Whanganui and MidCentral DHBs
Maternity Quality and Safety Programme

Strategic Plan 2012 - 2015

Acknowledgement

We would like to thank Tairawhiti DHB for allowing us to use and adapt the above logo for our MidCentral and Whanganui DHBs’ Maternity Quality and Safety Programme
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Introduction

The Maternity Quality & Safety Programme Vision Statement is:

“Working together to create the best possible maternity service in which all mothers and babies are the focus of care, feel safe and have improved outcomes.”

The Maternity Quality and Safety Programme

The Ministry of Health has developed a national Maternity Quality and Safety Programme. This programme provides the building blocks to guide continuous quality improvement of maternity services at national and local levels. The programme includes:

- New Zealand Maternity Standards
- Primary Maternity Services Notice 2007 (section 88)
- DHB-funded Maternity Services Specifications
- Guidelines for Consultation with Obstetric and Related Medical Services (the Referral Guidelines)
- New Zealand Maternity Clinical Indicators
- National Maternity Clinical Guidelines

The main intent of this programme is to ensure that the highest possible standard of maternity services and best outcomes are achieved for all mothers and their babies. This initiative takes a multi-faceted approach at multiple levels to obtain ongoing systemic change to maternity services. This includes the development of a national maternity database that will enable the monitoring of local data to identify further areas for improvement; requires DHBs to take a broader multidisciplinary approach that brings together clinical and non-clinical stakeholders to identify action and monitor quality improvement activities.

Purpose

The Maternity Quality and Safety Programme (MQSP) aims to enhancesafety for women, babies, families and whanau, and for service providers living and working in Whanganui and MidCentral districts. This initial Plan outlines the starting point for Whanganui and MidCentral District Health Boards (DHBs) to begin building a structured system that will support and monitor the implementation of the quality and safety programme. It further captures the collaborative approach endorsed by both DHBs in the CentralAlliance agreement and the proposed Regional Woman’s Health Service (RWHS), takes into account the opportunity to share existing quality initiatives and the ability to work collaboratively on mutual quality improvement activities.
The Starting Point - Year One

Whanganui and MidCentral DHBs will ensure sustainability of the programme and the activities. The focus will be to put in place the following elements:

- Governance and Clinical leadership
  - Includes supporting active participation from LMCs, General Practitioners and consumers
- Systems for Sharing Information
  - we have been identified as an early adopter of the national maternity clinical information system
- Data Monitoring
  - Broaden existing maternity data collection to enable effective reporting and monitoring against clinical indicators and local clinical activities/outcomes
- Management and Administration
  - Project Management and Administrative support
- Consumer engagement
- Quality Improvement
- Clinical Networking
  - Web based mechanisms to ensure that the sector is regularly informed and updated on service improvement¹

The initial timeline for the implementation of the Maternity Quality and Safety Programme is provided on pages 11 -16.

Whanganui and MidCentral DHBs Context

Geography Distribution and Birth Locations

The Whanganui District Health Board region covers a total land area of 9,742 square kilometres, most of which is sparsely-populated, mountainous terrain with a few densely populated centres such as Wanganui City, with a population of 39,450, Marton 4,680, Waiouru 1,380, Taihape 1,790 and Bulls 1,660. Smaller centres, such as Ohakune and Raetihi all have populations of less than 1,200. The rest of the population is scattered in and around small rural centres. There are 2,950 kilometres (km) of road in total of which around 45% are unsealed, which is slightly lower than the New Zealand figure of 49% unsealed. Public transport is limited between the larger population centres.

Whanganui is adjacent to the Taupo volcanic zone, and is vulnerable to pyroclastic fallout from several historically active volcanoes, and to lahars entering the Whangaehu River from Mount Ruapehu. The Manawatu-

Whanganui region also encompasses some of the most seismically active parts of New Zealand, containing at least 39 active faults and fold sources. The region is also vulnerable to localised flooding. The Whanganui River catchments are the largest in the region, with its headwaters on Mount Ruapehu, and its eventual outflow into the Tasman Sea at Wanganui City.

Primary birthing centres are located at Raetihi, Taihape and primary and secondary birthing services are located at Whanganui Hospital.

MidCentral DHB

MidCentral district covers four whole territorial authorities and part of a fifth, Kapiti Coast. The four whole territorial authorities are Palmerston North, Horowhenua, Manawatū, and Tararua. Palmerston North is the largest with a population of around 81,700. Horowhenua and Manawatu are similar sized, with just fewer than 59,700 residents. Tararua has just over half that, with a population of 17,600 at the last census. The portion of the Kapiti Coast District within MidCentral district’s boundaries comprises Ōtaki, Ōtaki Forks, and Te Horo
Combined Whanganui and MidCentral DHB Population

Both districts have a combined population of 220,000 and a recorded annual birth rate of 3,350. A significant population, 125,000 or 43% of the population live rurally in the Whanganui and MidCentral districts. Of this number, 36% have a road travel time to the nearest hospital that exceeds 1 hour and for some it is 2.5 hours in good weather. According to the 2006 census data, the demographics for both districts show that:

- Disparities are predominantly visible in the Whanganui, Tararua and Horowhenua areas.
- Maori make up 23% of Whanganui population, (47% of the birthing population across the age span is Maori compared to 33% in Palmerston North\(^2\)) and 17% of MidCentral populations. However the percentage of young Maori women in Whanganui is significantly greater (38% in the age bands 0-4 and 10-14) and significantly less in the 75 plus age bands.
- 79% of MidCentral and 78% of Whanganui residents had incomes below $50,000 p.a.
- Fewer MidCentral people spoke two or more languages (17%) compared to New Zealand overall (23%) and to Whanganui people (18%)
- More males and females identified themselves as smokers (24% respectively) compared to 20% and 18% for New Zealand males and females and 22% and 21% for MidCentral.

