guide/pdfs/ps88.pdf)

**Table 81. Percentage of public hospitals deliveries with postpartum haemorrhage coded, by ethnicity, 1999**

Residents of	Maori	Pacific	Other	Total	Rank
Northland	10%	--	8%	8.9%	12
North Shore	12%	21%	12%	11.9%	2
West Auckland	10%	17%	9%	10.7%	4
Central Auckland	10%	16%	9%	10.8%	3
<b>Counties Manukau</b>	<b>8%</b>	<b>13%</b>	<b>8%</b>	<b>9.5%</b>	<b>7</b>
Waikato	16%	17%	14%	14.7%	1
Taupo	10%	--	11%	10.6%	5
Rotorua	10%	--	10%	9.9%	6
Bay of Plenty	9%	--	9%	9.1%	10
Tairāwhiti/Hawkes Bay	6%	11%	6%	6.2%	14
Wanganui/Manawatu	10%	13%	9%	8.9%	11
Taranaki	6%	--	6%	6.0%	15
Wellington	11%	14%	9%	9.5%	8
Nelson/Marlborough	3%	--	6%	6.0%	16
Canterbury/West Coast	10%	14%	9%	8.8%	13
Otago/Southland	8%	--	9%	9.1%	9
New Zealand	10%	14%	9%	9.7%	

Source: NMDS. Postpartum haemorrhage = ICD9-CMA diagnosis code 666.

The rate of low birth weight or pre-term births is higher for all ethnic groups in Counties Manukau compared to national figures (Figure 184). This is linked to the relatively lower socio-economic status of Counties Manukau women compared to the New Zealand average.

**Figure 184. Rate of pre-term (<37 weeks) or low birth weight (<2500g) births, for women 15 - 49 years.**

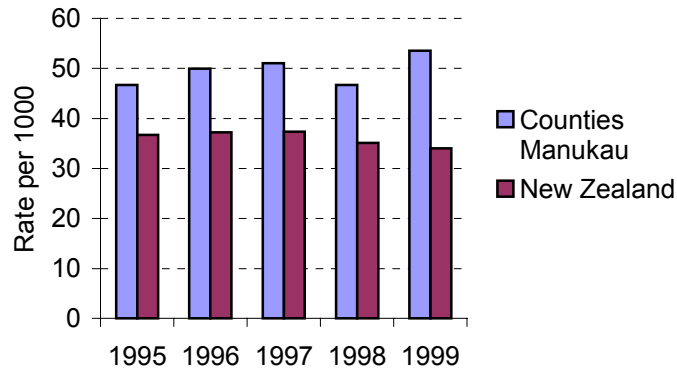
## Teenage pregnancy

Sexual behaviour is briefly discussed in the health inequalities under Lifestyles. Concern has developed around teenage pregnancy because of the adverse consequences for both young women and their children. There is a high rate of unexpected/unwanted pregnancy in this group (though of course not all teenage births will have been unplanned)<sup>8</sup>.

<sup>8</sup> Dickson N; Sporle A; Rimene C; Paul C. Pregnancies among New Zealand teenagers: trends, current status and international comparisons. *NZ Med J* 2000 23; 113: 241-5

Teenage birth rates here were calculated as the number of live births in public hospitals to all women under the age of 20 years per 1000 women aged sixteen to nineteen years<sup>9</sup>. We would normally wish to include abortion information (enabling the calculation of conception rates) but this was not available for Counties Manukau (see page 191). Few births to teenagers occur outside the public hospital setting. Counties Manukau has a consistently higher teenage birthrate than the New Zealand average (Figure 185).

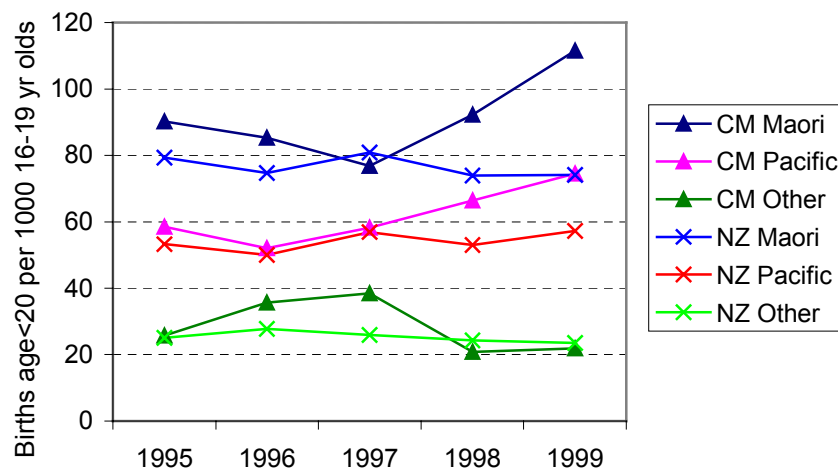
**Figure 185. Rate of teenage births in Counties Manukau. 1995 – 1999.**



