Maternity Quality & Safety Programme

Annual Report

July 2016 – June 2017

WAIRARAPA maternity
Wairarapa Maternity Care

Wairarapa DHB
Wairarapa District Health Board
Te Poari Hauora a-rohe o Wairarapa

EXECUTIVE SUMMARY

I am extremely proud to present the WDHB MQSP annual report with my colleagues.

The MQSP team has completed another impressive year of achievements. I wish to highlight just one of their work streams around our increasing caesarean section rate, the huge work and commitment around this outcome supports our pleasing decrease in our numbers. The whole maternity team including our consumers have come on board and really worked hard to see this change, which is continuing and will make a significant difference for those women and their babies.

It has been a big year of change with a DHB wide restructure and a new charge midwife manager but still with this upheaval and uncertainty the work streams around our quality improvements have continued which is impressive and moving forward with our new people I look forward to even greater achievements.

The women and babies in the Wairarapa are in good hands.

I would like to acknowledge those that have supported the collation of this document by providing information and data and also to those that feature in the photos.

Chris Mallon
Midwifery Director

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PURPOSE

Our Vision:

Well Wairarapa - Better health for all

Mission:

To improve, promote, and protect the health status of the people of the Wairarapa, and the independent living of those with disabilities, by supporting and encouraging healthy choices

Values:

Respect – whakamana tangata

Integrity – mana tu

Self-determination – rangatiratanga

Co-operation – whakawhanaungatanga

Excellence – taumatatanga

Maternity Quality and Safety Programme

The purpose of establishing the Maternity Quality and Safety Programme (MQSP) is to find effective ways to strengthen clinical leadership, so that all maternity providers and consumers work together at the local level in a way that builds the workforce and improves safety and quality of maternity services for women and their babies, with a particular emphasis on integration of hospital and community services.

Maternity Annual Report

The purpose of the MQSP Annual Report is to demonstrate the implementation and outcomes of Wairarapa DHB's Maternity Quality & Safety Programme in 2016/2017, as required under section 2.2c of the Maternity Quality & Safety Programme Crown Funding Agreement (CFA) Variation (Schedule B42):

This is the fifth maternity services annual clinical report from Wairarapa District Health Board (WDHB) following the introduction of the Maternity Quality and Safety Programme (MQSP) in Wairarapa in March 2012 and covers the period from the 1st June 2016 to the 31st May 2017. However for the purpose of the data sourced it comes from a variety of locations and covers differing time frames, in the instance of maternity clinical indicators it covers the 2015 annual year, maternity data is 2016 annual year and MCGG project work covers the 2016/17 financial year.

This Annual Report:

- demonstrates the progress of the MQ&S programme against the Maternity Standards since its inception in 2012 with a focus on the work undertaken throughout 2016
- outlines the integration of the maternity quality and safety programme into the overall Wairarapa DHB Clinical Governance structure
- outlines the issues and challenges addressed through the programme
- describes the activities undertaken to strengthen and improve the quality and safety of the Wairarapa maternity services
- provides detail on local key performance indicators to measure service improvements
- demonstrates service responsiveness to consumers and our communities outlines the deliverables through the strategic plan for 2016-2017.

The background to this Annual Report aligns with the New Zealand Maternity Standards and has been developed to meet the expectations of the New Zealand Maternity Standards (See in Appendix 1).

SECTION 1: AIM/OBJECTIVES

1.1

AIMS

The aim of the Wairarapa Maternity Quality and Safety Programme (MQSP) is to guide and facilitate the implementation of the New Zealand Maternity Standards and to enable Maternity Practitioners and consumers to identify ways that the local maternity service can be strengthened through quality improvement initiatives. The quality improvement initiatives support all maternity care providers to work together to ensure local maternity services and resources meet the needs of families in our region.

1.2

OBJECTIVES

The objectives that the Wairarapa Maternity Quality and Safety Programme set in the implementation and conception period of MQSP have been achieved.

Ongoing objectives from inception have been to work towards the three New Zealand standards of maternity care as outlined above. To achieve these objective goals have been set through Annual Plans and outcomes monitored. Each year some goals will roll over as work continues and new ones are identified, for the 2017 year the following objectives will be further explored throughout the Annual Report:

- Continual audit and review of Caesarean section, Induction of Labour and Vaginal Birth after Caesarean (VBAC)
- Ensure Maternity specific procedures and guidelines are updated and document controlled
- Healthy Mama Healthy Pepe Expo
- Hypnobirthing classes for VBAC women
- Introduction of a Healthy Pregnancy Group for women.
- Introduction of LMC to GP practices as part of the Tihei Wairarapa Work Programme.
- Providing antenatal education for Māori /Pacifica population.

SECTION 2: SALIENT ISSUES

Outlined below are the salient issues and challenges related to the maternity services that have been identified as relating to the maternity quality & safety programme. The steps taken to address these issues have been undertaken to mitigate or reduce the impact of these issues/challenges.

Salient Issues	**Steps taken to address these**
No electronic system in the maternity unit for either capturing data or admission to discharge planning.	It is identified on the WDHB Risk Register and an application has been put forward to IT Services to introduce an interim measure until the national MCIS programme is available. WDHB is part of the 3DHB IT service so to meet CCDHB or HVDHB programs should be achievable.
Auditing of C/S, IOL and VBAC's	A great deal of work has gone into the ongoing auditing of c/s, IOL and VBAC's through out the 2015/16 years. This provides the maternity service with an overall picture of the effects that changes are having on outcomes and further investigation into other areas if required.
Inability to ascertain fetal distress during labour with anything other than CTG monitoring	All staff has completed the Fetal Surveillance Education Programme so have the ability to determine normal and abnormal CTGs. Cord blood lactates are now routinely taken with an emergency c/s for fetal distress or following an instrumental birth. With obstetric resourcing at a minimum it is unrealistic to implement a fetal blood sampling service at the current time. This continues to be a work in progress.
C/S rates	Work to reduce the c/s rate has been ongoing since 2014, examples of this work is evidence based guidelines being implemented, care planning, auditing, seminars, HypnoBirthing, community education and trying to change the culture towards c/s.
High use of locum obstetricians and the need to ensure	Locum obstetricians are necessary to ensure the functioning of the secondary care service at WDHB. Following case reviews it was evident that the package offered to locums introducing them to the DHB was not sufficient for their ability to work efficiently. An orientation package for obstetricians has been designed to ensure they have a thorough orientation to facilities, resources, clinician responsibility and access to IT services and policies and guidelines for obstetrics and gynaecology.

SECTION 3: DATA ANALYSIS

Wairarapa DHB is one of the smaller DHB maternity service providers in New Zealand that provides both primary and secondary care facilities. The DHB supported 412 births in 2016 from a population of just over 43,800. The maternity services are based at Wairarapa DHB in Masterton; this is the only birthing facility in the region, the number of homebirths for the district was 30 births for the year 2016.

WORKFORCE

2016 proved to be a year of continual recruitment to fill the core midwife FTE and in August the unit was advertising for a new Charge Midwife Manager. The end of 2016 was sheading no light on a reprieve of Core midwives and the unit relied heavily on the Core staff in place going above and beyond by doing extra shifts to ensure the unit was safely staffed. From the month of April 2017 we entered a period of full FTE compliment of core midwifery staff, this was our short reprieve. However since then there have been subtle movements occurring as we head toward a change in the LMC workforce. We currently have 10 LMC midwives providing primary care with the support of the secondary care service as required, meeting standard 2, 17.2 in the NZ Maternity Standards. By October 2017 there is going to be a change in the LMC numbers with 4 leaving the region and/or profession permanently and 1 on maternity leave. This change in LMC workforce has meant that there has been national advertising for LMC's in the region and investigation into PHO supporting a business case of employed LMC's as a more sustainable model. As an interim measure the DHB has become a provider of last resort for the care of a significant amount of women in the Wairarapa region.

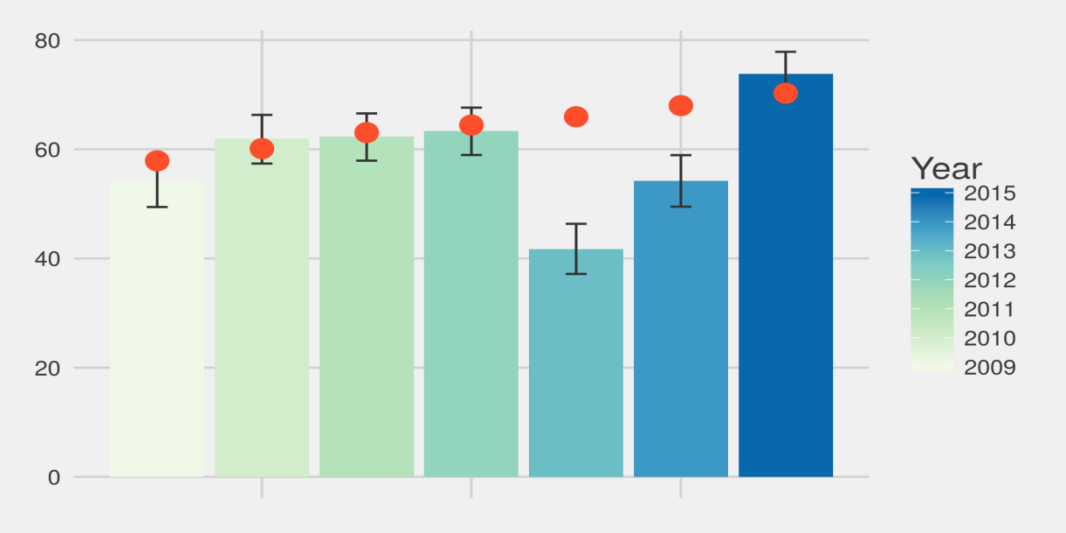
The Maternity Service also includes the following staff:

- Executive Leader Integration, Allied & Community
- 2 Obstetric Consultants including 1 who is Clinical Head of Department, Obstetrics and Gynaecology
- Midwifery Director (2 DHB)
- Charge Midwife Manager
- Midwife Educator and Maternity Quality & Safety Programme Co-ordinator
- Lactation Consultant
- Newborn Hearing screener and Co-ordinator
- 1 Antenatal and Parenting Education Midwife
- Midwifery and medical students on placement

MATERNITY CLINICAL INDICATORS 2015

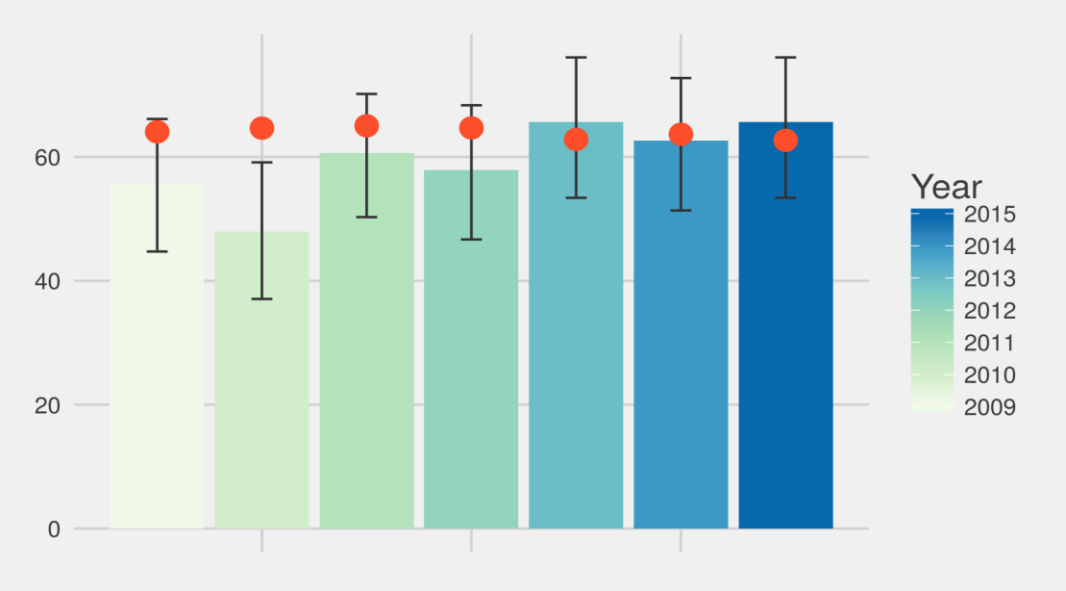
The key maternity clinical indicators where Wairarapa DHB rates have historically been higher than the national average are discussed below. These indicators provide some of the key work streams for quality initiatives within the MQSP in the Wairarapa.