\(^2\) Proposal for Regional Women’s Health Services February 2012
- Slightly less Whanganui people were legally married (43%) compared to New Zealand overall (45%) and MidCentral people (44%)
- Fewer Whanganui women aged 15 years and over had no children (21%) compared to New Zealand overall (28%) and MidCentral women (27%).
- More Whanganui and MidCentral Women had 4 or more children (18% and 16% respectively) compared to New Zealand overall (13%).
- Birth rates in the combined DHB districts have consistently been slightly higher than New Zealand overall. The Whanganui/MidCentral area fertility rate in 2006 was 2.16 per 1,000 women (compared to 2.04 for New Zealand overall) up from 2.02 in 1996 (compared to 1.97 for New Zealand overall).
- More Whanganui and MidCentral people had no qualifications (30% and 27% respectively) compared to New Zealand overall (22%).
- More Whanganui and MidCentral people were on unemployment, sickness or domestic purposes benefits than for New Zealand overall. 19% of Whanganui people were on NZ Superannuation or veterans pensions compared to 14% for New Zealand overall and 17% for MidCentral people.
- A similar number of people in New Zealand overall, MidCentral and Whanganui DHB areas were identified as not being in the workforce (30-33%) and in full time employment (45-48%).
- Slightly fewer Whanganui people were in a one family household (65%) compared to New Zealand overall (68%) and MidCentral (67%) and more Whanganui people were in one-person households (28%) compared to 25% in MidCentral and 23% in New Zealand overall.
- Only 48% of Whanganui households had access to the internet (55% and 58% respectively for New Zealand overall and MidCentral households) while 66% of Whanganui households had a cellphone compared to 71% for New Zealand overall and for MidCentral.
- 10% of Whanganui households had no motor vehicle compared to 8% for both New Zealand overall and MidCentral.

**MidCentral and Whanganui Distribution and Trends**

A Health Status of Children and Young People in MidCentral and Whanganui report was published in November 2011. These indicators relating to births in MidCentral and Whanganui DHBs are set out below:

**Regional Births**

In MidCentral, 50.1% of newborn babies registered during 2010 were European, 38.1% were Māori, 6.42% were Asian/Indian, and 4.35% were Pacific. While 9.48% were born to mothers aged <20 years, 16.9% were born to mothers aged 35+ years. In addition, 7.63% were born into the least deprived (NZDep decile 1–2) areas, while 29.4% were born into the most deprived (NZDep decile 9–10) areas.
In Whanganui 47.1% of newborn babies registered during 2010 were European, 46.9% were Māori, 3.29% were Pacific, and 2.08% were Asian/Indian. While 11.5% were born to mothers aged <20 years, 15.2% were born to mothers aged 35+ years. In addition, 5.26% were born into the least deprived (NZDep decile 1–2) areas, while 36.4% were born into the most deprived (NZDep decile 9–10) areas.

**Fetal Deaths**

In both MidCentral and Whanganui during 2004–2008, intermediate and late fetal death rates were not significantly different from the New Zealand rate. In MidCentral, unspecified cause was the most frequently listed fetal cause of intermediate fetal deaths (IFDs), followed by congenital anomalies. Of IFDs with a maternal cause listed, the most frequent causes were placenta praevia / placental separation / haemorrhage and incompetent cervix / premature rupture of the membranes. Unspecified cause was the most frequently listed fetal cause of late fetal deaths (LFDs), followed by malnutrition/slow fetal growth. Of LFDs with a maternal cause listed, the most frequent causes were placenta praevia / separation/haemorrhage and compression of the umbilical cord.

Similarly in Whanganui, unspecified cause was the most frequently listed fetal cause of intermediate fetal deaths, followed by congenital anomalies. Of IFDs with a maternal cause listed, the most frequent cause was placenta praevia / placental separation / haemorrhage. Unspecified cause was also the most frequently listed fetal cause of late fetal deaths followed by malnutrition/slow fetal growth and intrauterine hypoxia. Of LFDs with a maternal cause listed, the most frequent causes were placenta praevia / placental separation / haemorrhage and maternal hypertensive disorders.

**Infant Mortality and Sudden Unexpected Death in Infancy (SUDI)**

**Neonatal and Post Neonatal Mortality:** In MidCentral and Whanganui during 2004–2008, congenital anomalies and extreme prematurity were the leading causes of neonatal mortality, while SUDI was the leading cause of post neonatal mortality. While neonatal mortality for both DHBs was lower than the New Zealand rate, in neither case did these differences reach statistical significance. Similarly post neonatal mortality in MidCentral and Whanganui, although higher, was not significantly different from the New Zealand rate. **SUDI:** In MidCentral and Whanganui, large year to year variations (possibly as the result of small numbers) made precise interpretation of SUDI trends difficult. While SUDI mortality rates in both DHBs were generally higher than the New Zealand rate during 2004–2008, in neither case did these differences reach statistical significance.

**Preterm**

In both MidCentral and Whanganui during 2000–2009, preterm birth rates were relatively static, although an upswing in rates was evident in Whanganui during 2010. With the exception of 2010, preterm birth rates in both DHBs were similar to the New Zealand rate. While there were no consistent differences in preterm birth rates between MidCentral
Māori and European babies, in Whanganui, rates were higher for Māori than for European babies from 2004–05 onwards.

**Breastfeeding**

In MidCentral and Whanganui during June 2004–2011, exclusive/full breastfeeding rates at <6 weeks, 3 months and 6 months were generally lower than the New Zealand rate. When broken down by ethnicity, exclusive/full breastfeeding rates at <6 weeks, 3 months and 6 months in MidCentral were generally higher for European/Other babies than for Māori babies, although differences for other ethnic groups were less consistent. Similarly in Whanganui during this period, rates were consistently higher for European/Other than for Māori babies in each age group.

**Governance and Clinical Leadership**

Whanganui and MidCentral DHBs were one of the four pilot sites that took part in the Maternity Quality and Safety Pilot Programme in 2010/2011. A governance group titled, Maternity Quality Strategy Group was set up to oversee the pilot programme. Several advisory groups and practitioner forums were in place prior to the pilot programme. It is recognized, that many aspects of this previous structure are onerous and need to be streamlined.

