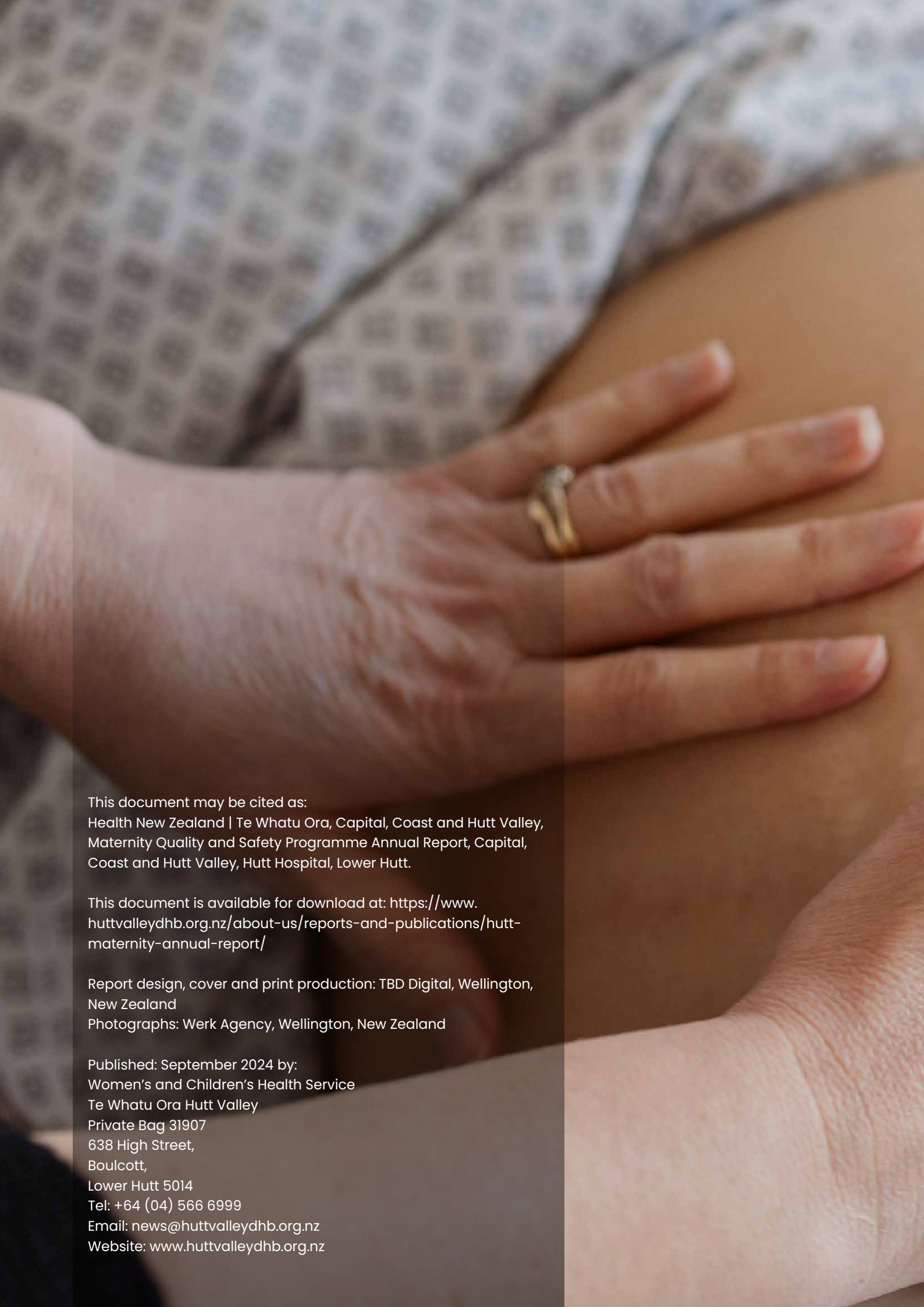
2023

HUTT VALLEY MATERNITY QUALITY & SAFETY PROGRAMME

ANNUAL REPORT

Health New Zealand
Te Whatu Ora

Capital, Coast and Hutt Valley



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Thank you to the many administration, midwifery, nursing and medical staff who have contributed to the content of this report.

Special thanks to the Maternity Quality & Safety Governance Group (MQSGG) including Shelley James, Carolyn Coles, Wendy Castle, Karen Daniells, Nicole Anderson, Elaine Newman, Krystal Williams, Amanda Ashcroft, Jeya Wilkes, Teejay Joshi, Vee Samoa, Patria Tamaka, Jamie Martin, Marleen Greenwood, Sonya Hitchcock, Gemma Nightingale and Meera Sood, all of whom have put in an extraordinary effort with the continuing challenges throughout the year.

It is with genuine appreciation that we thank our workforce, consumers, Lead Maternity Carers (LMCs) and wider health care partners and communities.

Thank you also to all the whānau and staff who kindly let us use their images to illustrate our report.

REPRODUCTION OF MATERIAL

FOREWORD

It gives us immense pleasure to present Hutt Valley's Maternity Quality and Safety Programme (MQSP) report for 2023.

In 2022 Capital, Coast and Hutt Valley became one district. This was a welcome move that provided us with many opportunities to streamline services and reduce unnecessary variation.

One of the major challenges faced by midwifery services over the past few years remained securing a stable, skilled, and full complement of midwives. Some of the ways we have tried to address this workforce issue are through offering recruitment and retention packages, continuous professional development opportunities and active recruitment. During the past year in addition to New Zealand qualified midwives, the Women's Health Service have successfully recruited a steady stream of internationally qualified and experienced midwives. Their welcome arrival adds to the breadth of experience and fresh eyes to our local workforce. We are also looking forward to Victoria University of Wellington's first cohort of graduate midwives joining us (as employees or LMCs) at the beginning of 2024.

To streamline services across the district, senior midwifery titles and the role descriptions for Midwife Managers, Clinical Midwife Managers and Midwife Educators have been aligned. A pilot project is underway whereby one Midwife Manager is overseeing the provision of care of the CMT district wide. A second Associate Director of Midwifery has been appointed, and her portfolio includes increased collaboration and networking with Lead Maternity Carers and the districts primary birthing units.

MQSP were thrilled to welcome three new consumer representatives to the MQSP Governance Group in 2023. These consumers bring a diverse set of skills, great passion, and a wealth of experience to the group. Welcome Jamie Martin, Patria Tamaka-Pairama, and Vee Samoa.

This year's highlights include the introduction of the Birthing at Kenepuru Trial, Open Days at Kenepuru Maternity Unit (KMU) which were well attended, and the commissioning of an Indian women's focus group that we expect will provide us with valuable insights as to how we can improve maternity services for these people.

Maternity related policies, procedures, protocols, guidelines, and patient information brochures have begun to be merged. An enormous task that is likely to take at least two years to complete as the volume of documents utilised by maternity services is extensive. Each document will be reviewed by a multidisciplinary team using the latest evidence-based information, revised, and agreed by clinicians from Wellington and Hutt Hospitals.

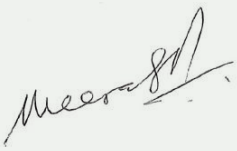
The much-anticipated implementation of BadgerNet (the Maternity Clinical Information System), occurred in November 2023 across Kāpiti, Kenepuru and Wellington campuses. The introduction of this application has enabled maternity services to be paper light allowing Capital and Coast to share a connection with most of the North Island. In May 2024, Hutt Valley and Wairarapa will be implementing the BadgerNet application, and we welcome the connectivity this will bring.

Meera, Shelley, Gemma, and I would like to take this opportunity to express our genuine thanks to all the midwives, nurses, doctors, maternity healthcare workers, healthcare assistants and administration staff who have provided care to pregnant women/people within the Hutt Valley. Your resilience, ability to adapt under challenging circumstances and collegial support for one another has meant that pregnant women/people were able to receive the best care possible.

Special thanks goes to Nicole Anderson (MQSP Coordinator) for compiling this report. We hope you enjoy reading this year's report.

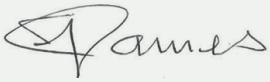
Carolyn Coles

Director of Midwifery



Meera Sood

Clinical Head of Department
Clinical Leader of Obstetrics



Shelley James

Service Manager Women's and Children's Health

Gemma Nightingale

Clinical Leader of Obstetrics

CONTENTS

TABLES & FIGURES

Kupu Whakataki

Introduction

HEALTH NEW ZEALAND | TE WHATU ORA HUTT VALLEY DISTRICT

VISION AND VALUES

Hutt Valley is committed to meeting Health New Zealand | Te Whatu Ora's expectation and delivering our vision of keeping our community healthy and well.

THE VISION, MISSION AND VALUES FROM OUR DISTRICT

HUTT VALLEY

VISION

Whānau Ora ki te Awakairangi: Healthy people,healthy families and healthy communities are so interlinked that it is impossible to identify which one comes first and then leads to another.

MISSION

Working together for health and wellbeing.

Ō MĀTOU UARA – VALUES

Mahi Pai 'Can do': Mahi Tahi in 'Partnership': Mahi Tahi Te Atawhai Tonu 'Always caring' and Mahi Rangatira 'being our Best'.

DISTRICT RESPONSIBILITY

The district leadership have collective accountability for leading with integrity and transparency a progressive, high performing organisation, aimed at improving the health and independence of the community we serve and achieving equitable outcomes for all. The leadership team are responsible for achieving this aim, aligned with our Region, within the available resources, through a skilled, empowered, motivated and supported workforce in line with government and Health New Zealand | Te Whatu Ora policy.

WOMEN'S AND CHILDREN'S HEALTH SERVICE PERSPECTIVE

The Women's and Children's Service Group is one of six within Capital, Coast and Hutt Valley district's provider services. Services and specialties within the group range from primary to tertiary level with service provision for the district, the central Region and wider Regions. The Group operates from four sites across the district including Wellington Regional, Hutt and Kenepuru hospitals as well as the Kāpiti Birthing unit and Health Centre. Our services include:

- Obstetrics and Gynaecology
- Maternity
- Neonatal Intensive and Special Care Units
- Child Health
- Child Development
- Genetics
- Violence Intervention Programme

STRATEGIC ALIGNMENTS

HEALTH NEW ZEALAND | TE WHATU ORA

The Health System in Aotearoa New Zealand is continuing a period of transformation as we implement the Pae Ora/Healthy Futures vision of a reformed system where people live longer in good health, have improved quality of life, and there is equity between all groups.

We want to build a healthcare system that works collectively and cohesively around a shared set of values and a culture that enables everyone to bring their best to work and feel proud when they go home to their whānau, friends and community. The reforms are expected to achieve five system shifts. These are:

1. The health system will reinforce Te Tiriti principles and obligations
2. All people will be able to access a comprehensive range of support in their local communities to help them stay well
3. Everyone will have equal access to high quality emergency and specialist care when they need it
4. Digital services will provide more people the care they need in their homes and communities
5. Health and care workers will be valued and well trained for the future health system.

TE PAE TATA | INTERIM NEW ZEALAND HEALTH PLAN (2022) – SIX PRIORITY ACTIONS

Te Pae Tata is the interim New Zealand Health Plan designed by the collective effort of many stakeholders, that outlines what will be done differently to build the foundations of a sustainable and affordable, unified health system. Te Pae Tata marks the initial steps toward a health service delivery system that addresses the needs and experiences of whānau and communities. In order to prevent illness and support good health and wellbeing for New Zealanders, no matter where you live, six priority actions were identified (Health New Zealand |Te Whatu Ora, 2023):

- Place whānau at the heart of the system to improve equity and outcomes
    - Improve equity and outcomes by implementing service change and innovation in five priority areas:
        - Pae ora | Better health in communities
        - Kahu Taurima | Maternity and early Years
        - Mate pukupuku | People with cancer
        - Māuiuitanga taumaha | People living with chronic health conditions
        - Oranga hinengaro | People living with mental distress, illness and addictions
- Embed Te Tiriti o Waitangi across the health sector
- Develop an inclusive health workforce
- Keep people well in their communities
- Develop greater use of digital services to provide more care in homes and communities
- Establish Te Whatu Ora and Te Aka Whai Ora to support a financially sustainable system

OLA MANUIA | INTERIM PACIFIC HEALTH PLAN JULY 2022 – JUNE 2024

Ola Manuia | Interim Pacific Health Plan is the companion document to Te Pae Tata | Interim New Zealand Health Plan, that sets out the first two years of actions that will guide Health New Zealand |Te Whatu Ora's Pacific health work programme in the reformed system.

Ola Manuia provides more detail on Health New Zealand |Te Whatu Ora's approach to strengthening Pacific health enablers and taking action on the Pacific Health priorities.

We know many areas of the health system are not working well for Pacific people, aiga, ngutuare tangata, famili, kāinga, magafaoa, kaiga, vuvale and kaaiga (families) and communities.

The actions we take over the next two years will support Pacific families and communities in New Zealand to stay well, and to enable Pacific people to access the care they need, where they need it. Priorities for Pacific health come from lessons learned from the COVID-19 pandemic, and from what Pacific communities have told us.

Priority Areas for Pacific Health

- **Mothers and babies**
- Children and youth
- Older people
- Tagata sa'ilimalo | disabled people
- Mental health and wellbeing
- Long-term conditions, including cancer, diabetes, and gout
- Pandemic response, including addressing gaps and challenges over the last two years

TE TIRITI O WAITANGI AND MĀORI HEALTH OUTCOMES

Māori are the indigenous peoples of Aotearoa. We have particular responsibilities and accountabilities through this founding document of Aotearoa. We value Te Tiriti and have adopted the following four goals, developed by the Ministry of Health (Manatū Hauora), each expressed in terms of mana and the principles of:

MANA WHAKAHAERE Effective and appropriate stewardship or kaitiakitanga over the health and disability system. This goes beyond the management of assets or resources.

MANA MOTUHAKE Enabling the right for Māori to be Māori (Māori self-determination); to exercise their authority over their lives, and to live on Māori terms and according to Māori philosophies, values and practices including tikanga Māori.

MANA TĀNGATA Achieving equity in health and disability outcomes for Māori across the life course and contributing to Māori wellness.

MANA MĀORI Enabling Ritenga Māori (Māori customary rituals) which are framed by Te Aō Māori (the Māori world), enacted through tikanga Māori (Māori philosophy & customary practices) and encapsulated within mātauranga Māori (Māori knowledge).

We will target, plan and drive our health services to create equity of health care for Māori to attain good health and well-being, while developing partnerships with the wider social sector to support whole of system change.

WHAKAMAUA: MĀORI HEALTH ACTION PLAN 2020-2025

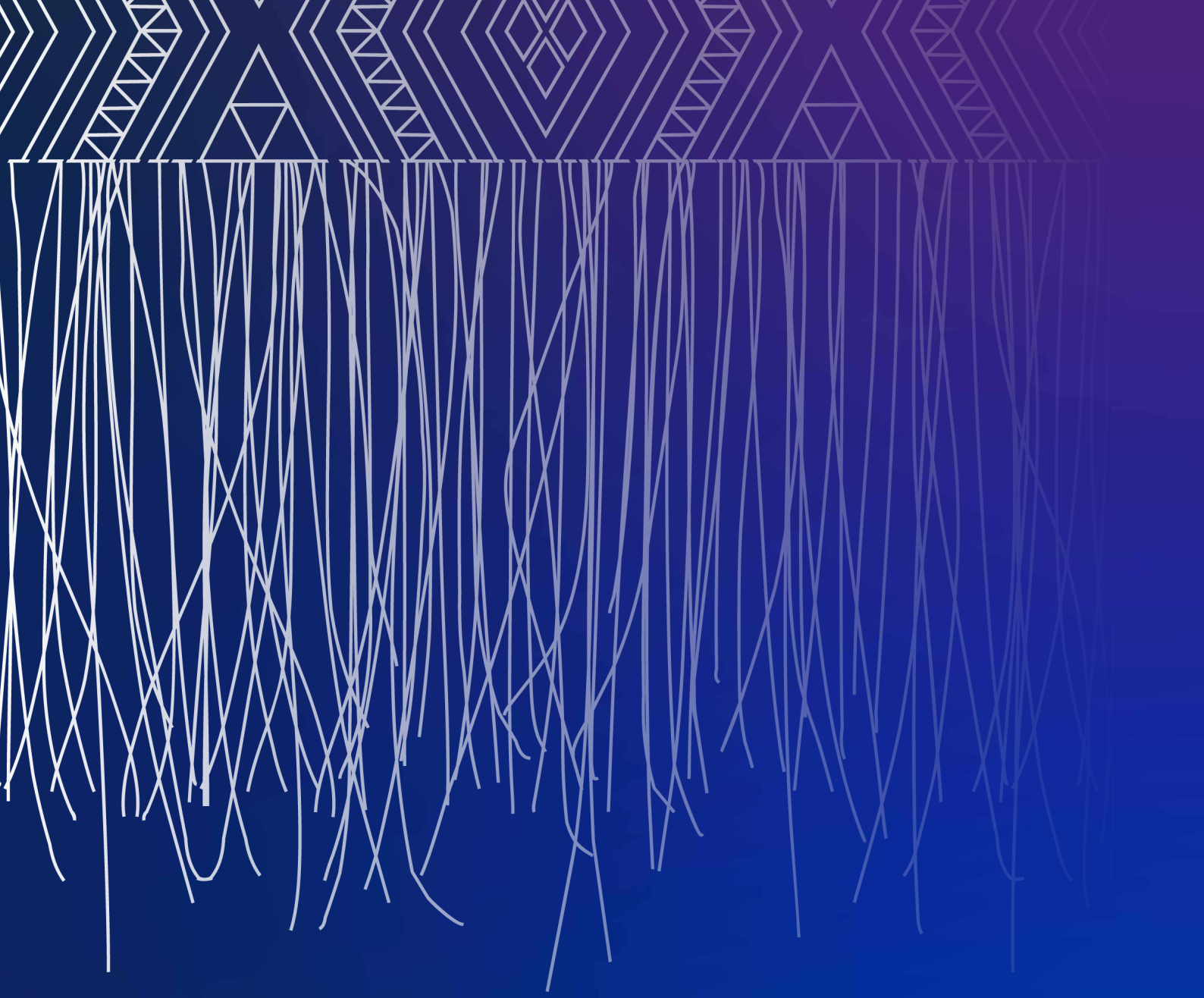
As kaitiaki of the system, the Ministry of Health | Manatū Hauora has an important leadership role to play in creating an environment that enables Māori to live healthier, happier lives.

Whakamaua: Māori Health Action Plan 2020-2025 is the implementation plan for He Korowai Oranga, New Zealand's Māori Health Strategy – it will help us achieve better health outcomes for Māori by setting the government's direction for Māori health advancement over the next five years.

Whakamaua is underpinned by the Ministry's new Te Tiriti o Waitangi Framework, which provides a tool for the health and disability system to fulfil its stewardship obligations and special relationship between Māori and the Crown.

Whakamaua outlines a suite of actions that will help to achieve four high-level outcomes. These are:

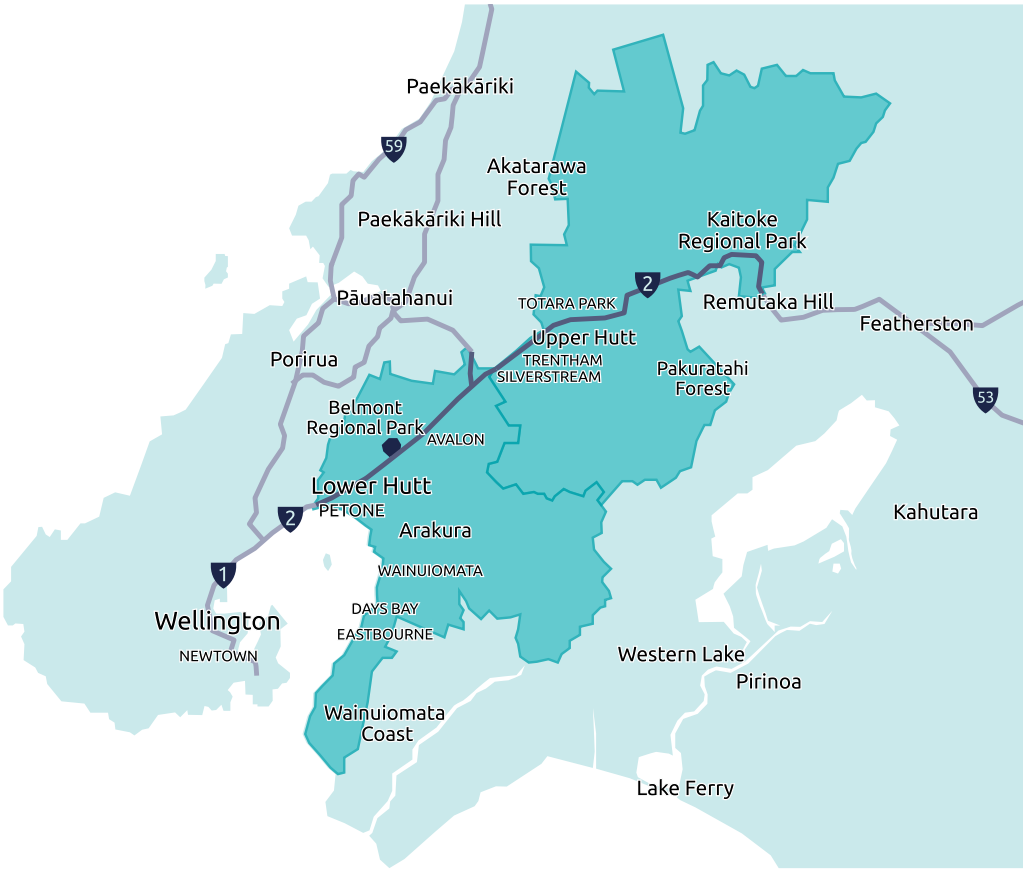
- Iwi, hapū, whānau and Māori communities exercising their authority to improve their health and wellbeing.
- Ensuring the health and disability system is fair and sustainable and delivers more equitable outcomes for Māori.
- Addressing racism and discrimination in all its forms.
- Protecting mātauranga Māori throughout the health and disability system.