Source: NMDS. Rate of births to women aged <20 at birth per 1000 women aged 16-19, public hospitals only

The rate of teenage births in 1999 for Counties Manukau residents for Maori, Pacific and “other” was 112, 75 and 22 per 1000 16-19 year old women respectively. This compares to 74, 57 and 23 per 1000 for New Zealand. The rates of teenage births among Maori and Pacific people in Counties Manukau have increased markedly over the past two years, and are of major concern. The rate among “other” has decreased to be around the New Zealand average (Figure 186).

**Figure 186. Rate of teenage births in Counties Manukau by ethnicity, 1995 – 1999.**

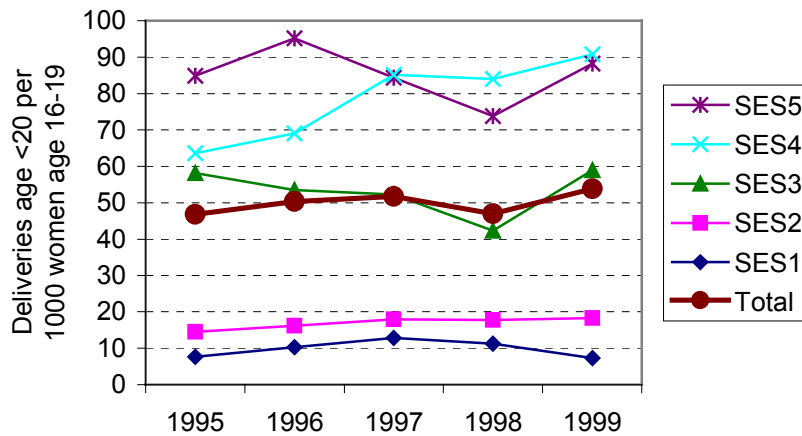


Source: NMDS. Rate of births to women aged <20 at birth per 1000 women aged 16-19

Ethnicity and deprivation are intertwined as has been noted elsewhere in this document, and teenage pregnancy is no exception. When calculated by NZDep96 areas (Figure 187) a remarkably similar graph to Figure 186 is produced.

<sup>9</sup> Age here is taken at time of delivery rather than (presumed) time of conception. So 19 year olds who fall pregnant and deliver at age 20 will not be included in these figures. 16-19 is used as per eg the Guttmacher Institute usage as there are few births to those 15 and under.

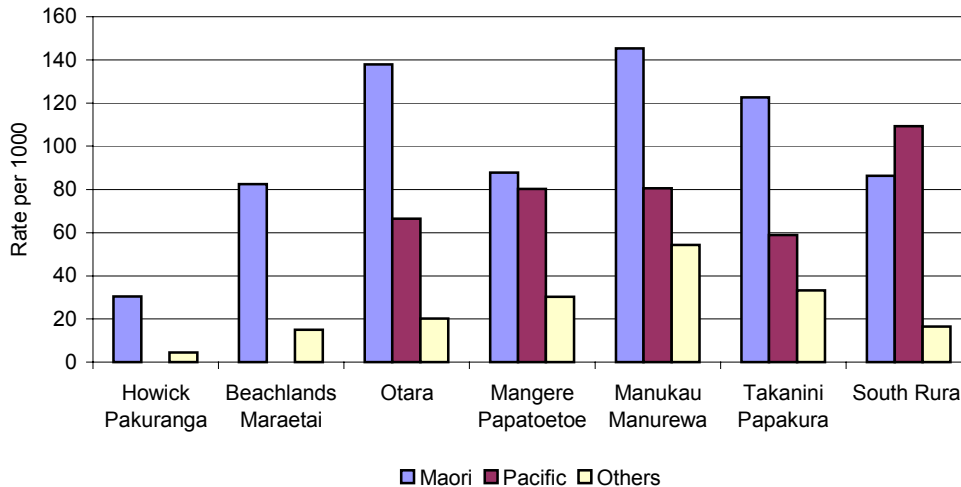
**Figure 187. The rate of teenage birth by NZDep96 quintile in Counties Manukau. 1999.**



SES1-5 based on the Counties Manukau population being divided into 5 groups using NZDep96 scores of areas of domicile. SES1 = least deprived 20%, etc. Public hospital deliveries only

The distribution of teenage births varies considerably by location within Counties Manukau (Figure 188), in line with socioeconomic conditions and where Maori and Pacific teenagers are domiciled.

