Te Whatu Ora
Health New Zealand

Waikato Maternity Quality and Safety

ANNUAL REPORT 2021/22

“Mehemea ka moemoeā ahau,
ko au anake.
Mehemea ka moemoeā e tātou,
ka taea e tātou”

“If I am to dream, I dream alone.
If we all dream together, then we will achieve”

Te Puea Herangi (1883-1952)

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Foreword

Tēnā koutou, tēnā koutou, tēnā koutou katoa. Ngā mihi nui ki a koutou katoa. Ko Cath Anderson tōku ingoa, greetings to you all. My name is Cath Anderson, Operations Director for Women's and Children's Health and it gives me great pleasure to present our Maternity Quality Safety Programme (MQSP) report for 2022.

The provision of high quality, safe and equitable maternity services across Te Manawa Taki remains a key focus of our work at Te Whatu Ora Waikato. The MQSP provides a framework to support all maternity providers to meet the requirements of the New Zealand Maternity Standards and our two very able MQSP coordinators work actively with those involved throughout the maternity sector to lead, advocate, support service development and undertake quality initiatives across the Waikato district.

The quality framework in place includes strategies to manage risk as well as systems and processes to enable Te Whatu Ora Waikato to continue to provide services and support whānau through exceptional challenges faced over the past two years, notably, the information systems outage which impacted for a period of more than three months, and of course the ongoing challenges of managing services during the global COVID-19 pandemic. MQSP acknowledges the extraordinary resilience and dedication demonstrated by employees of Te Whatu Ora Waikato and community providers to ensure whānau received safe maternity services.

One of the significant highlights for MQSP this year has been the launch of the Whānau Mai community midwifery service in late 2022. Whānau Mai has transformed how primary maternity services are provided including dedicated hauora coordinators who work with whānau to reduce barriers in accessing maternity and community services. Since the launch of Whānau Mai, we have seen an increase in the number of whānau who have found a midwife and a reduction in wait times for the community midwifery service. The MQSP coordinators are using a co-design approach to work with Indian women to gain their insight and advice on how we can improve the maternity services accessed by the Indian community.

MQSP greatly values whānau contributions in all aspects of maternity service provision and planning, and this year we have welcomed three new consumer representatives onto the MQSP Governance Board. We welcome whānau feedback and are reviewing our quality improvement framework to ensure that whānau are represented in the oversight of incidents and complaints. The development of a community engagement plan aims to support effective communication across the maternity services and aims to promote whānau inclusion. After the challenges of the COVID-19 pandemic we welcomed the opportunity to be able to meet face-to-face and share kōrero with other MQSP staff around the motu.

Equity continues to be a main focus of the MQSP and we will continue to work with whānau and community providers to identify and address barriers to maternity services. The Women's and Children's Health Directorate has worked in partnership with Te Puna Oranga (Waikato Māori Health) to develop a plan that commits to equity-based outcomes for maternity services.

MQSP is focusing on supporting whānau to maintain their physical, spiritual, mental and whānau health and wellbeing during pregnancy and the early years and we are looking forward to implementing Te Kahu Taurima, the first 2000 days initiative.

Finally, we would like to acknowledge whānau who have given valuable feedback about the maternity services. We would like to thank our specialist clinicians, midwives, nurses, project staff, leaders, support staff and other stakeholders in the maternity sector in the Waikato district who have engaged with MQSP in the past two years despite the disruption of a worldwide pandemic. We wish you well for the future.

Noho ake me te aroha.

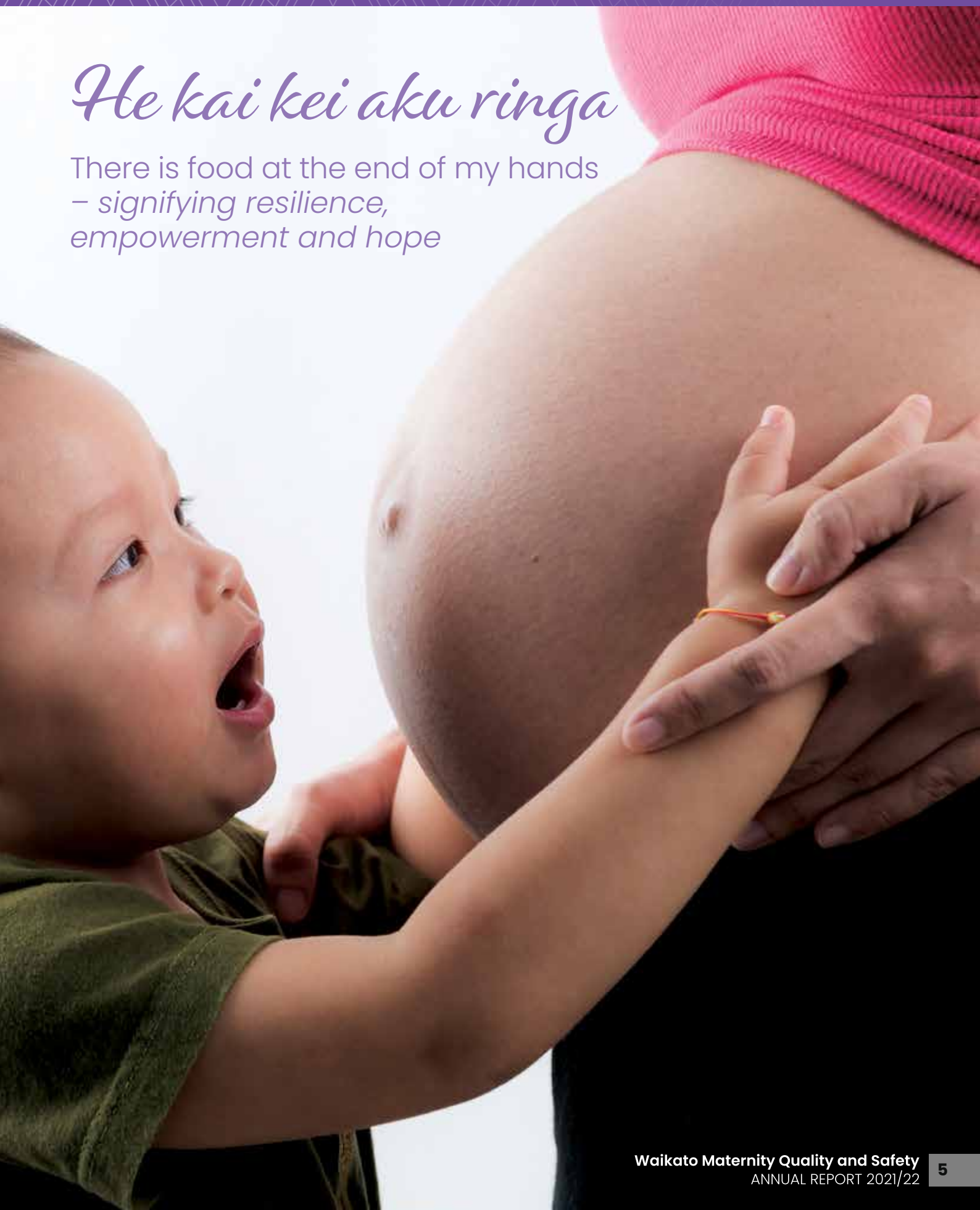
Cath Anderson
Operations Director, Women's and Children's Health
Te Whatu Ora – Waikato

Introduction

1

He kai kei aku ringa

There is food at the end of my hands
– *signifying resilience, empowerment and hope*



1.1 Our vision and objectives

Our vision

Providing quality care for women and their families

He aronga mahi ngātahi; he manaaki tōtika i ngā wāhine me a rātou whānau

The national MQSP has been in place since 2012 with a mandate to raise the profile of maternity quality and safety, putting in place governance structures to make improvements, enhance clinical leadership and ensure better engagement with maternity consumers.

Waikato's MQSP objectives are to

- bring together the voices of the wider maternity sector
- provide a framework to increase quality improvement in maternity services
- be a mechanism to monitor maternity services

Since 2021, improving equity has been threaded through our programme and included in the maternity quality annual reports.

1.2 Acknowledgement to gender

Not all people who become pregnant identify with the female gender. Terms specific to female identify may be used in this document for the ease of understanding, while acknowledging that this is the cisgender and heteronormative approach. We do not intend to exclude people of diverse gender identity, gender expression or sex characteristic where the words wāhine/wahine/women/woman/her/she are used. The term whānau is used in place of consumer to express the inclusiveness of those important to the birthing person.

1.3 Alignment to Rapua Te Ara Matua, Equity Report

The mighty Waikato River runs through our district, and holds significance for many Waikato people, as a place to relax, to provide life for the community (food and water) and supports people economically and spiritually.

The Rapua Te Ara Matua report uses the metaphor that our lives flow and ebb like a journey along the river. In te ao Māori the main current of a river is referred to as Te Ara Matua. On our life journey, at times we find ourselves in the main current, moving effortlessly and harmoniously. At these times everything seems achievable and travelling on the main current is effortless and safe.

Waikato's Rapua Te Ara Matua report describes a picture of life's journey along the river for those in our communities that are travelling on Te Ara Matua and those in our community that are in need of help and support. The distance we are from the main current, is likened to an equity gap.

Rapua Te Ara Matua focuses on those for whom equity gaps have been most persistent i.e. Māori and Pacific people. The Maternity Quality and Safety Annual Report aligns with this by using an equity lens, where possible, to review the quality and safety of maternity services. It also acknowledges other population groups across Te Whatu Ora Waikato experience equity gaps. These include people living in more distant rural communities and other ethnic groups especially migrant groups who do not speak English fluently.

A key quality focus for Waikato maternity services is to improve equity. This report not only reports on quality improvement activity but also illustrates the equity gaps, where information is available, it outlines actions to reduce the gaps and celebrates where whānau have been supported on to Te Ara Matua.

Our maternity population 2

He aha te mea nui o te ao?
He tāngata! He tāngata!
He tāngata!

What is most important thing in the world?
It is people! It is people! It is people!

2.1 Overview of Waikato's birthing population

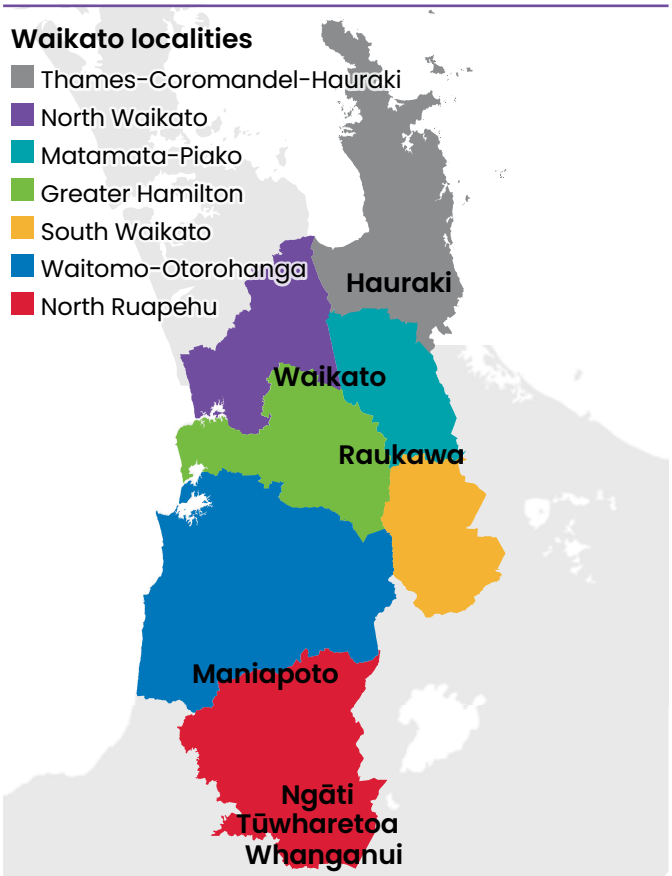
Te Whatu Ora Waikato serves a population of nearly 450,000 people and covers more than 21,000km^2. It stretches from the northern Coromandel to close to Mt Ruapehu in the south and from Raglan on the west to Waihi on the east.

Kirikiriroa Hamilton has a history of 700-800 years of Māori settlement. Waikato-Tainui is tangata whenua for Kirikiriroa and serves more than 75,500 iwi members connected to 68 marae and 33 hapū in the region. The five primary hapū in the city are Ngaati Wairere, Ngaati Hauaa, Ngaati Maahanga, Ngaati Tamainupoo, and Ngaati Korokii. Kirikiroa Hamilton has one of the fastest growing urban Māori populations and comprises around 20 percent of our community.

59 percent of our population is defined as living in urban areas, and 41 percent in rural areas.

25 percent of our population is Māori (compared to the national average of 17 percent).

Iwi (Māori tribal groups) in the Waikato district include Hauraki, Maniapoto, Raukawa, Waikato, Ngāti Tūwharetoa and Whanganui. A significant number of Māori living here affiliate to iwi outside the district. The map shows the overlap between iwi rohe and the seven district localities.



Iwi rohe and Waikato district localities

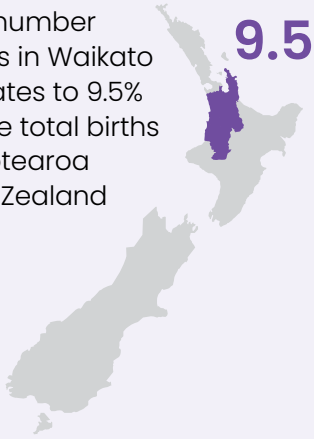
2.2 Knowledge of our birthing population

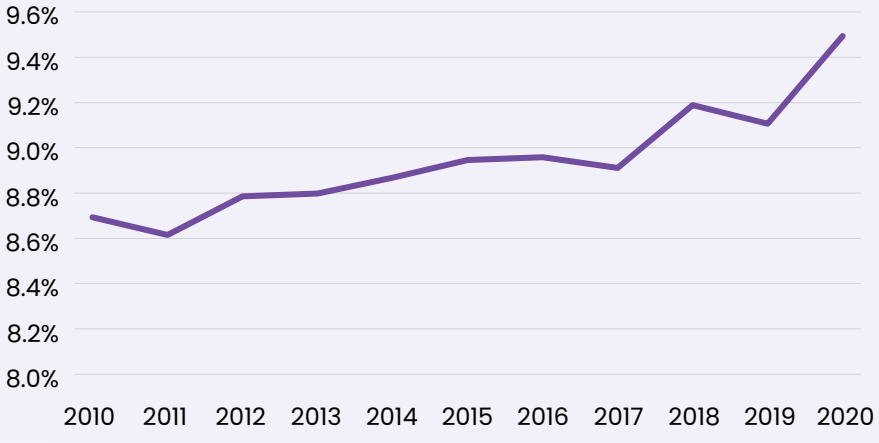
The birthing population in Waikato ranges between 5200 and 5600 births each year from the period 2010 to 2020. Waikato continues to have an increasing percentage of all births in New Zealand from 8.6 percent to 9.5 percent over a 10 year period 2010-2020, while the national birth rates have decreased from 64,000 in 2010 to 59,000 in 2020.

In 2020, 5572 whānau gave birth in Waikato. Waikato whānau giving birth are more likely to be Māori, younger and living in higher socioeconomic deprived areas and having larger families compared to the national rates.[1]

Percentage of national births in Waikato

The number births in Waikato equates to 9.5% of the total births in Aotearoa New Zealand



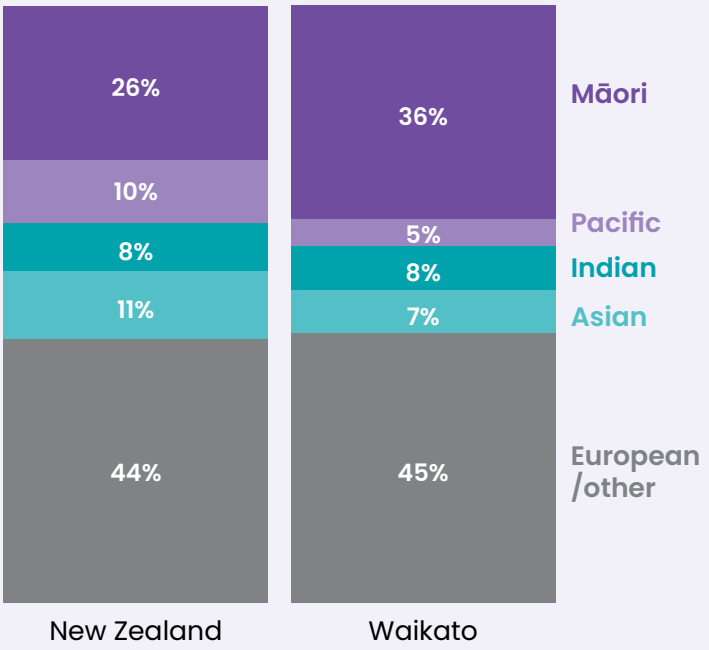


1 – Qlik Maternity data – July 2022

The following is a summary of 2020 maternity information accessed from Qlik Maternity in November 2022. It demonstrates the variation within the Waikato birthing population compared to the national rates.

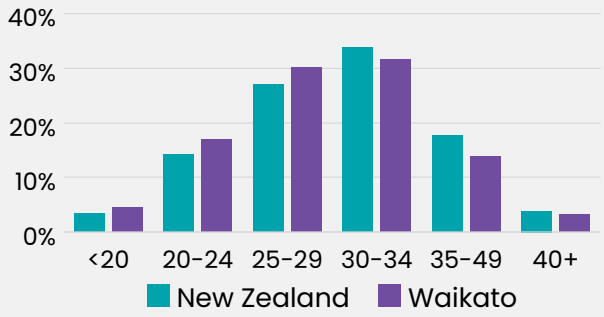
Ethnicity of whānau giving birth 2020

There is a higher rate of births to Māori whānau in Waikato compared to the national rate; Waikato also had the highest number of Māori births nationally. Births to Indian whānau has increased and is now the same as the national rate. While the births to whānau of Asian ethnicity is lower than nationally, rates are increasing annually in Waikato. Births to Pacific whānau is lower in the Waikato than nationally.



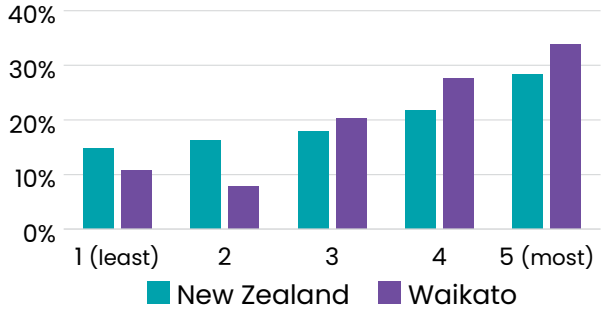
Age of whānau giving birth 2020

There is a higher rate of younger whānau giving birth in the Waikato compared to the national rate. Waikato demonstrates a higher percentage of whānau giving birth in the under 30 year age ranges compared to the New Zealand rate. This is then reversed for whānau over 30 years with Waikato having a lesser rate of birth in these age ranges.



Deprivation of whānau giving birth 2020

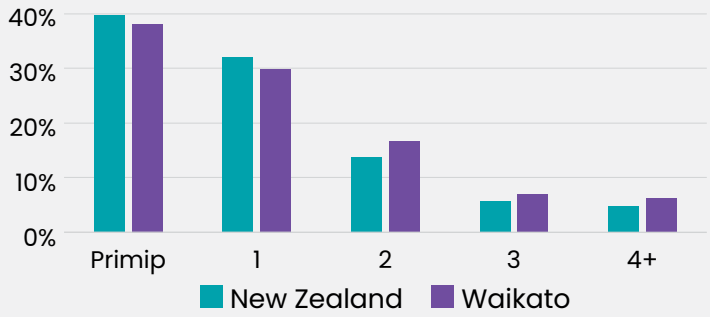
NZDep2013 quintile



More whānau giving birth in Waikato are living in areas of high socioecominic deprivation compared to all of New Zealand. Socioeconomic deprivation is associated with increased rates of perinatal related mortality for many of the death classifications. For the period 2016–2020, babies of mothers who lived in NZDep quintile 5 (most deprived) areas had higher perinatal mortality rates for spontaneous preterm delivery, maternal conditions, antepartum haemorrhage, hypertension and perinatal infection compared with babies born to whānau living in quintile 1 (least deprived) areas.[2]

Parity of whānau giving birth 2020

In 2020, there were more whānau in Waikato giving birth to their third, fourth or more baby compared to the national rate. There was a lower rate of babies born to whānau having their first or second baby.



Place of birth 2020

Home birth within Waikato is near even with the national rate for 2020/21. Birth at primary birthing facilities is higher in Waikato (24 percent in Waikato and 9.7 percent nationally) with a direct effect on birthing in a hospital (71 percent in Waikato and 86 percent nationally). More information in 2.3.3.

2 – PMMRC 15th Report

2.3 Equity and access to services

Waikato has an ethnically diverse birthing population. With the higher than national average number of Māori whānau birthing in a district (36 percent compared to 26 percent nationally). In 2020, Waikato contributed the most births to Māori whānau in the whole of New Zealand. Waikato has a small number of Pacific, Indian, Asian people birthing and a slightly higher than the national average number of European people birthing. Waikato has higher than the national average of pregnant whānau living in low socioeconomic areas and large numbers of pregnant whānau live in rural and remote rural areas.

As outlined in section 1.3 Rapua Te Ara Matua (Waikato equity report), for some whānau there are physical, economic and cultural barriers to accessing care which are consequently played out in poor outcomes. Presenting a challenge to change services or implement different services to reduce this equity imbalance and reflect our population needs.

Data and information

In order to assess the equity gap, where possible, data for MQSP activity is now broken down by ethnicity. This highlights that even if we are doing well at a particular indicator on a district level, granulating the data further enables us to see if there are any significant equity gaps within the indicator and act on these appropriately.

2.3.1 Services equity action plan

In line with a commitment to Te Tiriti o Waitangi, Te Whatu Ora Waikato will proactively prioritise equity for Māori. Achieving equity for Pacific peoples, as well as Māori and Pacific whānau living rurally and/or with disabilities will be an additional focus.

To achieve equity at Te Whatu Ora Waikato we will

- meet our obligations under Te Tiriti o Waitangi in contemporary ways at system, organisation and service levels
- support Māori and Pacific communities to design and deliver healthcare through the Waikato district, other mainstream entities and their own entities
- prioritise, redistribute and purposefully invest resources to invest in equity and wellbeing gain for Māori and Pacific communities
- ensure that investments result in Māori and/or Pacific wellbeing and equity gain
- ensure that the health system is coordinated and responds more effectively to patients, whānau and communities
- measure and widely report health service equity results in access, quality and outcomes from care between Māori, Pacific and others
- ensure the development of strong minimum standards for equitable care and provide resource needed to monitor and achieve these standards
- recognise the value of tikanga (values and practices) and mātauranga (Māori knowledge), for Māori.

The Women's Health directorate has developed a Māori Equity Action Plan, progress on the action plan is monitored by the director of Women's and Children's Health and reported to the regional director of Hospital and Specialist Services.

Just as a rising tide lifts all waka, initiatives to achieve equity for Māori will lead to wellbeing for others.

2.3.2 Services and programmes to reduce the equity gap

Hapū Wānanga: Māori health, pregnancy and birth education

Māori health services established Hapū Wānanga – Māori pregnancy education classes in 2015. Before this there were no pregnancy and birth classes that acknowledged Māori whānau experiences or world view. As a result less than 1 percent of pregnancy education attendees identified as Māori. The low attendance would need to create a programme that would resonate with Māori.

Hapū Wānanga session facilitator

Hapū Wānanga is a kaupapa Māori pregnancy and parenting programme delivered by Māori midwives for all. Participants explore mātauranga Māori underpinned by evidence based practice.

The expert team are aware of the access barriers whānau face and go to great lengths to resolve these. They champion the mana wahine model of care that is to innovate the western maternity system by creating enablers for wahine hapū to achieve their health goals. The team seek to enrich community linkages with the broader Māori health services inviting the services to present at the wānanga giving whānau the opportunity to establish whānaungatanga kanohi ki te kanohi (face-to-face relationships). Services such as Well Child Tamariki Ora, Whānau Ora navigators, Whare Ora (healthy homes assessors), Oranga Niho (oral health), as well as Fire Safety Services, Family Planning and Family Start routinely come to meet the many whānau.

Hāpu Wānanga have evolved in volume and reach since the humble beginnings of 2015. In the last year, 32 Hapū Wānanga were hosted across the Waikato district catchment area in partnership with hapū, iwi and primary maternity services from Waikato, Maniapoto, Raukawa and Hauraki. Hapū Wānanga were attended by 908 pregnant people, with 278 whānau members attending in support. Attendance exceeded all previous targets and services.

Whirihia Te Korowai Aroha: Service within Waikato Whānau Āwhina Plunket for Māori whānau provided by Māori health professionals

The focus of the service is to improve outcomes for Māori whānau by providing full wrap-around services for the first 1000 days of a child's life. With pregnancy and parenting education designed to empower, enrich and support hapū mama and whānau to learn the stages of hapūtanga (pregnancy) whakawhānau (birth) and parenting support.

Whānau who participate in this service receive a wahakura, and other taonga to support their pregnancy journey. The team links in with all community services in the region and work collaboratively with many, for the successes and love for whānau.

Whirihia Te Korowai Aroha has engaged with whānau face-to-face and on social media.

The Whirihia Te Korowai Aroha service includes whānau having a kaitiaki to support throughout the whole pregnancy, Māori Plunket nurse and kaiāwhina who meet whānau face to face postnatally, provide smoking cessation, general practitioners (GPs) and midwife referrals, and assist whānau to easily navigate health and social sectors, transport to appointments, lactation consultants and providing food and nappies. Their Māori Plunket nurses, kaitiaki and kaiāwhina stay with the whānau from pregnancy though to the seven Tamariki Ora core visits post birth and additional visits if required.

Parents Centre Waikato: Pregnancy and birth classes for Chinese whānau

Te Whatu Ora Waikato funds Parents Centre Waikato to offer free antenatal classes.

Classes are also available in Mandarin and Cantonese at no cost to whānau.

These classes are provided by two local lead maternity carers (LMCs) covering knowledge and skills for birthing and parenting which include

- pregnancy
- labour
- breastfeeding
- looking after a baby
- parenting

Shama: Support for ethnic minority women

Shama is a much valued social service provider and community hub that offers a range of supports with a focus on empowering ethnic women and children of all ages. Shama was established 20 years ago in recognition of the unique challenges faced by ethnic women living in Hamilton. Shama has a vision for all ethnic women in Aotearoa New Zealand to achieve their aspiration as mana wahine, to be respected and welcomed into their communities and the wider community, free from fear, prejudice and violence.

Shama is run by ethnic women for ethnic women and provides culturally appropriate support, advocacy, and programmes to ethnic women, their children and families. Shama aims to be a source of strength and empowerment for ethnic women of all ages. Shama's services include social work and counselling support for women and children who have experienced family harm, life skills classes, parenting programmes, children and youth programmes and community development programmes that support ethnic women to be recognised as valuable contributors to their local communities.

Wai Ū Waikato: Breastfeeding support

Wai Ū Waikato offer breastfeeding specialist support and antenatal preparation wānanga for all wāhine residing in the Waikato district. Wai Ū Waikato work closely with Hapū Wānanga and the LMCs across the district to improve the breastfeeding outcomes for whānau. Wai Ū Waikato supported 489 wāhine in the last year. Often the wāhine made more than one visit. Of the wāhine who attended 48 percent were European, 36 percent Māori and 15 percent other ethnicity.

Wai Ū Waikato prides itself on improving accessibility and reducing unnecessary barriers that impact on whānau ability to access support. Therefore whānau can self-refer via multiple methods including text message, call or private message via social media platforms. Wahine hapū are encouraged to attend wānanga during pregnancy, and have access to specialised clinical breastfeeding advice and support at home.