It has been agreed by both DHBs that a new governance structure will be established to oversee the Programme that incorporates greater LMC, GP and consumer representation. However, a process to set up Locality Maternity Quality and Safety Programme Advisory Groups (Locality Groups) in both DHBs has been undertaken and is now complete. A combined (MidCentral and Whanganui) Locality Group meeting will be held in early July 2012.

Representatives from each of these Locality Groups will be appointed to the Governance Group which will comprise of the; Regional Clinical Director of Women’s Health, Regional Midwifery Advisor, MidCentral Midwifery Director and Whanganui Head of Midwifery. This shared governance group will oversee, guide the development of the Maternity Quality and Safety Strategic Plan as well as identify key quality improvement initiatives to include in the DHBs Annual Plan. It is envisaged that, once the RWHS is embedded and the work of the locality groups established, the Locality Groups will be combined. Working Groups will also be formed, where appropriate, to identify and advise on quality initiatives, including outcomes and resources needed to achieve them as part of the annual work plan. These groups will be supported and report to their respective Locality Groups.
The new structure is shown diagrammatically below. The local Maternity Quality and Safety Programme (MQSP) structure directly links to the Ministry of Health’s National Maternity Quality and Safety Programme and the National Maternity Monitoring Group. The local structure will establish systems and processes that will build on and identify quality improvement initiatives for maternity services (through the ongoing monitoring and evaluation of maternity information).
**Consumer and Other Representation**

National and local consumer organisations were contacted as part of the Call for Nominations process to set up the Locality Groups. Nominations were received from consumer groups such as the Horowhenua Pregnancy and Parenting Centre, Manawatu Homebirth Association and Whanganui Women’s Network, and three consumer representatives have been appointed. In addition to this, Iwi and Pacifica representatives have been appointed. Two consumer representatives will be sought via an advertisement to serve on the MQSP Governance Group. Both DHBs recognize the importance of obtaining consumer feedback and input into decision making processes. Further work will identify how best to support and empower consumers to actively participate in this process.

It is important for the DHBs to ascertain how best to obtain GP participation in the programme. Further discussions will be held with respective Primary Health Organisations to explore ways to achieve this.

**Quality Improvement**

Each DHB's Hospital services already have quality improvement frameworks in place. These include; the WDHB Maternal & Perinatal Review Committee, MDHB Maternity Reference Group, MDHB Maternal & Perinatal Review Committee, MDHB Primary Maternity Policy Group, Regional Clinical Policy, Maternity Outcomes Tracking Group and Guideline Group. It is the intent of the Maternity Quality and Safety Programme to coordinate, and enhance these frameworks to improve the delivery and outcomes of maternity services for women, babies and families. One such initiative is to identify how best to obtain consumer involvement in clinical case reviews.

The MQSP will include in its focus establishing in every practitioner the importance of Quality and the consumer’s voice being essential to practice and service improvement.

**Identification and Prioritisation of Quality Activities**

Once the WDHB and MDHB Locality Groups are formed, their role will be to develop annual plans that will include quality improvement activities to be implemented. In turn Working Groups will be set up to action these quality improvement activities. As part of this initial planning there is also an opportunity to take a collaborative approach rather than ‘reinventing the wheel’ and adopt initiatives that are evidence based and are already working effectively within each DHB.
Year One Work Plan

This work plan sets out strategic objectives for both Whanganui and MidCentral DHBs and provides a combination of short–medium term objectives. These objectives cover off the key elements of the Ministry of Health’s Implementing the Maternity Quality and Safety Programme. The key elements are:

- Governance and clinical leadership
- Systems for sharing information
- Data monitoring
- Management and administration
- Clinical networking
- Consumer engagement
- Quality Improvement

### Whanganui and MidCentral Quality and Safety Programme – Year One Work Plan (2012 – 2013)

#### Governance and clinical leadership

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| A multidisciplinary structure established | Set up multidisciplinary Maternity Quality and Safety Programme Locality Groups and a Shared Governance Group for both MidCentral and Whanganui DHBs. The Governance Group will include maternity leaders such as the Regional Clinical Director of Women’s Health, Regional Midwifery Advisor, MDHB Midwifery Director, Whanganui Head of Midwifery. These groups will provide a mechanism to enable regular sharing, planning and development of quality improvement activities by those involved in maternity services e.g. consumers, self-employed midwives, general practitioners, hospital-based midwives, obstetricians, | Terms of Reference (TOR) developed for Locality Groups that meet the requirements outlined in the MoH Crown Funding Agreement  
Governance Group established and TOR developed                                                                 | Start  | Finish  |
|                                      |                                                                                                                                                                                                                |                                                                                                                                                                                                             | 20 November 2012         | 29 November 2012    |
paediatricians, consumers
- Call for Nominations documentation circulated to all practitioner groups including national and local consumer groups e.g. Women’s Health Collective, Homebirth Association, Pregnancy and Parenting Centres
- Presentations to promote and encourage nominations undertaken