Clinical Indicator 01: Registration with an LMC in the first trimester of pregnancy



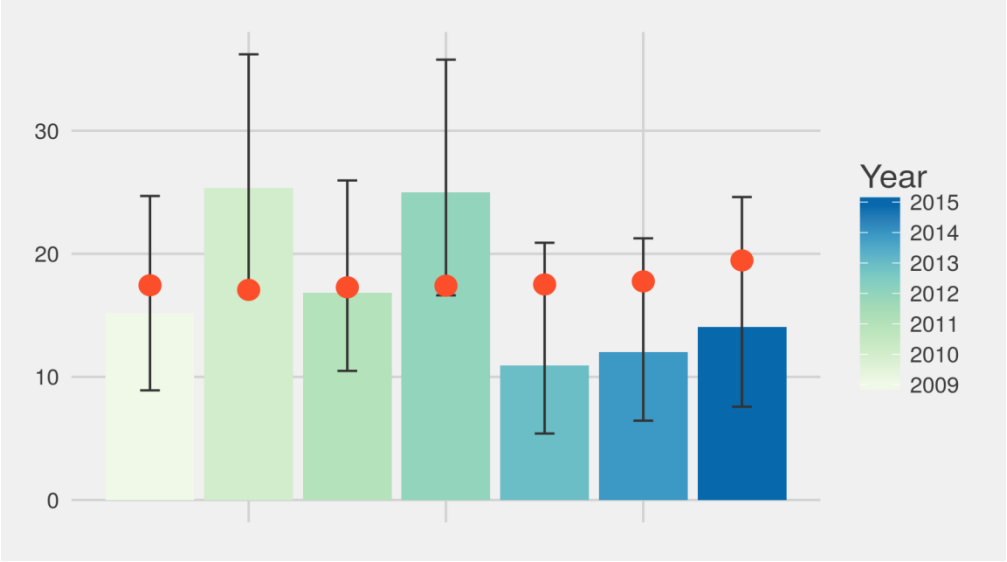
One of the first objectives set by this programme was a focus on registration in the first trimester, it was a time of introduction of the Pregnancy Information Pack provided to the GP practices and following that the 5 things to do in the first 10 weeks of pregnancy campaign. The amalgamation and continued engagement with the GP practices has resulted in a very positive increase in the number of women registering in the first trimester as identified in the graph below. WDHB will continue to work towards reaching 90% of women registering in the first trimester of pregnancy.

Clinical Indicator 02: Standard primiparae who have a spontaneous vaginal birth.



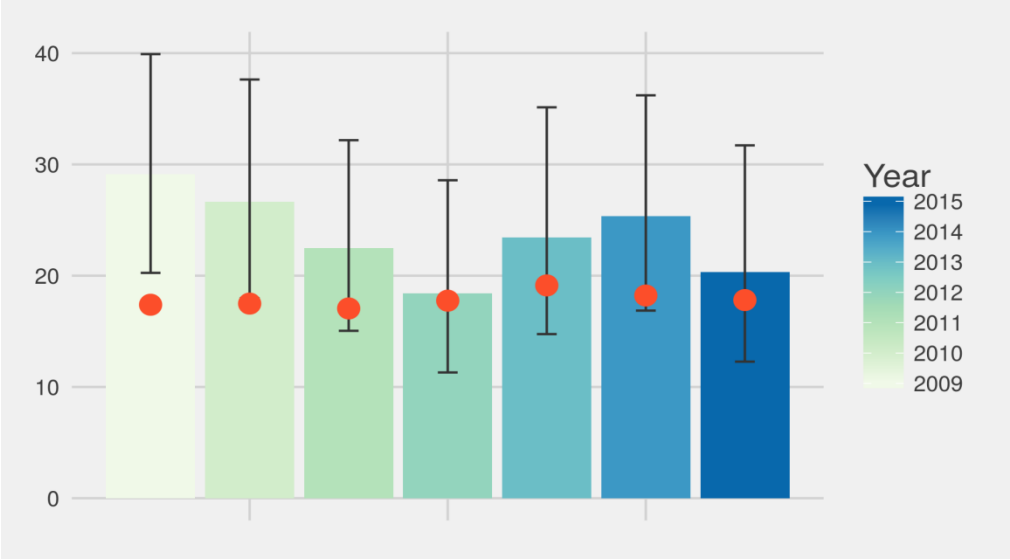
In the aim to reduce the cesarean section rate a reflection of an increase in the spontaneous vaginal birth should be significant, however it is only slight but paired with the instrumental birth rate as shown below is indicative of a change in practice and attitude to working toward vaginal birth.

Clinical Indicator 03: Standard Primiparae who undergo an instrumental birth



As discussed above with spontaneous vaginal birth there is a slight increase with instrumental birth. With this increase there has been no evidence of increased morbidity rates in infants or an increase in the admission to the Special Care Baby Unit.

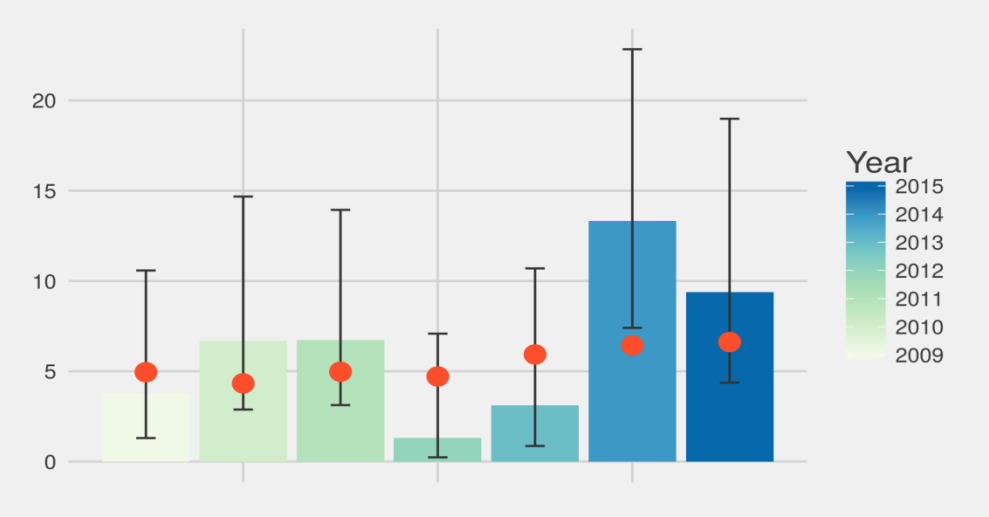
Clinical Indicator 04: Standard Primiparae who undergo a cesarean section



The cesarean section rate for the standard primiparae has decreased somewhat with the efforts toward promoting active labour and primary birthing options within the hospital facility. There continues to be the constraints of time management and commitment to continue with labour in a timely manner and the interventions of labour being pressured in some situations. The understanding between obstetric services and midwifery colleagues to ensure that mothers are

given the best opportunity to birth their baby vaginally with the optimum outcome of a well baby is paramount. The gradual change in cesarean section rate over the 2015 year is positive and a continuation of this trend through 2016 is anticipated.

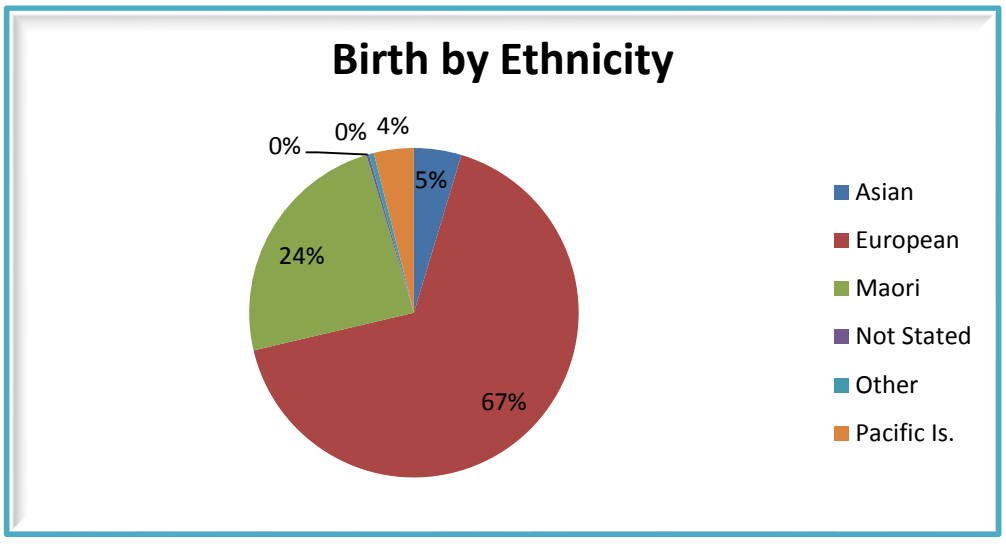
Clinical Indicator 05: Standard Primiparae who undergo induction of labour



Wairarapa DHB is an outlier for the induction of labour rate for the standard primiparae though we have managed to reduce it in the 2015 year. It is reflective of very small numbers, a total of 8 women required induction and the indication for them all purely for post dates.

