Maternity Services Annual Report 2019/2020

"everyone matters" "with compassion" "connected" "better, best, brilliant"

Waitematā District Health Board

Best Care for Everyone

Waitematā DHB Promise

Best Care for Everyone

People can expect to receive sensitive, effective and timely maternity care that recognises birth as a normal, important, and individual life event.

Waitematā DHB Values

“everyone matters”

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

“with compassion”

People 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.

“better, best, brilliant”

Each person’s maternity experience is made special and memorable by the excellent care they receive. 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.

“connected”

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

Contents

Waitematā DHB Promise 1
Note from the Director of Midwifery 3
Introduction 4
Maternity Quality and Safety Programme (MQSP) 4
MQSP Alignment with Maternity Standards 4
Waitematā DHB Context 5
Key Facts and Figures 6
Waitematā DHB Maternity Service 7
Demographics of Waitematā DHB Birthing Population 9
MQSP Governance and Operations 12
Clinical Indicators 15
Mode of birth 16
Perineal trauma 17
Induction of Labour 18
Maternity quality and safety programme activities 2019/2020 19
Project 1: Maternal Mental Health campaign 19
Project 2: Family Violence Screening campaign 20
Project 3: Maternal Early Warning System (MEWS) 21
Project 4: Early Recovery after Caesarean Birth 22
Project 5: Primary Birthing 22
Projects planned for 2020/2021 23
Covid-19 response 23
Maternity service non-MQSP quality improvements 24
Appendix 1- Helensville Birthing Centre 27
Appendix 2- Warkworth Birth Centre 29

Note from the Director of Midwifery

The 2019/2020 year threw up some unexpected challenges, as half way through the programme we went into Covid 19 lockdown. I was incredibly impressed by the way our teams adapted to the new normal and adjusted our services to ensure that high quality maternity care continued to be delivered. Of special note were the LMC midwives who continued to offer home visits decked in full PPE, and the midwife educators who established our fit testing programme and trained and supported staff with new infection control measures.

Our clinical indicators reveal a mix of results with our services benchmarking favourably in terms of preterm birth and small for gestational age babies. Our most significant outlier is our caesarean section birth rate which is one of our key projects for the 2020/21 year programme.

Consumer engagement led by our Maternity Consumers Jasmine and Zjanika has been high and through our report we have quoted directly from women who have taken the time to feedback on their experiences. We also undertook a survey of women who experienced our services during the lock down periods, the results of which were mixed with some women struggling without the support of their whānau when visiting was restricted; this has resulted in a change in practice going forwards.

Despite the significant disruption Covid 19 bought we continued to deliver our planned Maternity Quality and Safety programme and found time for some additional projects. Our five key projects all showed good progress, with a marked increase in family violence screening at Waitākere hospital, a new resource about mental wellbeing in pregnancy and after birth, and an improved pathway for women having an elective caesarean section. Obstetric Anaesthetist Morgan Edwards developed a video for women to prepare them for their caesarean journey, which has been very well received. The primary birthing unit suffered a setback, but the service had a renewed focus on homebirth with a new resource and a supplies pathway for LMCs (this became more critical as a result of Covid 19 lockdowns). The national Maternity Early Warning Score (MEWS) system aimed at early detection of women experiencing complications was also implemented, and after a slow start is now gaining momentum, thank you to Jeanette Bell from our i3 team who has worked hard to support this programme.

In addition to our planned projects we also achieved an improved pathway for women who have a small for gestational age (SGA) baby. This programme was led by Denys Court, Associate Clinical Director – Obstetrics and has significantly improved the experience for women with these vulnerable pregnancies.

All of these achievements required a team of people, and I would like to acknowledge members of the Maternity Clinical Governance Group who kept the programme on track and provided on-going advice and support. And finally, our Midwife Co-ordinators – Quality, Amie and Nicola without their persistence and hard work none of this would happen.

Ngā Mihi

Emma

Introduction

This annual report provides an overview of Waitematā DHB Maternity service and the Maternity Quality and Safety Programme (MQSP). The 2019/2020 MQSP projects are described in detail within the report. In addition other non MQSP funded quality improvements are also described.

The MQSP 2019/20 projects were:

1. Increasing awareness and access to maternal mental health support
2. Increasing awareness and screening for family violence
3. Implementing MEWS (Maternity Early Warning System)
4. Implementing the Enhanced Recovery after Obstetric surgery (EROS)
5. Promoting of primary birth options

Maternity Consumers play a key role in shaping our programme and have added commentary to this report.

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 hapu people, 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)

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 parents and babies

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

Standard 3: All persons 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 persons.

"Those in charge of my care were impeccable. I truly was respected, informed, cared for and regularly communicated with. I felt fully supported during a stressful time. I'm grateful for the care I received by my midwife, diabetes midwife and the doctors and nurses involved with my care"

Waitematā DHB Context

Region

Waitematā District Health Board services the communities of North Shore, Auckland West, and Rodney with a population of more than 630,000 in 2019/2020. Waitematā is the largest DHB by population in New Zealand; this is expected to increase by an extra 116,000 people by 2030.