Ō mātou hunga

Our People

THE HUTT VALLEY REGION



TE AWAKAIRANGI

The name Te Awakairangi, originally given to the Hutt River, means esteemed or precious and is attributed to the first Polynesian explorer Kupe.

OUR POPULATION

The Hutt Valley region is situated in the Lower North Island close to the capital city Wellington.

The region extends from Wainuiomata to Upper Hutt, on the southern side of the Remutaka range.

Population estimates remain the same as in 2022 with a combined population of Lower and Upper Hutt Regions of 156,300. 16 % of the population identify as Māori, 9% as Pacific and 12% as Asian.

https://citypopulation.de/en/newzealand/northisland/wellington/1399__lower_hutt/
Source: Statistics New Zealand / Te Tari Tatau (web)

Hutt Valley has a relatively equal proportion of people in each section of the population, with a slightly higher proportion of people in the least deprived section.

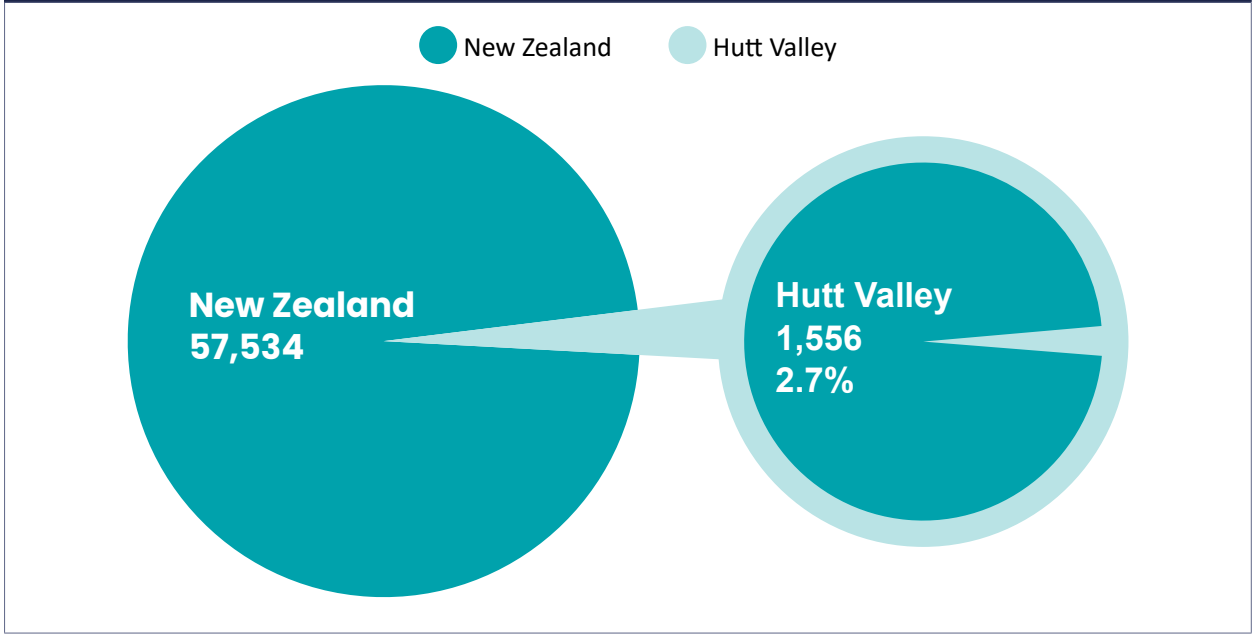
Greater numbers of Māori and Pacific families reside in the most deprived areas. Health disparities linked to deprivation are evidenced in poorer health outcomes and we acknowledge our responsibility to design and deliver maternity services that are accessible and responsive to our population's needs.

THE MATERNITY POPULATION

There were 57,534 births recorded in New Zealand in 2023, according to Statistics New Zealand www.stats.govt.nz

In 2023, Hutt Maternity recorded 1556 births,which occurred either at Hutt Hospital, were an unplanned birth at home, or birthed in transit,en route to hospital. This equates to 2.7% of the national figure.

Figure 1: **Births 2023**



BIRTHS

2.7% of NZ birthing population

19 sets of twins

1556 births (including stillbirths)

1562 babies born at Hutt Hospital

That's an average of... **4** BABIES BORN EACH DAY

BIRTH OUTCOMES

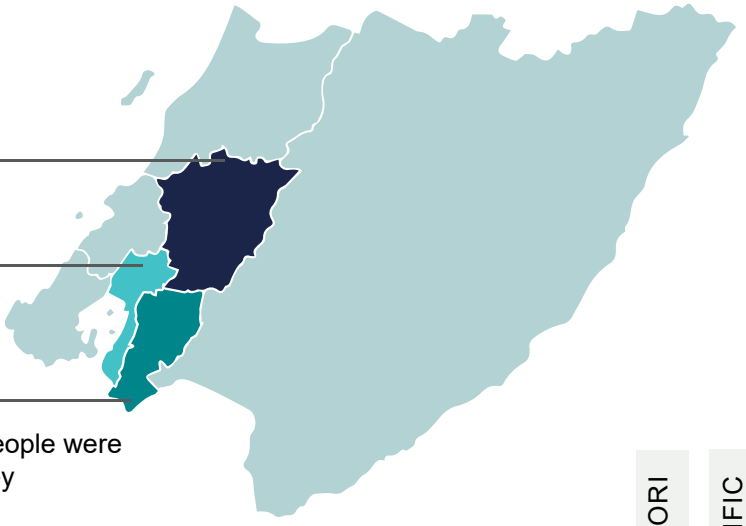
64% Vaginal Births Rate

27.7% Induction of Labour Rate

36% Caesarean Section Births Rate

8.2% Instrumental Births Rate

DOMICILE



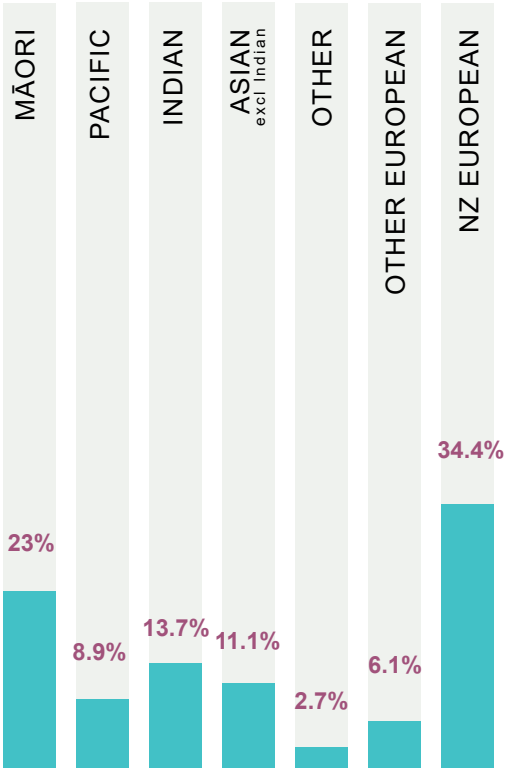
Upper Hutt **28.6%**

Lower Hutt **53%**

Wainuiomata **16.5%**

2% (31) of women/people were not local to Hutt Valley

ETHNICITY



BIRTH FACILITY

(90) 5% of pregnant people residing in Hutt Valley birthed at home without coming into a hospital

(210) 11% of pregnant people residing in Hutt Valley birthed at a tertiary level hospital within the region (Wellington Regional Hospital)

(1556) 84% of pregnant people residing in Hutt Valley birthed at a secondary level hospital (Hutt Hospital)

PARITY

42% Hutt Valley pregnant people are more likely to be first time mothers

40% than people nationally

240 (16%)
Standard primiparae (see Defintions Appendix 2)

413 (26%)
Non standard primiparae

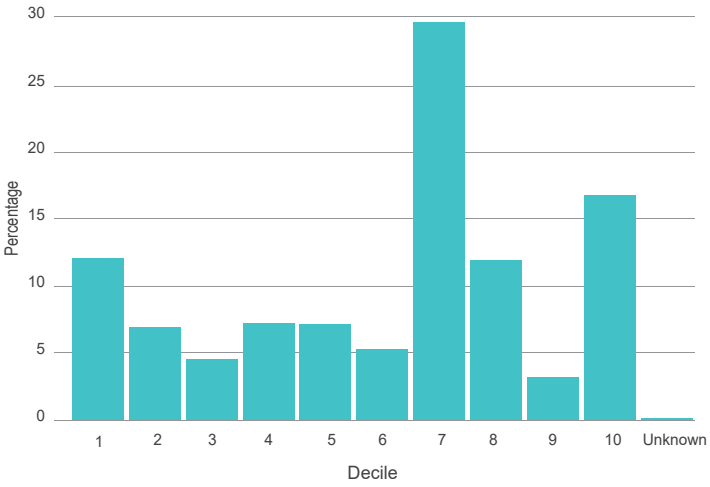
901 (58%)
Previous Pregnancy

BREASTFEEDING RATES AT DISCHARGE

1087 (69%) Exclusive (Infant has only ever had breastmilk since birth)	**30 (2%)** Fully (Infant has only had breastmilk in the last 48 hours)	**211 (13%)** Partial (Infant has breastmilk and artificial formula)
70 (5%) Artificial	**170 (11%)** Baby discharged from SCBU or unknown	**1568** Total

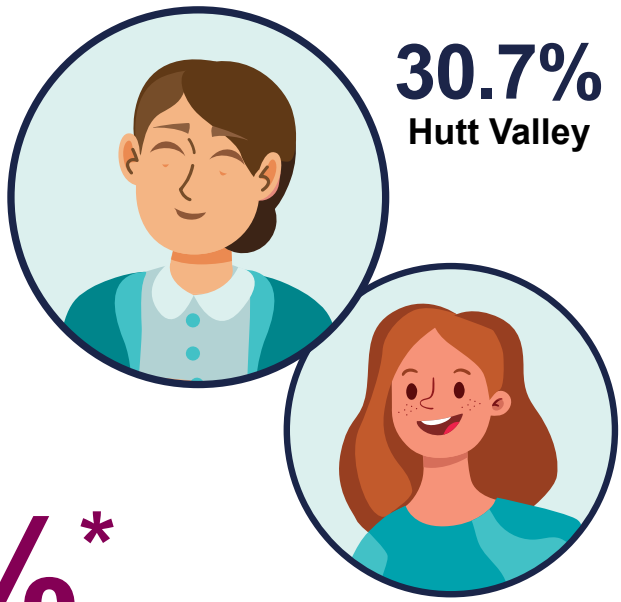
DEPRIVATION

64% of the Hutt Valley birthing population were resident in Decile 6 and above (most deprived areas).



AGE

Maternal age > 35



30.7%
Hutt Valley

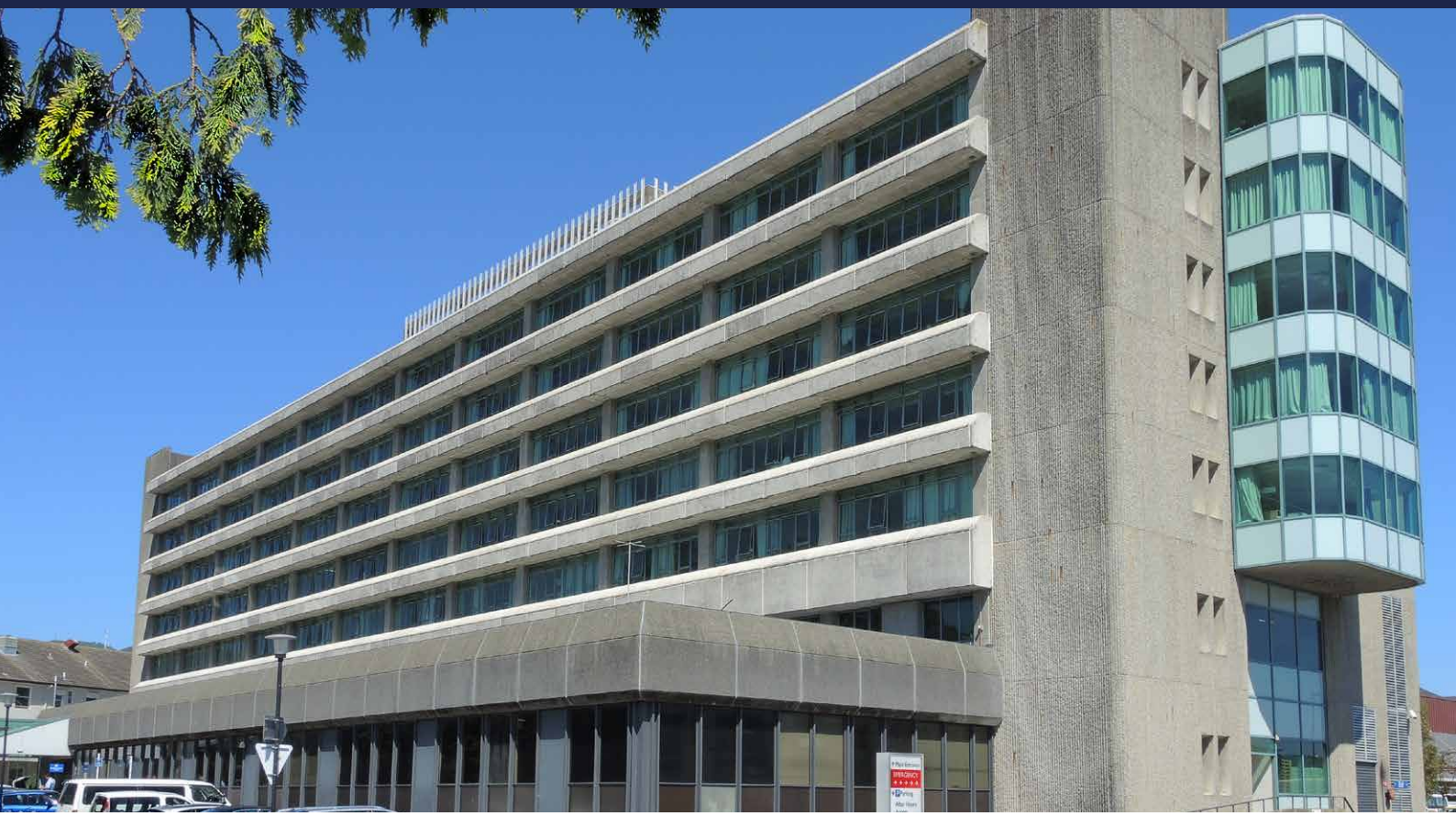
22%
National

REGISTRATION

In Hutt Valley, **59.3%*** of pregnant people registered with an LMC in their first trimester.

*Hutt Valley maternity registration data is for the year 2022 (the most recent complete year of data). Hutt Valley maternity registration data is sourced from Report on Maternity web tool. https://tewhatuora.shinyapps.io/report-on-maternity-web-tool/

MATERNITY FACILITIES



At Hutt Valley, we provide both primary & secondary level maternity care. As a teaching hospital we support training for junior doctors, medical students, trainee interns, midwives and nurses. We regularly provide clinical placement opportunities for student midwives, both from Otago Polytechnic and Victoria University.

Our facilities are located at Hutt Hospital and in the community, they currently include

- Birthing Suite 8 rooms
- Maternity Ward 17 beds
- Maternity Assessment Unit (MAU)
- Early Pregnancy Assessment Clinic
- Community Midwifery Clinics
- Secondary care and Gestational Diabetes Clinic
- Acupuncture in Pregnancy Clinic

MATERNITY WARD REDEVELOPMENT

Hutt Maternity resumed the redesign of their inpatient services located on level two of the Heretaunga Building at Hutt Hospital in late 2023.

The initial inpatient redevelopment work was temporarily paused whilst options were considered regarding the future of the Heretaunga Building, after results of a seismic assessment saw it declared an Earthquake Prone Building (EPB) in June 2023.

Decisions about the building's seismic status were technically complex, and took some time to work through, as the organisation took a prudent and cautious approach to determine how to respond to any possible risk.

In December 2023, the Hutt City Council lifted the earthquake-prone notice from the Heretaunga Building after a final detailed seismic assessment (DSA) of the building found that the precast façade panels – and, therefore, the entire building – should be rated 35% NBS (IL3), meaning it is no longer considered earthquake-prone.

NBS percentage is an index used to characterise the expected seismic response of a building to earthquake shaking. It helps identify buildings that represent a higher seismic risk than a similar new building built to current Building Code standards. It is not a predictor of building failure, nor an assessment of safety in a particular earthquake.

"As the clinical risk of not having fit-for-purpose maternity spaces is high, we are proceeding with planning to improve the Maternity Ward and Special Care Baby Unit for the medium-term, which will benefit staff and the wider community" Jamie Duncan, Hospital and Specialist Services Lead said. The assessment which confirmed that the Heretaunga Building remains safe to use and occupy means that we can continue the work to redevelop the Maternity Ward on level 2 and relocate the Special Care Baby Unit (SCBU) onto level 1.

The proposed redesign will increase available space, improve privacy, and provide a better experience for pregnant people, whānau and staff. The redesign will include birthing pools, a large primary birthing room, a bereavement suite, fit for purpose postnatal rooms and culturally inclusive, whānau friendly private spaces. *"Our dedicated maternity staff will welcome the improved clinical space and the dedicated areas for whānau, meetings, staff training and clinical handovers."* (Jamie Duncan).

The redevelopment of the inpatient maternity ward is the final stage of a $10 million project to improve user experiences and outcomes across the hospital. The first two phases of the project, which are now complete, saw the creation of new office and clinical space for the CMT, and the redevelopment and expansion of the busy Maternity Assessment Unit (MAU).

PĒPE ORA WEBSITE

Since the beginning of 2023, the two Maternal Health Coordinators have been fully operational, leading to a notable surge in the growth and engagement of the Pēpe Ora Collectives network, website, and social media presence. This success stems from various strategic initiatives implemented during this period March 2023-April 2024.

Beginning with three district Hui sessions, and culminating in an all-district meeting, the focus was on whakawhanaungatanga, fostering relationships, enhancing networking, and improving website usability. These gatherings also addressed community challenges and advocated for increased social media engagement, emphasising the importance of connectivity.

- **Kapiti Coast Hui** (October 11, 2023): 7 Participants
- **Wellington and Kenepuru Hui** (October 20, 2023): 10 Participants
- **Hutt Valley Hui** (October 26, 2023): 27 Participants

The introduction of QR codes for breastfeeding support in the Well Child Tamariki Ora booklets, along with the launch of a monthly newsletter and a dedicated email Pepeora@ccdhb.org.nz streamlined communication and service promotion efforts. Moreover, the inaugural all-of-district Hui marked a significant milestone, drawing 36 participants and establishing a precedent for collaborative efforts across districts.