Organise a multidisciplinary workshop regarding Programme review and planning

Hold multidisciplinary forum annually that are rotated across MDHB and WDHB

1 May 2012

Completed

### Data Monitoring

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<tr>
<td>Centralised collection, reporting &amp; analysis of maternity database</td>
<td>Develop a process to evaluate local maternity demographics and outcomes</td>
<td>September 2012</td>
<td>May 2013</td>
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<tr>
<td></td>
<td>Identify ways to distribute maternity information to GPs and LMCS</td>
<td>February 2013</td>
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<td></td>
<td>The Governance Group will monitor clinical indicators and other tracking of outcomes information on a regular basis in order to identify new key performance indicators and priorities. Frequent review of data will ensure that clinical indicators are closely linked to PMMRC recommendations</td>
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<tr>
<td>MidCentral and Whanganui DHBs will be the early adopters for the National Maternity Clinical Information system. A dedicated Business Analyst is in place to project manage the implementation of this database</td>
<td>Set up a centralised system to include the collection of primary maternity data Ensure that reporting is aligned to MoH reporting framework Review national data once available and ensure that data is fed into current monitoring systems Assess the level of data analyst resource required within MDHB PPU and WDHB Information Systems</td>
<td>September 2012</td>
<td>May 2013</td>
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<td>30 November 2012</td>
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<tr>
<td>MidCentral Quality Improvement Group (QIG) meeting, identifies quality improvement activities based on performance data received from internal maternity services</td>
<td>Realign QIG to MQSP Utilise national and local data to prioritise quality improvement activities, evaluate progress on PMMRC report recommendations</td>
<td>September 2012</td>
<td>May 2013</td>
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Maternity Services are currently benchmarked against National Maternity Standards and Clinical Indicators.
LMC database currently meets requirements, but is not integrated. A new national database will enable greater integration and sharing of information across all maternity services.

**Management and Administration**

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<tr>
<td>Resources are in place to establish programme structure to implement and maintain the Programme</td>
<td>Project Manager appointed for six months – twelve months at 0.5 FTE</td>
<td>Put in place resources to initially set up programme structure and provide ongoing coordination of annual quality improvement activities (maximum two – three years)</td>
<td>Start: 1 May 2012</td>
</tr>
<tr>
<td>Administration support for the programme</td>
<td>November 2012</td>
<td>Start: November 2012</td>
<td>Finish: February 2013</td>
</tr>
<tr>
<td>Maternity Coordinators – Appoint two part time FTEs in both MidCentral and Whanganui districts. It is proposed that these roles will be filled by midwives.</td>
<td>December 2012</td>
<td>Start: December 2012</td>
<td>Finish: June 2015</td>
</tr>
<tr>
<td>Develop Job Description</td>
<td>August 2012</td>
<td>Start: August 2012</td>
<td>Finish: November 2012</td>
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<tr>
<td>Advertise roles</td>
<td>November 2012</td>
<td>Start: November 2012</td>
<td>Finish: November 2012</td>
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**Communication**

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<tr>
<td>MidCentral and Whanganui DHBs Maternity Quality and Safety Programme websites set up</td>
<td>Draft communication plan</td>
<td>Start: November 2012</td>
<td>Finish: March 2013</td>
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<tr>
<td>Regular bi-monthly newsletters</td>
<td><em>July 2012</em></td>
<td>Completed</td>
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<tr>
<td></td>
<td><em>August 2012</em></td>
<td>Ongoing</td>
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<td></td>
<td><em>December 2012</em></td>
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<td></td>
<td></td>
<td><em>June 2013</em></td>
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## Clinical Networking

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<th>Progress Steps</th>
<th>Timeframes</th>
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<tr>
<td>Increase community based maternity services and related provider’s involvement</td>
<td>Call for nominations documentation has been circulated to all community stakeholders and MidCentral &amp; Whanganui LMC groups. MidCentral &amp; Whanganui LMC groups continue to meet regularly. There is an opportunity as part of the new Programme to review TOR to ensure that these groups are able to actively feed into quality improvement activities. Nominations have been received from both LMC groups to be part of the Locality Groups.</td>
<td>Develop processes to better link community based maternity practitioners. Hold discussion with LMC groups to determine how best to enhance input into the Programme.</td>
<td>Completed</td>
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## Consumer Engagement

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<th>Progress Steps</th>
<th>Timeframes</th>
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<tr>
<td>Build and strengthen consumer participation</td>
<td>Based on outcomes from the pilot project there is a need to improve consumer, community based clinical and NGO representation. Consumer Groups were targeted as part of the Call for Nominations process to encourage and ensure representation. For example the Project Manager and Regional Midwifery Advisor attended a Whanganui PHO Parenting and Pregnancy Stakeholder Group meeting to specifically inform women, Maori and Pacific representatives. Currently consumer feedback is via compliments/complaints, incident reports or the NZCOM feedback forms for midwives.</td>
<td>Develop a process to enhance consumer engagement in the programme. Link consumer representatives, if not already, to national consumer groups to ensure that they are well supported and empowered to participate in decision making processes and service improvement initiatives. Explore training opportunities and needs for consumers. Locality Groups to develop and review existing patient survey forms to identify areas of improvement and consistency across DHBs MQSP Governance Group to advertise for two consumer representatives.</td>
<td>December 2012</td>
</tr>
<tr>
<td>Supporting consumer participation</td>
<td>Interim remuneration in place</td>
<td>Develop a remuneration policy for consumers for the locality and governance groups.</td>
<td>June 2012</td>
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### Quality Improvement

