Waikato Maternity Quality and Safety

Annual Report 2023

Te Kāwanatanga o Aotearoa
New Zealand Government

Health New Zealand
Te Whatu Ora

Foreword

Tēnā koutou, tēnā koutou, tēnā koutou katoa. Nga 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 is my pleasure and privilege to provide a forward to this 2023/24 MQSP report.

The Maternity Quality and Safety Programme (MQSP) in the Waikato is supported by two MQSP coordinators who work with communities across the Waikato district and link in with the MQSP coordinators across Te Manawa Taki region and nationally. The function supports clinical staff, whānau, and wider stakeholders to collaboratively monitor and improve maternity services.

It is great to see the establishment of Te Aka Whai Ora funded Kahu Taurima services in Hauraki, Huntly and Tokoroa that are aimed at improving access to maternity and healthcare services for whānau living in these rural communities. We hope funding is extended to continue this excellent, equity driven work. Unfortunately 2023 saw the closure of the primary maternity facilities in Huntly and Waihi resulting in whānau travelling to urban centres such as Hamilton and Thames for their birth and postnatal stay.

The primary maternity facilities are a treasured resource in our communities and it is great to acknowledge the 20 years that River Ridge has been supporting whānau in the district. An ongoing commitment to utilise primary maternity facilities across the district is a shared goal for both the facilities and the Hospital Specialist Services supported by the MQSP coordinators.

There continues to be a shortfall in the number of midwives available to support whānau in the Waikato. As part of a workforce strategy, an alternative pathway to midwifery registration is a significant activity and there is a high hope that this will be an accredited programme before the end of 2024. Work with the University of Waikato to develop a proposal for a two year Masters of Midwifery Practice pathway commenced in 2023. The overarching design concept supports learner success for a more mature student cohort and recognises past health experience. The pathway will give preference to Māori and Pacific students in an attempt to prioritise greater equity in our midwifery workforce. This is an exciting opportunity for the district, region and even the country to increase the pipeline of midwives.

Another highlight of the year was the establishment of the Perinatal and Maternal Mental Health Governance Group which is co-chaired by the Operations Director, Women's and Children's Directorate, HSS and the Director, Community, Rural and Specialty Mental Health Services. The group aims to develop pathways for services to work together to

better support outcomes for whānau who are also pregnant and are experiencing mental health and addiction challenges.

The MQSP in Waikato is committed to learning from the voice of consumers and we are privileged to have three consumer representatives as part of our MQSP Governance Group. Consumers also provided advice and insight on maternity work undertaken by the MQSP coordinators.

This report reflects on the improvements that the MQSP in the Waikato district has achieved and provides an insight into the future where we can focus efforts for further growth. These improvements have been made possible by the collective efforts of the maternity sector and whānau. We would like to take this opportunity to thank all of those that have been a part of driving change. A special thanks to whānau who have given feedback on maternity services, both in the hospital and community settings. The voices of whānau are greatly valued and give direction on future improvement.

I would also like to pay tribute to the MQSP coordinators who have worked tirelessly across the maternity primary/hospital interface in advocating for great care for whānau. Their professional, collaborative approach is vital to ensuring we are always focused on improving safety for our birthing population across the Waikato.

Noho ake me te aroha.

Cath Anderson

Operations Director, Women's and Children's Health

Health NZ - Waikato

Contents

He kai kei aku ringa

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

Introduction

As part of the Maternity Quality Safety Programme (MQSP), the maternity services provided by Hospital and Specialist Services (HSS) Waikato, are committed to providing responsive high quality equitable maternity services to eligible whānau. This includes the provision of some primary and community based services as well as secondary care to the Waikato district, and tertiary level services to the Te Manawa Taki region.

HSS Waikato want to ensure that services we provide in our communities are responsive and adaptable. Overall we intend that our services will have equitable foundations, committed to improving access and positive health outcomes for all our whānau but especially Māori and Pacific populations.

Our vision

Our aim is to always provide compassionate care for our whānau. We want those who we are caring for and whānau to feel safe, respected, included, heard and to have a positive experience of our services. Our community will receive care that is accessible, at the right place and delivered at the right time.

Our mission

Whānau are at the heart of everything we do and we are committed to improving health outcomes for Māori.

We have a talented and skilled workforce who are committed to improving health and wellbeing for our community. We will work in partnership with whānau and community providers and be inclusive in our planning and delivery of services for priority populations' wellbeing – Māori, Pacific peoples, people with disabilities, and those at-risk.

Our key strategic priority areas:

- Connected community health care
- Sustainable health services
- Embrace quality improvement
- Equitable access to responsive services

We know we cannot achieve our vision without a skilled workforce. We will focus on wellness, resilience, inclusion and skill development so our people feel safe, respect one another, and remain passionate about providing care to whānau.

Our district, our region and our community

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!

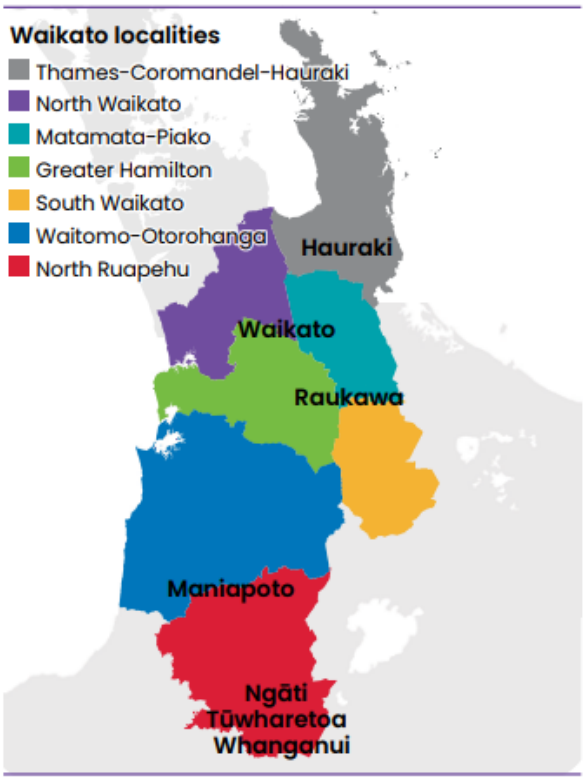
Our district, our region and our community

Waikato is one of the five districts within Te Manawa Taki region following the Health NZ reforms in 2023. The four other districts in Te Manawa Taki are Bay of Plenty, Lakes, Tairāwhiti and Taranaki.

Waikato Hospital serves a local population of more than 498,000 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 coast to Waihi on the east.

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.

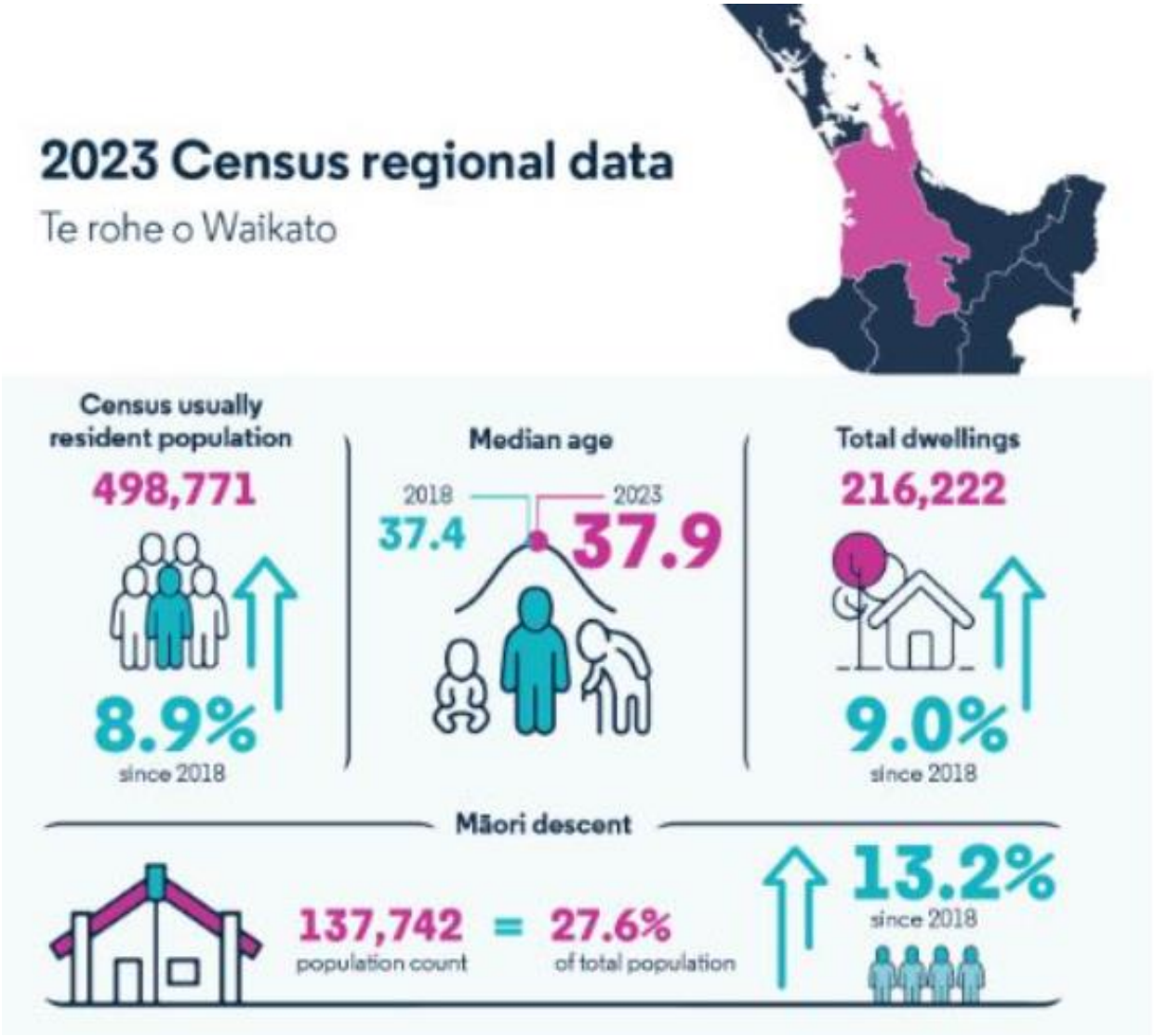
There are 10 territorial local authorities within Waikato district boundaries – Hamilton City, Hauraki, Matamata-Piako, Ōtorohanga, (part of) Ruapehu, South Waikato, Thames-Coromandel, Waikato, Waipā, and Waitomo.



Iwi rohe and Waikato district localities

Waikato resident population

In 2023 a census was undertaken. This demonstrated that Waikato population has increased 8.9 percent since the 2018 census. Near 28 percent of the Waikato resident population are Māori which is an increase of 13 percent, while nationally the increase has been 14 percent.

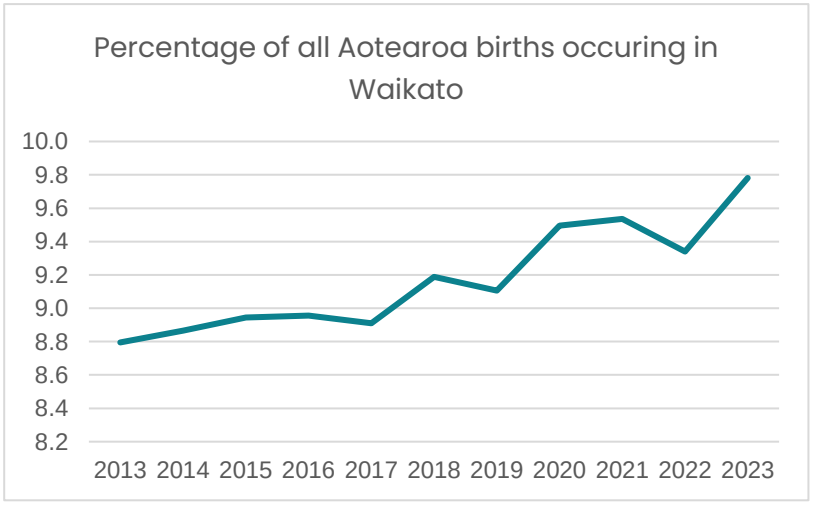


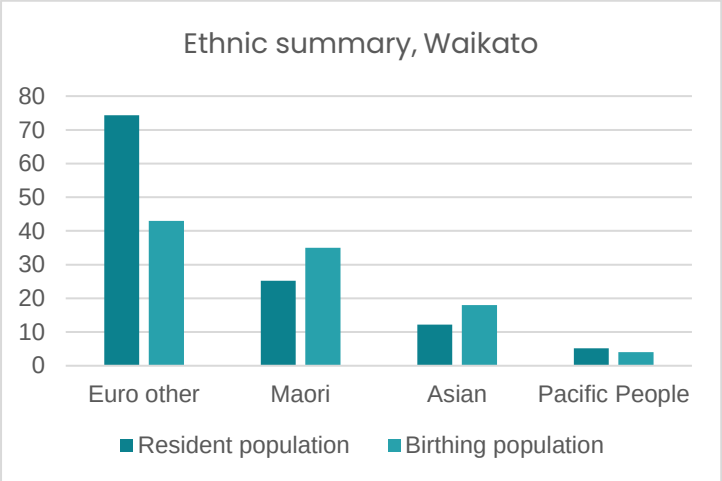
Source: www.stats.govt.nz

Waikato birthing population

In 2023 there were 5500 people giving birth in the Waikato district, up three percent since 2018. During this same time the number of births nationally has reduced by three percent. Waikato contributed near 10 percent of all the births in the country in 2023.

The following is a comparison of the district's resident population to the birthing population.





Waikato continues to have a higher than the national rate of Māori whānau giving birth. The number of Asian people giving birth in Waikato has more than doubled in Waikato over the same 10 year period, with the sub group, Indian having the largest growth in Waikato from 134 birthing people in 2013 to 579 in 2023.

For more information see page 84: Whole of Waikato birthing population

Our maternity facilities

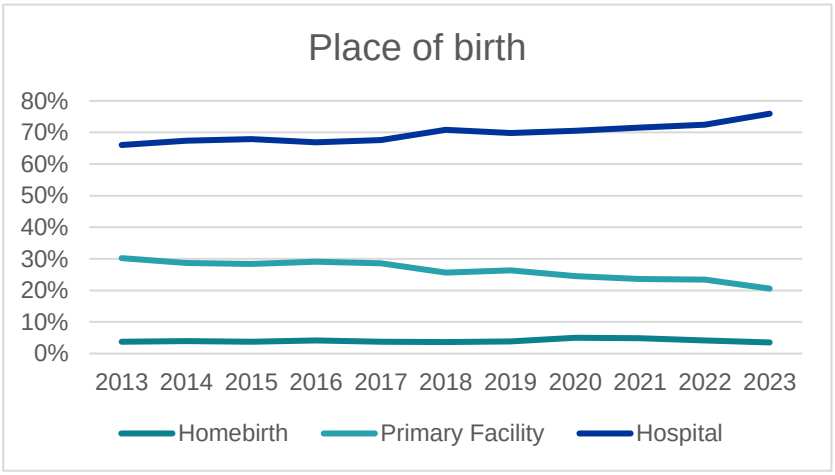
He waka eke noa

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

Our maternity facilities

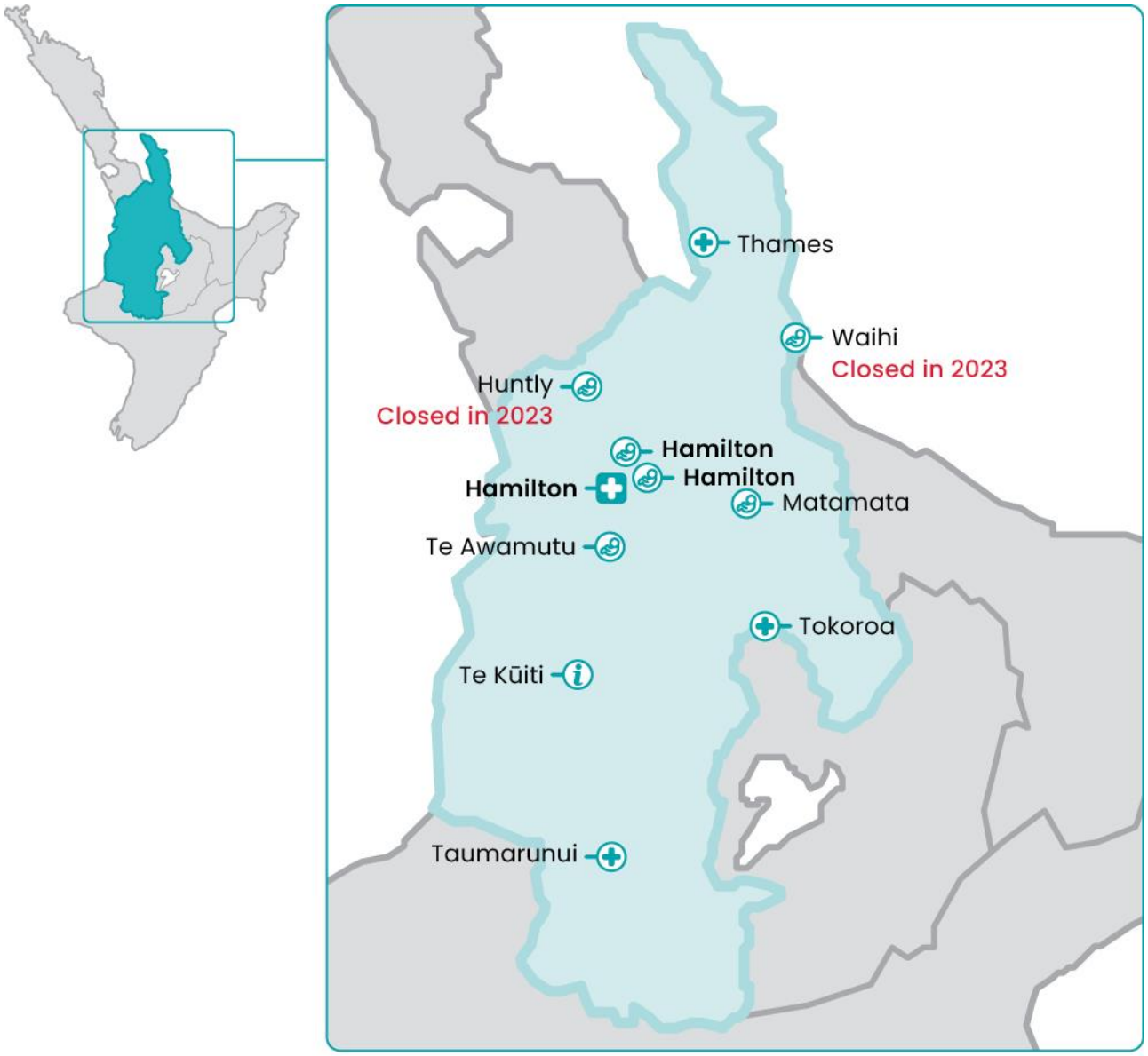
Waikato covers a large geographical area including many rural locations. Providing access to birthing facilities close to home is achieved with the distribution of Waikato funded primary birthing facilities and Waikato hospitals. Waikato Hospital is the tertiary referral centre of Te Manawa Taki region.