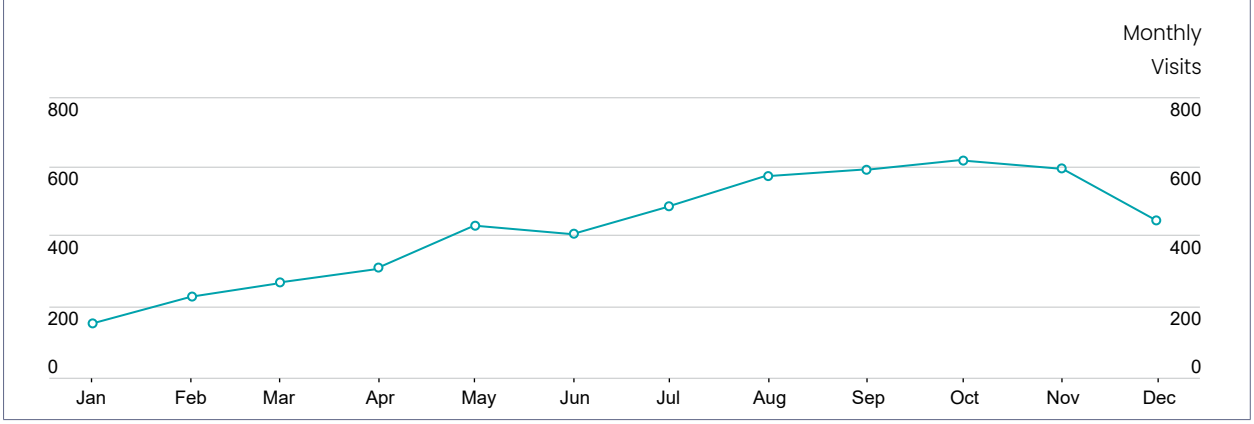
- **QR Codes:** Integrated into Well Child Tamariki Ora booklets for updated breastfeeding support.
- **Monthly Newsletter:** Introduced to keep the community informed and facilitate service promotion.
- **Dedicated Pēpe Ora Email:** Established to streamline communication and updates.

Digital enhancements and metrics underscored the impact of these initiatives. The website experienced an impressive 138% increase in visits, reaching 5,100 visitors over the past year. Similarly, Facebook activity saw substantial growth, with a 92.9% increase in reach and significant engagement with posts.

- **Pēpe Ora Service Updates:** The website saw 8 service updates and the addition of 1 new service from July to December 2023.

The Pēpe Ora website and social media reach has seen significant growth in engagement and reach during periods January to December 2023. The Pēpe Ora website registered 5.1k

Table 1: **Pēpe Ora website visits**



visits, marking a remarkable increase of 138%. This visitor interest is mirrored in the website's page views, which tallied up to 9.5k, up by 59%. A closer examination of visitor statistics reveals a progressive increase in in-depth visits. From January 1, 2023, with fewer than 200 visitors, the numbers swelled to over 400 by May 2023. This upward trend continued, reaching over 600 visitors during September and October 2023, indicating a steadily growing interest in the content offered.

Analysis of the traffic sources to the Pēpe Ora website indicated that a total of 2,101 searches led to the site, with 1,658 being direct traffic. Referrals accounted for 1,259 of the visits, while social media and email contributed 91 and 7 visits, respectively. Keyword searches that directed users to the website varied, with pepeora.nz leading at 712 searches.

Other significant search terms included:

- ccdhb.org.nz (284)
- RPH.org.nz (94)
- domino midwives (73)
- little shadows.org.nz (53)
- nxt.to (32), among others.

Searches related to specific services and locations such as:

- the Pepe Ora breastfeeding clinic (33),
- hapū wananga (18),
- Pepe Ora Hutt Valley (14),
- antenatal classes in Porirua (13), and Lower Hutt (8) were also noted.

The performance metrics on Facebook have shown impressive gains, with reach increasing by 92.9% to 6,270, content interactions by 82.9% to 192, and followers growing to 182. Notably, link clicks saw a remarkable increase of 105.9% to 35 clicks, highlighting the enhanced engagement and interest in the content provided.

Overall, Pēpe Ora collective network meetings for whakawhanaungatanga, community engagements, and digital advancements have contributed to improving service accessibility and support within the community, reflecting a commitment to ongoing enhancement and collaboration within the Pēpe Ora space.

WORKFORCE

OBSTETRIC MEDICAL OFFICERS

Hutt Hospital Obstetrics department welcomed the appointment of Gemma Nightingale to the position of Clinical Lead. Gemma took over the position from Meera Sood who was standing down.

"It is a privilege to take over as Clinical Lead for Obstetrics in Hutt Valley. This role has given me a great opportunity to work closely with midwives, clinical managers, LMCs and my Obstetric colleagues to continually progress and improve the services we are offering to pregnant people in our area. It was fantastic to be part of the Optimising Birth working group, striving to improve the experience and outcomes for mother's undergoing induction of labour, this has been well received and we will continue to adapt our processes to provide the highest standards of care. The coming years will be exciting for Hutt Maternity as the refurbishment gets underway, this has been a long time coming, but promises to modernise our unit with carefully considered spaces for patients, whānau and staff." - Gemma Nightingale.

MIDWIFERY MANAGERS

ASSOCIATE DIRECTOR OF MIDWIFERY

In March 2023, Karen Daniells was appointed to the position of Associate Director of Midwifery (ADOM), CCHV. Karen's appointment meant that Capital, Coast and Hutt Valley district have two ADOMs with individual portfolios. Karen's previous experience includes, Associate Charge Midwife Manager – Birthing Suite (Wellington), Clinical Midwife Manager (Hutt Valley), Stakeholder Engagement Manager – Well Kiwis research project, and more recently as Senior Midwifery Advisor with the Midwifery Council.

Karen's portfolio responsibilities focus on enhancing links to the Community and LMCs. Highlights for 2023 include the re-establishment of LMC interface meetings at Hutt Valley. These meetings have had improved attendance with the location of the meetings having moved to a pleasant meeting environment off campus.

DISTRICTWIDE MIDWIFE MANAGER – COMMUNITY MIDWIFE TEAM & OUTPATIENT SERVICES

Krystal Williams the Midwife Manager of Community Outpatient Services in Hutt Valley took on the challenge of piloting a districtwide Midwife Manager role in 2023. This saw her increase from 0.8FTE to full time and not only manage the Hutt Community Midwifery Team (CMT), Obstetric outpatients clinic, the administration team, Early Pregnancy Assessment Clinic, Maternity Assessment Unit, and Breastfeeding services but, increase those teams to include the Capital Coast CMT, Breastfeeding inpatients service, Maori and Pacific Breastfeeding team and Newborn Hearing screeners. This is the first districtwide Midwife Manager, whilst Ngaire Bartlett (Capital, Coast CMT MM) moved on to project manage the implementation of Badgernet. The first six months of the role was challenging in terms of working across three different sites with different ICT systems, different processes and learning four new services. However, Krystal has taken this in her stride and has loved the challenge. The benefits of being across the district have been immense, with information sharing more seamless. Great relationships have been built

and as a result of observing success in different spaces, this has allowed alternative ways of working to be introduced across all sites. This pilot will be evaluated in June 2024 to ascertain whether (or not) there is merit in this role becoming permanent.

Krystal Williams Midwife Manager Community Midwife Teams & Outpatient Services, Health New Zealand |Te Whatu Ora Capital Coast & Hutt Valley

MIDWIVES/NURSES

RECRUITMENT AND RETENTION

The recruitment and retention of midwives is fundamental to ensuring that we have a capable and effective workforce to meet the growing needs of our diverse birthing population. Strategies we have implemented to recruit and retain midwives include:

- Ongoing focus on the working environment to foster relationships and support a team spirit. We make every effort to encourage educational opportunities and support professional development.
- Relocation packages for midwives who have been recruited nationally and internationally
- On-call payments being made to senior midwives for being on-call after-hours
- An on-call component being added to the contracts of all newly recruited midwives to support roster shortfall.
- Retention payments being made to all midwives that have been employed for over six months in the preceding six months. These payments will continue to be paid until 85% of the required midwifery FTE is recruited to, or for a period of five years, whichever comes first.
- Additional shift payments being made to any midwife who agrees to increase their contracted FTE for three, six, nine or twelve months.
- New graduate midwives receive a '*sign-on*' fee that is paid after one month's employment; a second payment is made at the end of twelve month's continuous employment.
- Incentive payments are also made when employed midwifery or nursing staff pick up additional shifts during periods of high acuity.
- Nationally agreed incentive payments were implemented over the summer period for employed midwives in order to support critical staffing shortages.

STUDENT MIDWIVES

The majority of Wellington based new graduate midwives are likely to have completed their studies at either Otago Polytechnic or Victoria University of Wellington.

VICTORIA UNIVERSITY

The inaugural cohort of the Bachelor of Midwifery at Victoria University of Wellington completed their degree at the end of 2023 and entered the workforce. Of the students who have sat the National Midwifery Examination (20), there has been a 100% pass rate, including two Māori tauira.

The school has been well supported by the Pou Korito and Pasifika Liaisons funded by Te Ara ō Hine — Tapu Ora. The students receive wrap-around support, some financial assistance through this service and pastoral support over the summer for Māori and Pasifika applicants was maintained.

Recruitment for the 2024 cohort has been very busy with attendance by the midwifery team at various events across the lower North Island. The Pou Korito and Pasifika Liaisons worked alongside the midwifery team on the selection and interview processes for the 2024 intake.

OTAGO POLYTECHNIC | TE KURA MATATINI KI OTAGO

The Otago Polytechnic undergraduate midwifery programme is taught via a combination of online lectures, face-to-face tutorials, practice experiences and intensive block courses, in various locations across the motu. This provides students with flexibility to fit their studies around their individual lifestyles.

Otago Polytechnic staff attend career expos to encourage enrolment into the programme, and offer whānau information evenings outlining expectations of the programme.

Over 22% of the current tauira midwifery students identify as Māori, and almost 5% as Pasifika. Student midwives can link into a national programme, Te Ara ō Hine — Tapu Ora, to support learners who whakapapa Māori or Pasifika.

Local Māori and Pasifika midwives' mentor and support tauira on Otago's midwifery programme and where possible, place Māori and Pasifika tauira with Māori and Pasifika midwives when in clinical practice. There are established Kaiārahi Teina roles who are Māori and Pasifika tauira offering peer support to Māori and Pasifika tauira.

MATERNAL HEALTH COORDINATOR

In 2023 Hutt Maternity welcomed the appointment of a Maternal Health Coordinator. Vee comes with a strong background of community connection and she has excelled in this space. She has built fantastic links with our community providers and her work on the Pēpe Ora website has seen a huge increase in the community utilizing Pēpe Ora as a resource. She has run Hui collaboratively with the Maternal Health Coordinator, Capital, Coast and together they have used their skills to deliver excellent, interactive and informative days.

Part of the Maternal Health Coordinator role also is to manage the home birth loan equipment scheme, Vee has kept orders running smoothly, replaced equipment, monitored the locations and ensured that processes have been as seamless as possible for our home birthing community. Vee has been a real asset to the Hutt Community and we look forward to see what she has planned next.

TE AO MARAMA MIDWIFERY

Te Ao Marama is a group of experienced Māori and Pasifika midwives providing a Team Care approach to how they care for Māmā, pēpi and whānau. They offer wāhine based in Te Awakairangi (Hutt Valley) pregnancy care, labour & birth support and then visit Māmā and pēpi at home for 4-6 weeks after birth. Their kaupapa is to improve birth outcomes for Māori and Pasifika whānau, and therefore prioritise care to Māori and Pasifika whānau in the Lower Hutt rohe.

In late 2023 Te Ao Marama Midwifery was contracted to deliver culturally responsive midwifery care and support. They have been successfully providing care for Māori whānau and Pacific families in Porirua since 2020, while building capacity and capability to mentor and grow student midwives. They have a licence to operate at Te Awakairangi Birthing Centre until December 2024.

Te Ao Marama Midwifery offer antenatal and postnatal services from the clinic and plan to offer primary birthing there however this is still subject to on-going discussions and planning around how this may work in conjunction with Hutt and Wellington Hospital maternity services.

Their kaupapa is to improve birth outcomes for Māori and Pacific people. We know that timely access to an LMC has positive benefits for the health and wellbeing of pregnant people and

babies, and people are more likely to access maternity care and feel more comfortable when their cultural needs are supported.

The service also provides training for Māori and Pacific midwives, with 12 students booked to commence placements with Te Ao Marama Midwifery. Three graduate midwives have been with Te Ao Marama for most of their clinical training.

Te Ao Marama Midwifery have strong connections with other providers throughout the rohe who support pregnant people and whānau through pregnancy and the first three years with their new pēpi. They also work with other LMCs in the Hutt Valley who refer people that may benefit from their care.

WORKPLACE CULTURE

Hutt Maternity endeavours to create an inclusive and collaborative workforce culture as we are acutely aware of the stressors experienced when dealing with high-risk situations.

Health New Zealand | Te Whatu Ora Capital, Coast & Hutt Valley have partnered with Raise to provide that support through their dedicated and free employee assistance programme (EAP). Wellbeing provider Raise uses a 'people first thinking" and specialist approach to mental health and wellbeing.

INTERNATIONAL DAY OF THE MIDWIFE AND INTERNATIONAL NURSES DAY 2023

Hutt Valley Midwives celebrated International Day of the Midwife on May 5th 2023. The theme for this year was – Together again: from evidence to reality. This was themed in anticipation of the 33rd International Confederation of Midwives (ICM) Triennial Congress, where the global midwife community will meet together for the first time in five years.

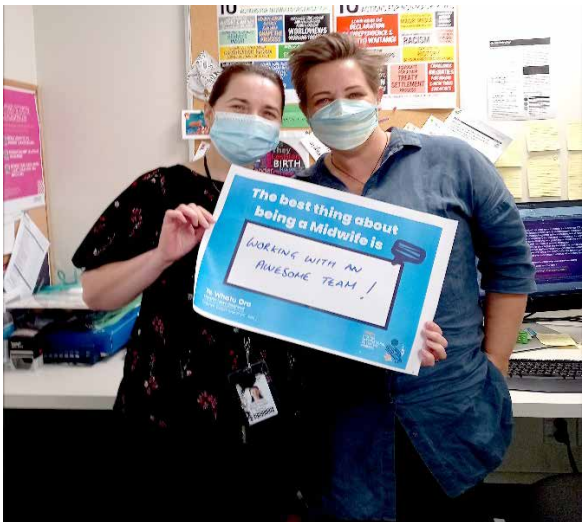
Delicious platters of food were provided to all staff in the maternity ward on the day, with a cake decorating competition, run at both Hutt Valley and Capital, Coast sites.

Each midwife received a certificate of appreciation, a gift of chocolate and a personal ampoule opener.

International Nurses Day was celebrated at Hutt Valley on May 12th 2023. The significance of the date 12 May is in recognition of the birthday of pioneering nurse Florence Nightingale. The theme for International Nurses Day 2023 was Our Nurses. Our Future.

Again delicious platters of food were provided to staff and each Nurse also received a certificate of appreciation together with chocolate and a personal ampoule opener.

Winning cakes in the International Day of the Midwife cake competition



Midwife Manager Elaine Newman and Midwife Educator Alison Grant at the International Day of the Midwife celebrations

COMMUNITY MIDWIFERY TEAM

The Hutt Valley district Community Midwife Team (CMT) continue to offer Hapū Ora model of care in their community based clinics in Pukeatua daycare Centre Wainuiomata, Waiwhetu marae, Koraunui marae in Stokes Valley, Orongomai marae in Upper Hutt and Timberlea.

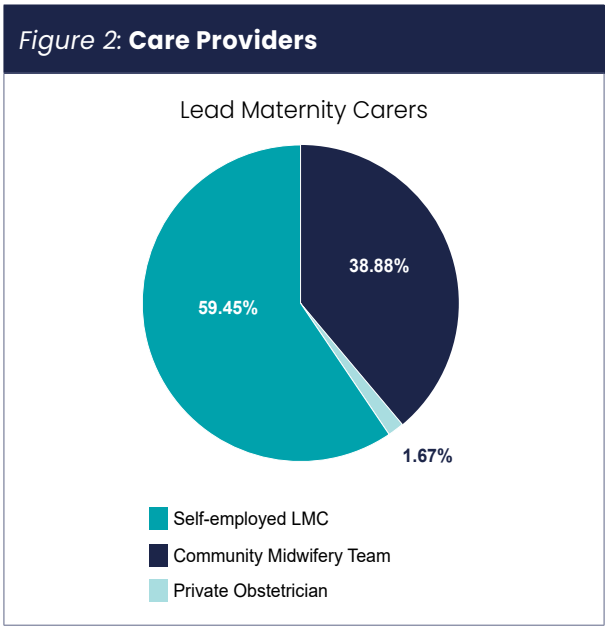
They also offer clinics in the community at Pomare community house, Pacific Health Services Naenae and Lagans pharmacy in Upper Hutt, as well as having clinic rooms available here at Hutt Hospital.

In 2022, 58% of the people birthing at Hutt Hospital were under the care of a self-employed Lead Maternity Carer (LMC) midwife with 41% of people under the care of the CMT.

In 2023 with improvements to the self-employed LMC workforce, 59.4% of people birthing at Hutt Hospital were under self-employed LMC care with 38.8% of people under the care of the CMT.

The remaining 1.6% received private obstetric care.

Figure 2: **Care Providers**



HOME BIRTH EQUIPMENT LOAN SCHEME – HUTT VALLEY

As part of the 'Optimising Birth' initiative, removing barriers for home birth, the Home Birth Equipment Loan scheme was instigated. Throughout 2023, a total of 44 LMC requests were made on behalf of 58 clients referred to our homebirth team.

To address issues of equipment unavailability and repair, strategic measures were taken, including the procurement of additional equipment. These insights provide valuable data for future resource management and service optimisation. As a result, one further birthing pool was purchased to be available for use in 2024, while 'Pool 2' was being restored. In addition, one further TENS machine was purchased and will be available for hire in 2024.

Table 2: **Home birth equipment -Metric Items loaned**	**Hutt Valley**
Total LMC Orders	44
Total Client Referrals	58
BIRTHING POOLS	
Clients Used Pool No,1	14
Clients Used Pool No.2	9
Clients Declined Use of Pools	9
Total Client Requests =	32
OBSTETRIC TENS MACHINE	
Clients Used TENS No.1	13
Clients Used TENS No.2	10
Clients Used TENS No.3	–
Clients Used TENS No.4	–
Clients Declined Use of TENS	8
Total Client Requests =	31
02 SATURATION MONITOR	
Clients Used 02 Sat No.1	12
Clients Used 02 Sat No.2	10
Clients Used 02 Sat No.3	–
Clients Declined Use of 02 Sats	4
Total Client Requests =	26
DELIVERY PACKS	
Del ivery Packs Used	39
Del ivery Packs Unused	19
Total Client Requests =	58
LOAN EQUIPMENT STOCK 2023	
Birthing Pools	2
Obstetric TENS Machines	2
02 Saturation Monitors	2
Total Equipment Count =	6

Table 3: **Home birth equipment – Prioritised ethnicity**		
Ethnic Group	**Recipients**	
	Numbers	**Percent**
Maori	16	27.6%
Pacific Peoples	4	6.9%
Asian	6	10.3%
Middle Eastern/Latin American/African		
Other Ethnicity		
European	31	53.4%
Residual Categories	1	1.7%
Total recipients with recorded ethnicities	57	100%
Total recipients without recorded et hnlcltlH	1	

ETHNICITY ANALYSIS: HUTT VALLEY

The demographic breakdown underscores a dominant European majority, making up 53.4% of the numbers, with Māori constituting 27.6%. This distribution showcases a significant European presence alongside a noteworthy representation of the Māori community. Additionally, Asian and Pacific Peoples comprise 10.3% and 6.9% respectively, with one recipient lacking recorded ethnciity.

EDUCATION/TRAINING

Our merger with Capital, Coast as one district, influenced Hutt Maternity's 2023 education. From July 2022, during the restructure from separate district health boards to the national organisation, Health New Zealand | Te Whatu Ora. there has been strong encouragement to match our training across the district and work collaboratively. The challenge with this, being the different resources and human resource available to provide that training, particularly in the area of clinical simulation. One successful example of collaboration was the New Graduate Interface Day held at Hutt Hospital in May 2023, which was a chance for new midwives to consider self-care, burnout and identify their own values and strengths at work. In addition, a variety of district-wide cultural education opportunities continued to be provided by Hukatai Consultants.

What was previously a two-yearly HVDHB Nurses' Mandatory Day, was replaced by the mandatory Core Learning Requirements (CLR) days for all nurses and midwives. In line with Capital, Coast, the majority of our maternity staff were able to complete this day in 2023, with a number of our senior midwives completing the version of the day which included the New Zealand Resuscitation Council Immediate Adult Life Support training. This was a good opportunity to upskill our Clinical Midwife Managers in life support and airway management. Those who attended the basic life support version of the Core Learning Requirements day in 2023 will complete the higher level of training in the coming year.

In addition, we ran eight Emergency Skills Days (providing a total of 104 places) with the exciting development of making the day mandatory for nurses working in maternity as well as midwives.

EMERGENCY DAYS

Topics covered in 2023 included maternal and newborn life support refreshers, newborn resuscitation scenarios, pre-eclamptic and eclamptic emergencies, postpartum haemorrhage, and communication and critical thinking for emergencies. The introduction of nurses to the day was popular, with nurses feeling like they better understood aspects of maternity emergency management, and midwives able to draw on the slightly different knowledge and skillset of their nursing colleagues. Nurses working in maternity were also booked on the Acute Life Threatening Events Training (ALERT) course through Hutt Clinical Training Unit and this was a challenging and popular day to support them to work autonomously and recognise and respond to patient deterioration in the maternity space.