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| A robust programme of continuous quality improvement is in place for maternity services | Both DHBs have existing multidisciplinary committees:  
- WDHB Morbidity and Mortality Review Committee and Perinatal Case Review meetings  
- MDHB Maternal & Perinatal Review Committee, Quality Improvement Committee and Maternity Outcomes Tracking Group  
These committees meet regularly to review and monitor perinatal data in order to identify quality improvement areas.  
MidCentral DHB has a Perinatal Group education meeting  
PMMRC/Education coordinator employed.  
Whanganui DHB Perinatal Case Review meetings also provide a stimulating educational forum for health practitioners to learn about cases and reflect on their own professional practice.  
Conduct mapping a woman’s maternity journey workshops across MidCentral and Whanganui DHBs to identify current issues and gaps | Streamline and integrate committees to align with the Programme.  
Review findings from formal investigations, serious and sentinel events.  
Continue with evidenced based clinical case reviews.  
Optimise birth outcomes for mothers and babies  
- Implement a primary birthing centre  
- Improve communication across all services, particularly O & G registrars, clinicians, midwives and LMCs  
  - Provision of clinical notes to women  
- Utilise evidenced based information to determine possible initiatives and solutions  
- Improve continuity of care across secondary and primary providers  
Explore options to create a safe space for pregnancy loss within maternity services  
- Identify separate waiting room options  
- Develop a checklist to ensure consistent care and practice is delivered to women | December 2012  
February 2013  
February 2013  
February 2013  
February 2013  
February 2013 |
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<th>Topic</th>
<th>Action</th>
<th>Timeline</th>
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<tr>
<td>Improve professional development</td>
<td>Explore opportunities to improve professional development (including the management of obstetric emergencies, foetal surveillance passport, findings from case reviews, PMMRC recommendations, funding for core training and clinical grants)</td>
<td>December 2012</td>
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<td>Develop a professional development plan across both DHBs to reduce duplication and create greater alignment</td>
<td>June 2013</td>
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<td></td>
<td>Identify resources for professional development support across DHBs</td>
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<td>Building collaboration and integration with other child health issues</td>
<td>This will be done as a work stream in conjunction with the Child Health Clinical Governance group and the Child &amp; Youth Mortality Review Coordinator.</td>
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<td>Prioritizing SUDI and ensuring both DHBs have a safe sleeping policy that aims to ensure:</td>
<td>October 2012</td>
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<tr>
<td></td>
<td>• Staff who support families caring for infants receive mandatory training and updates about prevention of SUDI and ways of</td>
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<tr>
<td>Promote early booking of women</td>
<td>Promote early booking of women</td>
<td>February 2013</td>
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<td></td>
<td>• Enhance utilisation of Resource Centres to provide information re initial screening, and access to LMCs</td>
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<td>• Access to and information about free scanning services</td>
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<td></td>
<td>• Engage GPs in the district to assist with first trimester screening and referral to LMCs via Map of Medicine</td>
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<td></td>
<td>• Develop a smartphone barcode (QR code) for access to information re early pregnancy booking</td>
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<td>• Increase access to maternity services for rural populations and reduce barriers to:</td>
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<td></td>
<td>• Accommodation</td>
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<td>• Antenatal classes</td>
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<td>• Lactation services</td>
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<td>• Post natal care</td>
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<td>• Emergency transfers</td>
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<td>• Transport</td>
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<td></td>
<td>Implement integrated maternal mental health services across MidCentral and Whanganui DHBs that are women centred</td>
<td>February 2013</td>
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communicating risk to families
- The modeling of safe sleeping practices for all infants within DHB facilities
- Safe sleeping arrangements are available for all infants after they are discharged home
- Families are provided with education and supports tailored to their level of need about the hazards that arise in some sleeping situations
- Advice on safe strategies for night feeds and settling infants is provided to parents
- Assess the feasibility of having a whanau overnight room

| Stocktake of DHBs maternity services against MoH Standards | Whanganui DHB has completed stocktake against national standards | MidCentral to complete stocktake against national standards
All practitioners have a sound knowledge and understanding of the referral guidelines – esp in relation to transfer of clinical responsibility
Update the policy on Emergency transport in line with Referral guidelines
Continuity of care for women receiving secondary care
Review against PMMRC recommendations
Administration support in delivery suite for clinical staff
Health Home project
Ensuring families receive the minimum number of postnatal visits at home | February 2013 |
| --- | --- | --- |
| Review cultural requirements across all services | Identify how cultural training can be incorporated in the existing professional development programme
Assess the feasibility of developing a whanau rooming in policy | June 2013 |
Appendices

Attachment 1:  Call for Nominations for the Locality Maternity Quality and Safety Advisory Groups

MidCentral District Health Board (MDHB) and Whanganui District Health Board (WDHB) are focused on developing Locality Maternity Quality and Safety Advisory groups within each DHB to oversee and make key decisions relating to the roll out of a maternity quality and safety work programme plan. To this end, a Maternity Quality and Safety Programme structure is in the process of being established (see appendix below for a pictorial depiction). It is proposed that this will replace the current Maternity Quality Leadership Group and Reference Groups.

In the interim, the current Maternity Quality Leadership Group comprising of obstetric and neonatal clinicians, midwives, rural and community representatives will be tasked with selecting members for each district’s Locality Maternity Quality and Safety Advisory group. Some of the key functions of these Groups will be to:

- Initially develop and agree a Terms of Reference
- Provide a platform for communication and engagement across each District, enabling obstetric and neonatal clinicians, midwives, managers, consumers, community providers and general practice team members to contribute to the development and implementation of a maternity quality and safety programme
- Develop an annual Work Plan for the Group in relation to quality and safety improvement activities, and submit progress and final reports on the Work Plan to the combined (MidCentral and Whanganui District Health Board) Maternity Quality and Safety Reference Group. These Plans will initially be based on the findings identified from the 2009 Clinical Indicators report, input from attendees at the Quality and Safety workshop on 1 May, submission feedback from the Regional Women’s Health Service proposal and the Consumer Satisfaction Surveys
  - Host and manage a maternity quality and safety forum (six to 12 monthly) with a broader range of key stakeholders to develop an annual work plan
- Oversee the establishment of agreed working groups for the purpose of developing progress/facilitate work plan activities
- Act upon decisions put forward by the working groups
- Develop an open and supportive environment for all clinicians involved in maternity. Provide expertise, direction and advice to clinicians caring for women/mothers in relation to quality improvement activities and emerging issues.