Area analysis

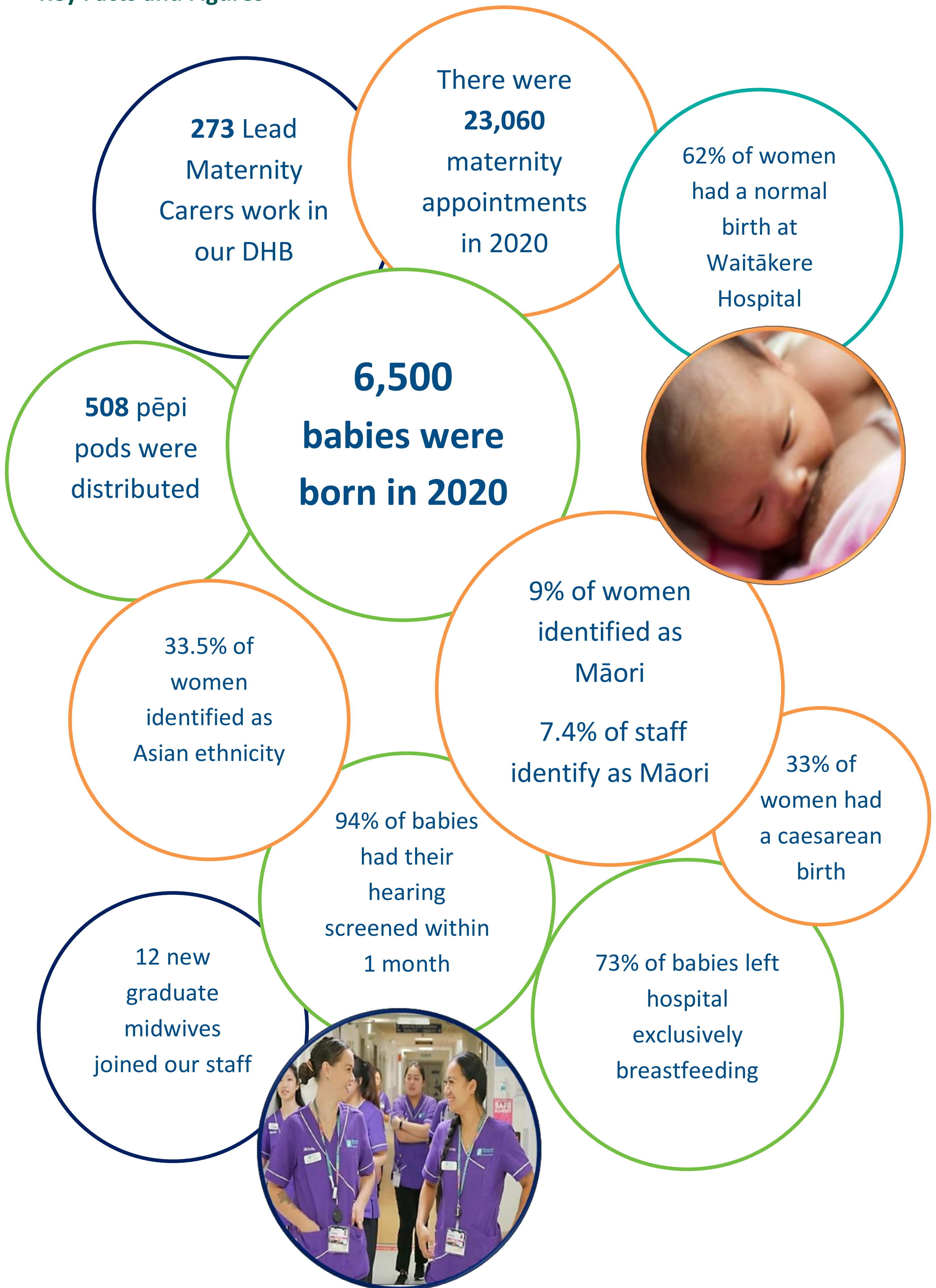
Waitematā covers urban, semi-rural and rural communities. It is the third 'least deprived' DHB in New Zealand, and has the highest life expectancy (83.9 years) in the country. However, this life expectancy differs significantly between ethnic groups, and is markedly lower amongst Māori (80.8 years) and Pacific people. Life expectancy for Māori in Waitematā has increased by 5.1 years over the past decade which shows our inequities are decreasing, however we still have a lot of work to do.

Significantly more Māori and Pacific Island people 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.

Key Facts and Figures



Waitematā DHB Maternity Service

Primary Maternity Care

The Waitematā DHB area is well served by Lead Maternity Carers (LMCs). Currently there are 273 self-employed midwife LMCs, and 15 specialist obstetrician LMC's.