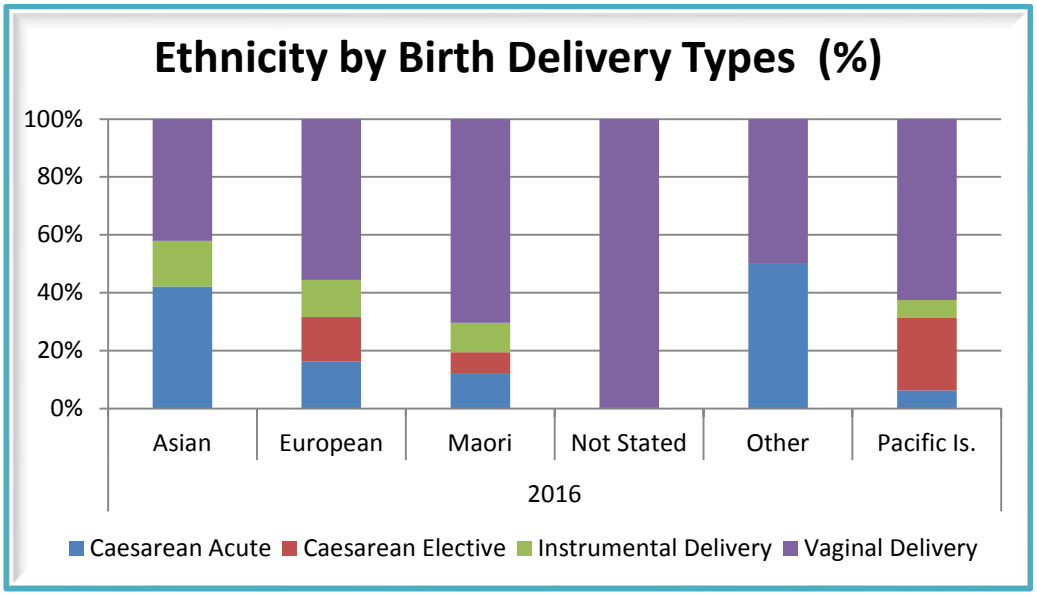
MATERNITY DATA 2016

As shown in graph 3.1 below the diversity of ethnic groups residing in the Wairarapa is smaller than that of larger urban areas. Thus meaning that the cultural component of care provided to the birthing population is precise and of a high standard. Wairarapa has a similar proportion of Māori and a much lower proportion of Pacific people in comparison to the national average.



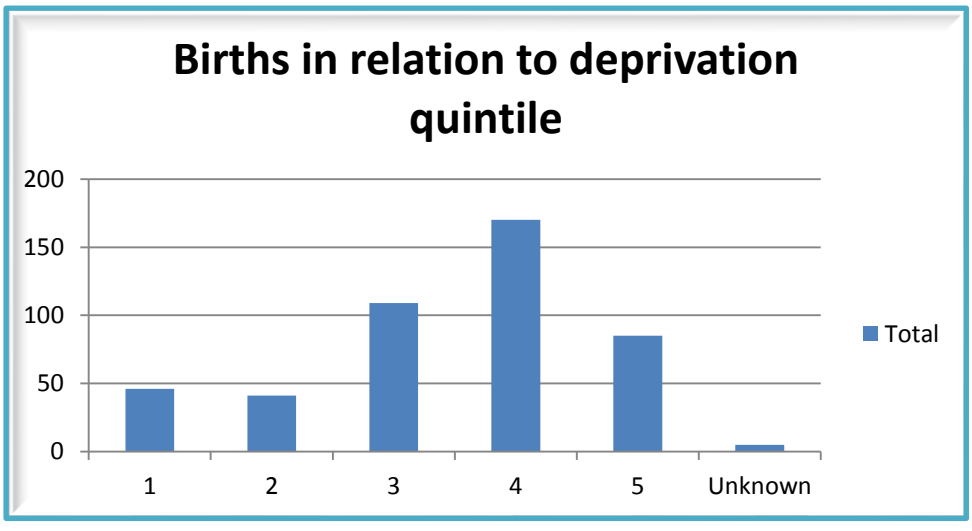
Graph: 3.1

Graph 3.2 below shows comparisons of mode of birth in relation to ethnicity and it has identified that the Asian population has an increase incidence of acute caesarean section and instrumental deliveries. However, there has been a significant change in the elective caesarean sections with an increase in the Pacific Island community. Moreover the Maori normal birth rate has increased compared to that of 2015.



Graph: 3.2

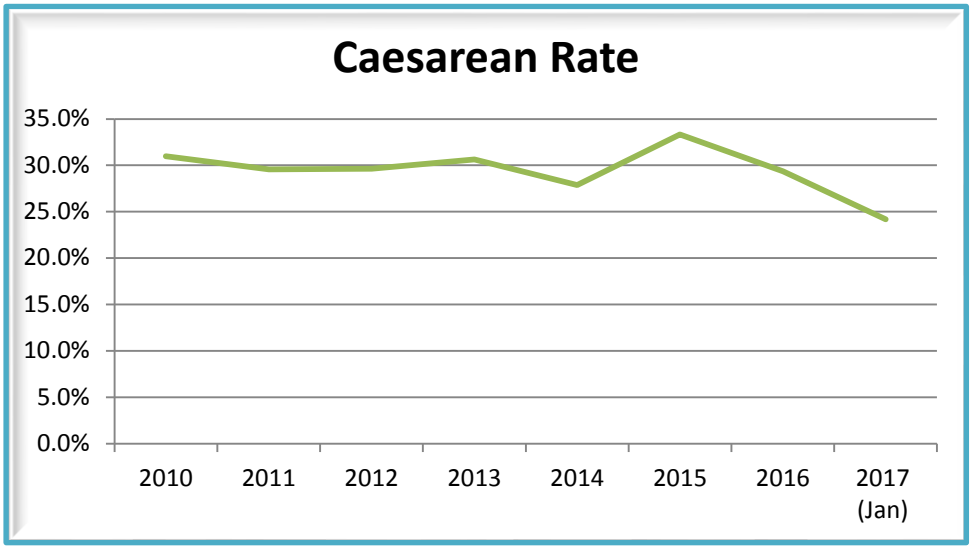
Wairarapa has a high proportion of women and whanau in the more deprived section of the population when compared to the national average; this is evident in graph 3.3 below. This may impact on birth outcomes as the health of this group is more likely to have complexities of health as a result of lifestyle choices/situations.



Graph: 3.3

BIRTH EVENTS

With the introduction of Turanga Matua (our primary birthing room), normal birth workshops and the focus to promote active labour there has been a reduction in the overall cesarean section rate as shown in the graph below 3.4. The total cesarean section rate for 2016 was 28% and of that 40% of these were elective cesarean sections, the majority of elective cases are for medical indications and previous cesareans of >2.



Findings of the cesarean section audit identified that the leading cause for emergency cesarean sections is fetal distress followed by obstructed labour during first and second stage. As a service the need to address the introduction of fetal blood sampling during labour continues to be a priority. While the service is resourced with only 2 obstetricians it is difficult to offer intrapartum cord lactate sampling with the assessment, management and follow up required during labour. The Executive Leader Medical Services and obstetricians are planning how this can be introduced and well resourced so another tool is available to determine fetal well being. With the anaesthetic services at its full capacity access to epidurals is much improved and will therefore be well utilized alongside augmentation of labour to improve outcomes of obstructed labour for a proportion of women.

The average length of stay for women birthing at Wairarapa DHB is 2.66 days, which is a slight reduction from previous years.

VBAC

Wairarapa MQSP Programme has invested a great deal of interest and time in the hope to increase VBAC uptake from consumers and improve outcomes and satisfaction. There has been the introduction of the VBAC guideline, funded Hypnobirthing Course, obstetric consultation at 20 weeks and 36 weeks gestation in preparation for VBAC and the 6 week postnatal obstetric

consultations following emergency caesarean sections, debrief opportunity for the woman and her whanau.

The on going audit undertaken of the birth register for the Wairarapa Maternity Service examined women with history of previous caesarean section who were selected for trial of labour to determine rates of successful VBAC. The table below shows the total number of women attempting VBAC is higher than that of those who opt for elective caesarean section.

Table 3.5: Results of the audit

Mode of delivery	2014		2015		2016	
Vaginal	17	65%	14	61%	18	51.4%
Instrumental	2	8%	0	0%	7	20%
Emergency C-section	7	27%	9	36%	10	28.5%
Booked Elective C-section	17	40%	29	55%	23	39%

** To note an amendment to booked elective caesarean section births for 2015 year has been made, as there was an error in last years report.

PMMRC

PMMRC investigations and submission of data occurs without fault in the instance of stillbirth or neonatal death. Due to the low birth numbers in our region the number of stillbirths is substantially less than other facilities. The PMMRC meetings are held as required and following the completion of all clinical investigations such as post mortem, etc. The meetings are well attended and in 2015 Dr Jane Zucollo from Wellington attended and presented a case which was exceptionally educative and it gave opportunity for discussion regarding the offering of post mortem for women and their whanau. Post mortem uptake for the stillbirths in the Wairarapa region was good in the 2016 year with only 1 postmortem being declined.

Stillbirths that were reported to PMMRC are as in table 3.6 below:

Stillbirths by Gestation	**2014**	**2015**	**2016**
20 – 30 weeks	1	1	2
30 + 1 – 35 weeks			
35 + 1 – 40 weeks		2	2
40 +weeks	1		

SMOKING RATES IN PREGNANCY

Smoking cessation continues to be a priority area for the Wairarapa. The initial "Growing Love" quit support programme run by Whaiora our local Māori Health provider has unfortunately had funding stopped. While there was a period of 8 months with no pregnancy specific programme work was undertaken to explore another source. Thankfully another provider arm was able to fund and develop another programme "Hapu Mama" which is an incentivized programme for pregnant mums or mums of babies up to the age of 1. It has a whanau approach and offers support for whanau members that are there supporting the mum.

The smoke cessation coordinator has also commenced visiting the maternity unit 2 times per week offering her service and counseling in the unit before the mother is discharged home.

Table 3.7 below shows the number of identified smoking mothers who have been admitted to maternity. There has been another decrease in the number of women admitted to maternity as smokers and as anticipated there has been an increase in the advice offered to women. While there can always be improvement in this area with the support of the Hapu Mama programme and the visibility of the Smokefree Coordinator on the maternity unit we are working toward improving the number of women engaging in smoking cessation.

Table: 3.7

Calendar Year	Hospitalised Smokers	Smokers Offered Advice	Inpatient Discharges Over 15	Rate of Smokers Offered Advice	Rate of Smokers to Inpatient Discharges
2013	75	74	454	98.7%	16.5%
2014	65	64	470	98.5%	13.8%
2015	60	48	458	80.0%	13.1%
2016	56	47	472	83.9%	11.9%

PREGNANCY & PARENTING EDUCATION

WDHB currently offer the following facilitate by the Antenatal & Parenting Educator:

Hospital Classes

The course is 6 weeks entailing 15 hours facilitated by a midwife. Ideally starting at around 30 weeks pregnancy. Women are able to come with support people or by themselves, all support people actively welcomed and included. The classes are open to anyone but predominantly, but not exclusively, attended by first time parents. Women have been aged between 18 and 40 years.

Growing Love

The class is a rolling programme for 1.5 hours on a Thursday morning at Te Awhina Community Centre, initially run with the smokefree coordinator from Whaiora. It is an incentive based course women being given a present each week and put in a draw to win a wahakura at the end of the sessions with free morning tea. Women do not need to be smokers or ex smokers as some women find the smaller child friendly morning group more suitable to their needs. Most weeks we have a guest speaker e.g family start, PAFT, dental, nutritionist, have a short exercise programme and then cover a loose curriculum, tailored to the interests of the group. A lot of focus is on how to improve health in pregnancy. The numbers are quite small with unpredictable attendance of between 1 and 5 so the educator adjusts the content on a weekly basis. Most of the women are already mothers so the educator works with them from the basis of their experience. Unfortunately since April there have been no new mums as most of the women initially were brought in via Whaiora. The educator has been working hard with Family start, Maori health and other community groups to try and re-establish the class, and a new leaflet has been designed. However a successful postnatal support group has grown out of the class with a group of Mums meeting every week.