The breastfeeding courses or wānanga are two-hour sessions that include preparing for baby, positioning and latching, breast and nipple care and tips and tricks that support whānau with high quality breastfeeding knowledge. Wānanga are hosted at local community based centres such as birthing centres, iwi providers, teen parent unit and marae. Kaupapa Māori philosophies underpin the approach, hence whānau are encouraged to attend and manaakitanga is demonstrated with pōwhiri and kai.

Safe sleep programme: Māori health service

Te Whatu Ora Waikato Sudden Unexplained Death in Infants (SUDI) prevention services support whānau to reduce SUDI by improving access to modifiable parenting practices; safe sleep spaces, specialist breastfeeding support and pregnancy education/care. The Ministry of Health report *Ngā Mana Hauora Tūtohu: Health Status Indicators* reports a significantly higher SUDI rate among those families living with social deprivation, and over 70 percent of those are Māori and Pacific infants. Therefore, the focus of the service is priority whānau. The service aim is to develop an individualised package of care through Whānau Hauora Assessment or the WHA tool that meets the safe sleep needs as identified by the whānau and the reuptake of wahakura wānanga.

Community based safe sleep champions are trained distributors proficient in risk assessment. Safe sleep champions are found throughout the maternity and women's health workforce across the district, are key to providing consistent messaging, and offer to refer with consent to the SUDI prevention coordinator.

Wahakura wānanga Te Paea Marae 2021

The Waikato SUDI prevention coordinator works actively with the nine Waikato birth facilities, hapū and iwi providers, Well Child Tamariki Ora services as well as directly with whānau. 70 percent of all births take place in the Waikato Hospital Delivery Suite. While all will receive safe sleep information via the Well Child Tamariki Ora book the SUDI prevention service also includes twice weekly opportunistic safe sleep bedside conversations on the ward. A total of 582 safe sleep spaces (408 Pēpi-Pod and 174 wahakura) were distributed between July 2021 and June 2022 to wāhine hapū through our various wānanga, safe sleep bedside conversations, safe sleep champions.

Support services for Pacific families

Four percent of Waikato birthing people identify as Pacific, with 243 birthing in 2019. Although there are no defined maternity services for Pacific families in Waikato, there are two main organisations that provide wrap around support for Pacific families including support of pregnant people, new mothers and young families offering Whānau Ora and Tamariki Ora among a number of health and social services. The organisations are

- **South Waikato Pacific Islands Community Services (SWPICS)** is based in Tokoroa and covers the South Waikato area
- **K'aute Pasifika Trust** is based in Hamilton and is the lead provider for the Midlands Pacific provider collective Aere Tai. Providing services across the Midland region.

Tamariki Ora

There are seven health providers who run Well Child Tamariki Ora services across the whole Te Whatu Ora Waikato district reaching across urban areas and rural areas. Five are Māori led services and two are Pacific led services.

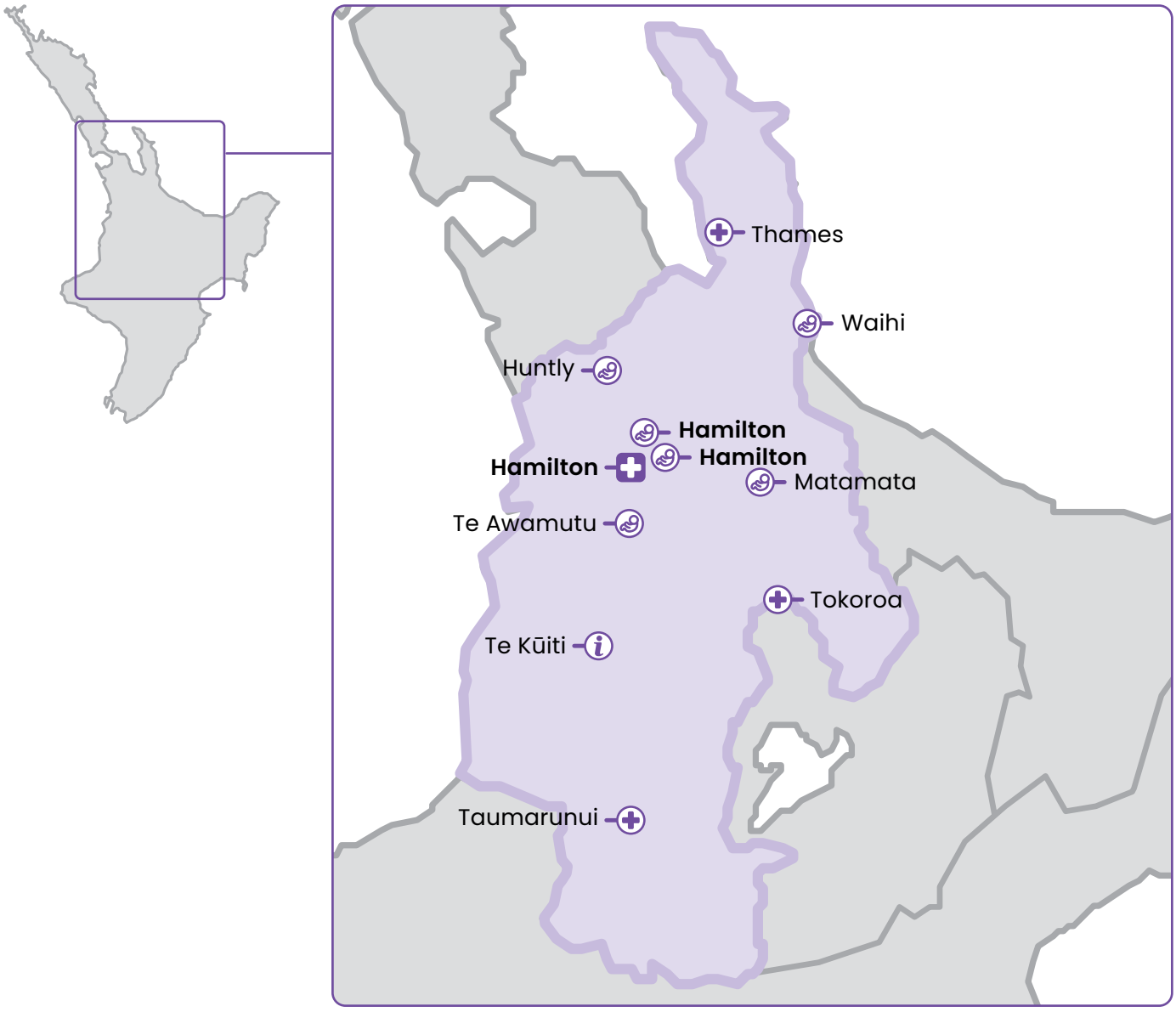
Remote rural services

Waikato has seven birth centres located in rural towns serving rural and remote rural populations. Rural birth centres support a high proportion of Māori whānau who have a higher rate of birth in birth centres than any other ethnicity. In addition to providing birth and postnatal care close to home for rural whānau they also host a range of pregnancy and parenting related services. From providing a base for local LMCs for antenatal clinics to hosting pregnancy and parenting classes, newborn hearing screening services, new parent groups, lactation services and family planning services.

There is also a Maternity Resource Centre in Te Kūiti, a small town servicing a rural and remote rural population. The centre has visiting healthcare professionals such as LMCs, newborn hearing screening and lactation consultants and connects whānau with services and resources including smoking cessation, car restraint clinics, parenting education, cookery classes and buy/sell swap days, baby food classes, toilet training advice, baby massage classes and baby CPR/choking workshops.

2.3.3 Location of birthing facilities

Te Whatu Ora Waikato covers a large geographical area including many rural locations. Providing access to birthing facilities close to home is achieved with the distribution of Te Whatu Ora Waikato funded primary birthing facilities and Waikato hospitals. Waikato Hospital is the tertiary referral centre of Te Manawa Taki region which covers 21 percent of the central north island, including the five districts Hauora A Toi Bay of Plenty, Lakes, Hauora Tairāwhiti, Taranaki and Waikato.



Birth facility

Birthcare Huntly
Pohlen Hospital maternity (Matamata)
River Ridge East Birth Centre (Hamilton)
Te Awamutu Birthing
Waihi Lifecare Birthing Centre
Waterford Birth Centre (Hamilton)

Secondary/tertiary hospital

Waikato Hospital (Hamilton)

Te Whatu Ora Waikato rural hospital birthing unit

South Waikato Primary Birthing Unit (Tokoroa)
Taumarunui Birthing
Thames Birthing Unit

Maternity resource centre

Te Kūiti Maternity Resource Centre

Iwi rohe

Hauraki, Maniapoto, Raukawa, Waikato, Ngāti Tūwharetoa and Whanganui

Waikato Hospital maternity

Waikato Hospital is in Hamilton City and provides pregnancy, labour and birth and inpatient stay for whānau with complex pregnancies or newborns who need additional monitoring.

The number of births in Waikato Hospital has steadily increased from the low 3000 in 2010 to almost 4000 in 2020. Māori whānau make up 30 percent of the births occurring at Waikato Hospital, this is the lowest rate for Māori birthing across the Waikato district.

Within the Delivery Suite, there is an operating theatre for acute care. Planned caesarean sections are carried out in the main operating theatre in the hospital. A 24 hour Women's Assessment Unit is staffed by midwives and a dedicated obstetric registrar to provide assessment for acute pregnancy complications from 16 weeks gestation until six weeks post-partum. The outpatient service sees near 2100 whānau with pregnancy complications per year and is based on site at Waikato Hospital.

1 secondary/tertiary maternity service Waikato Hospital

Specialist pregnancy clinics
Planned outpatient clinics for whānau experiencing complex pregnancy

30 Inpatient maternity beds
For whānau requiring inpatient care either in pregnancy or immediately postpartum

- 6 induction of labour beds
- 24 antenatal/ postnatal beds
- 24 well baby cots

Women's Assessment Unit (WAU)
24 hour assessment unit for acute pregnancy conditions

- 2 triage rooms
- 4 single assessment rooms
- 4 procedure rooms
- 1 bereavement room

Delivery Suite

- 7 birthing rooms
- 3 post anaesthetic care beds
- 1 operating theatre
- 2 high dependency beds

Newborn Intensive Care Unit (NICU)

- 41 cots across levels 1-3
- 6 rooming in parent rooms

Birthcare Huntly

Huntly is a rural town 32km north of Hamilton. The population in 2018 was near 10,000 (Census 2018) with 48 percent of the population Māori.

The facility provides a beautiful, calm and supportive space with two birthing rooms, including a birth pool.

Midwives staff the unit when there is an admission.

The number of births at Birthcare Huntly averages about 60 per year, with 87 percent of the births to Māori whānau in 2020. This is a high deprivation birthing population with 80 percent living in quintile 5 (most deprived).

Pohlen Hospital maternity services

Pohlen Hospital is based in Matamata, a small rural farming town 65km south of Hamilton.

Pohlen Hospital and the Matamata Midwives work together to provide a primary maternity facility for whānau of Matamata and wider areas within the Waikato district.

Over the past five years, birth rates have remained steady with near 80 births each year at Pohlen Maternity. In 2020, 35 percent of the birthing whānau were Māori. The majority of the birthing whānau are living in quintile 3, with only 16 percent in high deprivation quintile 5.

River Ridge East Birth Centre

River Ridge East Birth Centre is located in Hamilton City; it is the largest primary birthing facility offering four birthing rooms with water birthing options. The private postnatal rooms all have their own facilities and care is provided 24/7 by registered midwives

Each year an average of 400 whānau, welcome their baby here with 48 percent of māori whānau choosing this location for birth in 2020. The whānau who access services offered by River Ridge East Birth Centre is reflective of the local population in which there is a varied level of deprivation with 31 percent living in quintile 5 (most deprived).

South Waikato Primary Birthing Unit

South Waikato Primary Birthing Unit is within Tokoroa Hospital and is staffed fulltime by registered midwives.

The unit has a birthing pool and post birth whānau space. It has two delivery rooms, three post birthing rooms and one antenatal room.

The birth rate has been increasing in Tokoroa and is nearing 80 each year, 83 percent are Māori whānau and predominantly living in high deprivation.

Taumarunui Birthing

Taumarunui Birthing is located in Taumarunui Hospital, about 160km south of Hamilton. This birth unit serves whānau of the King Country and the northern Ruapehu districts.

The whānau that birth in Taumarunui are predominantly Māori (71 percent) and living in quintile 5 (most deprived). The birth rate here has been decreasing over the past five years. See section 3.1 for more information from a local LMC in the area.

Te Awamutu Birthing

Te Awamutu Birthing is within the Te Awamutu township, 30km south of Hamilton. The birthing centre is relaxing home like environment staffed fulltime by registered mdiwives.

The annual births in Te Awamutu Birthing is near 200. In 2020, 48 percent of births were to Māori whānau which is higher than the Hamilton city primary birthing units. Of the birthing population here 20 percent are living in quintile 5.

Thames Birthing Unit

Thames Birthing Unit is a rural facility at the base of the Coromandel Peninsula. It is located across the road from Thames Hospital in the small rural town of Thames. The population swells in the summer months.

The facility is staffed fulltime by midwives and has near 100 births a year. In 2020, 46 percent of the birthing whānau were Māori with most whānau living in quintile 4.

Waihi Lifecare Birthing Centre

Waihi is a small rural town on the edge of the Waikato district, the centre is available for whānau in Waihi, Coromandel and Hauraki Plains for giving birth and postnatal care. Whānau in this area often travel to the nearby Tauranga Hospital for labour and birth.

In 2020, there were 33 births in Waihi Lifecare Birthing Centre. 45 percent of the births were to Māori whānau with 45 percent living in quintile 5.

The centre is annexed to an aged residential care hospital and staffed with a health care assistant when there is an admission with oversight from a registered nurse in the hospital.

Waterford Birth Centre

In 2020, over 300 whānau welcomed their baby at Waterford Birth Centre, of those 45 percent were Māori. In 2020, 26 percent of the births at Waterford Birth Centre were to whānau living in quintile 5 (high deprivation).

The centre is located in Hamilton and is staffed fulltime by midwives.

In 2022, the centre was refurbished and developed a new midwifery leader role.

3 Waikato maternity services

He waka eke noa

The canoe which we are all in without exception
– *working together*

Te Whatu Ora Waikato has between 5200 and 5500 births each year, with near 25 percent of births occurring in primary units. Supporting the sustainability of the primary maternity facilities and the LMC workforce enables whānau to access maternity services in their local communities.

Developing services in primary maternity facilities and increasing support for LMCs to continue to practice in the community is paramount for equity of access of services for Māori whānau, with higher numbers of Māori choosing to birth outside the main hospital setting.

3.1 Maternity workforce

Waikato Hospital has a large multidisciplinary team to support whānau across the tertiary catchment area of the Te Manawa Taki region. The team consists of medical, midwifery, nursing, allied and non-clinical staff. Roles for clinical midwives specialists are continuously being developed to support the needs of the population.

The medical workforce within maternity totals 16 consultants in obstetrics and gynaecology supported by the same number of registrars and a team of senior house officers. A new junior registrar role has been created to ease the transition between the senior house officer and registrar role to bridge the significant difference in responsibilities and skillset required.

Midwives employed by Te Whatu Ora Waikato has followed a similar trend as seen in other areas around the country with reducing numbers of midwives. This has required new ways of working to support the continuation of quality care for whānau. Clinical coach roles were introduced in Waikato in 2022, see 3.1.2

LMCs are a significant part of the maternity workforce in Waikato with a consistent number of national access agreements each year. There are pockets within the rural areas of Waikato where LMC numbers have decreased requiring hospital funded solutions. See 3.2.2 for more information

3.1.1 Clinical coaches

A midwifery workforce initiative was launched in July 2021 to appoint senior midwives into clinical coach roles. The clinical coach roles provide additional support to colleagues, (including midwives who may be new to the service, or new graduate midwives), and acting in a supervisory capacity for midwives renewing their practicing certificates after taking a break.

Te Whatu Ora Waikato appointed three senior midwives into the clinical coach role in May 2022. Since that time the role has supported two returning to practice midwives and six midwifery first year of practice (MFYP) midwives and a further five internationally qualified midwives. The midwife clinical coach provides practical clinical education in the workplace, demonstrating effective, evidence informed and culturally safe practice. They work closely with MFYP, new staff including LMCs to the maternity service or clinical area and midwives on the Return to Practice (RTP) programme to support their transition to confident practitioners in the clinical setting.

The midwife clinical coaches are able to work with midwives who need to refresh their clinical skills or knowledge during a Performance Improvement Plan (PIP). The role is supernumerary and is responsible for promoting a learning environment within the clinical setting that encourages and supports development of midwifery clinical skills and knowledge, reducing staff stress and enhancing staff retention.

The roles have been in place since May 2022, therefore, there is not enough time to measure if this has had a positive impact on midwifery retention. However, there is feedback from staff and LMCs demonstrating exceptionally positive experiences. All of the clinical coaches have clinical supervision competencies or qualifications providing the skills in helping staff to debrief, provide pastoral care and help in the access to appropriate support following adverse events.

Feedback received from midwives regarding the clinical coach role

LMC and birthing centre partnership

The following is shared by a local Taumarunui LMC

In November 2022, Te Aho Birthing Unit unveiled the carving (Ngahuinga). This adorns the entry way of the unit and was created by master carver Kenny Jones from Ngāti Hauā. This carving depicts the joining of the waters from our rivers, the mountains, valleys and the lights guiding whānau home to the heart of Ngāti Maniapoto, Ngāti Hauā and Ngāti Tūwharetoa. It also has two babies adorning this carving with the umbilicus connecting to the whenua that is the King Country.

In 2020, our maternity unit was refurbished and reconfigured to a more aesthetically pleasing and relevant space to work in and receive safe and loving cares in for our remote rural community.

The new space was blessed and the new 'ahu' is showcased with a great midwifery team comprising of Charlene Kelly (Ngāti Maniapoto, Ngāti Hauā and Ngāti Tūwharetoa) and Karen Walker (Ngāti Toa, Ngāti Porou). An emergency on call contract is also provided by these midwives for unbooked and emergency presentations over 20 weeks gestation.

Te Whatu Ora Waikato has commenced locum provision to enable ongoing professional development and leave. This continuity of care team and the sustainability, which is achieved by the locum cover, has improved satisfaction for the midwives and consumers.

Collegial relationships have gone from strength-to-strength with more information sharing and appreciation for skill sets. Consumers appear to have confidence in this model and are engaging in maternity care earlier than previously seen. The single most empowering strategy we employed was creating a pou/foundation of professional boundaries for care. We clearly state normal business hours and are respectful in relationships.

Together we provide maternity care to over 120 whānau per annum. However, we only see local birthing at our unit of approximately 35 per year. This is due to the many consumers that have risk factors that recommend birthing at a tertiary level hospital. Of our planned primary births, we boast a transfer rate of less than 5 percent. In our community, we are experiencing an increase of home births, and this represents approximately 10 percent of our community.

Midwifery partners Charlene and Karen providing care for Taumarunui whānau

3.1.2 Midwife of the Year – Celebrating our midwives

Each year on International Day of the Midwife Waikato celebrates its midwives by selecting one midwife as the Midwife of the Year. Nominations are gathered from colleagues across the maternity service and judged by the director of midwifery and chief nursing and midwifery officer. A presentation and morning tea is held to celebrate the Midwife of the Year who also receives a pin to wear on their uniform.

Midwife of the Year (centre) Jessica Jordan celebrates with colleagues

3.2 Support for staff

The past two years have seen unprecedented challenges with a global pandemic, affecting not only the work environment but the entire community. The stress of staff worried about their own families had to be acknowledged and actions put in place to provide support as needed. Maternity staff and birthing whānau were significantly impacted with restrictions on support during their birth and inpatient stay. In addition to this Waikato experienced an information services (IS) outage as a result of a cyber-attack adding an additional layer of strain on an already emotionally depleted workforce.

Both employed staff and LMCs were required to be agile in response to these challenges. Waikato responded with the ongoing support networks such as access via the intranet to wellbeing support - Oranga Kaimahi, which links staff to support available both in and outside of the workplace.

The strain on staff from the pandemic, high vacancy and the IS outage required an increase in support available. Onsite drop-in support sessions were offered in service in collaboration with Health, Safety and Wellbeing, EAP and clinical psychologists as well as regular wellbeing check-ins with the women's health management team. The clinical psychologist held fortnightly MS Teams meetings. The opportunity for individual sessions was available.

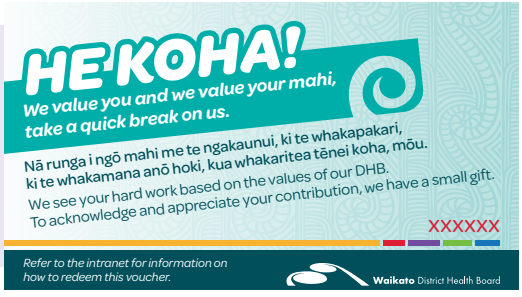
Across Te Whatu Ora Waikato, there are staff trained in workplace support. They are in clinical roles and in addition complete training to know how to listen to concerns, be discreet, sensible, respectful and confidential. They are not counsellors but are able to guide individuals on what actions they can take or simply be a sounding board. Spiritual support is available via the Chaplains. Peer support and EAP is also available for employed staff.

Wellness day

After many delays due to COVID-19 restrictions, a womens' health wellness day was held in July 2022. This day was organised by one of the associate charge midwife managers who holds the health and safety portfolio. The essence of the day was to recognise staff for all of their hard work and provide a day to 'care for the carer'.

Activities included bringing the heart-rate up with zumba, winding down with yoga and escape games. Attendees were treated to massages, hair straightening and curling from local beauticians, as well as important talks from speakers around different topics in wellbeing. The day was supported by local birth centres and both employed and LMC midwives attended.

Waikato recognised the challenges that the Omicron outbreak presented to people working across the district. As a way of recognising that hard work and contribution that all staff had made in keeping communities safe, all employees were given a set of vouchers that could be redeemed at local cafes.



3.3 LMC distribution

Te Whatu Ora Waikato serves a large area with demand for LMC providers in densely populated urban areas and small remote rural areas. The reduced number of midwives reported in the 2022 Midwifery Workforce Survey by Midwifery Council New Zealand is reflected across the Waikato district with insufficient numbers in rural areas. In areas of low LMC numbers additional services have been put in place, see section 3.3.1.

During the summer period, there is also a deficit of LMCs in urban areas resulting in increasing numbers of whānau who are unable to register with an LMC, and compounds the challenges across the rural areas. See section 6.3 for improvements in Te Whatu Ora Waikato funded primary maternity care.

3.3.1 Support in place for areas of low LMC numbers

Hauraki, Thames, Coromandel

Rural areas have lower LMC coverage. Within the Hauraki, Thames, Coromandel areas in 2017/18, the establishment of a caseload team to provide continuity of care for whānau who were unable to register with a LMC. The need for this team had declined as the LMC numbers had increased to support the birthing population. During the COVID-19 pandemic the Thames, Coromandel LMC workforce was severely affected by the health mandate, this exacerbated attrition resulting in a significant shortage of both LMC and midwives employed in the primary facility.

Funding for locum midwifery cover for the few LMC who remained was put in place to give LMC time off-call. The funding covers two off-call period of 48 hours per month. The intention is to sustain remaining midwives in the rural area while a permanent caseload team is arranged.

Until the caseload structure is in place, the employed midwives at Thames Birthing Unit have been providing antenatal clinics for whānau who are unable to access midwifery care in their home area. This temporary solution is not able to provide home visits or travel outside of Thames requiring whānau to travel great distances for antenatal care. A contract is in place to have a second midwife available to support the employed midwife in Thames Birthing Unit when a birth occurs. The unit midwives support whānau to engage a LMC in Hamilton for labour and postnatal care when whānau are unable, for medical reasons, to birth in Thames. Postnatal care is arranged either with the three LMC who cover Coromandel Peninsula or by the unit manager.

Consultation between Thames Birthing Unit midwives, the LMC community and the Waikato Women's and Children's Health directorate has resulted in the re-introduction of a case loading midwifery team. The team will provide a continuity of care model through pregnancy, labour and birth and postnatal period. Whānau will be able to home birth or birth in the local Thames Birthing Unit and then receive in home postnatal care.

Taumarunui

Taumarunui is a rural settlement 160km south of Hamilton. There are near 120 whānau registered with an LMC in the area each year with only 30-40 birthing in the facility, this is due to the increasing obstetric complications of the population and the distance from Waikato Hospital. The births occurring in the facility are 71 percent to Māori whānau who are living in the highest level of social deprivation. Taumarunui Birthing is annexed to the main hospital and has no permanently employed midwifery staff as a consequence of low midwifery numbers across the country. The facility is covered by one of the two local LMC who provides 24/7 on-call cover by contract to the facility. In addition, a locum contract is in place to provide periods of relief, this locum contract is with another LMC and by the Midwifery Maternity Providers Organisation (MMPO) who also provides locum cover relief, which is funded by Te Whatu Ora Waikato. This model supports whānau to access a birth facility close to home. The benefit is whānau don't have to travel two and a half hours to Hamilton to birth in Waikato Hospital when they are safe to birth locally, and provides some off-call time for the two local LMC.

Birthcare Huntly

In 2019, a service for whānau who were unable to register with an LMC in the first trimester was developed in Huntly. A drop-in clinic is available to attend once a week where a midwife can discuss pregnancy concerns, ongoing pregnancy care and provide referrals for ultrasound and other screening tests. It is a free service based in North Waikato. In 2019/20, 60 whānau accessed this clinic. There has been an increase with 84 whānau accessing the clinic in 2022 (January to October), 73 percent were Māori.

Initially the midwife facilitating the clinic was able to assist the whānau to access a LMC in the area but now with the reduced workforce, this is not possible and for ongoing pregnancy care they must travel 45 minutes to Hamilton.

River Ridge Hub – Drop-in centre

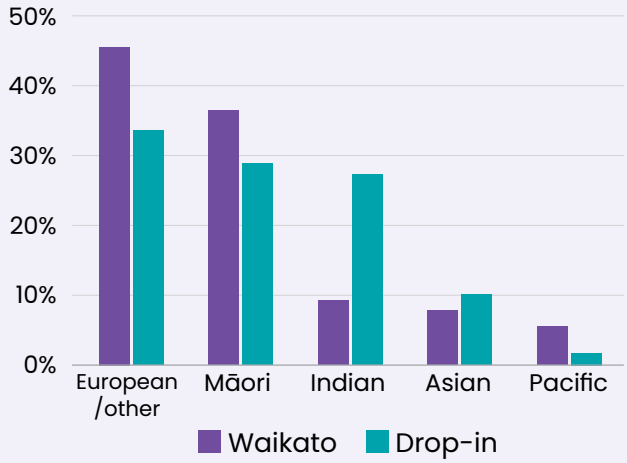
In central Hamilton, a drop-in centre for whānau unable to find an LMC for early pregnancy care commenced in March 2022. The drop-in centre is an initiative of two local midwives claiming from the Primary Maternity Services Notice working in partnership with a primary birthing facility to provide this service. Whānau are provided midwifery assessment, referrals for investigations and referrals for support such as smoking cessation. The drop-in centre was in response to the increasing number of whānau who were unable to find a midwife for care.

Between March and October 2022, 82 whānau were seen. The graph demonstrates the ethnicity of whānau accessing care from the drop-in centre at the River Ridge Hub. When compared to the Waikato birthing population Indian and Asian whānau are using this service more than the percentage of the birthing population from these ethnic groups in Waikato, while Māori, Pacific and European/other are accessing the service less.

The drop-in centre reports 45 percent of the whānau who attended were not born in New Zealand, and more rural whānau were finding it difficult to find a LMC as many urban LMC no longer travel to the nearby rural areas outside of Hamilton City.