PROMPT

In 2023, we also saw the reinstatement of Practical Obstetric Multi-Disciplinary Training (PROMPT) courses for the first time since COVID. With our new PROMPT Faculty in place, we were able to run the course successfully twice, with a total of 20 participants, before having to cancel the third day of the year at short notice due to obstetric staff shortages. Altogether, Emergency Days, Core Learning Requirements days, Newborn Resuscitation, PROMPT and ALERT ensured that our midwives and nurses were able to attend two to three days of emergency training ***each*** in different forms over the year.

FSEP

We ran RANZCOG Fetal Surveillance Education Programme (FSEP) in August and November, allowing 70 people to attend, including a number of midwives from out of area. With two days within the year, we continued to offer places sufficient for all our midwifery and obstetric staff and local LMC midwives to attend and maintain their skills in this essential realm, and Hutt staff again averaged above the national average in their test results for the day.

BREASTFEEDING

A number of breastfeeding skills days were cancelled during 2023 due to staff illness and shortage both within the lactation team and the broader maternity staff, but maternity staff are on track to catch up with their education in this area in time for the hospital's Baby Friendly Hospital Initiative (BFHI) audit in 2024.

MISOPROSTOL INDUCTION

Hutt Maternity saw the roll-out of a new induction process in December 2023, as part of the Optimising Birth project. This involved extensive education for midwifery and obstetric staff and LMC midwives and dominated the latter part of the year. Senior staff and managers across both midwifery and obstetrics collaborated to reach all midwives and obstetric staff to ensure that all were comfortable with both the new physical process and the rationale for the change, as well as with new guidelines and equipment to support physiological birth processes.

Other hospital-wide change projects also influenced education in the department, and prevented us from providing some of the regular education we would like to provide, i.e. suturing. Capital and Coast educators were able to support Hutt by providing one suturing workshop in September 2023, but a second workshop was cancelled due to the Capital and Coast rollout of Badgernet Maternity Information System.

CULTURAL EDUCATION

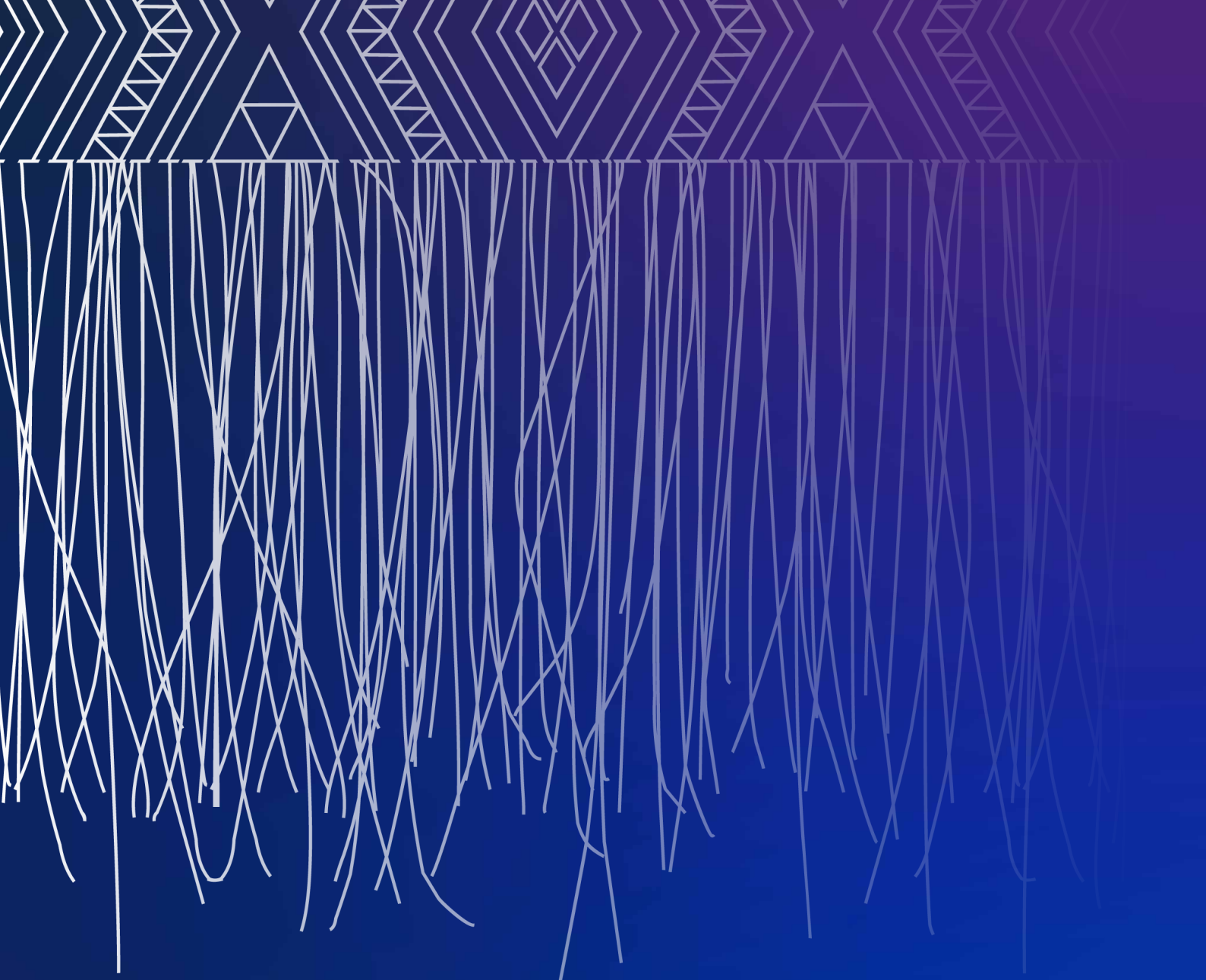
In March 2023, Hukatai Consultants were engaged to deliver a suite of cultural education workshops that included:

- Two full day **Te Tiriti o Waitangi workshops**. This workshop focused on building the understanding of Te Tiriti o Waitangi, with a focus on the collective relationships of both Tangata Whenua and Tangata Te Tiriti. The provisions stipulated within Te Tiriti are described and action plans created with regards to applying these in clinical practice.
- Two full day **Te Aronga Māori / Māori World View** workshops. Attendees were introduced to the Māori worldview, the kaupapa or values that stem from this worldview and examples of tikanga or applications of Māori values in birth and death during pregnancy and the birthing process.
- Two full day **Tikanga in Hapūtanga** workshops. This wānanga provided an opportunity to deepen and develop our understanding of culturally appropriate processes relating to hapūtanga or pregnancy and baby, founded in Māori values. Hukatai Consultants also looked at some do's and dont's as practical and helpful guidelines. This workshop also provided an opportunity to use te reo Māori and learn a waiata to build collective capacity.

Pacific Education was also offered in 2023 including:

- Two full day **Engaging Pacific** workshops where attendees were offered the opportunity to learn the foundational attitudes, knowledge and skills to safely engage with and effectively deliver quality services for Pacific people and their families.
- Two full day **Transformative Pacific Engagement** workshops that focused on learning how to identify Pacific values and explore Positive Pacific relationships. This included gaining better insights and some simple tools that can be used to build relationships.

The Midwifery Council of New Zealand have recently mandated Cultural Safety Education for all midwives. From 1 April 2024, mandatory cultural safety education will commence and midwives will be immersed in a full eight hours of mātauranga Māori. This eight-hour education day will be required once in the three-year cycle. A further four hours of cultural safety education will be provided during the three yearly cycle through a variety of ways to enable flexibility.



Te whakapiki ngā pukenga hauora

Improving Quality of Care

PPG/DISTRICT-WIDE MATERNITY CLINICAL GUIDANCE PROJECT

In late 2022 the Hutt Maternity's Policy, Protocol and Guideline (PPG) group were advised that the guideline approval process would merge with analogous processes at Capital and Coast. This was formalised in mid-2023, in the creation of a district-wide PPG group working towards the amalgamation of maternity's clinical guidance. An early focus of this process has been identifying all existing maternity guidance, forms and patient information with a view to developing strategies to deliver timely evidence-based guidance.

Some district-wide guidelines were released in advance of the amalgamation project. Examples of this include:

- a new district-wide guideline on Hypertensive Disorders of Pregnancy, (based heavily on the 2022 national guidance)
- a guideline from Hutt Maternity on reduced fetal movements was adapted for district-wide use in combination with a new practice algorithm
- Hutt Valley package of fetal monitoring, fetal blood sampling, uterine hyperstimulation guidance and associated documents was adapted and made district-wide

Currently guidance for CCHV and Wairarapa can be accessed across the region, using the 'District Docs' search engine. This replaced separate document libraries in mid-2023. Public access to the clinical guidance determining care was lost in this process, as Hutt Valley maternity guidance was previously publicly available. The districtwide Maternity Clinical Guidance Project Team has identified public access to clinical guidance as an area requiring our advocacy.

GAP REPORT

GAP is a programme designed by the Perinatal Institute to improve detection of small for gestational age (SGA) babies. It has been linked to increased SGA detection, and a decrease in stillbirth in the United Kingdom (Hugh et al, 2021).

https://www.perinatal.org.uk/GAP/NZ

For each pregnancy a customised growth chart (GROW) is generated which takes into account ethnicity, age, BMI, number of previous births, birth weights of previous babies and calculates a "term optimal weight" (TOW) for this current pregnancy. The chart calculates and plots 5th , 10th , 90th and 95th centiles allowing for detection of SGA, large for gestational age (LGA) and slowing of growth based on estimated fetal weights from ultrasound scanning.

In November 2023 there was a version change of the GROW application to GROW 2.0 with enhanced features. GROW 2.0 is embedded within the Badgernet Maternity system.

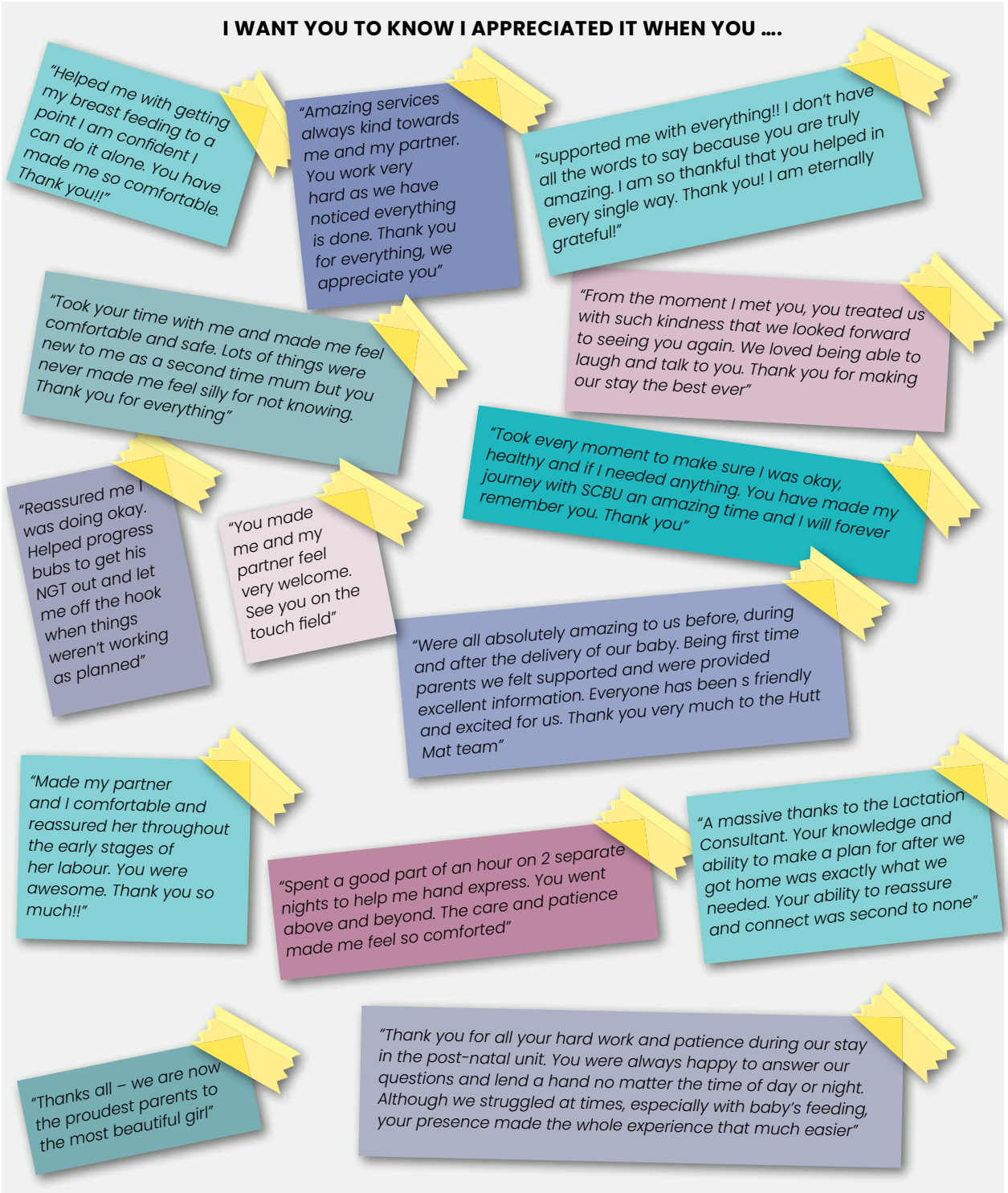
Table 4: **GAP Data 1 January to 31 December 2023**

DESCRIPTION	NUMBER	PERCENTAGE	NATIONAL GAP USER AVERAGE
Number of completed records: (The pregnancy had a GROW chart which was linked to a customised birth weight centile when the baby was born)	1623		
Number of babies born SGA:(< 10th customised birthweight centile)	217	13.3%	14.3%
Number of babies born <3rd centile (severely SGA)	63	3.8%	4.9%
Babies < 3rd centile > 38+0 weeks gestation	41	65.1%	59.4%
Antenatal detection of SGA for babies < 10th centile	83	38.4%	42.1%
Antenatal detection of SGA for babies < 3rd centile	34	55.9%	61.5%

VOICES OF PEOPLE AND WHĀNAU

Hutt Maternity service welcomes feedback from pregnant people and whānau and provides a variety of methods for this. One of the ways consumers can provide positive feedback to individual members of staff is to complete a Tumeke card.

Once received these cards are given to the staff member receiving the compliment.



Te kounga me te haumaru o te taurima wāhine hapū

Maternity Quality & Safety

MATERNITY QUALITY AND SAFETY PROGRAMME (MQSP)

MQSP continues to actively review and improve the quality and safety of maternity services for women, pregnant people, babies and their whānau in the Hutt Valley.

MQSP is a national programme that establishes and builds upon national and local maternity quality improvement activities. It seeks to ensure the highest possible safety and best possible outcomes for all pregnant people and babies.

This programme is underpinned by the New Zealand Maternity Standards (Ministry of Health, 2011), which are overseen by the National Maternity Monitoring Group (NMMG).

Figure 3: **New Zealand Maternity Standards**

MATERNITY SERVICES PROVIDE SAFE, HIGH QUALITY SERVICES THAT ARE NATIONALLY CONSISTENT AND ACHIEVE OPTIMAL HEALTH OUTCOMES FOR MOTHERS AND BABIES.	**MATERNITY SERVICES ENSURE A WOMAN-CENTRED APPROACH THAT ACKNOWLEDGES PREGNANCY AND CHILDBIRTH AS A NORMAL LIFE STAGE.**	**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.**

These high-level strategic statements accompany specifc audit criteria and measurements. One of the criteria is that the establishment of a national monitoring group, with oversight of the maternity system and the implementation of the New Zealand Maternity Standards. Ultimately, the NMMG acts as a strategic advisor to the Ministry on areas for improvement in the maternity sector, provides advice to Health New Zealand | Te Whatu Ora on priorities for local improvement, and provides a national overview of the quality and safety of Aotearoa New Zealand's maternity services.

With the migration to Health New Zealand | Te Whatu Ora, within the MQSP most of the work we do is within Kahu Taurima | Maternity and Early Years. A child's first 2,000 days lay the foundation for their future. It's a critical period that impacts a lifetime of health and wellbeing. The main goals for Kahu Taurima are:

- Maternity and early years health services, for a child's first 2,000 days from conception to five years old, will be integrated, holistic and culturally appropriate for all whānau.
- Maternity and early years services that are Te Ao Māori, whānau-centred and Pacific fanau-centred will be more readily available.
- People will have better access to maternal mental health and wellbeing pathways of care, including access to bereavement and specialist mental health services.
- Wrap-around support for wāhine hapū antenatal and birthing care, including finding ways to provide long-term intervention and prevention services, will be provided

DISTRICT WIDE MQSP GOVERNANCE AND WORK PLAN

As the Hutt Valley and Capital, Coast MQSP Governance Groups combined to provide district wide Governance and oversight over MQSP, the MQSP Coordinators worked together to develop a combined district wide work plan.

Membership of the Governance Group include representation from a wide range of stakeholders, including Midwifery Leadership, Women's Health Service Managers, Obstetric Clinical Leads, LMCs and Employed Midwife representatives, Consumer Representatives, Māori and Pacific Representatives and Disability Representatives. The Group also seeks guidance from other stakeholders to provide expertise in particular aspects of the work plan, e.g. Indian community representatives or those who provide services or education for young mothers under 20 years.

The Governance Group meets monthly and has budget oversight.

The programmes of work developed through the MQSP must incorporate or address:

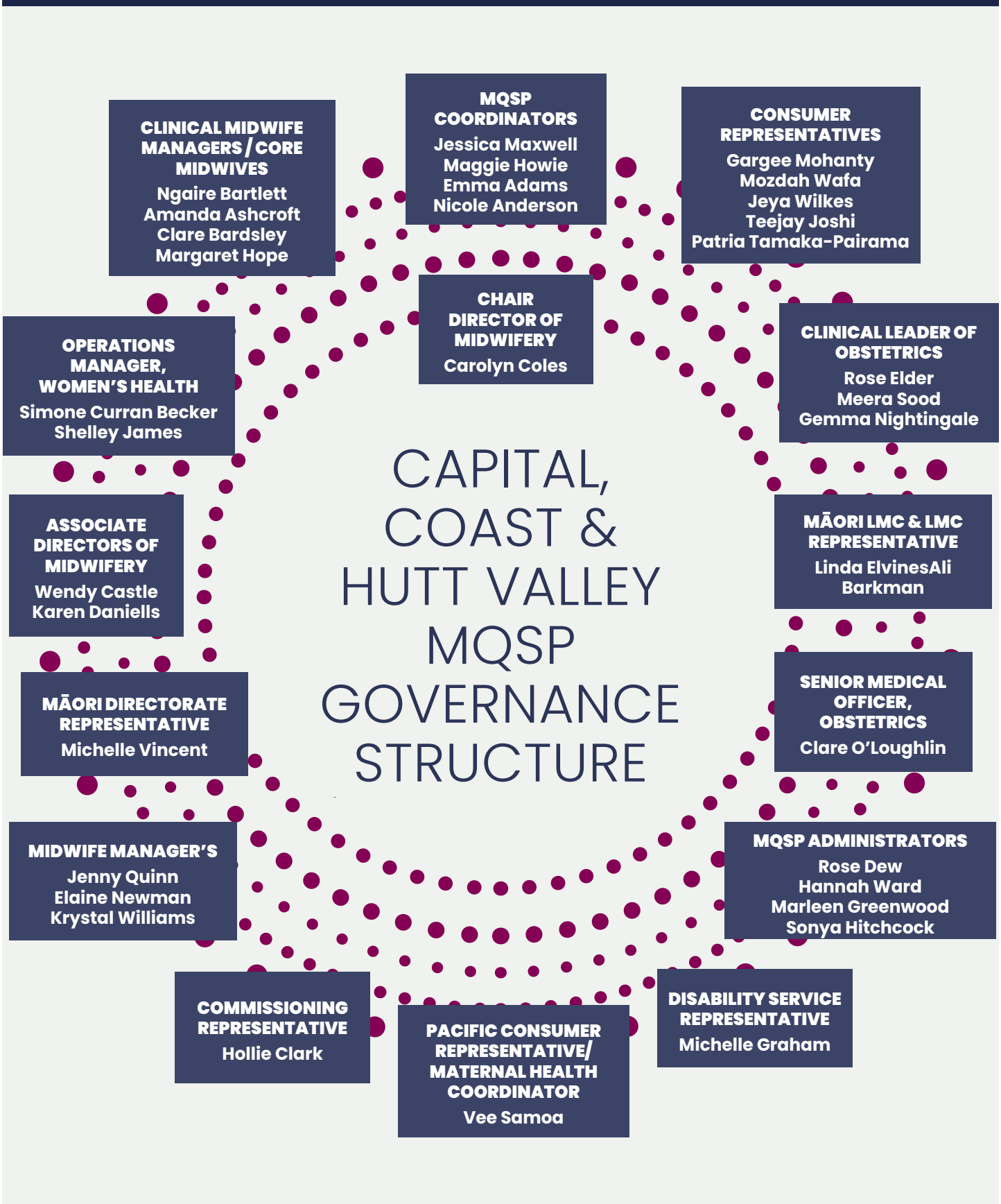
- Equity of Outcomes:
- Acknowledge and uphold tangata whenua rights under Te Tiriti o Waitangi guaranteeing their right to determine, develop and maintain practices that support their health and wellbeing.
- Building an understanding through data, analytics and insights
- Enhancing innovation and trialing more responsive service models
- Displaying how MQSP is responding to the needs of Māori, Pacific and those who experience inequitable health outcomes

The design of the work plan and prioritization of projects, follows the recommendations from the Perinatal and Maternal Mortality Review Committee (PMMRC), the National Maternity Monitoring Group (NMMG), and areas of focus that have been identified through clinical indicator reporting. The master copy of the work plan is loaded to Microsoft Teams and is accessible to MQSP Coordinators across CCHV.