Birthing in primary maternity facilities in Waikato has been reducing and this trend continued in 2023 with 21 percent of births occurring in these facilities. Instead whānau are utilising the hospital for birthing. This may be a result of the changing demographic of Waikato. *See page 85: Who are the people that birth in Waikato*



In 2023 two of the commissioned primary maternity facilities closed. Waihi and Huntly were both commissioned rural primary maternity facilities that were experiencing reduced utilisation due to lack of LMCs in the area and health of the population they were serving.

Location of maternity facilities



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)

Health NZ Waikato rural hospital birthing unit

South Waikato Primary Birthing Unit (Tokoroa)

Taumarunui Birthing

Thames Birthing Unit

Maternity resource centre

Te Kūiti Maternity Resource Centre

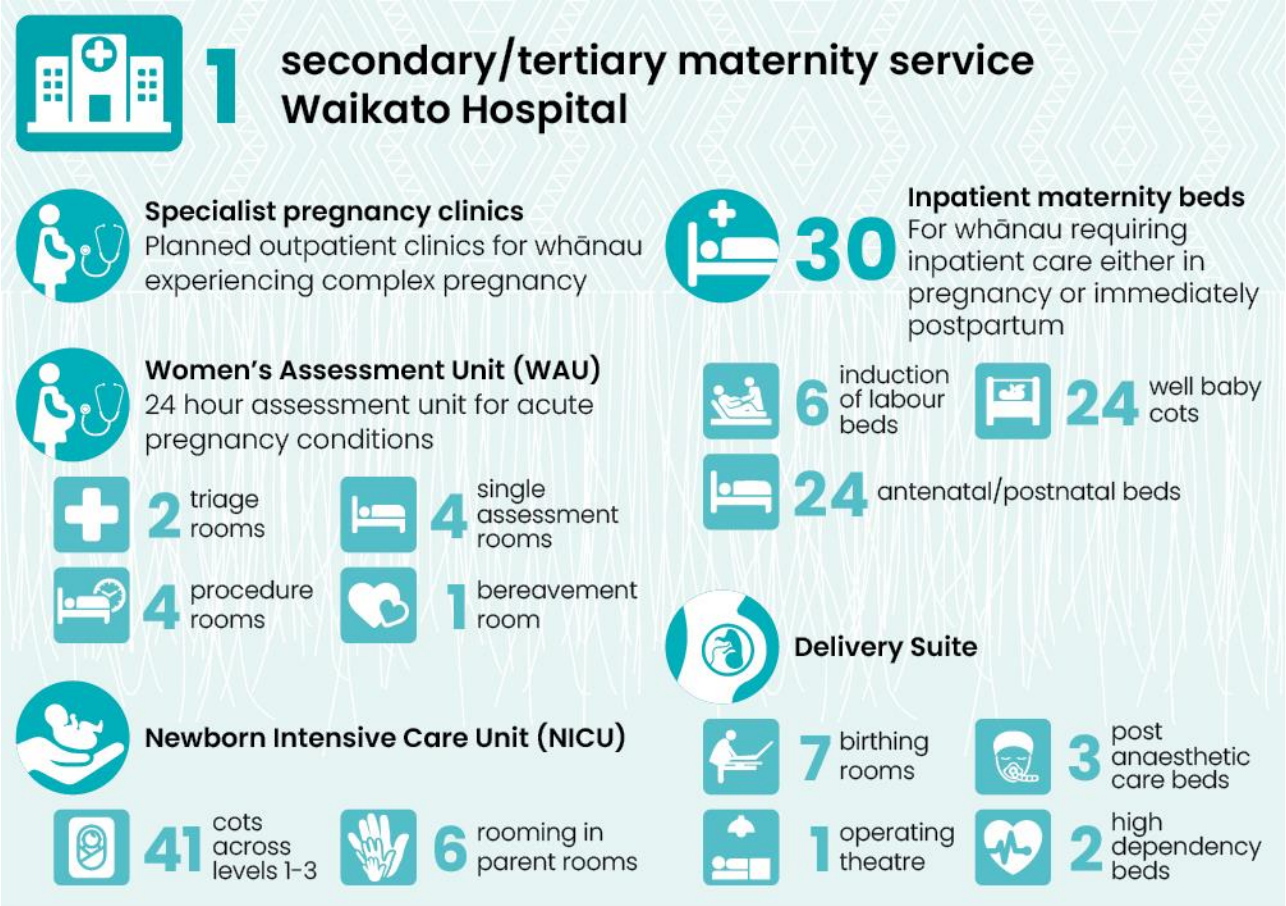
Waikato Hospital

Waikato Hospital is located in Hamilton city and provides pregnancy, labour and birth and inpatient stay for whānau. As a tertiary centre generally care is for complex postnatal care, post-surgical care or newborns who need additional monitoring.

The number of births in Waikato Hospital continues to increase, in 2023 this was near 4000. Of the births in Waikato Hospital 42 percent are to European/other families. Whānau Māori births represent 32 percent of the births, which is the lowest across the district, while having the highest number of Asian and Indian families at 22 percent. Pacific peoples account for four percent of births in Waikato Hospital.

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 (WAU) 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 over 2000 whānau with pregnancy complications per year and is based on site at Waikato Hospital.

See page 101 for future plans, supporting the rural health strategy to achieve Pae Ora by establishing rural clinics



Health NZ primary maternity facilities

Primary maternity facilities provide inpatient services for labour and birth and the immediate postnatal period. The facilities may be stand alone or within a level one or two general hospital. There is a requirement for all primary maternity facilities to provide midwives to supply 24 hours per day, 7 days per week postnatal care (or nurses with a midwife available on-call).

Waikato district has three Health NZ primary maternity facilities. These three facilities, now following the closure of Huntly Birthcare, have the highest percentage of birth to Māori and Pacific families across all birthing locations in the district, ranging from 58 to 76 percent.

South Waikato Primary Birthing Unit

South Waikato Primary Birthing Unit is within Tokoroa Hospital. In 2023 it became fully staffed with midwives and supported by an established group of LMCs to provide 24/7 access. There is a birthing pool and post birth whānau space. It has two delivery rooms, three post birthing rooms and one antenatal room.

In 2023 there were 89 births in this facility. South Waikato Primary Birthing Unit has the highest percentage of births to Pacific peoples in the district.

Taumarunui Birthing Unit

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

A LMC is contracted to provide 24/7 on-call midwifery cover for the unit that is staffed by nurses.

In 2023 there was the lowest number of births here, with 27 births in Taumarunui. The majority of births in this facility are to Māori whānau at 67 percent.

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.

In 2023, 40 whānau birthed in the Thames Birthing Unit. Within this facility 58 percent of births are either Māori or Pacific families.

During 2023 both LMCs and midwives available to staff the unit was reduced. An alternative on-call model was put in place

See page 25: Recruitment and retention of midwives. Page 26: Health NZ primary maternity facilities in the Waikato district

Non-governmental organisations (NGO) commissioned primary maternity facilities

Commissioned primary maternity facilities operate under the same national service specification as Health NZ facilities. Waikato district has four commissioned primary maternity facilities across the district. Two are based in Hamilton city, these two facilities have over half of the births occurring in a primary maternity facility occurring in them.

Pohlen Maternity

Nestled in the heart of the Waikato district in Matamata, Pohlen Maternity offers a home-like atmosphere, adjacent to Pohlen Hospital the birthing centre opened in December 1990.

In 2023 the majority of births were to European/other families at 59 percent. Births to whānau Māori were 33 percent, Indian and Asian combined made up eight percent.

The unit is staffed with trained maternity assistants who offer support 24/7. A local team of LMCs is also located onsite during business hours and on call thereafter. The clinical maternity manager is a registered midwife as well as a lactation consultant and assists when needed. In addition, there are qualified registered nurses who also assist when required.

River Ridge East Birthing Centre

River Ridge East Birth Centre is located in Hamilton city. It is the largest primary birthing facility in the district offering four birthing rooms with water birthing options and 16 postnatal rooms. The postnatal rooms all have their own ensuite and kitchenette facilities and care is provided 24/7 by registered midwives.

Births at River Ridge East Birth Centre account for seven percent of all Waikato births. Māori and Pacific births make up 45 percent of births in this facility

Waterford Birth Centre

Waterford Birth Centre is located in Hamilton city. Waterford Birth Centre is staffed fulltime by midwives and clinical assistants. In addition to this the owner, the manager and the administrator are also registered midwives. Eighty percent of the staff employed in this facility identify as Māori or Pacific peoples.

In 2023 births at Waterford Birth Centre made up six percent of all Waikato births. European/ other have the highest percentage of births at 46 percent.

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 midwives.

Births at Te Awamutu Birthing account for four percent of all Waikato births and has the highest number of births for all of the districts rural facilities. Māori and Pacific families make up half of the births occurring here.

Closure of primary maternity facilities

In 2023 two commissioned rural birth facilities ceased operation in the Waikato district. Huntly in the north of the district and Waihi in the east of the district.

Huntly Birthcare

Since the closure of the Huntly Birthcare, the established LMC workforce in the area have remained. Prior to the closure in 2023 there were 26 births that occurred in the facility. These whānau are now choosing to birth at home or travel to Hamilton. There are also plans for a model to improve equity of access to services funded through Kahu Taurima.

See page 64: Improving equity of access to services Taurima Te Paa Harekeke

Waihi Birthing

Waihi Birthing, located in the Hauraki district was on the cusp of the Bay of Plenty (BOP) district and served the Hauraki and Coromandel areas. The number of LMCs in the area drastically reduced leaving Waihi Birthing underutilised.

See page 28: Supporting areas with low LMC numbers

Celebrating the 20th anniversary milestone

Building delays caused River Ridge East Birth Centre to go way past its “due date”, but it was finally delivered on Christmas Day, 2002. It seemed an auspicious time to open, and the first baby born at the brand new facility was welcomed on Boxing Day 2002. To be followed, in the past two decades, by thousands more arrivals at the distinctive blue building in Hamilton East. In fact, in early 2022, River Ridge East Birth Centre achieved another significant milestone with the 10,000th baby being born at the facility.

Over the last 20 years the building expanded as demand increased, and there are now 16 postnatal rooms, four birth rooms, two birth pools and a bath, two assessment rooms, and spaces for antenatal clinics, antenatal classes, exercise classes, support circles and other services developed to cater to the needs of the community.

River Ridge East Birth Centre’s purpose hasn’t changed, firmly based on giving whānau and pēpi the best possible start in life. The goal has always been to provide a warm, welcoming, and multi-cultural birth centre, catering to our diverse Waikato community.

During December 2022 and January 2023, the 20th anniversary was celebrated by staff and LMCs, and acknowledged in particular, was the contribution made by staff who have worked at River Ridge East Birth Centre during the last 20 years. A few of the 40 staff who currently work at River Ridge East Birth Centre have been employed at the facility for almost as long as the facility has been open! The River Ridge East Birth Centre team love the mahi they are privileged to do, and continue to strive to provide excellent maternity care to whānau living in the Waikato.

Photo: River Ridge East Birth Centre owner/operators Clare and Warwick Hutchinson, and CEO Vanessa Shirlow (centre)

Our maternity workforce

Poipoia te kākano kia puawai

Nurture the seed and it will blossom

Our 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.

The midwifery workforce survey information is collected from all midwives who apply for a practising certificate, as part of the online application process. The 2023 survey is for midwives who held a practising certificate on 14 August 2023.

Nationally 3298 midwives held a practising certificate at the time of the survey. This is 213 more than at the same time last year, bringing the numbers of midwives in the workforce back to the 2021 level. Despite the significant shortfall in number of midwives needed, there has been consistent growth in the midwifery workforce. 1536 (46.6 percent) of midwives reported core midwifery practice as their main work situation

Midwife of the Year 2023

Each year International Day of the Midwife is celebrated on 5 May. This is a chance for midwives to celebrate their profession and for all of us to recognise their work and contribution to maternal and newborn health.

The criteria for this award is a registered midwife who makes a real difference to the areas they work in. This could be related to improvement in women's experience and/or safety; it may encompass innovation, improvements to a wider team, or implementing process changes.

From a field of very skilled practitioners, 2023 winner was Darjee Sahala. Darjee is compassionate and equity focussed when working with whānau and staff in challenging times in a pregnancy journey. She is a wealth of knowledge and has developed a whānau resource booklet for bereaved parents and added 'heart' to our service."

Recruitment and retention of midwives

Previously Waikato reported that a director of midwifery (DOM) role was added to the leadership structure 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;

- retention of currently employed midwives
- supporting the midwifery pipeline
- attracting new graduate midwives.

The following sections report on the current state of midwifery recruitment and retention in the Waikato district.

Waikato Hospital

Waikato Hospital continues to be unable to recruit to the required number of midwives. In 2023 the midwifery FTE deficit grew further. Nursing resource has been crucial in keeping maternity services operating in this environment.

See page 29: Nurses supporting midwifery workforce.

In 2023, 24 midwives were employed by Waikato Hospital, three of them to the rural primary maternity facility in Thames. There were also eight midwives that left employment with Waikato HSS for a variety of reasons, from moving into the LMC workforce, returning to their home country, or moving to another district to continue practicing in midwifery. Midwifery clinical coaches have supported newly employed midwives.

See page 29: Midwifery clinical coaches

Development of career pathways

A Waikato Midwifery Workforce Development Plan Proposal is being developed, this will cover from 2024-2030. The proposal includes increasing the number of specialist positions that are available for midwives to work towards. The Midwifery Accord 2019 identifies this as an activity that will result in job satisfaction along with quality of care provision which in turn is hoped to improve retention.

Health NZ primary maternity facilities in the Waikato district

South Waikato Primary Birthing Unit has been fully staffed since November 2021 with core midwives and is well supported by an established LMC community.

Taumarunui Birthing Unit facility is supported by the ED medical and nursing staff who work closely with a local LMC in the area who has a contract to provide 24/7 on-call midwifery cover to the facility.

Thames Birthing Unit is staffed 24/7 with midwives employed by Waikato HSS. To support births in the facility a model of an on-call midwife was also commenced in 2023. This model has a MMPO locum midwife contracted to provide the second midwife available for births when there is no LMC.

Attracting new graduate midwives

Midwifery educators visit Wintec and Auckland University of Technology (AUT) to promote Waikato as a destination to work and live. The presentation also includes information about retention allowances that Waikato Hospital still offers along with the Ministry of Health hard to recruit incentives that apply to Waikato.

Initiatives to recruit and retain Pacific and Māori midwives

In the previous report Waikato had indicated that with the newly appointed DOM a priority was to develop and progress strategic goals for midwifery. In 2023 with attention was focused on developing pipeline with a potential alternative pathway to registration.

Māori midwives in leadership

Māori and Pacific midwives continue to be supported to undertake postgraduate education to develop their leadership capabilities. Waikato Hospital has Māori and Pacific midwives in leadership roles including the midwife director, midwife manager, and clinical midwife specialists.

Commissioned primary maternity facilities

At the commencement of 2023 Health NZ Waikato commissioned six non-government organisations (NGOs) to provide primary maternity facilities for labour and birth and inpatient postnatal stays. Each primary maternity facility is required to have either a midwife onsite or a nurse onsite with a midwife on call for that nurse 24 hours a day 7 days a week. Of the four NGO providing primary maternity facilities that remain staffing has been a challenge due to the completion of the Health NZ Midwifery Pay Equity Claim and resulting settlement and increased pay rates, and the slow progress of the NGO Midwifery

Pay Equity Claim creating a pay difference between Health NZ employed midwives and NGO employed midwives.

Health NZ remuneration packages for qualified midwives (as well as those offered in Australia and further afield) have been impossible for NGOs to compete with under the current funding model, and the resulting loss of staff and inability to recruit/attract staff, has created a primary midwifery workforce shortage, and a reduction in service provision.

Short-term closures and reductions in available bed capacity have impacted not only the ongoing viability of the primary maternity facilities, but also the LMCs, hospital staff and Waikato birthing population/whānau.

Supporting areas with low LMC numbers

Waikato Hospital has an employed group of community midwives who provide a coordinated maternity model approach. A coordinated approach relies on the facility midwives to be responsible for providing midwifery care for acute care and labour and birth care.

Generally the community midwifery team works full time in Hamilton city for people who have been unable to find an LMC. During 2023, the community midwifery team provided periods of support to areas of low LMC by way of antenatal clinics. Initially this was in Huntly, and then Matamata. Following an increase of LMCs in both of these areas ongoing support was not required.

The Hauraki area was another place that faced challenges with LMC numbers in 2023, and also saw the closure of the local birthing unit in Waihi. Waihi is within Waikato district and Waihi Beach is within BOP district. Residents of Waihi, and surrounding areas are physically closer to Tauranga and tend to birth in the BOP district.

A ‘hybrid’ approach with the BOP district developed, this utilised a community midwifery team based at Thames who provide a coordinated model. The community midwifery team provide antenatal and postnatal care to people who are unable to register with an LMC and promote birthing at the Thames Birthing Unit. The midwifery team in the BOP district also provide antenatal care and postnatal care to people unable to find an LMC and promote birthing at Bethlehem Birth Centre in the BOP district.

Additional midwifery workforce support was needed for Thames Birthing Unit to enable people with no LMC to birth in the facility.

See page 65 for more information about improving equity of access to services, MMPO cover for birthing in Thames

River Ridge East Birth Centre Staff, LMC and student connectedness

Supporting a strong and connected workplace is one of River Ridge East Birth Centre's core values, and every year they arrange events and activities to develop and maintain this.

In 2023 River Ridge East Birth Centre hosted a secret santa and shared lunch event at the end of the year, providing an opportunity for the staff, LMCs and midwifery students to come together.

It was a fantastic event, and reminded everyone to take the opportunity, when life is so busy, to celebrate successes for the year, and enjoy each other's company.

Supporting the midwifery pipeline

Wintec continues to be the tertiary provider in the Waikato district for bachelor of midwifery. In 2023 there were 19 Wintec and two AUT students supported on student placements within Waikato Hospital.

Education providers and Waikato Hospital partnership

Wintec adopted a four year curriculum which saw no graduates in 2023, however, Waikato Hospital had two midwifery first year of practice (MFYP) midwives join the workforce in 2023 following completion of the midwifery programme at AUT.