Of the whānau who attended the clinic, 54 percent were referred to a LMC midwife for ongoing care, 40 percent to Te Whatu Ora Waikato as the provider of last resort, 4 percent experienced a miscarriage and 4 percent were lost to the service.

Ethnicity of whānau accessing care Waikato vs drop-in centre



Summer plan

Each year the usually adequately resourced LMC numbers in urban areas of Waikato reduces, as providers reduce caseloads or take holidays. This results in an increase in the number of whānau requiring primary maternity services from the hospital. Additional pressure is put on whānau to travel to the hospital to birth. A summer plan had been put in place to have a contact list of LMC who do not have a summer caseload to provide labour and birth only care in both the hospital and urban primary birthing setting. LMC claim notice then hand back for postnatal, in some cases another LMC who only provides the postnatal module registers the whānau.

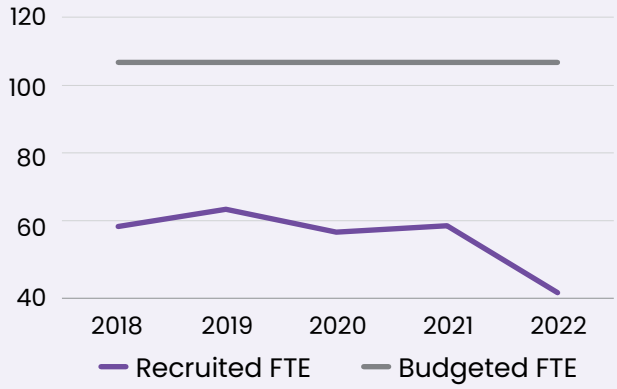
3.4 Growing our midwifery workforce

The Midwife Workforce Annual Survey revealed across New Zealand, the total number of midwives with practising certificates had increased each year since 2016, but has now returned to almost the same level as in 2016. Of the survey responses, the most common reason was the COVID-19 mandate followed by maternity leave.

This national data is also reflective in the Waikato midwifery workforce with a reduction of employed midwives from 101 midwives with a total of 58.25 FTE in 2021 to 76 midwives or 42.35 FTE in 2022.

See section 3.5 for more information on how this is managed.

Midwifery workforce at Te Whatu Ora Waikato 2018-2022 [3]



3.4.1 Midwifery recruitment

A key priority of the maternity service has been recruitment. This commenced with a restructure within Te Whatu Ora Waikato and resulted in the appointment of a director of midwifery to develop and progress strategic goals for midwifery. Midwifery recruitment was set as a priority with the following strategies put in place to achieve an increase in recruitment and retention of the midwifery workforce.

Supporting the pipeline

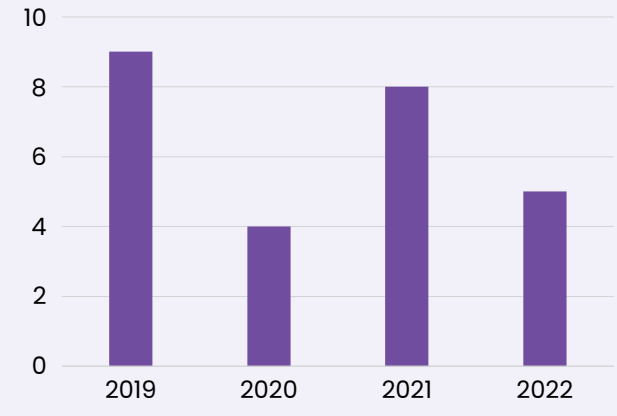
A quarterly meeting is held with Wintec, the institute that provides the Bachelor of Midwifery in the Waikato district. This is an informal advisory group comprising of team managers, product managers, centre directors and heads of schools, providing industry oversight and input into the development and delivery of programmes of study and business and strategic planning. The meeting identifies areas of concern, opportunities related to teaching, learning, research and projects. It is district wide and looks at how facilities can support midwifery students with their learning needs.

Attracting new graduate midwives

On an annual basis, Waikato Hospital has a presence at AUT, Otago and Wintec to promote Te Whatu Ora Waikato and the lifestyle that Waikato offers. The presentation highlights the beautiful region and accessibility to all types of activities and locations along with the cost of living and financial benefits of being part of the Waikato midwifery team.

A new graduate allowance was introduced in 2020 for all MFYP who were recruited to Te Whatu Ora Waikato. Each midwife completing their first year of practice who are employed permanently on a 0.8 FTE or above and working rostered shifts is eligible for a bonus at the end of the first year and again at the completion of the second year. The graph below shows the number of employed new graduate midwives each year. Of the new graduate midwives employed at Waikato DHB from 2019-2022 12 percent identified as Māori.

New graduate midwives employed by Te Whatu Ora Waikato



The response to the allowance is difficult to measure with the changing number of new graduates each year.

3 – Human Resources Te Whatu Ora Waikato

Advertising campaign

A three-month trial of intensive advertising was undertaken both within New Zealand and internationally from January to March 2021.

This included promotion of Waikato DHB midwifery positions with social media videos, utilising the Google search function to link the advertising campaign to browsers and pop-up advertising.

Unfortunately, the resources that were required to manage COVID-19 had a negative impact on the overseas campaign and its continuation.

The videos continue to be linked to advertisements listed by Te Whatu Ora Waikato.

3.4.2 Orientation support midwives

Before Waikato had developed the midwife clinical coach roles, 0.2 FTE was dedicated to support the orientation of midwives and nurses into the maternity service. The role assisted with the development of orientation materials, had regular follow-ups with midwives on orientation to ensure they were on track to complete orientation requirements. A practical hands-on component for clinical credentialing, such as Point of Care Test (POCT) sign-offs was incorporated into the role also. The orientation midwife provided regular feedback to the charge midwife manager as to how the new staff member was tracking in terms of completing requirements and being ready to come off orientation at agreed time. This position ceased with the national midwife clinical coach role being established.

3.4.3 Retention of currently employed midwives

In September 2020 a midwifery retention package was introduced. All midwives working shifts who work a minimum of 0.8 FTE and with a minimum of two years' experience are eligible for the allowance.

The first payment of $5000 (gross) is paid on receipt of the signed Allowance and Bonding Agreement. The second payment of $5000 (gross) is paid at the 12 month anniversary of the first allowance with the employee agreeing to provide good and valued service for a minimum one-year from the payment date and every year after a payment is made. Payment and is subject to continuously meeting the eligibility criteria.

The initial uptake of the offer saw 18 midwives sign on and 10 midwives increase to 0.8 FTE to meet the eligibility criteria. Since the implementation of the retention package, three midwives have moved to new roles in which shift work is not required and therefore are no longer eligible for the package. Two midwives have reduced their FTE and five have resigned. There are still 18 of the initial 28 midwives receiving this retention package.

The retention allowance has not been successful in these instances and a proposal put forward by the National Midwifery Leaders Group is being considered by the Workforce Taskforce established by Te Whatu Ora and Te Akai Whai Ora–Māori Health Authority in order to address the urgent workforce pressures and develop longer term strategies. A dedicated working group is being set up and managed by the Workforce Taskforce with the aim of building initiatives to support a nationally consistent and sustainable midwifery workforce package.

3.5 Managing midwifery vacancy

3.5.1 Nurses supporting midwifery

To manage the midwifery workforce deficit Te Whatu Ora Waikato has employed registered nurses in postnatal care areas for many years. Currently there is near 30 FTE of nursing staff in midwifery positions.

In the last two years in order to provide clinical support to the maternity service, due to the continued and increasing shortages in the midwifery workforce across New Zealand registered nurses have been recruited into Delivery Suite.

To ensure that whānau continue to receive high quality maternity care, and both midwives and nurses scope of practice is not compromised, monthly discussion are held between the director of midwifery and New Zealand College of Midwives (NZCOM), Midwifery Council and the Midwifery Employee Representation and Advisory Service (MERAS) at the National Midwifery Leaders Group meeting.

Currently MERAS are also involved at a local level in meetings to discuss the importance of midwifery oversight of nurses and pre implementation discussions/planning for the expansion of nurses within maternity.

In 2022 there is 9 FTE of registered nurses assisting in the delivery suite high dependency unit (HDU) and providing postnatal care. The delivery suite nursing team work alongside the midwifery team when there are whānau requiring HDU care, supporting the midwife with the additional care required for complexity such as sepsis, severe hypertension, and specialised infusions. The nursing team are able to care for whānau who are awaiting transfer to a birth centre, releasing the midwife to provide labour care for another whānau or to provide one to one care for whānau having an induction of labour who need labour care.

To ensure the nursing teamwork within their scope, they do not care for antenatal whānau on their own. A specific education package was developed to include newborn life support, arterial line education, epidural education, maternity emergency day training, practical obstetric multi-professional training (PROMPT), diabetes in pregnancy, and the delivery suite HDU training day.

3.5.1 Recruitment of maternity care assistant

In February 2022, midwifery students across all years with most being in their first year of study were recruited into the role of maternity care assistant (MCA) to support the midwifery workforce. Currently 12 MCAs are available for shifts between study and clinical hour commitments.

Maternity Care Assistant (MCA)

A brand new role to support our maternity service!

MCAs are student midwives employed to support the maternity service across Aotearoa. You will see students working in Delivery Suite, WAU and the maternity wards. MCAs support the basic tasks and activities of daily living, under the direction, delegation and supervision of a registered midwife.

Tasks and activities include

- cleaning birthing room beds and equipment
- cleaning and making ward beds and bed spaces
- restocking cupboards and rooms
- preparing rooms for admissions
- assisting whānau to bathroom/shower
- emptying indwelling catheter bag or measure trial of voids
- positioning/comfort cares
- assisting with transfer of clinically well whānau to NICU or ultrasound
- basic baby cares (bathing, changing nappies and settling babies)
- collecting expressing equipment or expressed breastmilk for whānau
- cleaning and sterilising expressing equipment post collection
- answering call bells
- assisting with some administration tasks
- assisting whānau to access education videos

Any documentation in clinical notes should be within the boundaries of the MCA role (notes must be counter-signed by a registered midwife or registered nurse)

Please welcome our new MCAs and support the development of our future midwives!

Developing our midwifery workforce

4

Poipoia te kākano kia puawai

Nurture the seed and it will blossom

4.1 Midwifery education fund

As from July 2021, MERAS members have an allocated sum of $1000 per year to enable them to meet approved professional development requirements. This includes, external provider workshops, conference registration and costs related to text books, travel, accommodation and the cost of membership to the professional association that is directly relevant to the employee's duties.
The allocation of this professional development funding is managed through the Continuing Professional Development Committee and monitored through quarterly meetings.

Te Whatu Ora Waikato is unable to report on the number of midwives who have accessed the fund due to inconstancies with data collection. The Continuing Professional Development Committee plans to formalise the process for reporting in 2023.

4.2 Fetal Surveillance Education Programme

Improving outcomes for whānau by providing highly skilled midwives in interpretation and response to fetal assessment is a key priority for the midwifery workforce. Accident Compensation Corporation (ACC) initiated a programme in response to neonatal encephalopathy (NE) which included standardised fetal surveillance education across New Zealand for all maternity providers.

Te Whatu Ora Waikato provides access to the training programme Fetal Surveillance Education Programme (FSEP) for all staff working in the maternity setting. This is a comprehensive training package completed over an eight hours with and an assessment of skills and knowledge to end the day.

All Te Whatu Ora Waikato midwives attend this training day a least once every three years and dependent on the assessment may be eligible for online updates annually between the in-person sessions. The sessions are open free of charge for LMCs to attend.

4.3 Cultural competency training

Waikato has a diverse ethnic population with a high Māori component. Providing cultural competency training for all staff is key to proving a safe environment for all whānau to access.

Te Whatu Ora Waikato requires all employees to complete Tikanga Best Practice e-learning module.
In addition to this, the following are offered

- Te Ara Tōtika in-person full day workshop facilitated by The University of Waikato – follow-on from the above and delves deeper into Te Tiriti / tikanga
- Equity in healthcare: Introduction for leaders – one hour online core manager skill session via MS Teams, part of our manager development programme
- Aspiring Leaders programme five-day programme – covers tikanga, institutional racism
- Institutional racism workshop – full day workshop part of our manager extension skills – manager development programme.
- Te reo Māori courses –Te Waharoa ki te reo programme facilitated by Te Whare Wānanga o Awanuiārangi – entry level to te reo Māori. In 2023 a further two 20 week programmes and an NZQA Level 3 12 month Te Pōkaitahi Reo programme facilitated by Te Whare Wānanga o Awanuiārangi are available.

Waterford Birth Centre – developing midwifery leaders

Developing midwifery leadership skills strengthens the midwifery workforce through succession planning. In 2022, Waterford Birth Centre developed an associate clinical midwife manger role to support the role of the clinical midwife manager. This role provides opportunity for development of management and leadership skills in a supported environment with the oversight of the clinical manager. The plan is to develop the skills via postgraduate study, quality improvement and adverse event review training.

With the skills attained in this new position, associate clinical midwife manager provides leadership support for other midwives in the primary settings and opens up opportunities for progressing onto midwifery leadership positions across the district.

Clinical midwife managers at Waterford Birth Centre 2022

4.4 Developing our midwifery leaders

Each year opportunities for midwives to expand their knowledge and grow as leaders are offered in Waikato. In 2022, International Healthcare Institute (IHI) programme was included for all staff employed by Te Whatu Ora Waikato, along with the existing Pebbles programme, Māori leadership course and the Quality and Leadership Programme (QLP)

4.4.1 International Healthcare Institute training

Waikato offered all staff the opportunity to complete the IHI Open School's multimedia online courses cover a range of topics in quality improvement, patient safety, system design, leadership, and population management.

Courses are broken into digestible 15 to 40 minute lessons — each focused on practical learning around a topic — designed for busy learners and educators. Institutional faculty and organisational leaders around the world rely on the courses as an easy way to bring essential training to students and staff.

4.4.2 Pebbles programme

Introduced in 2007, the Pebbles programme is a professional development programme for clinically-based registered health professionals provided by Te Whatu Ora Waikato. Open to health professionals working within the Te Whatu Ora Waikato or contracted services. It introduces purposeful development strategies for health professionals to extend clinical leadership expertise and/or prepare for senior roles. Pebbles recognises and builds on the contribution health professionals make in the provision of safe, effective, quality, person-centred healthcare.

Pebbles utilises a practice development approach to

- develop the capacity to improve health outcomes for consumers through strengthening, promoting and enhancing the participants leadership competencies and abilities (Huston 2008)
- develop registered health professional capability to lead and manage change in clinical practice
- support succession planning for registered health professionals.

Pebbles provides a supportive learning environment and is seen as a means of contributing to the development of health professionals working within clinical environments. It is designed to promote clinical leadership for those wishing to remain in the clinical environment as well as those intending to move into formal leadership and management positions.

In 2020/21, no midwives enrolled in or completed the Pebbles programme. Management of the COVID-19 pandemic affected the programme.

4.4.3 Māori leadership course

Ngā Manukura is a clinical leadership programme for Māori nurses and midwives. The training is completed over a period of four months with four two hour wānanga sessions covering governance and clinical governance, leading a change management project to completion, tools and strategies for Māori leaders, leading to make a difference, and current issues for Māori leaders.

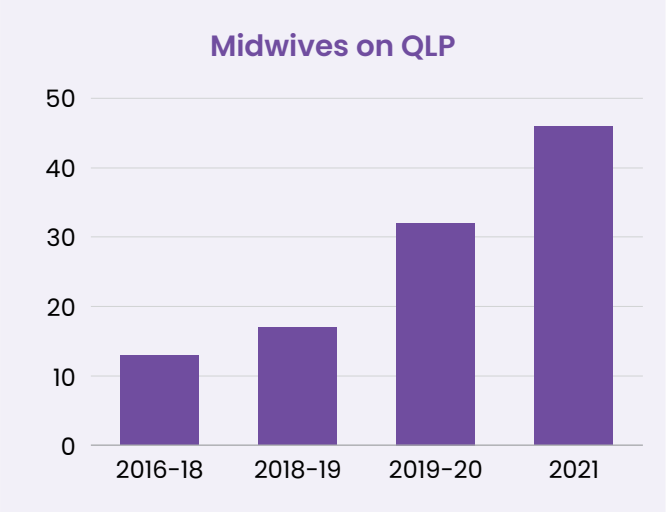
4.4.4 Quality and Leadership Programme

The QLP for midwives aims to promote and reward midwifery expertise and recognise the contribution of midwives to quality patient outcomes. The QLP assessment criteria has been developed to align with the national framework. There are two levels on the QLP: Confident (Domain A) and Leadership (Domain B).

The midwifery QLP framework and criteria has been developed to

- provide a structured framework, which supports and assists midwives to further develop knowledge and skills necessary to provide safe and effective care for whānau and their babies
- acknowledge and develop a range of transferable clinical and personal skills which can be used throughout a midwife's career in a variety of practice settings
- encourage and value professionalism in midwifery practice in n employed setting
- provide a mechanism through which an organisation can value, recognise and encourage the professional development of midwives
- help to identify and prepare midwives for leadership roles
- provide a framework for midwives to contribute to quality activities.

In Waikato each year the number of midwives on the QLP has been increasing. 66 percent have attained leadership, while 34 percent remain on the confident level.



4.4.5 Developing MQSP coordinators

Over the period of 2020-2022 the following education opportunities have been undertaken by the Waikato MQSP coordinators.

Adverse event training

The adverse events learning programme (AELP) aims to improve consumer, whānau and healthcare worker safety by supporting health and disability services to report, review and learn from adverse events. The role of the programme is to promote a nationally consistent approach to reporting, reviewing and to share lessons learned across the health and disability sector.

The Health Quality and Safety Commission (HQSC) offers education on how to conduct an effective review of adverse events in a range of health care settings using the learning review methodology.

The AELP offers a number of workshops to enable participants to

- understand the essential components of high-quality adverse event review
- participate in a simulated adverse event review as a member of the review team.

Following the completion of this programme MQSP coordinators developed the Rapid Multidisciplinary Process (RaMP) for Waikato Hospital to review morbidity cases. See section 8.1.1

Accessibility charter

The Ministry of Social Development run free workshops on digital accessibility in collaboration with the Department of Internal Affairs and members of the Disabled People Organisations. The workshops are open to all staff from central government agencies, including public service and non-public service departments, Crown agencies, DHBs, as well as local government bodies.

The purpose of the training is to develop an understanding of why accessibility is integral for engaging effectively and the alternate formats required by disabled people.

- What is the Accessibility Charter
- Web Standards introduction
- Inclusive design and accessible information
- Alternative formats required by disabled people
- Presentations from people with disabilities and why accessibility is important to them
- What government agencies need to do
- Practical accessibility tips.

Improving together

Improving together: Introduction is a free e-learning programme introducing quality improvement in Aotearoa New Zealand and has recently been updated and relaunched by the HQSC. The programme is available to anybody taking part in health and disability service improvement (consumers and the workforce).

This course aims to provide foundation level quality improvement knowledge and skills. Module one covers the principles and benefits of quality as the background to quality improvement in Aotearoa New Zealand; why quality improvement is important; some key definitions of quality and quality improvement; and the dimensions of quality. Module two covers teamwork and the importance of consumer- and whānau-centred care, consumer engagement and co-design in quality improvement. The key roles and processes for effective teamwork are described. Module three covers systems thinking and complexity in health care and the importance of a quality and safety culture. Module four describes the model for improvement as a roadmap for an improvement project.

Quality advisor training

Improving together: Advisors course is for people who are actively involved in quality improvement and patient safety activities and who have established relationships with the multidisciplinary teams in their organisations. Programme participants gain advanced knowledge and experience in the application of improvement science, methods and tools.

The programme consists of a range of in-person workshop days, online Zoom sessions and course work outside of contact hours. Applicants should expect to spend a total of around 400 hours on project and course work over the 10 months.

Te Waharoa – Adult Community Education

This programme offers a number of courses that provide foundation knowledge and skills centred on your marae and its cultural uniqueness. The programme helps to develop and strengthen Māori tikanga, āhuatanga and mātauranga Māori. Learning is marae-centred and focuses on the cultural uniqueness of hapū and iwi.

In 2021 the previous MQSP coordinator for Waikato completed te reo Māori through this programme and in 2023 Waikato MQSP midwife coordinator will also complete this programme.

HQSC restorative responses: Healing, learning and improving after harm

In 2023 Waikato MSQP coordinators are attending a restorative practice hui. Restorative practice and hohou te rongopai (peace-making from a te ao Māori world view) are emerging in Aotearoa New Zealand. Mātauranga Māori is an important root of restorative philosophy here, and te ao Māori experts will facilitate a kōrero about how hohou te rongopai might be provided alongside culturally safe restorative practice.

The following learning outcomes will enable the MQSP coordinators to be prepared for the changes to the National Adverse Event Reporting Policy that is currently under review.

- Describe the restorative system principles and why they are important within the unique context of Aotearoa New Zealand
- Appreciate how restorative responses might be used to heal, learn and improve after harm
- Identify enablers and barriers in your own context.

5 Maternity clinical indicators

Titiro whakamuri, kokiri whakamua

Look back and reflect,
so you can move forward

The New Zealand Maternity Clinical Indicators consist of 20 indicators, three apply to whānau that have registered with a LMC, seven apply to standard primiparae[4] whānau, six apply to all whānau giving birth in New Zealand and four apply to all babies born in New Zealand. Each indicator does not demonstrate if a service is good or bad but over time they do demonstrate variances that point to further investigation and quality improvements.

The most recent clinical indicators are for 2020 and were published in 2022 by Te Whatu Ora – Health New Zealand national office.

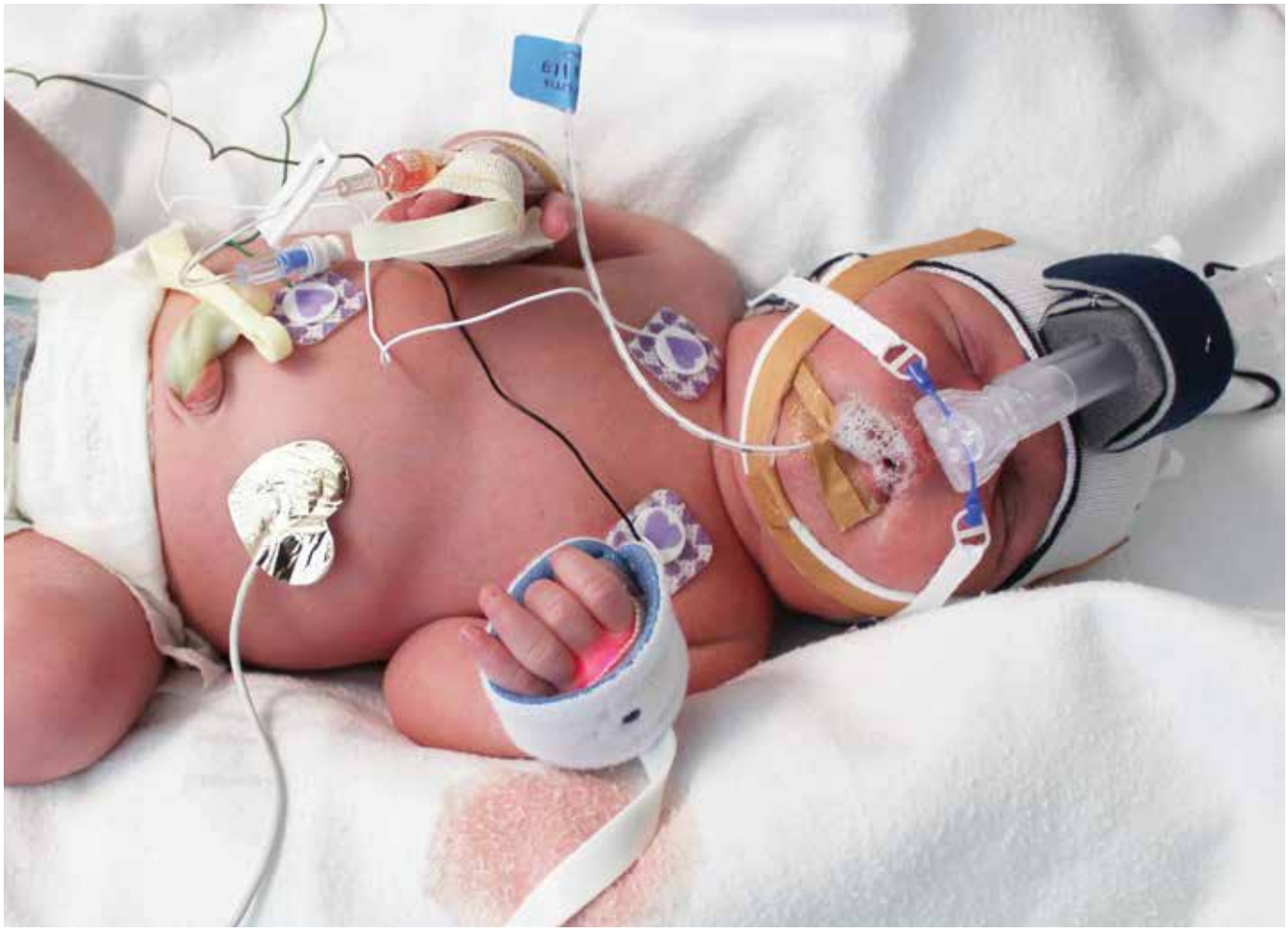
5.1 Overview of national maternity clinical indicators

The indicators below demonstrate the Waikato rate for all ethnicities to the national rate, further to this to understand where inequity in the Waikato exists each indicator has also been analysed by ethnicity against the Waikato rate. A 10-year review period has been included to understand the trends for the small numbers represented in the Pacific, Indian and Asian groups. Caution is needed with the data interpretation with isolated better or worse rates due to the low numbers heavily influencing the fluctuations.

Seventeen of the 20 indicators are comparable; the three other indicators are morbidity indicators having very small numbers therefore cannot be meaningfully compared.

In 2020, there are three indicators where Waikato is statistically worse that the national average

- General anaesthetic for caesarean section
- Maternal tobacco use in the postnatal period
- Small babies at term (37-42 weeks)



4 – Standard primiparae is a person aged between 20-34 years, giving birth for the first time, to a single baby at term with no record of obstetric complications during the pregnancy. Intervention and complication rate for such people should be low and consistent across the country. Comparing data about standard primiparae (rather than all people giving birth) controls for differences in case mix and increases the validity of comparisons of maternity care

5.2 Waikato compared to national rates

Locally there are inequities when the data is compared to the Waikato rate. This is explained below with links to activities to reduce inequity.

Key:

- Statistically better than New Zealand rate
- Statistically within New Zealand rate
- Statistically worse than New Zealand rate

Indicator 1: (All whānau) first trimester registration with a LMC

1	All ethnicities	Māori	Pacific	Indian	Asian	European or other
2010	●	●	●	●	●	●
2011	●	●	●	●	●	●
2012	●	●	●	●	●	●
2013	●	●	●	●	●	●
2014	●	●	●	●	●	●
2015	●	●	●	●	●	●
2016	●	●	●	●	●	●
2017	●	●	●	●	●	●
2018	●	●	●	●	●	●
2019	●	●	●	●	●	●
2020	●	●	●	●	●	●

Over the past 10 years the Waikato rate of registration with a LMC in the first trimester for all ethnicity is statistically better that the national rate. On the surface this is an excellent result, however when the ethnicities are focused on there is a clear inequity.

Māori and Pacific whānau have faced inequity with engaging with a LMC in the first trimester, while other ethnic groups have been either within the statistical range or above. Waikato Māori whānau are more likely to be younger, having more children and living in the higher levels of deprivation which results in the need to investigate a model that supports improvements in the social determinants of health for Māori.