Figure 4: **Example of recommendation on MQSP work plan**

10	Project No.	Improvement Initiative	Objective/Descriptor/Actions	Comments
43	3.2	**Develop a Maternal Sepsis Pathway**	Create template for audit	Pathway rolled out across Wellington and Hutt. **Looking to the future** review and audit outcomes
44			Re-audit outcomes since roll out 2019-2022	
45			Present findings	

Capital, Coast & Hutt Valley MQSP Governance Structure



MQSP CENTRAL REGION HUI

In 2022/2023, a regional Hui was initiated to ensure that MQSP Coordinators throughout the Central Region had the opportunity to discuss local projects and collaborate on larger projects that are more appropriate as regional projects.

The Hui are held approximately three monthly. It was agreed that each region would host and to date, Hui have been hosted by Mid-Central, Hawkes Bay, Capital, Coast & Hutt Valley and Wairarapa.

Proposed regional projects currently include;

- Promoting Primary Birth – creation of a homebirth documentary encouraging homebirths within the Central Region
- Discussion around classification of birthing data in the Ten Group classification system (aka Robson 10)
- Investigation of a robot to blister pack oral analgesia for postpartum women/people within the Central Region

OPTIMISING BIRTH INITIATIVES

INCREASING PRIMARY BIRTHS ACROSS THE CAPITAL, COAST AND HUTT VALLEY DISTRICT – KENEPURU MATERNITY UNIT (KMU) OPEN DAYS, AND BIRTHING AT KENEPURU (BAK TRIAL).

A key outcome sought from MQSP 'Optimising Birth' initiatives is to increase safe, primary birth. There is good evidence in Aotearoa and internationally that when a healthy person with a normal pregnancy labours and births at a centre like KMU, they experience less intervention and increased satisfaction with their birthing experience and postnatal care.

The reasons that people have given for choosing to birth in a birthing centre include

- Closer to home
- Easier access for whānau/visitors
- The 'feel' of the birth centre, more homely
- Fewer people around, more peaceful
- Less likely to have unnecessary intervention

The research shows that it is safe for healthy people with normal pregnancies to labour and birth at a birthing centre.

Two initiatives that seek to assist the increase of appropriate community based birth:

- KMU Open Days - to increase the visibility of this primary birthing space as a real place of birth choice for communities across our district.
- The BAK Trial – to provide eligible CMT whānau with a choice to birth in the community – either at KMU or at home.

KENEPURU MATERNITY UNIT (KMU)

KMU is an eight bed primary facility in Porirua. It has two birthing rooms, a birth pool room and six postnatal beds with ensuites. The birthing rooms and some of the postnatal rooms open out onto a covered verandah and shared garden. Each shift is staffed by either a midwife, or, a midwife and a nurse, who support the LMC midwives providing labour care and provide postnatal care for whānau during their postnatal stay.

Figure 5: **Number of WWH births & KMU births 1997-2022**

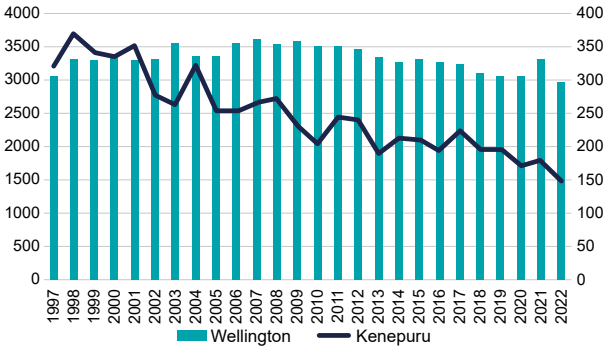
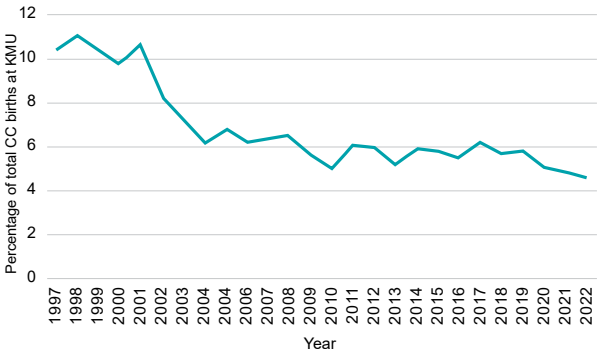


Figure 6: **Number of births at Kenepuru Maternity Unit 1997-2022**



Over the last 25 years, the proportion of people giving birth at KMU has more than halved and the proportion of healthy people with normal pregnancies travelling to Wellington Hospital (WWH) has increased.

People under the care of LMCs in the Hutt Valley already have the option of giving birth at KMU. However, this option was not available to people receiving their care from the CMT midwives.

In line with the NMMG/MQSP recommendations (2020) to encourage low-risk women to birth at home or in a primary birthing unit, Hutt Valley has made this option available under the BAK trial.

Healthy pregnant people, with a normal pregnancy, who are receiving care from the Hutt based CMT, will be offered an opportunity to participate in the trial and birth at KMU.

Kenepuru Maternity Unit Open Days

In order to raise the visibility of Kenepuru Maternity Unit as a place to birth and gather community feedback, two open days were held at KMU. This provided an opportunity to highlight the points of difference that KMU has to offer as a place to have a baby. The Hospital Foundation provided four picnic tables for the outdoor garden area – two adult sized and two children sized.

Kenepuru Maternity Unit garden

The districts communication team developed an advertising and communication strategy. Posters were displayed in antenatal clinics across the district and advertisements on a variety of social media platforms were established and re-shared for each open day. LMCs, the CMT, maternity related organisations and antenatal education providers were asked to share information about the Open Days widely.

Over the two Open Days 155 people were shown through the unit. The feedback about having the

Open Days was very positive. As a result of their visit several people said that they would be changing their place of birth to Kenepuru, including people under the care of the CMT.

Kenepuru Maternity Unit Open Day - Whānau feedback

Everyone that attended the Open Days were asked to provide feedback, asking the questions

- How did you find out about the Kenepuru Maternity Unit Open Day?
- What do you like about Kenepuru Maternity Unit?
- What could Kenepuru Maternity Unit do better?
- What do you want from your birthing unit?

Themes from the written feedback about KMU were identified. Each mention of a theme was then recorded to quantify the theme frequency. The findings are represented in the word clouds.

Figure 7: **What did you like about Kenepuru Maternity Unit – Word cloud**

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Figure 8: **What could Kenepuru Maternity Unit do better? – Word cloud**

Birthing at Kenepuru (BAK) Trial

The CMT caseloads in Wellington and Hutt Valley have grown considerably over the last few years and include people with low risk pregnancies. People under the care of the CMT have historically only been offered hospital birth. Therefore, people receiving care from CMT staff have had inequitable access to choice re place of birth.

In early 2023, LMCs in the Porirua area and surrounding suburbs proposed that they provide labour and birth care at KMU for CMT whānau wanting this option. The BAK Trial was established to set up this service across the district to provide choice, to increase the visibility and benefits of community-based birth and to evaluate the value of the service to the community. The Trial will initially run for one year and then be reviewed to see if there is a case for an ongoing service.

The option to birth at home or at KMU is provided by the collaboration of four teams of midwives – BAK LMC midwives, the CMT midwives, the Kenepuru Maternity Unit core midwives, and the birthing suite Clinical Midwifery Managers. An incidental benefit of this collaboration has been the commitment of homebirth LMCs to provide full continuity of LMC care for people who opt for a homebirth when birth place options are discussed by the CMT. A formal consent document and process clearly explaining why the Trial is being offered and what it is involved is required for all whānau who decide to participate.

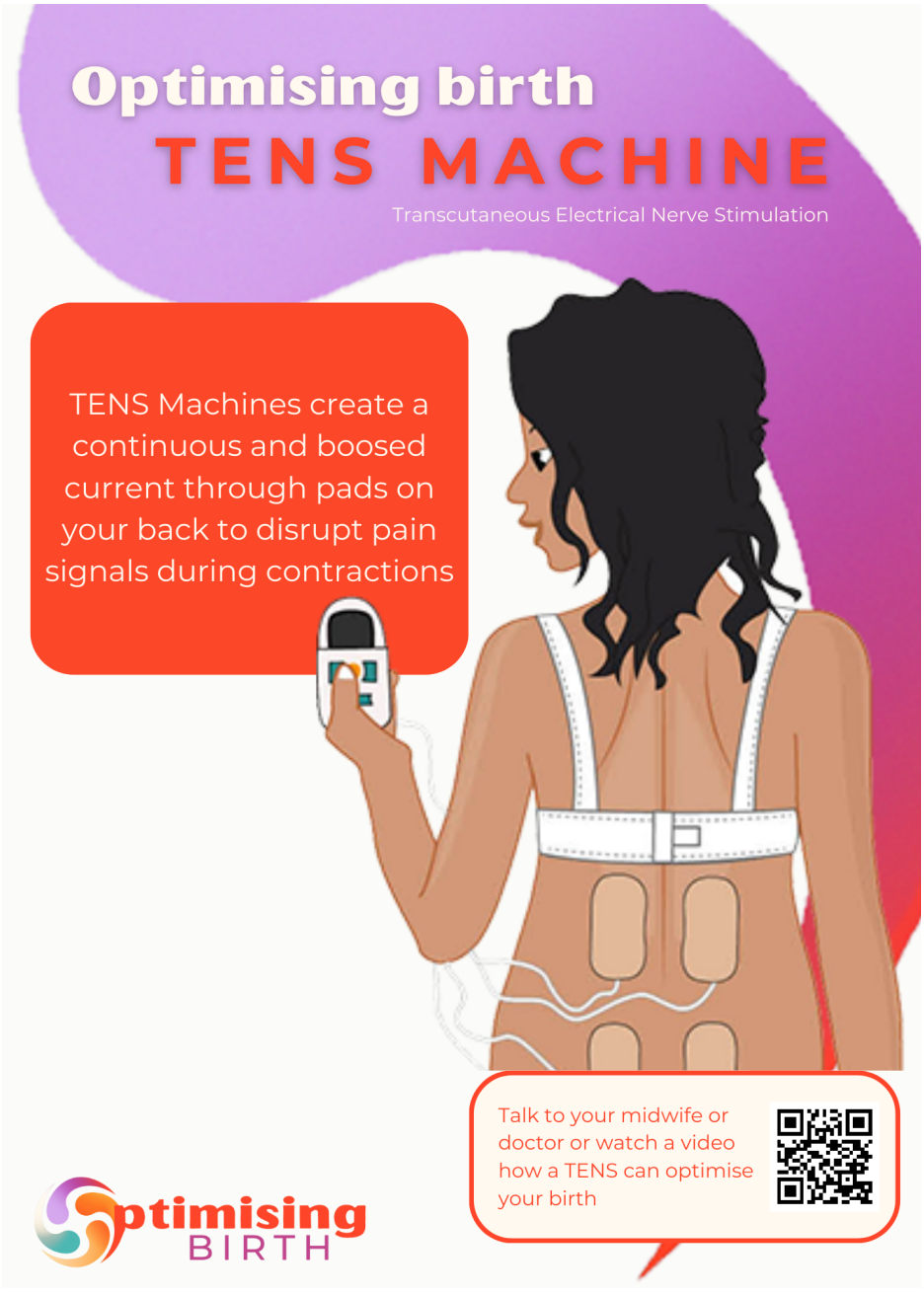
Thus far, seven people have birthed at home or at KMU, and a further six people have birthed at Wellington Regional Hospital. Questionnaires have been prepared and will be circulated in late 2024 to explore the experience of participating whānau and the midwifery teams, to identify any learning and areas for improvement. Demographic and clinical outcome data will also be collected to monitor the ongoing outcomes and safety of the initiative.

INTRODUCTION OF TENS MACHINES AND PEANUT BALLS

Optimising Birth is about making a series of smaller changes to improve experiences and outcomes for people birthing at Hutt Maternity. Monday 27 November 2023 saw the official launch of the Optimising Birth Initiatives. The Optimising Birth Project team hosted a launch party on the ward, at which we were pleased to be able to gift the first ten families booked for inductions of labour a gift pack consisting of a stretch and grow, pēpi Tui balm and Weleda lotion.

In conjunction with the official launch, Hutt Maternity has also introduced new a guideline to support Midwife-led Physiological Labour and Birth. Midwives are experts in the physiological process of birth but can be disempowered to support it in an environment with an increasingly diverse and complicated birthing population. This new guideline empowers midwives to protect the space around 'low risk' labour and birth, keeping the 'normal' normal. The guideline offers some simple reminders of practices to support physiological labour when it is slowing down as well as strategies for when tiredness may impact on decision making.

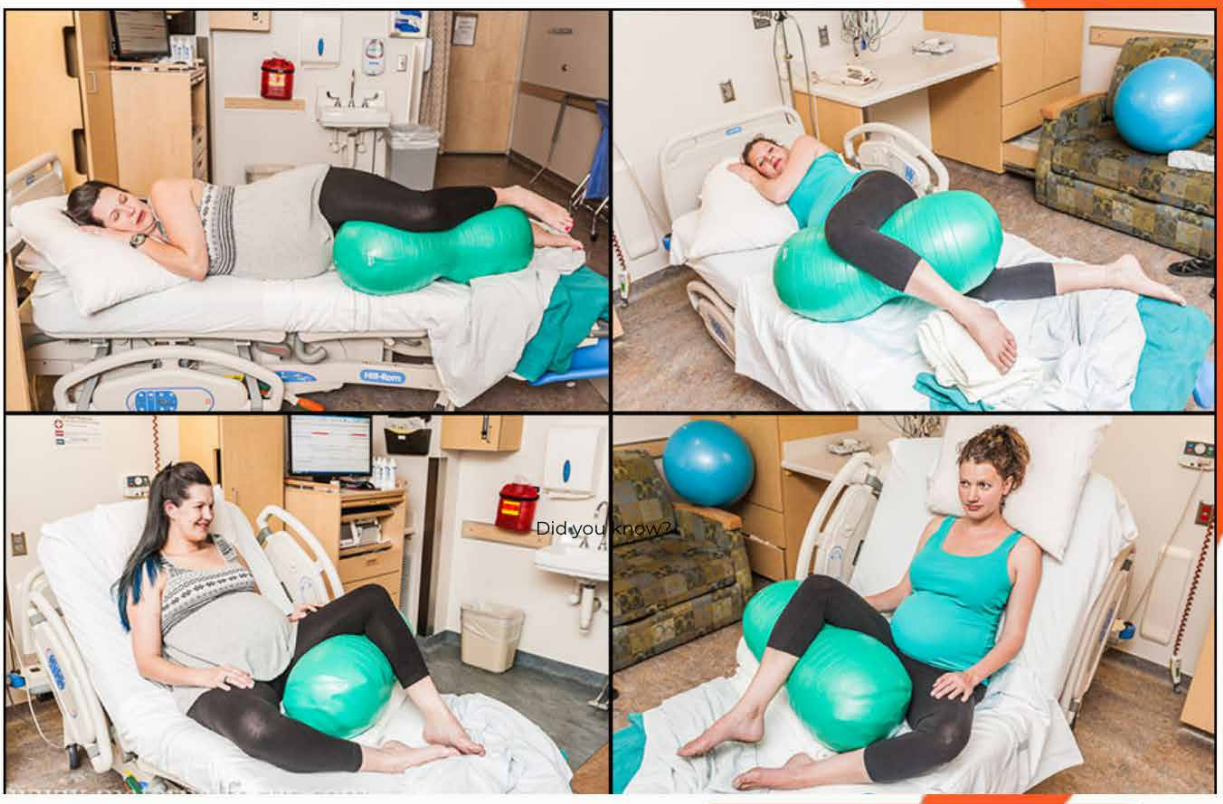
To this end, the focus of the launch was also on the promotion of the use of Peanut balls and TENs machine to encourage physiological birth. A Peanut ball is available for use in every birthing room. Peanut balls are designed to enable a range of labour and birth positions, while maintaining pelvic opening and descent of the fetal head. TENs machines are available to provide a greater range of support for non-pharmaceutical pain relief in labour.



Optimising birth

PEANUT BALL

Use a peanut ball for a comfortable position that creates a wider pelvic opening for your baby during labour and birth



Talk to your midwife or doctor about positions to optimise your labour and birth

Optimising BIRTH

MISOPROSTOL INDUCTION OF LABOUR

International evidence suggests a modest reduction in caesarean birth rates with use of misoprostol compared to some other priming methods and a modest reduction in the need for oxytocin to induce active labour.

Other centres in Aotearoa have found benefits from using oral misoprostol as part of their induction of labour process. Following on from this and after the introduction of misoprostol at Capital, Coast in 2022, Hutt Maternity moved to introducing oral misoprostol priming as the default method of induction of labour in those situations where it is not contraindicated in November 2023. The change to misoprostol priming for induction occurred as part of a wider project to update our induction of labour guideline.

Hutt Maternity's updated Induction of Labour guideline clarifies evidence based induction of labour criteria to ensure clinical consistency reduce over-reliance on induction and to minimise intervention with low evidence of benefit for both the birthing person and their pēpē. A triage tool was also included, to ensure a consistent approaches to prioritisation of induction bookings, and care planning during the induction process and ensure a safe and manageable workflow for unit resources.

Regular auditing of data will occur post misoprostol introduction to measure the impact both on the outcomes for our birthing population, staff and workflow of the unit.

ROOMING IN PROJECT

Hutt Maternity strives to implement whānau-centred care and to keep babies with parents and whānau as much as possible. We are able to offer a 'Rooming In' option to māmā if capacity in the ward allows. This option affords the māmā (and in some circumstances both parents), the opportunity to remain in the maternity ward if their pēpi has been admitted to the Neonatal Unit (SCBU) and is likely to be discharged within a few days. We are not in a position to offer full transitional care, however this option is being explored within the maternity ward re-design.

In June 2023 the Woman's & Children's service received a complaint from young Hutt Valley parents with pēpi in the neonatal unit who reported that they had experienced culturally inappropriate care. In response, MQSP at Hutt Valley undertook to lead a project to explore how similar experiences could be avoided and what was required to improve the provision of care for parents that were 'Rooming In'.

A stakeholder group was established that included representatives from the maternity ward, the neonatal unit, Women's & Children's service quality & innovation advisor, MQSP and a consumer representative who was able to provide culturally appropriate advice. Further representation was invited from Whānau Care and Social Work services.

One of the main issues identified, was a lack of high quality communication between the maternity ward, parents and the neonatal unit, resulting in anxiety around care provision and support options for pēpi. The following points identified at the first stakeholder meeting summarise this:

- A lack of information and documentation around clear explanations of what constitutes 'Rooming In' and responsibilities of care.
- This lack of clarity has led to complaints; therefore, staff have been requesting an information pamphlet.
- This is seen as a matter of urgency.
- Currently, information is given very quickly over the hand-over time which can mean parents get the information rushed to them and they don't have time to ask questions or go over any information slowly.

Te Whatu Ora
Health New Zealand
Capital, Coast and Hutt Valley

Hutt Maternity

- There can also be a lack of clear communication between the maternity ward and the neonatal unit, leaving staff and parents unsure of whether they can move to the 'mothercraft room' in the neonatal unit.

To address this, two main actions were initiated.

1. Development of an information brochure to share with parents, that both hospital staff and/or LMCs could use to explain what was involved when 'Rooming In'.
2. The Hutt Valley Neonatal Unit would participate as part of the existing 'Babble' App. An app developed by Midcentral that provides information to parents on what to expect when their pēpi is in the neonatal unit.

There had already been a change of practice put in place in the neonatal unit to provide for more than one support person to be present with pēpi.

An information brochure was developed and is available on the maternity ward for all staff and LMCs.

It is intended to further translate this brochure into several languages to ensure the information is presented in a way that can be understood by our community.