Waikato Hospital Professional Development Unit has a monthly Nursing and Midwifery Student Placement Governance Meeting. This is attended by representatives of the tertiary education sector, including Wintec, University of Waikato, Te Whare Wānanga o Awanuiārangi, Toi Ohomai and maternity stakeholders across the district. Waikato midwifery educators are heavily involved in the relationship with Wintec to provide positive student experiences for the students on clinical placements.

Alternative pathway to midwifery registration

Work also commenced on developing an alternative pathway to midwifery registration. A series of meetings with the University of Waikato to explore the possibility of a complementary midwifery pathway, drawing on international examples of successful graduate-entry pre-registration midwifery programmes was undertaken in 2023. This led to the development of a proposal for a two year Master of Midwifery practice pathway open to

all health professionals. The overarching design concept of which supports learner success for a more mature student cohort and recognises past health experience. The pathway will give preference to Māori and Pacific students in an attempt to increase the number of Māori and Pacific midwives.

Next steps are for the Midwifery Council to prescribe a new post graduate master's programme including detailing the programme requirements. Following the success of this, the University of Waikato programme can seek accreditation.

Nurses supporting midwifery workforce

In 2023 12 FTE of midwifery vacancy was filled by nurses with previous experience in maternity services. These nurses had identified an interest working in maternity services. Robust orientation plans were put into place for each individual nurse, in consultation with the women's health education team and midwife clinical coaches.

Midwives and nurses working together in women's health areas such as Delivery Suite and WAU has highlighted the need for more targeted maternity education for nurses in women's health. Plans are underway to achieve this in 2024.

The women's health service greatly values the immense work and partnership of our nurse colleagues in working together with midwifery to keep our maternity services safe.

Midwifery clinical coaches

The midwife clinical coach role was commenced with Waikato HSS on a trial basis in May 2022. Three midwives were recruited cover 1.5 FTE, for a fixed two-year term. Waikato midwifery clinical coaches provide additional support to both employed midwives, LMC midwives providing care in the tertiary level maternity facility and the three Health NZ owned primary maternity facilities in the Waikato district.

The initiative's overall aim was to support both recruitment and retention within the midwifery profession due to ongoing concerns regarding high attrition rates within the wider profession. In late September 2023, one of the midwifery clinical coaches resigned, leaving a 0.5 FTE deficit for the team. The team have managed this deficit with working additional shifts to cover the gap.

Even with the 0.5 FTE vacancy, during 2023 the midwifery clinical coaches have been able to provide support to two MFYP, two midwives returning to practice (RTP) and three internationally qualified midwives (IQM) along with also providing oversight and support for midwifery students and midwifery care assistants (who are midwifery students employed as care assistants). Since the clinical coaches began 11 MFYP, RTP and IQM have been supported, seven have remained employees.

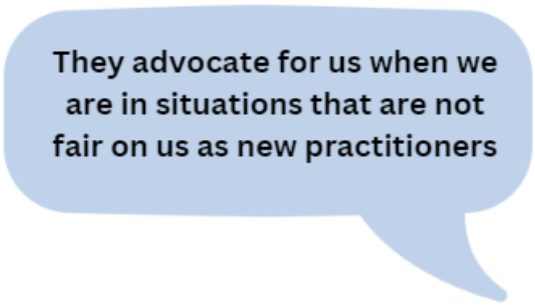
Women's health services were surveyed in 2023, with 62.5 percent reporting that having a clinical coach working alongside them made a positive difference. The remainder agreed the role held value to help and support their colleagues. Respondents stated they:

- liked having a coach to work with them when needed
- appreciated the support of a coach when they were working in challenging situations
- wanted the coaches to work alongside them more often
- wanted more debriefing opportunities.

Feedback from First Year of Practice Midwife 2023

When starting out as a new graduate in 2023 I found the support of the midwifery clinical coaches so valuable in my development during my first year of practice.

I really appreciated the regular check in with the clinical coach assigned to me. Where I was able to discuss openly about any challenging situations, ask all of the questions I had and get clarity on anything I needed to help better my practice. I was able to debrief about things I was struggling with when trying to learn how to switch off after work and not take the stress of the day home with me.



I have also really enjoyed and appreciated having the other clinical coaches in the hospital when they're available as I know I can go to them with any questions or concerns and they will assist in any way they can. They advocate for us when we are in situations that are not fair on us as new practitioners, they ensure we are getting the correct orientation to different wards and help ease the transition from different areas in the hospital. I have really appreciated their support in understanding process for our mania room where there was little orientation before being placed there. One of the coaches took time to explain all the paperwork to me, the process for assisting with a birth after fetal demise.

I can't express enough how valuable they are and the safe supportive environment they add to the hospital for new graduates and other midwives.

Midwifery First Year of Practice programme at River Ridge East Birth Centre

In 2022 River Ridge East Birth Centre developed and launched a unique MFYP programme to support a new graduate midwife, Laura, in her first year of practice. Initially, Laura's role began with a thorough orientation of the facility, the operational policies and the clinical protocols. During this part of the programme, Laura also spent time working as a third midwife on the floor with a small caseload. This provided an opportunity for the clinical coordinator to share timely guidance and support about documentation, task

prioritisation, advice and care provided to clients, and discuss additional suggestions or an alternate approach as necessary. Laura then began working shifts (as the second midwife on shift) alongside her River Ridge East Birth Centre staff midwife mentor and one or two of the senior midwives. Laura worked both day shifts and night shifts to ensure a comprehensive understanding of differing care needs and the facility operations.

Throughout her first year of practice Laura has been supported to complete a number of education sessions covering postnatal breastfeeding support, physiotherapy and pre/post pregnancy exercise, NICU neonatal support, midwifery emergency skills, ACC – maternal birth injuries and caesarean section recovery, and cultural awareness training.

To ensure her first year of practice covered the full scope of practice River Ridge East Birth Centre also arranged for Laura to cover the antenatal clinics for a LMC (that she had previously worked with during her training), and organised attendance at labour and births at River Ridge East Birth Centre when possible.

River Ridge East Birth Centre are looking forward to providing another opportunity for a new graduate midwife to start their career in a primary birthing facility next year.

Retention through workforce development

Multidisciplinary education and development opportunities

Health NZ Waikato HSS employed 1.9 FTE of midwifery educators as part of the organisation wide Professional Development Unit. There is also 0.7 FTE of a nurse educator role to support women's health nurses, which include gynaecology as well as maternity. A suite of education has been developed by the midwifery educators to support the midwives and nurses to gain knowledge and confidence working in a tertiary level maternity facility. Educating staff, providing appropriate skills and developing multidisciplinary teamwork creates a safe culture that will aid with staff retention.

In addition to these in person workshops and education sessions there is also a suite of online options provided other services, for example family violence screening and smoking cessation training packages. These education sessions assist Waikato to meet the Perinatal Maternal Mortality Review Committee (PMMRC) recommendation that all clinicians are proficient at screening women, and are aware of local services and pathways to care in these areas.

PROMPT

PROMPT is an evidence based multi-professional training package for obstetric emergencies. It is associated with measurable improvements in perinatal and maternal outcomes, knowledge, clinical skills and team working. This meets the PMMRC recommendation: All clinicians involved in the care of pregnant women should undertake

regular multidisciplinary training in management of obstetric emergencies. In 2023 the Waikato PROMPT faculty (midwifery educators, obstetricians and anaesthetists) facilitated four PROMPT days at Waikato Hospital. These four sessions were attended by 59 people from a range of professions including midwifery, obstetrics, anaesthetics and nursing.

Newborn/pēpi life support

The Midwifery Council requires all midwives to complete newborn life support (NLS) education on an annual basis. Waikato Hospital supports this education and broadens the requirement to include nurses working in maternity service to also complete this annually.

A Waikato midwifery educator is also a New Zealand Resuscitation Council certified instructor for NLS and facilitated three sessions in 2023. A further two staff members also became instructors in 2023.

Birth centre and rural maternity emergency days

The maternity emergency day sees multidisciplinary teams learning together to support women. Midwives, Hato Hone St John ambulance service, emergency doctors and registered nurses train together to manage obstetric emergencies. The course uses a mixture of lectures and simulated emergencies set in the most realistic environment possible. The aim is to provide an opportunity to learn how to manage an obstetric emergency outside the tertiary level hospital.

Four sites were planned, and three used to deliver this day with a range of health professionals attending. There were 69 health professional across the maternity sector that attended.

Fetal Surveillance Education Programme (FSEP)

The PMMRC recommends that districts provide free interdisciplinary fetal surveillance education for all clinicians involved in intrapartum care on a triennial basis. This is to be provided free for staff and at no cost to LMCs.

Waikato Hospital has implemented a requirement for all employed midwives to complete FSEP, either the full programme or online every year. LMCs are invited at no cost to themselves, however there is not a requirement from the Midwifery Council to complete this programme at specific intervals.

In 2023 three face-to-face sessions were provided by Health NZ Waikato with a RANZCOG educator facilitating the day. Fifty midwives employed by Health NZ Waikato, 27 LMCs and seven medical team members completed the FSEP day.

Midwifery specific education

Midwifery emergency refresher day (MERD)

Midwifery Council requires all practicing midwives to complete an annual MERD to fulfil APC requirements. This day was provided by Health NZ Waikato 10 times and 170 midwives attended in 2023.

Midwifery-led triage

This was established to support the midwives working in the 24/7 acute obstetric clinic, WAU. This is an interactive hands-on workshop to gain an in-depth understanding of midwifery-led triage to aid the safe patient prioritisation where a referral has been made for an acute consultation with specialist services.

Suturing: perineal assessment and repair

An interactive workshop to support and equip midwives to become competent and confident in identification and repair of perineal trauma.

Nursing specific education

With an increasing number of nursing supporting maternity inpatient care as a result of both complexity of care required and the reduced number of midwives a programme of nursing education has been established. Nurses working the in maternity setting also require an annual neonatal life support refresher alongside their midwifery colleagues.

Introduction to caring for the newborn/pēpi

This half day session provides an overview of basic newborn assessment, an introduction to newborn resuscitation, pain management, and blood glucose monitoring.

Postnatal care and obstetric emergencies for nurses

A one day course for nurses providing care for women during the postnatal period. This training aims to add knowledge and further develop skills and understanding of postnatal care and the management of obstetric emergencies. The course uses a mixture of online education, lectures and simulated emergencies.

General education for services provided in secondary/tertiary level hospital

There is a range of education days and session for either or both nurses and midwives, including LMCs. These education opportunities support care provided within the secondary and tertiary maternity facility but may still be under the clinical responsibility of the LMC.

Diabetes in pregnancy

These sessions cover the implications of diabetes in pregnancy, labour and postnatal for both mother and pēpi. The sessions review national guidance and discuss scenarios. Attendees learn more about different types of insulin, glucose monitoring, equipment, and dietary advice.

Remifentanil and epidural practical

These sessions provide education for those midwives new to epidural and the running of PCA remifentanil and for those that want to refresh. This session is encouraged for all midwives who provide intrapartum care.

Maternal bariatric care

The PMMRC recommends that all maternity care providers identify women with modifiable risk factors for perinatal related death and work individually and collectively to address these modifiable risk factors, including accurate height and weight measurement in pregnancy with advice on ideal weight gain.

The maternal bariatric care workshop aims to provide a more in-depth understanding of the impact of obesity on outcomes during the child bearing year. Training includes learning about BMI and how to discuss weight and the importance of pre-conception planning.

Pregnancy loss under 20 weeks

This education covers providing care to those experiencing miscarriage and termination of pregnancy; pain management options, clinical care, documentation and terminology, memory making and support services.

Perinatal bereavement workshop

This workshop is aimed at health and caring professionals who work with bereaved parents and families and deliver perinatal bereavement care. Topics include NZ terminology, placental histology, documentation and paperwork, reporting, perinatal pathology services and memory making. Tools to have appropriate discussions to encourage parents to have full investigation, including a post-mortem examination that meets the PMMRC recommendation from 2009 is included.

Our maternity governance and leadership

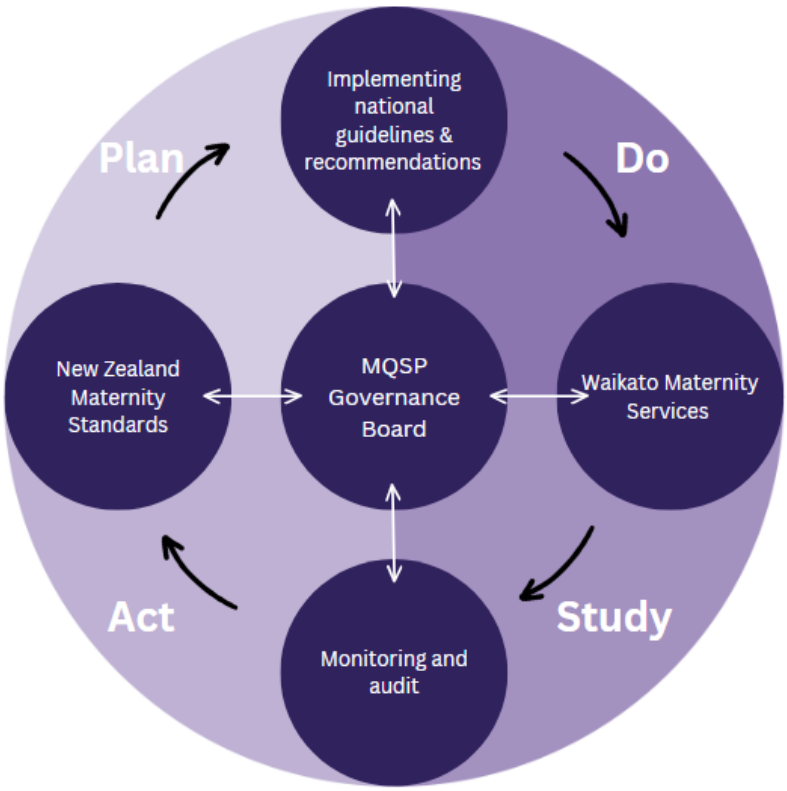
Our maternity governance and leadership

The MQSP for maternity services across the Waikato district builds on quality improvement mechanisms that are in place at both a national and local level. The New Zealand Maternity Standards provides a framework for maternity providers to work together to improve local service delivery through the implementation of national guidelines and monitoring and audit of service delivery.

The New Zealand Maternity Standards are:

1. maternity services provide safe, high-quality services that are nationally consistent and achieve optimal health outcomes for mothers and babies;
2. maternity services ensure a woman-centred approach that acknowledges pregnancy and childbirth as a normal life stage;
3. 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.

Waikato MQSP quality framework



The MQSP Governance Board provides strategic leadership, oversight and support for the MQSP across the district. The MQSP Governance Board meets quarterly to provide the following functions:

- oversees and ensures the coherence of all maternity quality and safety activities
- ensures representation of community based clinicians and consumers who reflect the local birthing population in all quality activities
- supports the implementation of recommendations from national bodies prioritised by the national programme manager such as
    - The Perinatal and Maternity Review committee
    - The National Maternity Monitoring Group annual
- makes decisions about quality improvement activities
- conducts analysis, audit and evaluation of maternity outcomes
- contributes to discussions and decisions about maternity care at Waikato.

We are fortunate to have a wide range of representatives across the Waikato maternity sector on our MQSP Governance Board. The MQSP Governance Board is chaired by the Operations Director, Women's and Children's Health Directorate, HSS. Membership includes representatives from:

- primary birthing providers
- midwifery and obstetric services provided by Waikato Hospital
- maternity consumers
- commissioning
- primary health
- Te Puna Oranga (Māori health)
- Pacific health

Understanding the needs of communities we work with

Te Pae Ora outlines one of the functions of Health NZ is to "collaborate with other agencies, organisations, and individuals to improve health and wellbeing outcomes and to address the wider determinants of health outcomes".

The code of expectation for health engagement for health entities' engagement with consumers and whānau sets the expectations for how health entities must work with consumers, whānau and communities in the planning, design, delivery and evaluation of health services.

The current process we have in place to assist the directorate to understand the needs of whānau and communities are:

- staff meetings
- provider meetings
- complaints and feedback
- incident management
- internal and external audit
- consumer representation at governance level and working groups.

The quality frameworks identifies system improvements based on learnings from incidents, consumer and staff feedback and audit findings.

The Women's and Children's Health Directorate is committed to the inclusion of whānau voice through all areas of service delivery and development.

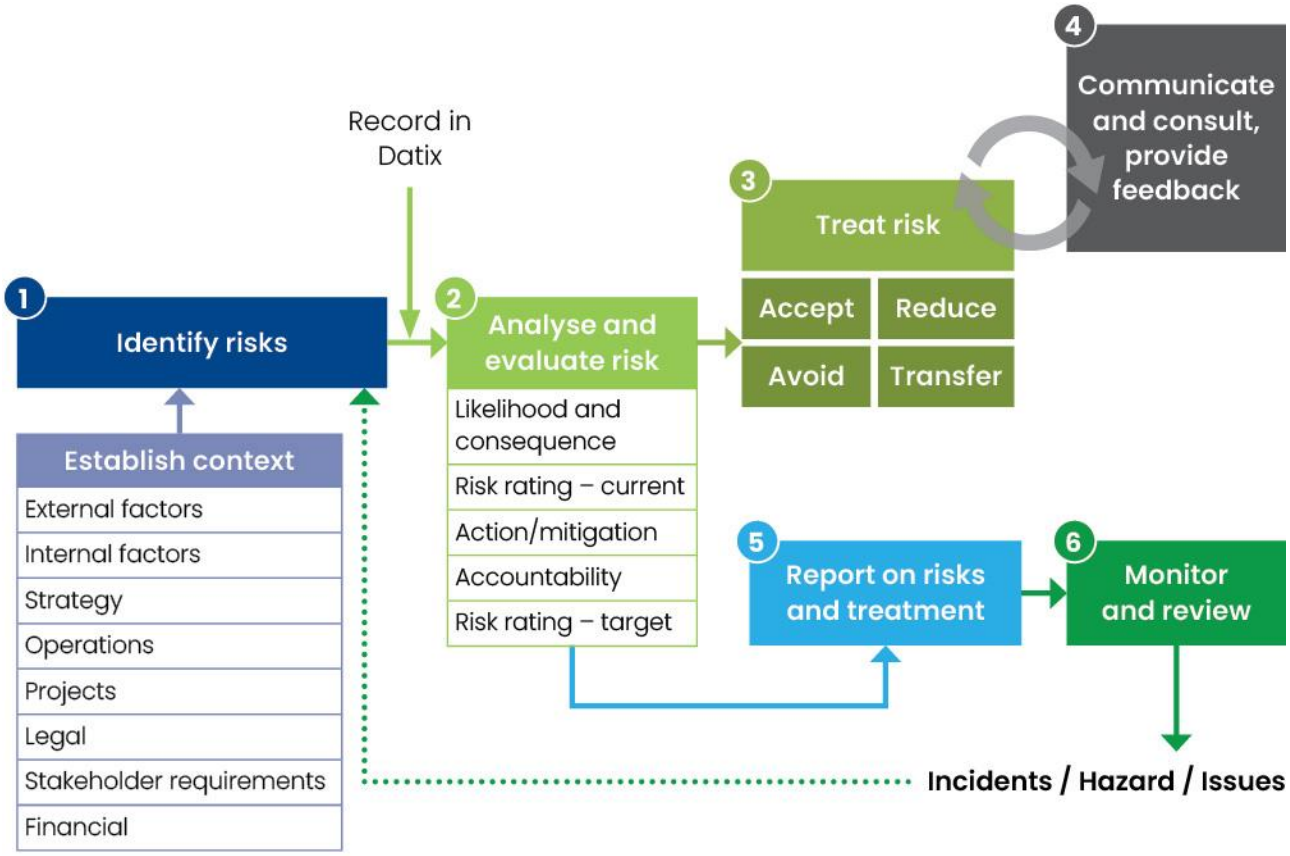
The Enabling Good Lives Principles

To support the development of equitable services for disabled people, Enabling Good Lives Principles are incorporated across quality improvement projects.
The Enabling Good Lives Principles are:

- self-determination; disabled people are in control of their lives
- beginning early; invest early in families and whānau to support them; to be aspirational for their disabled child; to build community and natural supports; and to support disabled children to become independent, rather than waiting for a crisis before support is available
- person-centred; disabled people have supports that are tailored to their individual needs and goals, and that take a whole life approach rather than being split across programmes
- ordinary life outcomes; disabled people are supported to live an everyday life in everyday places; and are regarded as citizens with opportunities for learning, employment, having a home and family, and social participation – like others at similar stages of life
- mainstream first; disabled people are supported to access mainstream services before specialist disability service
- mana enhancing; the abilities and contributions of disabled people and their families are recognised and respected
- easy to use; disabled people have supports that are simple to use and flexible
- relationship building; supports build and strengthen relationships between disabled people, their whānau and community.

