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Waitematā DHB Promise

Best Care for Everyone
Women can expect to receive sensitive, effective and timely maternity care that recognises birth as a normal and important life event.

Waitematā DHB Values

Women can expect clinicians to work in partnership with them. Birth is a social and family event and staff will welcome and value the participation and contribution of partners, family and whānau. Te Tiriti o Waitangi is valued, and culture and diversity is respected. Colleagues and students of all disciplines are supported and respected.

Women can expect staff to take a sensitive and supportive approach where they seek to understand and meet their individual needs. Newborns are cared for gently and respectfully.

Each woman’s maternity experience is made special and memorable by the excellent care she receives. We take an innovative view of maternity services and look for opportunities to create improvements. We actively support improvement ideas to ensure that positive change occurs.

Women can expect seamless care and consistent information and advice from all members of the healthcare team. Our multidisciplinary teams ensure that women receive the best care from the most appropriate health professional. Midwives are aware of community supports available and ensure that each woman feels connected to her community.
Introduction

This annual report provides an overview of Waitematā DHB Maternity service and the Maternity Quality and Safety Programme (MQSP). This report uses the Ministry of Health (MoH) Clinical Indicators to benchmark our maternity outcomes nationally.

The 2018/2019 MQSP projects are described in detail within the report. This report also indicates where the projects have been suggested or recommended by the National Maternity Monitoring Group (NMMG), and the Perinatal and Maternal Mortality Review Committee (PMMRC).

The 2018/19 projects were:

1. Early engagement with an LMC - 3rd phase of ASAP campaign
2. Enhanced Recovery after Obstetric surgery (EROS) project to continue
3. Pulse Oximetry screening for neonates
4. Promotion of primary birth options
5. Enhanced pregnancy and parenting information for women

Maternity Consumers play a key role in shaping our programme and have added commentary to this report. Where consumer feedback is quoted we have used pseudonyms.

Maternity Quality and Safety Programme (MQSP)

The Maternity Quality and Safety Programme is a MoH initiative to improve the quality and safety of maternity care services nationally.

The programme aims to improve care to women, babies and their families. The programme is successful in this by using a multidisciplinary and multiagency approach, drawing from a number of improvement streams including:

- New Zealand Maternity Standards
- New Zealand Maternity Clinical Indicators
- Recommendations from the National Maternity Monitoring Group (NMMG)
- Recommendations the Perinatal Maternal Mortality Review Committee (PMMRC)

In the 2018/2019 year the Waitematā DHB programme has made progress to deliver quality improvements in a variety of key focus areas.

MQSP Alignment with Maternity Standards

Waitematā DHB has aligned the MQSP with the National Maternity Standards and the Maternity Quality Initiative, and these have informed our plans and projects:

**Standard 1:** Maternity services provide safe, high-quality services that are nationally consistent and achieve optimal health outcomes for mothers and babies

**Standard 2:** Maternity services ensure a woman-centred approach that acknowledges pregnancy and childbirth as a normal life stage

**Standard 3:** All women have access to a nationally consistent, comprehensive range of maternity services that are funded and provided appropriately to ensure there are no financial barriers to access for eligible women.

MQSP Alignment with Regional Collaboration

The six themes of the ADHB and Waitematā DHB maternity plan have been integrated into our local MQSP programme, these themes are:

1. Enhance equity of access and outcome
2. Enhance maternity quality and safety
3. Enhance continuity of care
4. Enhance confidence in normal birth
5. Enhance transition to parenthood and early infant attachment
6. Ensure facilities meet population needs, including capacity for future growth

**Waitematā DHB Context**

**Region**

Waitematā District Health Board services the communities of North Shore, Auckland West, and Rodney with a population of over 630,000. Waitematā is the largest DHB by population in New Zealand, this is expected to increase to 764,000 by 2034 (Statistics New Zealand, 2016).

**Area analysis**

Waitematā covers semi-rural and rural communities. It is the third 'least deprived' DHB in New Zealand, and has the highest life expectancy (85.1 years) in the country. However, this life expectancy differs significantly between ethnic groups, and is markedly lower amongst Māori and Pacific people.

Significantly more Māori and Pacific Island women live in the Waitākere district than North Shore or Rodney. The Waitākere district population is also younger and has a larger proportion of people living in decile 10 (more deprived) areas.

Waitematā is ethnically diverse, with over a third (37%) of our total population being migrants.

Waitematā has the lowest hospital mortality rate in the country with a high performance across health targets and quality and safety metrics.

**Demographics of Waitematā DHB Birthing Population**

In the period from 2014 to 2018, overall births at Waitematā DHB have decreased by 5.8%. There were a total of 6551 births within the secondary facilities, over 2018.

**Figure 1: Women giving birth NSH & WTH, 2014-2018**

Ethnicity of birthing women

Between 2014 and 2018, Asian Chinese birthing population decreased by 17.9%, the Asian Indian birthing population increased by 27.4% and the European birthing population decreased by 13.3%
Table 1: Ethnicity of women giving birth in Waitematā DHB (2018)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>NSH</th>
<th>WTH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Chinese</td>
<td>593</td>
<td>251</td>
<td>844</td>
</tr>
<tr>
<td>Asian Indian</td>
<td>210</td>
<td>320</td>
<td>530</td>
</tr>
<tr>
<td>Asian Other</td>
<td>370</td>
<td>280</td>
<td>650</td>
</tr>
<tr>
<td>Asian (Combined)</td>
<td>1173</td>
<td>851</td>
<td>2024</td>
</tr>
<tr>
<td>European</td>
<td>1890</td>
<td>1045</td>
<td>2935</td>
</tr>
<tr>
<td>Māori</td>
<td>224</td>
<td>396</td>
<td>620</td>
</tr>
<tr>
<td>Pacific</td>
<td>232</td>
<td>406</td>
<td>638</td>
</tr>
<tr>
<td>Other</td>
<td>148</td>
<td>107</td>
<td>255</td>
</tr>
<tr>
<td>Total</td>
<td>3667</td>
<td>2805</td>
<td>6472</td>
</tr>
</tbody>
</table>

Age of birthing women

Overall, women aged 30-34 comprised the largest proportion of women giving birth in 2018 (35.4%), followed by those aged 25-29 years. Women aged 35 - 39 represented 20.9% of our birthing population in 2018, this is the only group to have increased in numbers by 5.8%. Between 2014 and 2018, there were decreases in all other age groups, consistent with a decrease in births overall.