The administrators of the 'Babble' App were contacted regarding including Hutt Valley Neonatal Unit. It appears that this may not be viable as this app may be discontinued. It is proposed that the Hutt Valley Neonatal Unit and Capital, Coast NICU explore options of offering information to parents in an easily accessible platform e.g. an App. The ideal time to incorporate this may be during the Hutt Valley Neonatal Unit re-design.

The 'Rooming In' working group continues to meet to implement these initiatives.

MQSP ACHIEVEMENTS 2023

PŌHUTUKAWA BEREAVEMENT TROLLEYS

In 2021, Te Wai trolleys were introduced into the maternity ward at Wellington Regional Hospital, as an MQSP initiative in collaboration with Maternity services and the Māori Health Directorate.

The trolleys and bowls provide for observation of the kawa (protocol) of the tangihanga (bereavement activities), in Te Ao Māori. This includes the use of water for cleansing when moving from the presence of the tūpāpaku (deceased), which is a tapu (sacred) space to the noa (not sacred) space.

At Te Whatu Ora, Hutt Valley we also wanted to be able to provide this tikanga for our community in respect for families experiencing loss. Midwives Ngaire Va'a and Jaime Walsh led this mahi with support from the Hutt Valley MQSP.

Chaplain Kathryn Van Woerkham who had been donated two beautiful glass bowls for the trolleys gifted them to the maternity ward. Grateful thanks to Life Pharmacy, Stokes Valley and Inspiry for the donation of the bowls.

We approached a local master carver, Sam Hauwaho to create a unique carving for the Hutt Valley bereavement trolleys, which the bowls could nestle into. The interlocking koru on the carvings represent Mother and Child. Sam gifted the carvings as a koha to the maternity ward.

Hutt Maternity has continued with the use of the Pōhutukawa flower as our ward bereavement symbol. We acknowledge that whilst for some iwi the Pōhutukawa flower has a deep spiritual meaning connecting the beginning and ending of life, this is not the case for all iwi.

MANAAKI MATS – A NATIONAL MORTALITY REVIEW COMMITTEE (NMRC) INITIATIVE

Development of a National Bereavement Pathway highlighted a need to improve the emotional and spiritual care of whānau experiencing loss of a pēpi and provide parent centred, empathetic and safe care when a pēpi dies. This includes hospital to home emotional support.

Internationally, Bereavement Pathways propose:

- training should be included
- bereavement rooms should be provided
- opportunities for families to make memories supported
- support and resources for staff should be provided

Before the introduction of Manaaki Mats, Hutt Hospital provided Cuddle Cots, which were complex to manage for families and staff. Introducing the Manaaki Mats into care is a simpler, more cost effective alternative, enhancing the ability of families to care for and cuddle their pēpi independently.

Especially benefitting from the use of Manaaki Mats are those whānau/families wishing to take their pēpi home for social/cultural reasons, enabling time to create precious memories for themselves, siblings and extended whānau/family in both the hospital and home setting.

Use of Manaaki Mats encourages the independent care and holding of a pēpi without fear or worry that the baby is getting too warm. The pads are unobtrusive and are concealed beneath the pepi's wraps, allowing cuddling and caring of the pēpi for longer periods. Families can loan a small freezer, and are given a supply of pads and instructions for use, which they can easily maintain at home.

MQSP approved provision of funding for staff education and resourcing for initial project implementation. Hutt Maternity is also grateful to Hutt Maternity Action Trust, who kindly donated a freezer.

Manaaki Mats are a simple cooling resource which can be offered to bereaved parents, allowing them to cuddle their baby whilst maintaining a cool temperature, slowing down any natural deterioration.

The mats are a simple, non-toxic and re-freezable. They are filled with dry ice gel which expands when activated in warm water. They freeze at a much colder temperature than normal ice, to around -18 degrees and remain frozen for around 6 hours.

PERSONAL THEATRE HATS

MQSP was instrumental in arranging for the supply of a personal theatre hat for all midwives and doctors who attend births in the Hutt Hospital's operating theatres.

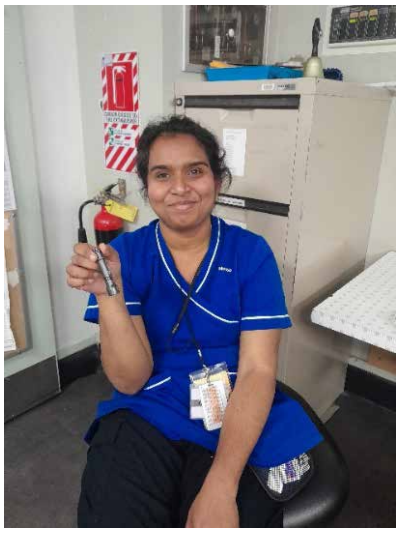
The hats are embroidered with the staff members name and role, so that in times of high stress or emergencies, all team members are easily identifiable allowing the appropriate allocation of roles and duties.

A selection of colours were made available to staff. Provision of personal theatre hats is ongoing for new staff members and is coordinated by the MQSP Administrator.

AMPOULE OPENERS

As part of the celebrations for International Day of the Midwife and International Nurses Day in 2023, all midwives and nurses working in maternity services at CCHV received a personal ampoule opener.

Use of the ampoule opener allows nurses and midwives to confidently open glass ampoules quickly and safely without fear of injuring themselves on the sharp or jagged surfaces. A small but significant safety item in their everyday mahi.



TE KĀRETI O NGĀ KAIWHAKAWHĀNAU KI AOTEAROA | NEW ZEALAND COLLEGE OF MIDWIVES 2023 CONFERENCE

TE PAE CHRISTCHURCH CONVENTION CENTRE - ŌTAUTAHI CHRISTCHURCH

As the previous New Zealand College of Midwives (NZCOM) conference (2021) was cancelled due to Covid 19, MQSP was pleased to offer Consumer Representatives on the Governance Group the opportunity to attend this conference in 2023. Jey Wilkes accompanied Nicole Anderson (MQSP Coordinator).

The theme of the conference was 'Whānaungatanga'. *"Whānaungatanga is about making and maintaining relationships. These relationships create a sense of belonging, obligation, support, responsibilities and roles. These relationships are not necessarily about whānau or blood relationships and focus on cohesive relationships that result in benefits to the group rather than individuals."*

https://www.midwife.org.nz/news

Keynote speakers and topics included:

- Dr Kelly Tikao: Rejuvenating Ngai Tahu customary birthing practices – what does this look, sound and feel like?
- Talei Jackson: Valuing vā and voice – Nurturing Pasifika relationships.
- Dr Rachel Reed: The Power of Relationships in Reclaiming Birth.
- Dr Naomi Simmonds: Supporting Maternal Wellbeing in the Context of Whānau, Whenua and Wairua.

Also particularly inspiring for the consumer was the presentation - The inconvenient truth of birth trauma/tokophobia care: A patchy New Zealand service (Christine Mellor, Susan Crowther, Nimisha Waller, Elizabeth Jennen).

Jey presented on this to the MQSP Governance Group on her return, with some valuable insights and suggestions as to how trauma could be addressed with involvement from Community Support services.

EARLY NOTIFICATION TO WELL CHILD TAMARIKI ORA PROJECT – CAPITAL, COAST, HUTT VALLEY & WAIRARAPA NEWBORN NOTIFICATION FORM

The Well Child Tamariki Ora (WCTO) programme is a key resource for care delivery and support to pēpi, tamariki, māmā and whānau from birth to five years. Timely notification enables WCTO providers to plan their workloads, and ensures the first core check takes place within 50 days of life. It also enables a smooth transition from midwifery to WCTO services, reducing the risk of tamariki having delayed checks and access to wider support services (particularly for vulnerable families).

In both the Capital, Coast and Hutt Valley District and Wairarapa District, WCTO providers are notified of the birth of a pēpi via completion of the Newborn Notification Form, either at birth, or immediately prior to discharge home.

In 2022, at the CCHV WCTO Quality Improvement Hui, data analysis together with narrative from WCTO providers identified that some pēpi were not receiving early notification to WCTO services. Data from the Quality Improvement Framework indicated there was an equity gap to target in early notification to WCTO Providers of 17% to 19% for Māori and Pacific pēpi respectively. (Ministry of Health target is 95%).

In order to identify process gaps and minimise recurrence, the Early Notification to Well Child Tamariki Ora Project was developed. Carolyn Coles, Director of Midwifery, CCHV and project sponsor, nominated Paula Spargo (Planning & Improvement Manager – Child Wellness Central Region Programme), and Nicole Anderson (MQSP Coordinator) to Co-Lead this project.

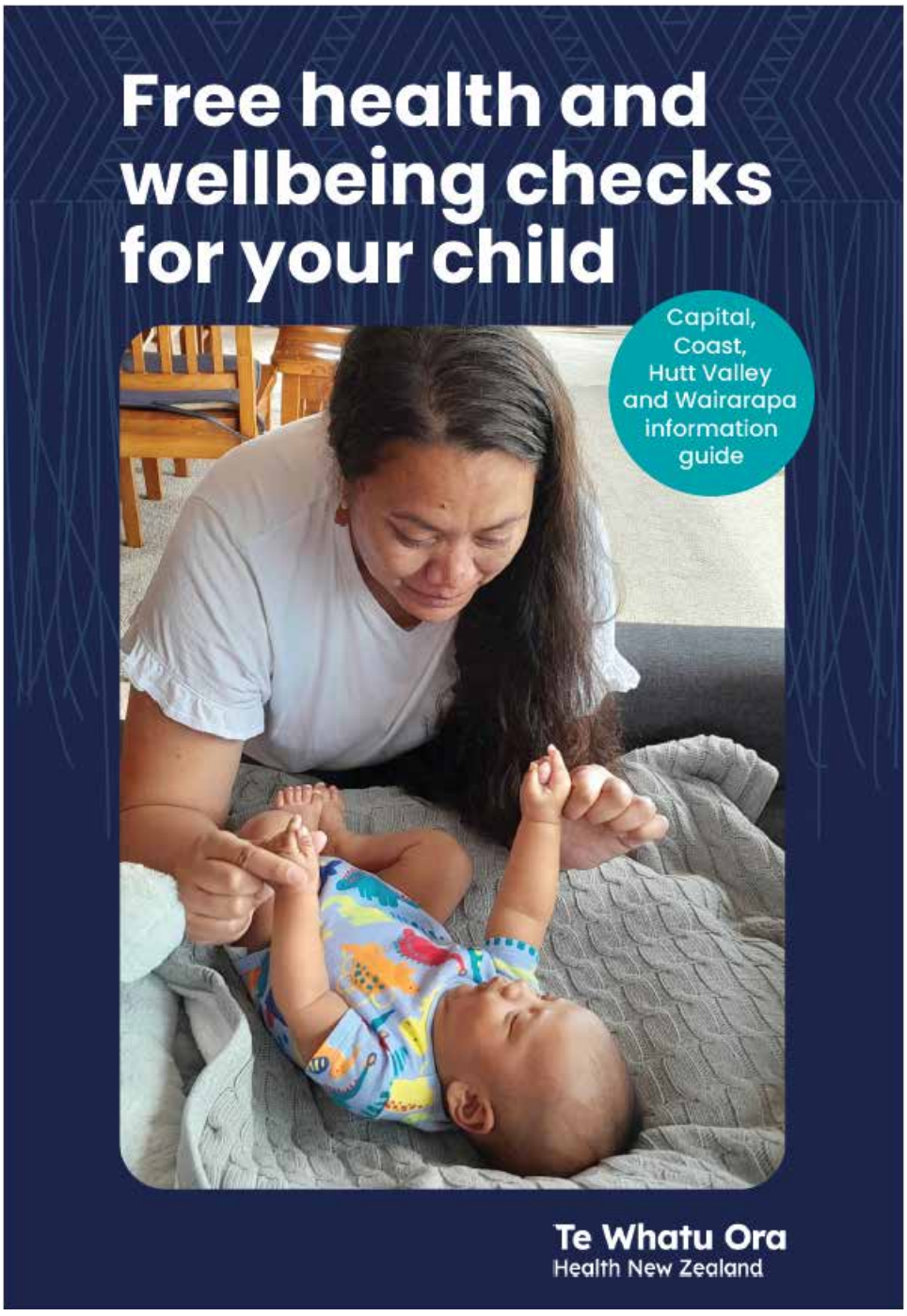
To manage the Early Notification Project effectively, the project sponsor, and co-leads, decided initially, to concentrate on Wellington Regional Hospital and one primary birthing unit (KMU). The insights gained from this initial focus will inform a broader project covering the entire CCHV District.

A stakeholder group was established. This group consisted of a wide range of representatives from CCHV, including Māori and Pacific Directorate representatives, Kaimahi, Lead Maternity Carers, WCTO Providers and other stakeholders. A smaller working group, formed from the wider stakeholder group, continued to progress the mahi. This included involvement from Consumers (Maternity service users) with co-designing of the look and content of the Newborn Notification Form, and other associated public facing information.

The Early Notification Project has been instrumental in bringing to light gaps in the notification process. Through process mapping, variations in practices were identified, such as lack of completion of WCTO providers on the Newborn Notification Form and lack of knowledge about providers and their services. This information, gathered throughout the discovery phase, guided the roll out of a more cohesive process.

Key achievements of this mahi have included the streamlining of the Newborn Services Information Form (for parents), clarification of responsibilities when completing the Newborn Notification Form, the establishment of early notification as a hospital-driven process and the development of an on-line education package to clarify the early notification process

Integral to the ongoing sustainability of outcomes of this project was the development of an information brochure on Well Child Provider options in the district, co-designed with consumers and WCTO providers. This information brochure is intended as a resource for staff, LMCs and parents to assist with making a choice of WCTO provider for pēpi. The information brochure is available in paper format and on the Pēpe Ora website https://www.wellington.pepeora.nz/ Posters with a QR code link to Pēpe Ora, socialising the information brochure are displayed in a variety of settings including the maternity wards, LMC rooms, Community Midwife Team clinics, antenatal classes and GP Practices.



A wider roll-out of the WCTO education packages and resources is planned for Hutt Valley and Paraparaumu Maternity Unit in 2024. The MQSP Coordinator will ensure that LMCs and employed staff are aware of the resources by attending staff meetings and LMC meetings. The education resource will also be loaded to the district-wide on-line learning platforms and available to all LMCs and employed staff throughout Capital, Coast, Hutt Valley and Wairarapa.

Our intention is also to have the full **Early Notification to Well Child Tamariki Ora Project Report** available for our community and other interested parties to read on our Hutt Valley Maternity website in 2024.

ACUPUNCTURE CLINIC AND AUDIT OUTCOMES

Hutt Valley re-commenced provision of acupuncture treatment for pregnancy related conditions in August 2022. Rooms and administration support services were provided to the acupuncturist to run a clinic once a week. It was important to the Hutt Valley community that there was an option to receive acupuncture treatment in pregnancy, free of charge, so that accessing the clinic was more equitable than seeking treatment privately.

With permission granted from the Ministry of Health, MQSP provided funding to promote the clinic, trial attendance at the clinic for 18 months and reimburse the acupuncturist for time and consumables.

The acupuncturist was available to treat a variety of pregnancy conditions including, but not limited to:

- Morning sickness & nausea
- Rib, back and pelvic pain
- Stress, anxiety & depression
- High blood pressure
- Position of baby
- Labour preparation & Induction of labour

The clinic was provided once a week on a Friday between 9am and 4.30 pm. Each 45-minute treatment slot allowed for 20-30 minutes of actual treatment time. Two rooms were available so that the acupuncturist could provide treatment for two pregnant people concurrently. This permitted the opportunity to see 16 pregnant people in total in each clinic.

In order to promote equity of access appointment bookings were limited to blocks of three follow up appointments, with a total of 9 appointments overall allocated to treatment of the same condition. By restricting appointment bookings we were hoping to discourage non-attendance of appointments.

Analysis of attendance at the acupuncture clinic during the audit period of September 2022 to August 2023 shows a clinic non-attendance rate on average over the 12 months of 14%. This does not include people who cancelled their appointment in advance. Most notable increase in non-attendance rates were in the winter months of June and July.

Table 5: **Acupuncture Clinic attendance**

Month	No of people attending their appointment	No. of people who did not attend their appointment	% rate of non-attendance
September 2022	60	12	16.6%
October 2022	52	7	11.8%
November 2022	49	5	9.25%
December 2022	72	6	7.6%
January 2023	27	4	12.9%
February 2023	58	2	3.3%
March 2023	49	11	18.3%
April 2023	39	3	7.1%
May 2023	50	5	9.0%
June 2023	44	16	26.6%
July 2023	33	13	28.2%
August 2023	37	7	15.9%

Covering the period September 2022 to September 2023 (inclusive), we further audited our data to ascertain whether provision of acupuncture treatment for pre-birth or induction of labour on primiparous pregnant people increased the rates of spontaneous birth and decreased rates of induction of labour and caesarean section for this cohort.

In addition to the audit, we also gathered feedback from users of the clinic as to their level of satisfaction with the provision of acupuncture free of charge for pregnancy related conditions, and what improvements we could make to the service.

A business case will now be prepared to explore how we can continue to provide acupuncture treatment in an equitable way for those pregnant people who will benefit from treatment but cannot afford to pay a private practitioner.

The following graphs compare the outcomes between those primiparous pregnant people who received acupuncture treatment @ >36 weeks gestation for Pre-birth or Induction of labour acupuncture points (n. 64), and those primiparous pregnant people who did not receive any Pre-birth or Induction of labour acupuncture treatment (n. 628). Where the onset of labour is designated 'unknown', the onset was not documented.

Figure 9: **Chart 1 – Pre-birth or IOL acupuncture treatment**

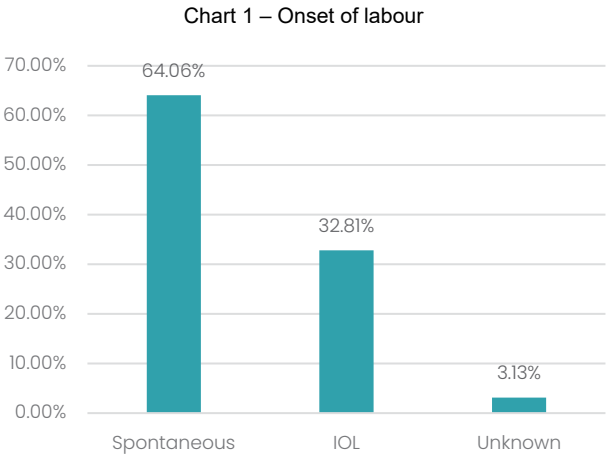


Figure 10: **Chart 2 – No Pre-birth or IOL acupuncture treatment**

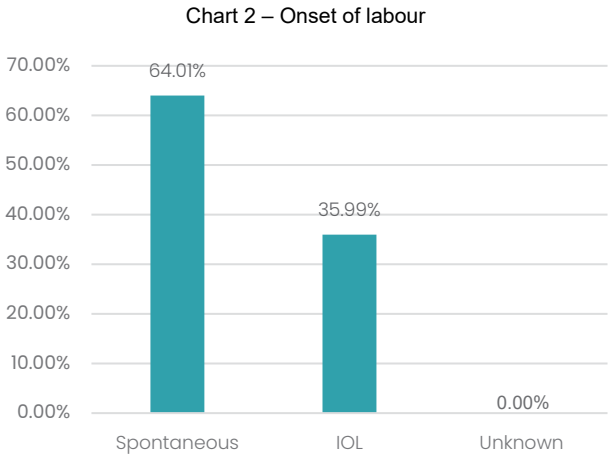


Figure 11: **Chart 3 – Pre-birth or IOL acupuncture treatment**

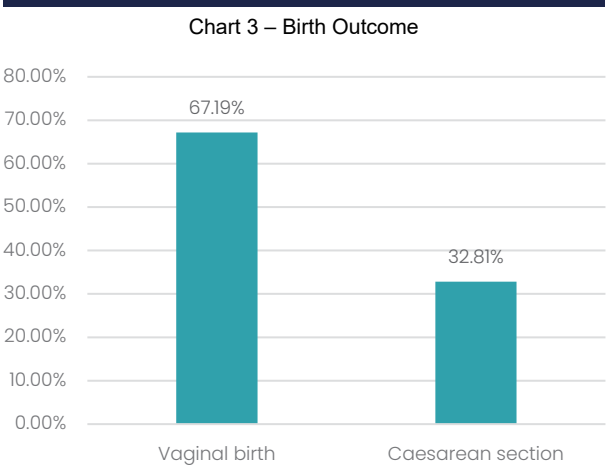
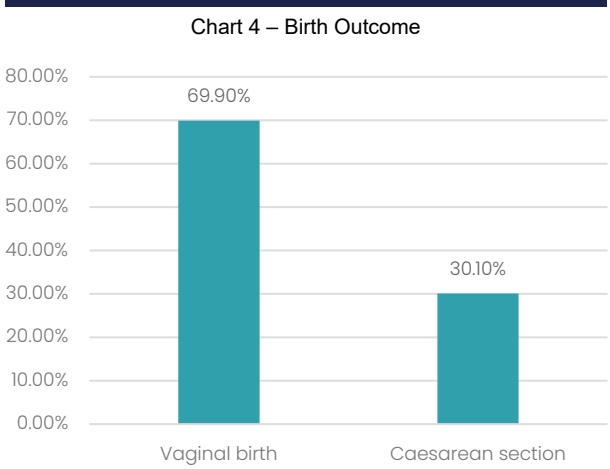


Figure 12: **Chart 4 – No Pre-birth or IOL acupuncture treatment**

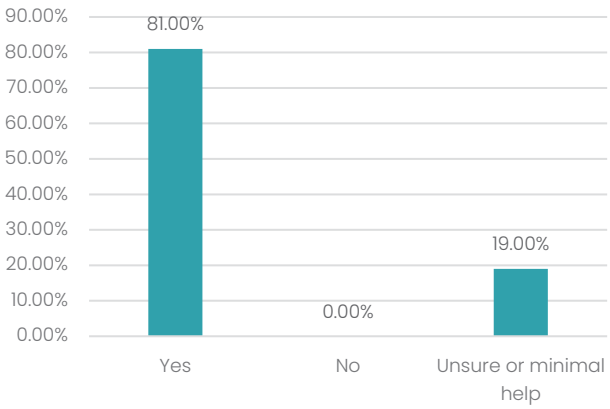


SUMMARY OF ACUPUNCTURE CLINIC CONSUMER FEEDBACK

An initial survey undertaken by telephone, covered three months from September 2022 to November 2022 (inclusive). Forty-three acupuncture clinic users responded. Four key questions were asked.