Managing risks across maternity services

Maternity services provided at Waikato Hospital proactively manage risk to ensure safe and sustainable maternity services are available to communities across the Waikato. There is a six stage process for managing risks. The risk management process provides a logical and systematic method of establishing the context, risk assessment including risk identification, analysis and evaluation, treatment, monitoring and reviewing of risks in a way that allows Waikato Hospital to make decisions and respond in a timely way to risks and opportunities as they arise. The six stage risk management process is illustrated below:



Within maternity services, risks are identified and raised through a clinical governance structure. Through discussion, reflection and planning, risk mitigation strategies are applied to maintain ongoing service provision. Risks are rated through the National Risk Management Framework, which is used to identify key concerns and ensures standardisation of healthcare concerns at a national level.

Consumer engagement

Consumer engagement

Mā whero, mā pango ka oti ai te mahi

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

MQSP Waikato actively promotes the code of expectations for health entities' engagement with consumers and whānau as outlined in Pae Ora (Health Futures Act) 2022. We value the expertise of our maternity consumers in providing leadership to the MQSP across the district. Consumers are represented as part of the MQSP governance group, consumer voice is included in service development projects and is instrumental to inform quality improvement initiatives.

Consumer representation

In 2022 we welcomed three new consumers; Bobbie-Jane Cooke, Tamsin Kreymborg and Emma Chambers onto the MQSP Governance Group. Through lived experience of Waikato maternity services the consumers provided expert advice at the MQSP governance meetings and their unique insights were much valued as part of MQSP projects.

Further information on the MQSP Governance Group on page 38.

Reviewing maternity Severity Assessment Codes (SAC)

In 2023 following the update of the national adverse event reporting policy, Healing, Learning and Improving from Harm, the Health Quality Safety Commission (HQSC) developed a working group to review the existing Maternity SAC examples. MQSP coordinators in Waikato were part of the working group and sought the support of maternity consumers to understand harm from their perspective. The information gathered was sent to the HQSC via the working group to consider when finalising the maternity SAC examples.

Consumer information

We recognise the importance of having information available that values the experience of whānau who use our services. We worked with the MQSP consumer representatives to review the information given to whānau following an adverse event.

Consumer feedback

We seek feedback from all people who use our maternity services, including patients, family members, whānau, support persons, and local community members. We recognise

that by listening and acting on consumer and local community feedback, continuous improvement of services and the development of a patient-centred organisation is supported and maintained. All feedback is highly valued and provides an ideal opportunity to continually improve the services that we provide to our local communities. We review all feedback to ensure that we are using every opportunity to learn and improve.

We encourage people to give feedback in ways that they feel comfortable, this may be through kōrero with our staff or by completing feedback forms that are available throughout our maternity services. Whānau are also able to give feedback via phone or by email. Details on how to give feedback are available on the Waikato Hospital website.

I felt secure, safe and supported. The smiling staff helped with my anxiety, probably more than they realised and I am so grateful to have lovely people look after me

I was listened to, if I didn't understand something they were happy to explain further so I could.

The obstetrician explained the different options and answered my questions in a way that I could understand despite my level of exhaustion, and used very gentle language

From the moment I set foot in delivery suite I felt catered to and cared for. My concerns were always listened to and I never felt forced into anything

Consumer feedback: Sierra and baby Oakland

My first baby was delivered by your team on Wednesday 28 June at 6.48pm via c section. I just wanted to come by and say thank you.

From the moment I set foot in delivery suite I felt catered to and cared for. My concerns were always listened too and I never felt forced into anything.

I want to say all the staff do an absolutely amazing job and I love how you all came together to get the job done. Enjoyed the banter and laughs (even in theatre) and it made it a much more calming procedure for me.

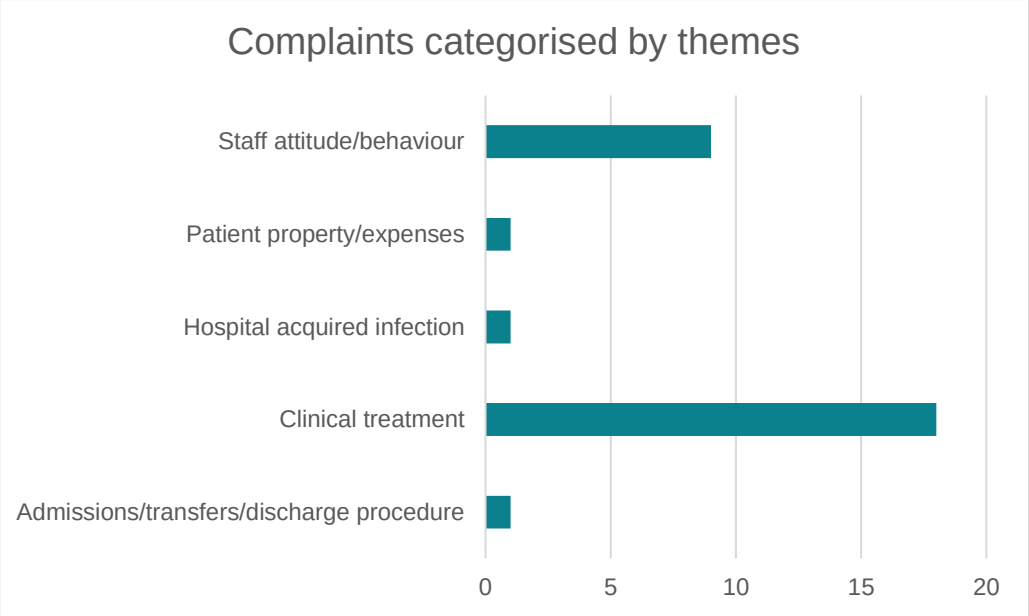
You are all amazing! Doctors, nurses, midwives, surgeons, anaesthetists… Thank you so much for making me feel comfortable and for delivering my baby girl safely.

Complaints

There are two main categories of complaints: complaints received directly by Waikato Hospital and complaints received from the Health and Disability Commissioner (HDC). All complaints are sent initially to Quality Patient Safety (QPS) who complete an initial triage and log the complaint into Datix which is the patient safety software used by Health NZ Waikato.

In 2023, we received 30 complaints about maternity services provided by Waikato HSS. One complaint was received directly from the HDC.

Complaints are categorised into themes and an analysed to identify any opportunities for system improvement.



Changes made as a result of consumer feedback and complaints

Postpartum outpatient clinic

Work has been undertaken to develop a postpartum outpatient clinic for people who have had an unexpected admission to the High Dependency Unit (HDU) as result of the birthing process, or those that involved significant obstetric complications or interventions. In addition any person who describes feeling traumatised by their birth experience at Waikato Hospital and there was obstetric intervention, (for example an induction of labour, caesarean section, manual removal of a placenta) can attend the clinics.

The clinic plans to:

- review events around the birth to provide rationale for procedures;
- if not already done file an ACC claim for a birth injury, or treatment injury where required;
- discuss recommendation for future health and any future pregnancies;
- offer information for mental health support services, specifically supporting people with birth trauma or PTSD.

It is anticipated that this will be in place by the end of 2024.

Improvements to patient areas

Feedback and complaints provide valuable information from a patient perspective, including areas that need attention to make their inpatient stay better. Some examples of these are:

- medication room door hydraulics have been adjusted in response to feedback concerning the noise of the door closing;
- bathrooms remodelled;
- new recliner chairs were purchased as there were not enough to allow support persons to stay on the ward;
- improvements to the wait-room area in WAU.

Partnership with wider maternity services

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*

Partnership with the wider maternity services

In Waikato the MQSP coordinators and the DOM are employed by Health NZ Waikato HSS. These roles cover the entire district maternity services. Waikato maternity services are spread across the district and range from commissioned and independent primary services to the tertiary level care hospital. Waikato maternity services include, LMCs, GPs and other touch points, such as ultrasound providers and well child services. It is important for the MQSP coordinators to build and maintain relationships to raise the profile of quality and safety of maternity services to ensure, as far as possible, all babies get a great start to life.

Lead Maternity Carer

LMC representation is a key part of the MQSP being successful. Health NZ employs liaisons for other professions, such as general practitioners but there is no role for a LMC liaison. To fill this void an arrangement with three LMCs, following an EOI process was created in 2023. There is also a LMC midwife representative on the MQSP Governance board.

In addition to this the MQSP Midwife Coordinator attends local meetings where LMCs are also present to maintain links and knowledge of the community.

The DOM remains connected to the LMC workforce by way of a monthly email and also provides phone support to LMCs as required.

Midwifery leaders

The midwifery leaders hui was re-established by the MQSP coordinators in 2023 after a period of absence. The purpose is to provide the opportunity to engage across the maternity sector and strengthen midwifery provided services by building strong working relationships with the aim of improving equitable access and outcomes for whānau.

The hui are held on a quarterly basis with different maternity facilities across the district providing the venue and showcasing their unit. The membership includes midwifery

leaders from all of the commissioned primary facilities, and Health NZ maternity facilities, regional NZCOM Chairperson, Nga Māia Chairperson, Te Pukenga Wintec Head of Midwifery Programme and the Waikato district MQSP coordinators.

NZCOM regional meetings

Each month Waikato regional NZCOM hosts membership meetings which the MQSP Midwife Coordinator attends. Updates from the MQSP coordinators are welcomed at this forum, general this is a summary of the e-comms that is shared with the sector.

Midwifery collaboration hui

In 2023 the local midwifery collaboration meetings were re-established after significant feedback from the profession that they were needed as an avenue for a flow of information between different service providers in maternity and an opportunity for shared education. A committee was established to coordinate the meetings. These were held quarterly in 2023 with the intention to remain a mainstay in Waikato midwifery calendar. The DOM is a member of the committee

MQSP regional hui

Following the development of Te Manawa Taki region an informal monthly online hui was established. This is attended by the MQSP coordinators from each district in Te Manawa Taki to update on current work, support and brainstorming of ideas where there are challenges and to celebrate achievements.

MQSP national hui

These monthly online hui were changed in 2023 with the Health NZ restructure leading to less and less frequent meetings. A face to face hui was held in Wellington, Waikato coordinators were not able to attend in person due to flights being cancelled on the morning of due to weather conditions.

Community engagement

Health NZ Waikato facilitates local community health forums every three to four months in a range of centres across the Waikato. These forums are open to the public and are an opportunity for Health NZ Waikato to hear from local consumers and social services on matters and activity of interest to the local community. The MQSP coordinators worked with the commissioning team in Health NZ Waikato to promote maternity through attendance in the forums in 2023. The MQSP coordinators were able to attend the community health forums in Taumarunui, Tokoroa, Cambridge, Raglan and Huntly.

Reflection on Improvements

Titiro whakamuri, kokiri whakamuri

Look back and reflect, so you can move forward

Update from 2021/2022 work plan

In the previous Waikato MQSP Annual Report work was being undertaken, or had been for the following topics. This is a summary of the progress for each.

Initiative / project	Actions
Improving post mortem uptake	The consumer video from Whentūrangaitia was shared with all staff providing care for whānau experiencing a loss to enable a consumer perspective. A perinatal bereavement workshop has been provided in 2023 for staff providing this care. A consumer information booklet was produced by a midwife explaining post-mortem. The local guideline was updated to include varying options, including sending placental tissue when family decline a post-mortem for their baby.
Improving and updating consumer information	This is an ongoing project that will reduce duplication of information that is already contained in SmartStart and Health New Zealand's pages.
Informed consent, applying the B.R.A.I.N method	Trainee interns spent 2023 gathering feedback from people who had an obstetric consultation. There were consumer that only learned of the B.R.A.I.N tool after the consultation that lead them to believe they required more information and B.R.A.I.N would have assisted with that, others were provided it prior to consultation and reported feeling informed. These have been made into hard copy for people to use when having a consultation, along with posters displayed in key areas.
Improved care for people with a high BMI	Midwifery educators have worked with the bariatric care team to put together an education workshop for maternity staff.

Increased registration with an LMC	Community midwifery teams have been established in areas where there are reduced numbers of LMCs.
LARC in primary maternity facilities	There has been no progress in this space. Funding is allocated to PHO for GP to provide LARC.
Mental Health Services	A Perinatal and Maternity Governance Group has been established. Multi-disciplinary team meetings provide a partnership to support whānau presenting with mental health challenges along with the need for obstetric care. *See page 72 Mental Health Project*

New initiatives and ongoing improvements

I ōrea te tuātara ka patu ki waho

A problem is solved by continuing to find solutions

New initiatives and ongoing improvements

Supporting our community to stay well

Smokefree pregnancies

Supporting hapū māmā to be smokefree is the most important modifiable risk factor during pregnancy. When we support pregnant people to be smokefree, the impacts are decrease in the risk of miscarriage, pre-term birth, low-birth weight and sudden unexpected death in infancy (SUDI). The role of a Smokefree Community Coordinator was vacant between February 2023 and February 2024, so there has been gaps in the delivery of support to community maternity services. Current mahi in this space is focused on supporting maternity professionals in our high-needs areas to improve support for whānau to quit smoking through quality screening and referral to cessation services.

Hapu Wānaga SUDI prevention

SUDI is the leading cause of preventable death in infants in Aotearoa. Inequities persist with consistently higher rates of SUDI for Māori and Pacific (78 percent) than non-Māori and non-Pacific infants. Whānau living in high deprivation are at increased risk. To support our whānau in need, we offer a whānau centred, accessible kaupapa Māori SUDI prevention service in Waikato, that pays close attention to the casual link to poverty and the social determinants of health.

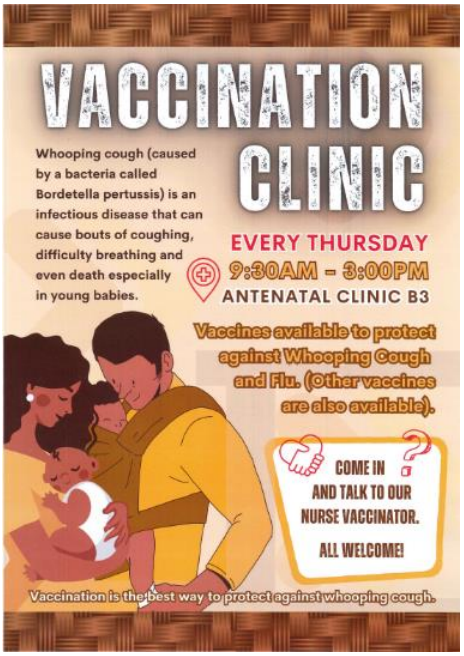
Safe sleep spaces for all newborns

All new born babies admitted to the postnatal ward at Waikato Hospital are provided safe sleep advice by the nursing and midwifery team and also the coordinator from the SUDI prevention service. Health care assistants are trained pēpi pod distributors.

Opportunistic vaccination during outpatient pregnancy visits

The Whānau Mai Community Midwifery Team partnered with the WHIRI Hāpori to improve access to maternal immunisations. The Whānau Mai Community Midwifery Team provided the WHIRI Hāpori a room every Thursday morning and promoted opportunistic immunisation to whānau attending antenatal clinics for hospital appointments.

Immunisations were available at the Hauora iHub at Waikato Hospital and the Saturday dual clinic to whānau whose pēpi are due for six weeks immunisation.



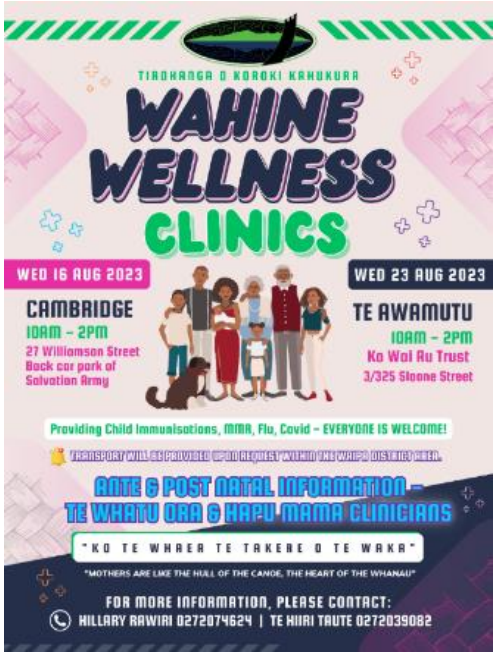
Hauroa days

Hauora days were held in local communities across the Waikato and were designed to bring a variety of health services directly to our whānau, making it easier for everyone to access essential health checks, immunisations and screenings. Health professionals are on hand to provide advice and answer any health-related questions. The Hauora days provide a proactive approach to enhancing health care across communities and helps to break down barriers and promote a holistic approach to whānau wellbeing.

Wāhine wellness days

A local iwi territory set up the wāhine wellness days to pivot from Covid-19 vaccination and support in 2023 to provide wellness clinics for people, through either antenatal or postnatal check-ups including childhood vaccinations.

The wāhine wellness days were not ongoing, however, as a result of this the Iwi representatives for this day formed relationships with local LMCs to understand where ongoing support could be beneficial.