Figure 2: Women giving birth by age group, WDHB 2014 to 2018

Table 2: Women giving birth by age group WDHB 2018

<table>
<thead>
<tr>
<th>Age</th>
<th>NSH</th>
<th>WTH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;20</td>
<td>53</td>
<td>90</td>
<td>143</td>
</tr>
<tr>
<td>20-24</td>
<td>300</td>
<td>425</td>
<td>725</td>
</tr>
<tr>
<td>25-29</td>
<td>903</td>
<td>803</td>
<td>1706</td>
</tr>
<tr>
<td>30-34</td>
<td>1367</td>
<td>924</td>
<td>2291</td>
</tr>
<tr>
<td>35-39</td>
<td>881</td>
<td>474</td>
<td>1355</td>
</tr>
<tr>
<td>40+</td>
<td>163</td>
<td>89</td>
<td>252</td>
</tr>
</tbody>
</table>

Waitematā DHB Maternity Facilities

Waitematā DHB provides maternity services at two hospital sites (North Shore Hospital and Waitākere Hospital); there are also three primary birthing units in Wellsford, Warkworth and Helensville. The two hospitals provide
primary and secondary maternity services for women in the Waitematā region. Women who have highly complex pregnancies or co-morbidities receive tertiary care from Auckland City Hospital.

North Shore Hospital

The North Shore facility (NSH) is a Level 2 maternity unit. The unit consists of 10 birthing rooms, 4 assessment rooms and 3 birthing pools. The antenatal/postnatal ward (Maternity Suite) has 36 beds. The unit has access to theatres in the floor below, an Intensive Care Unit and High Dependency Unit. There is an alongside special care baby unit (SCBU) with 12 cots accepting babies from 32 weeks gestation.

Waitākere Hospital

The Waitākere facility (WTH) is spread over two wings Piha and Te Henga wards. There are a total of 8 birthing rooms and 2 birthing pools, 2 assessment rooms, and 26 antenatal/postnatal beds. Access to theatre is on the same floor but there is no intensive care unit on site, which means that some of the more complex cases are transferred to North Shore hospital for care. There is an alongside special care baby unit (SCBU) with 12 cots accepting babies from 32 weeks gestation.

Primary birthing units

Warkworth (rural): Two birth rooms and ten postnatal rooms (report in Appendix 2).
Helensville (rural): One birth room and four postnatal rooms (report in Appendix 1).
Wellsford (rural): Two birth rooms

Maternity Clinical Outcomes

Place of birth

There were a total of 6780 births in 2018 at the maternity facilities in Waitematā DHB, with 96.6% of these births taking place in secondary facilities. There were 221 homebirths (MOH 2018).

Table 3: Births in primary and secondary units at Waitematā DHB 2018

<table>
<thead>
<tr>
<th>Location</th>
<th>Birth Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Shore Hospital</td>
<td>3736</td>
</tr>
<tr>
<td>Waitakere Hospital</td>
<td>2815</td>
</tr>
<tr>
<td>Warkworth Birthing Centre</td>
<td>151</td>
</tr>
<tr>
<td>Helensville Birthing Centre</td>
<td>54</td>
</tr>
<tr>
<td>Wellsford Birthing Centre</td>
<td>24</td>
</tr>
</tbody>
</table>

Currently there are no urban primary birthing units in the Waitematā area which impacts the number of women choosing to give birth in a primary birthing unit.
Mode of birth

Modes of birth over the four year period from 2012 to 2016 were stable, but we are now continuing to see a trend in rates of caesarean section increasing and a decrease in the rate of normal vaginal birth.

Figure 3: Waitematā DHB Mode of birth 2016, 2017, and 2018

The mode of birth rate continues to differ across both hospital sites.

Figure 4: SVB Rate NSH & WTH

Perineal trauma

Overall 27.9% of women having a vaginal birth at Waitematā during 2018 sustained a second degree tear; the highest rate was among Asian Chinese women (35.3%). Perineal trauma for Asian Indian women decreased, in the same period, from 40% to 34.3%

Figure 5: Second degree tears with vaginal birth by ethnicity WDHB 2018
Overall 20% of women having vaginal births in 2018 had an episiotomy; the highest rate was among Asian Indian women (38.2%), and Asian Chinese (35%).

Figure 6: Episiotomy with vaginal birth by ethnicity 2018

Overall 2.8% of women who had vaginal births (2018) sustained a third/fourth degree tear; the highest rate was among women who were Asian Indian (7.6%) and Asian other (5.1%).

Figure 7: Third and fourth degree tear with vaginal birth by ethnicity 2018

Waitematā DHB Maternity Service

Primary Maternity Care

The Waitematā DHB area is well served by Lead Maternity Carers (LMCs) and over 95% of women now register with an LMC. Currently there are 222 self-employed midwife LMCs, and 18 specialist obstetrician LMCs.

Community and maternity outpatient services

The community and maternity outpatient services operate across the region and include obstetric, obstetric physician, diabetes in pregnancy, anaesthetic, hearing screening, lactation and tongue-tie clinics. There are two small community midwifery teams who provide midwifery care to women who have been unable to engage with community LMC care. The service also employs a Māori and a Pacific liaison co-ordinator to assist with access to care for these ethnic groups.

Other services include: Pregnancy and parenting courses, lactation services, breastfeeding classes and lactation consultants, dietician, physiotherapy, social work services, paediatric services, anaesthetic services, newborn hearing screening, Asian support service, and chaplaincy.
Diabetes in Pregnancy (DiP) service

The Diabetes in Pregnancy service aims to provide a unique multidisciplinary experience by providing a seamless integrated service with all initial appointments in one place and at one time. This service is available at both DHB sites. The DiP service responds rapidly to referrals to reinforce the importance of the management of diabetes in pregnancy and its health implications. This service works in partnership with primary care, and every woman continues to also have care from her LMC. The DiP service provides:

- Mobile phone support for primary caregivers.
- On-going regular telephone and email support for women which reduces repeat clinic follow-up appointments and assists maintenance of good blood glucose control.
- A multidisciplinary care planning tool that is available online via Clinical Portal to LMC’s.
- Connection with support services such as Māori and Pacific Island liaison health workers, and ‘Healthy Babies Healthy Futures’.
- Information on Healthpoint e.g. screening tools and referral pathways
- Education for LMCs, PHOs and core staff.