**Figure 188. Rate of teenage births by location and ethnicity in Counties Manukau, 1999.**



Source: NMDS. Births in public hospitals to women aged 19 years or younger. Rate per 1000 16-19 year old

The rate of teenage pregnancy in New Zealand is considered high compared to other OECD countries<sup>10</sup>. This rate is higher in Counties Manukau and even higher for the more deprived 40% of the population (which covers most Maori and Pacific teenagers). Other factors that may affect teenage pregnancy rates are attitudes towards and access to contraception and abortion services. More on abortions follows.

### Abortions

Induced abortion in Auckland is provided as a regional service at Auckland Healthcare. We were not able to get overall Counties-Manukau-specific termination data for this report. One maternity provider was able to provide some data showing a 23%

<sup>10</sup> Dickson et al. Ibid.

termination rate (that is, 23 termination for every 100 live births and terminations), higher than the New Zealand rate of 21%).

Across New Zealand there were 15,501 induced abortions performed during the December 1999 year, an increase of 472 or 3.1% since 1998<sup>11</sup>. Over the last five years the number of abortions has risen by one-fifth and it is now 52 percent higher than 10 years ago. This equates to about one abortion for every four pregnancies that result in a live birth. A decade ago the equivalent figure was one abortion for every six pregnancies. New Zealand has a relatively low rate of abortion compared with Australia, the US or European countries.

As with women giving birth, those having abortions are steadily becoming older. In 1999 in New Zealand the average age of women who had an abortion was 26.6 years compared with 26.4 years in 1998, and 25.9 years a decade earlier in 1989. Despite this rise in average age younger women are still the most likely to terminate a pregnancy by induced abortion. In 1999, teenagers (aged 15 to 19) accounted for 18 percent of all abortions, but only 7 percent of all live births. The 20 to 24 age group has the highest rate of induced abortion, accounting for around 30% of abortions in any year.

## Gynaecology

In 1999 Counties Manukau residents had 3 799 gynaecology discharges<sup>12</sup>, a rate of 1 040 discharges per 100 000 population. This is significantly lower than the rate of 1 230/100,000 for New Zealand. Of Counties Manukau residents 83% were treated by South Auckland Health. Counties Manukau has lower age-specific rates of gynaecology discharges for all age groups age 15+ compared with New Zealand in 1999 (Figure 189).

**Figure 189. Age specific rates for gynaecology discharges by age for Counties Manukau residents and New Zealand, 1999.**

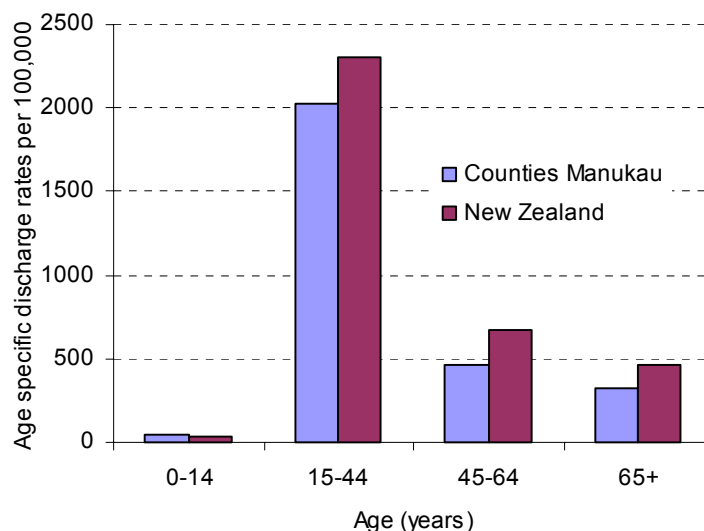


Figure 190 shows the rate of discharge by ethnicity for Counties Manukau residents in 1999, compared with the rates for the rest of New Zealand. Maori and Pacific women have significantly higher discharge rates than “other” women.

<sup>11</sup> Data in this section on NZ abortions from *Demographic Trends 2000*. Statistics NZ 2000. See [www.stats.govt.nz](http://www.stats.govt.nz)

<sup>12</sup> Gynaecology defined by DRG listing available from author. 23 DRGs included.