Improving clinical outcomes

Obstetric anaesthesia monitoring and improving

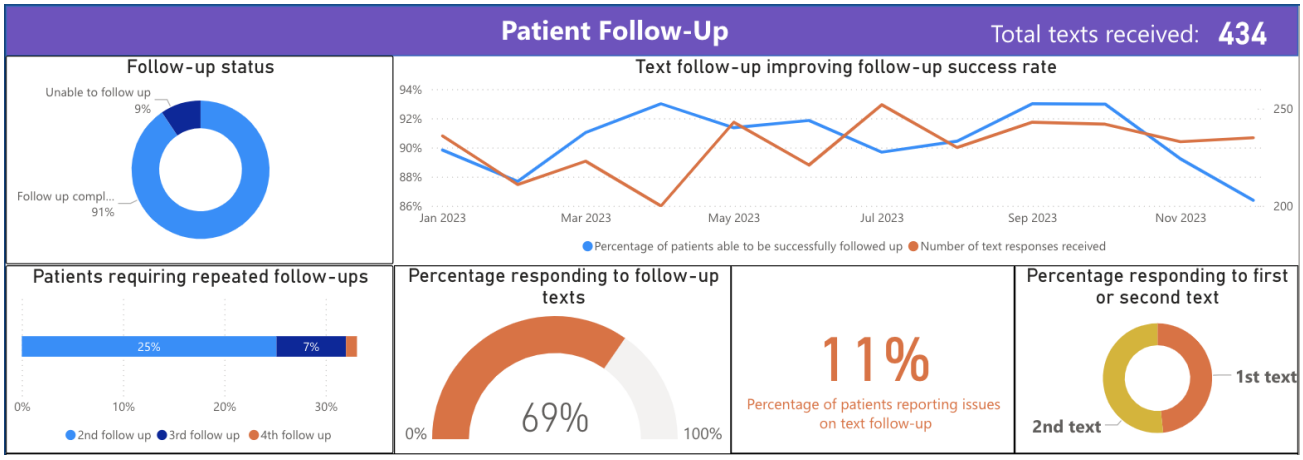
For many years, the obstetric anaesthesia team at Waikato Hospital has been dedicated to monitoring and improving the care provided to birthing people. This process is supported by ongoing clinician-led data collection. The paper-based data collection process was superseded in 2021, when a custom-made Microsoft Teams application that was designed by members of our department, replaced this.

For each birthing person anaesthesia services are involved with caring for, demographic and procedural details are entered into this password-protected app. Following birth, the app is used for follow-up, to monitor for anaesthetic-related complications and assess satisfaction with the care provided.

Follow-ups can be conducted in person (for those admitted to the postnatal ward) or via a text message function through the app (for those discharged to home or a birth centre). The addition of text follow-up has greatly enhanced the ability to provided continued care to people who have been discharged.

Text message replies can promptly identify issues (such as post-dural puncture headaches), allowing the offer timely treatment. They are also a rich source of feedback about anaesthetic care – compliments can be passed on to the care team, and any aspects of care that weren't well received are dealt with rapidly.

Beyond improving individual care, the aggregated data from these interactions is displayed on a dashboard. This real-time information supports policy development, resource allocation, and informed consent discussions; ensuring practices are continually refined and evidence based.



Monthly learnings and teaching from morbidity and mortality

Each month all health professional in the maternity sector are invited to join and share learnings from case reviews. The learnings and recommendations following the case review, which is undertaken by a multidisciplinary team (MDT), are presented at this meeting. During 2023 the following topics were covered in these teaching sessions;

- management and recommendations of epilepsy during pregnancy;
- clinical management of severe perineal trauma;
- prolonged fetal bradycardia and escalation of care.

PHOTO: MQSP coordinator and Head of Department – Obstetrics presenting the revised Maternity Referral Guidelines as a learning from a sentinel event.

Care plans and discharge summaries to LMC

Waikato Hospital had not been successful in prior attempts to implement a safe and secure way of sending discharge summaries or clinic outcome letters with care plans to LMCs.

A PMMRC recommendation from 2014 was for women that had serious pre-existing medical conditions require a MDT management plan, and that plan is communicated to all relevant caregivers. An interim plan in 2022 was made to send these plans to LMC by using personal emails addresses. In 2023 problem solving began to understand where the blocks were for using Healthlink, a secure information sharing process. It had been a process of sharing information with GP for many years.

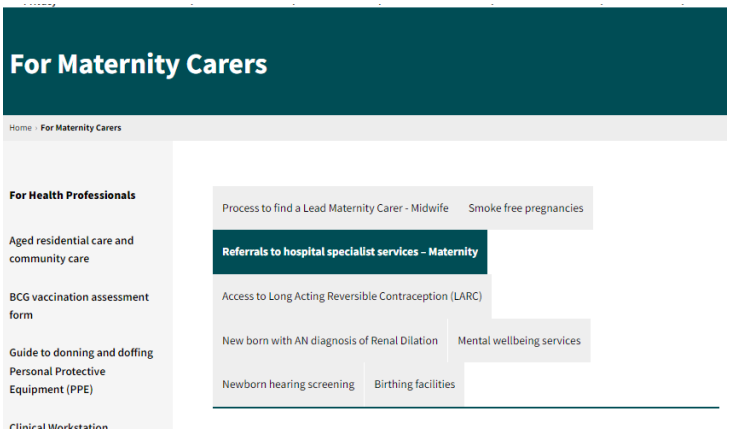
Work with maternity software vendors and local data and digital services resulted in a test batch that was successful. In late 2023 this was rolled out to all LMCs that have health link personal EDI.

Referral pathways for primary maternity care providers

As the tertiary referral centre for maternity there are a number of referral pathways from primary maternity services whom include GP and LMC. When LMC arranged an access

agreement, a PDF was shared with these pathways. It became problematic when there were changes and these were not communicated with all access holders, or other referrers.

A section was added to the Waikato Hospital website under a health professionals section. This allows updates to be in real time and for all referrers to have access.



BFHI accreditation across Waikato

The NZBA facilitates the Baby Friendly Hospital Initiative (BFHI) on behalf of the Ministry of Health to protect, promote and support breastfeeding

The Kohatu statues are made of Ōamaru stone and were given in recognition of the hospitals' continued commitment to breastfeeding, the BFHI and maintaining their standards over several years.

All Waikato maternity facilities continue to hold BFHI accreditation through 2023.

PHOTO: Midwives and lactation consultants gather for the Waikato Hospital presentation of Kohatu statue

Routine Antenatal Anti-D Prophylaxis

A review of Routine Antenatal Anti-D Prophylaxis (RAADP) across the country showed Waikato was an outlier with no service in place to provide this. In Waikato LMCs have long been able to access Anti-D from primary maternity facilities across the district for sensitising events and if they also wished to could use this for RAADP. Although Anti-D has always been available for LMCs to administer for RAADP the New Zealand College of Midwives consensus statement does not support this due to the lack of resourcing so there has not been an uptake.

RAADP is a process of giving Anti-D to pregnant rhesus negative people to prevent blood group antibodies being produced by the pregnant person. Occasional cases of RhD immunisation are known to occur in RhD negative women in late pregnancy (approximately one percent of women who have an RhD positive fetus). Most cases occur after 28 weeks gestation, and about 60 percent of these can be prevented by routine RAADP.

Following the identification that Waikato was needing this service, a project commenced to ensure that all eligible people were able to access RAADP. Toward the end of 2023 a pilot service was established in Thames. The services was referral based from LMCs to the facility where RAADP was given. Rural pharmacy options were also explored. This work will continue into 2024 once the pilot is complete.

Community lactation consultation service

A community lactation service is being developed with the aim to improving breastfeeding rates for Māori and subsequently improving health outcomes for whānau. Key priorities will be improving engagement with vulnerable wāhine:

- creating a single point for referrals with multiple entry options;
- equal distribution of care provision;
- consistent data collection.

Plans include working with Hapū Wānanga and iwi health care practices with delivery of services across the district. Utilising primary birthing units for existing antenatal and postnatal classes. It is proposed the service will have virtual consultations as well as home visiting. It is expected the new service will launch in 2024.

Improving equity of access to services

Taurima Te Paa Harekeke – Hauraki PHO

Taurima Te Paa Harakeke (TTPH), is a health service, established collectively by Hauraki PHO, Te Korowai, Raukura and Te Kōhao, with the aim to reduce inequities in health and develop new initiatives, designed to improve health care for whānau in Waikato.

TTPH is based on the “Pa” concept where a village of highly skilled practitioners, have come together to provide whānau with a wraparound approach, during pregnancy and the first five years of life for tamariki. Whānau can come into the service at any stage of pregnancy and/or if they have tamariki under five years of age.

The plan for Taurima Te Paa Harakeke in 2024 is to launch this service in Hauraki, North Waikato and Kirikiriroa. Registrations into the service can be accessed via self-referral, kaiāwhina, nurse, GP, midwife and any other health service.

Packages of care, to support whānau will range from ultrasound scans (co-payment), counselling, rongoā, mirimiri, hydrotherapy, transport support, Well Child Tamariki Ora services, paediatric/doctor care, lactation and breastfeeding support, osteopath, newborn hearing (hearing aids) and kaiāwhina support to name some. More services are continually being developed based on whānau need.

Aronui – Raukura Hauora o Tainui

Raukura Hauora o Tainui offers comprehensive support for children and their families. From developmental screenings to parenting guidance, they focus on fostering healthy growth and wellbeing during the crucial early years of life. The team collectively engage with whānau in each of the localities to understand the specific issues, needs and barriers they experience, and, working with local partners to provide care that is innovative, responsive and of value to whānau.

Raukura Hauora O Tainui opened Aronui at 5 Onslow Street, Huntly. Aronui is a hauora hub that provides wraparound care for hapū māmā and whānau with tamariki up to five years old in North Waikato. The service is called Taurima Te Paa Harakeke and includes nursing and midwifery services, support from trained navigators, kuia and Well Child Tamariki Ora services. It’s a one stop shop maternity and early years with pregnancy testing, first comprehensive pregnancy checkup and support to register with an LMC midwife and ongoing support including packages of care for essential things like funded ultrasound scans in pregnancy. The service is holistic and includes rongoā and mirimiri.

A day stay has been designed for hapū māmā and māmā with pēpi under six months old who are needing a break and support. Mirimiri is available and is even nicer after soaking in the spa. Kaiāwhina navigators and early years team walk alongside whānau supporting them to achieve their aspirations.

Te Whetū Oranga

The vision of three locally based Tokoroa midwives (Tracey White, Kimai Cure, Jackie Simpkins) has always been to provide a "see and support" model of care for māmā, pēpi, and their whānau. Previously, the midwives operated under a "see and refer" approach, hoping that families would continue to engage with external health services such as Well Child Tamariki Ora and immunisation services.

With the successful acquisition of Kahu Taurima funding, the midwives have transitioned to their dream model–"see and support." This was made possible by the establishment of Te Whetū Oranga, which has expanded the team and services available to the community. Two nurses have been employed to deliver Well Child Tamariki Ora services, alongside additional support from a kaiāwhina Tamariki Ora. The service is further enhanced by a dedicated social worker and a contracted counsellor, ensuring comprehensive, wraparound support for whānau. The day-to-day operations are managed by a general manager, with support from a part-time clinical manager and an administrator.

In early 2024, the team achieved cold chain accreditation, which allows Well Child Tamariki Ora nurses to offer immunisations in the comfort of whānau homes during their regular visits. This service has been available since July 2024. The service plans to expand further by offering smoking cessation support, sexual health services, GP care, physiotherapy, kairongoā services, and various programmes and wānanga to name a few.

Te Whetū Oranga also provides a wide range of support services for whānau, including access to a Pacific lactation consultant, the "Pēpi and You" 4th trimester programme, a drop-in centre with breast pumps for hire, free essential items for families, and transportation assistance for appointments, including pregnancy scans.

The three midwives, who continue to receive funding via the Primary Maternity Notice, provide 24/7 midwifery care. Now, with the "see and support" model in place, they are able to fulfil their vision of providing holistic care. By addressing multiple needs in one appointment, the service removes barriers for whānau, making access to care more convenient and effective.

Birthing in Thames primary maternity facility

Thames Coromandel areas, within the Hauraki area continue to be an area of significant LMC shortage. In 2023 a plan to have a caseload team in the area was unsuccessful in recruitment, instead a community midwifery model was established with the employed maternity facility midwives providing the antenatal and postnatal care.

To support families to birth in the Thames Birthing Unit, a locum scheme was put in place utilising the MMPO locum midwives to act as a second midwife to the core midwife on shift. This model allows for the provision of safe intrapartum care with two midwives available where there is not an LMC.

Bethlehem and Waihi model

Following the closure of Waihi birthing, secondary to the reducing number of LMCs in the district, a model of care in partnership with Bay of Plenty districts was established. This is to ensure primary maternity services continued for people from Waihi and surrounding areas.

For more information about this model see page 28 Supporting areas with low LMCs

Cultural training for staff

The PMMRC recommends that regulatory bodies require cultural competency training of all individuals working across all areas of the maternity and neonatal workforce. The Midwifery Council has made this a compulsory aspect of the recertification programme from 2024 onward. This will enhance the required orientation cultural education modules currently used in Waikato Hospital Maternity Services.

Waikato Hospital staff orientation training

Online training modules are incorporated into the mandatory staff orientation programme. The mandatory training includes the completion of the Waikato specific Tikanga Best Practice and the national module “Understanding Bias in Health Care”.

Restorative practice and hohou te rongopai

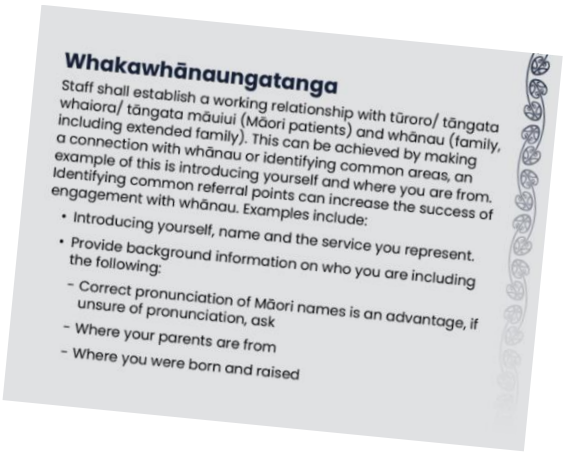
The MQSP coordinators and four members of Waikato Hospital maternity services attended a restorative hui in Wellington facilitated by the HQSC and te ao Māori experts. The hui included kōrero on how hohou te rongopai might be provided alongside restorative practice. Hohou te rongopai, is peace-making from a te ao Māori view and appreciates that relationships make us human, they can be positive or harmful, and they are important in our healing. Following this hui, the MQSP coordinators completed the micro credential course Restorative Foundation: Health and Disability that is facilitated by Kaphipuhi Wellington Uni-Professionals.

Tikanga flipcharts

Waikato hospitals Tikanga flipchart was updated and republished. The purpose of the Tikanga best practice flipchart is to provide practical advice and guideline to staff to ensure the delivery of a culturally responsive service.

The card provides information on;

- how to establish a working relationship
- basic greeting and phrases, blessings and concepts of whānau
- Tikanga around food, medical equipment, death etc.



Hapū Wānanga: Kaupapa Māori pregnancy and parenting education

Hapū Wānanga is a pioneering kaupapa Māori pregnancy and parenting education (PPE) course designed to empower whānau by reviving mātauranga Māori traditions in childbirth and parenting. The service values are deeply rooted in the principles of mana wāhine, a model of care that honours the strength and dignity of whānau. The dedicated team of five consists of three registered midwives, one of whom is a lactation consultant and one in training, a safe sleep coordinator and a project coordinator with mātauranga Māori expertise.

Whānau participating in Hapū Wānanga express that they appreciate the combination of traditional wisdom with contemporary birthing clinical realities, which ensures a nurturing and culturally enriched experience.

Antenatal education for Indian families

Waikato Plunket have responded to the fastest growing birthing group in Waikato by hosting Indian focused antenatal education sessions.

See page 71: Models of care that meet the needs of Indian families

Nui Vānanga – antenatal education tailored for Pacific peoples

The first ‘Nui Vānanga’ was held in Tokoroa and was jointly delivered by Hapū Wānanga and South Waikato Pacific Islands Community Services Trust (SWPICS). The programme was designed to innovate the pregnancy education space for Pacific peoples.

Te Pae Tata, the Interim NZ Health Plan (2022) identifies maternity and the early years as one of the key areas to improve equity and health outcomes. Pregnancy and parenting education are considered to be key factors in positive pregnancy and birth experiences. However, Pacific women in Aotearoa are much less likely to attend these classes. The aims of Nui Vānanga were to design and deliver a program that was Pacific focused, innovative and fostered a journey of empowerment for Pacific families.

Nui Vānanga utilises various education strategies to deliver priority health messaging including:

- SUDI is the leading cause of preventable deaths in infants in NZ, with consistently higher rates amongst Māori and Pacific;
- immunisations of pregnant women and six week old infants are a national priority, with low rates of uptake for Pacific peoples in the South Waikato;
- breastfeeding presents a unique opportunity to optimise immediate and long term health for baby. Including reduced SUDI rates and reductions in hospital admissions for baby.

Currently Nui Vānanga is not a regular occurrence, however a collective of pacific midwives who have put forward a proposal for Ola Manuia funding (Health NZ Pacific Health Plan Funding), to create a pilot for a Pacific antenatal education programme in the Waikato.

Progress on national priorities

Whāia te mātauranga hei oranga mo koutou

Seek after learning for the sake of your wellbeing

Progress on implementing national priorities

Maternity care for under 20 year olds

The following work has been undertaken as a step toward achieving the PMMRC recommendation to 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.

Under 20's, experienced of maternity care

The rate of births to Waikato whānau under the age of 20 years continues to decrease. There is still an inequity within this group having later registration with an LMC. Of the pregnant people in their teens in the Waikato district during 2023, 80 percent were living in NZDep Quintile 4&5, this is the highest level of deprivation.

While the Collaboration Project – The determinants of health for Māori mothers and Māori adults with chronic conditions was in progress a sub study, Karanga Atu, Karanga Mai, was undertaken to hear from under 20 year olds accessing maternity services.

Karanaga Atu, Karanga Mai was designed to investigate the participant's experiences and to communicate the main themes (positive and negative) to the relevant healthcare professionals. The purpose of the study was to respond to the call of these young women, who want to be heard and to create change in the way that healthcare professionals and services treat young mothers and their pēpi.

The aim was to co-create training and educational materials highlighting the concerns raised by these māmā regarding their pre and post-natal, birth care and clinical treatment.

Resources developed were made available and the findings shared at the Midwifery Collaboration Hui, MQSP Governance Board and the Women's Health Clinical Governance Board.