The service has undergone significant growth from when it started in 2012. The number of women from the Asian population accessing the service has increased, and the service is now actively connecting with local support groups and networks to help with education.

**Figure 8: Feedback for the DiP service**

*The care and support given to me by each person were very impressive and genuine. I was looked after very well. It was not just the service but the positive personality of each individual that made me feel I could get through my GDM without any hassles. I felt very comfortable and especially loved my midwife and the obstetrician who came to see me at the hospital post my delivery. Big thumbs up!*

Baby-Friendly Hospital Initiative (BFHI)

North Shore and Waitākere hospitals have both had successful Baby-Friendly re-accreditations, every 3 years, for last 12 years, with the next re-accreditation due in 2020. The breastfeeding statistics for 2018 are inclusive of low birth weight babies (less than 2500g) but exclude babies who were cared for in the Special Care Baby Units, unless they were transferred to the postnatal ward and discharged home at the same time as their mother.

Waitākere Hospital had an exclusive breastfeeding rate of 82.8%, with just 2.9% mothers deciding to completely artificially feed their babies. The remaining 14.3% of babies received some artificial milk during their hospital stay for either medical indication or at maternal request. The rate of exclusive breastfeeding at North Shore Hospital was 76.4%; only 2.3% of babies were completely artificially fed. The remaining 21.3% of babies received some artificial milk during their hospital stay for either medical indication or at maternal request.

Waitākere Community Lactation Consultant clinics

There continues to be a high demand for lactation consultation, with 608 referrals in 2018. Referral needs vary and appointments are usually made within a week to avoid delays that may negatively impact on breastfeeding outcomes. The service can also provide some home based services and some DiP services. Women in the DiP service can meet with the lactation consultant and get antenatal breastfeeding advice and information on antenatal expressing.
The majority of the women who are seen in the lactation clinic continue to exclusive and fully breastfeed, with only small numbers artificially feeding.

**Figure 9: Breastfeeding on referral to WTH service and at 6 weeks postpartum**

There appears to be equity of access to the community lactation clinic which may be influenced by the lactation consultant outreach to Titifaitama breastfeeding group and the Te aka Oranga Waikawa Wahakura Wananga.

**Figure 10: Ethnicity data attending Waitākere community Lactation service**

**North Shore Community Lactation Consultant clinics**

The Community lactation consultant service at North Shore provided 198 consultations in 2018. The lower volume in North Shore reflects less clinic availability and less demand. However, as with WTH, the majority of the women who are seen in the lactation clinic continue to exclusive and fully breastfeed, with only small numbers artificially feeding.
Ethnicity data shows that the service is predominantly used by European women, but also provides significant support to the Asian community.

Consumer feedback shows high levels of satisfaction with the service, with 97% reporting that the support and advice helped them to continue to breastfeed. Over 95% felt listened to and understood, and felt that the advice and support was helpful.

Tongue-Tie Assessment clinic

There are four clinics per week across Waitematā DHB. In 2018 there were 669 referrals this is an increase of 150 referrals from 2017 and most clinics are fully booked. Of those referrals 70% had a simple frenotomy and for 12% (79 referrals) a secondary referral was made. There is now a secondary referral service available within WDHB with an ORL surgeon available for one hour each week. Since the development of a secondary service only 3 families wished for a private referral, this reflects a free and accessible service for all.
The ethnicity data shows the predominant group being referred are European. This data is comparable to that of 2017.

After an assessment in the tongue tie clinic, there is continued follow up in the community lactation clinic to support correction of breastfeeding issues. The rate of exclusive breastfeeding remains high both before and after assessment/treatment.

A consumer survey was developed in 2018 and feedback from the women is positive with many experiencing immediate improvement in breastfeeding.
Universal Newborn Hearing Screening and Early Intervention Programme

Our programme continues to meet the expectations of the National Screening Unit with 85% of babies being screened in hospital and 95% are screened within one month of birth.

In 2018, 6,365 eligible babies were screened with only 57 families who declined. This represents less than 1% of babies offered screening.

It is estimated that between 135 and 170 babies are born in New Zealand with mild to profound permanent congenital hearing loss. Each year Waitematā DHB refer between 14-21 babies with hearing loss to Auckland District Health Board for audiology review and surveillance.

This means that the application of early interventions within these families can be put in place to significantly improve long-term language skills and cognitive ability in their children.

Cultural Liaison services

Māori and Pacific Community Liaison Co-ordinators work to reduce inequity by addressing barriers to care.

The roles provide support and education for pregnant and postpartum women. The aim is to increase health literacy and knowledge about the importance of antenatal care and pregnancy support, enhancing early engagement and promoting practices that encourage the woman’s participation in her pregnancy care.

Smokefree Pregnancies Co-ordinator

Recruitment to this new role was completed in August 2018. This role included engagement with LMC’s and Primary birth units to provide support and education on current smokefree services and interventions. Community engagement within the Waitematā community included with Ohana Young Mum’s group, The Fono, WDHB Te Aka Oranga Waikawa Wahakura Wānanga, Healthy Babies Health Futures and Titifaitama breastfeeding support group to gain insight into what information is being shared and to make connections.

From this engagement, areas for system improvements have been identified and work has been done to improve referral pathways, CeDDS online information for maternity practitioners, and to implement Effective Stop Smoking Conversations training into the online mandatory study day for maternity staff. In addition to this, an ‘Opt Out’ smoking cessation programme has been implemented with WDHB.

Figure 17: Consumer Feedback for Tongue Tie Clinic

“I didn’t know what to expect as I didn’t even know Tongue Tie was a thing. I was genuinely satisfied with the service I received and very grateful to the staff there. I felt like I was well informed and taken through each step thoroughly. Thank you very much!”

“The whole environment was informative and felt safe – which is extremely valuable supporting sleep deprived and emotional mothers and their babies”.

Rosie, Galu and Deryn are here to help our Māori and Pacific Families.