Teen Parenting Unit

Classes are held on Thursday 1.30-3.00 for women 19 and under- do not need to be in school, partners can attend but until now have mainly chosen not to. Again attendance unpredictable so content is rolling and women lead addressing their concerns. Each week we cover a subject such as normal labour or SUDI as well as exercise and healthy pregnancy. Some sessions such as contraception and infant CPR are attended by mothers from the

school. The majority of mothers are Maori at present so these classes have a tikanga Maori focus. Incorporating the creation myth, importance of history, traditional birthing practices, wahakura, oriori, respect for the whenua- participants decorate an ipu whenua in class. The educator is currently trying to source women to talk about rongoa and mirimiri.

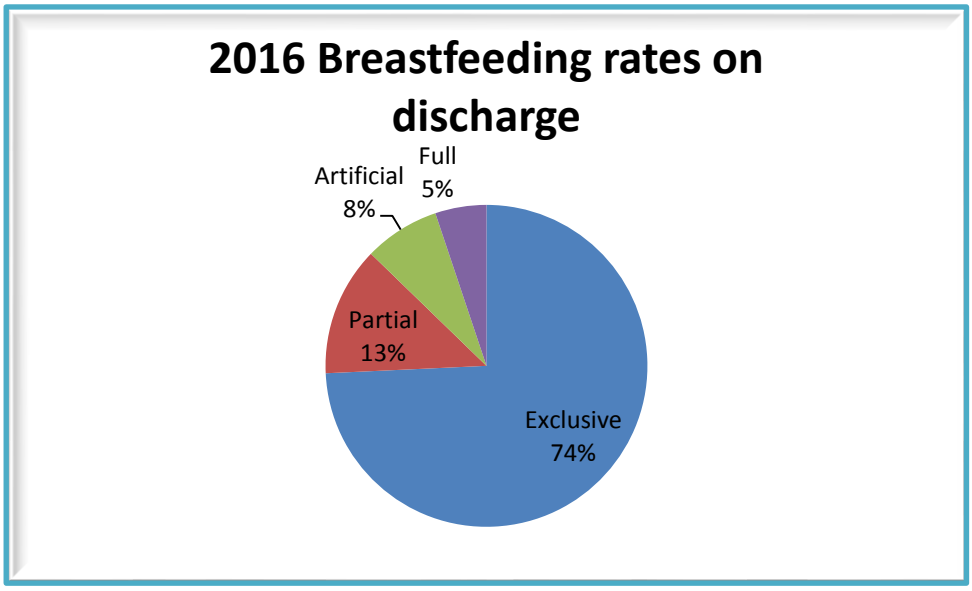
Table 3.8

Reporting Requirement	
Total number of Group Education Programmes (as defined in 6.2) held in the reporting period.	8 +2 rolling programmes
Total number of completed Block/One Off Education Sessions (as defined in 6.2) held in the 2016 year.	2 x 1 on 1 4 early pregnancy & 1 Healthy Pepe Expo
Total number of clients (existing clients, plus all new cases) who were registered in the 2016 year.	97
Total number of clients (existing clients, plus all new cases) who were first time parents registered in the 2016 year.	89
Total number of clients aged 20 and under (existing clients, plus all new cases) who were registered in the 2016 year	26
Total number of clients (existing clients, plus all new cases) who completed at least 75 per cent of the programme in the reporting period.	83= 85.5%

BREASTFEEDING RATES AT DISCHARGE FROM WAIRARAPA DHB

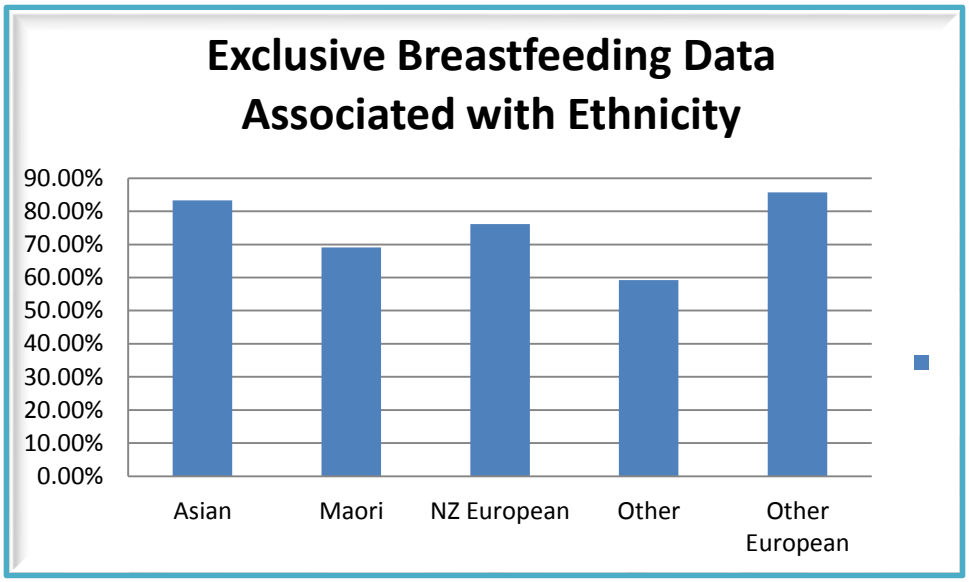
The 2016 exclusive breastfeeding rates on discharge from maternity services have unfortunately had a drop from 81% in 2015 to 74% in 2016. Though all postnatal care in the facility is provided by the core midwifery staff there has been a significant period of time throughout 2016 where by there was no Lactation consultant/BFHI coordinator. The impact of this has had somewhat of an effect on the quality assurance that both of these roles have on the exclusive breastfeeding status of our newborns on discharge from maternity. Moving forward we can be reassured that these positions are now filled and there is a robust and improved education regime in place, with regular data collection and monitoring of the breastfeeding status on discharge from maternity.

Graph: 3.9



In the table below there has also been a significant increase in the Asian population doubling the rate of exclusive breastfeeding on discharge from maternity with a slight drop in the Maori population.

Graph: 3.10



In 2015 the "Breastfeeding Wairarapa" committee was formed and the goal is to promote, increase and maintain high breastfeeding rates for all and encourage greater public awareness and community engagement in supporting families to breastfeed for at least six months, which will contribute to reducing health impacts later in life.

The positive effects from breastfeeding can contribute to positive social change across the Wairarapa population and in particular among the most vulnerable.

The recent report from Breastfeeding Wairarapa Breastfeeding included an update on where the group is at and what lies ahead.

Wairarapa Research Project: He Rangāhau, Tuatahi "Nāumai e Pēpe"; This piece of work is currently been undertaken by all three of the Māori Women's Welfare League roopu based within the Wairarapa; Te Peka O Ruamahanga, Te Peka O Wairarapa, Te Peka O Wairarapa Ki Te Tonga. Letter of Agreement for services has been completed and signed off to begin 1st of March, with report and recommendations to be completed by the 30th of June. A questionnaire was developed to look at the barriers for Breastfeeding Maori mothers within the Wairarapa around accessibility to local services offered, development of current services, attendance at current antenatal programmes, a local kaupapa Māori breastfeeding service. This research aims to reach 30+ Maori women living within the Wairarapa; this number has been estimated based on a three month birthing rate of Maori woman for the Wairarapa.

Funding for a Professionals Peer Counsellor programme has been approved, supported by the Maori Health Unit Wairarapa DHB. This training will commence at the end of June 2017 and with some consultation with services has been condensed into a two day programme. Our aim is to ensure we have continued breastfeeding support available within the communities and by furthering the development of a Professionals cohort, who have access to mothers, can assist us with our sustainability, through on going education and development. Services we will target but are not limited to will be all Kohanga Reo, ECE of interest, South Wairarapa Services and those working with young mums.

Mitigation/issues arising:

Breastfriends Drop in Centre: After some consultation with Breastfeeding Wairarapa Committee members and the Peer Counsellor volunteers running the Breastfriends Drop in Centre we have decided to temporarily close the Drop in Centre pending a review of the service. Over the past six months the Drop in Centre, in particular Featherston has had minimal to no visits. The Featherston Drop in Centre relies solely on volunteers to run this service and with (1) a smaller pool of those willing to participate, (2) lack of attendance and (3) their skill set not being utilised, we have decided to look at better use of our time and resources. Breastfriends has continued to have the on-call component available to mothers requiring support for over the phone or txt support, with the option to be peered with a Peer Counsellor for a meet and greet at their discretion. The Facebook Page is also readily available for private messaging with referral or information support. Further discussion with other smaller local volunteer community groups found that they too have faced similar issues. After holding a group meeting the decision made is to collaborate and take a

collective impact model trialling monthly mother support groups, across the three TLA's, as a baby/mother one stop shop idea. Breastfriends hopes to finalise details and have this initiative off the ground running by June 2017.

SECTION 4: MQSP GOVERNANCE (MCGG)

4.1

MATERNITY CLINICAL GOVERNANCE

Wairarapa DHB established the Maternity Clinical Governance Group to oversee the Maternity Quality & Safety Programme. The group has had a very successful year of driving aims and objectives as set out for the 2013/2014 plan. The consumers have participated hugely in not only local issues but connecting also at a national level, which has had a positive impact on our group. The inclusion of our consumers and their valued opinions is paramount in how we progress forward in improving quality of care for our women and their whanau.