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

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

Primary care services offered by Waitematā DHB

- Pregnancy and Parenting Education Classes
- Te aka Oranga Waikawa Wahakura Wānanga Programme
- Safe sleep programme
- Titifaitama Breastfeeding group
- Cultural Liaison support services
- Universal Newborn Hearing Screening Programme
- Baby-Friendly Hospital Initiative (BFHI)
- Community Midwifery Service
- Smokefree Pregnancies Co-ordinator

"Pregnancy classes: My educator made a really good environment for asking (sometimes silly) questions and was very helpful. I appreciated the focus on evidence-based practice and the information provided was helpful and practical"

Secondary Maternity care (Community and Clinics)

- Obstetric clinics
- Obstetric physician clinics
- Anaesthetic clinics
- Diabetes in Pregnancy service
- Small for gestational age pathway
- Preterm birth clinic
- Lactation Consultant clinics and tongue-tie release service
- Te Aka Ora – Vulnerable families programme

"The service was great, and even though I arrived at my appointment late I was seen straight away and even during COVID-19 level 3 the team were very professional. I walked away feeling very empowered"

Secondary Maternity Care (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 people in the Waitematā region. People 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, 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.

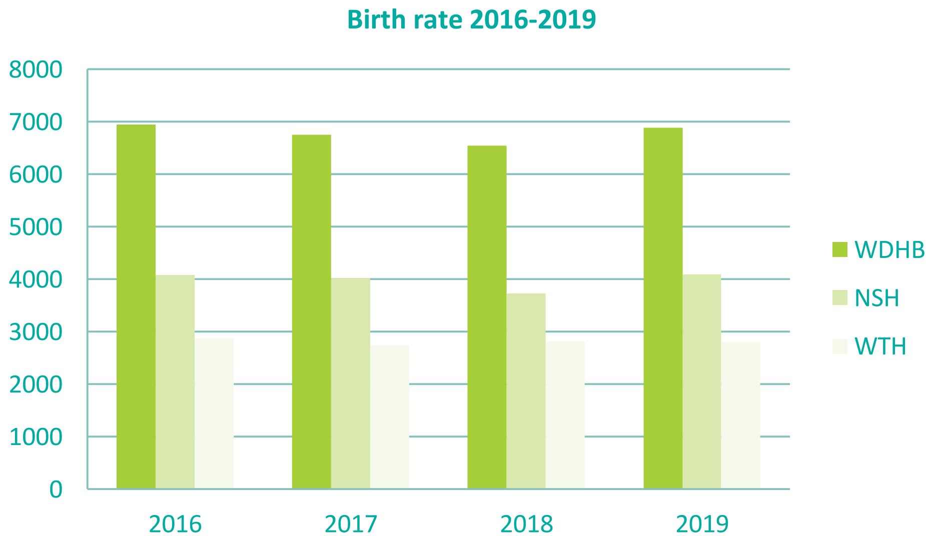
Waitākere Hospital

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 women 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. This is currently in the process of being rebuilt and will accommodate up to 18 beds once completed.

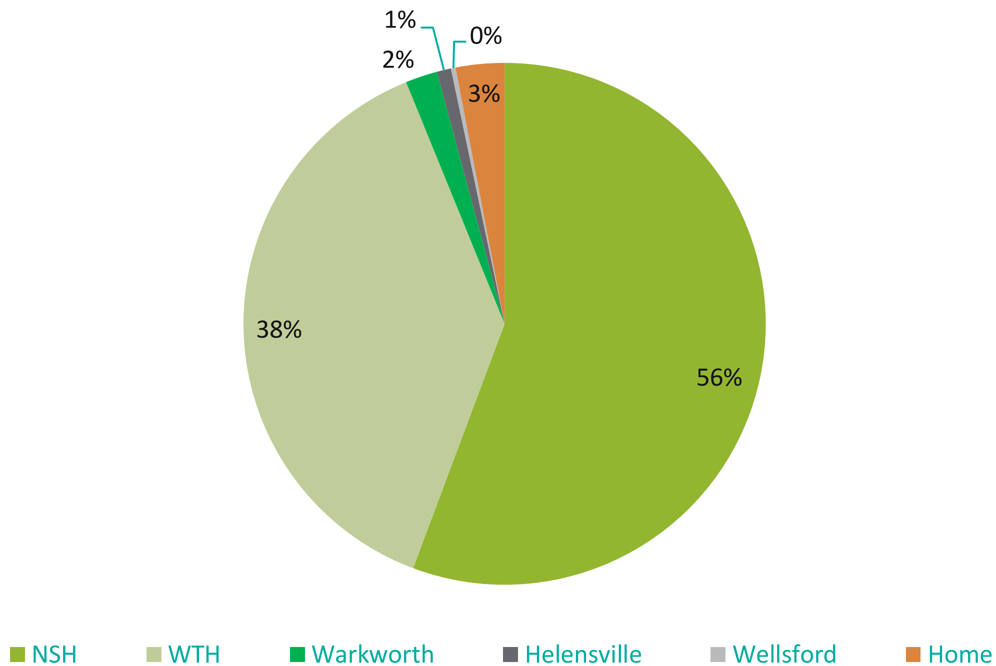
"I cannot thank all of the staff enough. They were kind, caring, compassionate and our rocks during this life-changing time. Their knowledge and experience was outstanding and their willingness to help and educate will put us in perfect steed to look after our child once we return home. We now feel prepared to take on this daunting journey, which is something I couldn't have said was if not for the staff in the Piha Ward. Thank you 1000 times over"