Rosie Houghton
Māori Health Liaison Coordinator of Waikawa
021 935 6861

Galuui Lui
Pacific Women’s Health Liaison Coordinator of Waikawa Antenatal Breasftfeeding Group
021 395 1266

Deryn Freeman
Community health consultant, breastfeeding clinic and home visits for special arrangements.
021 825 967
Pregnancy and Parenting Education Classes

The Pregnancy and Parenting Programme provides education classes for parents-to-be and their families at both North Shore and Waitākere Hospitals; additional courses are also provided in Mandarin. The Mokopuna Ora curriculum forms the basis of our courses; all resources are from approved, evidence-based sources and align with current practice. Educators are invited to participate in the development of resources within the Waitematā DHB Quality process and have a good understanding of the role and importance of this process.

The service has a dedicated page on Healthpoint which provides information about all the courses we offer and enables online registration with a chosen course. The breastfeeding workshops and Weaving Wānanga are included in this facility. We also include the Ohana teen programme course timetable with a link to their website and information about all other free Pregnancy and Parenting education available in the Waitematā area.

Under development is an iPM database to centralise all participant information at registration with the programme. This will significantly improve the security and accessibility of information, increase the accountability of the service and simplify and increase reporting options.

In 2019 we have started our Early Pregnancy information sessions. These are aimed at parents who are in their first 20 weeks of pregnancy and will be held on a rotating, regular date at the NSH in the antenatal clinic. The aim is to make this class available at WTH also. These sessions complement the “ASAP” (early registration with an LMC) promotion and help parents make informed choices early, for healthy and well supported pregnancy.

Participants’ feedback is collected online on the completion of each course. Feedback has been positive overall, with 90% of participants saying they would recommend the service to others. Parents are particularly positive about the knowledge and approachability of the educators, the venues, the length of the courses and the resources used. Most parents felt that they learnt enough about their pregnancy, labour and birth, breastfeeding, and safe sleep. Of those who attended a one-off breastfeeding session, 91% said they felt more confident about breastfeeding. Feedback suggests that more information about early parenting and information about available support in the community would be beneficial.

Figure 18: Parenting Class Consumer Comments

Our teacher Bea was absolutely marvellous her comfort in teaching us put everyone at ease. I was nervous when I first attended but she had us all relaxed and engaged in minutes, and did an incredible job.

Being able to meet other mothers in the same stage of pregnancy as I was in. Another thing I liked was being able to get loads of information from Cathy in a safe environment, I felt able to ask as many questions as I wanted.

I loved everything about these classes, the knowledge myself and Fiancée have gained from this is amazing and has helped us immensely as new parents to be. We enjoyed all videos that were shared, discussions and information from Cathy herself. I enjoyed how the classes felt open to discuss anything and any questions were answered even if you thought they were “silly”.
Titifaitama Breastfeeding group

The Titifaitama Breastfeeding Group continues to be a valuable experience for many Pasifika mums with 82 women attending during 2018. The group meet in a child friendly local community centre in West Auckland, and food is provided by a polynesian catering company. The group is regularly attended by its 83 year old patron Mama Sieni Gaitau who is admired and respected by the group.

Figure 19: Ethnic breakdown of Titifaitama Breastfeeding Group

Safe Sleep promotion

Waitematā DHB has a robust Safe Sleep programme, and continues to have the lowest SUDI rate in New Zealand. The strength and integrity of Waitematā DHB’s programme comes from having only trained distributors providing safe sleep devices and having a consistent consumer education approach.

Safe Sleep Day in December enabled Waitematā DHB to launch health promotion resources for staff and consumers. Safe sleep promotion stalls were held in both North Shore and Waitakere foyer sites reaching over 150 staff, consumers, patients and visitors.

On the Day:

- All maternity staff, including SCBU and Paediatrics were provided with Safe Sleep t-shirts and these have continued to be utilised as part of staff uniform for ongoing health promotion.
- Newborn babies were given Safe Sleep onesies, with printed Safe Sleep messaging
Retractable banners were displayed in utilising the PEPE messaging for consistency. These are used at the Wānanga and are on display in entry of both maternity units. These were designed in collaboration with Northern Regional Alliance.

The stalls were staffed by Safe Sleep champions throughout the day and robust advice and information leaflets were provided.

Te aka Oranga Waikawa Wahakura Wānanga Programme

Te Aka Oranga Waikawa Wahakura Wananga was developed in 2014 and is a programme aimed at reducing SUDI (sudden unexplained death in infancy). The SUDI rates for Māori are significantly higher than non-Māori, so to address this inequality the program is directed towards Māori whānau.

The one day programme takes them through the process of weaving a wahakura (a sleeping basket for baby) for their pēpi, and interwoven throughout the day are ways that women and whānau can protect and promote pēpi health. The emphasis is on becoming/remaining smokefree, breastfeeding, gentle handling and safe sleep practices. A lactation consultant and smoking cessation services attend each Wānanga and are able to speak individually with each Māmā. The collaboration with Healthy Babies Healthy Futures remains strong and most sign up for the ongoing support. Additional funding has supported the provision of bedding packs – which provides cotton and merino bedding enabling additional demonstrations and conversations on safe sleep.

Four Wānanga were held in 2018. 67 young hapū māmās attended during the year plus another 21 whānau supporters; partners, husbands, nanas, sisters, friends.
A separate Wānanga was held in August of 2018 which supported 10 health professionals to weave their own wahakura.

LMC feedback included:

- Enjoyed the day and great insight to other cultures
- 100% recommend to other colleagues
- Great to be connected and to know the support services around
- The feeling of being safe in an unfamiliar environment
- The weavers - where do these amazing women come from with all their patience and passion for an art such as weaving a wahakura.

Pēpi Pod Program

Each year increasing volumes of Pēpi pods are distributed. In 2018 469 Pēpi pods were distributed, this represents 7.6% of total WDHB birthing population.

Criteria for a Pēpi Pod:

- Smoking in pregnancy/household not smokefree
- Low birth weight <2500g, <37 weeks gestation
- Family environments where use of alcohol and drugs are prevalent
- Women who have referred to Te Aka Ora during maternity episode are eligible, and often present with multiple identified SUDI risk factors
- Social complexity with overcrowding/financial hardship- this requires a social work referral

Follow up outcomes 6-8 weeks post birth have identified that 88% of those contacted for follow up wish to continue using the Pēpi pod, report improved access to breastfeeding, and feel reassured in having their baby in a safe sleep device.