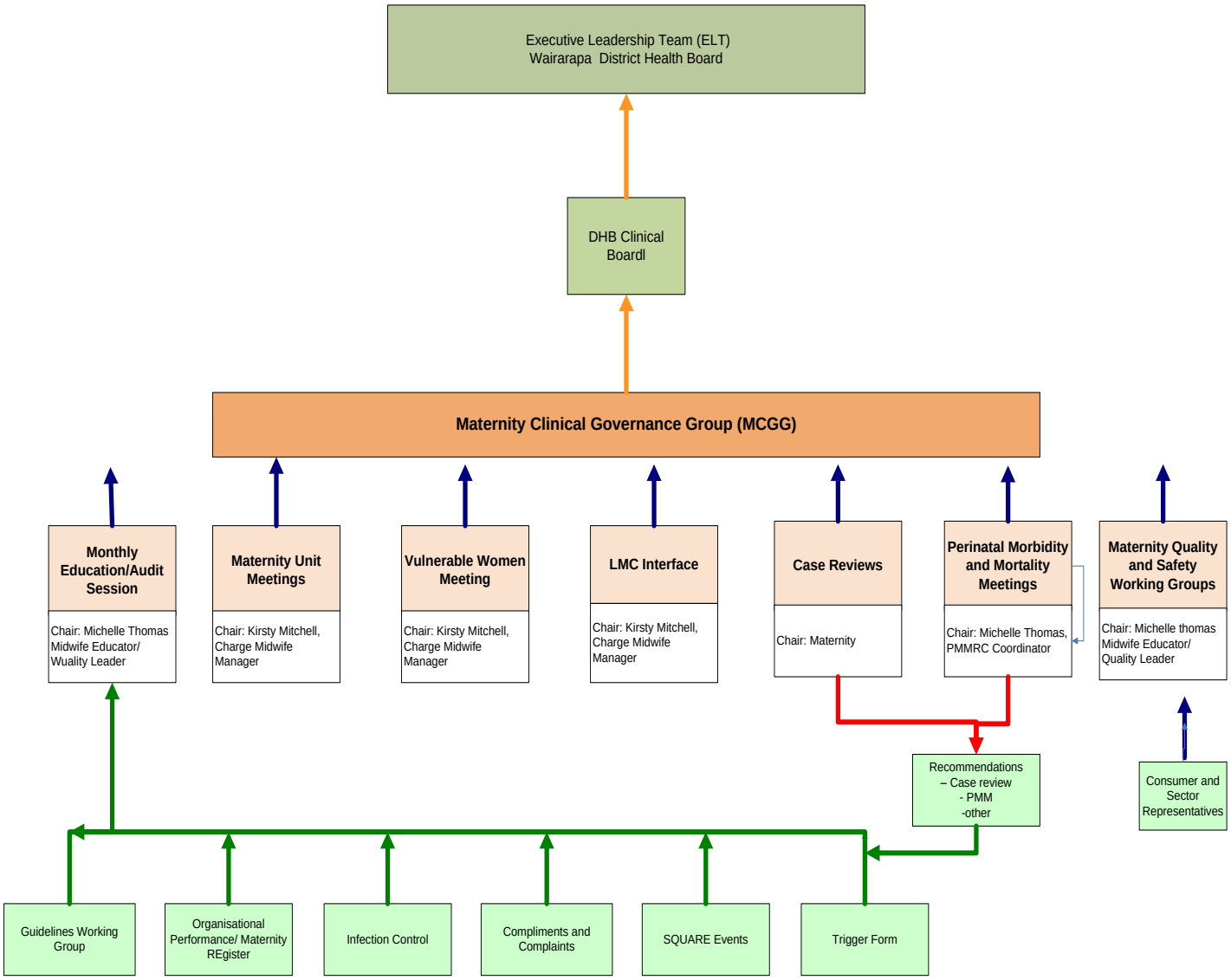
Māori representation continues to be strong on the group with a member from the DHB's Maori Health Directorate and the local Māori Health Provider along with 2 members being Māori. It is our vision that having this representation will enhance the relationships and services available to our Māori birthing population and their whanau.

As per the terms of reference there has been a change in midwifery representation with the replacement of members being staged to ensure the continuity of the group find the Terms of Reference in Appendix 2.

MATERNITY CLINICAL GOVERNANCE GROUP MEMBERS	
David Cook, Obstetrician	Kirsty Mitchell, Charge Midwife Manager
Kieran McCann, Executive Lead Allied and Community Services	Janeen Cross, Maori Health Directorate
Chris Stewart, Executive Director Quality & Risk	Chris Mallon, Midwifery Director
Marilyn Smethurst, Core Midwife Rep	Monika Steinmetz, LMC Rep
Michelle Thomas, MQSP Coordinator	Kiri Playle, Consumer Rep
Anita Roberts, Consumer Rep	Cath Jackson, Planning & Performance
Yvette Grace, Primary Health Rep	Kim Toloa, Whaiora
Vicki Perris, Plunket	

GOVERNANCE STRUCTURE

Maternity Quality and Safety Structure – 2016/2017



PRIORITIES & DELIVERABLES 2016/17

Objective	Action	Progress	Completion
Refurbish LDRP to be a home from home environment enhancing the primary birth experience	○ Collate ideas and opinions regarding theme, colours and equipment from midwives ○ Get prices and work out budget that will be allocated from MQSP ○ Present to MCGG and consumers the idea and get feedback	Is delivered and work completed. Now ready to purchase extra active birthing equipment such as an extra portable birthing pool, laboring aids, etc	
Maternity Expo	○ Invite stall holders such as quit smoking, well child services, osteopathy, yoga, Parents Centre, Women's Refuge, HypnoBirthing practitioner and Ipu Whenua to name a few. ○ Advertise in the community for health professionals and consumers.	This event was a great success for a first time event. Is penciled in for 2018 and to be held in a different location to meet different target audience.	
Develop of Healthy Pregnancy Group	○ Generate a plan for funding of the healthy pregnancy group ○ Collaborate with dieticians, exercise coaches and smoking cessation in primary health	Has now been put on hold as Maternal Green Prescription has been introduced and the maternity service is working with Sport Wellington to embrace as programme set to meet the needs of the women we were intending to target.	
Providing antenatal education for Maori/Pacifica population.	○ To provide an antenatal programme specifically aimed at the Maori/Pacifica women and whanau. ○ To collaborate with Maori Health Directorate and an individual from local Iwi.	Priori for is deliverable has been moved to 2017/18 year.	

CONSUMER ENGAGEMENT

"Kia Ora my name is Kiri Playle and I am one of the consumer representatives. I thoroughly enjoy this role and believe it is important to help support, maintain and improve the quality of maternity care we provide in our maternity system for our pregnant mums. I am a mum of two wonderful children aged 7 and 4. I have been a primary teacher for 22 years, currently working at Fernridge School in Masterton as a part time teacher and sports co-ordinator".

"Kia Ora my name is Anita and I am a consumer rep and very proud of this important role "I believed this role is about maintaining and improving the quality of the maternity system for our hapu mums". I am a mum of 2 awesome girls aged 9 and 4 and I have been working at Whaiora Medical and Healthcare Centre as a Management and Human Resources Assistant for 8.5 years therefore I have great connections with other agencies and our Wairarapa whānau".

Consumers continue to be a critical voice on our Maternity Clinical Governance Group and through the consumer feedback process. Our 2 consumers have given a tremendous amount of time and guidance to our many projects, guidelines, information leaflets, messages to the community and feedback of women's experiences. Their work and commitment in invaluable and the maternity unit is privileged to such amazing women participating in the quality service that we provide.

Another source of consumer engagement is the feedback surveys that we offer to women for completion on their stay within the maternity unit. The number of survey completed is sitting at 43%, with this in mind we are looking at purchasing Ipads and making the survey available electronically through survey monkey so hopefully we get a high uptake of the survey and analysed data easily accessible. A strong theme from the written surveys is that the staff and environment of the maternity unit is wonderful, there is a strong commitment to education and spending time with women. One of the negative feedbacks that have been frequently noted is the quality of the food provided for well pregnant or breastfeeding mothers. This was taken to the Senior Contracts Advisor and a Patient Meals Advisory Group was developed to review meals, variety, timeliness and quality for a number of departments including maternity.

Staff speak positively of the consumer feedback process and reassure women that their voice is heard and acted on.

MATERNITY WEBSITE

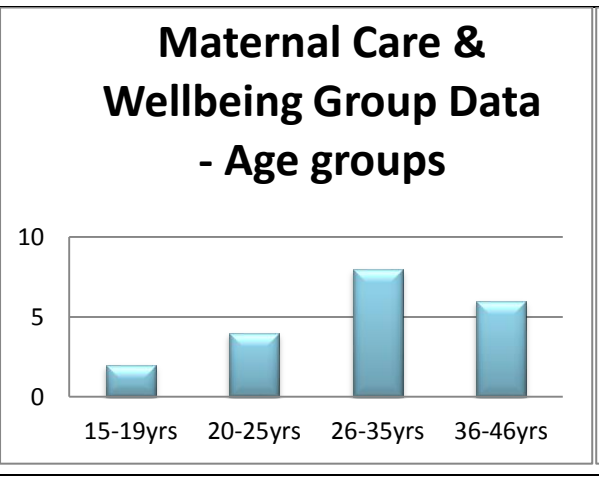
The maternity website has been live since Dec 2013 and table 4.1 illustrates the monitoring and usage of the website. The website displays information for pregnant women/whanau in relation to pregnancy, birth and postnatal. It links with support groups and many other services accessible to women, all LMC midwives are found on the website and are linked to the NZCOM 'Find your

midwife' website. Out of interest when analyzing the hits of the website we have had international interest from all over the world!

MATERNAL CARE WELLBEING AND CHILD PROTECTION GROUP

The Maternal Care Wellbeing and Child Protection group has been renamed and the Terms of Reference reviewed, and are awaiting sign off from Clinical Board. The function of the group continues to be a multi-disciplinary approach with aim to ensure the wellbeing of mother and baby is paramount. The group ensures that there is a wrap around service to women and her whanau that enables her to have the appropriate individualized support plan in place facilitating and fostering healthy parenting. In improving access to the care plans for health professionals Administrators within the group have worked with the IT department in loading the support plan. This is in its final stages and the sharing of this information will improve interfacing between primary and secondary care services and thus the outcome for the woman and baby.

Table: 4.1



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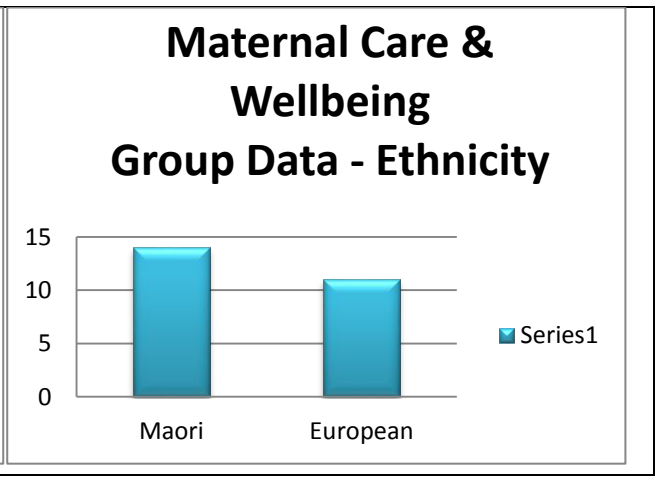

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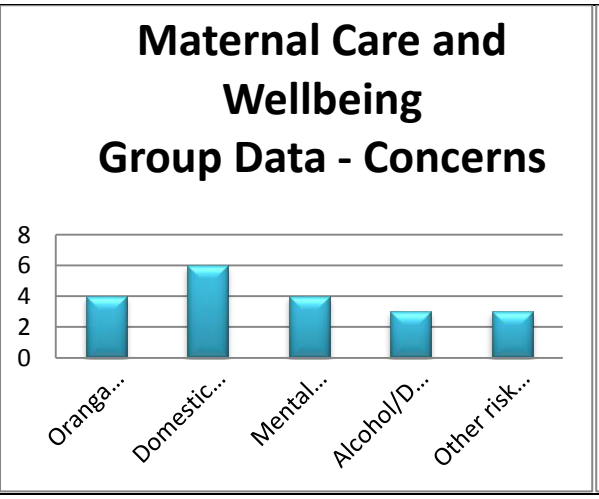