The number of Māori LMC in the Waikato does not reflect the birthing population and beside a peak in 2017 has not met the needs of the Māori birthing community. First trimester registrations with an LMC peaked for Māori whānau at the same time that the Māori LMC numbers did.

The current LMC population and systems to engage with an LMC are not meeting the needs of Māori and Pacific whānau. Recent initiatives to make changes in this space can be seen in

2.0 Our maternity population
  2.3.2 Services and programmes to reduce the equity gap
3.3 LMC distribution
3.4 Growing our midwifery workforce
4.4 Developing our midwifery leaders
  4.4.3 Māori leadership course
6.0 MQSP highlights
6.3 Registration with an LMC
6.11 Developing a model of care that meet the needs of whānau under 20 years old

Indicator 2: (Standard primiparae)
Spontaneous birth

2	All ethnicities	Māori	Pacific	Indian	Asian	European or other
2010	●	●	●	●	●	●
2011	●	●	●	●	●	●
2012	●	●	●	●	●	●
2013	●	●	●	●	●	●
2014	●	●	●	●	●	●
2015	●	●	●	●	●	●
2016	●	●	●	●	●	●
2017	●	●	●	●	●	●
2018	●	●	●	●	●	●
2019	●	●	●	●	●	●
2020	●	●	●	●	●	●

Waikato is preforming within or statistically better than the national rate. Māori whānau are faring the best in this indicator, with no group consistently worse.

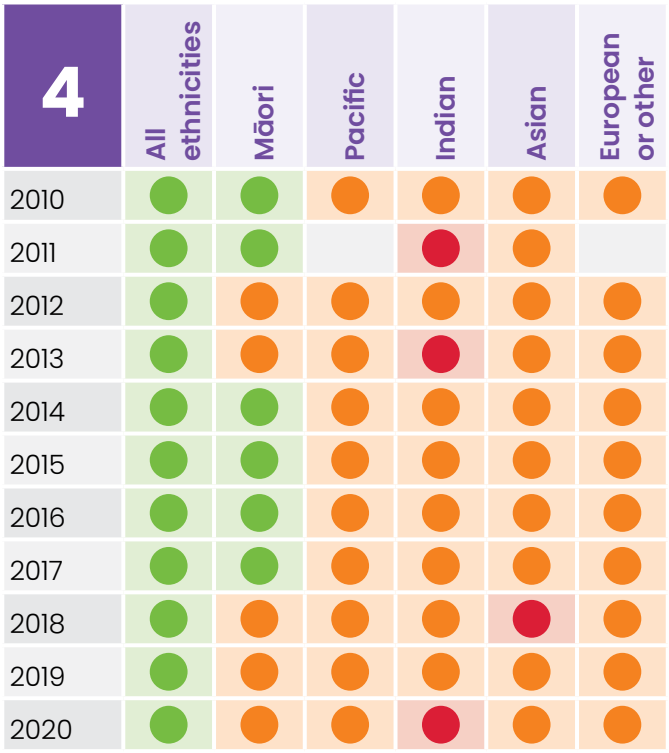
Indicator 3: (Standard primiparae)
Instrumental birth

3	All ethnicities	Māori	Pacific	Indian	Asian	European or other
2010	●	●	●	●	●	●
2011	●	●	●	●	●	●
2012	●	●	●	●	●	●
2013	●	●	●	●	●	●
2014	●	●	●	●	●	●
2015	●	●	●	●	●	●
2016	●	●	●	●	●	●
2017	●	●	●	●	●	●
2018	●	●	●	●	●	●
2019	●	●	●	●	●	●
2020	●	●	●	●	●	●

Compared to the national rate, Waikato is within the statistical range. On a local level, there is an equity gap for Indian and Asian whānau who are more often in the worse than statistical average when compared to other ethnicities in Waikato. Recent initiatives to make changes in this space can be seen in

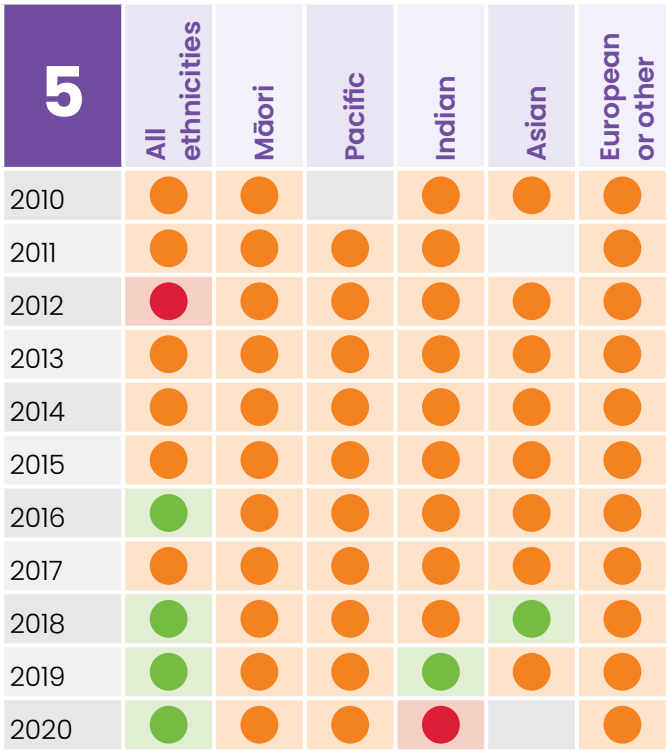
7.4.3 Co-design – Developing models of care to meet the needs of Indian whānau

Indicator 4: (Standard primiparae) Caesarean section



The national rate is statistically lower than the Waikato rate, meaning that less standard primiparae birth by caesarean section in Waikato. There is no inequity demonstrated locally.

Indicator 5: (Standard primiparae) Induction of labour



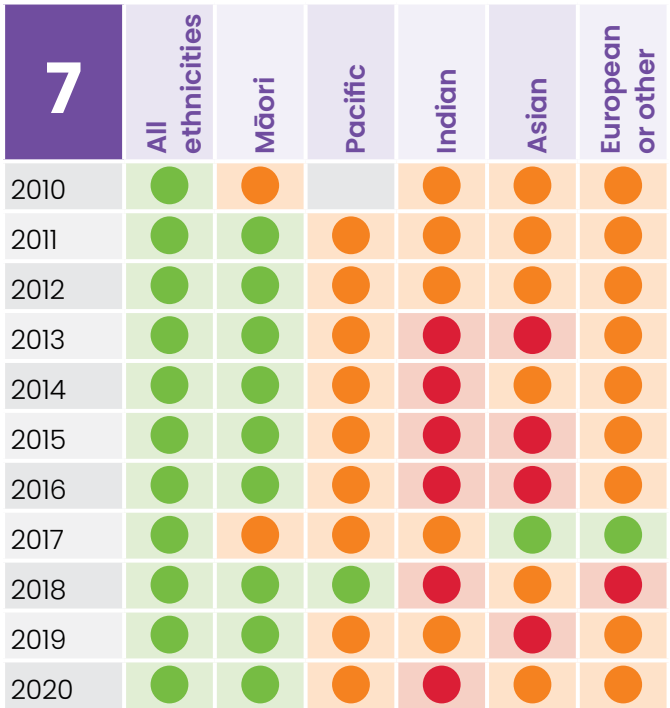
The national rate is statistically lower than the Waikato rate, meaning that less standard primiparae labour with an induction in Waikato. There is no inequity demonstrated locally.

Indicator 6: (Standard primiparae) Intact lower genital tract

Waikato has consistently had a statistically higher (better) rate of indicator 6. Locally the rate for Indian and Asian whānau is lower (worse). Recent initiatives to make changes in this space can be seen in

7.4.3 Co-design – Developing models of care to meet the needs of Indian whānau

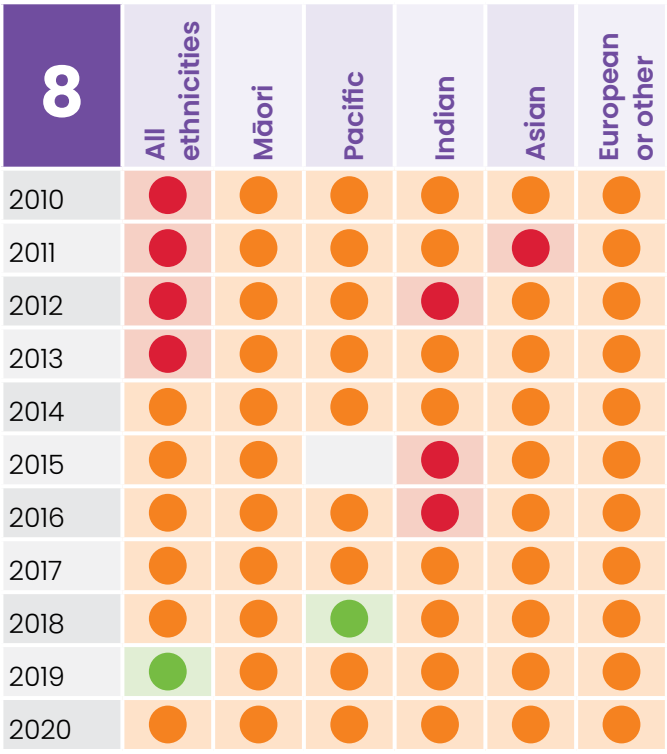
Indicator 7: (Standard primiparae) who undergo an episiotomy and no 3rd or 4th degree perineal tear



Waikato has consistently had a statistically higher (better) rate of indicator 7. Locally the rate for Indian and Asian whānau is lower (worse). Recent initiatives to make changes in this space can be seen in

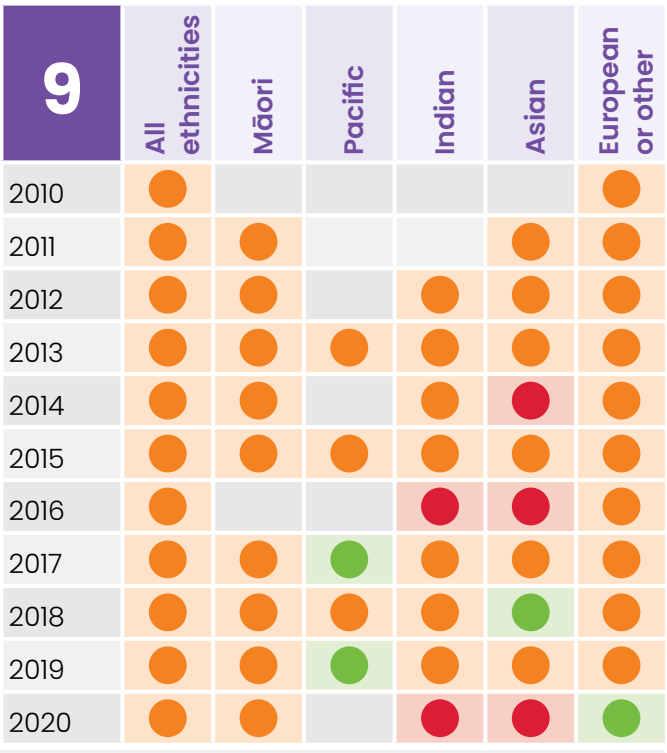
7.4.3 Co-design – Developing models of care to meet the needs of Indian whānau

Indicator 8: (Standard primiparae) sustaining a 3rd or 4th degree perineal tear and no episiotomy



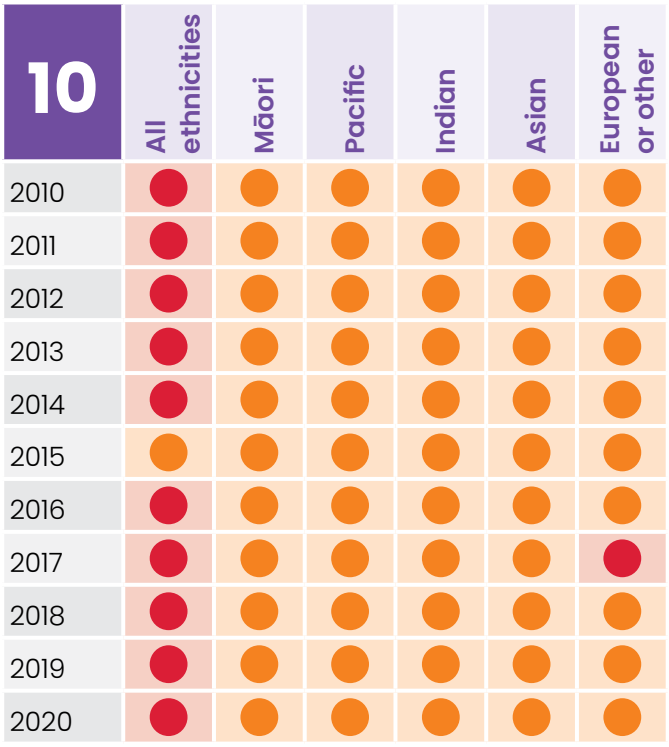
The national rate is statistically lower than the Waikato rate, meaning that less standard primiparae sustain a 3rd or 4th degree tear and did not have an episiotomy in Waikato. There is no inequity demonstrated locally.

Indicator 9: (Standard primiparae) who undergo an episiotomy WITH sustaining a 3rd or 4th degree perineal tear



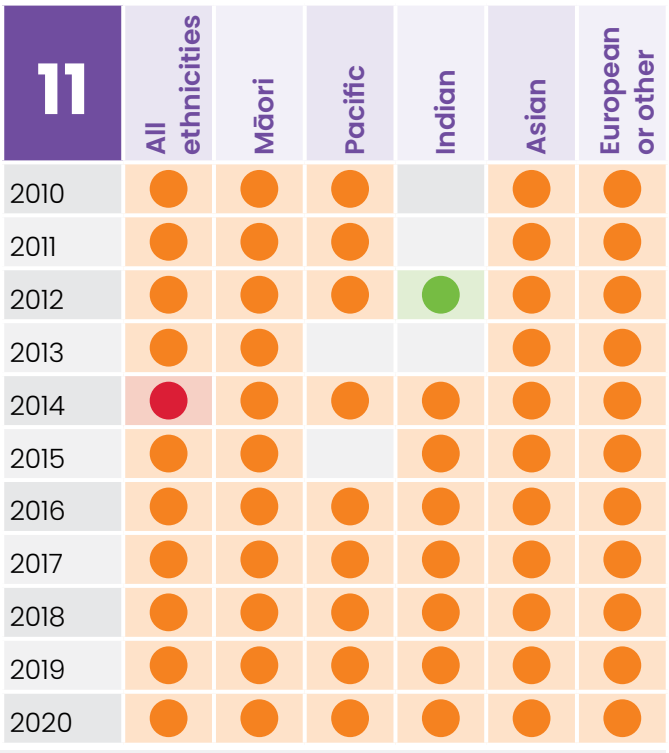
Waikato is consistently within the average range and locally there is no trend of inequity.

Indicator 10: All whānau having a general anaesthetic for caesarean section



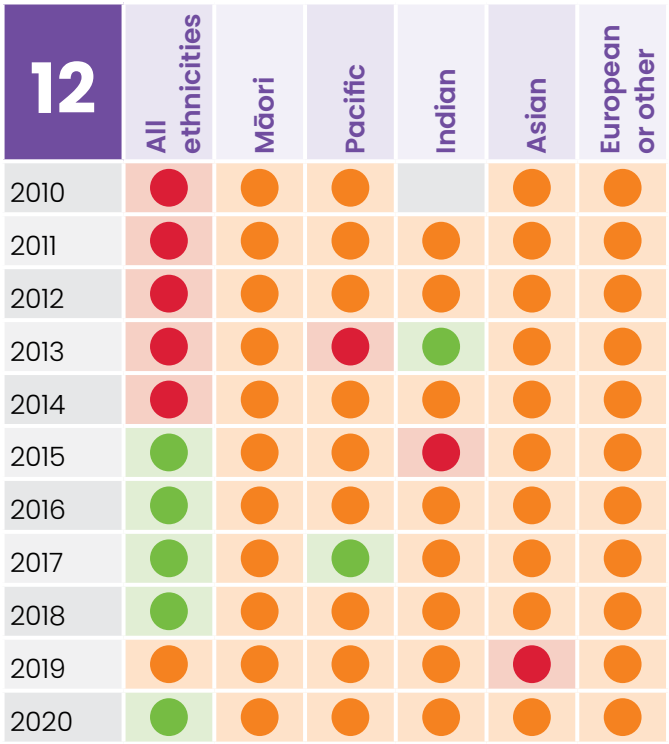
Within Waikato, there is no inequity of whānau having a general anaesthetic for caesarean section; however, Waikato is statistically outside (worse) than the national range. Waikato and Middlemore are the only two tertiary hospital that are statistically higher (worse) than the national average.

Indicator 11: All whānau requiring a blood transfusion with a caesarean section



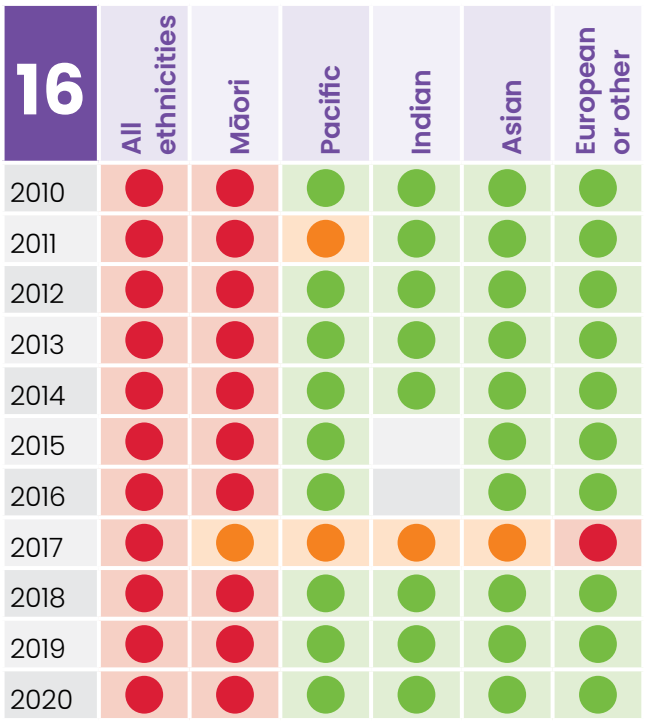
Equitable service locally and within the average range nationally.

Indicator 12: All whānau requiring a blood transfusion with a vaginal birth



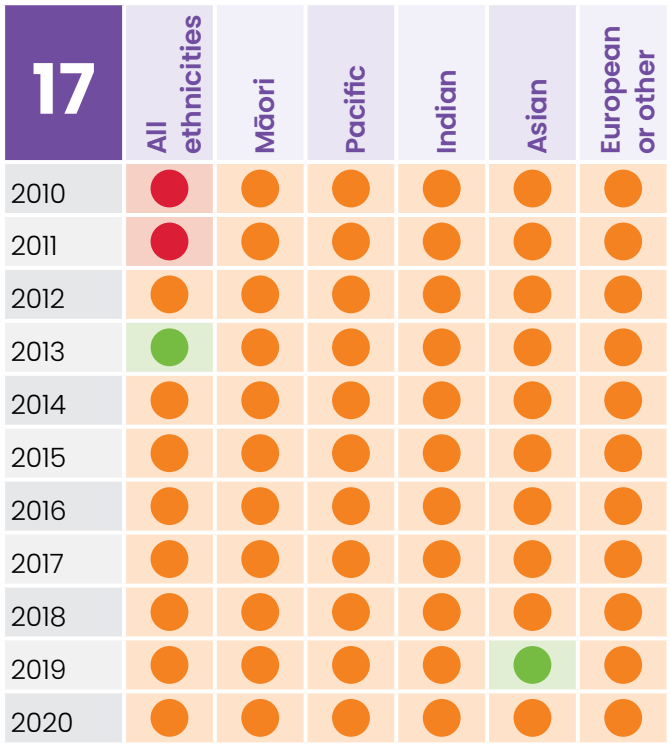
Equitable service locally and within or better than the average range nationally since 2015.

Indicator 16: Maternal use of tobacco use during the postnatal period



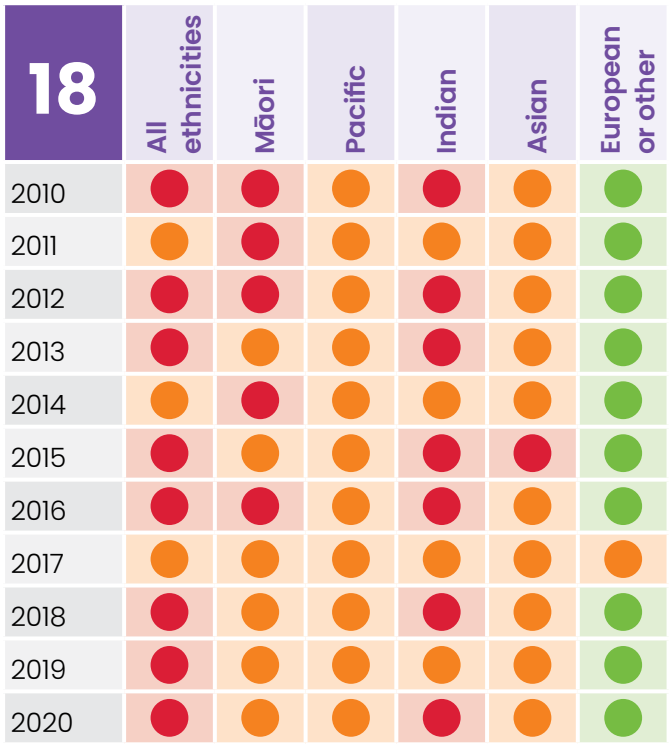
Over the past 10 years, Waikato has had a statistically higher rate of maternal use of tobacco in the postnatal period. Alongside this, there is consistent inequity for Māori whānau with this group having a statistically high rate while all other ethnic groups are statistically better than the national range. Recent initiatives to make changes in this space can be seen in section 6.4 **Reducing maternal smoking**

Indicator 17: Preterm birth



Equitable service locally and within the average range nationally.

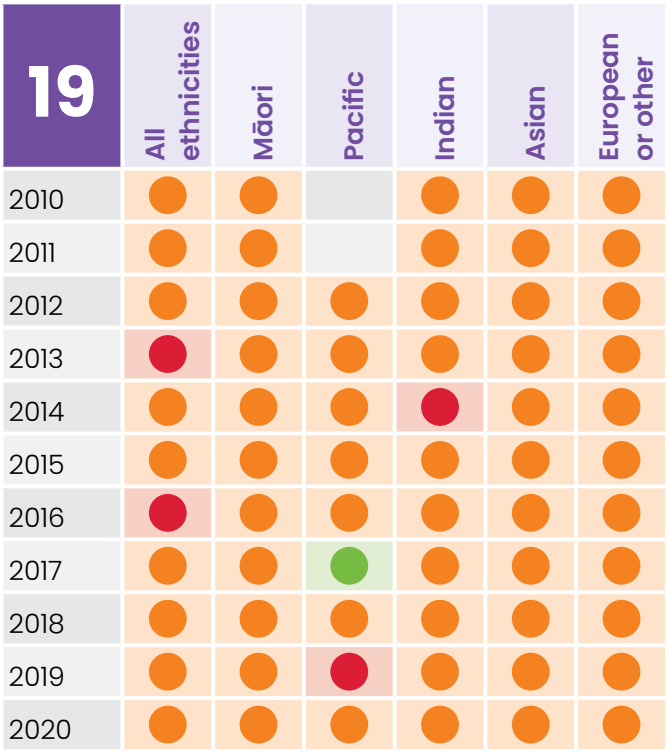
Indicator 18: Small babies at term (37-42 weeks gestation) tear



Waikato has statistically more small babies born at term than the national rate. Within Waikato, European whānau are statistically less likely to have a small baby at term while Indian whānau are more likely.

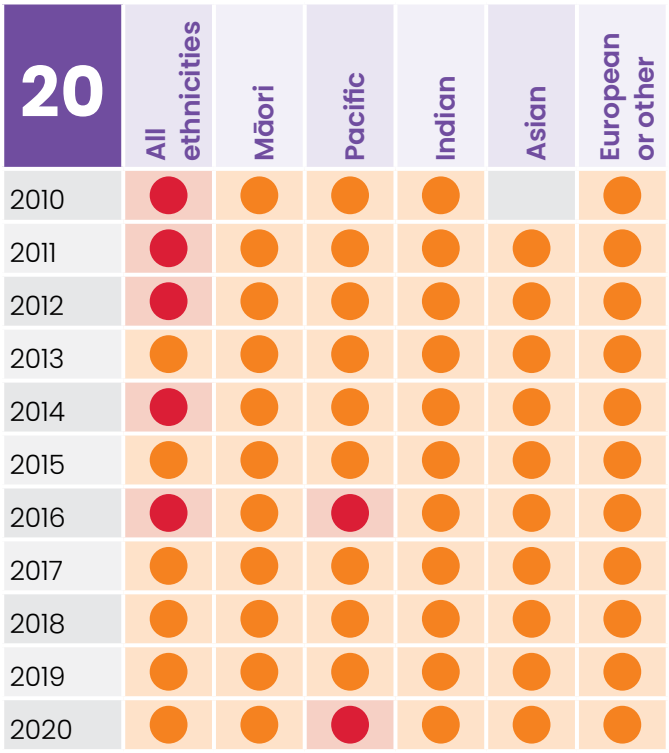
Recent initiatives to make changes in this space can be seen 7.4.3 **Co-design – Developing models of care to meet the needs of Indian whānau**

Indicator 19: Small babies at term 40-42 week's gestation



Equitable service locally and within the average range nationally.

Indicator 20: Babies born at 37+ week's gestation requiring respiratory support



Equitable service locally and within the average range nationally.

5.3 Severe morbidity indicators

Highlight indicators, 13-15 demonstrate severe maternal morbidity. The impact of severe morbidity is significant and long term, of high personal cost for whānau and high financial cost to health systems. The National Maternity Clinical Indicators 13-15 for severe maternal morbidity include

- **Indicator 13:** Eclampsia
- **Indicator 14:** Peripartum hysterectomy
- **Indicator 15:** Mechanical ventilation

The number of cases per year are very small and as appropriate, these cases are reviewed as they occur. All serious reviews, even where the finding does not point to anything making a difference to the outcome, there are still often findings that could improve processes. For more information about maternal and neonatal morbidity, see section 8.1.

6 MQSP highlights

Ehara taku toa i te toa takitahi engari, he toa takitini

My successes are not mine alone, they are ours – *the greatest successes we will have are from working together*

The following section outlines key projects from the MQSP programme of work in the Waikato. These have been identified from local data, incidents that have driven the quality improvement activities or recommendations from the Perinatal and Maternal Mortality Review Committee (PMMRC) and the National Maternity Monitoring Group (NMMG). Due to disruptions across the country caused by the COVID-19 pandemic and the cyber-attack at Te Whatu Ora Waikato, there have been delays and work is ongoing for some of these projects.

6.1 Equitable access to contraception following birth

A Ministry of Health scheme to provide fully funded access to Long Acting Reversible Contraception (LARC) commenced in 2019 with the aim to decrease the rate of unplanned pregnancy, which can negatively affect physical and mental health and social wellbeing. To coincide with this the NMMG recommendation for all Te Whatu Ora districts to ensure equitable access to postpartum contraception.

In the 2019/20 report, Te Whatu Ora Waikato committed to developing a plan for LARC in primary birthing facilities following the success of the initiative in the South Waikato Primary Birthing Unit, Tokoroa Birthing and the well-received Family Planning service in Birthcare Huntly (both areas with high population of Māori who have barriers/difficulties accessing contraception services).