Individuals should be nominated by a professional or recognized community organisation, and be mandated to represent the respective colleges or community groups. Given the breadth and diverse nature of the people and organisations that are involved in the provision and development of maternity care, representation from a wide range of
professions and community groups are desired. However, membership will be restricted (for purposes of functionality) to approximately 12 people. Nominations may wish to represent individual or multiple professional or community groups. Nominations are invited from, but not limited to, the following professional or community groupings:

- Consumers
- Obstetrics (Consultant and Registrar)
- Midwifery
- Tamariki Ora
- Allied Health
- Maori
- Pacific
- Asian
- Maternal Mental Health
- General Practice team
- Rural
- Community Health Worker
- Patient Safety

Initially a combined MidCentral and Whanganui DHB Locality Maternity Quality and Safety Group meeting will be held on the 10th of July 2012 to review and finalise the Maternity Quality and Safety Programme Plan. This meeting will take approximately two – three hours. Following this meeting, Groups will initially meet on a monthly basis. Should you wish to know more about the Maternity Quality and Safety Programme structure please email Jeanine Corke, Maternity Quality and Safety Programme Project Manager at email address: jeanine.paulcorke@xtra.co.nz. Otherwise nominations to join the respective MidCentral or Whanganui DHB’s Locality Maternity Quality and Safety Advisory Group can be emailed to megan.doran@midcentraldhb.govt.nz or posted to: Attn Megan Doran, Planning and Support, MidCentral DHB PO Box 2056, Palmerston North, outlining the key characteristics that the nominated individual would bring to these Groups. Nominations close on Friday the 22nd of June 2012.
MidCentral or Whanganui District Health Board’s Locality Maternity Quality and Safety Advisory Group Nomination Form

Please complete the following and return it to the address at the bottom of this form. All nominations should be received no later than Friday the 22nd of June 2012.

I wish to put forward my nomination or nominate someone else (*please tick one*) to join the Locality Maternity Quality and Safety Advisory Group.

☐ MidCentral DHB Local Maternity Quality and Safety Advisory Group

☐ Whanganui DHB Local Maternity Quality and Safety Advisory Group

Name of Nominee

Contact information:

Phone including cell:

Email:

Name the organisation(s) or grouping(s) that the nominee represent(s) (if any):

The nominee’s background or interest in the quality improvement of maternity services:

What you or they would bring to the Group:

Your nominating organisation (if applicable):

If you are nominating someone else, have you advised the nominee that you have put their name forward?:

Yes / No (*please circle*)

Your signature:

*Please send electronically to: megan.doran@midcentraldhb.govt.nz or hard copy to: Megan Doran, Planning and Support MidCentral DHB, PO Box 2056, Palmerston North OR fax: 06 350 8926. For any other queries please phone: Jeanine Corke (Maternity Quality and Safety Programme Project Manager) 027 201 9946.*
MidCentral and Whanganui District Health Boards

Call for Nominations for the

Locality Maternity Quality and Safety Advisory Groups

Dear Stakeholders

In 2010/2011, MidCentral and Whanganui DHBs were chosen by the Ministry of Health as a joint demonstration site with three other DHBs to develop clinical quality improvement activities for maternity services. The work undertaken by these DHBs has now been used by the Ministry to support the roll out of the Maternity Quality and Safety programme.

As one of the four demonstration sites, MidCentral and Whanganui have taken on board the valuable lessons learnt from the pilot programme which will enhance the roll out of the national Maternity Quality and Safety programme.

The Ministry is now requiring DHBs to implement the national maternity standards and guidelines as part of a quality and safety programme. This national programme for maternity services aims to build on quality improvement mechanisms already in place in each DHB.

To begin the roll out of the programme and utilise the lessons learnt from the pilot, new locality groups will be set up to ensure that consumers and wider community providers are actively involved in maternity quality improvement activities. To set these locality groups up, the DHBs are now calling for new members. Information relating to this process is enclosed in the question and answer sheet attached.

For further reference, additional questions and answers are also included in this sheet.

Kind regards

Murray Georgel
Chief Executive Officer
MidCentral District Health Board

Julie Patterson
Chief Executive Officer
Whanganui District Health Board
**ESTABLISHMENT and ACCOUNTABILITY**

The Maternity Quality and Safety Locality Groups (Locality Groups) within each district have been established to guide quality improvement activities.

The Locality Groups are accountable to the MidCentral and Whanganui DHBs’ Maternity Quality and Safety Governance Group.

**AIMS**

The Locality Groups will guide, inform and drive the development and implementation of local initiatives and the integration of the quality improvement national framework that will continue to improve the quality and delivery of maternity services.

**OBJECTIVES**

The Locality groups will:

- Adopt the principles of Tiriti o Waitangi (The Treaty of Waitangi) and aspirations of He Korowai Oranga including each DHB’s Strategic Plan’s Oranga Pumau and Huarahi Oranga
- Strengthen and support effective midwifery leadership within the region (community and hospital based)
- Provide ongoing systematic review/evaluation of the regional maternity services using maternity outcomes data to identify areas for improvement.
- Establish local groups responsible for undertaking the agreed Work Plan activities.
- Be responsible for developing the workplans to address identified issues and taking into account all recommendations from case reviews, PMMRC and Child, Youth Mortality (CVM) reports and their identified issues.
- Monitor, via the Maternity Quality Coordinators, the implementation of the current Maternity Quality and Safety Work Plan and identify future quality improvement activities.
- Provide advice and recommendations that enable and create quality maternity services that are woman and baby centred
- Enhance communication between key stakeholders (community and hospital based) through agreed communication and information systems.
- Focus on reducing inequalities of access and improving treatment outcomes as well as addressing health disparities for Maori and Pacific groups.

**VALUES**

Locality Groups will safeguard high standards of care by creating an environment that enables evidenced based care/best practice care to flourish.

Locality Groups will create a culture that fosters openness and honesty to allow for greater sharing of best practice, a desire to learn constructively from mistakes and a willingness to ensure that there is an ongoing focus on the woman and baby’s journey.

Locality Groups will create an environment whereby mutual respect for the diverse range of practitioners, including clinical and non-clinical representatives, is nurtured.

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3 Tiriti O Waitangi principles include the principles of Partnership, Participation and Protection (derived from the Royal Commission on Social Policy). Partnership - Working together with iwi, hapu, whanau and Maori communities to develop strategies for Maori health gain and appropriate health and disability services. Participation - Involving Ma’ori at all levels of the sector, in decision-making, planning, development and delivery of health and disability services. Protection - Working to ensure Ma’ori have at least the same level of health as non-Maori, and safeguarding Maori cultural concepts, values and practices.