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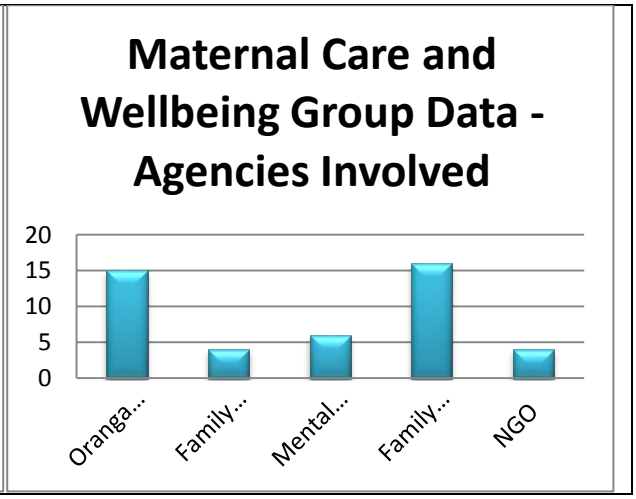


VIRTUAL TOUR

Early 2016 a sub-regional meeting was held and Capital & Coast DHB shared the virtual tour that they had produced of their tertiary and primary facilities. Our consumer that attended this meeting was very inspired by this and felt it would be something that should be introduced in the Wairarapa as she was a pregnant woman that moved into the region expecting her 2nd baby. She did not have the time or the opportunity to look around the unit prior to the birth so was not sure of what to expect. With the voice of this consumer and agreement at the Clinical Governance Group that this would be a prime opportunity to promote the unit and services that it provides we sourced a local film producer to work on the project with us. The Maori Health Directorate was consulted and we came up with a very personal approach to the tour, with local influences and personalities we have developed an amazing tour which showcases the fabulous environment and services of the Wairarapa DHB maternity service.

Follow this link: https://youtu.be/4sg6EjDan6M

SECTION 5: QUALITY IMPROVEMENT

FETAL FIBRONECTIN TESTING

This was introduced in 2016 and a total of 19 were undertaken with 7 being transferred to CCDHB and 4 going on to give birthing prematurely, 3 were managed conservatively labour ceased and were able to return to WDHB to birth at due date. The remaining 12 were able to remain at WDHB for observation and management and did not require transfer to a tertiary level centre.

This has been of great benefit to the DHB in the reduction of unnecessary transfers out and of upmost benefit to the women as they do not undergo the disruption of separation from their whanau.

PREGNANCY & PARENTING CLASSES FOR MAORI

The Wairarapa District Health Board Maternity and Māori Health teams are collaborating to develop an aligned strategy to improve the health outcomes for whānau. We know that the solution needs to be the right fit for Wairarapa. It needs to consider workforce development, particularly with introducing more Māori health professionals into the field. The strategy also needs to look at the options available to whānau currently and should consider what is being done elsewhere.

Background

The Māori Health Directorate [MHD] set a goal for 15/16 to initiate an ante natal programme for whānau. The deliverable was to deliver a pilot antenatal programme designed specifically for Māori mums and their whānau. This initiative came from a number of discussions between Māori Health, Maternity and our community.

To date

The priority for this deliverable has been moved out to the 2017/18 year and though the specific antenatal programme has not been designed for Māori, the inclusion of Māori continues through the DHB run antenatal classes and as identified there is Māori attendance through this programme and there are specific antenatal sessions run at Te Awhina House. The Wairarapa region is privileged to have 3 amazing Māori student midwives that are intending to remain in the region once qualified and so potentially will be fabulous resources to aid the implementation of an antenatal programme specifically for Māori.

MATERNAL MENTAL HEALTH PATHWAY

In 2014/15 work around the need for a Maternal Mental Health resource commenced as due to a lack of resources in the region the only way to access any support or care for pregnant or postnatal women was through the Adult Mental Health Services. Through the Maternity Clinical Governance Group a steering group was formed and developed a pathway that would specifically address access to maternal mental health (see Appendix 3)

The Maternal Mental Health Clinician has provided consultation/liaison for 23 women. At referral 12 were pregnant and 11 post natal.

Referrals were as follows:

- 8 existing clients with the Adult Mental Health team- consultation provided with some face to face assessments and brief interventions with Mental Health Clinician/Psychiatrist
- 8 consultation to Primary Health (includes GP, Compass Mental Health Nurses, Family Start)
- 3 consultations to Hospital (Social Worker and Paediatric Ward)
- 4 consultations to LMC's
- 8 face to face initial assessments with women have been conducted by me as a result of these consultations. Of these 6 were referred back to their referrer or GP for on-going management. 2 were referred on the Adult Mental Health Services for treatment.

To note this data is only for Jan – June 2017 as the previous clinician's data was unobtainable. On review of the Maternal Mental Health Clinicians role it has been identified that the change in personnel has meant that the clinician is now available 4 mornings a week therefore more accessible.

There is the opportunity for the clinician to be available alongside obstetric clinics for those women that may require her input and already have an obstetric appointment, thus making it more accessible to women that often have to travel a long way.

HYPNOBIRTHING COURSES

In July 2015 a proposal was put forward by a local midwife (who was a qualified hypnobirth facilitator) to introduce HypnoBirthing Classes at the DHB. The aim is to help reduce repeat CS rates and increase the VBAC rate using a structured programme of education and support.

The free course, which is funded by MQSP, is provided for women who have previously birthed by CS and are suitable for VBAC. Couples are educated to be supportive and empowered to work together in the home, and hospital to create a positive, calm environment that maximises the chances of successful natural vaginal birth outcome. It is proposed that as the success rate for VBAC increases, the overall CS rate for the DHB is reduced along with the cost of repeat elective CS.

The courses started in April 2016 and there have been 8 sets of classes thus far, the measure of the course is women and the partner's anxiety level pre and post the course and then birth outcomes will be audited and measured to provide an evaluation and viability of the course. To date there have been 29 women and their support persons attend the classes of those 9 were previous caesarean sections, the remaining 20 had previous traumatic birth experiences and a level of anxiety related to this. Of the 9 VBAC's 4 birthed vaginally and 5 birthed via emergency caesarean section, below is a quote from one of the women:

"My theatre experience was incredibly positive. Everyone was calm, happy, relaxed and ready to meet this baby. I felt safe and secure. Even though I was unable to achieve a vbac, I was still having a positive birthing experience".

The remaining 20 all had normal births and we can be commended on the impact that the hypnobirthing gave to them having the courage to prepare and focus on labour and birth when once upon a time not so long ago they may have opted for an elective caesarean section.

HEALTHY MAMA HEALTHY PEPE EXPO

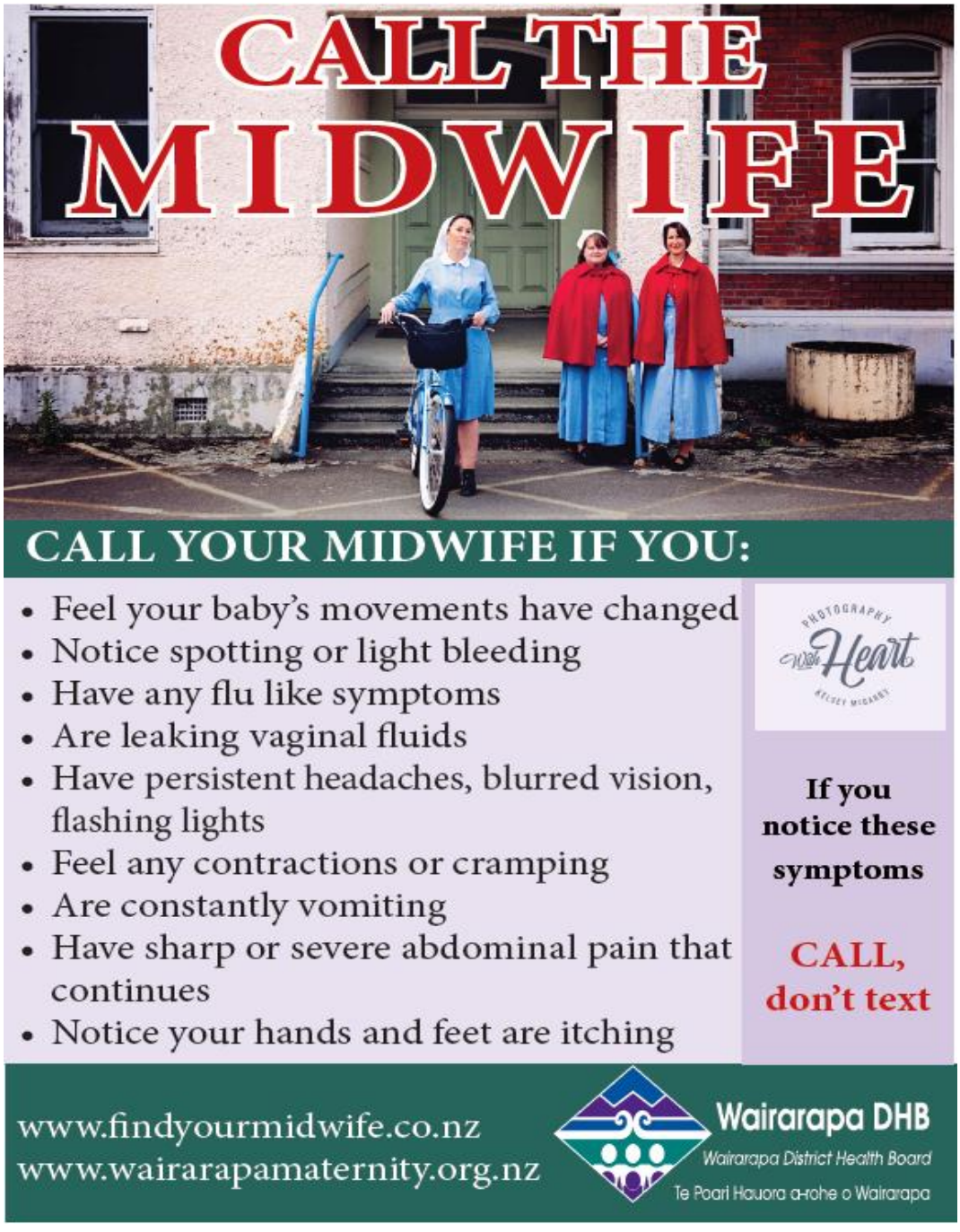
Health during pregnancy and the infants early years is a priority work stream for Wairarapa DHB. In 2016 it was suggested by the Pregnancy & Parenting educator that we hold an event that focuses on health in pregnancy and beyond. This small suggestion had a years momentum worth of work and became a huge event for the Wairarapa region. It was held in February 2017 and included members of the health sector from Regional Public Health, Plunket, Whaiora and Maternity. There were displays varying from safe sleep, road safety, swimming safety, smoke free, Rangitane – Maori remedies, fire safety, nutrition, immunisation, Breast feeding, Wahakura weaving, PORSE & Playcentre activities, stalls selling knitting & sewing, plenty of spot prizes donated by local companies and guest speakers such as Brainwaves Trust, Baby Wearers and the library holding a story time.

