## Economics cause suckling drop

By ANDREW LAXON health reporter

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Mothers are no longer breastfeeding their babies because financial pressure forces them to go back to work too early, says a top
health official.

afford to stay home income and found it to breast feed at work.

He said politician about strengthenic

The Transitional Health Authority's new maternity services manager, Bruce Rogan, said New Zealand was "embarking on a socio-economic direction which is destroying breast-feeding."

A Plunket survey in July showed that rates had dropped by about 10 per cent in the past three years.

Breast-feeding is regarded as one of the best forms of health

protection for babies.

Mr Rogan said mothers had to give up because they could not afford to stay home on a single income and found it too difficult to breast feed at work.

He said politicians who talked about strengthening families should consider the issue.

The health system could increase the number of home visits by midwives.

But this was unlikely to fix the wider social problem.

In future every woman having a baby would be entitled to at least five visits from a midwife, he said.

In the past this had been a "gentleman's agreement" only, but it

was seldom observed, particularly by hospital-run services.

Mr Rogan said the number of newborn babies returning sick to hospital had dropped 22 per cent in the past three years, from 5928 in 1993-1994 to 4571 in 1996-1997. That statistic belied doctors' fer that the rate was rising becaumothers had to leave hospital earlier.

The reactions of other health officials to Mr Rogan's comments ranged from cautious to sceptical.

The national paediatrician for Plunket, Dr Pat Tuohy, said it was unclear whether pressure to return to work early was the main reason for the decline in breast-feeding.

But results from the Plunket

study suggested many women were giving up in the first few weeks, possibly because of a lack of support and good advice.

The manager of National Women's Hospital, Gary Henry, said the 22 per cent drop in readmissions of sick babies was surprising.

"You would expect that if women go home in three days rather than five days, breast-feeding would be less often established."

He said there was no "gentle man's agreement" on the number of midwives visits to be provided. Hospitals were already underpaid for the service, so if the authority wanted more visits it would have to pay for them.

## Health official speaks out on 'dumb' attitude

By ANDREW LAXON health reporter

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One of the country's top health bureaucrats has attacked the system he works for as pennypinching and damaging to the health of New Zealanders.

The maternity manager for the Transitional Health Authority, Bruce Rogan, says a shortsighted fixation with saving money in individual areas is costing the country more in the long run.

The public comments are highly unusual for an official whose job is to buy national health services with a limited Government budget.

Unlike hospital heads who have a vested interest in opposing spending cutbacks, Mr Rogan is one of the health system's game-keepers who normally try to cut costs.

He said it was penny-pinching to cap the amount of money spent on maternity care — or any other part of the health budget — if this meant a higher long-term cost to society.

"We've gone for a concept of economic efficiency which actually backfires on you almost immediately.

"You might have been spending \$2 on maternity services before. You get it down to \$1, but you've got a bow-wave in front of you that's going to cost you \$10. That's pretty dumb when you think about it."

He said the problem was the same in drugs spending, where drug companies and the Government's drug-buying agency, Pharmac, have just reached an uneasy stand-off over planned cost-cutting moves.

"You can get \$100 million chopped off the pharmaceutical budget, which you immediately spend twice over in acute admissions for diabetes and asthma patients in hospital."

Mr Rogan said it was "ironic and tragic" that the artificial health market introduced by the 1993 health reforms had made it more difficult to introduce the integrated health care New Zealand needed.

"That's the problem of letting your country be run by Treasury officials."

In some ways, Mr Rogan's comments reflect changing attitudes within the Government. The Minister of Health, Bill English, acknowledged last month that Pharmac was "a blunt instrument" to lower the drug bill.

But neither Mr English nor any other health

official has been so outspoken in condemning the faults of the present system.

Mr Rogan also dismissed claims by family doctors that they had been forced out of delivering babies by the new maternity system, which limits payments for most standard care.

He said problems with the capped budget probably made up about 5 per cent of the reasons for GPs getting out.

The main reason was that obstetrics was a demanding job.

Most GPs these days were from affluent families and liked to fit work in around leisure.

"They want to go sailing, they want to go skiing, they want to go travelling overseas and it is very inconvenient if you've got a woman patient who is full term and needs the doctor around.

"But we've given them a wonderful excuse [to get out] and we shouldn't have done that."

The manager of National Women's Hospital, Gary Henry, said Mr Rogan's comments on false health economies were refreshing to hear.

He suggested Mr Rogan could start by paying hospitals more to provide extra post-natal midwife visits to new mothers.