Waikato primary birthing facilities

In Waikato, near 25 percent of births occur in a primary birthing centre or home; of this 70 percent are Māori or Pacific and a third are from quintile 5 (highest deprivation). Primary birthing facilities are located in both urban and rural areas in Waikato and offer labour and birth and inpatient stay. Tokoroa birthing unit, a rural facility over an hour from Hamilton provides LARC for both immediate postpartum whānau and those in the community who birthed elsewhere as reported in 2019/20.

The action planned in 2019/20 has not been progressed and with between 1300 and 1500 whānau not able to access LARC in their place of birth, Te Whatu Ora Waikato continue to have an inequity in access to LARC that needs attention.

Waikato community

In 2020, training sessions were funded by Te Whatu Ora Waikato for health providers and GPs to increase access to LARC. Te Whatu Ora Waikato contracts with Primary Health Organisations (PHOs) for LARC services to be provided via some GP practices for whānau who meet one of the following criteria

- Aged 14-44 years
- Live in a quintile 5 area, or
- Have a community services card, or
- High risk of poor health and social outcomes

This service is for all people, it is not known how many of these devices are fitted in the postnatal period, from birth until day 42 therefore this is unable to be reported on as requested by the NMMG in the 2019 report.

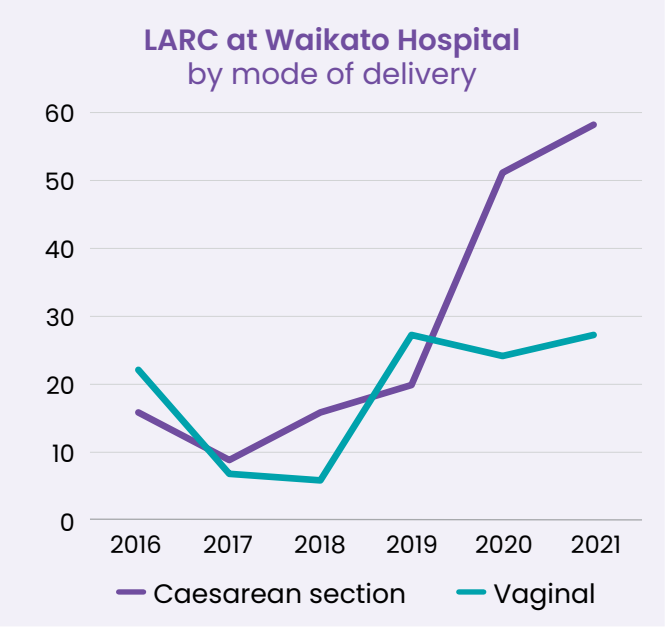
LMCs are not funded to provide LARC in the renewed Primary Maternity Services notice. Training, consumables and procedure are an additional non-remunerated service for a LMC to undertake. Currently there are no LMC, in the Waikato offering LARC services for this reason.

Waikato Hospital

Waikato Hospital continues to offer LARC to whānau who have barriers to accessing or engaging with health services or if a future pregnancy could result in significant physical or psychosocial risk to either the whānau or the unborn baby.

For whānau having a planned caesarean section, a discussion takes place in the antenatal period about the option of an intrauterine LARC device fitting during the surgery, or a subdermal device during the postnatal inpatient stay. Appropriate pregnancy interval reduces the risk in the following pregnancy so this group are counselled and offered LARC. All whānau who are admitted to the postnatal ward and receive obstetric care are involved in a discussion about contraception choices.

The number of LARC devices fitted in the hospital continues to increase with more devices fitted for whānau undergoing a caesarean section.



6.2 Maternal mental health

6.2.1 Primary maternal mental health services

Waikato Family Centre

Waikato Family Centre is a charitable trust providing a free, professional, medically based best practice service to whānau. The service covers the greater Waikato by supporting, educating and guiding whānau with the struggles they are having with their baby and under two year olds. Referrals to the service are for low or no weight gains, reflux, breast or bottle feeding support, adjustment to motherhood, unsettled babies, toddler support and its many challenges, whānau requiring perinatal mental health support.

In 2022, Waikato Family Centre cared for 756 new whānau, and 762 babies with 3996 visits indicating how integral the service is to whānau.

Waikato Family Centre supports young parents by providing young parent evenings. They are held monthly with guest speakers providing educational topics such as CPR, family planning, nutrition for babies, basic mother crafting and many more, empowering young parents and giving them the tools to parent effectively and with confidence.

New dad evenings are held monthly with guest speakers encouraging dads to connect, be supported and share experiences.

Consultations by a registered nurse are held in Huntly for those that are struggling with concerns they are having with their baby and under two year olds meeting the needs of whānau that are more isolated and have difficulty with transport. A W.A.I Hapori programme has been developed and held weekly in Huntly and facilitated by our registered nurse.

Due to an increasing demand for perinatal mental health support and long waiting lists for an already under resourced specialty, Waikato Family Centre has employed an ACT (Acceptance Commitment Therapy) counsellor that uses mindfulness for both individual and group therapy and a clinical nurse specialist for the more acute whānau that come into the centre.

Whānau who are suffering from birth trauma are able to be counselled by perinatal mental health professionals. Early intervention has a more positive outcome for parents and their whānau.

Women's wellness classes are also held to support perinatal mental health and coached by registered professional instructors and include yoga, pilates, meditation and pelvic floor healing, supporting physical, emotional and mental wellbeing and reducing anxiety and depression in whānau.

Accessibility barriers are reduced by accepting self-referral along with referrals from GPs, midwives, Whānau Āwhina Plunket, Mothercraft, and NICU.

Waikato Family Centre feedback

"Without Waikato Family Centre I honestly don't know what I would have done. They were the only ones to listen, care and advocate for my daughter and I when no one else would.

They changed our life as first time parents and helped our daughter thrive and be such a happy little thing!

Thank you from the bottom of our hearts for everything you do for parents and babies of the Waikato".

– The Waaka family

"Jo and her team of beautiful nurses are so kind, caring and helpful. They welcome you with open arms and make you feel instantly better. Highly recommend them if you ever need some support or help with your baby".

Te Whatu Ora Waikato Mothercraft Unit

In November 2022, staff and whānau joined together to celebrate 50 years of support that staff at Mothercraft have provided to communities throughout Te Manawa Taki region. Mothercraft was established by the late Elsa Wood to support whānau and their tamariki who are experiencing issues such as feeding difficulties, reflux, infant colic, poor weight gain and/or sleep issues.

Mothercraft provides a five-day residential service that offers intensive assessment, education and support to tamariki and whānau. Whānau entering the service are often exhausted and present with mental health needs associated with anxiety, depression and post-traumatic stress disorder.

The team at Mothercraft offer fulltime support from admission on Monday through to discharge on Friday.

Mothercraft is staffed by skilled nurses who work with a multidisciplinary team (MDT) to provide individualised solutions to whānau.

The MDT includes paediatric medical staff, social workers, dietitians, lactation (breastfeeding) consultants, perinatal maternal mental health and home care nurses.

The service aims to empower whānau to succeed and lifelong friendships are forged through the supportive environment that is provided by the team at Mothercraft.

The staff are the most amazing humans and provided the following

Strength – when I struggled to find it myself

Confidence – to believe I could be the mother I always wanted to be

Sleep – glorious sleep

Support – when I felt like I was alone

And of course the magic dust that will save your life too.
So hang in there Mothercraft heals your heart and going home now doesn't seem so scary.

Community access to maternal mental health support

Packages of counselling and psychology sessions are able to be accessed through referral from GP services for whānau who are registered and have the ability to access the GP practice. Te Whatu Ora Waikato are also working with four iwi providers to support integrated model of primary mental health and addictions services in which mental health clinicians together with health coaches and support workers provide free and ongoing support to individuals and their whānau.

6.2.2 Secondary maternal mental health services

Te Whatu Ora Waikato Perinatal Mental Health

Te Whatu Ora Waikato provides support through the perinatal mental health team who work with whānau during pregnancy and for the first year following birth. Perinatal mental health services are provided by a team of experienced, specialised health professionals skilled in helping whānau with mental health conditions related to having a baby.

The team offers assessment, treatment and advice for whānau who have developed a mental illness during the perinatal period or have an ongoing or previous mental health disorder.

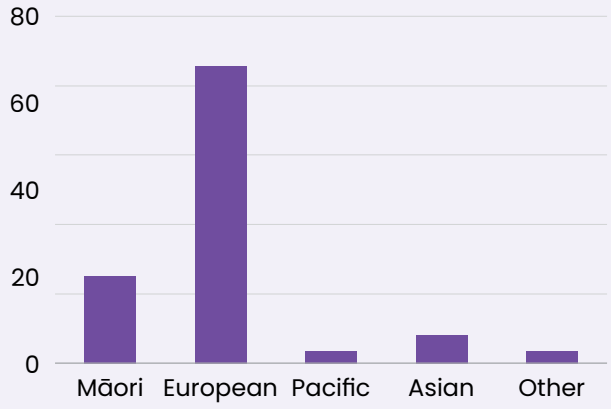
Those who fit the criteria to access the service are

- whānau of any age who are pregnant or caring for babies under a year old and are experiencing moderate to severe symptoms of mental illness with an onset in pregnancy and postpartum
- whānau with pre-existing serious mental health challenges who require preconception advice
- pregnant whānau or those with babies under a year old, who have experienced previous birth trauma or still born loss who are currently experiencing mental health difficulties

In 2020 and 2021, Perinatal Mental Health received 611 referrals, five of which were declined. During the two year period, Māori made up 19 percent of referrals to the perinatal mental health team.

It is noted that there are also community based secondary kaupapa mental health services that Māori whānau are able to access, see following for more detail about these services.

Percentage of referrals to the perinatal mental health service by ethnicity



Integrated Safety Response team

Integrated Safety Response (ISR) is a multi-agency intervention group operating across the Waikato district. The ISR is designed to ensure the immediate safety of victims and children who have experienced harm, and to work with perpetrators to prevent further harm.

ISR takes a whole-of-family and whānau ora approach that puts the risk and needs of family and whānau at the centre.

A clinical nurse manager (CNM) is part of the ISR for Waikato district and ensures that referrals are made to the Vulnerable Unborn Forum where family harm occurs and involves wāhine hapū. The CNM also links to the key worker in instance where whānau with pēpi are engaged with mental health services and family harm is reported.

Perinatal packages of care

Individualised perinatal packages of care are available to wāhine and their whānau who come under the care of Perinatal Mental Health.

In 2022, access to packages of care was extended to adult community mental health teams who may be providing care to wāhine and their whānau who are not under Perinatal Mental Health, but have a young pēpi under 12 months old or are pregnant, and where their mental health is being impacted.

Packages of care can be used for anything that supports wāhine and pēpi mental health and wellbeing. This can include

- 1:1 support for wāhine in the home
- individual therapy for wāhine
- funding parenting programmes
- funding childcare while wāhine attend parenting programme
- self-care activities for wāhine and whānau
- dietetic support
- 1:1 support while wāhine is in Waikato hospital and presenting as high risk
- home-help

Work is underway to extend access to packages of care to community mental health services and their tangata whaiora in the Waikato district.

Supporting continuous improvement

The quality management frameworks supports service improvement that is informed though incident management, stakeholder feedback and audit processes.

The Quality and Patient Safety team work with the mental health team to review incidents and make recommendations.

- The perinatal mental health project has been established to consider recommendations following a sentinel event investigation. In 2023 we aim to improve the continuum of perinatal care across Te Manawa Taki.
- Wāhine hapū, Māori and Pacific are recognised as priority groups for access to the Opioid Substitution Treatment programme (OST). As an outcome of a recent Ministry of Health audit, the mental health team are developing clearer guidelines for the treatment of wāhine hapū who receive OST to reduce their use of opioids or to come off opioids completely.

Hauora Waikato

Hauora Waikato is a kaupapa Māori organisation that provides a range of secondary-level community mental health services. The Ngaa Kupenga Aroha Mothers, Babies and Their Families Service provides specialist maternal mental health services to whānau who experience moderate to severe mental health problems during their pregnancy and following birth. Hauora Waikato offer a variety of types of care in response to the whānau and pēpi needs, providing psychological, psychiatric and one-to-one case management to support their mental health recovery. There is no cost to this service and Hauora Waikato offer support to whānau through pregnancy and up to one year after baby is born.

Te Korowai Hauora o Hauraki

Te Korowai Hauora o Hauraki is a rural, iwi-based, not-for profit, incorporated society providing affordable health and wellness services across the Hauraki rohe for over 25 years. Te Whatu Ora Waikato maternity services plan to develop links with Te Korowai Hauora o Hauraki with an aim of improving access to maternity mental health services in the rural area.

6.3 Registration with an LMC

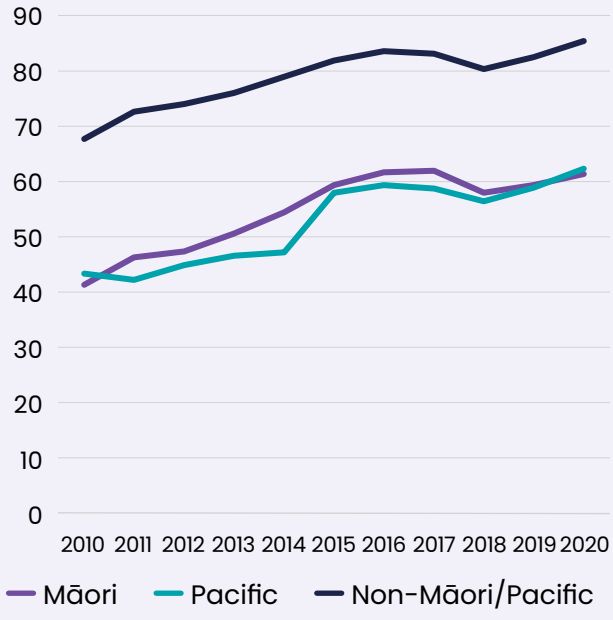
Waikato is above the national average for whānau registering with a LMC in the first trimester; this has been the trend for the past 10 years.

However, when an equity lens is applied, Waikato is not meeting this indicator for Māori and Pacific whānau. Māori and Pacific whānau are outside the statistical range at 61.8 percent for registrations with an LMC in the first trimester, while European/ other and Indian people are faring much better and are above the statistical average range within the Waikato at 85.2-86.9 percent.

This inequity has increased each year for the past four years within Waikato populations as demonstrated in the Clinical Indicators since 2018.

This is not limited to the Waikato district; Clinical Indicator data from 2020 reveal that all districts, except South Canterbury and West Coast, have statistically significantly lower rates for Māori registering with a LMC in the first trimester.

Percentage of whānau registering with a LMC in the first trimester by ethnicity [5]



5 – Standard Qlik database – November 2022

6.3.1 Improving the DHB funded primary maternity services

Across the Waikato there is increasing difficulty for whānau to find an available LMC, with many contacting the hospital to fill this gap or not accessing midwifery care until late in the pregnancy. Waikato Hospital provides a coordinated midwifery model for whānau needing primary maternity services across the Waikato district because of not having access to a LMC.

The Community Midwifery Team (CMT) consisted of 2.2FTE of midwifery resource in 2022. The CMT provides antenatal care during normal business hours Monday to Friday and postnatal care seven days per week for postnatal care. Acute care is provided 24 hours, seven days a week, by the hospital midwifery services in the Women's Assessment Unit and Delivery Suite. Specialist care is provided by the Antenatal Clinic teams.

Historically this model satisfied the small demand from whānau who were unable to access a LMC. The changing environment of midwifery has resulted in a significant increase in need for the CMT to provide primary maternity services. Māori and Pacific whānau make up 35 percent of the birthing population in Waikato and near 50 percent who contact Waikato Hospital unable to find a LMC are Māori or Pacific.

A review of the CMT service identified a high missed opportunity rate (did not attend, DNA rate) of over 30 percent for antenatal care, while a wait list of 140 whānau waited to see a midwife and the majority of registrations late second trimester.

A project group including a midwife from the Māori, Equity and Health Improvement team worked to develop roles for an equity partner within the CMT to support engagement and work to improve tikanga Māori knowledge in the current team. An increase in FTE was approved with recruitment of a further 5.5FTE. A maternity software package was introduced to reduce duplication and improve access to information for the entire team, resulting in a more streamlined process and more face-to-face clinical time for the midwives.

The recruitment process will be completed in early 2023, during this time the missed appointments and gestation at registration will be monitored. Expansion into the rural areas is also needed, caseload opportunities are being investigated in Thames – see section 3.3.

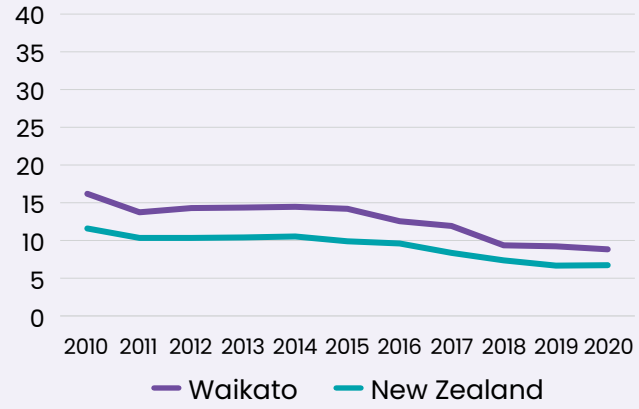
Whanau Mai team 2022

6.4 Reducing maternal smoking

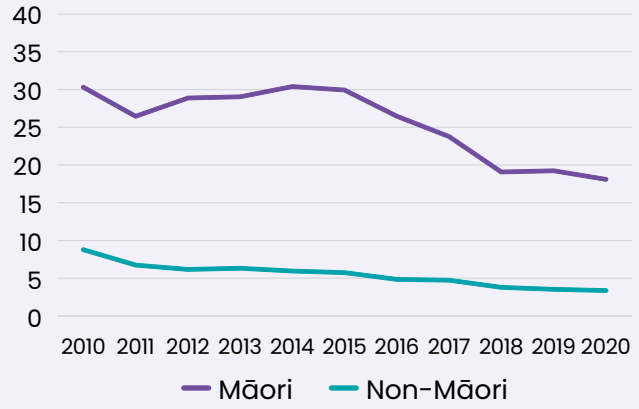
Overall the rate of smoking in pregnancy is reducing in the Waikato as it is nationally, however National Maternity Clinical Indicators show that over the past 10 years Waikato has had a statistically higher rate of maternal use of tobacco in the postnatal period. Alongside this there is consistent inequity for Māori whānau with this group having a statistically higher rate while all other ethnic groups are statistically lower (better) than the national range.

The support and education for healthcare providers and whānau are well established in the Waikato, action is needed from primary healthcare providers to increase participation and improve the rate of referral for these whānau. A key to improvement is through LMC referral during pregnancy to support services. The recruitment into a public health role with a focus on maternal smoking support and referral in the community will aid this work. LMC referrals for smoking cessation support for whānau registered in their care continues to be low. See section 6.4.4 Tupeka Kore programme for efforts to improve this.

Maternal smoking rate in Waikato vs New Zealand [6]



Maternal smoking rate in Waikato Māori vs non-Māori [6]



6.4.1 Education and support offered to clinicians and staff

Education is offered for all staff in either an online or face-to-face session provided by the smoke-free nurse coordinator. The face-to-face training includes nicotine addiction, symptoms of withdrawal, replacement therapies, brief motivational conversations, 'opt off' referral to local services and call back, referral processes and Smokefree Aotearoa 2025 changes, is available on request.

An online education module for clinicians is available on Ko Awatea. This is the official national Ministry of Health 'Smoking Cessation ABC' (ask every patient their smoke status, give brief advice on being smokefree, and support cessation in the form of a referral to stop smoking service). This training is based on the New Zealand guidelines for helping people to stop smoking-2021.

The training is not mandatory or a compliance requirement. Promotion of the module is by managers orientating new staff to Te Whatu Ora hospital services and to also encourage existing staff to complete each two years.

Hospital inpatient and outpatient areas expect frontline clinical services including midwives, doctors, nurses and allied health staff, to confidently support women and whānau who smoke by offering support and tailored advice, nicotine therapies and 'opt off' referral at every interaction for whānau who smoke. A referral reflects in-depth supportive conversations and the offer of help.

Each area or ward has a smokefree champion responsible for educating colleagues on systems available to support patients who smoke and how to use nicotine replacement to prevent symptoms of nicotine withdrawal as inpatients.

Women's Health Clinics will also supply nicotine products to people who smoke, showing them how to use correctly and get them started before the stop smoking quit coach makes contact and home visits.

6 – Standard Qlik database – November 2022

6.4.2 Inpatient hospital smokefree support

Te Whatu Ora Hapū Wānanga ki Tainui

Our Te Whatu Ora Hapū Wānanga ki Tainui and SUDI coordinators visit wards weekly to interact mainly with Māori and Pacific whānau and encourage joining the two-day wānanga to gain life skills and if they smoke, become smokefree. This team is now offering nicotine inhalators for participants.

Kaitiaki

Kaitiaki trained in smokefree intervention visit all maternity wards and outpatient areas and will have in depth discussions which often leads to referrals including of family members. They will also advocate for nicotine therapies to be charted and administered.

Whānau Hauora Integrated Response Initiative (WHIRI)

The Whānau Hauora Integrated Response Initiative (WHIRI) work with people for whom access to health services has been difficult. WHIRI staff are trained in smokefree conversations which can lead to referrals.

Students from Te Pūkenga

Undergraduate Midwifery and Nursing Students from Te Pūkenga – Wintec and Te Whare Wānanga o Waikato – University of Waikato receive a two hour training work shop from the smokefree nurse coordinator introducing them to tobacco control, nicotine addiction, the role of the health professional and Smokefree Aotearoa 2025 changes usually in semester three.

Kaimanaaki

Kaimanaaki, previously in COVID-19 roles are being redeployed to other Te Whatu Ora community based teams. Kaimanaaki have recently been trained in motivational smokefree conversations, why referrals are beneficial, what happens when the stop smoking service contacts people who smoke and financial incentives available. This knowledge is held locally by kaimanaaki and is likely to be shared and received in ways hospital clinicians are unable to.

6.4.3 Community smokefree support

Once and For All

Pinnacle Midlands Health Network's stop smoking service is called Once and For All. They are contracted to Ministry of Health to deliver stop smoking services throughout the Waikato district. Their stop smoking quit coaches are mainly Māori and Pacific staff and they consistently achieve over 50 percent of enrolments becoming smoke free at four weeks. The quit coaches have Te Whatu Ora visitor status to facilitate access to wards to visit wāhine hapū on wards to establish a relationship.

'Once and For All' are organising stop smoking support groups for young wāhine Māori in rural areas.

K'aute Pasifika Trust

There is a new stop smoking service in Hamilton. K'aute Pasifika Trust now have a Ministry of Health funded contract to provide stop smoking support to people accessing their service. Incentive payments are higher for Māori and Pacific peoples ($300) and for pregnant people of these ethnicities the incentive is $500 when smokefree at four weeks.

6.4.4 Tupeka Kore programme – Primary care providers and facilities

The implementation of the Tupeka Kore programme which aims to improve quality interventions and referral to cessation services for pregnant people who smoke has been significantly impacted by the COVID-19 response. This impact has been largely due to the secondment of the smoke free community coordinator into the public health response, as well as the capacity for birth centres and LMCs to undertake training and programme implementation.

Prior to this disruption, Tupeka Kore workshops were held with Tokoroa and Huntly birth centres in February and March 2021 with a total of 21 staff midwives and LMCs trained in smoking cessation. These workshops focussed on building knowledge on nicotine addiction, ABC training and Nicotine Replacement Therapy (NRT) prescribing, understanding the experiences of people seeking support for smoking cessation, familiarity with local smoking cessation services and establishment of referral pathways, setting of self-identified goals to increase effective screening and referral to smoking cessation services, and birth centre smoke free environment planning. As an ongoing task through 2021/22 the smokefree community coordinator provided resources to birth centres to aid in their smokefree goals. This included visual aids such as smokefree pregnancy posters, as well as clinical and patient information about the increased risk of COVID-19 infection and smoking.

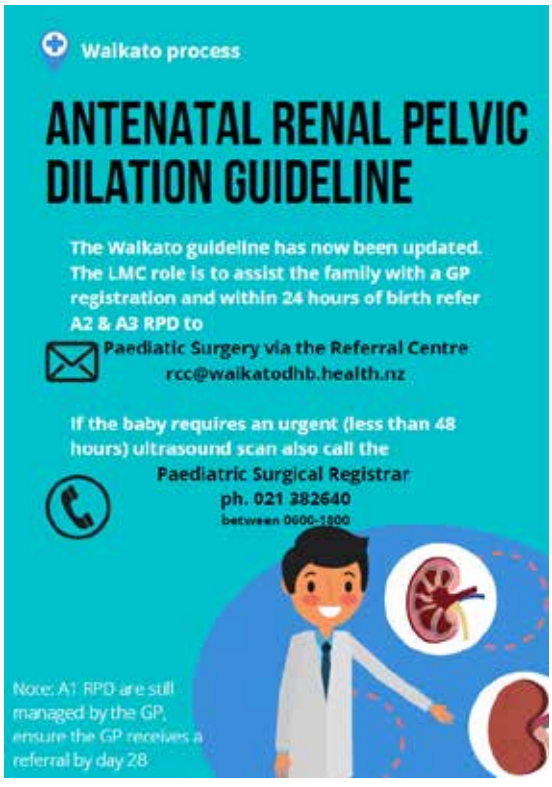
The core planned activities of 2022/23 are to work in partnership with the nine birth centres in the region to provide training and resources to improve interventions for smoke free pregnancies. This training will be undertaken in partnership between the smokefree community coordinator and Hapū Wānanga to ensure coverage of the district and culturally appropriate support for Māori and Pacific midwives and those with high Māori and Pacific client loads. This approach will ensure there is specialist support to address the equity gap for Māori and Pacific in maternal smoking prevalence. The training aims to reach 90 percent of LMCs working in our region (approximately 140). Key measurements of the effectiveness of the project will be to monitor the number of referrals for pregnant people to stop smoking cessation services from LMCs via Once and For All referral data.

6.5 Renal pathway

In 2017, a New Zealand guideline was developed to better manage antenatally detected fetal renal dilatation. The guideline aimed to better differentiate between those at low risk and those at high risk of surgically significant dilatation, better directing those at high risk to appropriate specialist care and reducing the number of scans for those at low risk. Within Waikato, there was not an agreed pathway for referral to specialist care for follow up ultrasound scans and investigations for high risk babies following birth.

A working group comprising MQSP coordinator, LMC, paediatric surgeon, maternity services and NICU worked together to understand the gaps in the current system after a sentinel event and more near misses related to renal dilation detected in the antenatal period with missed or late follow-up after birth.

A single referral pathway was set up for LMC to refer directly to paediatric services where a clinical nurse specialist manages the referral, investigations timeline and communication with whānau LMC and GP.



Whānau letters and information have been updated and is sent from the perinatal midwife to whānau during the pregnancy informing them of follow-up care and empowering them to speak up or seek additional care if the careplan is not followed.

Since the pathway went live there have been no further reports of near misses or incidents.

6.6 Access to maternity guidelines

Te Whatu Ora Waikato clinical guidelines were not accessible outside of the local network. This was highlighted as a risk for patient safety because primary providers required access to ensure that care provided was in line with local recommendations.

Following an incident compounded by the lack of access to Waikato guidelines, the Waikato procedure and policy team worked with maternity services to ensure that the guidelines were accessible outside the hospital network. Processes were developed to ensure that Lippincott mirror what is on Te Whatu Ora Waikato's intranet.

The final result is all LMC and primary birthing facilities can now access the Waikato maternity guidelines via Lippincott.

6.7 Introducing misoprostol induction of labour

Waikato has implemented the use of misoprostol as the preferred method for cervical ripening and induction of labour (IOL). This was decided in order to align with the induction of labour in Aotearoa guideline published in 2019, which suggested misoprostol as a safe and effective option, with significant evidence supporting its use.