Demographics of Waitematā DHB Birthing Population

In the period from 2016 to 2019, overall births at Waitematā DHB have remained relatively stable at both our North Shore (NSH) and Waitākere (WTH) secondary facilities.



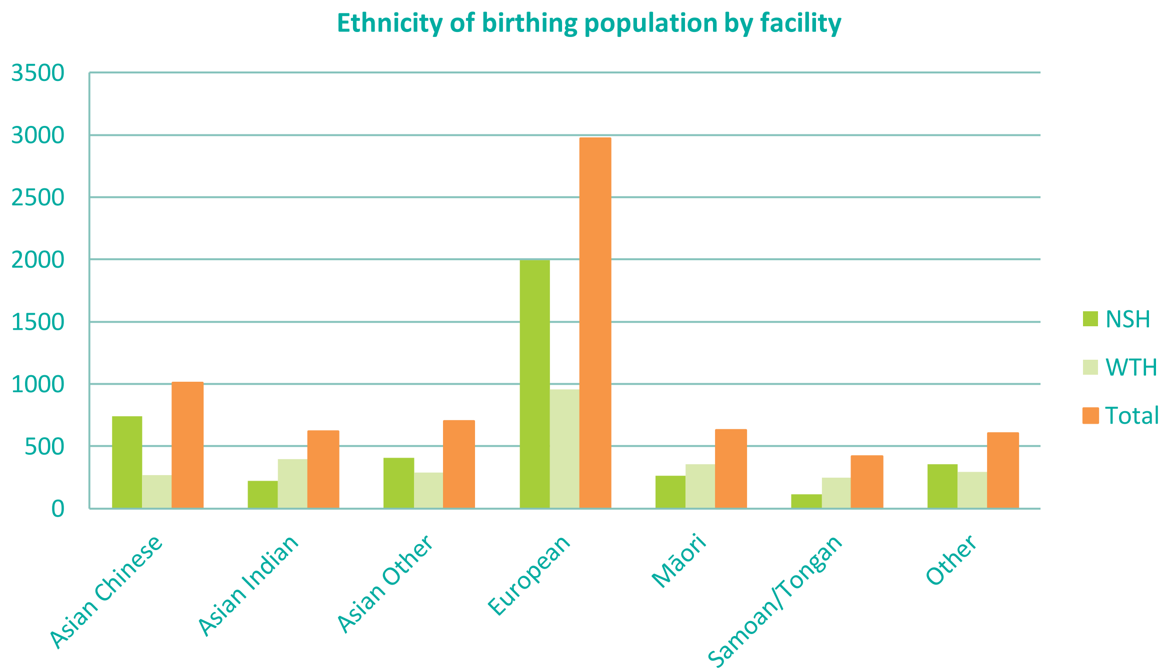
There were a total of 6889 births within the secondary facilities, and a total of 7124 within the DHB over 2019.



"Staff were utterly amazing. This wasn't our birthing plan but due to baby not wanting to come out this is where we ended up on same day as scan. Service was incredible & really caring staff made this feel like it was planned. A huge thank you to everyone who took care of us from the first day to the last!!! Much appreciated"