Models of care that meet the needs of Indian families

Antenatal education

Waikato Plunket have responded to the fast growing birthing group in Waikato by hosting Indian focused antenatal education sessions.

Around 80 pregnant people have been supported in these courses with positive feedback received from the attendees. They are delivered by a childbirth educator and an Indian nurse who speaks multiple languages.

Super clinics are held on Saturdays where there has been a high engagement with the Indian community. These days bring together multiple community health and social services. In addition to this, Plunket also has a bi monthly visit to the Migrant Centre to support these families.

LMC partnership specifically catering to the needs of Indian women.

In 2023 two LMCs approached the women's health service with an idea to support the increasing number of Indian women seeking hospital based community midwifery care. The community midwifery team at Waikato Hospital provide a coordinated midwifery model, meaning that labour and birth are provided by hospital midwifery services in the facility. This is a strain on an already short staffed tertiary level unit.

The LMC partnership now provides labour and birth care for Indian women who have received antenatal care from the community midwifery team. The midwives support the choice of these women to birth in the hospital and have a background in being hospital employed midwives with experience in complex delivery's while also being competent with epidural and remifentanil for pain relief in labour.

The LMC partnership register women once in labour and payment is made via the Primary Maternity Service Notice directly to the LMC, whom also continue to provide postnatal care.

Maternal mental health project

The Perinatal and Maternal Mental Health Governance Group

The Perinatal and Maternal Mental Health Governance Group (Governance Group) was established to support a collaboration across the maternity and Perinatal Mental Health Services. The Governance Group is chaired alternately by the Operations Director, Women's and Children's Directorate, HSS and the Director, Community, Rural and Specialty Mental Health services. Membership is as follows:

- Director – Community, Rural and Specialty Mental Health and Addictions Directorate
- Operations Manager – Women's and Children's Health
- Operations Manager – Rural and Specialty Mental Health and Addictions
- Project Manager (contractor to Health NZ Waikato)
- Obstetrics and Gynaecology consultant representative – Women's and Children's Health
- Clinical Midwife Specialist (Vulnerable Unborn Liaison)
- Equity team; Te Puna Oranga representative
- Whānau voice / consumer representative
- Charge Nurse Manager – Perinatal Mental Health
- Operations Director – Women's and Children's Directorate
- MQSP Coordinator.

The Governance Group supports working in partnership to improve health outcomes for whānau engaging with maternity services for those experiencing mental health and addiction challenges. Projects under this partnership include improving the perinatal mental health referral pathway and establishing multi-disciplinary meetings to better support whānau who have complex needs.

The Governance Group also guided the completion of the environmental scan of the specialist perinatal and infant mental health and addiction services across Te Manawa Taki.

Mental health in pregnancy multi-disciplinary meeting

A multidisciplinary meeting has been established to improve teamwork and better facilitate communication and collaboration with the aim to develop an individualised plan of care

that promotes patient safety and improves outcomes for whānau with complex mental health needs. Membership of the team includes:

- mental health team
- midwife managers
- obstetrics and gynaecology senior medical officer and resident medical officer;
- obstetric anesthetists
- neonatologist
- theatre clinical nurse coordinator
- social workers
- maternal wellbeing team
- other specialists are invited as required.

Te Manawa Taki environmental scan of the specialist perinatal and infant mental health and addictions

Health NZ Waikato led the environmental scan of the specialist perinatal and infant mental health and addictions in Te Manawa Taki. The environmental scan was funded by Health NZ and is part of a quartet, with three other reports coming from the Northern, Central and Te Wai Pounamu Regions

The voices of 302 whānau (including 123 whānau Māori) across Te Manawa Taki that had experienced mental illness or wellbeing distress associated with pregnancy, childbirth or having young children was collected for this project.

People across Te Manawa Taki have confirmed what previous research found. Despite dedicated compassionate kaimahi, services can be insufficient in some locations, inappropriate for some whānau, and inaccessible to others. Cost, distance, cultural responsiveness, stigma, relatability, unclear pathways, provider capacity/capability/criteria can stand in the way of recovery for many. While many whānau have had positive experiences of perinatal and infant mental health services, too many have not.

The stories of our whānau and those that work to support them, show a need for more resources to be put into perinatal infant mental health services within Te Manawa Taki. As a region we are equipped with an established network of leaders and providers to allocate resources where equity gains will be the greatest.

Violence Intervention Programme training

The Violence Intervention Programme (VIP) training teaches staff about the signs of family violence, impacts on women and children, how to screen for family violence and how to respond if someone says yes. The training covers the interface between family violence and child protection including how health professionals should respond to child abuse and neglect, particularly with respect to disclosures of abuse and unexplained injuries/non accidental injuries. Staff are also taught how to make a report of concern to Oranga Tamariki and the National Child Protection Alert System.

In 2023, 13 VIP training days were held at Waikato Hospital and were attended by 263 staff, of which 42 were from Women's Health.

National maternity guidelines

National guidelines enable and encourage consistency of clinical maternity practice for particular topics identified as areas of variability within the sector. The service specifications for maternity services require the service to adopt any applicable national clinical guidelines that are endorsed by the professional colleges.

The following is an update on Waikato district's implementation for the national consensus guidelines. These guidelines are from one or more of, HQSC, Accident Compensation Corporation (ACC) and National Maternity Monitoring Group (NMMG).

Maternity Early Warning Score

The HQSC has developed a national maternal early warning score (MEWS) to help clinicians identify when a pregnant or recently pregnant woman's condition starts to get worse, so they can respond quickly. This has been business as usual in Health NZ maternity facilities and Waikato Hospital for some time. Ongoing monitoring in Health NZ Waikato Hospital shows that it is a standard practice in all maternity areas.

Newborn Early Warning Score

This was an initiative from the neonatal encephalopathy (NE) taskforce as part of an ACC project. The use of an early warning system, incorporated within the chart, provides a tool that can be used to identify earlier any deterioration in the newborn such as development of neonatal encephalopathy and promote timely and appropriate management.

NOC NEWS has been business as usual in Health NZ maternity facilities and Waikato Hospital for some time. Ongoing monitoring shows that it is a standard practice in postnatal inpatient areas. Work on improving the usage in delivery suite when newborns have blood glucose testing completed initially following birth needs more attention. Actions are being undertaken by the midwifery manager in this space.

National consensus guideline for the treatment of postpartum haemorrhage (PPH)

This updated version was published in March 2022. Both Health NZ and commissioned primary maternity facilities in Waikato are applying this guideline. Midwifery emergency refresher days facilitated by Waikato midwifery educators made this a focus with the changes related to tranexamic acid.

Monitoring of ongoing observation for 24-48 hours using MEWS following a PPH is captured in each facility that is using MEWS as their early warning and escalation tool.

Screening, Diagnosis and Management of Gestational Diabetes in New Zealand

This was published in December 2014, it is understood that this is currently under review and will be consulted on in 2024. The current version of this clinical guideline gives detailed recommendations for screening and diagnosis of probable undiagnosed type 2 diabetes and gestational diabetes in pregnancy. Recommendations on treating and managing gestational diabetes are also outlined.

Health NZ Waikato developed a partnership with a large pharmacy with several sites to provide glucometer education when a prescription was provided by a LMC. This was to allow for timely care when seeing the specialist services. Instead of waiting for BGL data following the initial consult with specialist care this is now available to the Diabetes in Pregnancy team from the first consult due to the LMC prescribing the glucometer following the diagnosis of GDM.

Companion Statement on Vitamin D and Sun Exposure in Pregnancy and Infancy in New Zealand

Published in December 2020, with a plan to update in 2024. This document provides advice for health practitioners on vitamin D and sun exposure in pregnancy and infancy. It identifies those at high risk of vitamin D deficiency and provides recommendations for vitamin D supplementation.

NICU has been providing education to parents and prescriptions for all new-borns that have been under their care that meet the statement.

Hypertension during pregnancy

This guideline was updated in 2022 to include the latest evidence-based research to guide clinical practice for the screening, diagnosis and treatment of pre-eclampsia and hypertension in pregnancy in New Zealand.The guideline is designed for health professionals to use to support clinical judgement, knowledge and expertise, and provide a consistent approach for screening, management and treatment.

Health NZ Waikato is providing care aligning to this national guidance. A challenge has been the advice to stay in secondary/tertiary facility for at least 72 hours following birth for all people diagnosed with PET.

Removing the daily blood pressure monitoring for the first week following birth has assisted with Waikato achieving adherence to this guideline.

Fetal Growth Restriction (FGR) and Small for Gestational Age (SGA)

The clinical practice guideline reflects international best practice. The FGR Guideline Development Panel interpreted literature and developed recommendations specifically for Aotearoa New Zealand and its model of maternity care.

In late 2023 Health NZ Waikato local guideline was updated to reflect the national guidance. Antenatal care provided by specialist services reflect this.

The Growth Assessment Protocol (GAP) champion worked to transition midwives and specialists to the GROW 2.0 version. All pregnancy ultrasound undertaken in specialist services at Waikato Hospital are entered into GROW 2.0 by the sonographer at the time to determine if Doppler studies are also required.

Post birth assessment of all newborns for FGR or SGA is planned to be completed by end of 2024. Waikato does not have an electronic maternity system so paper version of forms have been updated and education planned for the house surgeons is ongoing due to short rotations through maternity.

Pulse oximetry screening guidelines for newborn babies

These guidelines provide instructions on how to carry out pulse oximetry screening in newborn babies. They have been written for health practitioners involved in health assessment, screening, and treatment of newborn babies in Aotearoa New Zealand. Pulse oximetry screening can detect hypoxaemia caused by congenital heart defects in newborn babies. Parents, whānau, and guardians of newborn babies should be offered screening if the baby is born at 35 weeks' gestation or more. Screening should take place between 2–24 hours after birth.

Health NZ Waikato plans to commence implementation of this guidance in late 2024.

Lactate testing for the newborn

Health NZ Waikato has had a guideline in place since 2018 for the umbilical cord blood collection and analysis at birth. This guideline is for the analysis of blood gases based on a similar criteria as the lactate indicators. Babies born at Waikato hospital received cord blood collection and analysis for reason similar to the national guidance.

Maternity clinical indicators

Maternity clinical indicators

The New Zealand Maternity Clinical Indicators (NMCI) series provides information on maternity events that contribute to optimal health outcomes for pregnant people and their babies. The 'standard primipara' definition is used to identify a group of pregnant people having their first baby who are low risk for obstetric complications and interventions, and for whom rates of intervention and outcomes should be similar between maternity facilities and regions.

Of the 20 indicators covered in this series:

- one applies to pregnant people who registered with a lead maternity carer (LMC)
- eight apply to standard primiparae
- seven apply to all people giving birth in Aotearoa New Zealand
- one applies to all babies born in Aotearoa New Zealand
- three apply to babies born at term (between 37 and 41 completed weeks' gestation).

The NMCI series shows that reported interventions and outcomes for pregnant people and babies vary across districts and between individual secondary and tertiary maternity facilities. Health NZ extracts data for these indicators from pregnancies and live-born babies recorded on the National Maternity Collection (MAT). Additional hospital event data for each pregnancy and live-born baby recorded on MAT is extracted from the National Minimum Dataset (NMDS).

Records of babies born at a gestational age of less than 20 weeks, and the corresponding records for their birth parent, have been excluded from this analysis. Health NZ has made all efforts to ensure that the data presented does not include duplicate events. People giving birth at home are counted as having a spontaneous vaginal birth without an episiotomy.

Definition of a standard primipara: A standard primipara in this publication is a person aged 20–34 years old at the time of giving birth who are giving birth for the first time (parity = 0) at term (37–41 weeks' gestation) where the outcome of the birth is a singleton baby, the presentation is cephalic (headfirst) and there have been no recorded obstetric complications that are indications for specific obstetric interventions.

Waikato analysis 2022 NMCI

The table below compares the Waikato rate to the national rate, and Waikato rate to each Waikato ethnic group rate to identify any inequity across the district. Background colour is Waikato vs national rate, and the circles Waikato population comparison. White is where there is not enough data.

		All	Māori	Pacific	Indian	Asian	Euro or other
1	First trimester registration with an LMC						
Indicators 2-9 relate to the standard primiparae group only							
2	Spontaneous birth						
3	Instrumental birth						
4	Caesarean section						
5	Induction of labour						
6	Intact perineum						
7	Episiotomy and no 3rd or 4th degree perineal tear						
8	3rd or 4th degree perineal and no episiotomy						
9	Episiotomy and sustaining a 3rd or 4th degree tear						
Indicators 11,12 and 16 relate to all people							
10	GA for caesarean section						
11	Blood transfusion with caesarean section						
12	Blood transfusion with vaginal birth						
16	Maternal tobacco use during postnatal period This indicator is no longer reported on						
Indicators 17-20 relate to all babies							
17	Preterm birth						
18	Small babies at term						
19	Small babies at born at 40 – 42 weeks						
20	Born ≥37 weeks, respiratory support						

NMCI where Waikato district has a worse than the national statistical range

Indicator 18: small babies born at term

Placental disease (including that associated with pre-eclampsia) and smoking are common causes of poor fetal growth, leading to babies being diagnosed with SGA. Appropriate management of pregnant people at increased risk of SGA/FGR (those with a history of SGA/FGR, high blood pressure or obesity, and who smoke) may reduce the risk.

Detecting poor fetal growth early on may reduce the risk of stillbirth by presenting the opportunity for better surveillance and iatrogenic preterm birth.

Actions to make improvements
Smoke free pregnancies see page 58: Supporting our community to stay well, smoke free pregnancies
Improving LMC registration, or access to primary maternity services in the first trimester. See Improving Equity of Access to Service, page 64

Indicator 19: Small babies at term born at 40-42 weeks gestation

This indicator measures the proportion of SGA babies at term gestation (37-42 weeks) who were born between 40 to 42 weeks' gestation. This indicator represents the proportion of unrecognised or sub-optimally managed cases.

Waikato district has a higher rate of small babies being born past 40 weeks gestation.

Actions to make improvements
Implementation of GAP

The GAP is an international program that aims to improve safety in maternity care and outcome of pregnancy, including perinatal mortality and morbidity, with the predominant focus on improving antenatal recognition of pregnancies at risk due to fetal growth restriction. GAP consists of evidence-based guidelines and risk assessment algorithms, education and accreditation of all staff involved in clinical care.

A good proportion of employed midwives have attended education and the DOM has been involved to work with the LMC community to also complete education to improve the detection of small babies.

Implementing the national FGR/SGA clinical guidance

Waikato Hospital has commenced a plan to implement the national Health NZ SGA/FGR clinical guideline in 2024. This guideline provides clear risk assessment and subsequent pathways based on the risk to detect SGA/FGR during the antenatal period.

Local ethnic inequity identified by NMCI

NMCI viewed at a local level compare each ethnic group to the Waikato average. Indian people have the most indicators outside (negatively) the statistical rate, while Māori have the most indicators better than the statistical.

For actions to address inequity see page 64: Improving equity of access to services

Indian people across the country remain within the statically range or are better than for all of the NMCI, at a local level we can see that this ethnic group has:

Indian outcomes

Better than the local rate	Worse than the local rate
✓ **Higher rate of registration with an LMC in the first trimester**	× spontaneous birth
	× instrumental vaginal births
	× intact perineum
	× obstetric anal sphincter injury

Māori whānau at a local level reflect the national Māori rate for near all the indicators. We can see locally that Māori have:

Māori outcomes

Better than the local rate	Worse than the local rate
✓ **spontaneous vaginal births**	× preterm birth
✓ **instrumental vaginal birth**	× small babies at term
✓ **caesarean section**	× lower rate of registration with an LMC in the first trimester
✓ **intact perineum**	
✓ **obstetric anal sphincter injury**	
✓ **induction of labour**	

A difference between the local and national rate for Māori is seen with indicator 19: Small babies born at 40-42 weeks. Waikato Māori are within the statistical range locally for this indicator.

Severe morbidity indicators

The number of maternal deaths in any given year is low. The impact of severe morbidity is significant and long term, is of high personal cost to a pregnant person and their family and has a high financial cost to the health system. Monitoring severe morbidity provides a broader picture of the true impact of adverse outcomes in maternity and allows individual maternity units to benchmark whether their rates of severe morbidity are consistent with other units.

Indicator 13: Diagnosis of eclampsia at birth admission

Eclampsia is considered preventable through early detection and management of pre-eclampsia. The purpose of indicator 13 (eclampsia) is to drive local investigation, including case review, into the appropriate diagnosis and management of pre-eclampsia with a view to decreasing the incidence of eclampsia.

- Waikato recorded 2 cases.

Indicator 14: People having a peripartum hysterectomy

Peripartum hysterectomy is a surgical intervention usually only performed to save the life of a person giving birth, and usually when uncontrollable obstetric haemorrhage or extensive uterine rupture complicates birth. It is a marker of severe maternal morbidity, and may indicate the failure of upstream interventions to prevent and manage antecedents such as haemorrhage or prolonged obstructed labour.

- Waikato recorded 2 cases.

Indicator 15: People admitted to ICU and required ventilation during the pregnancy or postnatal period

Mechanical ventilation for greater than 24 hours of a pregnant or postpartum person is a marker of severe maternal morbidity that does not distinguish by cause. It denotes a high degree of severity, and its measurement is more sensitive than measurement of intensive/special care unit admissions, as it is not dependent on local layout of facilities.

- Waikato recorded 3 cases.

Waikato birthing population data

Whole of maternity population analysis

What are the demographics of the Waikato birthing population?

Waikato continues with an increasing percentage of births again in 2023 with near 10 percent of all the births across Aotearoa occurring in the Waikato district. The following data is a representation of birthing people who are recorded to have their 'district of residence' as Waikato recorded in Qlik Maternity in 2023. There are also people who birth at Waikato Hospital from outside the district due to Waikato being a tertiary referral centre. Unless stated otherwise the following refers to whānau who reside in Waikato.

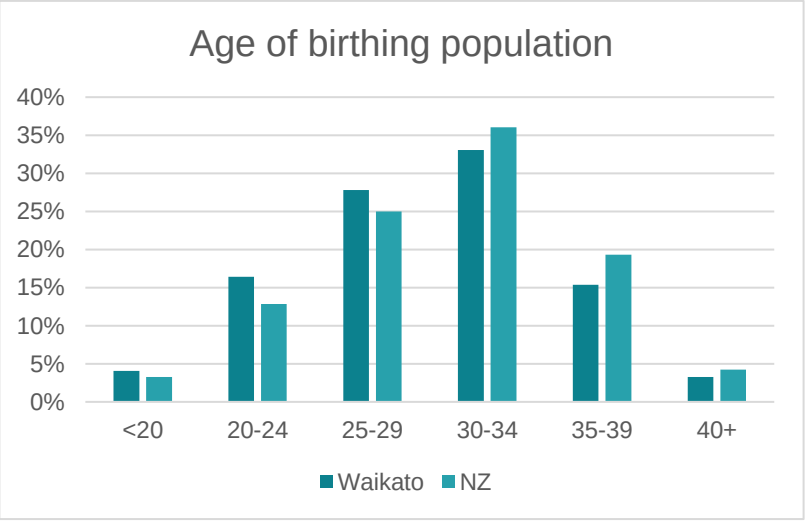
Ethnicity

Waikato continues to have a higher than the national rate of Māori whānau giving birth resulting in the most births to Māori whānau for the whole country occurring in Waikato. The percentage of Māori whānau birthing has remained similar over the ten year period from 2013 to 2023, while the biggest change in the ethnicity of mothers giving birth in Waikato is the Indian group, increasing from 134 people in 2013 to 579 in 2023, an increase of over 300 percent. Māori, Pacific and Asian (excluding Indian) also increased between eight and 45 percent, while NZ European/other reduced by 15 percent.