**Figure 190. Age standardised gynaecology discharge rate by ethnicity for Counties Manukau residents and New Zealand, 1999.**

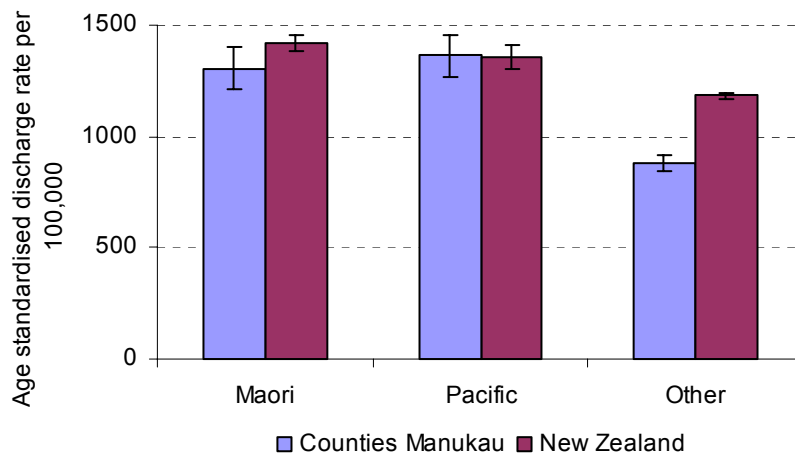


Figure 191 shows the rate of total and elective gynaecology discharges in Counties Manukau and the rest of New Zealand from 1995 to 1999. Both total and elective discharges in Counties Manukau are well below that for the rest of New Zealand. Counties Manukau accounts for approximately 8.2% (1999) of all gynaecology discharges nationally.

**Figure 191. Gynaecology elective and total discharges for Counties Manukau and New Zealand, 1995 – 1999.**

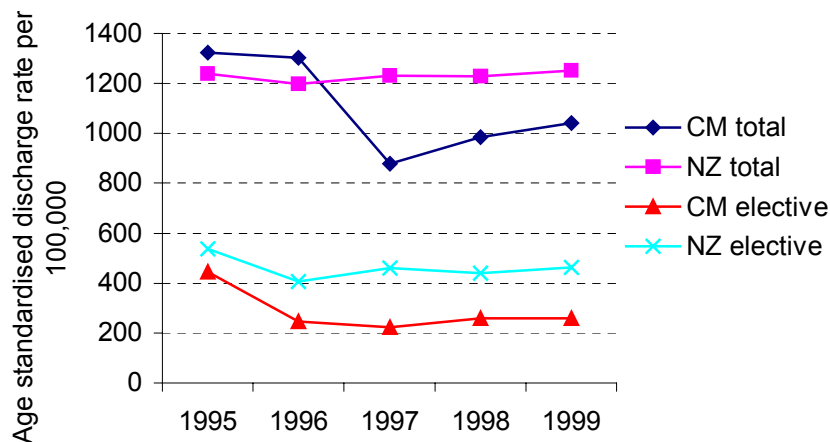
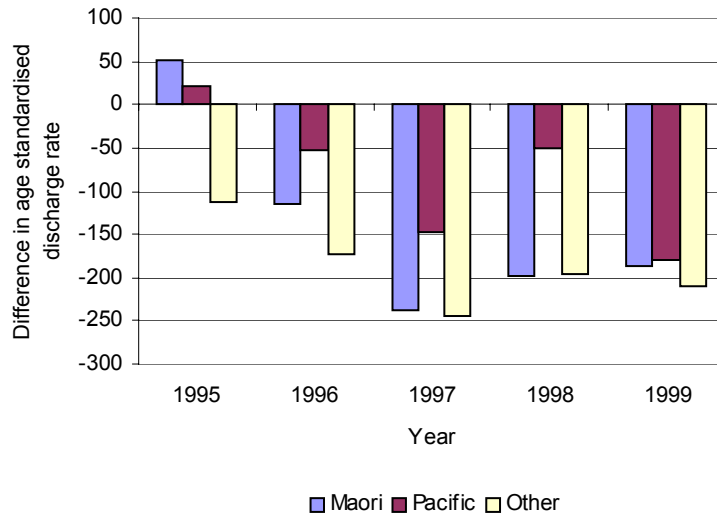


Figure 192 shows the differences in the rate of elective gynaecology discharges in Counties Manukau compared to the rest of New Zealand. The rate of elective gynaecology discharges for all groups for the past four years are less than those for the rest of New Zealand. An additional 750 operations per year would be needed to get Counties Manukau up to the current level for the rest of New Zealand. Whilst there is a clear desire to reduce operative intervention where possible (e.g. hysterectomy in younger women – see next sub-section), the shortfall in elective gynaecology shown is much larger than desired.