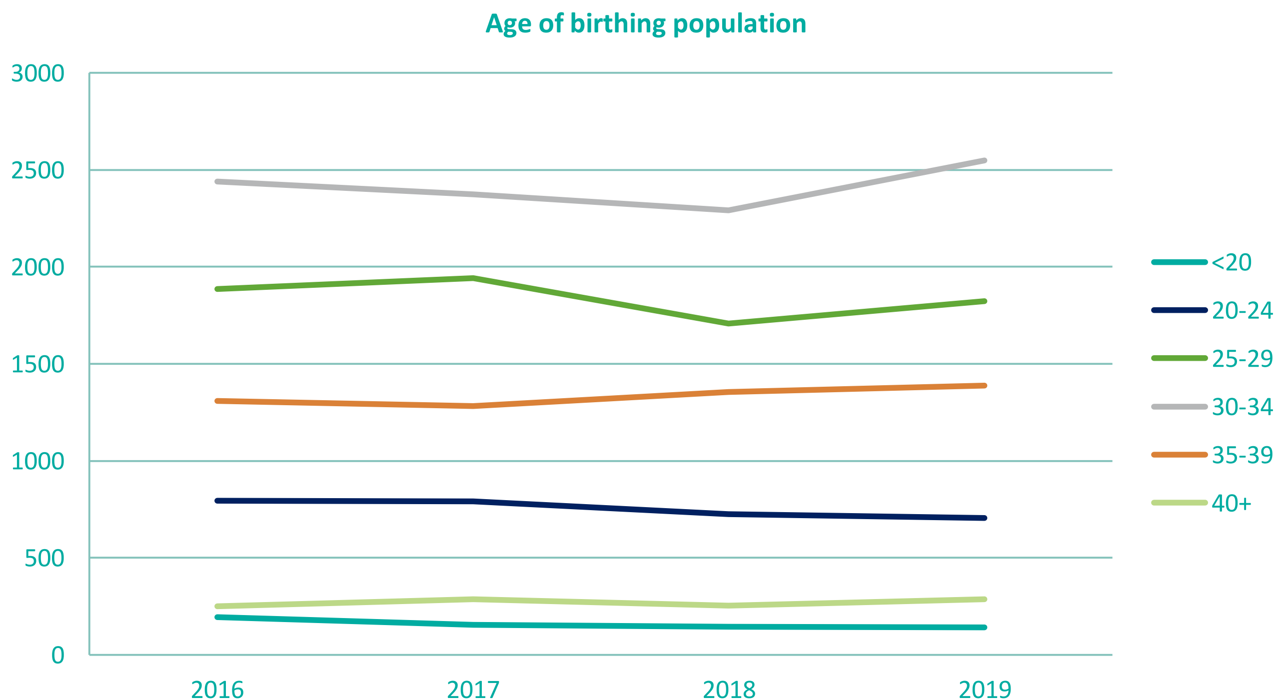
Ethnicity of birthing people by birth site

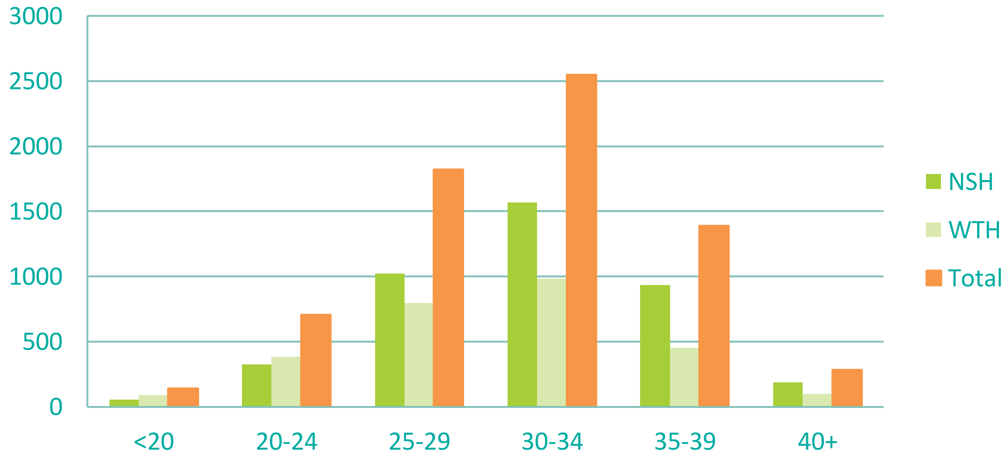
Populations based on ethnicity continue to differ across both secondary facilities



Age of birthing people

Overall, the birthing population in Waitematā DHB is slowly increasing in age. People aged 30-34 comprised the largest proportion of people giving birth in 2019 (37%).





"My lactation consultant was amazing! She made me feel comfortable, and explained everything to me clearly so I understood. I really appreciate all the information and help she gave me."

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

2 Consumer representatives	Operations Manager – Women's Health
3 Primary Birthing Unit representatives	Clinical Director - Obstetrics
4 Midwife LMCs	Director of Midwifery (Chair)
Obstetrician LMC	Clinical Lead - Neonatology
Quality Lead – Child, Women and Family	3 Midwife Managers
Allied Health representative	2 Midwife Co-ordinators - Quality
Planning and Funding representative	Anaesthetist - Obstetric Lead
Administrator	

Roles associated with MQSP

- Midwife Coordinator – Quality (MQSP)
- Clinical Director – Obstetrics
- Director of 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
- Family violence programme
- Te Aka Ora vulnerable families 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 people, 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.

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 2019/2020 are:

- RSV maternal vaccination
- A qualitative study: Interviews with health professionals working with women with diabetes in pregnancy
- Audit of testing for syphilis in relation to stillbirth

Consumer Engagement

We are very fortunate to have had two engaged and committed consumers working with us in Maternity. We have a young Māori woman and a 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 MQSP 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.