Age

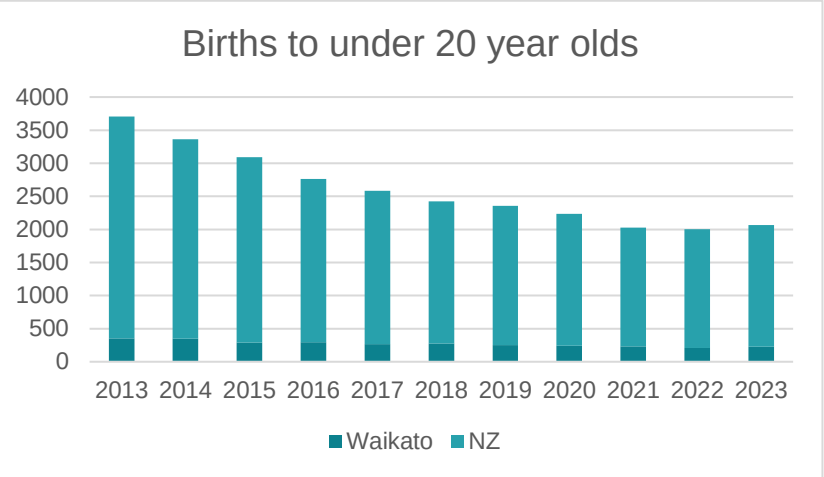
The median age for a pregnant person in New Zealand was 31.3 years (Stats NZ, 2024). Across the Waikato births to those under 30 and over 30 are a near spilt with 52 percent to the latter group.

Parents over the age of 40 years continue at a similar rate year on year while the younger group has been decreasing.



A reduction of 45 percent of teenage births in New Zealand has been observed in the 10 year period between 2013 and 2023, in Waikato district this has decreased by 36 percent.

See page 66: Progress on implementing national priorities, Maternity care for under 20 year olds

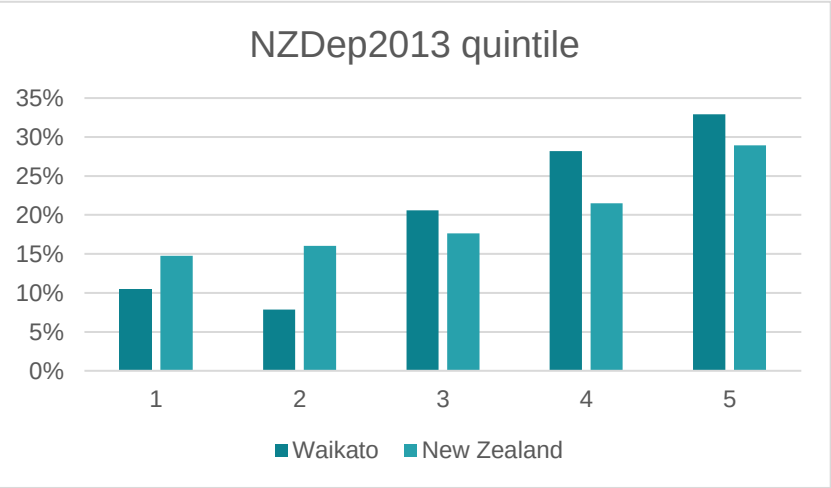


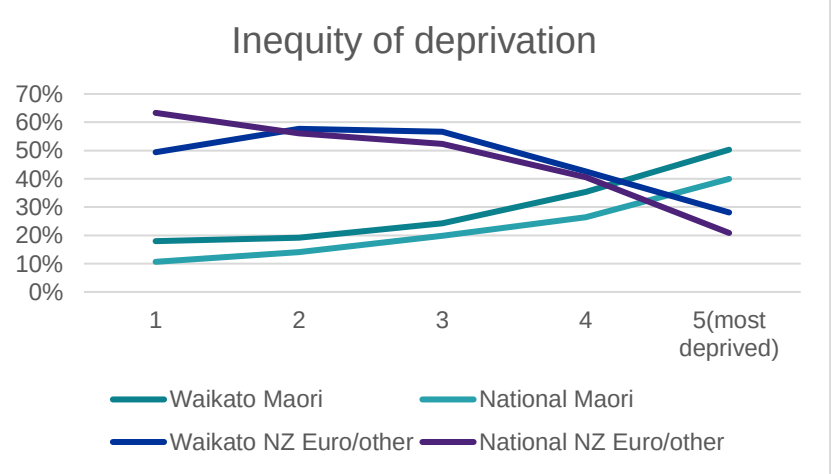
Deprivation scale

More whānau giving birth in Waikato are living in areas of high socioeconomic deprivation compared to the national rate.

In 2023 Waikato data shows more than half of the births to whānau who are living in NZDep 4 and 5 (highest deprivation). This is unevenly distributed across ethnic groups with Māori making up 50 percent of the NZDep 5 group.

In contrast, at the other end of the deprivation scale, only 10 percent of all mothers giving birth in Waikato are living in NZDep1. New Zealand European/other make up half of the 10 percent.





Waikato ethnic inequity trends reflect the National trend of Māori whānau giving birth living in higher levels of deprivation when compared to the New Zealand European/other group.

How many babies are Waikato whānau having (parity)

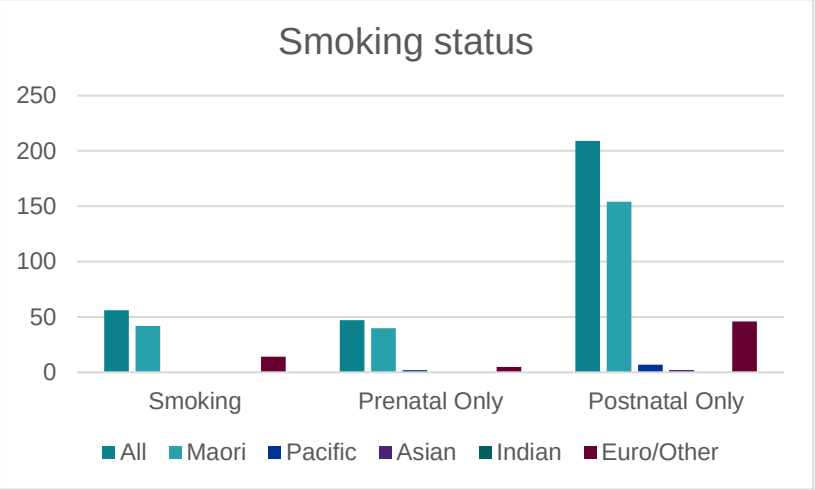
Waikato has a slightly lower rate (outside the statistical range) of people having their first or second baby compared to the national rate. The rate of births to people having their third or fourth child in Waikato are within the statistical range. This is similar to the last report where people having larger families have their babies in the Waikato.

Who are the people that birth in the Waikato district?

The following sections expands on the demographic information of Waikato birthing population to consider the changing health status.

Smoking

Although the number of people smoking in pregnancy and the postpartum period are reducing each year the rates continue to show ethnic inequity. In Waikato Māori have the highest smoking rates across all groups; smoking, prenatal only, and postnatal only. Interestingly the highest number of people smoking occurs in the postnatal period for all ethnic groups.



Data provided by 'Once and For All' stop smoking service shows a decline in the number of hapū māmā being referred to their service, however further analysis demonstrates that this is in response to the overall decline in the number of pregnant people who smoke, with the percentage of referrals and successful quits increasing since 2018/2019. Hapū māmā who enrol in the programme have high success rates of quitting smoking, in 2022/2023, 80 percent of enrolled participants successfully quit. The majority of pregnancy referrals in the past year have come from secondary care, whilst LMC referrals make up 10 percent of referrals.

See page 58: Supporting our community to stay well, Smoke free pregnancies

Diabetes

Diabetes in pregnancy affects nine percent of all people giving birth in Waikato. In 2024 there were 427 people that had diabetes in pregnancy. This was less than the previous year, but prior to that was increasing year on year, the difference from 2013 to 2023 was an increase of 91 percent. The rate of diabetes in pregnancy differs among the ethnic groups.

The number of Indian people with diabetes in pregnancy in Waikato has increased by 922 percent over ten years, this is owing to Indian being the fastest growing ethnic group for Waikato births.

See page 75: Screening, Diagnosis and Management of Gestation Diabetes in New Zealand, for information about accessing timely treatment.

Multiple pregnancy

Around 95 whānau in Waikato had a multiple birth in 2023, this is up by 34 percent since 2013. Multiple births account for two percent of births in Waikato and one percent of births nationally.

An induction of labour occurred for 31 percent of the multiple pregnancies, of which near a third ended in an emergency caesarean section. A further 32 percent had a planned caesarean section.

There were 12 percent of multiple pregnancies where labour commenced without an IOL, and didn't result in a caesarean section. All of these were preterm births. There were no spontaneous onset of labour resulting in vaginal births of term babies in the multiple birth group.

Pre-eclampsia

Waikato has a similar rate of pregnancies with the diagnosis of pre-eclampsia as the national rate, which was seven percent in 2023. With the increasing birth rate Waikato has seen a near 100 percent increase in pre-eclampsia with now over 400 pregnancies effected by this each year.

Majority of pregnancies with pre-eclampsia in 2023 were to whānau expecting their first child. Eighty three percent of the births with pre-eclampsia were at full term, eight were more than 42 weeks. Of the term babies only nine percent were considered low birth weight using the definition of less than 2500g.

Induction of labour is required more frequently with pregnancies effected by pre-eclampsia. In 2023 Waikato district IOL rate was 24 percent, while pregnancies with pre-eclampsia were induced at a rate of 56 percent.

What are the outcomes for our people?

In addition to the NMCI the following is an analysis of whole of birthing population data to compare the Waikato rate of outcomes to the NZ rate. This also provides opportunity to demonstrate the rate across the various levels of maternity services offered, from the Health NZ owned primary maternity facilities, the Health NZ commissioned private primary maternity facilities and Waikato Hospital which provides primary secondary and tertiary level maternity services.

Type of birth

Type of birth, 2023	New Zealand	Waikato Hospital	Primary facilities	Waikato district
Spontaneous vaginal birth	54%	45%	100%	58%
Assisted incl. Instrumental birth	12%	15%	0%	11%
Emergency caesarean section	19%	23%	0%	17%
Elective caesarean section	13%	17%	0%	13%

Key – Statistical range

worse than	Better than	within

Spontaneous birth

Spontaneous vaginal birth is the birth of a baby without any obstetric delivery assistance to facilitate delivery; includes spontaneous breech birth (vaginal birth in which the baby's buttocks or lower limbs precede its head). These births may include labour interventions such as induction or augmentation prior to delivery.

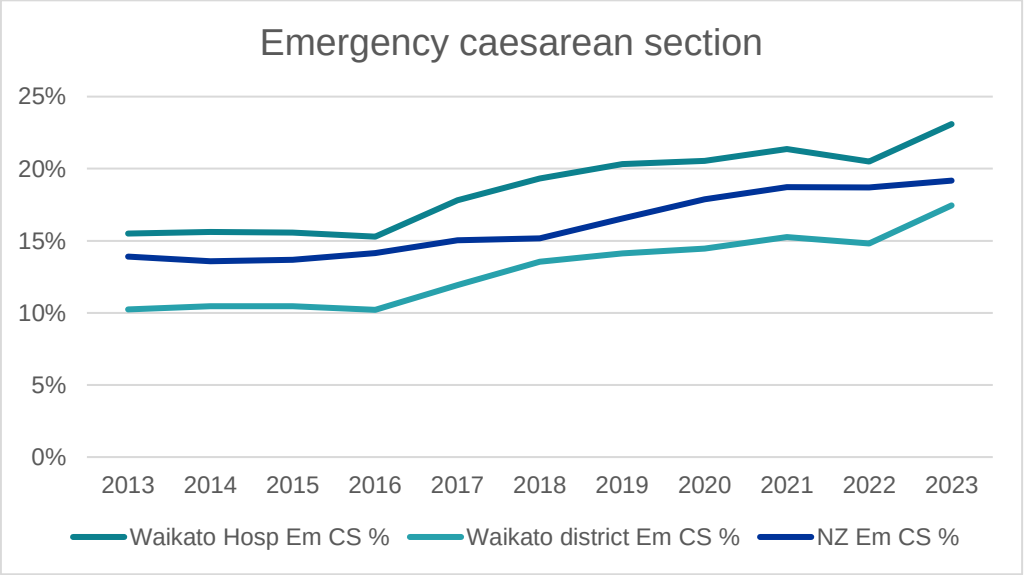
Across all of Waikato primary maternity facilities and homebirths all births are recorded as spontaneous vaginal births.

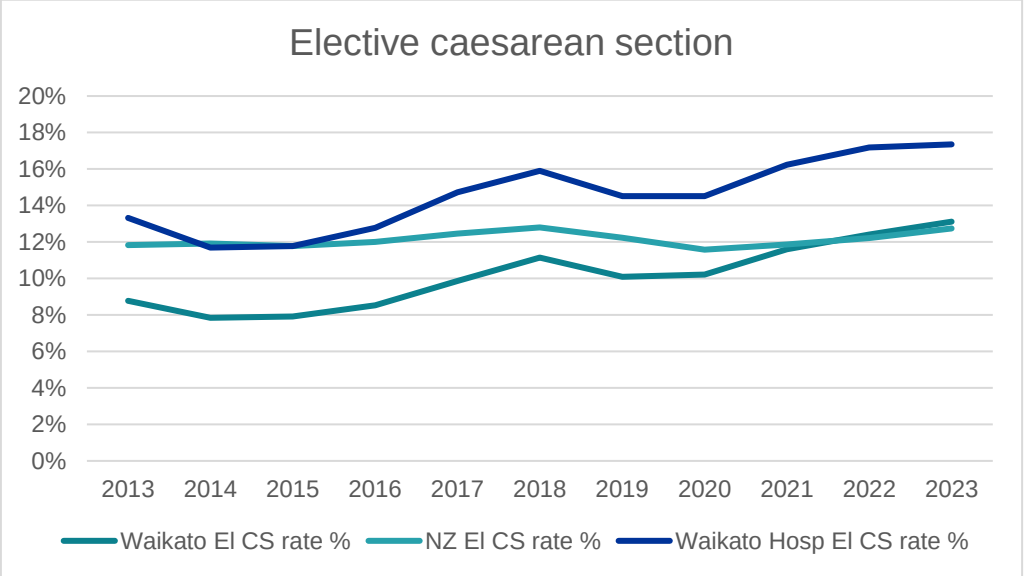
The national rate of spontaneous vaginal births has been decreasing year on year and is now 54 percent of all births in New Zealand. Waikato district has a higher (better) rate of 58 percent and is also above the statistical range compared to the national rate. Waikato Hospital is lower than the statistical range (has less) but when the whole birthing population of Waikato is considered this balances out to be better than the national rate.

Caesarean section

Waikato Hospital is the only facility in Waikato district that provides caesarean sections, but is not the only place of birth, around 1200 births occurred outside the hospital in 2023. The following represents the hospital rate, New Zealand rate and also the district rate by adjusting the denominator to include all births in the Waikato district. Over the past 10 years the emergency caesarean rate has increased nationally, as it also has in the Waikato district. There is also an increasing rate of elective caesarean in Waikato while the national rate has remain relatively steady. If this trend continues Waikato district will have a higher than national average rate.

Combining elective and emergency caesareans Waikato district has a rate of 31 percent while the national rate is closer to 33 percent.





Emergency caesarean section

In 2023 births in Waikato Hospital resulted in an emergency caesarean section 23 percent of the time.

Comparing this to the national rate Waikato Hospital is higher, but including all birth occurring in the district across all sites improves this. The rate of emergency caesarean section in Waikato is 17 percent compared to the national rate of 23 percent which is better than the statistical range.

Over the previous 10 years the rate of emergency caesarean sections has increased from 10 percent to now 17 percent of all births.

Elective caesarean section

Elective caesarean sections make up 17 percent of all births at Waikato Hospital, and 13 percent of all births in the Waikato district. This is within the statistical range. Over 10 years the number of elective caesarean sections has more than doubled in the Waikato, partly as a result of the increased number of births. Nationally the increase hasn't been as dramatic due to the national birth rate reducing.

When looking at each ethnic group the 2023 Waikato rate by ethnicities is very similar to the national rate.

Assisted births including instrumental births

Assisted births are vaginal births where assistance is required to deliver the baby, including assisted breech births. Where there is coding for obstetric manoeuvres (e.g. McRoberts) without the use of forceps or ventouse is considered an assisted birth. Instrumental births are counted as vaginal birth requiring obstetric delivery assistance e.g. forceps, vacuum extraction.

Waikato hospital has a rate outside the statistical range due to the number of births occurring outside the hospital. The rate for the district is lower, but remains within the statistical range.

Interventions

Induction of labour (IOL)

Waikato Hospital is the only maternity facility in the district that is able to provide induction of labour. Induction refers to the process of artificially stimulating the uterus to start labour by artificial rupture of membranes or pharmacological means. Interestingly 1-3 percent of inductions are occurring in primary maternity facilities, these would be captured where labour is induced by means of rupturing the membranes. There were also 20 whānau who do not reside in Waikato that were induced at Waikato Hospital.

31 percent of births occurring at Waikato Hospital are induced, over 10 years the number of IOL each year has increased by 23 percent from near 1000 inductions performed in 2013 to almost 1250 10 years later in 2023. The increase is less than the NZ increase which is 25 percent. The rate of IOL at Waikato Hospital is above the statistical range but for the whole district the rate is reduced and is less than the statistical range.