The event attracted 63 registered visitors comprising of 16 Maori and 3 smokers in total. When the group gathered in the week following to reflect on the day we were thrilled by the number that attended but found that the event was not attractive to the at risk group. So with this in mind there was a decision to hold it again next Feb 2018 however it will be in a different venue which will hopefully encourage the flow and visiting of the Maori population. Agreement is that it will be held in Makoura College, Masterton so will be easily accessible for Maori and Pacifica and the success of this year will hopefully entice them along.

Throughout the day there was opportunity for the collaboration of services to share information, stories and discuss the ability to work together in promoting health for the beginnings of life. The passion and enthusiasm of all on the day aided the success and positive experience for all that attended.

3DHB CAMPAIGN

Capital & Coast, Hutt Valley and Wairarapa DHB have run an annual joint maternity campaign since 2014. The regional MQSP group of coordinators, consumers and midwifery leaders worked on the 2017 campaign "Call the midwife" with the key messages being to call the midwife – don't text. This links in with the Midwifery Council messages but has a local/regional flavor. The group came up with an idea and it was the Wairarapa's turn to lead it this year, a local photographer was willing to do the photo shoot while 3 members of the group (all midwives) dressed up in old uniforms provided by Wairarapa DHB. It was an enjoyable campaign to work on and word in the community is that it has been heard about and seen everywhere with very positive feedback!



The campaign will be marketed through different means of media advertising. Following consultation with local communications and funding departments the DHB's have agreed we will advertise through radio, newspapers and printed posters in the community as we have done in previous years. The posters in the community will give the opportunity for the coordinator to be visible and spreading the word on this campaign locally. The posters will be put up in a huge variety of venues from pharmacies, GP surgeries, Kohanaga Reo's, childcare centers, libraries and Plunket.

Maternity Quality & Safety Programme

Programme Plan

2017 – 2018

WAIRARAPA maternity
Wairarapa Maternity Care

GOVERNANCE STRUCTURE OF

MATERNITY CLINICAL GOVERNANCE GROUP

Wairarapa DHB established the Maternity Clinical Governance Group to oversee the Maternity Quality & Safety Programme. The group has had a very successful year of driving aims and objectives as set out for the 2014/2015 plan. The consumers have participated hugely in not only local issues but connecting also at a national level, which has had a positive impact on our group. The inclusion of our consumers and their valued opinions is paramount in how we progress forward in improving quality of care for our women and their whanau.

Maori representation continues to be strong on the group with a member from the DHB's Maori Health Directorate and the local Maori Health Provider along with 2 members being Maori. It is our vision that having this representation will enhance the relationships and services available to our Maori birthing population and their whanau.

MATERNITY CLINICAL GOVERNANCE GROUP MEMBERS	
David Cook, Obstetrician	Kirsty Mitchell, Charge Midwife Manager
Kieran McCann, Executive Leader Integration, Allied & Community	Janeen Cross, Maori Health Directorate
Chris Stewart, Executive Director Quality & Risk	Chris Mallon, Midwifery Director
Marilyn Smethurst, Core Midwife Member	Monika Steinmetz, LMC Member
Michelle Thomas, MQSP Coordinator	Kiri Playle, Consumer Member
Anita Roberts, Consumer Member	Cath Jackson, Planning & Performance
Yvette Grace, Primary Health Rep	Kim Toloa, Whaiora
Vicki Perris, Plunket	

The recent introduction of the Executive Director Quality & Risk ensures that the quarterly Programme Progress Summaries are reported on in the HAC reports, the new appointment of a Midwifery Director and her involvement in the group offers the opportunity for her to feed into the COO. Annually the MQSP Coordinator and Charge Midwife Manager present at Clinical Board the programme's achievements over the year and the focus for the year ahead. This enables support and guidance in the implementation/embedding of changes in processes and practice to achieve a high standard of care for those women and babies we provide care for.

QUALITY & SAFETY					
KEY THEMES	ACTIONS TO DELIVER IMPROVED PERFORMANCE	MEASURED BY	OUTCOMES	PERSON/GROUP Responsible	DELIVERY DATE
The need for an electronic system in maternity.	Implement the national maternity information system to aid admission to discharge planning, consistent and aligned data collection systems. Ensure consistent approach to data collection and reporting. Improved information sharing between maternity service and GP services when women and babies are discharged.	Collection of consistent and comprehensive maternity data occurs, regardless of the provider of primary maternity care Data/information used to prioritise quality improvement activities. Processes to audit and improve the quality of maternity data collection, storage and reporting are in place	An electronic system that is robust will be fully functioning and accessible in the maternity service. Mechanisms in place to evaluate information/reporting	MQSP Coordinator and IT Services.	As soon as possible

Consistent approaches to audit and evaluation are maintained	Current audit/evaluation activity reviewed and regional schedule agreed	Audit/evaluation templates developed for agreed areas	Template and schedule agreed and implemented	MQSP Coordinator and Maternity Monthly audit Group consisting of Obs, LMC's, and Core staff.	Ongoing
PROJECTS					
CONCEPT	RATIONALE	MAIN PHASES OF WORK	DELIVERABLE	PERSON/GROUP RESPONSIBLE	INDICATIVE DATES
Introduce GROW to the Wairarapa maternity service. meeting PMMRC recommendations	To meet recommendations as set by PMMRC.	○ Present plan to MCGG and allocate funding to support it ○ Involve IT Services in setting it up within WDHB ○ Support training requirements for all clinicians to be able to confidently use it.	○ Contact made with Perinatal Institute and advice gained ○ Specification and access agreement presented to Midwifery Director/ELT and signed.	MQSP Coordinator	November 2017
Improve primary/secondary consultation and transfer of care processes.	To ensure ease of identification of clinical responsibility and obstetric input in the woman's notes. The woman is aware of her care planning by way of 3 way conversation.	○ Identify project team and develop an aim and project charter. ○ Produce driver diagram, ideas, measurements and tools	○ 100% compliance with the use of a tool to identify clinical responsibility throughout women's notes	Primary/secondary project team	April 2018

		○ Test tools, measure and compare ○ Implement change			
Transfer the consumer feedback form to an electronic system captured on I pads available to women for completion on maternity.	○ Ease of ability to engage women in completing the survey and data analysis collection will be easily collected	○ Purchase I pads x 2 ○ Involve IT Services in setting it up	○ Consumers participating in the survey ○ Data available	MQSP Coordinator & IT Services	March 2018
Develop an education channel available to women while having their inpatient stay at WDHB	○ Suggested by consumers on the MCGG as a way of ensuring consistent messages are available to women and aiding the reinforcement of what midwives discussion during their stay	○ Quotes for tv's have been authorised and purchase of 6 tv's has occurred ○ Information gathering is occurring for the 2hr programme ○ Agreement from the producer to develop the channel ○ Posters designed advertising the education channel	○ Education channel available to all women while in hospital. ○ Consumer feedback for this will be captured in the consumer feedback survey	MQSP Coordinator & Producer	Jan 2018
Implement a lactate machine in aiding the move to decrease the caesarean section rate.	○ Maternity Clinical Indicators clearly identify that WDHB has an above average c/s rate. ○ The most recent data show fetal distress as	○ Discussion needs to occur with how the service can accommodate the lactate with workload pressures of obs & gynae with only 2	○ Ideal would be to have a lactate machine within the maternity service to aid the reduction of c/s rate and improved outcomes for	Executive Leader Medical Services, Obstetricians, Midwifery Director, Charge Midwife Manager and MQSP	Nov 2017

	the outstanding theme for emergency c/s. At present fetal distress is identified by CTG interpretation. Utilising the lactate machine as another tool for assessment of fetal wellbeing will offer opportunity for labour to continue working toward a vaginal birth.	consultants.	women and babies.	Coordinator	
Co-design project to improve the pathway for women experiencing early miscarriage.	○ Ensure increased satisfaction and support for women ○ Improve pathways for primary clinicians	○ Participate in the HQSC co-design project ○ Identify team members and gaps in the service ○ Design process/service to meet the needs of women experiencing early miscarriage	○ Amalgamate into the Antenatal Care Pathways ○ Support services accessible to women in the community	Co-design project team	April 2018
The annual 3DHB campaign project which has a different focus each year and launched in conjunction with "Mother's Day".	○ To share important messages with the community in relation to healthy pregnancy and birth experiences.	○ Plan and negotiate another topic to cover collaboratively with the 3 DHB's. ○ Design the poster and	○ All advertising around the campaign available to the public by "Mother's Day"	MQSP Coordinators and Charge Midwife Managers across 3 DHB's.	May 2018

		advertising materials with the communications departments. ○ Distribution of posters to all child care centres, libraries, pharmacies, GP surgeries, primary health facilities. In local newspaper and on the local radio.	2016.		
Providing antenatal education for Maori/Pacifica population.	○ To provide an antenatal programme specifically aimed at the Maori/Pacifica women and whanau. ○ To collaborate with Maori Health Directorate and local Iwi.	○ Meeting has been had with Maori Health Directorate, Wairarapa REAP representative Midwifery Director, Charge Midwife Manager, Quality Leader and Antenatal Educators. ○ Set time line from outcomes of meeting held ○ Support local Maori student midwives through their training and location of work once qualified.		Maternity Clinical Governance Group, Maori Health Directorate.	Jan 2019
To provide breastfeeding support at a community	To provide:	The uptake and attendance of consumers at the group	•Breastfeeding mothers	Breastfeeding	July 2015

breastfeeding service, through training of a Peer Counsellor Programme Administrator (PCPA) and subsequently Peer Counsellors. This project is led by the "Breastfeeding Wairarapa" Group and sponsored by Regional Public Health enhancing a community approach to family centred care.	•a place to go to for breastfeeding support •support to mothers with common issues with breastfeeding, e.g. sore/painful nipples, latching and positioning, nursing strike, getting back to work, weaning •a place where questions can be asked and answered •collegial support, so that mothers know they are not alone •a place for social meeting for mothers who are breastfeeding	sessions. Feedback which will be collected from the consumers. Breastfeeding Wairarapa will provide quarterly reports to the project sponsors (managers) on the progress of the project. Where possible, reporting, publicity and communication will be combined, e.g. quality accounts or newsletters.	feel supported •Breastfeeding help and assistance is provided •Breastfeeding issues are resolved or a plan for resolution is discussed and where possible, put in place •Breastfeeding experience and confidence is improved •Cultural values and tikanga are upheld as important and integral to everyday life •Breastfeeding is increasingly accepted as the normal in community •Target would be attendance of 5-10 women at the sessions.	Wairarapa	launched. Quarterly reviews.
Embed Maternity Quality & Safety Programme into the maternity service so it can continue post funding	○ To ensure NZ Maternity Standards are met ○ Gold standard of care is provided with	○ Present annual plan to Clinical Board and The Board. ○ Business proposal for	○ Business plan signed off and embedding of MQSP programme in the	WDHB Board MCGG	

allocation in June 2018.	evidence based practice ○ Consumers voice remains strong	the FTE coordination of the current programme to be embedded into the service plan ○ Maintain the Hypnobirthing course, website and consumer engagement costs as part of service delivery	maternity service.		June 2018

APPENDIX 1

Expectations of New Zealand Maternity Standards:

Standard One: Maternity services provide safe, high-quality services that are nationally consistent and achieve optimal health outcomes for mothers and babies.	
8.2	Report on implementation of findings and recommendations from multidisciplinary meetings
8.4	Produce an annual maternity report
8.5	Demonstrate that consumer representatives are involved in the audit of maternity services at Wairarapa DHB
9.1	Plan, provide and report on appropriate and accessible maternity services to meet the needs of the Wairarapa region
9.2	Identify and report on the groups of women within their population who are accessing maternity services, and whether they have additional health and social needs

Standard Two: Maternity services ensure a women-centred approach that acknowledges pregnancy and childbirth as a normal life stage.	
17.2	Demonstrate in the annual maternity report how Wairarapa DHB have responded to consumer feedback on whether services are culturally safe and appropriate
19.2	Report on the proportion of women accessing continuity of care from a Lead Maternity Carer (LMC) for primary maternity care

Standard Three: All women have access to a nationally consistent, comprehensive range of maternity services that are funded and provided appropriately to ensure there are no financial barriers to access for eligible women.	
24.1	Report on implementation of the Maternity Referral Guidelines processes for transfer of clinical responsibility

APPENDIX 2

Maternity Clinical Governance Group

Terms of Reference

DHB GOAL:

An integrated Maternity Service that enables the best possible care and support for the women of the Wairarapa.