Q.1. 81% (n 35) respondents reported an improvement while 19% (n 8) were unsure or felt there was minimal improvement.

Did the acupuncture treatment help?



Q.3. Were you comfortable with the person giving the acupuncture treatment?

All of the respondents (100%) replied that they were happy with the clinician and many gave very positive feedback around the treatment they received in the final question.

Overall 63% (n 27) were very happy with the service received. Other suggestions included

- Improvements to the room or environment
  - Less clinical setting
  - Dimmer lighting
  - More welcoming relaxing environment
  - For a government funded service, it was great
  - Music was nice to listen to
- More clinics/extended hours
  - Available other days would be great
  - Perhaps another person doing it, or more days for clinics
  - Outside work hours
  - Include pregnancy massage
  - Would be great to have the service in other areas as well (Upper Hutt)
- Issues with booking or cancelling
  - Had issues when trying to get hold of someone to cancel
  - Better booking system, online option would be great

We undertook a follow up telephone survey of all attendees of the acupuncture clinic in August 2023 (one year after commencement). Twenty people were contactable, and participated in the survey. The same questions were asked.

Q.1. Did the acupuncture treatment help with your condition?

All of the respondents (100%) replied that the treatment helped with their condition.

Q.3. Were you comfortable with the person giving the acupuncture treatment?

Again all of the respondents were comfortable with the clinician providing treatment. One respondent mentioned they would have liked more explanation of the needles and the points while they were receiving the treatment.

Similar to the previous survey, overall the majority of respondents were happy with the service they received.

In addition the main suggestions for improvements were more clinics and more availability of appointments (50% of respondents mentioned this).

Two respondents mentioned making the environment less clinical.

Four respondents mentioned issues around making contact with someone to book their appointment.

AUDIT SUMMARY

The outcomes for onset of labour and birth outcome are displayed as percentages of the total rather than actual numbers, due to the differences in numbers in the two groups. Primiparous people receiving pre-birth or Induction of Labour acupuncture treatment = 64, primiparous people not receiving pre-birth or Induction of Labour acupuncture treatment = 628.

The differences in percentage rates for those receiving treatment and not receiving treatment is not large enough to achieve statistical significance. We cannot with certainty, verify the findings in previous research that receiving pre-birth or induction of labour acupuncture treatment increases rates of spontaneous onset of labour and reduces caesarean section births. (Betts & Lennox, 2004). (Harper et al, 2009). (Lokugamage et al, 2020).

There may be a number of confounders in the manner that we can deliver this service in a hospital clinic setting that impacts on this, i.e. lack of ability to provide a number of treatments in the recommended timeframe (more than one per week).

The results from the Consumer satisfaction surveys indicate that users of the service found it valuable and appreciated the opportunity to access this service. There may be a more community based option to provide equity of access to acupuncture treatment. This would require more exploration.

KEY FINDINGS AND RECOMMENDATIONS – PMMRC & NMMG

Key findings from the 15th annual report of the Perinatal and Maternal Mortality Review Committee (PMMRC) | Ngā Kitenga Matua Mai i te Pūrongo ā-tau Tekau mā Rima o te PMMRC, published in 2022.

Ethnic, deprivation and age inequities persist in all findings. The health system continues to fail:

- Māori
- Pacific peoples
- Indian populations
- those aged under 20 years
- those living in areas of high deprivation, all of whom experience worse perinatal outcomes than those of New Zealand European ethnicity.

Neonatal encephalopathy rates remain static with no significant improvement. While it is recommended that all babies with moderate neonatal encephalopathy receive magnetic resonance imaging (MRI), this is not being achieved. Wāhine Māori, Pacific women and women in higher deprivation areas suffer a disproportionate burden of maternal mortality. Increased risk of maternal mortality is correlated with women aged 40 years and over. Wāhine Māori were 2.91 times more likely to die by suicide as a direct result of maternal mortality than women of New Zealand European ethnicity in the 2006–2022 period.

"The PMMRC recommendations support the reformed health system's aim to create a more equitable, accessible, cohesive and people-centred system. It is imperative that our focus in achieving this is to prioritise our responsibility to Te Tiriti o Waitangi and ensure an overarching emphasis on achieving equity. We believe urgent prioritisation is required to implement the following previous four recommendations to accelerate high-quality, appropriate and equitable care.

Recommendation 1: Regulatory bodies to mandate cultural safety education for all individuals working across all areas of the maternity and neonatal workforce. Culturally safe care is an expectation.

Recommendation 2: Government agencies to address the impact of structural racism and recognise and address the impact of socioeconomic deprivation on perinatal death, specifically on preterm birth, which after congenital abnormality is the leading cause of perinatal death.

Recommendation 3: Health New Zealand | Te Whatu Ora districts to prioritise the development of evidence-based solutions in consultation with young mothers; maternity services that meet the needs of, and are acceptable to, mothers under 20 years old; and adequate resources for these services.

Recommendation 4: Health practitioners to identify women with risk factors for perinatal related death and work individually and collectively to ensure that care is accessible and appropriate to the needs of these women. Equitable health care is a fundamental right. Risk factors that require particular focus include:

- Pre-pregnancy care for known medical diseases, such as diabetes
- Access to appropriate antenatal care
- Antenatal recognition and management of threatened preterm labour
- Following evidence-based recommendations for indications for induction of labour
- Advice to women and appropriate management of decreased fetal movements.

https://www.hqsc.govt.nz/assets/Our-work/Mortality-review-committee/PMMRC/Publications-resources/15thPMMRC-report-final.pdf

The National Maternity Monitoring Group (NMMG) was established in 2012 as an advisory group to the Director-General of Health, and is funded as part of the Maternity Quality Initiative.

The NMMG provides oversight and review of national maternity standards, analysis and reporting and provides advice to the Ministry of Health (the Ministry) and Health New Zealand | Te Whatu Ora on priorities for improvement in maternity services.

The NMMG was created as part of the Maternity Quality Initiative, which is made up of:

- a national Maternity Quality and Safety Programme, including maternity standards and clinical indicators
- revised Maternity Referral Guidelines, which set out processes for transfer of care, including in an emergency
- standardised, electronic maternity information management to improve communication and sharing of health information among health practitioners
- improved maternity information systems and analysis so that there is better reporting and monitoring of maternity services

https://www.health.govt.nz/system/files/documents/publications/nmmg_2019_report_final.pdf

MATERNITY CLINICAL INDICATORS AND TEN GROUPS CLASSIFICATION SYSTEM

CLINICAL INDICATORS

Clinical indicators give an opportunity for Districts and local maternity stakeholders to identify areas for further investigation and potential service improvement.

The New Zealand Maternity Clinical Indicators show key outcomes for each District's secondary and tertiary maternity facilities.

Data is presented in the report in two ways.

- By District of residence: this data is intended to provide the District's with information relevant to their usually resident population.
- By facility of birth: this data is intended to allow for the monitoring of trends over time at the facility level.

Data for these indicators were extracted for all pregnancies and live births recorded on the National Maternity Collection (MAT) dataset. MAT integrates maternity-related data from the National Minimum Dataset (NMDS) and LMC claim forms submitted to and compiled by the Manatū Hauora.

Clinical indicators are monitored by comparing data for a defined subgroup of women who are considered to be '*low risk*'. This group is referred to as the '*standard primiparae*' (SP) group.

A 'standard primiparae' is defined as 'a woman aged between 20 and 34 years at the time of birth, having her first baby at term (37 to 41^{+6} weeks gestation) where the outcome of the birth is a singleton baby, the presentation is cephalic and there have been no recorded obstetric complications that are indications for specific obstetric intervention'.

The 'standard primiparae' represents a woman expected to have an uncomplicated pregnancy. Intervention and complication rates for such women should be low and consistent across all hospitals nationally We acknowledge therefore that this is only a small representation of our birthing population.

In 2022 15.7% of births (n = 243) at Hutt Valley were to pregnant people defined as standard primipararae.

Table 6: **Standard Primiparae By Ethnicity**

Māori	50	20.5%
Pacific	23	9.5%
Indian	34	14%
Asian	13	5.4%
European/Other	123	50.6%
Totals	243	100%

The following page shows results for Hutt Valley as a whole and by each ethnic group, for the year 2022 (Manatū Hauora, 2023). The table and commentary is based on the clinical indicator results by District of residence. The data can also be seen here: https://tewhatuora.shinyapps.io/maternity-clinical-indicator-trends/

In the table below, the Hutt Valley rate is compared against the Aotearoa National rate and the clinical indicators are highlighted red or green to show if the Hutt Valley rate is above or below the Aotearoa rate. The Hutt Valley data is further broken down by ethnicity to show how that ethnicity compares to the Aotearoa National rate (whole of Aotearoa, all ethnicities), and is again highlighted to show if the rate is significantly different from the Aotearoa rate. While some indicators have what appear to be significant differences in rates, small sample sizes can mean the differences fail to reach statistical significance.

Indicators 13-15 are not included due to small numbers and there is no data available for Indicator 16.

Table 7: **New Zealand Maternity Clinical Indicators 2022, by DHB of residence, showing Hutt Valley ethnicities (2022) compared to the whole of New Zealand**

Clinical Indicators: Hutt Valley rate compared to the Aotearoa rate		Aotearoa Rate (%) 2022	Hutt Valley Rate (%) 2022	Hutt Valley ethnicity groups compared to the Aotearoa national rate (whole of NZ)				
				Māori Rate (%)	Pacific Rate (%)	Indian Rate (%)	Asian (exc. Indian) Rate (%)	European / Other Rate (%)
1	Registration with an LMC in the first trimester of pregnancy	75.0	68.7	57.2	52.4	67.0	68.5	80.2
2	Standard primiparae who have a spontaneous vaginal birth	59.3	59.3	64.8	58.3	40.5	55.6	61.9
3	Standard primiparae who undergo an instrumental vaginal birth	20.7	18.5	14.1	16.7	24.3	22.2	19.4
4	Standard primiparae who undergo caesarean section	20.0	22.2	21.1	25.0	35.1	22.2	18.7
5	Standard primiparae who undergo induction of labour	9.3	9.8	9.9	0	24.3	0	8.2
6	Standard primiparae with an intact lower genital tract (no 1st- to 4th-degree tear or episiotomy)	24.2	18.2	32.1	16.7	0	14.3	15.6
7	Standard primiparae undergoing episiotomy and no 3rd- or 4th-degree perineal tear	27.6	32.7	30.4	27.8	50.0	28.6	31.2
8	Standard primiparae sustaining a 3rd- or 4th-degree perineal tear and no episiotomy	4.5	5.1	5.4	5.6	8.3	0	4.6
9	Standard primiparae undergoing episiotomy and sustaining a 3rd- or 4th-degree perineal tear	2.1	3.7	0	0	12.5	14.3	3.7
10	People having a general anaesthetic for caesarean section	7.5	6.5	8.9	8.2	3.1	4.3	6.2
11	People requiring a blood transfusion with caesarean section	3.8	3.3	2.2	2.7	1.0	4.3	1.7
12	Women requiring a blood transfusion with vaginal birth	2.7	2.5	2.1	3.6	2.7	5.1	2.0
17	Preterm birth	7.7	8.6	11.5	8.3	7.6	9.3	6.5
18	Small babies at term (37-42 weeks' gestation)	2.1	1.6	3.6	2.4	7.2	2.2	1.6
19	Small babies at term born at 40-42 weeks' gestation	29.1	18.2	36.8	25.0	21.4	0	18.2
20	Babies born at 37+ weeks gestation requiring respiratory support	3.4	4.6	5.4	3.0	3.6	5.1	4.6

CLOSER CONSIDERATION OF CLINICAL INDICATORS

Indicator One; Registration with an LMC in the first trimester	In 2022 Hutt Valley remained below the national average (all ethnicities) for first trimester registration. There has however been an increase in the rates from 2020 and 2021. In 2023 there is also a slight decrease in the number of clients registered with CMT as there are now more independent LMCs available to take on clients in the Hutt Valley area. MQSP is considering what type of campaign would be the most effective in increasing timely registration.
Indicator Two; SP who have a spontaneous vaginal birth	Hutt Valley is achieving the same or greater rate of spontaneous vaginal births than the national average (all ethnicities) except for Indian and Asian ethnicities. Hutt Valley numbers do appear favourable when compared with the national average for spontaneous vaginal births for those ethnicities alone. Indian (40.5% HV/ 40.6% nationally), Asian (55.6% HV/ 51.2% nationally).
Indicator Four; SP who undergo caesarean section	Rates in Hutt Valley are higher than the national average across all ethnicities except for European/other. Rates for Pacific and Indian ethnicities being significantly higher. Caution has to be taken when comparing percentage rates for single ethnicities, due to low numbers of standard primiparae overall, (i.e. 25% may equal 1 out of a total of 4). Work is currently being completed on Robson 10 classifications that will give greater clarity around Hutt Valley's caesarean section rate and for which group interventions may provide the greatest benefit.
Indicator Five; SP who undergo induction of labour	Overall the Hutt Valley rate is not statistically significantly higher than the national rate with the exception of Indian ethnicity. Hutt Valley is an outlier for this indicator with a local rate of 24.3% compared to the national SP IOL rate for Indian women at 16.3%. Hutt Valley has introduced an evidence based guideline in 2023 to assist with determining appropriate candidates for induction of labour as part of the 'optimising birth' initiatives. This will ensure clinical consistency and reduce over-reliance on induction and early induction, which increases the risk for both the birthing person and their pēpē.
Indicator Six; SP with an intact lower genital tract (no 1st- to 4th-degree tear or episiotomy)	Hutt Valley rates for this indicator were lower than the national average for all ethnicities with the exception of Māori who were significantly higher. Initiatives to address this are in place with ultra violet towel warmers available in every birthing room to improve access to warmed towels for application to the perineum during birth to enhance skin elasticity. Ongoing educational workshops around perineal care and protection are available and encouraged for midwives via NZCOM. Click here for workshop information
Indicator Eight; SP sustaining a 3rd- or 4th-degree perineal tear and no episiotomy	Hutt Valley rates for this indicator were slightly higher than the national average except for Asian and European/other ethnicities where the rates were lower. The highest rates were for Indian ethnicities, which at 8.3% was slightly higher than the national rate for Indian ethnicities at 7.1%. Hutt Valley provides in-house regular multi-disciplinary workshops on Perineal 3rd & 4th degree tear detection, co-ordinated by the Midwife Educator and the Clinical Leader of Obstetrics.
Indicator Nine; SP undergoing episiotomy and sustaining a 3rd- or 4th-degree perineal tear	Hutt Valley rates were higher than the national average, with rates for Indian and Asian ethnicities the highest.
Indicators Eighteen & Nineteen; Small babies at term (37-42 weeks' gestation)	Rates for babies of Māori ethnicity were higher than the national average, both at 37-40 weeks and > 40 weeks. Rates for babies of Indian ethnicity were higher than the national average at 37-40 weeks but not > 40 weeks.

IMPROVING OUTCOMES

PMMRC RECOMMENDATIONS

- DHBs should demonstrate that they have co-developed and implemented models of care that meet the needs of mothers of Indian ethnicity. *(Thirteenth Annual Report, 2019)*
- Maternity and primary care providers need to be aware of the increasing risk of perinatal mortality for mothers under 20 years of age in New Zealand. Inequity in perinatal mortality for babies born to mothers under 20 years of age needs to be actively addressed. The PMMRC recommends the Ministry of Health and DHBs:
    - develop, in consultation with young mothers, acceptable and safe methods for mothers under 20 years of age to access and engage with care in order to achieve equitable health outcomes *(Twelfth Annual Report, 2018)*

In 2023 just under 14% of our birthing population were defined as Indian ethnicity. Hutt Valley Clinical Indicator measures for Indian standard primiparae demonstrated worse outcomes compared to European/Other ethnicities across several indicators.

As a result of the above recommendations, MQSP funded a research project through Victoria University in 2023. It proposed that research is undertaken to better understand the needs and experiences of pregnant Indian people using our service district wide. Findings will inform recommendations or interventions to improve the outcomes for Indian people. These could include further education for staff, changes to the way we deliver information or changes to current clinical practice.

The name of the project is ***"Motherhood away from home - Indian women's maternity care experiences in the Wellington Region"*** and the aim of the project is to explore the people, places, and things that impact Indian women's journeys of becoming a mother. The initiative will work to identify the changes needed to the current model of care to meet the needs of Indian people.

MQSP Governance is considering expansion of the research project concept to include understanding the needs and experiences of young mothers under 20 years of age. This will direct how the Capital, Coast and Hutt Valley district can co-design services with young mother's for the safe and appropriate provision of care to improve access and engagement with maternity services.

CAESAREAN SECTION CLASSIFICATION SYSTEM TEN GROUPS CLASSIFICATION SYSTEM (TGCS) – ROBSON 10

In 2011 the World Health Organization (WHO) conducted a systematic review that identified 27 different systems to classify caesarean section (CS). These classifications looked at "who" (individual-based), "why" (indication-based), "when" (urgency-based), as well as "where", "how" and "by whom" a CS was performed .

This review concluded that individual-based classifications in general, and the 10-Groups classification in particular , were in the best position to fulfill current international and local needs.

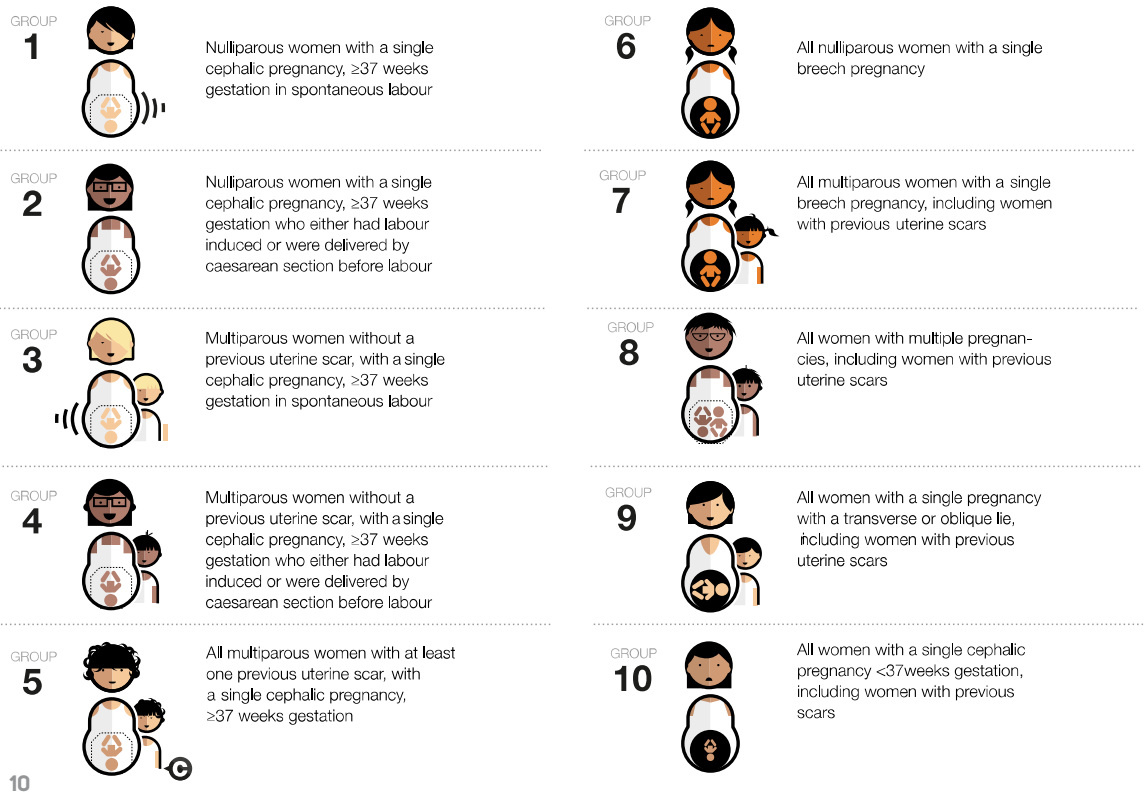
The 10-Groups classification (also known as the "TGCS-Ten Groups Classification System" or the "Robson Classification") was created to prospectively identify well-defined, clinically relevant groups of women/pregnant people admitted for delivery and to investigate differences in CS rates within these relatively homogeneous groups.