He Korowai Oranga (Māori Health Strategy) (1) defines Whānau Ora as Māori families being supported to achieve their maximum health and wellbeing. DHBs will need to address the access barriers that exist for many Maori: cost; availability of quality; culturally appropriate services; travel; referral patterns for major operations; the way outpatient services are organised; and the assumptions health professionals make about the behaviour of Maori.

Whānau ora is a strategic tool for the health and disability sector, as well as for other government sectors, to assist them to work together with iwi, Māori providers and Māori communities and whānau to increase the life span of Māori, improve their health and quality of life, and reduce disparities with other New Zealanders.
<p>| <strong>CHAIRPERSON</strong> | A chairperson will be elected by the members of each of the Locality Groups and sit on the Maternity Quality and Safety Governance Group |
| <strong>MEMBERSHIP</strong> | Individuals will be appointed to the Locality Groups on the basis of their experience and expertise in maternal and newborn health/care. |
| | Members representing a group will be responsible for communication between the Locality Group and their broader stakeholder group. |
| | The Locality Groups will accept proxies who have delegated authority to make decisions. |
| | Members who are absent from a meeting may email their comments prior to the meeting to ensure that their comments are included. |
| | Members who are absent for three (3) consecutive meetings may have their membership discontinued unless there are valid reasons such as members who cannot attend due to the acuity in maternity services. |
| | Each appointment will be valid for a maximum term of 2 years with the option of reappointment. Once a 2 year term has been served, a rolling membership change will occur so as to retain existing membership expertise and knowledge. The Call for Nominations process will be carried out 6 months prior to membership expiring. |
| | From time to time, as deemed appropriate by the Locality Group, external members may be co-opted to the group. |
| | Whanganui and MidCentral Locality Groups may include representation from the following groups: |
| | • Consumers |
| | • Obstetrics |
| | • Midwifery |
| | • Tamariki Ora |
| | • Allied Health |
| | • Maori |
| | • Pacific |
| | • General Practice team |
| | • Rural |
| | • Patient Safety |
| | • Community Health Worker |
| | • Maternal Mental Health |
| | • Neonatal/Paediatrics |
| | • Anaesthetics |
| | • Service Manager Surgical &amp; Maternity |
| | • Planning and Support/Service and Business Planning |
| <strong>PROCESS</strong> | The group will meet monthly or as frequently as the workload demands and meet as required as a combined (Whanganui and MidCentral) Locality Group. Meetings are not open to the public. |
| | Medium – long term the two Locality Groups will merge to form one Locality Group. |
| | Group members are expected to attend and participate in all meetings. Members should give advance notice of non-availability to attend a meeting to the project administrator/coordinator. |
| Any conflict of interest arising within the Group will be declared and managed according to MidCentral and Whanganui District Health Boards’ policy. |
| Every endeavour shall be made to ensure consensus in decision-making. Locality groups from both DHBs should meet face to face initially every 3 months alternating venues between Palmerston North and Whanganui. |
| Votes for and against particular motions shall not be recorded, unless requested by a Group member. The Chair has no casting or second vote in the event that a vote in respect of a particular motion is tied. In this event, and when consensus cannot be achieved, the motion is negative, that is it shall not be agreed. |
| Amendments to motions shall not be accepted and any opposition to a particular motion shall be accommodated by further discussion. A new motion must be moved to conclude the discussion prior to votes being cast. |
| Any resolution may be rescinded by a subsequent resolution at a subsequent meeting without recourse to procedural motions |
| Members shall attempt to contribute once only to discussion on a particular item, although the Chair shall be entitled to summarise and guide debate |</p>
<table>
<thead>
<tr>
<th><strong>REVIEW OF TERMS OF REFERENCE</strong></th>
<th>The Term of Reference will be reviewed on an annual basis, at the beginning of the each District Health Board financial (July) year.</th>
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<tr>
<td><strong>AGENDA</strong></td>
<td>Agendas are to be distributed a week before the next scheduled meeting. All agenda items and papers from the Working Groups (summary papers) are to be forwarded to the Chair one week before the next meeting. These will then be embedded into the agenda so group members can print these off and bring to meetings.</td>
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<tr>
<td><strong>MINUTES</strong></td>
<td>Meeting minutes and activities must be recorded and provided to all group members. These will be sent by email within 2 weeks of the meeting. Any amendments will be notified by email to the chair and the minutes approved by email prior to action points being implemented. Actions that are recorded and group members assigned with responsibility will be expected to complete the activity for the next meeting, with the intention of the report being written or verbal.</td>
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<tr>
<td><strong>REPORTING REQUIREMENTS</strong></td>
<td>The group will report quarterly on progress to the Maternity Quality and Safety Programme Governance Group. The Board/CEO can request specific reports from the group to inform the board at particular decision points. The group will submit a summary of the year’s activities to contribute to the Programme’s annual report each year. Each Locality Group will contribute to and assist the Maternity Quality Coordinator to write the annual report. This report will be signed off by the Governance Group and the final report will be provided to the Locality Group for their records. Service and Business Planning/Planning and Support will take responsibility to oversee the development of items from the Programme for the annual plan.</td>
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<td><strong>PERFORMANCE</strong></td>
<td>Groups will review performance against agreed work plan on a 6 monthly basis in the first 18 months and then annually following the first 18 months</td>
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<td><strong>QUORUM</strong></td>
<td>5 members</td>
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| **INTERIM REMUNERATION**      | This remuneration policy has been adopted as an interim remuneration policy until such time as the MidCentral DHB’s reimbursement policy is finalised. Whanganui and MidCentral DHBs will reimburse Locality Group members who are not employed by a publicly funded organisation and who are not already paid for the purpose of attending DHB Locality Group meetings. Locality Group members who attend other meetings either in or outside their capacity as Group members will not be paid a meeting fee. The meeting rates are:  
  - Full day (6 hours) - $115.00 (gst inclusive)  
  - Half day (3 hours) - $60.00(gst inclusive)  
  Travel costs will be reimbursed at the rate of 70c per km where a group member must travel outside their usual city or town boundary to attend a meeting. Claims should be forwarded for approval to: 
  Jeanine Corke  
  Project Manager  
  Maternity Quality and Safety Programme  
  Jeanine.paulcorke@xtra.co.nz |
Attachment 3: Notes from 1 May Stakeholder Workshop (Palmerston North)

Listed below is the feedback, comments and aspirations of the stakeholders who attended the Ministry of Health, Whanganui and MidCentral DHB’s workshop on the 1st of May 2012. These notes will form the basis for each of the Locality Groups work plan in the future.