"Being the consumer representative, I feel responsibilities and expectations from both WDHB and my communities. I work as a bridge in-between in terms of bringing community voices to our MCGF and feedback updates to my ethnicity mum groups.

I am happy to see some improvements happening in maternity units in WDHB in past years. And more suggestions directly raised from service users have been taken in the decision making. E.g. support persons are allowed to stay overnight. Many thumb ups in communities proved the outcome.

In the past year, most of our regular Hui held online, but we could meet and work towards one of our goals-connecting. I am so proud and lucky to be in this group like everyone does."

Perinatal Mortality Review (PMR) Meetings

Two local PMMR midwife coordinators 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 the 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. These meetings did not run during level 4, 3, and 2.

Maternity Care Review (MCR) meetings

Maternity care review meetings are also held monthly (not during Covid level 2, 3 and 4) 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 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 work streams and projects when a change in process or clinical practice is identified to be of benefit.

Clinical Indicators

The Ministry of Health provides annual statistics about people 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, 2018) and Waitematā DHB data from 2019.

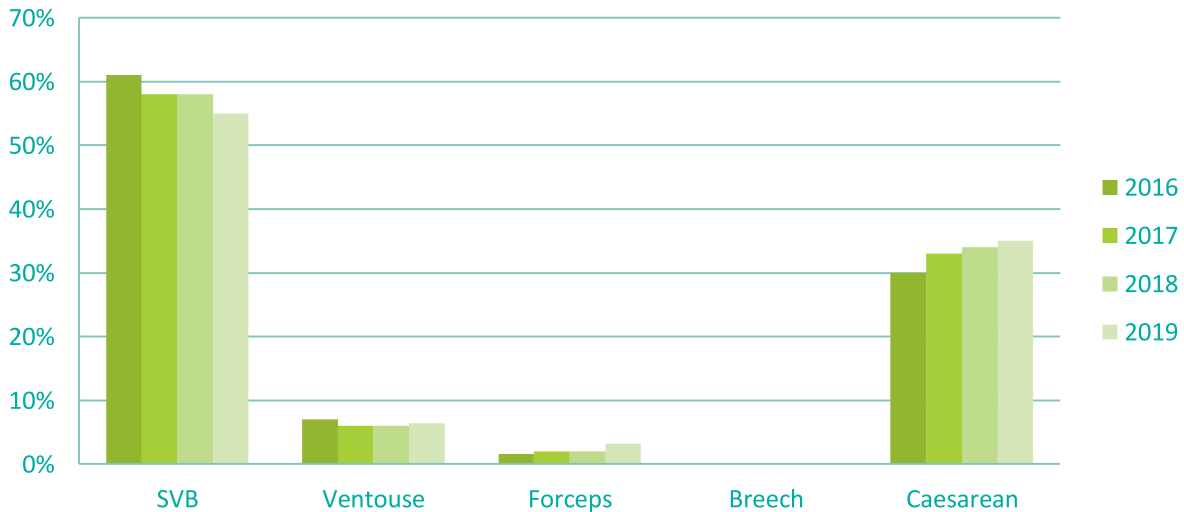
Waitematā DHB outcomes compared to New Zealand benchmarks

Event	Waitematā DHB average 2019	New Zealand average 2018	Comparison with national figures
Caesarean section Primiparae	38%	17.2%*	Higher
Caesarean section under GA all women	8%	8.5%	Lower
Spontaneous vaginal birth Primiparae	45%	64.7%*	Lower
Instrumental birth Primiparae	16%	17%*	Lower
Induction of labour Primiparae	24%	7.8%*	Higher
Intact Perineum Primiparae	45%	26.5% *	Higher
Episiotomy Primiparae	31%	24.6%	Higher
Primiparae sustaining 3rd or 4th degree tear	3%	4.5%	Lower
Tobacco use during pregnancy	7.2%	9.4%	Lower
Preterm birth	6.7%	7.5%	Lower
SGA at 37-42 weeks	2.3%	3.1%	Lower
Registration in First Trimester	54%	72.7%	Lower