The Pēpi Pods are predominantly distributed to women who identify as Māori or Pasifika.
49% of all babies who received a Pēpi pod were exposed to smoking during pregnancy and/or discharged into a household that was not smokefree. There is a strong focus on ensuring that the criteria for distribution continues to meet the needs of women birthing within WDHB, and that there is a continued equity of access focus.

The implementation of First Pods on postnatal wards at North Shore and Waitākere in 2018 received positive feedback from consumers and staff. 98% of consumers recommended they be available to all women. In 2019, there is a focus of working towards every postnatal room being equipped with access to a First Pod for the duration of a woman’s stay in hospital.

Despite our huge gains in this important area of work, we continue to encourage our Safe Sleep Champions to always strive to establish new innovations and continue to improve outcomes for women, their babies and whānau.
Te Aka Ora

Te Aka Ora accepted 284 referrals from 1 Jan - 31 Dec 2018. They came from a variety of sources including LMC and Core Midwives, Oranga Tamariki, and Maternity Social workers as the main source of referral. Referral is also accepted from GP’s, WDHB Dr’s, Police, and other community health workers.

![Figure 23: Referrers to Te Aka Ora forum](image)

Each referral is reviewed at the forum between 1-8 times over the antenatal, intra-partum and postpartum period. Referrals are accepted from confirmation of pregnancy to 6 weeks postpartum. Support and collaboration is provided for the LMC throughout the maternity episode.

Women referred to the forum can have either current and/or historical social complexities. The data below reflects the concerns identified at the time of referral. Collaboration with health care workers helps to provide thoughtful care planning which aims to reduce these concerns. There has been a significant increase in referrals from Oranga Tamariki, this correlates directly with their improved partnership and collaboration with health care providers.

Family violence episodes in pregnancy and postpartum period remain on the increase; however this is in line with increased disclosures in general. Maternity continue to strive to improve Family violence screening and to ensure supports are available.

![Figure 24: Reasons for referral to Te Aka Ora Advisory Forum](image)

Māori remain overrepresented in comparison to our birthing population. Te Aka Ora continues to encourage LMC’s to refer women for Māori and Pacific cultural liaison support to ensure that access to culturally appropriate support is available for women and their whānau.
There has been a further decrease in teen referrals to Te Aka Ora consistent with a national reduction in teen pregnancy rates. However, only 28% of teens birthing in WDHB are referred to the forum for care planning. Te Aka Ora continues to encourage referral of all teen mums to identify any supports they may require.

Out of the 284 referrals to Te Aka Ora, 270 babies remained with mum as their primary caregiver following birth. An essential part of the Te Aka Ora forum is to identify social complexities early, to allow holistic planning to occur. It remains a continued focus to reduce the number of babies being transitioned into care by Oranga Tamariki.

In 2018 we commenced a partnership with a community non-profit organisation who donates “Wellbeing packs” for mums and “Precious Packs” packs for newborns. These packs are available for distribution in hospital when women present unbooked, with minimal resourcing, or have an immediate need identified by staff. The feedback has been that even though these packs are small – women are grateful for the toiletries, diaries, socks and brand new clothes for their babies. We are now receiving monthly supply of these packs and they are well utilised.
Maternity service improvements

New Graduate Midwife Programme

The Waitematā DHB new graduate midwife programme continues throughout 2019, with an intake of nine new graduate midwives. The programme is a robust, supportive, four week orientation followed by a three month rotation through the maternity wards, across both sites. The programme aims to ensure that the new midwives receive a high standard of orientation. It promotes learning in a supportive clinical setting, supporting their transition to midwifery practice. By providing a compassionate programme which values each midwife, we aim to maintain the retention of new graduate midwives to the service and profession.

The programme is evaluated with feedback from the new graduates at each changeover of their placements. This feedback is valued and is used to improve our programme. A qualitative survey is currently being completed by all new graduate midwives who have completed or are currently in the programme, and results will soon be available.

Introduction of Practical Obstetric Multi Professional Training (PROMPT)

PROMPT is a one day multidisciplinary course that provides training for a wide range of obstetric emergencies, implemented in 2019. It requires individuals with different roles (Midwives, Obstetricians and Anaesthetists) to communicate effectively and work together in a coordinated manner to achieve a successful outcome for each emergency prescribed. Courses are held on site and the focus is on team work, effective communication and situational awareness.

Two PROMPT courses have already been run and the feedback from participants was extremely positive and has resulted in improvements to the unit such as the implementation of a new severe hypertension emergency box. In the future, we plan is to run 4 courses a year 2 at each hospital site.

Assessment Midwife

In 2018 a permanent assessment midwife position was created. The assessment midwife is available 7 days per week, at both sites, and provides predominantly secondary antenatal and postnatal assessments for women. This position is in addition to current staffing levels. This helps to ease ward acuity and helps to deliver timely and appropriate care to women.
MQSP Governance and Operations

The MQSP programme is overseen by the Maternity Clinical Governance Forum and is embedded in the wider DHB organisational structure.

Membership of Maternity Clinical Governance Forum

<table>
<thead>
<tr>
<th>Role</th>
<th>Individual(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer representatives (1 North &amp; 1 West)</td>
<td>Operations Manager – Women’s Health</td>
</tr>
<tr>
<td>3 Primary Birthing Unit representatives</td>
<td>Clinical Director - Obstetrics</td>
</tr>
<tr>
<td>4 midwife LMCs</td>
<td>Director of Midwifery (Chair)</td>
</tr>
<tr>
<td>Obstetrician LMC</td>
<td>Clinical Lead - Neonatology</td>
</tr>
<tr>
<td>Child, Women and Family Service Quality Lead</td>
<td>3 Midwife Managers (NSH, WTH, Community)</td>
</tr>
<tr>
<td>Allied Health representative</td>
<td>2 Midwife Co-ordinators - Quality</td>
</tr>
<tr>
<td>Planning and Funding representative</td>
<td>Anaesthetist - Obstetric Lead</td>
</tr>
<tr>
<td>Administrator</td>
<td></td>
</tr>
</tbody>
</table>

Roles associated with MQSP

- Midwife Coordinator – Quality: MQSP Coordinators
- Clinical Director – Obstetrics
- Head of Division – Midwifery
- Public Health Physician
- Data analyst/statistician/Healthware
- Consumer representatives: 2 for MCGF and others appointed to projects or collaboration groups
- LMC and Primary Birthing Unit representatives

Reports to MCGF include

- Midwifery education
- Baby Friendly Hospital Initiative (BFHI)
- Childbirth education programme
- Newborn hearing screening programme

Maternity Clinical Governance Forum (MCGF) activity

MCGF meets monthly (except January) and reports to Child, Women & Family Service Clinical Governance Group and the DHB Clinical Governance board.