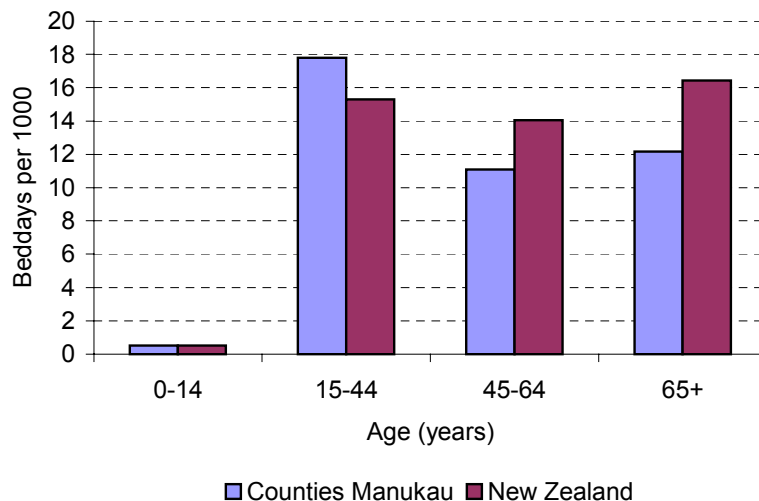
**Figure 192. Differences in elective gynaecology discharge rates for Counties Manukau and New Zealand by ethnicity, 1995 – 1999.**



In 1999 Counties Manukau residents had 2,052 (61%) acute and 1,311 (39%) arranged or elective hospitalisations. Compare with 33% acute and 66% arranged/elective discharges for the rest of New Zealand. This remarkable difference in service utilisation is due to a significantly higher acute surgery rate as well as the potentially linked significantly lower elective surgery rate.

Gynaecology discharges accounted for 4,436 bed days (2,634 acute, 1,802 arranged/elective) with an average length of stay (ALOS) of 1.3 and 1.4 days for acute and arranged/elective discharges respectively in 1999. This compares with the rest of New Zealand where the ALOS for and arranged/elective discharges were 1.3 and 1.1 days respectively. Gynaecology bed days per 1000 population by age are shown in Figure 193. Although 15-44 year olds make up the bulk of the discharges (Figure 189) it is the over 45 year olds that spend the most time in hospital. 64% of acute gynaecology discharges and 92% of arranged/elective discharges had their surgery on the day of admission. This compares with 76% and 91% for acute and arranged/elective gynaecology respectively for New Zealand.

**Figure 193. Gynaecology bed days per 1000 by age for Counties Manukau and New Zealand, 1999.**



## Hysterectomy procedures

Hysterectomy in women aged 15-44 has been used by the HFA as a clinical indicator for “unwanted” surgery. The aim would be, for women of reproductive age (here 15-44 is used), to avoid hysterectomy if at all possible. No particular target has been set by the HFA, just a general wish to keep the operative rate as low as possible. In this regard Counties Manukau women could be said to be doing well with the second lowest public hospital operative rate in New Zealand (Table 82). Appropriate indications for hysterectomy are a complex field<sup>13</sup>, however, and one would still be concerned at how much lower the Counties Manukau rate is compared with all New Zealand.

**Table 82. Hysterectomy operations women aged 15-44, public hospitals, 1999**

Residents of:	Hysterectomy procedures		
	Number	Age-std rate	ALOS
Northland	132	90	4.8
North Shore	197	76	4.6
West Auckland	154	85	4.3
Central Auckland	223	61	5.7
<b>Counties Manukau</b>	<b>233</b>	<b>65</b>	<b>4.7</b>
Waikato	275	87	4.7
Rest of NZ	2,099	96	4.9
Total NZ	3,313	86	4.9

Note: Rate is per 100,000 total population, age-standardised to total New Zealand population  
ICD-9-CMA procedure codes 683-687

Taking all hysterectomies (ie all ages), 233 were performed on Counties Manukau women in 1999 in the public system. This represented a standardised discharge ratio of 0.65, or a shortfall of around 100 operations compared to the New Zealand average. Widening the scope further, one can look at DRGs 655-7, uterine adnexa procedures for non-malignant conditions. This includes uterine lesion destruction, hysteroscopy, salpingo-oophorectomy and other ovary removals, uterine suspension etc, as well as hysterectomy for non-malignancy. This comes to 338 procedures for Counties Manukau (which will include most of the 233 hysterectomies), and a standardised discharge ratio of 0.62 or a shortfall of around 180 operations compared to the New Zealand average. The ALOS in South Auckland Health was 3.8, slightly above the New Zealand ALOS of 3.4.

There is a slight excess of hysterectomy operations in Counties Manukau Maori females compared to their European counterparts, particularly noticeable in the 45-64 year old age group (Table 83). In contrast Pacific females have a slightly lower rate, though again the 45-64 group is relatively high. In the older age group (65+) rates of hysterectomy are nearly half the European/Other group.