*Reported as Standard Primigravida Rate from MOH 2018

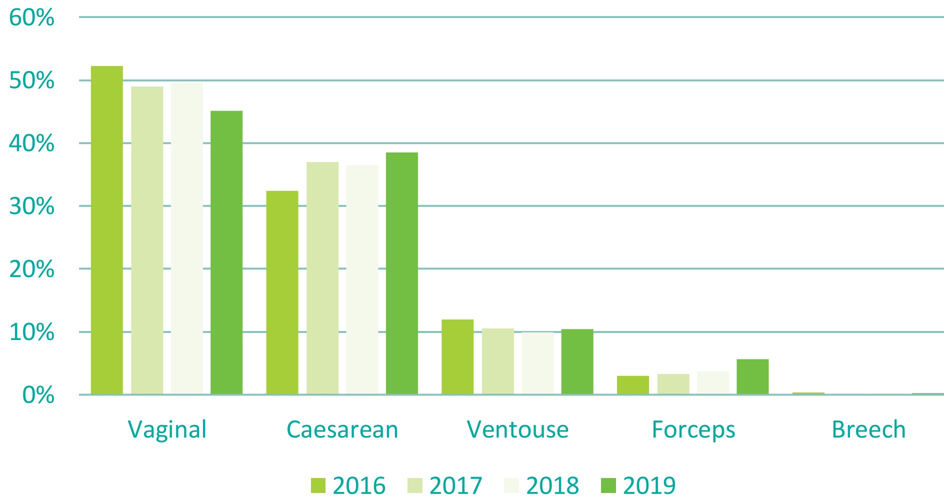
Mode of birth

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.



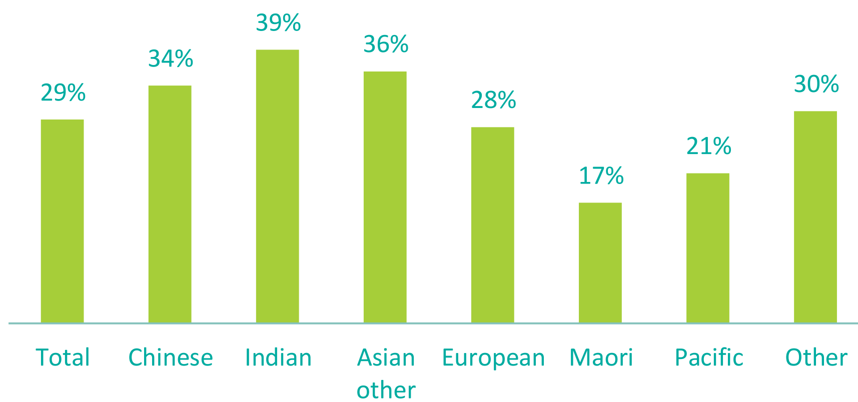
The mode of birth rate continues to differ across both hospital sites. This ongoing disparity has helped to inform next years MQSP project on reducing the caesarean rate.

There has been a significant increase in the rate of caesareans in primiparous women. This is of concern, for many reasons, and will also continue to influence future increases in caesarean rates overall. This has also helped to determine future work around reducing caesarean rates overall.

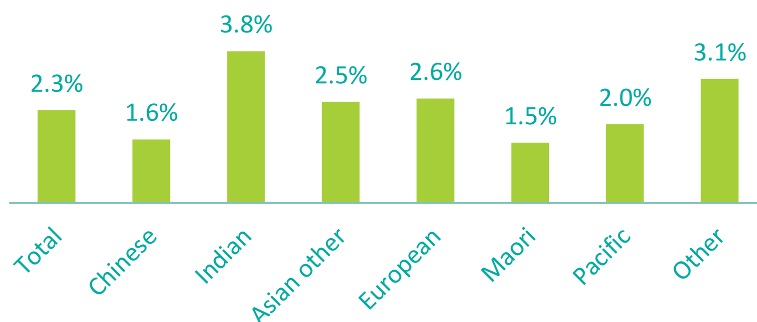


Perineal trauma

Overall 29% of people birthing at Waitematā during the 2019-2020 year sustained a second degree tear; the highest rate was amongst birthing people who identified as Indian.

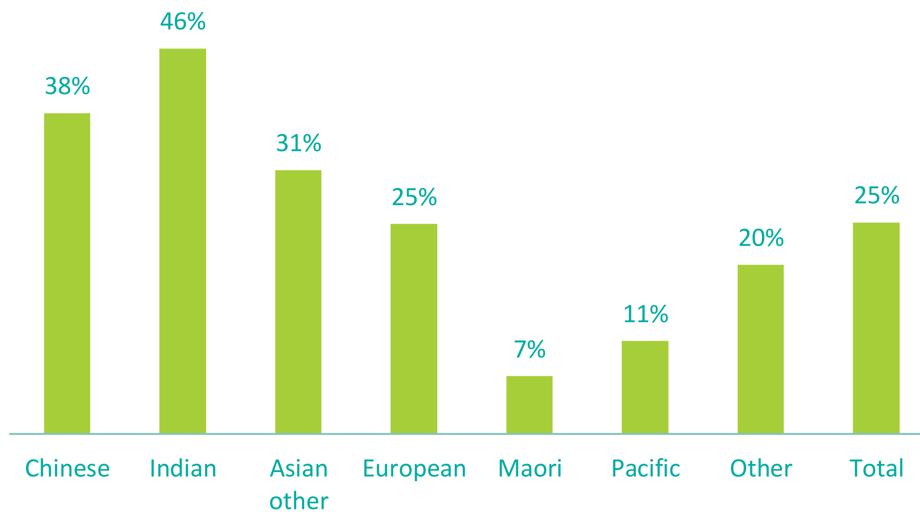


Third and fourth degree tears were also highest for Indian people.