Evidence suggests oral misoprostol is probably associated with a lower risk of caesarean section than the vaginal alternatives (Cervidil) that were used before 2020. Other benefits included fewer vaginal examinations and less vaginal discomfort.

Whānau undergoing an IOL with misoprostol were provided a survey to complete sharing their experience on the process of the IOL with misoprostol. Unfortunately the data from the survey was one of the casualties of the IS outage caused by the cyber-attack.

An initial audit of induction conducted with misoprostol results showed that the vast majority of the people induced with misoprostol birthed within the first 48 hours, with only less than 10 percent of primiparae requiring more time or another method. The risk of hyperstimulation was also less than 10 percent. This was great improvement from 2020 where the average delay to commence an IOL was 24 hours, with the misoprostol method close to 50 percent of IOL are now completed within 24 hours where previously the IOL had yet to commence.

A senior midwife led a team to develop a misoprostol for IOL resource. Consumer input was then sort as part of this project. See section 7.4.4 for consumer engagement.

6.8 Newborn Observation Chart (NOC) and Newborn Early Warning Score (NEWS)

Early warning systems for newborn infants are now being developed in many countries, with the recognition that there are often subtle and non-specific clinical signs that can progress to rapid deterioration in the newborn. The Neonatal Taskforce was set up in November 2015, bringing together expert representatives from healthcare providers, clinicians, professional bodies, government agencies (including the ACC) and patient advocacy groups. The taskforce engages and works with these groups to design and establish an evidence-informed improvement programme to reduce the number and severity of avoidable NE cases in New Zealand.

The Newborn Observation Chart (NOC) is a vital signs chart which has been developed to standardise the initial assessment and care of all newborns in New Zealand. The NOC also provides a single view of clinical information and assists in recognising trends, which may indicate a baby's condition has deviated from the norm. The Newborn Early Warning Score (NEWS) is developed to assist with the early recognition of clinical deterioration of infants who are at risk, with the aim of improving outcomes for these infants and to help us detect and reduce the severity of NE.

In 2021, the NOC/NEWS was rolled out in Waikato Hospital for all newborns over 35 weeks gestation and not admitted to NICU. Neonatal nurse practitioners, nurses and midwives took up the role of championing this change in their work areas while also actively participating in the amendments to a large number of clinical guidelines to bring them in line with NOC/NEWS recommendations. Improvements in utilisation of NOC/NEWS has been measured between the initial three and six month audits.

In 2022, MQSP coordinators have been working with the six non-government organisation (NGO) primary birthing facilities to prepare for a roll out of NOC/NEWS. In these facilities mandatory escalation pathways have been developed and agreed by consensus and staff are completing training via Ko Awatea Learn. NOC/NEWS will be embedded in all Waikato maternity facilities within 2023/24.

6.9 Maternity Early Warning Score (MEWS)

The Maternity Early Warning Score (MEWS) was implemented in Waikato Hospital, and reported on in the 2019/20 report. Since this time ongoing audits and feedback to the service managers are provided by the MQSP coordinator.

Each area has a champion for the project to ensure new staff are orientated to the use of MEWS. Audit demonstrates that within maternity areas MEWS is embedded as everyday practice.

Across the wider hospital, additional efforts by the nurse educators to improve the use of MEWS for pregnant whānau admitted for a non-maternity reason is ongoing.

The six NGO primary birthing facilities in the Waikato district are working towards the implementation of MEWS. Meetings have resulted in the agreed escalation pathway and staff training via Ko Awatea Learn is underway.

During 2023, MEWS will be embedded in all maternity units across the Waikato.

6.10 Maternity consultation and transfer of clinical responsibility

An action resulting from a serious event highlighted that there was a lack of clarity of who was clinically responsible for care of whānau once admitted to the hospital, and after a consultation had taken place.

A two-year project commenced in 2019 to understand the process of clinical responsibility when whānau are cared for in Waikato Hospital. In addition, complaints and feedback provided to the charge managers from LMCs and employed midwives identified there was assumptions on who was responsible for overseeing the clinical care of whānau once admitted to the hospital setting or following a consultation, and that there was a lack of understanding of respective roles. This lead to a review of the following documents

- Service specifications for secondary and tertiary
- Primary Maternity Service Notice (2007)
- Guidelines for consultation with obstetric and related medical services
- Local guidelines for transfer related to maternity
- New Zealand College of Midwives consensus statement

Together an obstetric leader, midwife director, LMC representative and MQSP midwife coordinator worked together to review the documents and understand how this could be applied to Waikato. A new local guideline was drafted for consultation with access holders. Initially it had to be acknowledged that in the past local guidelines had discouraged LMC care to continue once admission to the hospital had occurred and that communication between hospital and LMC was not prioritised. The result had been LMC leaving whānau in the care of a hospital midwife and attending the birth only and a lack of acknowledgement of the roles of LMC and core midwives.

The final aim was to support the LMC as the provider of primary antenatal, labour, birth and postnatal care, and that the whānau who need additional care for complexity (secondary care) are provided this, as required to support the LMC, by the hospital services. This did not remove the role of the LMC primary care but aims to support the LMC to provide continuity of care. A collaboration where LMC are appreciated for their key skills in working with whānau through the journey of pregnancy and birth while growing a group of appropriately skilled midwives to provide complex care was the key underpinning belief. Ministry of Health senior midwifery advisors assisted in reviewing the information and presentations to ensure that local changes reflected the national approach.

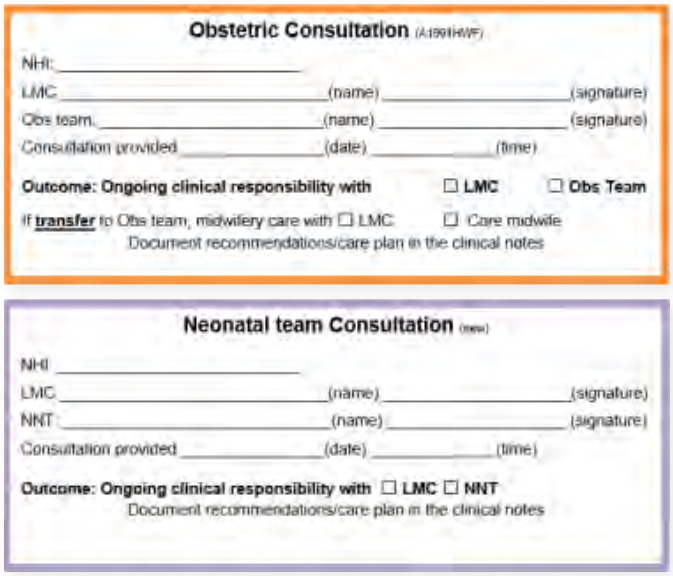
Example of presentation slide content depicting the roles of practitioners during an IOL working to support the LMC with additional care while the LMC continues to provide the continuous care

In 2021, there were two presentation sessions on the above documents and the local guideline, these were predominantly attended by medical team members. The presentation was also shared via video link for those unable to attend. To capture a midwifery audience presentations at midwifery collaboration forums and NZCOM regional meetings also took place. A webinar was recorded and shared, along with slides sent out to the maternity sector with the MQSP e-communication.

To align with the new Primary Maternity Notice (2021) the local guideline was implemented. Consultation and transfer stickers were added to the guideline for clarity on whether a consultation had taken place and the LMC continued to be clinically responsible or if the consultation had resulted in a transfer of clinical responsibility to the obstetric or neonatal team.

Admission documents were updated to include communication with both whānau and LMC when it was deemed safe to transfer clinical responsibility back.

Following the implementation of the local consultation and transfer of clinical responsibility guideline the country was impacted by national lockdowns. Audit of this guideline use is required, which will include the communication with hospital services and LMC.



Obstetric Consultation (A199HWF)

NHI: _____

LMC _____ (name) _____ (signature)

Obs team _____ (name) _____ (signature)

Consultation provided _____ (date) _____ (time)

Outcome: Ongoing clinical responsibility with ☐ **LMC** ☐ **Obs Team**

If **transfer** to Obs team, midwifery care with ☐ LMC ☐ Care midwife

Document recommendations/care plan in the clinical notes

Neonatal team Consultation (new)

NHI _____

LMC _____ (name) _____ (signature)

NNT _____ (name) _____ (signature)

Consultation provided _____ (date) _____ (time)

Outcome: Ongoing clinical responsibility with ☐ **LMC** ☐ **NNT**

Document recommendations/care plan in the clinical notes

Consultation and transfer stickers

6.11 Developing a model of care that meets the needs of whānau under 20 years old

The health and wellbeing of teenage mothers is identified as a high-priority, yet they continue to report poor clinical experiences. In a current Health Research Council (HRC) collaboration study, young Māori mothers shared stories of poor communication, lack of support, and poor healthcare service generally. These wāhine report a level of 'invisibility' that they attribute to their age.

A pilot study has commenced and focuses specifically on the experiences of these whānau. The expectation is from semi-structured interviews and wānanga to produce recommendations for creating training guidelines and resources for clinical staff who provide care for young whānau, and to inform further research. This qualitative project is a sub-study of a HRC funded collaboration study (20/1178) being conducted by Te Whatu Ora Waikato's Māori Equity, Strategy and Research team. It is funded by Wānanga o Waikato – University of Waikato and includes funding for a research assistant to support the lead investigator and wider project team.

7 MQSP in Waikato

Mā whero, mā pango ka oti ai te mahi

With red and black the work will be complete
– *working together and collaboration*

Te Whatu Ora Waikato provides a unique environment for the MQSP, with having a tertiary hospital caring for whānau outside the district and a combination of non-government and hospital primary birthing facilities stretching to the very edges of the rural areas. For this reason it is paramount that the governance is strong and inclusive of all those in the Waikato maternity sector and the voice of whānau is heard. The New Zealand Maternity Standards underpin the Waikato MQSP.

7.1 New Zealand Maternity Standards

Standard one: Maternity services provide safe, high-quality services that are nationally consistent and achieve optimal health outcomes for mothers and babies.

Standard two: Maternity services ensure a women-centred approach that acknowledges pregnancy and childbirth as a normal life stage.

Standard three: All women have access to a nationally consistent, comprehensive range of maternity services that are funded and provided appropriately to ensure there are no financial barriers to access for eligible women.

7.2 MQSP Governance Board

The majority of the board is made up of community practitioners from primary care, primary birthing, rural services and LMCs, with clinical leaders representing medical and midwifery professions with representation from Waikato hospital obstetrics team, child health services and three consumer representatives.

A midwife representative lead from the Māori, Equity and Health Improvement team is also an active member of the MQSP Governance Board. In 2023, we are pleased to welcome the Pacific lead for Te Manawa Taki region. There is an expectation the members of the board will look at the items on the agenda with their professional lens. Members bring the perspective of the communities they work within.

During COVID-19 alert level restrictions, the MQSP Governance Board was paused due to members redeployed. Commencing mid 2022 the terms of reference have been reviewed and from 2023 a refreshed membership will drive the quality work across the district.

MQSP Waikato Governance Board members 2021

7.3 Engagement with stakeholders

Working collaboratively with health professionals, stakeholders and whānau is central to the future development of quality, safe maternity services that meet the needs of local communities across Te Whatu Ora Waikato. We have developed various avenues to ensure whānau have a voice in all levels of maternity services within the district.

7.3.1 MQSP e-communication

The MQSP e-communication has been in place since 2016/17 and continues with multiple editions during each quarter. The e-communication provides updates to the whole of the maternity sector on quality improvement news, reducing morbidity and mortality, links to web pages of interest and dates for diaries. The purpose of the communication is to keep all maternity health professionals connected and informed about quality and safety projects, local and national issues; particularly for health professionals based in rural areas. Face-to-face meetings as described below are also advertised in the e-communication, along with links to join remotely.

The e-communication is compatible for viewing on computers, tablets, iPad and smart phones.

7.3.2 Face-to-face engagement with the maternity sector

Monthly morbidity and mortality meetings

Each month all health professionals in the maternity sector are invited to join and share learnings from case reviews. The learnings and recommendations following review by a MDT are presented in this meeting. This meeting is teleconferenced to Thames, Tokoroa and Taumarunui rural hospitals where rural and remote Te Whatu Ora midwives and LMCs can join.

Weekly medical team education

Topics for this meeting are identified through the morbidity and mortality reviews undertaken within the maternity sector, or from reoccurring themes from incidents and complaints. The meeting is open to the whole medical team, in addition to Te Whatu Ora employed midwives and LMCs. This meeting is also teleconferenced to rural hospitals.

Monthly quality improvement project from the trainee interns

During 2022 the monthly rotations of trainee interns have worked to identify areas for quality improvement for whānau with a high BMI accessing Waikato maternity services and how as a service we are doing with informed consent in obstetric care. Each month the topics and recommendations are delivered at an in-person presentation (except when presented virtually due to COVID-19 restrictions).

Midwifery managers group

The midwifery managers group is a hui of all midwifery managers across the Waikato. It provides an avenue for MQSP projects to be advanced, reduces variability across the district through consistency of guidelines and procedures. During the pandemic, the meetings were focused solely on the management of COVID-19 and was hosted online by the director of midwifery. The original intent of the meetings will recommence in 2023 with face-to-face meetings.

Midwifery collaboration forum

Since 2013, each quarter a meeting facilitated by the lead midwife at Te Whatu Ora Waikato occurs in the community. All midwives across the Waikato district are invited to meet to represent the midwifery workforce and discuss issues and new initiatives. In the past two years this has been inhibited by management of COVID-19. Moving into 2023 the director of midwifery is engaging with representative midwives from across the workforce to gauge the effectiveness of the forum and determine if this is being delivered in a way that supports collaboration.

7.3.3 Engagement plans

The MQSP team are committed to working in collaboration with other agencies, organisations, and individuals to address equity of access to maternity services and promote improved health and wellbeing outcomes for whānau. The MQSP coordinators have developed a community engagement plan to support a community led approach to service development across Waikato.

A driver for developing community engagement plan is to effectively work with people and organisations who are involved with or have interest in maternity quality and safety. The community engagement includes how we intend to collaborate with communities and incorporates in-person locality meetings, face-to-face virtual meetings and the availability of information on social media platforms and newsletters.

A key focus of the community engagement plan is equity of access to services and the achievement of Pae Ora. The community engagement plan is a live document and as such will be informed by the development of localities and new approaches to working together such as Kahu Taurima.

7.4 Consumer engagement

MQSP links with the Quality and Patient Safety consumer engagement team and asks advice from them regarding co-design and strategies to engage maternity consumers.

7.4.1 Consumer representation on the MQSP Governance Board

The health mandates related to COVID-19 resulted in the current consumers at the time having to withdraw for the MQSP Governance Board. In 2022, the Waikato MQSP has actively worked to gain consumer representation on the programme. The following avenues were investigated

- Liaising with Waikato Quality and Patient Safety team
- Reaching out to the consumer lead from Women's Health Action Trust
- Request for MQSP Governance Board members to seek out consumers
- Request for stakeholders receiving the e-communication

In early 2023, three new consumers will join the MQSP Governance Board, Emma Chambers, Bobbie Jane Cooke, and Tamsin Kreymborg.

Consumer profile: Emma Chambers

My name is Emma Chambers, I am a secondary school chemistry teacher currently taking time off to hang out with Olive, my 13 month old daughter. We had a wonderful birth, Olive was born at home (unplanned) in the bath with the support of my amazing midwife who had everything ready to go and made it seem like the plan all along. We then went to stay at Waterford Birthcentre which was wonderful to have the support of a midwife as we became new parents. Breastfeeding was challenging to start, but we got through that time with the help of my midwife, lactation consultant, my mum and partner. I am looking forward to being a consumer representative for the MQSP.

Consumer profile: Bobbie-Jane Cooke

He uri ahau nō Ngāi Tahu me Te Atiawa,
ko Bobbie-Jane Cooke tōku ingoa.

I am the current chair and administrator for Waikato Home Birth Association and also co-chair for Home Birth Aotearoa Trust. Along with MSQP, as a consumer representative I am involved in the New Zealand College of Midwives governance board and the Te Whatu Ora Community Midwifery Infrastructure Working Group. I am on my reo journey at Te Wānanga o Aotearoa and most importantly, a very busy māmā to my three tamariki – Lily-James, Atawhai and Raukawa. I look forward to birthing our fourth baby at home in a few months time.

I came into the home birth space after suffering birth trauma that heavily impacted my life. I went on to have two incredible, empowering and healing home births (HBACs) and I constantly speak on the impact of birth. I have a big passion for the rights of minorities, home birth and supporting birthing whānau in the community, especially tangata whenua. I am excited to explore these passions more when I am finished having my own babies but until then I am so grateful to be fulfilling my passions through some pretty cool organisations, governance boards and working groups.

Consumer profile: Tamsin Kreymborg

I'm a mother of four living in the Waikato. My first daughter (Finya, 4) was born in Germany in a very different medical system to Aotearoa. My second daughter (Bonnie, 2) was born at home in Mātangi. My twin boys (Oliver and Jesse, 1) were born at Waikato Hospital.

I had very different birth experiences with each of my pregnancies and through each of them I gained wisdom and experience. I know first hand how a pregnancy and birth can impact a woman and her whānau. My breastfeeding journey brought me to La Leche League where I now volunteer as a leader, offering mother-to-mother breastfeeding peer support to whānau around Hamilton. I love the connections I make with mothers through this important māhi. I am passionate about supporting and empowering māmā to make informed decisions about their pregnancies, births and feeding journey.

7.4.2 Social media

A Facebook page for Waikato Pregnancy Services went live in 2022 to promote pregnancy services across the district in a central page. Each primary birthing facility also manages Facebook accounts.

Content includes promotion of the primary birthing options, links to Wellchild Tamariki Ora providers, cross sharing of community support pages and links to Waikato maternity webpages for more detailed information. The page also shares community events and notices relevant to whānau e.g. safe sleep, immunisation etc.

7.4.3 Co-design – Developing models of care to meet the needs of Indian whānau

The MQSP coordinators are currently using a co-design approach to enable whānau using maternity services and professionals working in the maternity sector to be empowered to be involved in developing the future design of maternity services.

We are working in partnership with Shama community centre to undertake a co-design process with Indian women. In late 2022, Shama hosted an initial workshop with a group of Indian women who shared their stories and experiences of maternity service provided by Te Whatu Ora Waikato. The information that was shared is greatly valued by the MQSP team and will be used to promote further discussion as we progress through the co-design process.

7.4.4 Consumer involvement with induction of labour resources

As part of a larger ongoing quality improvement project focusing on informed consent in maternity, a group of trainee interns from Auckland University sought consumer feedback on the revised IOL information. The information was drafted by a group consisting of midwives and obstetricians.

Two different information flyers were presented to whānau who were undergoing an IOL. A total of 58 consumers were surveyed either in person with a paper survey or by phone. The consumer engagement provided an excellent consumer lens that has highlighted changes to the format, including videos and links to be included. The Woman's and Children's Health service is working to complete this.

7.5 LMC engagement

Waikato Hospital has 199 access agreements for LMCs, methods to remain engaged with this large group have been established and involves LMC representatives on projects and review groups. Building relationships with the sector is a key focus to ensure there is further LMC engagement moving forward.

Communication from director of midwifery

In March 2021, as a result of the restructure at Te Whatu Ora Waikato a role for the director of midwifery was established. The key purpose of this role is to provide strategic direction for the maternity services in the region which includes relationship development and engagement with the LMC community.

Weekly communication from the director of midwifery to the LMC community commenced to share important information about managing COVID-19 during the different alert level restrictions and the interface with the hospital services. This was stopped once community transmission decreased and COVID-19 began transitioning into an endemic state. Feedback from the LMC community was this was important, there are plans to reinstate it in 2023.

Mortality and morbidity reviews

Each month the perinatal midwife specialist facilities a MDT to review cases of mortality and morbidity. The MDT includes obstetric and neonatal representation and since mid-2022 a LMC representative forms part of the MDT. The LMC representative is the conduit between the midwives working in primary care and the MDT to support the flow of information and learnings. The perspective of the LMC workforce is expressed through the representative.

Representation in project groups

Currently Waikato MQSP has five LMC representatives who participate in projects. The LMC representatives are pivotal in connecting the provider arm of Te Whatu Ora Waikato and the LMC community to allow a partnership of progress that supports both primary and secondary/tertiary midwifery. LMC representatives are remunerated for their time to prepare for meetings, be actively involved and also disseminate information and ideas and work with their networks across the LMC community to ensure that information reflects the LMC population.

Policy and guidelines development and review

A working group including midwifery, obstetrics, MQSP coordinator and educators has been established to review all maternity policies and guidelines that are developed, reviewed or updated. Currently the group has been unable to convene due to staffing deficits requiring all clinical staff to be present on the floor. The draft policies and guidelines are sent to the entire Waikato LMC network for consultation and feedback. When operational this process fulfils the requirement of the Maternity Access Agreement 6.2, guidelines and policy groups have representatives of the practitioners who have access agreements in respect of the facility.

Improving quality systems 8

I ōrea te tuātara ka patu ki waho

A problem is solved by continuing to find solutions

MQSP has reviewed the quality improvement framework to align the outcomes contained in the Ngā Paerewa Health and Disability Services Standards. A key function of the quality management system is to act as a preventative tool. The concept of preventative action is displayed through risk based thinking. Risk based thinking includes the identification and management of risks and through implementation of correctives actions to prevent the reoccurrence.

Quality improvement initiatives are identified through a variety of sources including feedback from whānau and staff, quality audit, incident management and recommendations from the PMMRC and NMMG. Learnings from these reviews are used to develop opportunities for quality improvement.

A women's health quality meeting is held monthly to review progress on the agreed quality improvements initiatives. Accountability of the quality framework is held at governance level.

8.1 Maternal and neonatal morbidity

Sadly, each year we have whānau who experience loss or unexpected outcomes. Waikato Hospital has internal processes for reviewing and learning from these events, which are explained below. In addition to this each Te Whatu Ora Waikato funded primary maternity facilities have their own processes, these do not link in with each facility and leaves gaps. In 2023, work to develop a unified collaborative review process is a priority.

8.1.1 Maternal morbidity

Waikato has taken the Maternity Morbidity Toolkit from HQSC and embedded that as a process within maternity, following observing Auckland Hospital with their process Waikato has also named it the RaMP. All incidents are logged in Datix, the hospital reporting tool, then if they are deemed to be a maternal morbidity event the midwife director or lead obstetrician refers the case to the RaMP facilitator for overseeing the process.

When the process was new, the midwife coordinator from MQSP acted as the facilitator, now this has been handed to the service for ongoing reviews.

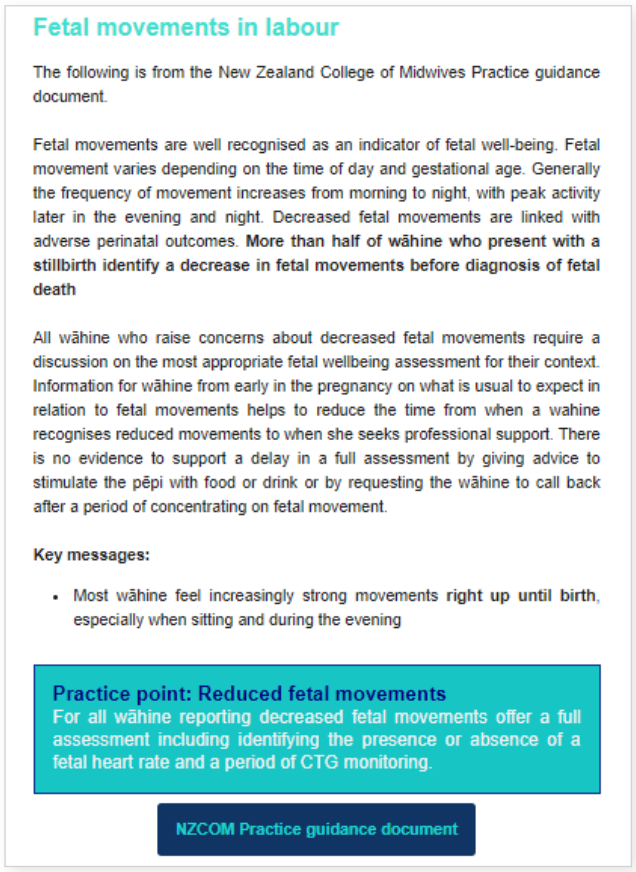
8.1.2 Neonatal morbidity and mortality

Each month the perinatal midwife oversees the review of all neonatal morbidity and mortality cases. A review of clinical notes is undertaken and a case summary written. A team including an obstetrician, midwife, LMC and neonatal specialist review the report and consider recommendations for the future pregnancies of that whānau.

One or two of the cases is then chosen as a learning opportunity and presented at a meeting where all staff linked to maternity and paediatrics, including NICU are invited.

In 2023, a review of the process to ensure the whānau involved are aware of the review and invited to participate is planned to incorporate a strengthening whānau approach. Consumer representation will also be included on the review panel and system learnings extracted, which will be shared via the Sharing the Learnings (see section 8.2).

8.2 Sharing the learning across the sector



Fetal movements in labour

The following is from the New Zealand College of Midwives Practice guidance document.

Fetal movements are well recognised as an indicator of fetal well-being. Fetal movement varies depending on the time of day and gestational age. Generally the frequency of movement increases from morning to night, with peak activity later in the evening and night. Decreased fetal movements are linked with adverse perinatal outcomes. **More than half of wāhine who present with a stillbirth identify a decrease in fetal movements before diagnosis of fetal death**

All wāhine who raise concerns about decreased fetal movements require a discussion on the most appropriate fetal wellbeing assessment for their context. Information for wāhine from early in the pregnancy on what is usual to expect in relation to fetal movements helps to reduce the time from when a wahine recognises reduced movements to when she seeks professional support. There is no evidence to support a delay in a full assessment by giving advice to stimulate the pēpi with food or drink or by requesting the wāhine to call back after a period of concentrating on fetal movement.

Key messages:

- Most wāhine feel increasingly strong movements **right up until birth**, especially when sitting and during the evening

Practice point: Reduced fetal movements
For all wāhine reporting decreased fetal movements offer a full assessment including identifying the presence or absence of a fetal heart rate and a period of CTG monitoring.

NZCOM Practice guidance document

Example of a Sharing the Learning e-communication

8.2.1 E-communication

The topics shared are identified as areas of learnings from maternal and neonatal morbidity and mortality reviews.

Sharing learnings provides practitioners the opportunity to consider how these topics are incorporated into their practice which may prevent a reoccurrence of incidents. System improvements from reviews are also shared via this newsletter as they are developed by the relevant services.

Practice points and links to resources or further documents are incorporated for additional reference for the audience.

8.2.2 In-person teaching sessions

Following the various review groups, cases are identified by each review panel to present as a learning opportunity to the maternity sector. These are held on the Waiora Waikato hospital campus and shared via a link for those who cannot attend in-person. Attendees are predominantly medical personnel from obstetrics and paediatrics, with a few staff midwives. Occasionally LMC are present.

8.2.3 Cardiotocography (CTG) teachings

Each month a rotating roster of obstetric registrars and midwives present learnings from CTG traces where there have been interesting recordings or unexpected outcomes. This provides an informal space to discuss and reflect on reviewing CTG with the knowledge of the outcome.

8.3 Incident management

Quality improvement initiatives are identified through a variety of sources including feedback from people using our services, community stakeholders and staff employed by the hospital. Learnings from incidents and accidents are also used to inform quality improvement.

MQSP recognises that effective incident management practices are fundamental to the provision of quality maternity supports. MQSP coordinators aim to review the incident management systems used across maternity providers in the Waikato district in order to provide consistency of practice when investigating and responding to incidents. In working alongside maternity providers, MQSP coordinators will ensure that an incident management framework is established that includes

- accurate incident reporting
- open disclosure
- analysis of all information including interviews with staff and on agreement the whānau involved
- specialist review including consumer review
- identification of corrective actions aimed at informing service improvements and preventing future occurrences to prevent the reoccurrence of the incident
- ongoing monitoring of the effectiveness of system changes

The maternity severity assessment code to guide incident investigation and reporting.