In 2023 an audit of the IOL process was undertaken by trainee interns in partnership with Waikato Hospital Quality and Patient Safety Clinical Effectiveness Manager. The audit demonstrated within the sample, of 31 people who underwent an IOL at Waikato Hospital that 87 percent were considered to have a clinical indication. Of those that didn't meet the clinical indication according to the Induction of Labour in Aotearoa New Zealand: A Clinical Practice Guideline 2019 the reasons cited:

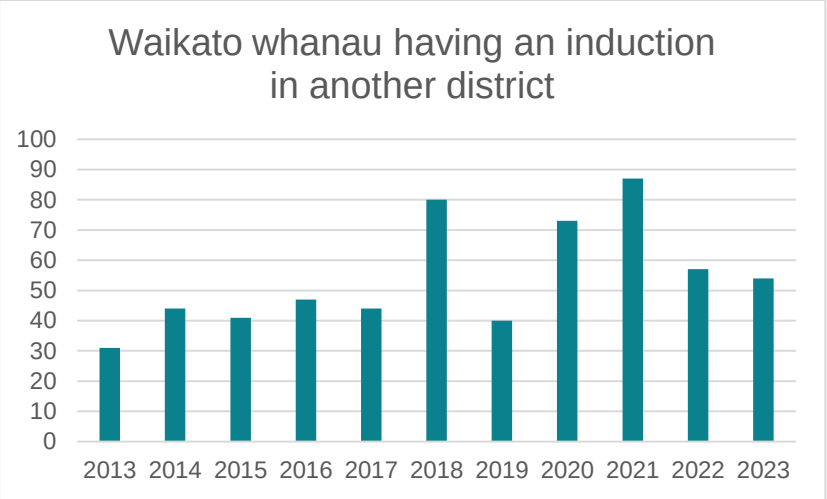
- advanced maternal age less than 40 weeks. Guideline states: For women aged 40 years and over, consider offering IOL at around 40 weeks' gestation
- LGA. Guideline states: In women with suspected macrosomia, in the absence of pregnancy complications, consider expectant management
- reduced fetal movements. Guideline states: For women with reduced fetal movements, in the presence of normal maternal and fetal assessment, continue expectant management
- maternal anxiety. Guideline states: Do not offer IOL in the absence of a medical indication. Manage maternal requests for IOL on a case-by-case basis.

The most commonly recorded reasons met the Induction of labour in Aotearoa New Zealand: a clinical practice guideline. These were in order of frequency within the sample were:

- prolonged pregnancy ≥41+1 weeks gestation
- pre-existing/gestation hypertension
- GDM with and without comorbidities
- severe FGR
- obstetric cholestasis.

Each year there are whānau who have Waikato as their district of residence however have an induction of labour occurring outside the district, this varies year on year but with the growing number of births the number is increasing.

During 2023, 4 percent of Waikato whānau, that is 54 whānau, had their induction of labour in another district. When it is considered clinically unsafe to delay an induction of labour and Waikato Hospital is not able to provide this service, generally due to insufficient staffing a plan is developed with other hospitals in the region to facilitate the induction. It is recognised that it is not ideal to move a person away from their home and support network. To remedy this additional staffing and location of the IOL Unit in Waikato Hospital is being considered.



Epidural

Over the previous 10 years the rate of epidurals for all births occurring at Waikato Hospital has decreased by two percent. Epidural is not available at any other facility across the Waikato District.

The national rate for epidural is 25 percent for all births. In the Waikato district the epidural rate is 16 percent for all births, or 13 percent when caesarean sections are removed from the group, meaning 13 percent of labours that end with a vaginal birth are with an epidural.

Waikato continues to have an increasing number of births each year, but a decreasing number of epidurals. Many factors may contribute to this including; sociocultural (influence of how other people we know/are close to birth), LMC epidural certification, maternity provider attitude to labour analgesia, and the availability and popularity of remifentanil PCA.

Perineal trauma

Perineal trauma remains one of the most common complications of childbirth and is thought to affect between 60 to 85 percent of pregnant people who give birth vaginally. The table below compares the national rate to the Waikato rate. Shaded cells indicate the Waikato district rate compared to the New Zealand national rate. A red cell indicates the rate is outside the statistical range (worse than), green is also outside the statistical rate (better than) while yellow is within.

Perineal trauma rates, 2023	New Zealand	Waikato Hospital	Waikato District
Episiotomy (total)	12%	20%	13%
Episiotomy with 3rd or 4th degree tear	7%	11%	11%
3rd or 4th degree tear rate	2%	3%	3%
1st or 2nd degree tear	29%	26%	21%
Intact perineum	68%	71%	76%

Key – Statistical range

worse than	Better than	within

Episiotomy

In the Waikato district birthing people have a similar rate of an episiotomy compared to the rate for the whole country. Waikato Hospital has a higher rate, which would be expected with also providing instrumental births where an episiotomy is often indicated. The births occurring in the primary facilities and home reduce this rate for the district and bring it within the national statistical range.

When an episiotomy is performed in Waikato Hospital 11 percent will also have a 3rd or 4th degree tear, this is outside of the statistical range of the national average, which is seven percent, meaning people having an episiotomy in the Waikato district have a higher rate of a 3rd or 4th degree tear with that episiotomy.

3rd and 4th degree tears

Third and 4th degree tears also happen without an episiotomy. Nationally the rate of a 3rd or 4th degree tears is two percent of all perineal trauma. Waikato district rate of all 3rd and 4th degree tears is above the statistical range nationally. As a result teaching mornings have focused on this.

1st and 2nd degree tears

Both in Waikato hospital and the district the rate of 1st and 2nd degree tears are less than the national average.

Intact perineum

Both in Waikato hospital and the district the rate of intact perineum's is less than the national average. More people birthing in the Waikato district have an intact perineum than the national rate.

Our babies

Gestation at birth

A full term gestation is considered to be from 37 weeks until 42 weeks. This section examines the number of babies born either before 37 weeks (preterm) or after 37 weeks.

Nationally 92 percent of live born babies are ≥37 weeks gestation and in Waikato it is 91 percent.

Facilities	% of babies born ≥37weeks gestation
Waikato Hospital	89%
Primary facilities	99%
Home births	96%

As expected Waikato Hospital has the lowest rate of term births due to it being a tertiary level maternity facility where preterm births are expected to occur.

Babies born at term weighing less than 2500g

Waikato had 164 SGA babies born at ≥37 week's gestation in 2023. This represents three percent of all live born babies. This has been a steady rate since 2013 but owing to the increasing birth rate the number has increased from 87 to 156 over the 10 year period.

SGA in this report is defined as less than the 10th percentile for birthweight on the INTERGROWTH-21st growth charts for gestational ages 37 to 42 weeks. This differs from the percentage of babies in Aotearoa New Zealand who fall above or below a given percentile on customised centile charts.

Infants who are born SGA are at increased risk of neonatal morbidity and mortality, reduced growth through childhood, lower childhood neurodevelopmental scores, reduced educational attainment and increased lifetime risk for impaired glucose tolerance, including type 2 diabetes, and cardiovascular disease.

There is extensive evidence for maternal factors leading to SGA, including smoking, high blood pressure, pre-eclampsia, poorly controlled diabetes, obesity and poor nutrition.

Early registration or access to a maternity carer provides the opportunity to improve or manage maternal factors related to SGA babies. Late registration, from the second trimester until during the postnatal period accounted for 43 percent of the pregnancies where the outcome was a SGA baby.

Even with the low rate of registration in the first trimester there were very low smoking rates, 87 percent were non-smokers at the time they registered with a primary maternity carer. Pre-eclampsia was associated with 19 percent of the SGA babies. Whānau living in high deprivation accounted for the majority at 63 percent of these pregnancies.

Babies born at term weighing more than 4500g

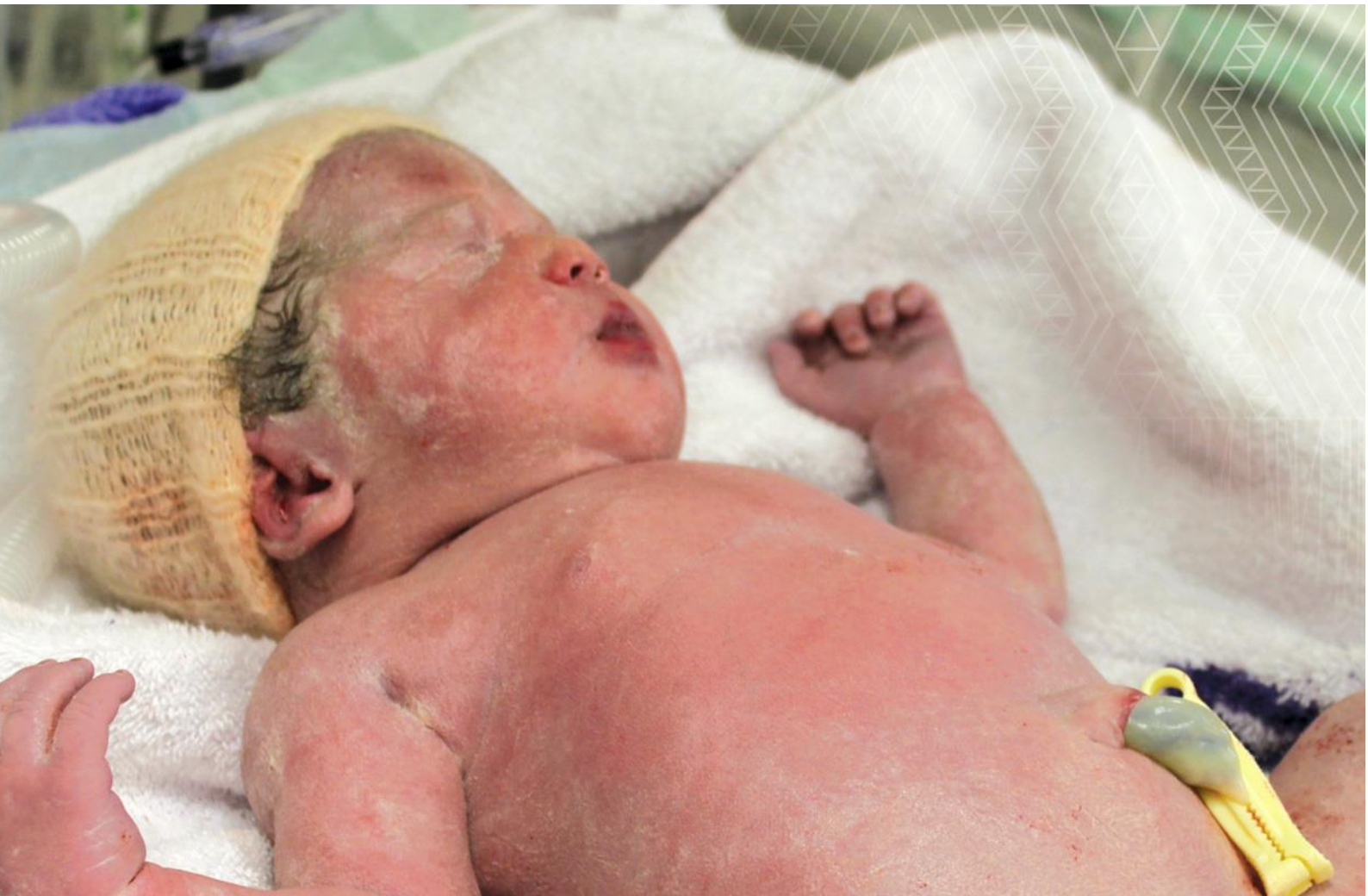
Across all of the Waikato three percent of new-borns are born weighing more than 4500g at ≥37 week's gestation. There has been little variance on this rate since 2013. The definition of LGA in this report differs from the percentage of babies in Aotearoa New Zealand who fall above or below a given percentile on customised centile charts. Three percent is the same as the national rate.

Diabetes, without knowing the type or control accounted for eight percent of the babies born LGA.

Apgar at five minutes of age

The following information reflect babies born at ≥37 weeks of pregnancy with an Apgar of less than seven at five minutes. This is an indicator of severe intrapartum compromise. Apgar scores quantify and summarise the response of the new-born over the first few minutes of life. The Apgar score is assessed and recorded based on observations made at one and five minutes after birth and then sequentially every five minutes from birth until the heart rate and breathing are normal

In 2023 there were 102 babies born at full term that had an Apgar of less than seven at five minutes of age. The rate is two percent both when birthing in the hospital or outside the hospital, in a primary maternity facility or home birth.



Breast feeding status

The National Infant Feeding Data at Discharge by Health NZ was produced in 2023. By location Waikato district has a 78.18 percent exclusive breastfeeding rate at discharge from the facility following birth.

The following information is about babies born at a gestation of 37 weeks or more.

Of babies born in Waikato Hospital the percentage still exclusively breastfeeding at two weeks of age is 56 percent. Babies born in a primary maternity facility within the district have a rate of 75 percent continuing to exclusively breastfeed at two weeks of age.

European/other ethnic group have the highest percentages of exclusive breastfeeding at two weeks regardless of birthing location.

New Zealand Breastfeeding Alliance (NZBA) listed infant feeding challenges in the 2023 report which are also factors locally:

- Midwifery workforce shortages remain an on-going concern for maternity services, impacting support for breastfeeding in the early hours and days postnatally
- Registered nurses provide all postnatal care in Waikato Hospital
- Registered nurses do not receive formal training in breastfeeding during their degree education. At Waikato Hospital nurses are required to complete annual breast feeding workshops and have the support of a midwife on all shifts in the postnatal areas
- Increasing comorbidities amongst the birthing population drive increased intervention.

Key points – Our babies

- 91% of live born babies in Waikato District are ≥37 weeks gestation
- 2% of term live born babies in the district have an Apgar of <7 at 5 minutes (indicating severe intrapartum compromise) regardless of birth location
- 3% of term live born babies are considers small at birth in the district
- 3% of term live born babies are considered large at birth in district
- Full term babies born in the hospital are less likely to be exclusively breastfeeding at 2 weeks of age than those born in a primary maternity facility.

Consumer experience – A birth story

In 2023, we welcomed our first pēpi into the world and as many women before me have experienced, having a birth plan in place in no way predicts what will actually happen on the day. Despite some significant changes to how I had planned to birth I had an overall positive experience and feel very grateful to my LMC and the staff at Waikato Hospital that made this possible.

In my original plan I had planned to birth at either River Ridge or Waterford with as little intervention as possible, but the meconium meant that my risk profile changed and I needed to birth at the hospital instead.

Despite a big change to the plan from the outset, once we arrived at the hospital my midwife helped me to keep control of the things that I could control despite me demanding an epidural shortly after I arrived. In the end I laboured away for 24 hours with gas, a TENS machine and a constant supply of ice chips, and some trips back and forth to the hot shower. Our midwife helped us to create the calming environment that we had hoped for my minimising the number of people that were coming in and out of the room, keeping the lighting dim, managing the noise from outside of our room and giving us space so that my husband could do as much of the support during labour as possible.

Twenty-four hours after my water broke, my contractions were slowing down it was time to consider what interventions were needed. By this point I was exhausted and tearful, but I remember very clearly how kind and calm the obstetrician who came to see me was. She explained the different options and answered my questions in a way that I could understand despite my level of exhaustion, and used very gentle language. In the end I went to theatre for a forceps delivery and was amazed at how fast this was organised when the decision had been made.

The moment they put my boy on my chest was the best moment of my life. The head anaesthetist had tissues ready for my husband in the moments after birth, and once baby had been checked over they put him back on my chest and the anaesthetist then went through my husband’s scrubs into his jeans pocket to retrieve his phone so he could take our first family picture together. These small acts of kindness meant the world to us and we are really grateful to all the people who supported us through the journey.

Planning for 2024 and beyond

Te toia, te haumatia

Nothing can be achieved without a plan and way of doing things

Planning for 2024 and beyond

We aim to achieve Pae ora, by working in collaboration with whānau and providers to build connected and sustainable maternity healthcare services across the Waikato. In order to support a more unified, smarter, sustainable and equity-led health system, we plan to increase the availability of responsive community focused services. The quality plan initiatives will include:

- supporting quality improvement through the implementation of national guidelines
- developing responsive and equitable community focused maternal mental health services
- improving services that are closer to home for rural communities by establishing rural obstetric clinics
- progressing the accessibility of local maternity webpages by incorporating the consumer friendly health information provided by Health NZ.

Supporting quality improvement through the implementation of national guidelines

National guidance enables and encourages consistency of clinical maternity practice for particular topics identified as areas of variability within the sector. Waikato HSS intends to implement the following guidelines in 2024:

- Pulse Oximetry Screening Guidelines for Newborn Babies
- Small for Gestational Age / Fetal Growth Restriction Guidelines.

With the support of the Starting Well team in Te Manawa Taki commissioning arm along with the Director of Midwifery extend the implementation of these guidelines to the NGO primary maternity facilities and the LMC workforce.

As new national guidance is released, these will also be added to this plan.

Developing responsive and equitable community focused maternal mental health services.

A working group is established between the maternity and perinatal mental health services with the aim of developing a continuum of care to ensure whānau are able to access the services they need when they need them. This will include:

- supporting whānau to access community services if they are not eligible for secondary mental health services
- improving escalation pathways between maternity and perinatal mental health services
- working with providers to develop a continuum of supports that are accessible to whānau.

Supporting the rural health strategy to achieve Pae Ora by establishing rural clinics

Rural communities' health needs are often under-served, particularly in relation to accessing health services. Remote communities and rural Māori feel this even more acutely.

In 2023 a review of the number of whānau who attend specialist obstetric clinics at Waikato Hospital has identified that there is a need to establish an outreach clinic in the Coromandel. The aim will be to better support whānau to access services in their local communities.

Glossary

Glossary

Abbreviations

ACC Accident Compensation Corporation

BFHI Baby Friendly Hospital Initiative

DHB District Health Board

ED Emergency Department

GP General Practitioner (doctor)

HQSC Health Quality and Safety Commission

IOL Induction of labour

IUCD Intra-uterine Contraceptive Device

LARC Long-acting Reversible Contraceptives

LMC Lead Maternity Carer (community midwife)

MFYP Midwifery First Year of Practice Programme

MMWG Maternal Morbidity Working Group

MOH Ministry of Health

MQSP Maternity Quality and Safety Programme

NE Neonatal Encephalopathy

NGO Non-Government Organisation

NICU Newborn Intensive Care Unit

NMMG National Maternity Monitoring Group

NRT Nicotine Replacement Therapy

PHO Primary Health Organisation

PMMRC Perinatal and Maternal Mortality Review Committee

SAC Severity Assessment Code

SMO Senior Medical Officer (Consultant Doctor)

Definition 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 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 socio-economic status, religion, gender, age, sexuality or disability.

Cultural competence

Culture can relate to more than ethnicity alone, for example socio-economic 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.

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 (GP). 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 is death or permanent severe loss or function,
- SAC 2 is permanent major or temporary severe loss of function
- SAC 3 is permanent moderate or temporary major loss of function
- SAC 4 is a near miss event

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 women their whānau and communities, birthing facilities and other health providers, maternity service employees, professional agencies, iwi and primary care alliance partners.

Te Kāwanatanga o Aotearoa
New Zealand Government

Health New Zealand
Te Whatu Ora