<sup>13</sup> Hagenfeldt K, Brorsson B, Bernstein SJ. Hysterectomy - ratings of appropriateness. Stockholm: The Swedish Council on Technology Assessment in Health Care (SBU), 1995:80. [www.sbu.se/sbu-site/reports/abstracts/hysterectomy.html](http://www.sbu.se/sbu-site/reports/abstracts/hysterectomy.html).

**Table 83. Hysterectomy procedures, Counties Manukau residents compared with Northern HFA region, 1993-1997**

	Maori	PI	Asian	European/ Other	Total	% M to Euro	% PI to Euro
<b>Counties Manukau age-standardised rate</b>							
Total	184	144	63	156	151	118	92
0-14	1	0	0	0	0	-	-
15-24	3	0	4	2	2	-	-
25-44	144	85	59	128	117	113	66
45-64	214	188	48	126	136	170	150
65+	71	70	84	134	126	53	52
<b>% of Northern Region</b>							
Total	97	92	101	116	110		

Discharges per 100,000 population per year with a hysterectomy, ICD -9-CM: 683 - 687 in any procedure code, Age standardised to NZ female population at 1996 census. Age group rates are age-specific rather than standardised.

## Cervical cancer

The number of deaths due to cervical cancer for Counties Manukau is low in absolute terms – less than 10 deaths per year – but is higher than is desirable for this largely preventable condition. The total cervical cancer mortality rate for Counties Manukau for 1996-98 (4 per 100,000) is slightly below the national figure (4.1 per 100,000) (Figure 194), but remains higher than the 2005 targets of 3.5 per 100,000 in all New Zealand women set by the Ministry of Health:

### National targets<sup>14</sup>

To reduce the age-standardised mortality rate from cervical cancer in all New Zealand women to 3.5 per 100,000 or less by the year 2005.

To reduce the age-standardised incidence rate of cervical cancer in all New Zealand women to 8.6 per 100,000 or less by the year 2005.

To reduce the age-standardised mortality rate from cervical cancer in Maori women to 6.6 per 100,000 or less by the year 2005.

To reduce the age-standardised incidence rate of cervical cancer in Maori women to 11.0 per 100,000 or less by the year 2005.

The cervical cancer mortality rate by ethnicity for Counties Manukau is similar to that of New Zealand for 1996-8<sup>15</sup> (Figure 194). Pacific and Maori cervical mortality rates exceeded “others” in Counties Manukau, consistent with national figures. In both these groups mortality is still well above the national target for 2005.

<sup>14</sup> Ministry of Health. *Progress on Health Outcome Targets. The state of the public health in New Zealand.* 1998.

<sup>15</sup> 1998 data provisional. The three years are combined to give enough cases for analysis. All follow the ethnicity definition changes of Sept 1995, so should be consistent.

**Figure 194. Cervical cancer age-standardised mortality rate, for Counties Manukau and New Zealand, 1996-8.**

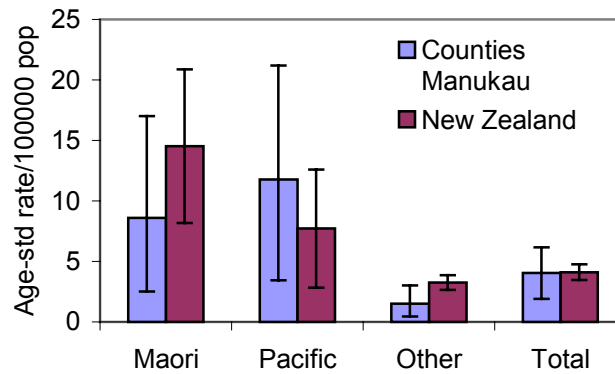
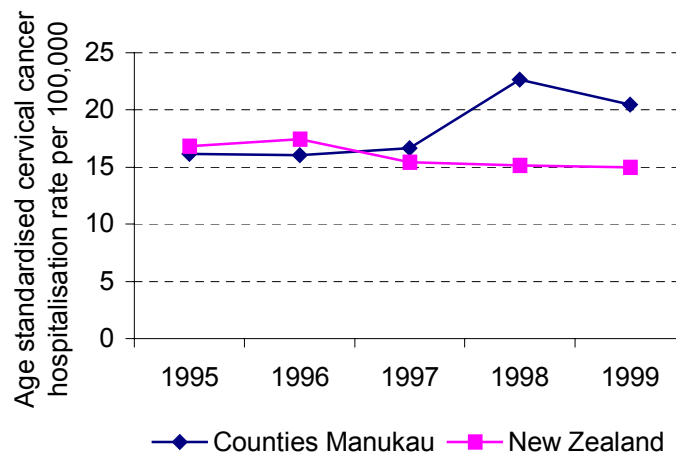


Figure 195 shows the hospitalisation rate for cervical cancer for Counties Manukau and New Zealand between 1995 - 1999. The rate among Counties Manukau women is slightly higher than national figures.