Members of the Maternity Clinical Governance Group (MCGG), including organizations and representatives external to the DHB agree to:

- Nominate an organization member to fully participate in the MCGG.
- Allow regular service delivery information and reports, to be shared with the MCGG to enable the service monitoring role of the Group.
- Maintain confidentiality of all information provided through the MCGG other than that which has been agreed by the Group as being available for public use.
- Through minutes, record the views of each member/organization on a matter, but agree to support the decision of the Group majority in recommendations and subsequent implementation.
- Full representation of the Group's recommendations to participating organizations and actively work to implement these where feasible.

The MCGG will make the assumption that inter agency and contract management relationship meetings will occur between organizations outside the parameters of the MCGGMCGG, as needed. Parties will agree to take issues that arise from these meetings to the MCGGMCGG where they impact on the integrated service and would benefit from the input of all participating organizations or require a systemic response.

BACKGROUND

Wairarapa DHB held a workshop with maternity staff and LMCs in October 2012 where the five principles were confirmed as a framework to develop the maternity service.

PRINCIPLES OF THE MATERNITY CARE FOR WAIRARAPA WOMEN

1. Develop an inclusive maternity service.
2. Evolve into a more women centered service.
3. Clarify/update the role and expectations of the core midwives.
4. Maintain a midwifery leadership voice within the DHB.
5. Identify workforce needs and recruit strategically (grow the workforce).

These principles were initially developed in a workshop led by the DHB in July 2011 that included maternity staff, obstetricians and LMCs.

PURPOSE OF THE GROUP

The Maternity Strategy Group (MCGG) is established as a collaborative leadership group responsible for guiding the development and delivery of integrated maternity services.

MCGG will monitor agreed quality performance indicators to ensure effective service delivery and the best possible outcomes for women and their babies.

The Group has an advisory role to Wairarapa DHB through the Clinical Services management team. It will provide advice to all relevant stakeholders on:

- The implementation of evidence based best practice in the delivery of maternity care.
- The performance of the participating members and associated organizations both individually and as a collective system of integrated services.
- Issues and opportunities in the maternity service and the wider health sector that provide opportunities to improve outcomes for service users and their family whanau.

RESPONSIBILITIES OF THE GROUP

The MCGG will:

1. Encourage collaboration and good working relationships between DHB staff including maternity staff, obstetricians and the Maori health team, together with LMCs, Well Child Providers, antenatal education providers and other relevant NGOs to ensure seamless service delivery for women.
2. Encourage active participation in the group by a consumer representative, as appropriate.
3. Facilitate service improvement initiatives and workforce development and ensure these are reflected in practice.
4. Advice on practice quality standards, evidenced based approaches and any other matters that will result in improvements in the delivery of maternity care.
5. Facilitate and enable integrated information system initiatives, in line with the MOH requirements.
6. Provide a governance structure and quality assurance to ensure the UNHSEIP services are delivered consistently and to a high standard of care.
7. Discuss and consider the application to the Wairarapa integrated service, any other issues facing maternity services that arise, and recommend changes to current service specifications, guidelines or other aspects of the service framework regionally, nationally or internationally.
8. Chair to report to Clinical Board quarterly updating on any improvements, processes and actions from this group meeting the requirements of the Maternity Quality & Safety programme.

COMPOSITION

The MCGG will include representatives from:

- DHB Maternity Service including Charge Midwife Manager, RM, Obstetrician.
- SIDU
- Maori Health Directorate
- A LMC representative

- Compass Health
- Well Child Provider/s
- Consumer representative, as appropriate
- Antenatal education provider, as appropriate.

Term of membership to the MCGG is initially for two years. Replacement of members will be staged to ensure the continuity of the group.

DHB representatives are confirmed/mandated by the Hospital Services Manager. Representatives from other organizations or providers are confirmed by their respective senior management or governance as appropriate.

All members will actively participate in the MCGG. A member who is unable to attend a meeting is able to be substituted by another person from their organization if arranged with the Chair of the group in advance. If a member of the group misses a number of meetings in a row, the group will consider asking them to be replaced by another person from their organization.

The MCGG is able to agree to co-opt members in order to ensure the group has the appropriate skills and expertise to progress the initiatives and work plan of the group.

MEETING FREQUENCY

Meetings will be held three monthly.

The group will review the frequency of meetings and agree to reduce them to no less than quarterly.

Ad hoc meetings may be called if required.

MEETING STRUCTURE

Communications

Request for agenda items will be circulated by the group administrator a week prior to the meeting.

Members who wish to raise an issue will place it on the agenda and provide a brief written summary of the issue that can be circulated by the administrator with the agenda and meeting papers three days prior to the meeting.

A progress report on agreed indicators will be circulated no less than three days prior to the meeting.

Minutes of the meeting will be drafted and circulated within five working days of the meeting.

Key messages from each meeting will be agreed and accompany the meeting minutes. These will be distributed to the group by the administrator and will be able to be shared with participating organizations and providers.

Confidentiality

Information and discussions are to be regarded as open unless otherwise stated.

Any confidential material will be clearly marked 'confidential' prior to circulation.

Any confidential issues will be minuted as such and must not be shared outside of the group.

Meeting Dates and Times

Meeting dates and times will be agreed with the group. It is anticipated that these meetings will not exceed two hours duration. Other contact is likely to be via email routes.

Quorum

The group will meet with a minimum number of members being agreed upon as 5

Working Together

The MCGG is an advisory body. The process should be collaborative and as inclusive as possible, and where advice cannot be acted on the DHB or participating organizations or providers will explain why.

Representatives will ensure members of their organizations are kept informed of the activities of the group and communications shared as required.

GROUP FUNCTIONS

Function	Group/People Responsible
Administrative support and co-ordination (meetings, agendas, minutes, general communications)	Liz Lelievre
Chairperson	Michelle Thomas
Data provision	All participating organizations as agreed

MEMBERSHIP

Role
Midwifery Director
Obstetrician
Executive Leader Integration, Allied & Community
Charge Midwife Manager
Core Midwife
LMC Representative
Maternity Quality and Safety Coordinator
Maori Health Representative
Planning & Performance
Compass Health (PHO)
Tamariki Ora Nurse
Consumer Representatives
Clinical Leader, Plunket
Executive Director, Quality & Risk

SCHEDULE OF MEETINGS

- Meetings will be held three monthly

APPENDIX 3

Perinatal Mental Health and Addictions Pathway:

A flow chart for health professionals caring for pregnant and postnatal women in the Wairarapa

Community supports

What community services are available for women requiring additional mental health support?

Who:	What they do:
♦ **Primary Care Services:** LMC / Midwife; G.P or Practice Nurse →	Healthy pregnancy education & information, assessment, treatment, referral to other agencies e.g. PHO wellbeing services.
♦ **WellChild Providers:** ◊ Whaiora — Tel: 0800 494 246 ◊ PlunketLine — Tel: 0800 933 922 →	Whanau Ora community supports and resources.
♦ **Primary Mental Health Nurses** — Tel: 06 370 8055 →	Mental Health & Addiction triage, assessment & brief intervention
♦ **Post and Ante-Natal Distress** [PND] Wellington — Tel: 04 472 3135 www.pnd.org.nz →	Provide phone support & online (closed Facebook page) support for women.
♦ **Wairarapa Hospital Social Work Department** — Tel: 06 946 9800	Provide a pregnancy counselling service .
♦ **SIDS & KIDS:** 24 hour Sudden Infant Death Helpline on — Tel: 0800 164 455 www.sidsandkids.org.nz →	Provide support to those who have experienced pregnancy, baby or infant loss. Able to support access to local counselling (x 3 sessions)
♦ **SANDS**- Pregnancy, baby & infant loss support www.sands.org.nz →	Provide support to those who have experienced pregnancy, baby or infant loss.

Advice

I'd like some advice about maternal mental health and addiction issues

Who:	What they do:
♦ **Contact the Perinatal Mental Health Consult - Liaison clinician for advice — Tel: 04 806 0002** →	Consultation & liaison service including support and advice.
♦ General inpatient hospital staff should contact the Social Work Department — Tel: 06 946 9800 →	Assessment, treatment, referral to other agencies e.g. PHO wellbeing services.
♦ Care NZ Addictions Service — Tel: 0800 208 4278 →	Comprehensive assessment, community-based treatment, complex psychological interventions, medication, inpatient options.
♦ Te Hauora Waranga & Hinengaro Services (Addictions Service) — Tel: 0800 666 744 →	Community-based crisis respite and managed withdrawal services. Māori awhi (help) & cultural interventions.

Referrals

I'm concerned about a pregnant/ postnatal woman's mental health or addiction issues

Who:	What they do:
♦ Refer to the Adult Community Mental Health Service — Wairarapa DHB; for women with moderate to severe mental health issues during pregnancy and up to 12 months postpartum — Tel: (06) 946 9805 Fax: (06) 946 9835 →	Referrals are discussed for acceptance/decline. Once accepted assessment and case management occurs (including review of medications). If the referral is declined, the referrer is advised and other support services or agencies are recommended.
♦ **If non-urgent, you can contact the Perinatal Mental Health Consult - Liaison clinician for advice — Tel: 04 806 0002** →	Advice and support over the phone about the appropriate course of action.
♦ Care NZ Addictions Service — Tel: 0800 208 4278 →	Comprehensive assessment, community-based treatment, complex psychological interventions, medication, inpatient options.
♦ Te Hauora Waranga & Hinengaro Services (Addictions Service) — Tel: 0800 666 744 →	Community-based crisis respite and managed withdrawal services. Māori awhi (help) & cultural interventions.

Crisis Support

I need urgent support for a pregnant/postnatal woman's mental health or addiction

Who:	What they do:
♦ Specialist Adult Mental Health Services — **Tel: 0508 432 432** →	Crisis assessment, triage and intervention e.g. arranging medication, respite or inpatient treatment as required. Triage also includes referral to other services e.g. CareNZ Addictions Service or Te Hauora Waranga & Hinengaro Service as required.