**Governance and clinical leadership**
Existing clinical leadership includes:
- An established Maternity Reference Group
- Good collaboration across multi-disciplinary teams
  PMPG (Primary Maternity Policy Group) and NZCOM is involved

Next Steps:
- Desired multi-disciplinary team (including management and funding). See diagram below:
- Midwifery forum/in hospital to occur before perinatal meeting

![Diagram of governance structure]

- **Primary**
  - Allied Health
  - Well Child
  - Rural Rep
  - Consumers
  - LMC
  - PHO

- **Secondary**
  - Regional Clinical Director for Women’s Health
  - Midwifery Director
  - Maori/Pacific/Asian - Rep
  - Funding - Regional Midwifery advisor
  - Manage - service manager/operation
  - M/W
  - O & G
  - Anaesthatist/CH
  - Paeds

- A local, shared governance across each region or a completely new group? See proposed governance structure below.
  - Ongoing discussions will determine configuration of clinical structure going forward – may be small (5 people) key decision making structure with the larger group feeding in and informing,
  - Maternity Quality and Safety Programme oversight
Systems for sharing information

- All modes of communication should be explored such as media, teleconference, email, sharepoint/healthpoint, go to meeting and podcasts to ensure most efficient use of all members time and energy
- Effective collaboration that enables efficient involvement of all stakeholders (LMCs, consumers). To achieve this resources, time and funding needs to be available to facilitate active engagement
- Empowerment/self-management for woman/mothers who play a key role in holding information
- Identify all stakeholders so everyone is kept informed and an opportunity participate in the programme development and implementation
- Single patient record - Systems must interface e.g. Primary/secondary, secondary/tertiary
- Avoid duplication
- Investing in a quality IT system - Systems that provide real time information and connectivity
- Information about WIFI security
- WIFI available in hospital for practitioners
- All sectors are communicated with e.g. rural, DHB, community, consumer
- Lines of communication between community, primary and secondary is poor
- Data collection – IT, ownership of data, include community care, available to everyone involved in the process
Data monitoring
Existing systems:
  - Multiple Systems are not integrated and there are not enough licenses for labs

Next Steps:
  - Pull samples of notes to quantify a woman’s journey through the system – secondary care and ante natal clinic will need to be treated separately
  - Incorporate (MidCentral DHB/ MOH) survey results and analyse
  - One shared electronic record (nationally)
  - Review and monitor maternity outcomes and indicators
  - Shared information system that drives continuous quality improvement
  - Effectively monitor and review perinatal database
  - Systematic case review to include morbidity and positive outcomes
  - Clinical trend analysis
  - Access to all ultra sound results

Management and administration
Current:
  - Project Manager appointed
  - Administration Support available to the programme

Next Steps:
  - Increase clinical midwife coordinators for each district
  - Project management principles and tools utilised to ensure programme stays on track
  - Available CFA/programme funding effectively used to successfully roll out programme and set structures in place for the PMMRC work

Clinical networking
Current networks:
  - SPIN Group
  - Whanganui has very good collegial relationships between midwives and consultants
  - Poor networking and links

Next Steps:
  - Improve and build relationships in some areas
  - Mutual respect is needed to improve communication in order to understand each other’s roles and challenges both from an urban and rural perspective

Consumer engagement
Next Steps:
  - Important to ensure consumers feel safe in any forum and that their contributions are welcome and important
  - Identify appropriate consumer groups in the each district
  - Create a position description for consumer representation
  - Adopt appropriate consumer friendly language
  - A sector engagement audit – what do consumers want?
Establish a separate consumer group (to feed into programme development and implementation)

Quality improvement
Current Policy Compliance:
- Health Quality and Safety Commission – Perinatal and Maternal Mortality Review and serious and sentinel events review

Next Steps:
**Service Development**
- Continuity of care for high risk women
- Important that both DHB’s quality and safety departments are continuously engaged
- Review and copy Whanganui system
- Reduce waiting times and set appointments
- Free accessible contraception so that there are more wanted babies
- Reduce cost to women i.e. paid parking
- Repeat advice, complicated requirements
- Improve continuity of AN clinic service by having dedicated midwifery input
- Fund a primary birthing unit for Palmerston North Women that provides a safe space for women & midwives
- Work in consultation with LMCs and secondary care to maintain midwifery resource for secondary women (Levin and Dannevirke)
- Talk to LMC as part of induction and postdates rather than under the “team”
- Appoint a Lactation Consultant
- Adopt Whanganui overnight support person policy
- L/C service
- Review section 88 notices to improve consumer satisfaction and greater continuity
- Make Well Child provider information available so that there is a choice of providers including early referral for those extra needs
- Whanau Ora wrap around services
- The unit starting inductions includes the LMC when the women is in labour
- Look to commence inductions at night
- Improved initial consults with the registrar and consultant
- Current structure of service impedes continuity for women
- Noting Increased medicalisation of birth
- Scheduled appointment times and processes for diagnostics, communication from labs/ scans
- Funding for support services for women in rural areas to reduce access issues
- Lack of O & G is crucial for both DHBs
- Secondary care congestion
- Not enough Midwifery care for secondary care women (MDHB) in clinic
- Lack of Whanganui and MDHB staffing
- Low MMH service in Whanganui
- Efficiency of high risk antenatal clinic (MDHB).