MCGF activity includes:

- MQSP discussions, decisions, plans
- Stakeholder engagement and communication
- Providing oversight to safe, evidence based, and clinically effective practice
- Understanding the maternity experience

Regular reports, proposals for research and audits are presented, discussed, and considered. In order to look for trends and patterns in maternity outcomes for women, we have identified some key maternity clinical indicators and benchmarked the data against the Health Roundtable average. These indicators have informed our MQSP projects and workstreams. Data is presented and discussed quarterly at MCGF meetings. These key indicators are recorded on the ward quality boards so that staff are also able to observe the progress.
National Clinical Indicator benchmarks

The Ministry of Health provide annual statistics about women giving birth in New Zealand, their pregnancy and birth experiences and the characteristics of their babies.

The following table shows a comparison between national figures (MoH, 2016) and Waitematā DHB data from 2017.

Table 5: Waitematā DHB outcomes and outcomes for New Zealand

<table>
<thead>
<tr>
<th>Event</th>
<th>Waitematā DHB average 2018</th>
<th>New Zealand average 2017</th>
<th>Comparison with national figures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caesarean section</td>
<td>33.7%</td>
<td>27.9%</td>
<td>Higher</td>
</tr>
<tr>
<td>Spontaneous vaginal birth</td>
<td>58%</td>
<td>62.5%</td>
<td>Lower</td>
</tr>
<tr>
<td>Spontaneous breech birth</td>
<td>0.3%</td>
<td>0.2%</td>
<td>Higher</td>
</tr>
<tr>
<td>Instrumental birth</td>
<td>8.1%</td>
<td>9.5%</td>
<td>Lower</td>
</tr>
<tr>
<td>Induction of labour</td>
<td>16.8%??</td>
<td>25.5%</td>
<td>Lower</td>
</tr>
<tr>
<td>Epidural rate</td>
<td>53.4%</td>
<td>26.6%</td>
<td>Higher</td>
</tr>
<tr>
<td>Intact Perineum</td>
<td>32%</td>
<td>27.7% *</td>
<td>Higher</td>
</tr>
<tr>
<td>Registration in First Trimester</td>
<td>73.7%</td>
<td>72.3%</td>
<td>Higher</td>
</tr>
</tbody>
</table>

*Reported as Standard Primigravida Rate from MOH 2017

Complaints

The number of complaints is monitored monthly. Response to complaints occurs within 14 working days. Corrective actions are reported to MCGF.

Adverse events

The learning points from multidisciplinary perinatal mortality meetings and maternal case reviews are presented, discussed, and action plans are proposed. Progress on any on-going plans is reported monthly. Learning points from any adverse events are discussed monthly. The numbers of significant adverse events is small.

Audits and research requests

The audit/research proposals are presented and locality assessment and approval provided following feedback to the researchers.

Examples of some of the research applications that we received in 2018/2019 are:

- A gene-environment study of factors involved in cleft lip and/or palate
- The ECOBABe study Early Colonisation with Bacteria After Birth
- The post-operative review as an opportunity to intervene for postnatal depression in mothers undergoing Caesarean section: A randomised controlled trial performed at North Shore Hospital
- Oblige – Balloon Induction of labour trial

Development of Guidelines

Reviewing and updating our guidelines is an on-going quality priority. Examples of guidelines reviewed or newly published this year include:

- Abdominal trauma in pregnancy
- Complex Care Neonates
- Opioids in Labour
- Hepatitis B & C – Maternal and Neonatal care
• Preterm labour
• Magnesium Sulphate for Neuroprotection

Of note, the Maternity sepsis guideline was published in November 2018. This was following a recommendation from the National Maternal Monitoring Group (NMMG) and the Maternal Morbidity Working Group. In conjunction with the publication of the guideline, an hour of education is now dedicated on the Mandatory Study day for midwives to discuss sepsis cases and to promote the guideline.

Development of information leaflets for women and families
Examples of leaflets that have been written or reviewed during 2018/2019

![Leaflets for women and families](image)

Quality boards
There is a quality board in each facility displaying current statistics, aims, projects, and consumer feedback. The CEO makes regular visits to view the boards, to discuss the display with staff and provide feedback.
Quality News
The latest news and information around Quality is published in newsletters and sent to staff and LMC access holders.

Consumer feedback
Waitematā DHB collects consumer feedback in the following ways:

- ‘Family and Friends Test’
- ‘How Was Your Stay?’
- New Zealand College of Midwives feedback forms are available in the clinical areas for women to give feedback directly to midwives. There is now a digital option available also through the College of Midwives.

Consumer feedback is shared with managers, the quality team, and staff. Some feedback is displayed on our quality boards to represent trends in feedback. These boards are displayed in maternity areas at both DHB sites.

Figure 26: Recent Consumer Feedback

Amazing support from the moment we got here. Staff were all friendly and kept us informed every step of the way. The team who were with us when things went wrong during labour were outstanding and are the only reason we get to go home with our healthy girl. We loved the chats and banter during induction and during the 2am feeds. We cannot thank you all enough for all you have done for us!

Had a superb experience in delivering my baby at Waitakere Hospital. The staff is so supporting and caring. Even though I went through C-Section was in a fear and stress, but through helping nature of staff and doctors all pain was lesser. I felt overwhelmed by the services offered to me through stay. Thank you!

Family and Friends Test
The Friends and Family Test is offered to maternity consumers and their families by way of computer tablets. These have been loaded with the Friends and Family Test Software, so are available for use in all maternity clinical areas.
This feedback is comprised of a standard set of questions that enables comparison of experiences across all areas of the DHB. Data is collected electronically and is analysed on a monthly basis. The ward reports are displayed on the individual quality boards which are in public areas. Service reports are provided to the Hospital Advisory Committee. There are 5 translations available within the program, which provides a platform for feedback from non-English speakers who would often remain unheard. There are 5 translations available within the program, which provides a platform for feedback from non-English speakers who would often remain unheard.