8.4 Consumer feedback

The Women's Health view is that what matters to whānau in their care journey also matters to the service. We want to make sure that as far as possible whānau have a positive experience. Feedback from whānau experiences through the feedback cards and complaints show us where we are doing well and where improvements can be made.

8.4.1 Feedback cards

Feedback cards are available at each ward and service for women and whānau to complete; they are anonymous unless whānau include name. Feedback can be

- an observation about the service
- a compliment about the service, staff or about positive experiences
- comments on what could be improved, or what was a poor experience

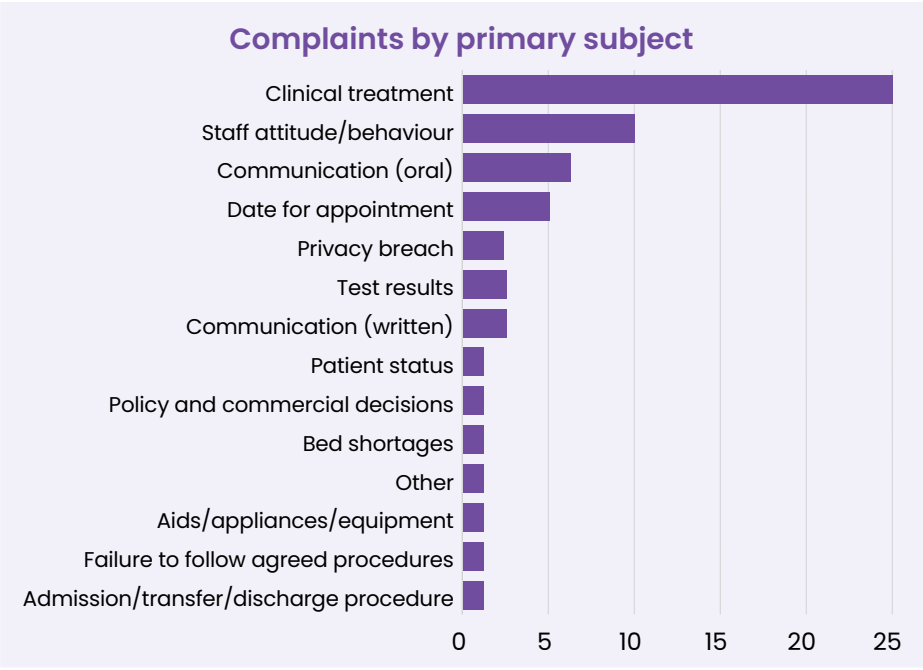
Whānau that express that they have had a poor experience can talk to the midwife manager and/or complete a complaints form (see section 8.4.2).

Feedback cards are regularly reviewed by the ward/clinic manager and discussed with staff. The cards provide the manager with feedback about how the ward/clinic is running and how whānau feel about the service. This enables them to pick up on and act upon potential issues early.

8.4.2 Complaints

Te Whatu Ora Waikato has a complaints system available to all whānau who have a complaint about the service and would like follow-up, or an investigation. The service will then respond to the whānau to let them know what has happened and what actions will be implemented as a result of their complaint.

In 2021, 59 complaints were investigated for maternity services in Waikato Hospital. The chart shows the primary subjects of the complaints, please note that there are sub-subjects e.g. clinical treatment is the primary subject alongside communication as the sub-subject.



Individual actions resulting from the complaints investigation process

- Updated orientation pack for incoming junior doctors
- All admissions, of whānau from another hospital are seen by a consultant within 24 hours of admission
- A central point for processing of all ACC claims
- Update information on return of tissue process, including consumer information to reflect the time that testing may take

Meeting the PMMRC recommendations

9

Whāia te mātauranga hei oranga mo koutou

Seek after learning for the sake of your wellbeing

Perinatal and Maternal Mortality Review Committee

He matenga ohorere, he wairua uiui, wairua mutungakore

The most recent PMMRC report (15th Annual Report published in December 2022) did not outline any new recommendations. The report requested that DHBs review all recommendations from previous reports and outline the DHB response.

Each year Waikato have completed or have been actively working on the PMMRC recommendations. In order to report our status against the recommendations we reviewed and updated our current status related to each recommendation.

PMMRC recommendation	Waikato status – Completed	
Ninth annual report, 2015 That all maternity care providers identify women with modifiable risk factors for perinatal related death and work individually and collectively to address these strategies to address modifiable risk factors include:	✓ Waikato DHB reports the availability and uptake of relevant services in the Maternity Quality and Safety Annual Report as appropriate to demonstrate that these strategies are embedded and to identify areas for improvements.	
	Improving the uptake of periconceptual folate	✓ Waikato has outlined information for consumers on the pre conception care section of the Waikato Pregnancy and Maternity webpage with the following ✓ Pre-conception information on folate ✓ Pre conception information for whānau - Taking anti-epileptic medicines for epilepsy, mood or pain - Whānau who have had gestational diabetes (GDM) in a previous pregnancy - With type 1 or type 2 diabetes - Whānau who have had severe complications in a previous pregnancy or currently have complex health conditions ✓ Whānau who have had severe complications in a previous pregnancy or currently have complex health conditions are able to have a GP referral to obstetrics for preconception advice and planning 3-4 months before trying to get pregnant.
	Pre-pregnancy care for known medical disease such as diabetes	
	Access to antenatal care	✓ In 2021-2022 there were 199 LMCs in Waikato with an access agreement to Waikato Hospital and an additional unknown number of other LMCs who provide primary facility care or home birth care only ✓ Whānau can sometimes find it difficult to register with an LMC in our remote rural areas particularly if an LMC moves out the area. As a result were possible a plan is put in place for temporary antenatal care in these areas ✓ Vulnerable whānau and younger Māori whānau have lower rates of first trimester registration. There are strategies to link vulnerable whānau to antenatal care through vulnerable unborn forum ✓ An electronic referral pathway direct from GP to the hospital maternity team has been established in 2022 ✓ The DHB has expanded the community team of midwives who provide care for whānau unable to register with a midwife to meet the increasing demand
	Accurate height and weight measurement in pregnancy with advice on ideal weight gain	✓ For an LMC to register care of a whānau with the Ministry of Health they are required to all record a person's BMI ✓ BMI information is shared between LMC and birth facility/ hospital with the Maternity Booking information required in the Primary Notice (2022) ✓ Resources for health weight gain and eating well in pregnancy are available free of charge for all LMC ✓ Waikato Pregnancy and Maternity webpage has information for whānau on healthy weight gain in pregnancy** ✓ Equipment for the measurement of height and weight is available within the hospital setting to accommodate very high BMI patients ✓ A high BMI checklist is available for clinicians to use as a prompt to ensure that consistent, appropriate advice and treatment is offered

PMMRC recommendation	Waikato status – Completed	
Ninth annual report, 2015 (continued)	Prevention and appropriate management of multiple pregnancy	✓ Fertility providers follow guidelines to implant one egg ✓ Waikato has a current guideline on the management of twin pregnancies developed in 2020
	Smoking cessation	✓ Reducing maternal smoking is a key MQSP priority. All health professions ask whānau about their smoking status and there is clear referral pathways to stop smoking services both in the hospital and community setting ✓ Recruitment into a role to work with the community providers to increase smoking cessation support and referral was implemented in 2021 ✓ The stop smoking service "Once and For All" provides incentives for pregnant people to sign up to the programme and remain smokefree ✓ Hapū Wānanga has a high referral rate for their participants ✓ Waikato Pregnancy and Maternity webpage has consumer information on having a smoke free pregnancy*
	Antenatal recognition and management of threatened preterm labour	✓ Waikato has a current guideline on preterm labour (updated in 2021) ✓ An antenatal preterm birth clinic has been established for whānau at increased risk of a preterm birth × Health pathways is not up to date for Waikato setting ✓ Consumer information on preterm birth in a previous pregnancy** and preterm pre labour rupture of membranes*** is available on the Waikato Pregnancy and Maternity Webpages
	Following evidence based recommendations for indications for induction of labour	✓ Waikato has a current guideline on IOL updated in 2022. The guideline now includes misoprostal to align with the New Zealand guidelines ✓ Waikato has evidence based agreed list of indication of IOL which is on the IOL booking form
	Advice to whānau and appropriate management of decreased fetal movements	✓ Waikato has a current guideline on: Reduced fetal movement pathway over 28 weeks updated in 2022 ✓ Primary birthing facilities offer clinical space with access to CTG to LMC for assessments of decreased fetal movements in the community and rural areas ✓ Facebook posts promoting the importance of fetal movements commenced in 2022 ✓ Waikato Pregnancy and Maternity webpage has consumer information on baby movements in pregnancy**
Thirteenth annual report, 2019 For the management of suspected ectopic pregnancies, the PMMRC recommends DHB gynaecology services have:	Clear pathways/ processes for primary care regarding early pregnancy management	✓ There is a non acute early pregnancy treatment service in Waikato Hospital for referral from LMCs, primary care and Emergency Department for pregnancies that are confirmed as ending in a demise less than 16 weeks ✓ Waikato has a current guideline on: Management of Ectopic Pregnancy and Pregnancy of Unknown Location. Updated in 2020 ✓ Acute management is via the Emergency Department ✓ Emergency Department assess all collapsed people of reproductive age for differential diagnosis of ectopic pregnancy
	Clear hospital guidelines for assessment of the collapsed woman of reproductive age that include the differential diagnosis of ectopic pregnancy. Collapse due to ectopic pregnancy requires rapid assessment and surgical management	✓ Collapse due to ectopic pregnancy has a rapid assessment and surgical management pathway

PMMRC recommendation	Waikato status – Completed	
Thirteenth annual report, 2019 and Ninth annual report, 2015 The PMMRC recommends that DHBs provide:	Free interdisciplinary fetal surveillance education for all clinicians involved in intrapartum care on a triennial basis. This education includes risk assessment for babies throughout pregnancy as well as intrapartum observations	✓ FSEP is offered to all Waikato employed maternity staff (doctors and midwives) annually ✓ FSEP is available for LMC to attend ✓ A online refresher is available for all staff at any time ✓ This education includes risk assessment for babies throughout pregnancy as well as intrapartum observations ✓ Employed staff who do not have up to date CTG training are required to ask for professional support by an accredited practitioner to sign the trace. They are supported to achieve accreditation as soon as possible ✓ Staff who do not reach the expected standard in the training are stood down from interpreting CTG traces and an accredited practitioner is required to sign the trace. The staff are supported to achieve accreditation as soon as possible
	This is to be provided free for staff and at no cost to LMCs	✓ There is no cost to staff and CTG training is also available free to all Waikato based LMCs
	Aims include strengthening of supervision and support to promote professional judgement, interdisciplinary conversations and reflective practice	✓ Weekly case reviews of CTGs presented by a MDT: doctors, DHB midwives and LMCs are invited to drop in ✓ All staff are required to attend Speaking Up for Safety. It is a programme which has been developed by the Cognitive Institute. It supports all of our people but especially doctors, nurses and allied health clinicians to speak up whenever they are concerned about a patient's safety. It is also useful to for wider concerns about safety and raising difficult topics
Ninth annual report, 2015 Offer education to all clinicians so they are proficient at screening women, and are aware of local services and pathways to care for the following: • family violence • smoking • alcohol and other substance use		✓ Face to Face smoking cessation education is delivered to DHB staff and LMCs on an ongoing basis. Online learning is also available. The maternity sector receives regular updates on local stop smoking services and how to refer to them ✓ Family violence training face to face courses are held regularly through the year. It is mandatory for Waikato maternity clinical practitioners to attend a session every five years. Every two years an online refresher is required ✓ Waikato has an acute Alcohol and other drug (AOD) service, plus community AOD community providers supporting people. There is a clear referral pathway if a woman is screened as requiring this service
Seventh annual report, 2013 Women with pre-existing medical conditions (such as epilepsy, hypertension or mental health) should have individualised pre-conceptual counselling about their condition and the medication they are taking. Health professionals providing care to these women need to communicate the importance of continuing their medication in pregnancy, if appropriate, and to advise women to seek early medical review		✓ On Waikato Pregnancy and Maternity Webpages – pre conception care section has information for whānau - taking anti-epileptic medicines for epilepsy, mood or pain - whānau who have had gestational diabetes (GDM) in a previous pregnancy - with type 1 or type 2 diabetes - whānau who have had severe complications in a previous pregnancy or currently have complex health conditions - whānau with experience of mental illness ✓ Whānau who have had severe complications in a previous pregnancy or currently have complex health conditions are able to have a GP referral to obstetrics for preconception advice and planning 3-4 months before trying to get pregnant ✓ Whānau who had a perinatal mental health condition and were under the perinatal mental health service in a previous pregnancy / postnatal period can be referred back to Perinatal Mental Health services for a pre-conception care appointment ✓ Whānau with any pre-existing health conditions can attend their GP for a preconception care appointment to discuss their condition and medication prior to trying for a baby
Eighth annual report, 2014 Women with serious pre-existing medical conditions require a multidisciplinary management plan for the pregnancy, birth and postpartum period. This plan must be communicated to all relevant caregivers		✓ Whānau with serious pre-existing medical conditions are reviewed and monitored by the high risk pregnancy MDT at a weekly meeting where a plan is made for antenatal birth and postnatal care. The plan is kept in the woman's notes and is also emailed to the LMC. The plan is loaded onto a clinical application for all health professionals with access to Clinical Workstation (CWS)
Third annual report, 2009 Women with complex medical conditions require a multidisciplinary approach to care, often across more than one DHB. Each woman requiring such care should be assigned a key clinician to facilitate her care		✓ Waikato whānau with complex medical conditions have a key clinician. Some of these whānau may be referred to Maternal Fetal Medicine (MFM), there is a small MDT group who liaise remotely with the MFM service for this group of whānau to discuss the case and complete careplans ✓ Whānau with complex medical conditions not referred to the MFM service are monitored by the high risk pregnancy MDT team were a plan is made for antenatal birth and postnatal care

PMMRC recommendation	Waikato status – Completed
Twelfth annual report, 2018 DHBs make available appropriate information, including appropriate counselling for parents, families and whānau about birth outcomes prior to 25 weeks gestation to enable shared decision making and planning of active care or palliative care options	✓ Waikato Hospital has a checklist which aims to facilitate the clinician consultation with a woman and her whānau, when the woman is at risk of preterm birth between 22-26 weeks. This ensures all groups of whānau are offered the same level of care and can make informed decisions. The information is consistent with the New Zealand Consensus Statement on care of Mother and Baby(ies) at pre-viable gestations ✓ Waikato also has a guideline on resuscitation of Periviable Infants which is consistent with the New Zealand Consensus Statement on the care of Mother and Baby(ies) at pre-viable gestations
Eighth annual report, 2014 Women who are unstable or clinically unwell should be cared for in the most appropriate place within each unit in order for close observation to occur. When observations are abnormal, clear documentation, early review by a senior clinician and development of a detailed management plan are required	✓ Whānau who are clinically unwell >16 weeks of pregnancy are reviewed and assessed in WAU. They have a care plan developed and can be admitted to WAU for observation, discharged with the care plan back to primary care / LMC or admitted to the antenatal ward or postnatal ward as appropriate ✓ Whānau who are clinically unstable are admitted to the Maternity HDU which is situated in Delivery Suite near WAU. Whānau will be closely monitored. With review by senior clinician and a detailed management plan ✓ Whānau who are seriously unstable can be admitted to the hospital Intensive Care Unit (ICU) with a midwife to provided fetal monitoring while one to one observations are provided by the ICU team ✓ MEWS has been implemented with mandatory escalation pathways for abnormal observation
Tenth Annual Report, 2016 and Fifth Annual Report, 2011 All clinicians involved in the care of pregnant women should undertake regular multidisciplinary training in management of obstetric emergencies	There is a comprehensive programme of education on the management of obstetric emergencies open to MDT staff and is well attended ✓ Midwifery Emergency Refresher: The session covers PPH, maternal collapse, neonatal resus, sepsis and either shoulder dystocia or pre-eclampsia or both - For DHB midwives and LMCs held in a clinical simulation setting at Waikato Hospital - Primary birthing facility staff and LMC can complete this training in the primary facility to become confident with the environment ✓ PROMPT: The session covers: PPH, maternal collapse, neonatal resus, pre-eclampsia, shoulder dystocia. May include: sepsis, breech, uterine rupture, abruption ✓ Rural emergency days: Co-presented by midwifery education and obstetric SMO˚ (˚depends on availability). Sessions are hosted in the rural hospital areas of Thames, Taumarunui, Tokoroa, Te Kūiti. Multidisciplinary: midwifery, nursing, rural Emergency Department doctors, St Johns staff. The sessions cover PPH maternal collapse, neonatal resus, pre-eclampsia, shoulder dystocia, sepsis. May include breech ✓ Registered nurses introduction to obstetric emergencies and postnatal: Registered nurses from Women's Health, Post Anaesthetic Care Unit and Theatre. The session covers – PPH, pre-eclampsia, neonatal resus intro, sepsis ✓ Two short emergency sessions (30 minutes) in Women's Health Clinics for midwives and nurses on COVID-19 emergency simulation from Delivery Suite to main operating theatre: multidisciplinary: midwifery, nursing, obstetrics, anaesthetics
Fifth Annual Report, 2011 Pregnant women who are admitted to hospital for medical conditions not related to pregnancy need to have specific referral pathways for perinatal care	✓ MEWS has been implemented across the hospital ensuring whānau admitted to hospital for medical conditions not related to pregnancy are appropriately monitored and any concerns are escalated to maternity health professionals ✓ Process for pregnant people admitted to Emergency Department for non-maternity related care that Women's Assessment Unit is notified – depending on the issue a midwife or obstetrician will review the woman ✓ Waikato DHB has a guideline for Non-Obstetric Surgery during Pregnancy updated in 2020
Twelfth Annual Report, 2018 Pregnant women who are admitted to hospital for medical conditions not related to pregnancy need to have specific referral pathways for perinatal care	✓ In 2018 the DHB completed an audit on corticosteroid administration to mothers of neonates live born at less than 34 weeks gestation. The report found administration was equitable by ethnicity, residence and maternal age
Twelfth Annual Report, 2018 DHB maternity services audit the rates of antenatal corticosteroid administration, including repeat doses when indicated, to mothers of neonates live born at less than 34 weeks gestation, including auditing whether administration is equitable by ethnicity, residence, and maternal age	✓ A Māori midwife in Te Puna Oranga (Waikato Māori Health) manages Waikato safe sleep programme including distribution of Pēpi-Pod and wahakura ✓ The nine Waikato birth facilities have a safe sleep champion who liaises with the safe sleep lead in Te Puna Oranga. All whānau who birth in Waikato DHB receive safe sleep information and messages in the postnatal period and identified whānau receive a safe sleep device ✓ Te Puna Oranga also disseminate Safe Sleep messaging to the community with activities such as wahakura wānanga in marae and social media campaigns ✓ All whānau attending Te Puna Oranga Hapū Wānanga education receive safe sleep messaging and a safe sleep device ✓ LMC discuss safe sleep with whānau in their care and can access safe sleep devices from local primary birth centres ✓ Posts promoting safe sleep are shared on the Waikato Pregnancy Services Facebook page

PMMRC recommendation	Waikato status – Completed
Twelfth Annual Report, 2018 The PMMRC recommends that DHBs have a responsibility to ensure that midwifery staffing ratios and staffing acuity tools: • Enable active observation of mothers and babies who are undertaking skin-to-skin contact in the postnatal inpatient period • Allow for the identification of, and additional needs of, mothers who have increased risk factors for SUDI	× Staffing FTE increased on the hospital ward. The national shortage of midwives and the restrictions to enter the country due to the pandemic has affected the ability to fill midwifery positions resulting in high numbers of nursing staff working in the postnatal areas × To ensure safe staffing in the primary birthing facilities there are periods when the number of beds are flexed down to ensure the safety of whānau during the postnatal period ✓ Midwife care assistants were added to the ward teams to increase the ability to observe parents undertaking skin-to-skin ✓ There is a safe sleep trained HCA on the post-natal ward to identify parents who have increased risk of SUDI and provide safe sleep devices ✓ The SUDI coordinator from Māori, Equity and Health Improvement visits the ward daily to interact with whānau and provide education and ensure there is a safe sleep space in the home ✓ An associate charge midwife role has been added to the postnatal ward for support of the staff and to identify and react to additional needs ✓ Variance Response Management is in development ✓ TrendCare has been implemented to manage variance ✓ The ward has a safe sleep champion who has a role to identify whānau with increased risk factors for SUDI ✓ Primary birthing facilities have trained staff for distribution of pēpi pod
Fourth Annual Report, 2010 Clinicians and LMCs should be encouraged to collect accurate ethnicity details at the time of booking	✓ LMCs use electronic tools to collect a woman's information at the time of registration with an (LMC booking) which requires input of ethnicity details ✓ LMCs complete the DHB hospital facility booking form for labour and birth, this includes ethnicity details ✓ The DHB electronic system links the woman to her NHI number which has ethnicity details attached to it
Thirteenth Annual Report, 2019 All NE cases need to be considered for a Severity Assessment Code (SAC) rating. Neonatal hypoxic brain injury resulting in permanent brain damage (or permanent and severe loss of function) should be rated as SAC 1. Those who received cooling with as yet undetermined outcome should be rated as SAC 3.	✓ The incident reporting tool requires a SAC rating to be entered before it can be complete which results in 100 percent compliance ✓ During the review process if the SAC rating needs to be updated due to permanent brain damage this is completed ✓ If the baby passes away the NE review and the perinatal death review processes are linked during the investigation by the perinatal clinical midwife specialist who over sees both mortality and morbidity of neonates
Tenth Annual Report, 2016 and Fifth Annual Report, 2011 All babies with NE, regardless of severity, should have a multidisciplinary discussion about whether to refer to the ACC for consideration for cover as a treatment injury, using ACC's Treatment Injury Claim Lodgement Guide. Parents should be advised that not all treatment claims are accepted.	✓ All NE cases are assessed if they potentially meet the requirements for referral to ACC by the neonatal team and confirmed by the multi-disciplinary NE group ✓ Waikato DHB ACC team has dedicated treatment injury case managers who process requests from clinicians and patients. These case managers also investigate reported incidences for potential claims, discuss cases with clinicians and provide education and support to clinicians and staff ✓ In 2022 educational material was circulated and a quick reference summary is available in the Delivery Suite
Ninth Annual Report, 2015 **URGENT RECOMMENDATION:** Widespread multidiscipinary education is required on the recognition of neonatal encephalopathy with a particular emphasis on babies with evidence of neonatal asphyxia (e.g. babies who required resuscitation) for all providers of care for babies in the immediate postpartum period. This should include: • Recognition of babies at increased risk by their history • Signs suggestive of encephalopathy Knowledge of clinical pathways to induce cooling if required	✓ Waikato DHB has a Neonatal Encephalopathy Management Guideline updated in 2020 ✓ The guideline includes signs suggestive of encephalopathy and outlines the clinical pathway to induce cooling. ✓ The newborn admission form in the hospital includes a the NOC risk assessment and NEWS ✓ A training package via Ko Awatea Learn for the NEWS is available online to all staff and primary providers × NEWS is currently being implemented in the primary birthing facilities with ongoing audit to measure results is ongoing × Learning from NE reviews need to be distributed across the maternity sector

PMMRC recommendation	Waikato status – Completed
Thirteenth Annual Report, 2019 **URGENT RECOMMENDATION:** DHBs should monitor key maternity indicators by ethnic group to identify variations in outcomes. They should then improve areas where there are differences in outcome.	✓ All data related to maternity is broken down by ethnicity to review if there are any ethnicity gaps ✓ As appropriate audits break the data down by ethnicity to identify and variations in outcomes
Twelfth Annual Report, 2018 **URGENT RECOMMENDATION:** The PMMRC recommends that regulatory bodies require cultural competency training of all individuals working across all areas of the maternity and neonatal workforce. Training should address awareness of, and strategies to reduce and minimise the impact of, implicit bias and racism	✓ Te Whatu Ora Waikato mandatory training for all staff include Tikanga Best Practice e-learning module available via Ko Awatea LEARN ✓ Te Ara Tōtika in-person full day workshop facilitated by the University of Waikato – follow-on from the above and delves deeper into Te Tiriti / tikanga ✓ Equity in Healthcare: Introduction for leaders – one hour online core manager skill session via MS Teams, part of our manager development programme ✓ Aspiring Leaders programme five-day programme – Day 4 covers equity at Waikato including tikanga, institutional racism ✓ Institutional racism workshop – full day workshop part of our manager extension skills – manager development programme. Two workshops were held in September in this topic area facilitated by Dr Heather Came. Maybe more in 2023 but nothing confirmed as yet ✓ Te reo Māori courses – this year we are running a 20 week Te Waharoa ki te reo programme facilitated by Te Whare Wānanga o Awanuiārangi – entry level to te reo Māori. In 2023, we are running two further 20 week programmes and an NZQA Level 3 12 month Te Pōkaitahi Reo programme also facilitated by Te Whare Wānanga o Awanuiārangi
Eighth Annual Report, 2014 **URGENT RECOMMENDATION:** There is a need to recognise the independent impact of socioeconomic deprivation on perinatal death, specifically on preterm birth, which after congenital abnormality is the leading cause of perinatal death. Addressing the impact of poverty requires wider societal commitment as has been highlighted in the recent health select committee report^ on improving child health outcomes. The PMMRC supports the implementation of the recommendations	This recommendation is very broad and cuts across Government services in addition to a number of areas of the DHB. The report has a total of 130 recommendations. From a maternity services / maternity quality and safety perspective the following recommended areas have had a focus to improve the service and or reduce inequity. ✓ Commenced in 2021 focus on maternity services for whānau under 20 years ✓ Ongoing work on improving systems to reduce maternal smoking especially for Māori whānau ✓ The DHB funds free LARC for young whānau and whānau living in low socioeconomic areas via GP practice ✓ In 2019 maternity services established the Vulnerable Unborn Forum which enables local agencies to share information about contacts with their respective services ✓ The Waikato maternity service established a preterm birth clinic in 2019 for prevention interventions for whānau in early pregnancy who had a previous preterm birth ✓ MQSP monitors Waikato preterm birth rate ✓ Waikato has lactation consultant breastfeeding support available in rural and urban areas. In 2021 a Māori focused breastfeeding lactation consultant service run by Te Puna Oranga was also established ✓ Pregnancy and parenting education is well attended and free in Waikato across DHB areas including kaupapa Māori Hapū Wānanga education, which the majority of Māori whānau attend. Waikato also has Asian pregnancy and parenting education courses It is recognised that these interventions / services / improvement projects outlined feed into many of the recommendations on Improving Child Health Outcomes related to the maternity period. The equity gaps and the impact of socioeconomic deprivation on perinatal death and preterm birth are continued to be addressed by other areas of the DHB and wider public services in Waikato

* www.waikatodhb.health.nz/your-health/pregnancy-and-maternity/planning-for-your-pregnancy

** www.waikatodhb.health.nz/your-health/pregnancy-and-maternity/healthy-pregnancy

*** www.waikatodhb.health.nz/your-health/pregnancy-and-maternity/pregnancy-complications

^ www.parliament.nz/resource/en-NZ/50DBSCH_SCR6007_1/3fe7522067fdab6c601fb31fe0fd24eb6befae4a