**Figure 195. Age standardisation hospitalisation rate for cervical cancer, women 15 - 64 years, for Counties Manukau and New Zealand, 1995 – 1999**



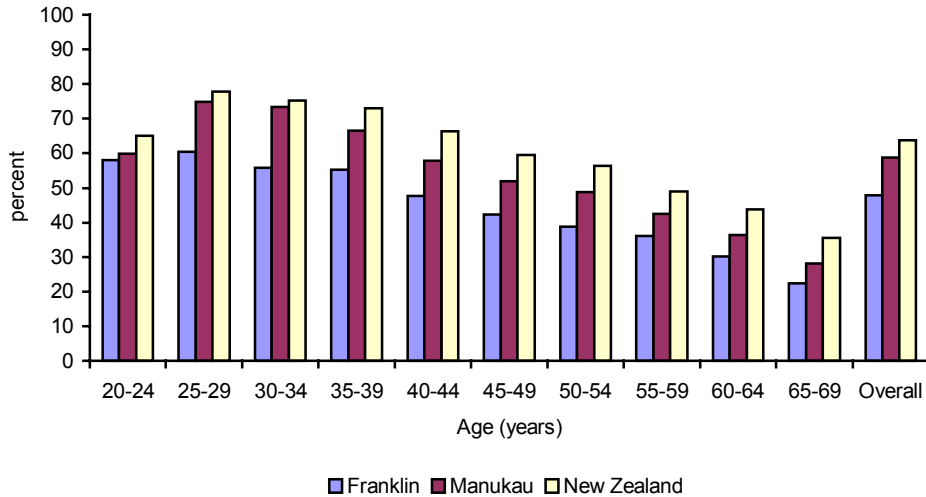
### National Cervical Screening Programme

The National Cervical Screening Programme (NCSP) was launched in 1990, providing a national register, local health educators and health promotion programmes, cervical screening services, smear reporting, management of women with abnormal smears, and national co-ordination of regional registers and staff<sup>16</sup>. The number of smears has been increasing yearly through the 1990s – from 30 850 at the South Auckland site in 1994 to 36 160 in 1997, a rise of 17%.

Figure 196 shows the lower coverage of smears in Franklin and Manukau areas compared with New Zealand. This is consistent with work showing that women of lower socio-economic status are less likely to be contacted by health services and are less likely to take up the offer of screening even if contacted.

<sup>16</sup> Whittaker, R. *National Cervical Screening Programme Review*. Internal Report. Public Health Change Management Team. Health Funding Authority. 1999.

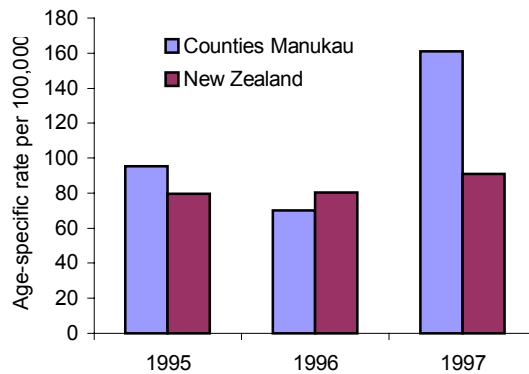
**Figure 196. Cervical screening coverage rates, 1994- 1997.**



### Breast cancer

Breast cancer is the leading cause of death for females in New Zealand after cardiovascular disease<sup>14</sup>. The total breast cancer mortality rate for Counties Manukau in 1997 (161 per 100,000) is well above the national figure (91 per 100,000), and far exceeds the 2005 target of 64 per 100,000 set by the Ministry of Health (shaded box), Figure 197.

**Figure 197. Breast cancer mortality rate, ages 55 - 69 years, 1995 - 1997.**



#### National targets<sup>14</sup>

To reduce the age-specific mortality rate among New Zealand women aged 55 - 69 years to 64 per 100,000 or less by the year 2005.

Figure 198 shows the breast cancer mortality rate by ethnicity for Counties Manukau and New Zealand. Rates for Maori Pacific women are similar to Other, and are mortality is still well above the national target for 2005. This is despite having higher fertility, and thence theoretically being at lower risk of breast cancer.