How was your stay?
This consumer feedback is collected on paper feedback forms, which are placed by in-patient beds. They are collected and collated by the Midwife Managers who respond directly to the feedback. The vast majority (90%) of written feedback from women has been very positive.

Resolving issues – womens experience working party

During the 2017/2018 MQSP year, a large volume of work was undertaken to address the two main areas of complaint; the cost of parking, the amount/quality of the food provided and the inability for a support person to stay overnight. In 2018/2019 the benefits of that work are now being realised.

Cost of parking – A new ‘Compassionate parking’ guideline was published in October 2018 which directly and positively affects families coming thought the Maternity service. We are now able to offer free parking for the family on the day their baby is born. It also allows staff to provide discounted parking for families who require an extended length of stay or to assist if there is financial hardship for the family.

Amount/Quality of food – Alterations were made to the menu last year. Women are now provided with a high fibre diet and additional fresh fruit. There is also an increase in the frequency of hot drinks being offered to women post-natally. Both of these changes have resulted in fewer complaints in our general feedback.

Inability for a support person to stay overnight – An application was made in 2018 to the Well Foundation to request funding for some custom made furniture. We trialled multiple designs for a breastfeeding chairs which can convert to a recliner at night. Late in 2018, this application was approved and fund raising will commence on our behalf. In the meantime we have commenced with a culture change in the postnatal areas, allowing a support person to stay overnight where able. Again this has resulted in an increase in positive feedback and a reduction in complaints in 2019.

Consumer Engagement

We are very fortunate to have two energetic and committed consumers working with us in Maternity. We have a young Māori woman and a professional Chinese woman both of whom have two small children, are connected within their communities and contribute regularly to discussions within Maternity Clinical Governance.

They connect regularly with the midwife co-ordinator for quality and they also provide a consumer perspective on relevant guidelines, projects, and information leaflets when needed outside of regular meetings. They are remunerated for attending meetings according to the Waitematā DHB non-employee schedule.
Figure 27: Consumer representative Feedback

"I have enjoyed being a consumer for WDHB. Over the last year I have again grown in knowledge of our Maternity Services and engaged with more communities of Women. This year’s most exciting experience for me is being a part of the Primary Birthing group and contributing to what will be an exciting time for Mums and Bubs birthing. It continues to be a privilege to work alongside the MCGG members and share Women’s experiences."

**Perinatal Mortality Review (PMR) Meetings**

Two local PMMR midwife co-ordinators run monthly meetings at both hospitals and a perinatal pathologist attends most meetings. We ensure that the environment is collegial, and one in which cases can be discussed openly. Cases are discussed, findings are analysed, and a plan is discussed for future pregnancies. These meetings are well attended by LMC’s, core staff, obstetrics and gynaecology teams, and midwifery/medical students.

We catalogue learning points from both PMR (Perinatal Mortality Review) and MCR (Maternity Case Review) meetings, which are presented and discussed at our Maternity Clinical Governance Forum (MCGF) meeting each month. They are also communicated to all midwives and doctors working in maternity via the monthly ‘Maternity Quality Update’, and they are actioned straight away if a change of process or practice is needed in order to improve outcomes.

**Maternity Care Review (MCR) meetings**

Maternity care review meetings are also held monthly at both DHB sites, and are attended by members of the multidisciplinary team. There is a midwife at each site who coordinates the cases, consults with practitioners who are involved in the case and invites them to attend the meeting. These meetings are a safe place where cases can be discussed amongst the team, and this facilitates shared learning. Learning points are logged and these are presented at MCGF meetings, and published in the ‘Maternity Quality Update’ each month. They are also incorporated into workstreams and projects when a change in process or clinical practice is identified to be of benefit.

**Maternity quality and safety programme activities 2018/19**

The maternity quality and safety programme for 2017/18 focussed on the following quality improvement projects:

- **Project 1: Early engagement with an LMC – 3rd phase of ASAP campaign**
- **Project 2: Enhanced Recovery after Obstetric Surgery (EROS) project to continue**
- **Project 3: Pulse Oximetry screening for neonates**
- **Project 4: Promotion of primary birth options**
- **Project 5: Enhanced pregnancy and parenting information for women**

The project rationale, actions and progress are detailed below.

**Project 1: Early engagement with an LMC – 3rd phase of ASAP campaign**

**Rationale:**
Early registration is associated with better health outcomes for mother and baby. The percentage of standard primiparae who register with an LMC within the first trimester in Waitematā DHB is on the 50th percentile (Maternity Clinical Indicators, 2016).
A poster campaign called ASAP - As Soon As you’re Pregnant was first developed in the 2016/2017 MQSP year. The poster displays key information about the rationale for early LMC engagement, and provides the Waitematā DHB Healthpoint address, the NZ College of Midwives Find Your Midwife site along with the contact details for our two liaison midwives employed by the DHB.

The first phase involved a pilot in one area of West Auckland (Glen Eden). Posters were initially displayed in selected GP surgeries, pharmacies (next to the pregnancy test kits), and Plunket rooms. This resulted in an increase of 9% in bookings in the first trimester (from 55-64%).

The second phase occurred in May/June 2018 when the poster was distributed in five key areas that were identified as having lower rates of first trimester bookings.反馈 from the GP practices and pharmacies was positive however the rates in these areas remained unchanged.

Progress:
The third phase of the rollout has included a survey of women who were in post natal areas who had booked with an LMC after their first trimester. Preliminary results suggest that women who are booking late are doing so because they are:
1. Moving into the area from elsewhere in New Zealand
2. Entering New Zealand during their pregnancies from other countries and new to the system
3. Unaware that they were pregnant
4. Phoning multiple LMC’s before finding someone who will be able to care for them

Knowing that the poster has been helpful to practice nurses and GP’s in assisting women to find an LMC, the ASAP campaign is now finishing a rollout of the poster to the remainder of the GP practices within the Waitematā area. The campaign poster can be seen below.
Project 2: Enhanced Recovery after Obstetric Surgery (EROS) project to continue

**Rationale:** Following on from the first obstetric enhanced recovery programme at Kings Hospital, UK in 2012, the evidence suggests that this ‘bundle of care’ approach positively impacts on surgical outcomes and the woman’s experience. The plan of care includes improved information prior to caesarean thereby reducing a stress response to surgery, improved perioperative nutrition on the day of the caesarean, postoperative pain relief that doesn’t rely on strong opioids, and early postoperative mobilisation. This requires a co-ordinated perioperative care pathway designed and managed by a multidisciplinary team.