PMMRC recommendation	Waikato status – Currrently in process/or undergoing an update on original response	
Third Annual Report, 2009 It is recommended that mothers who experience Intrapartum stillbirth, Intrapartum deaths of babies at term without obvious congenital abnormality are encouraged to have full investigation, including a post-mortem examination		× Waikato reviewed its data and has noted a low rate of post-mortem investigation × Work is in needed with health professionals and whānau to improve how we approach whānau about post-mortem investigation and to update the information and resources we have for whānau to enable them to make a decision to choose a post-mortem. This is on hold while the national survey of bereaved parents is completed
Thirteenth Annual Report, 2019 DHBs should demonstrate that they have co-developed and implemented models of care that meet the needs of mothers of Indian ethnicity		✓ Waikato has analysed data related to obstetric Interventions, which demonstrates a higher rate of interventions for Indian people To make improvements ✓ We are currently working with Shama community centre for ethnic whānau to engage Indian people about what is important to them for maternity care, and identify how we can improve the maternity services provided in the Waikato district ✓ We are using a co-design process and have met with a group of Indian people who have used maternity services ✓ We have collated the information and are meeting with professionals working together to gain their insights × We will then collaborate with the Indian people and the wider maternity sector to identify how to improve the accessibility and acceptability of maternity services provided across the Waikato
Fifth Annual Report, 2011 and Twelfth Annual Report, 2018 Maternity and primary care providers need to be aware of the increasing risk of perinatal mortality for mothers under 20 years of age in New Zealand. Inequity in perinatal mortality for babies born to mothers under 20 years of age needs to be actively addressed. The PMMRC recommends the Ministry of Health and DHBs	Develop, in consultation with young mothers, acceptable and safe methods for mothers under 20 years of age to access and engage with care in order to achieve equitable health outcomes	✓ Waikato Strategy and Funding team held a hui with young mothers about what is important to them when accessing maternity care and Well Child Tamarki Ora services. Asking them about barriers to services and how this can be improved ✓ The information is being used in DHB research project on the determinants of health for Māori – Wāhine Hāpu Study commenced in 2021. This Wāhine Hāpu research study will also engage further with whānau to co-design the study
	Identify and adequately resource evidence-based solutions to address risks for mothers under 20 years of age	× An education session and a resource for maternity health professions on: "Risk for mothers under 20 years to prevent/ reduce preterm birth and perinatal mortality." Including smoking cessation, STI screening and treatment, screening for GAP, is being considered but was delayed due to COVID-19 management
	Commencing maternity care before 10 weeks	Ministry of Health collects registration with a midwife (maternity antenatal care) by trimester. Therefore the data for this looks at registration with a midwife in the first 12 weeks (not 10 weeks) ✓ Waikato have completed analysis on LMC registration which demonstrates whānau under 20 years have the lowest first trimester registration rate of 55 percent compared to DHB average of 77 percent or all ages in 2020 ✓ Information gathered from young whānau in the Wāhine Hāpu Research Project will help inform this work × A collaborative approach with all maternity touch points needs to be developed to support young whānau to engage with a LMC
	Consider how they can support LMCs caring for mothers aged under 20 years	✓ Promoting the revised primary maternity service notice which has incorporated additional funding for LMC when caring for a person under the age of 20 in recognition of the additional care requirements × Facilitate forums with LMC to understand the support needed for this group
	Providing appropriate antenatal education	Hapū Wānanga is a kaupapa Māori pregnancy and parenting programme with a high Māori whānau attendance. In Waikato Māori are highly represented in the under 20 group × There is no young parent specific antenatal education session. Working with young whānau to determine how they see this best delivered is required

PMMRC recommendation	Waikato status – Currrently in process/or undergoing an update on original response
Third Annual Report, 2009 Strategies to improve awareness of antenatal care services and increase access among women who are isolated for social, economic, cultural or language reasons should be developed	✓ Waikato has relatively high number of LMCs compared to other DHB areas and registration with an LMC is higher than the national average in the first trimester and there are overall high rates of whānau receiving antenatal care in pregnancy × Data has demonstrated that Māori and Pacific whānau register later with an LMC and further work is required to work on this which is included in the Wāhine Hāpu research study ✓ Links have been made with the Waikato Migrant Resource Centre and Shama community centre supporting ethnic minority people in Waikato ✓ The hospital funded community midwife team has been expanded and includes hauora coordinator to identify needs and address these for people who are isolated for social, economic and cultural reasons
Eighth Annual Report 2014, Twelfth Annual Report, 2018 and Eleventh Annual Report, 2017 and Tenth Annual Report, 2016 All DHBs should undertake local review of cases of neonatal encephalopathy to identify area for improvement in care including adequacy of resuscitation and cooling. DHBs with rates of neonatal encephalopathy significantly higher than the national rate review or continue to review, the higher rate of NE in their area and identify areas for improvement	✓ All NE cases have the hospital clinical notes, and if available the primary carer notes reviewed by the perinatal midwife specialist who writes a report. An LMC representative is provided question to seek information from the LMC ✓ A group including obstetrics, neonatal and midwifery input reviews the clinical records report and identifies recommendations for the persons next pregnancy. A case is selected from the months reviews to present at learning session × Improvement can be made to include the whānau participation and the staff involved in the direct care using the maternal morbidity tool kit × Identification of contributing factors including social determinants of health, and systems processes to prevent the recurrence are needed to be embedded in the current process
Sixth Annual Report, 2012 Termination of pregnancy services should undertake holistic screening for maternal mental health and family violence and provide appropriate support and referral	✓ Staff providing termination of pregnancy services receive family violence training. An in person full day session every five years, and every second year an online module ✓ Family violence screening is completed and documented for all whānau accessing the termination of pregnancy service × Maternal mental health screening is not included in the screening in Waikato termination of pregnancy service. This will be an action to improve in 2022/23

PMMRC recommendation	Waikato status – Significant work required/not yet started
Fifth Annual Report, 2011 Maternal Mental Health At first contact with services women should be asked: • Are you currently receiving, or have you ever received treatment for a serious mental illness such as severe depression, bipolar disorder, schizophrenia or psychosis? • Have you ever had treatment from a psychiatrist or specialist mental health team in the past? • Do you have a family history of mental illness including perinatal mental illness? Women with a previous history of serious affective disorder or other psychoses should be referred in pregnancy for psychiatric assessment and management even if they are well. Regular monitoring and support is recommended for at least three months following delivery	× Screening questions for mental health have not been implemented in maternity care. Updates to the hospital and primary facility admission documentation needs to be made to include these questions. × Specific questions for screening for mental health via the LMC is required from the Midwifery Council and NZCOM ✓ A clear pathway for referral if there is a positive screening result is being established × Audit of whānau in this category having appropriate follow up for three months is needed
Sixth Annual Report, 2012 A comprehensive perinatal and infant mental health service includes: • Screening and assessment • Timely interventions including case management, transition planning and referrals • Access to respite care and specialist inpatient care for mothers and babies. Consultation and liaison services within the health system and with other agencies for example, primary care and termination of pregnancy services.	✓ Perinatal Mental Health is a team of experienced, specialised health professionals skilled in helping mothers with moderate to severe mental health conditions related to having a baby. It offers assessment, treatment and advice for whānau who have developed a mental illness during the perinatal period or have an ongoing or previous mental health disorder ✓ Mental Health Triage service undertakes initial screening and assessment (telephone or face-to-face) of referrals to ascertain whether a comprehensive assessment is indicated within the community mental health service; or alternatively, to provide appropriate advice and/or facilitate an assisted referral to another service provider, such as a community based NGOs ✓ Mothercraft is an onsite community fundraised building with ongoing funding from Te Whatu Ora Waikato Strategy and Funding to support inpatient care of mothers needing parental support including inpatient mental health support × Waikato Family Centre in Hamilton, predominantly serving the greater Hamilton area. This is not an inpatient service × More general primary mental health agreements, via PHOs/GPs, utilising packages of counselling or psychology sessions where this is needed × GPs, provide more general wellbeing support via integrated primary mental health and addictions services (delivered through four iwi providers) that is currently being rolled out to many high needs GP practices within Waikato district. Suitably qualified mental health clinicians together with health coaches and support workers are available for free and ongoing support to individuals and their whānau
Eleventh Annual Report, 2017 Maternal Mental Health Improve awareness and responsiveness to the increased risk for Māori women.	✓ All Māori and Pacific whānau admitted to the inpatient ward at Waikato are seen by the Kaitiaki service which offer the following services - Assistance regarding Māori beliefs values and cultural practices - Support for Māori patients during their admission in hospital - Help Māori patient and whānau understand the type of care provided by health clinicians - Link patients to other hospital services that can help them while they are in hospital × Maternity mental health screening education and response to positive responses is needed for all involved in maternity services with specific pathways for Māori

PMMRC recommendation	Waikato status – Significant work required/not yet started
Eleventh Annual Report, 2017 Maternal Mental Health All providers of maternity, obstetric, mental health and maternal mental health services should improve their systems, guidelines and professional development to ensure that they are responsive to the identified increased risk for Māori women	× Maternity mental health screening education and response to positive responses is needed for all involved in maternity services × Professional development to understand the concepts of mental health for Māori whānau is paramount to respond appropriately and address the inequity × Nationally recommended screening questions for mental health have not been implemented in maternity care. Updates to the hospital and primary facility admission documentation needs to be made to include these questions × Mental health screening in Emergency Department for acute presentations needs to be embedded × Specific questions for screening for mental health via the LMC is required from the Midwifery Council and NZCOM
Eleventh Annual Report, 2017 Māori women who have a history of serious mental illness and are currently well should be referred to specialist mental health services for a mental health birth plan, and monitored closely by their maternity care provider +/- mental health services. Where such a woman has a miscarriage, the GP should be notified immediately and an explicit process for early follow up that includes a review of mental health status agreed with GP	✓ A clear pathway for referral if there is a positive screening result is being established, this will include whānau who experience miscarriage × Process to develop a mental health careplan that is shared with all providers directly involved in the care of this whānau × Emergency Department process for referring to GP for history of serious mental health and recent miscarriage
Eleventh Annual Report, 2017 Where Māori women exhibit symptoms suggesting serious mental illness or distress, an urgent mental health assessment, including consultant psychiatrist review and consultation with perinatal mental health services, on the same day these symptoms are first noted should be undertaken	✓ Perinatal Mental Health is a team of experienced, specialised health professionals skilled in helping mothers with moderate to severe mental health conditions related to having a baby. It offers assessment, treatment and advice for whānau who have developed a mental illness during the perinatal period or have an ongoing or previous mental health disorder × Perinatal Mental Health service is not for acute care, same day consultation with Perinatal Mental Health
Eleventh Annual Report, 2017 Primary care (GPs, FPA), LMCs, TOP services, alcohol and drug services, and secondary and tertiary providers of maternity, obstetric, mental health, and maternal mental health services should improve their systems, guidelines and professional development to ensure that they are responsive to the identified increased risk for Māori women	
Eleventh Annual Report, 2017 Communication and coordination between primary care (GPs, FPA), LMCs, TOP services, alcohol and drug services, and secondary providers of maternity, obstetric, mental health, and maternal mental health services should be improved and enhanced using a variety of means including but not limited to case management, integrated notes systems, and electronic transfer of information	× Integrated notes systems are not in place between health providers. The maternity software package, Badgernet is being explored by Waikato which will allow for electronic information sharing between primary care LMC to hospital maternity services only × Prior to the cyber-attack Waikato Hospital shared access to clinical applications to GP and LMC for information sharing purposes. This has not been fully reinstated, and interim plan is some information is shared by personal email. Clinical investigations, like blood and scan reports are not shared with the primary providers × Primary birthing facilities are provided a printed discharge summary via the whānau at the time of admission. There is a large information sharing gap here that is a priority to address

10 Our MQSP plan 2023 and beyond

Topic	Actions	Waikato	PMMRC	NMMG	National
Improving uptake for post-mortem investigations particularly for Māori whānau	**Delayed** • Awaiting outcome of national survey of bereaved parents				
Reduce maternal smoking focus on Māori whānau	**Ongoing** • Through Tupeka Kore framework improve quality of maternity health professionals "brief interventions" • Increase referral rates • Reduction in maternal smoking				
Improve maternity information for consumers	**In progress** • Re-develop Waikato pregnancy and maternity webpages to link with national pages with some localised information as required • Maintain social media presence				
Informed consent	**In progress** • Consumer feedback completed • Implement B.R.A.I.N consent tool				
Improving care for high BMI patients in clinic	**Delayed** • Update processes to align with referral guidelines • Purchase of blood pressure cuffs to meet demand				
Increase registration with a LMC in the first trimester for Māori and Pacific whānau	**In progress** • Work with PHOs, Māori health providers and consumers to identify locality based needs				
Implement the new 'Newborn Early Warning Score'	**In progress** • Complete in Waikato Hospital • Roll out to all Te Whatu Ora funded primary maternity facilities in 2023				
Activities to reduce incidence and severity of NE	**Ongoing** • DHB is meeting all the PMMRC recommendations for NE • Improve the review process • Continue to learn from cases and implement actions				
Place of birth	**Ongoing** • Social media promotion about the choices of primary birth facilities in the Waikato community and home births for whānau with no complications. To communicate, inform, reassure and educate low risk whānau that primary facilities and home is a viable choice • Free birth packs are avalaible for LMC to collect from Te Whatu Ora premises to enable home birth without increased costs to the LMC				

Topic	Actions	Waikato	PMMRC	NMMG	National
Long Acting Reversible Contraception (LARC)	**Delayed** • Implementation of Jadelle LARC in Te Whatu Ora funded primary maternity facilities				
Maternal mental health	**In progress** • Review previous recommendations of PMMRC related to maternal mental health and implement changes as appropriate • Progress recommendations				
MEWS and severe maternal morbidity	**Ongoing** • Audit MEWs • Reviews utilising the HQSC morbidity tool kit • Continue postnatal follow-up clinic for severe maternal morbidity				
Monitor key maternity indicators by ethnicity to identify variations in outcomes and improve areas where there are differences in outcome	**Ongoing** • Audits and information analysis completed for maternity services to always use an equity lens viewing the data by ethnicity (where information is available) • Through above – identify improvement projects were areas of inequity have been found and add to improvement plan as appropriate • Celebrate improvements in reducing equity gaps in Waikato				
Co-develop and implement models of care that meet the needs of mothers of Indian ethnicity	**In progress** • Implement plan to co-develop a model of care • Outline baselines to measure change • Implement model of care				
Co-develop and implement models of care that meet the needs of mothers under 20 years of age	**In progress** • Review learnings from research project for consideration of implementation in 2023/24				
Interdisciplinary fetal surveillance education for all clinicians involved with intrapartum care	**Ongoing** • Continue with the programme in Waikato				
Improving cultural responsiveness and competency in Waikato maternity services	**Ongoing** • Improving cultural competency through training				
PMMRC recommendations from 14th report	**New** • Waikato will review all 38 recommendations from previous PMMRC reports and outline.				

Appendices

11

Appendix 1: Acronyms and abbreviations

At Te Whatu Ora Waikato and across the health system we often use acronyms and abbreviations to refer to terms or services. Some of those used in this report are listed below.

Term	Meaning
24/7	24 hours a day, 7 days a week – always available (day or night)
ACC	Accident Compensation Corporation
ACT	Acceptance Commitment Therapy
AELP	Adverse events learning programme
AOD	Alcohol and other drug
BMI	Body mass index – a value derived from the mass and height of a person
CMT	Community Midwifery Team
CNM	Clinical nurse manager
COVID-19	Coronavirus disease (formerly 2019-nCoV)
CPR	Cardiopulmonary resuscitation
CTG	Cardiotocography
CWS	Clinical Workstation
DHB	District Health Board
DNA rate	Did not attend rate
EAP	Employee Assistance Programme
FPA	Full Practice Authority
FSEP	Fetal Surveillance Education Programme
FTE	Full Time Equivalent – a unit of measurement to figure out the number of full-time hours worked by employees
GDM	Gestation diabetes mellitus
GP	General practitioner (doctor)
HBAC	Home birth after cesarean
HDU	High dependency unit
HQSC	Health Quality and Safety Commission
HRC	Health Research Council
ICU	Intensive Care Unit
IHI	International Healthcare Institute
IOL	Induction of labour
IS	Information services
ISR	Integrated Safety Response
km	Kilometre
LARC	Long Acting Reversible Contraception
LMC	Lead Maternity Carer (community midwife)
MCA	Maternity care assistant
MDT	Multidisciplinary team

Term	Meaning
MERAS	Midwifery Employee Representation and Advisory Service
MEWS	Maternity Early Warning Score
MFM	Maternal Fetal Medicine
MFYP	Midwifery First Year of Practice
MMPO	Midwifery Maternity Providers Organisation
MQSP	Maternity Quality and Safety Programme
MS Teams	Microsoft Teams – software app for video conferencing, meetings, calling or chat
NE	Neonatal encephalopathy
NEWS	Newborn Early Warning Score
NGO	Non-Government Organisation
NICU	Newborn Intensive Care Unit
NMMG	National Maternity Monitoring Group
NOC	Newborn Observation Chart
NRT	Nicotine Replacement Therapy
NZ	New Zealand
NZCOM	New Zealand College of Midwives
NZQA	New Zealand Qualifications Authority
OST	Opioid Substitution Treatment
PHO	Primary Health Organisation
PIP	Performance Improvement Plan
PMMRC	Perinatal and Maternal Mortality Review Committee
POC	Perinatal Packages Of Care
POCT	Point of Care Test
PPH	Postpartum haemorrhage
PROMPT	Practical obstetric multi-professional training
QLP	Quality and Leadership Programme
RaMP	Rapid Multidisciplinary Process
RTP	Return to Practice programme
SAC	Severity Assessment Code
SMO	Senior Medical Officer – consultant doctor
SUDI	Sudden Unexplained Death in Infants
TOP	Termination of pregnancy
WAU	Women's Assessment Unit
WHIRI	Whānau Hauora Integrated Response Initiative

Appendix 2: Glossary of terms

Culture – The way of life, beliefs, customs and arts of a particular society, group, place or time. Culture can also refer to a way of thinking, behaving or working that exists in a place or organisation (such as a business)

Cultural competence – Culture can relate to more than ethnicity alone, for example socioeconomic status, religion, gender, age, sexuality or disability. Cultural competence is the ability to interact effectively with people of different cultures. It requires an awareness of cultural diversity and demonstration of the attitude and approach that allows people to work effectively cross-culturally. It applies to people working with each other, consumers and whānau/families.

Cultural safety – An environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault challenge or denial of identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning together. An important principle is that it doesn't ask people to focus on the cultural dimensions of any culture other than their own. Culture can relate to more than ethnicity alone, for example socioeconomic status, religion, gender, age, sexuality or disability

Engagement – A participatory process where stakeholders are involved in dialogue about their views on a topic

Equality – Everyone is treated the same based on the assumption that everyone has the same needs

Equity – Unequal treatment of unequal needs with the aim of achieving similar outcomes

Model of care – A model of care defines the way health and social services are delivered. They can encompass the broader holistic needs of people, describe an end-to-end journey and could include self-management, prevention, early detection, intervention, treatment and rehabilitation, as well as services provided by other social services. Models of care describe what services people should have access to, how they get into and move between them, as well as describing enablers for the model of care, such as how providers share information between themselves and with people. What is included in a model of care can be variable and ranges from just clinical management in specific areas to more comprehensive clinical and holistic needs

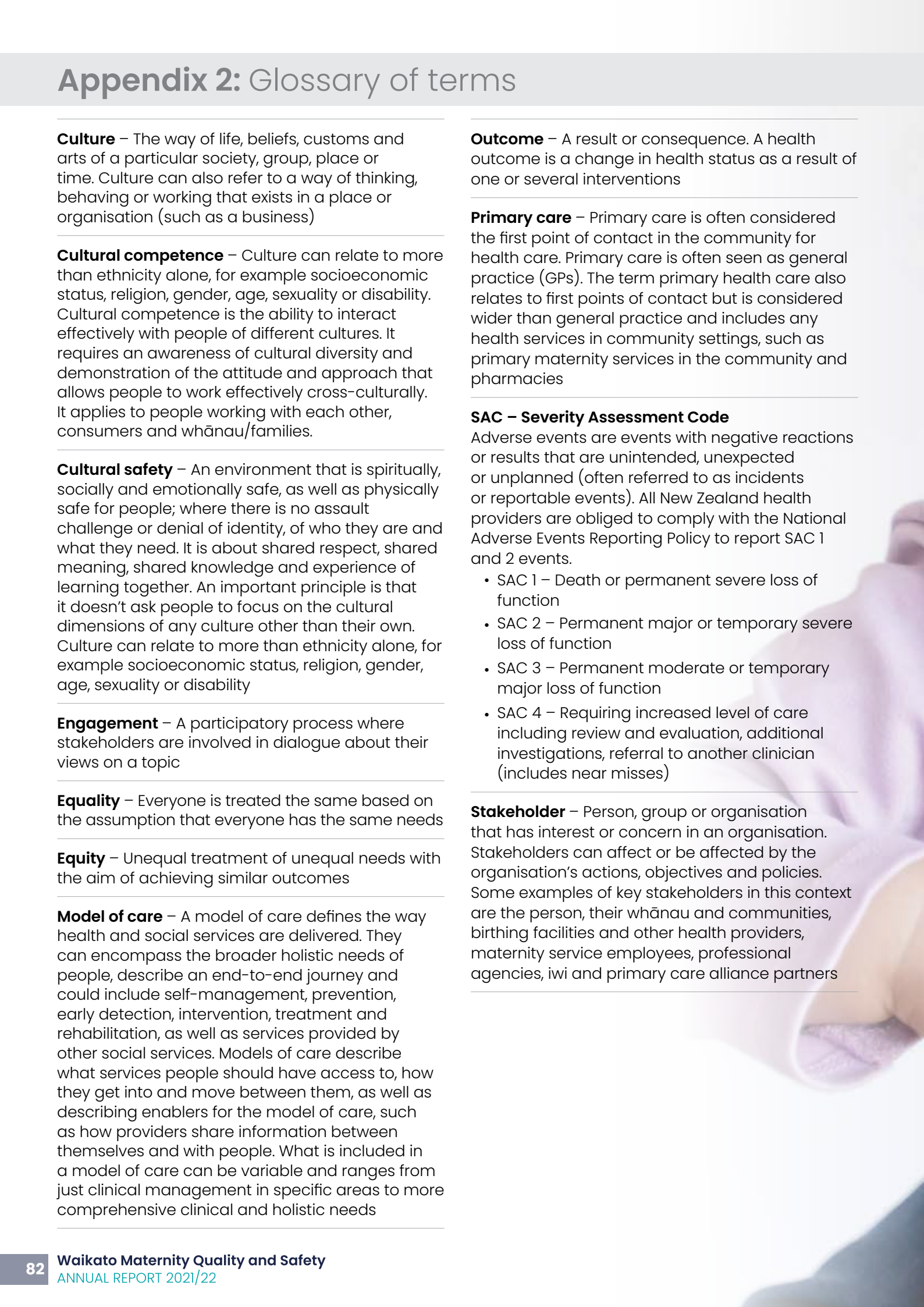
Outcome – A result or consequence. A health outcome is a change in health status as a result of one or several interventions

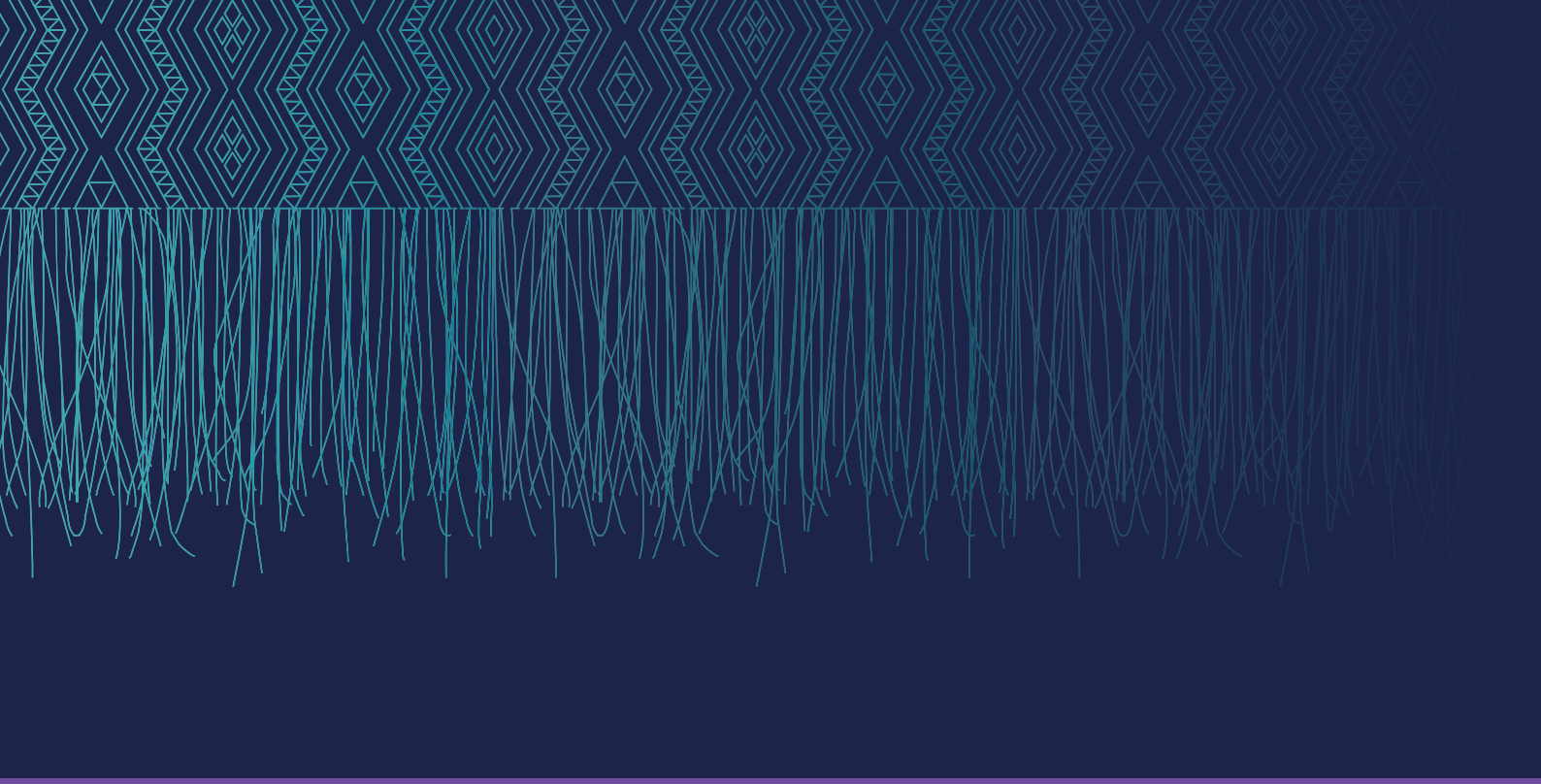
Primary care – Primary care is often considered the first point of contact in the community for health care. Primary care is often seen as general practice (GPs). The term primary health care also relates to first points of contact but is considered wider than general practice and includes any health services in community settings, such as primary maternity services in the community and pharmacies

SAC – Severity Assessment Code
Adverse events are events with negative reactions or results that are unintended, unexpected or unplanned (often referred to as incidents or reportable events). All New Zealand health providers are obliged to comply with the National Adverse Events Reporting Policy to report SAC 1 and 2 events.

- SAC 1 – Death or permanent severe loss of function
- SAC 2 – Permanent major or temporary severe loss of function
- SAC 3 – Permanent moderate or temporary major loss of function
- SAC 4 – Requiring increased level of care including review and evaluation, additional investigations, referral to another clinician (includes near misses)

Stakeholder – Person, group or organisation that has interest or concern in an organisation. Stakeholders can affect or be affected by the organisation's actions, objectives and policies. Some examples of key stakeholders in this context are the person, their whānau and communities, birthing facilities and other health providers, maternity service employees, professional agencies, iwi and primary care alliance partners





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