**Figure 198. Breast cancer mortality rate, ages 55 - 69 years, by ethnicity for Counties Manukau and New Zealand, 1996 - 1997.**

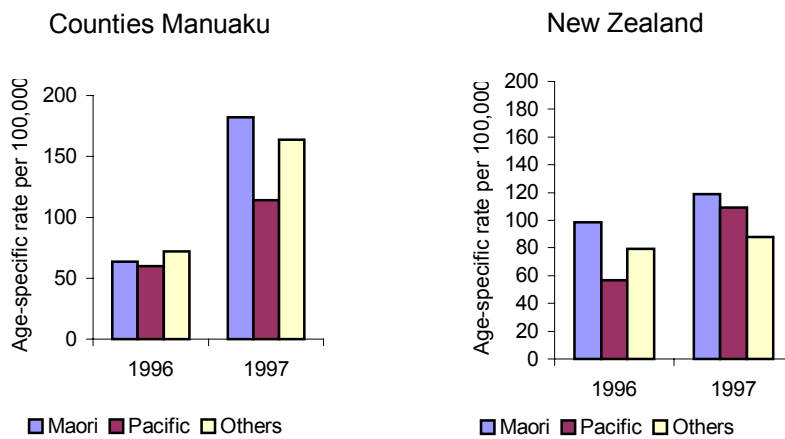
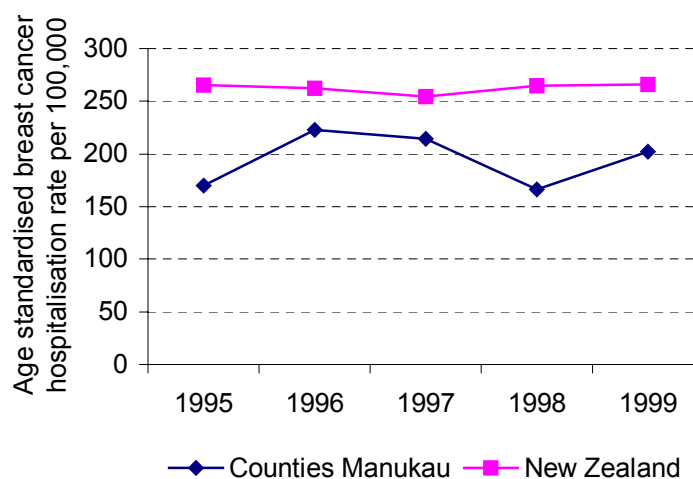


Figure 199 shows the hospitalisation rate for breast cancer for Counties Manukau and New Zealand between 1995 - 1999. The rate among Counties Manukau women is lower than national figures.

**Figure 199. Age standardisation hospitalisation rate for breast cancer, women 65+ years, for Counties Manukau and New Zealand, 1995 - 1999.**

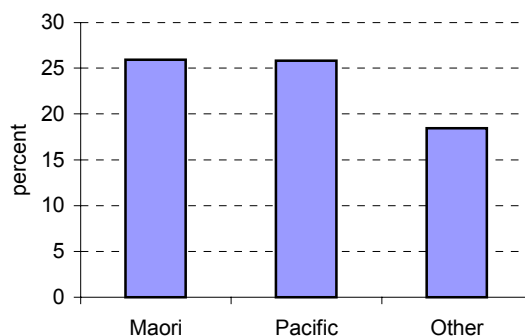


### The National Breast Screening Programme

The information in this section is based on data supplied by Auckland Breast Screen Limited, who are responsible for breast screening in Auckland and Northland as part of The National Breast Screening Programme. As the programme has been in operation for less than two years the data only includes women who have been screened once. This will go some way to explain the low coverage.

The target population for the programme is all asymptomatic women aged 50 - 64 years. The programme aims to screen women at two-yearly intervals and to achieve a national coverage rate of 70% of eligible women<sup>2</sup>. Figure 200 show the breast screening rates for Counties Manukau women after one year of screening.

**Figure 200. Breast screening coverage rates, women aged 50 - 69 years, by ethnicity for Counties Manukau (excluding Howick/Pakuranga).**



Source: Auckland Breast Screen Limited Sept 2000.

## Summary

Birth rates in Counties Manukau are higher than for New Zealand as a whole. There are much higher rates in areas of high deprivation than in the areas that are least deprived. The caesarian section rate is relatively low at approximately 16%. The rate of deliveries requiring any intervention is higher however than the figure for New Zealand. The teenage pregnancy rate is higher in Counties Manukau than nationally, particularly for women living in deprived areas and Maori and Pacific women. The cervical cancer mortality rate for the area in 1995 was 7.95 per 100,000. Cervical screening coverage rates are approximately 50%. Breast cancer mortality is much higher with a rate of 161 per 100,000. Breast cancer screening has recently been introduced and coverage is still low at 25%. Other major issues for women's health such as cardiovascular disease have not been discussed separately, and are included in other Chapters.