**Actions:** A working party was established during the 2017/2018 MQSP year and a survey was developed looking for measurable aspects of care.

**Progress:** The results of the survey were published to Maternity Clinical Governance In February of 2018. Women gave multiple reports of being satisfied with their care; however the survey showed areas where there is room for improvement. Since then the working party have been working on multiple documents designed to deliver information to women.

A script for a video that women can access digitally prior to their caesarean has been written and circulated and photography sourced.

Written information is also being reviewed and consulted on to complement the video including:

**Project 3: Pulse Oximetry screening for neonates**

**Rationale:** Research supports the routine screening of well newborns in order to detect critical congenital cardiac defects. Currently antenatal scanning detects around 60% of defects and the neonatal check approximately 50%. Pulse oximetry screening would allow us to increase this combined detection rate to 96% for critical cardiac defects.

**Actions:** A multidisciplinary working party was established in 2018 and work commenced. The processes around pulse oximetry screening at both North Shore and Waitakere Hospitals have been decided on during the course of the MQSP year and the associated written documents finalised.

**Progress:** Staff education has commenced at mandatory study days and a budget bid had been lodged to confirm that maternity will have access to the on-going costs/consumables associated with pulse oximetry screening. We await confirmation of the budget bid at the time of writing the report.
Project 4: Promotion of primary birth options

Rationale: To increase the number of women opting to give birth in a primary setting

Actions: The primary birthing unit co-design group has completed the design brief for the Waitākere primary Birthing Unit in preparation for the architects. A poster has been designed with Home Birth Aotearoa supporting homebirth for use in maternity clinics

Progress: The plans are progressing albeit slowly as a possible site has been identified but not yet secured

Project 5: Enhanced pregnancy and parenting information for women

Rationale: Antenatal education is a crucial component of care however traditionally education classes are held in the second half of pregnancy leaving gaps in knowledge for parents/whānau during the early stages.

Actions: Taking into account that DHBs are working to encourage women to book with an LMC within the first trimester, a new ‘drop in’ class has been developed alongside the ASAP poster campaign. No bookings are required and the classes have been promoted in GP surgeries.

Progress: The first two drop in classes have been very successful with positive feedback obtained. The next phase will be to hold classes in West Auckland as well.

Projects planned for 2018/2019

1. MEWS
2. Family Violence
3. Post-natal depression
Appendix 1 - Helensville Birthing Centre

Helensville Birthing Centre 2017

Helensville Birthing Centre is a wholly owned subsidiary of the Helensville District Health Trust (HDHT). It has one large birthing room with a pool and 4 postnatal rooms. Helensville Birthing Centre provides a maternity facility for well women wanting a minimal intervention birth and postnatal care.

The Centre is staffed by registered midwives and registered nurses. It has BFHI accreditation and provides a free lactation consultant service for women living in the South Kaipara area. Free pregnancy and parenting classes are offered by the birthing centre and are well received by local women.

2018 Statistics
There were 54 births in 2018, fewer than the past 2 years. 40% of the women gave birth to their first baby. 39% of all women had water births. 11 women laboured at HBC and then transferred to hospital for further care/pain relief (16.9%). 91% of women who began labour care with their LMC at HBC had vaginal births. 455 women had a postnatal stay, around two thirds of them were from outside the local Helensville area, most having birthed at Waitakere Hospital.

Maternity Quality and Safety
OUR VISION: The best possible health services for people in South Kaipara.
HDHT are supportive of HBC initiatives that promote this ethos such as the free Lactation consultant clinic that is fully funded by the birthing centre and available to local women for the duration of their breastfeeding journey. They also support a local mums coffee group and fund Breastfeeding Peer Counsellor training for a group of women in the community. A strategic plan has been developed that promotes the development and retention of local health services for families of young children. This includes promoting and supporting primary birthing. Local LMCs are confident in supporting primary birth and are committed to ensuring women are making an informed choice about their chosen place of birth.

All families are given the opportunity to provide written feedback and robust quality management systems ensure that all feedback is evaluated and appropriate quality improvements occur. All women are given feedback forms to complete and we have a very good return rate. Our website http://www.birthcentre.co.nz/
The Quality Assurance team meets approximately every six weeks to review consumer feedback and develop quality initiatives.

A large focus of our care at the birthing centre is promoting, protecting and supporting breastfeeding. In 2018, the exclusive breastfeeding rate upon discharge for babies born at HBC was 98.15%.
Appendix 2- Warkworth Birth Centre

Warkworth Birthing Centre (WWBC) was established in the beginning of 2000 after the Warkworth Maternity Hospital was made into a 24 hour stay birthing unit in 1992. There has always been strong community support for a full maternity service to remain in Warkworth. The new service was achieved by Rodney Coast Midwives LTD (RCML) and the Warkworth Birthing Centre Community Trust (WWBCCT).

RCML is owned, managed and staffed by Midwives. WWBC has doubled in size with the 2012 addition of a new wing, but there are no further plans to expand further in the future.

The Centre has 13 beds, 2 birthing rooms, an assessment room, offices, 2 clinic rooms and 10 postnatal rooms. The centre holds two contracts with WDHB for the facility and for childbirth education. The Centre is certified by the Ministry of Health and is accredited by the Baby Friendly Hospital Initiative (BFHI).

2017/18 Statistics

For the last year up to end of April 2018 are:
Births 151 (births in water 47.7%)
Postnatal only 875 women, 880 babies

Labour transfer rate 10.65% = 18 women. The outcomes were that 10 had normal births, 6 had caesareans and 2 instrumental births. This gives a 96% vaginal birth rate.

Every woman is given a questionnaire on discharge and these are overwhelmingly positive. Each response is viewed by the managers who respond by letter to any complaints, and the quality committee reviews these every 6 months. The committee includes 2 consumers, one a Trust member and one a Maori woman. The major strategy for the last year has been to encourage primary birthing. The birth numbers have been falling since a high of 178 in 2005 and have then stabilised at around 130 over the last few years. There is a huge catchment of birthing population in the Whangaparaoa area that currently goes to North Shore Hospital to birth and then transfer to WWBC for their postnatal stay.

Visit www.warkworthbirthcentre.co.nz and our Facebook page.