In October 2014, WHO convened a panel of experts. After reviewing the evidence, the panel proposed the use of the Robson Classification at facility level in order to establish a common point for comparing maternal and perinatal data within facilities over time and between facilities.

The system classifies all women/pregnant people admitted for delivery into one of 10 groups that are mutually exclusive and totally inclusive. This means that, based on a few basic obstetric variables, every person admitted to deliver in any facility can be classified into one, and only one, of the 10 groups and no person will be left out of the classification.

Robson Classification: Implementation Manual. Geneva: World Health Organization; 2017. Licence: CCBY-NC-SA3.0IGO.

3.1 The 10 groups of the Robson Classification



TEN GROUP CLASSIFICATION SYSTEM – ROBSON 10 CLASSIFICATION TABLE FOR HUTT VALLEY

Table 8: **Robson classification July to December 2023 – Hutt Valley**

Ref 1. Group size (%) = n of people in the group / total N people delivered in the hospital x 100
Ref 2. Group CS rate (%) = n of CS in the group / total N of people in the group x 100
Ref 3. Absolute contribution (%) = n of CS in the group / total N of people delivered in the hospital x 100
Ref 4. Relative contribution (%) = n of CS in the group / total N of CS in the hospital x 100

Group	Number of CS in group	Number of people in group	Group CS rate
1. Nulliparous people with a single cephalic pregnancy and ≥ 37 weeks gestation in spontaneous labour	29	161	18.01%
2. Nulliparous people with a single cephalic pregnancy and ≥ 37 weeks gestation who had their labour induced or were delivered by CS before labour	76	134	**56.72%**
2a. Labour induced	62	120	**51.67%**
2b. CS before labour	14	14	100%
3. Multiparous people without a previous CS with a single cephalic pregnancy and ≥37 weeks gestation in spontaneous labour	22	202	10.89%
4. Multiparous people without a previous CS with a single cephalic pregnancy and ≥37 weeks gestation who had their labour induced or were delivered by CS before labour	19	89	21.35%
4a. Labour induced	10	80	12.50%
4b. CS before labour	9	9	100%
5. All multiparous people with at least one previous CS with a single cephalic pregnancy and ≥37 weeks gestation	101	126	**80.16%**
5.1. One previous CS	79	104	**75.96%**
5.2. Two or more previous CS	22	22	100.00%
6. All nulliparous people with a single breech pregnancy	11	12	91.67%
7. All multiparous people with a single breech pregnancy including people with previous CS(s)	11	11	100.00%
8. All people with multiple pregnancies including people with previous CS(s)	8	11	72.73%
9. All people with a single pregnancy with a transverse or oblique lie, including people with previous CS(s)	2	2	100.00%
10. All people with a single cephalic pregnancy < 37 weeks gestation, including people with previous CS(s)	14	48	29%
Total	**Total number CS**	**Total number people delivered**	**Overall CS rate**
	293	**796**	**36.81%**

The classification table identifies that for Group 2a (Nulliparous people with a single cephalic pregnancy and ≥ 37 weeks gestation who had their labour induced), 51.6% resulted in caesarean section.

In December 2023, as one of the initiatives under the 'Optimising Birth' project, Hutt Valley altered their routine method of induction from balloon catheter to oral misoprostol. The Optimising Birth Working Group will continue to monitor caesarean rates to determine if this has a positive impact on reducing caesarean section rates for this group.

The classification table also identifies a high rate (75.9%) of caesarean sections in Group 5a (Multiparous people with one previous caesarean section, with a single cephalic pregnancy and ≥ 37 weeks gestation). This indicates a low rate at Hutt Valley of successful 'trial of labour' or vaginal birth after caesarean section, or those people with previous caesarean section opting to trial this.

REPORTABLE EVENTS

A total of 173 reportable events were generated across maternity services during 2023 with both categories for Maternal/Childbirth, and Staffing remaining higher, similar to 2022.

All staff at Hutt Valley use the SQuARE (Safety, Quality and Reportable Events) designated Reportable Events database for reporting, managing and monitoring of healthcare incidents.

The Quality, Service Improvement and Innovation Team (QSII) oversee and manage the data that is collected through the SQuARE reportable event and feedback system. The team provides reports to various levels of the organisation both automatically as a function of SQuARE, or by utilising the data collected to provide specific reports to individuals or groups within the organisation.

The QSII Team also provides and reports on data collected by external organisations who oversee healthcare delivery in New Zealand, such as the Health Quality and Safety Commission and the Ministry of Health.

In Aotearoa New Zealand reporting of adverse events is guided by the national adverse events policy which was updated in July 2023. Te whakaora, te ako me te whakapai ake i te kino | Healing, learning and improving from harm policy sets out local organizational roles and the national role of Te Tāhū Hauora Health Quality & Safety Commission in reporting, reviewing and learning from adverse events.

Healthcare providers have the 2023/24 year as a transition year to allow time to update internal policies and processes to reflect the revised national policy, and until 1 July 2028 to implement restorative practice principles.

https://www.hqsc.govt.nz/our-work/system-safety/healing-learning-and-improving-from-harm-policy/national-adverse-events-reporting-policy/

Table 9: **Reportable Events 2023**

Birthing Suite	**116**
Clinical Care/Service/Coordination	7
Facilities/Building/Property	1
ID, Documentation or Consent	1
Maternal/Childbirth	51
Medication	9
Staff and Others Health and Safety	13
Staffing	27
Safety / Security / Privacy	3
Good Catch	2
Skin Tissue	1
Patient Falls	1
MAU	**13**
Clinical Care/Service/Coordination	2
Maternal/Childbirth	4
Staff and Others Health and Safety	3
Safety / Security / Privacy	3
Good Catch	1
Post Natal Ward	**44**
Clinical Care/Service/Coordination	4
ID, Documentation or Consent	2
Maternal/Childbirth	14
Medication	7
Nutrition	1
Staff and Others Health and Safety	6
Staffing	2
Safety / Security / Privacy	2
Good Catch	1
Patient Falls	2
Infection Control	1
Laboratories	2
Grand Total	**173**

APPENDIX 1 – MQSP ACTION PLAN 2023

This action plan has identified the priority areas for focus in Quality Improvement at Hutt Maternity. A progress report is presented each month to the Maternity Quality & Safety Programme Governance Group.

Objective	Initiative		Descriptor	Actions	Measure	Timeframe
Optimising Term Birth	P1.4	Primipara Induction of Labour	Improve/reduce our Primipara IOL rate	Introduction of Misoprostol	Audit	Started Nov 23
				CS audit and introduction of Robson 10	Robson 10 table completed July 2023 (ongoing to June 2024)	Presentation at National Birth Hui October 2024
	P1.7	Enhanced Recovery after Surgery (ERAS)	Develop an ERAS Pathway for people having ELCS	Amend written information given	District wide patient info	In progress Dec 23
				Translate information into other languages		
				Roll out PCOA packs		
				Audit of PCOA packs both process & satisfaction	Adjusted PCOA dispensing due to lack of resource to blister pack	Completed Dec 23
				Standardise the perioperative and postpartum management of care for Group 5 people	Scope process Hutt Valley	In progress Nov 23
	P1.8	Setting the scene for future pregnancies	Promotion of vaginal birth after caesarean section	Develop a robust process where people whose birth has resulted in a CS are advised of their likelihood of achieving a VBAC in the future, before leaving hospital inpatient services Nov 23	More accurate completion in discharge paperwork after education	In planning
	P1.9	Acupuncture Clinic	Acupuncture clinic audit to measure if any improvement in spontaneous labour rates for primipara	Acupuncture clinic audit (Sept 2022-Sept 2023)	Audit completed Dec 2023	TBA
				Consumer feedback survey (August 2023)	Survey completed September 2023	Depends on outcome from business case
				Complete business case for ongoing clinic	2024	
				Expand clinic provision to Capital Coast	Scoping initiated	

Objective	Initiative		Descriptor	Actions	Measure	Timeframe
Optimising Pre-Term birth	P2.2	Pre-Term birth referrals	Establish a structured triage process. Improve antenatal screening & referral process for at risk groups	Obstetrics scoping project Carosika Collaborative working nationally on improving care and outcomes for pre-term birth.	Ongoing measurement of outcomes	National Guideline due 2024
	P2.4	Pre-Term birth rate	Reduce pre-term birth and neonatal mortality related to pre-term birth	Ensure equitable access to care for those at risk of pre-term birth.	Ongoing audit by priority groups to ensure equitable care	Clinical Indicator reporting
Maternal Outcomes	P3.2	Maternal Sepsis Pathway	Audit outcomes since roll out 2022 Present findings	Awaiting audit outcome tool from District Wide Hospital Wide Sepsis group.	Audit tool As above	TBA
	P3.5	Postpartum Haemorrhage (PPH)	Monitor PPH rates Identify any areas for improvement following implementation of national guideline	Monitor to see if there is an improvement Awaiting to see what the data shows	Clinical Indicators TBA	To be started TBA
Neonatal Outcomes	P4.2	Neonatal Encephlopathy (NE) outcomes	Reduce the number of newborns with NE NOC/NEWs post implementation audit completed	Awaiting national NOC/NEWs working group decision on future auditing criteria. Led by ACC/Te Whatu Ora.	Audit (package)	2024
	P4.4	Neonatal Hypoglycaemia	Update to Neonatal Hypoglycaemia policy following recommendations on Neo-check clinical audit Business case for blood gas analyzer for more accurate diagnosis	Liggins institute completing research & leading development of a Clinical practice Guideline Near completion. Aligns with national project on pre-allocation of NHIs.	In progress In progress	2024 2024
	P4.5	Newborn Notification Form	Improve rates of early notification to WCTO providers at birth. (MOH target 95%)	Roll out of education package to all new staff re completion of WCTO provider on Newborn Notification Form prior to discharge	Mini education sessions completed at WRH & Kenepuru. Roll out to Paraparaumu and Hutt	2024

Objective	Initiative		Descriptor	Actions	Measure	Timeframe
Improving Equity	P5.1	Understanding the needs and outcomes of people 20 years and younger	Co-design acceptable & safe methods to access and engage with care to achieve equitable health outcomes	Seek appropriate consumers to be part of the co-design. Identify & adequately resource evidence based solutions to address risks for young parents under 20 years.	In planning stage	Progress in 2024
	P5.2	Smoking	Reduce the number of pregnant people smoking with a focus on priority groups	Engage with young Maori & Pacific people to explore the barriers to them stopping smoking during pregnancy	Research proposal required Maternal Health Coordinators as a workforce resource	Progress in 2024
	P5.3	Survey people about their inpatient experience	Seek to find ways we can improve our services	Create an appropriate way to gather feedback. Maternal Health Coordinators in person surveys.	Audit results monthly	In progress. Survey to start 2024.
				Recurring themes will become part of the MQSP programme of work. Areas will be notified of feedback.		
	P5.5	Cultural safety education	Improve our workforce cultural appropriateness and awareness	Implement regular education opportunities	Requires ongoing funding source	Started 2023. To progress 2024
	P5.8	Develop a model of care specific to Indian maternity community	Reduce the number of adverse maternal & fetal outcomes for the Indian maternity community	Survey Indian people about the model of care required	Research proposal underway. Focus groups planned.	Started 2023. To progress 2024
				Further investigation needed to influence of ethnicity of gestational length variance and guidelines following this		
				Review of handout material given to maternity clients to assess cultural appropriateness and possibility of translation		
				Indian breastfeeding peer support		

APPENDIX 2 – Abbreviations and definitions

Abbreviations

2 DHB	Capital & Coast, and Hutt Valley DHBs
ACC	Accident Compensation Corporation
BF	Breast Feeding
BFHI	Baby Friendly Hospital Initiative
BMI	Body Mass Index
CC	Cultural Competency
CCHV	Capital, Coast and Hutt Valley District
CMM	Clinical Midwifery Manager
CMT	Community Midwifery Team
CTG	Cardiotocograph
CPAS	Child Protection Alert System
CS	Caesarean Section
DHB	District Health Board
DNA	Did not attend
ED	Emergency Department
FSEP	Fetal Surveillance Education Programme
FTE	Full Time Equivalent
GAP	Growth Assessment Protocol
GP	General Practitioner
GROW	Gestational Related Optimal Weight
HEAT	Health Equity Assessment Tool
HDU / ICU	High Dependency Unit / Intensive Care Unit
HCG	Human Chorionic Gonadotropin
HDC	Health and Disability Commission
HIE	Hypoxic Ischaemic Encephalopathy
HELLP	Haemolysis, Elevated liver enzymes, Low platelet count
HQSC	Health Quality and Safety Commission
HVDHB	Hutt Valley District Health Board
IOL	Induction of labour
LARC	Long-acting Reversible Contraception
LMC	Lead Maternity Carer
MAU	Maternity Assessment Unit
MDT	Multi-Disciplinary Team
MEWS	Maternity Early Warning Score
MM	Midwifery Manager
MOH	Ministry of Health
MQSP	Maternity Quality & Safety Programme
MQSPGG	MQSP Governance Group
NE	Neonatal Encephalopathy
NMMG	National Maternity Monitoring Group
NOC/ NEWS	Newborn Observation Chart/ Newborn Early Warning Score
NZ	New Zealand
PBU	Primary Birthing Unit
PCEA	Patient Controlled Epidural Anaesthesia
PCOA	Patient Controlled Oral Analgesia
PMMRC	Perinatal and Maternity Mortality Review Committee
PROMPT	Practical Obstetric Multi-Professional Training
RANZCOG	Royal Australian and New Zealand College of Obstetrics & Gynaecology
RM	Registered Midwife
RMO	Registered Medical Officer
SCBU / NU	Special Care Baby Unit / Neonatal Unit
SGA	Small for Gestational Age
SMMHS	Specialist Maternal Mental Health Service
SMO	Senior Medical Officer
SP	Standard Primaparae
SUDI	Sudden Unexplained Death in Infancy
VIP	Violence Intervention Programme

Definitions	
Badgernet	An electronic maternity system which follows the whole course of a person's care in pregnancy
Body Mass Index	A measure of weight adjusted for height
Dashboard	A modern analytics tool to monitor healthcare KPIs in a dynamic and interactive way
Deprivation	A lack of the types of diet, clothing, housing and environmental education, working and social conditions, activities and facilities which are customary in a society
Domicile	A person's usual residential address
Ethnicity	The ethnic group or groups that people identify with or feel they belong to
Jadelle	A hormone releasing sub-cutaneous implant
Kairaranga	Traditional weaver
Karakia	A prayer
Kaupapa	Topic, policy, matter for discussion, plan, purpose, scheme, proposal, agenda, subject, programme, theme, issue, initiative
Mirena	A hormone releasing intra-uterine device
Misoprostol	A synthetic prostaglandin medication used to induce labour
Morbidity	The consequences and complications (other than death) that result from a disease
Multi-disciplinary Team	A multidisciplinary team involves a range of health professionals working together to deliver comprehensive health care
Nulliparous	Has not given birth previously
Pākehā	New Zealander of European descent
Parity	The number of previous pregnancies that were carried to 20 weeks
Pēpi/Pēpē	A baby or infant
Postpartum	Period following birth
Robson 10	A classification system by which all perinatal events and outcomes can be compared
Standard Primiparae	Pregnant person aged between 20-34 years at the time of birth, having their first baby at 37-41+6 weeks. There is a single baby who is head down and there have been no obstetric complications during the pregnancy.
Tamariki	Children
Te Ao Māori	Māori worldview
Te Whatu Ora	Change in New Zealand health system responsibilities from individual DHBs to Health New Zealand | Te Whatu Ora
Tertiary	Specialised consultative health care, usually for inpatients and on referral from a primary or secondary health professional
Waha kura	A woven flax bassinet for infants up to 5-6 months of age
Wānanga	Teaching and research that maintains, advances, and disseminates knowledge and develops intellectual independence
Whānau	Extended family, family group, a familiar term of address to a number of people

APPENDIX 3 – DATA SOURCES

The information in this report has been sourced from the following database systems:

- Hutt Valley Business Intelligence and Analytics Unit
- Hutt Valley patient management system
- HVDHB Maternity Clinical Indicators (MOH)
- MOH Report on Maternity web tool
- MOH Qlik Sense Hub

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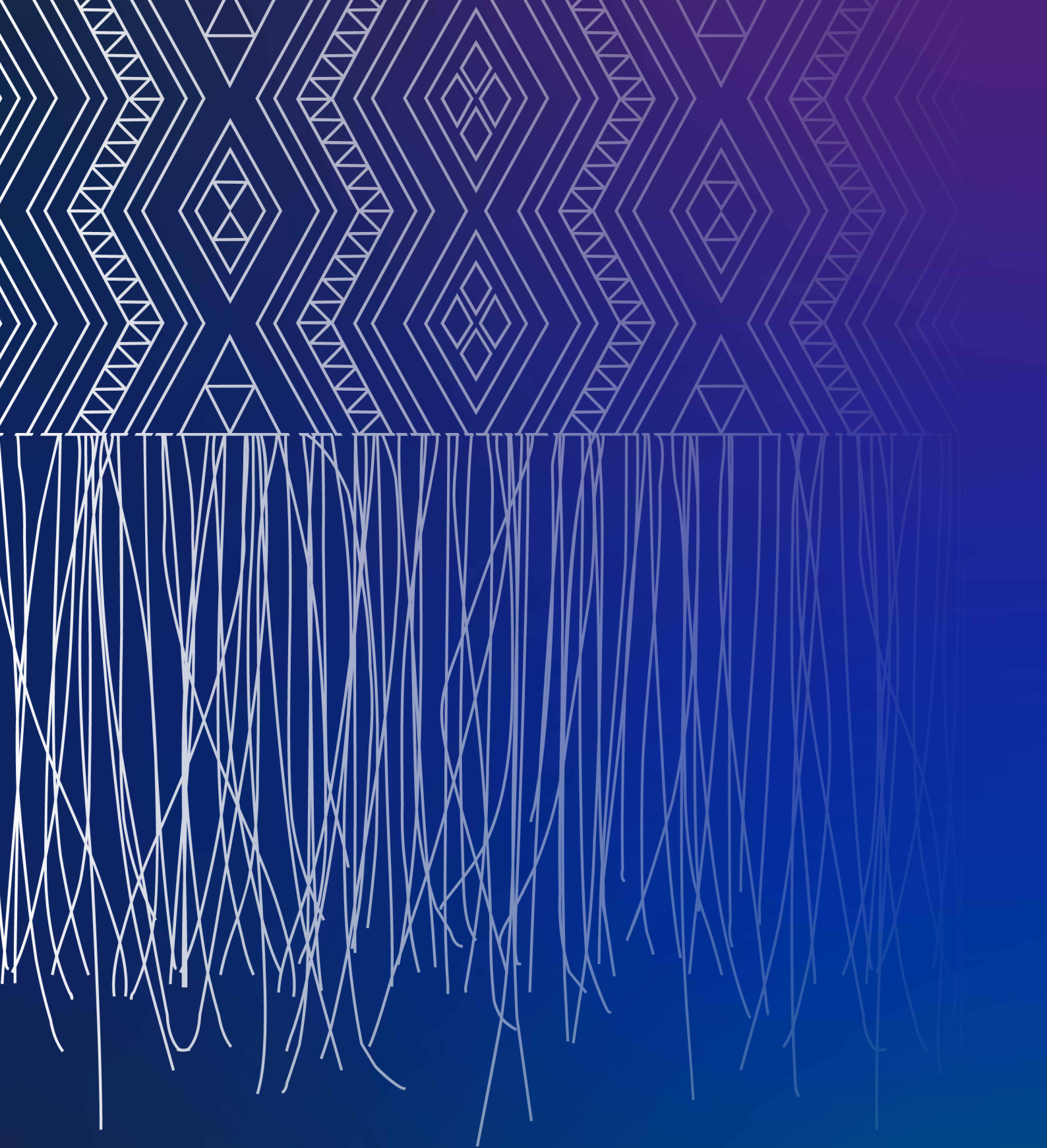

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