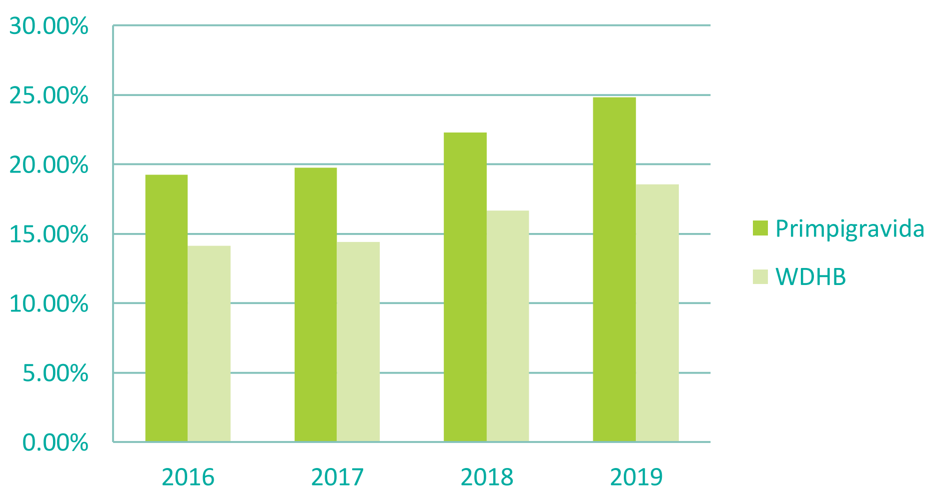
Overall 2.3% of people who had vaginal births sustained a third/fourth degree tear. Notably, there was a reduction in third and fourth degree tears for Indian people, from 7.6% in 2018 to 3.8% in the 2019-2020 year. Despite this, Indian people were still more likely to sustain a 3rd or 4th degree tear compared with other ethnicities.

Overall 25% of people having a vaginal birth had an episiotomy. This is an increase from 20% the previous year. Again, the highest rate was among Indian people (46%).



Induction of Labour

The induction of labour rate for the DHB has been increasing since 2016. During this period there has been a marked increase in induction of labour for primigravida. This is concerning and hugely impacts our birthing population and is likely a confounding factor for the increasing caesarean rate. This increase also impacts ward acuity and workload.



Maternity quality and safety programme activities 2019/2020

The maternity quality and safety programme for 2019/2020 focused on the following quality improvement projects:

Project 1: Maternal Mental Health
Project 2: Family Violence
Project 3: MEWS
Project 4: Primary Birth Unit
Project 5: EROS

The project rationale, actions and progress are detailed below.

Project 1: Maternal Mental Health campaign

Rationale: To develop a localised consumer information leaflet that embraced a holistic Te Whare Tapa Whā approach to mental wellbeing. It was hoped that a local resource would help to enhance equity of access to resources and information as it was intended that this resource be made available to all people when booking with their LMC. This project also aimed to promote local resources for both LMC's and consumers.

Actions: Consumer information leaflet was created and published in print form and on healthpoint. A Facebook page for information sharing with LMC's was created and local LMC's were invited to join it. Posts were made of local resources which were thin pinned to subject boards which would make another accessible avenue for LMC's to access up to date resource lists

Waitematā
District Health Board
Best Care for Everyone

Your emotional wellbeing during pregnancy and beyond

Time to focus on you for a moment

Being pregnant, welcoming your baby and becoming a parent are life-changing events. Having a baby can be an exciting and an emotional time. This change in your life and the lives of your whānau can make you feel overwhelmed and for some people it can affect your mental health.

An important way to prepare for this is to focus on you and what you need to keep yourself well. There are 4 areas you can focus on - physical health, spiritual health, family health, and mental health

Physical health – Eat healthy foods, drink water, exercise at least a little every day, aim for periods of good quality sleep. Don't take on too much and if you are working aim to stop at least one month before your baby is due.

Spiritual health – Take time each day to sit quietly and be in the moment. Pray, meditate or practice mindfulness. Sit or walk outside alone and take time to reflect.

Whānau health – When you become a mum the relationships with your loved ones can change. Build your support network; think about your relationships are they strong and supportive? Know who your support people are and let them know.

Mental health – Be kind to yourself, accept that your moods change and you have good days and bad days. Don't expect too much of yourself, no one is perfect. Celebrate every little success. If you are feeling down let people know and talk to people about how you are feeling.

1

Progress: Consumer information has been completed and published. Sharing information with LMC's is on-going and updated as needed.

Project 2: Family Violence Screening campaign

Rationale: Waitematā DHB is committed to the prevention of family violence and aims to screen all women throughout their maternity experience both antenatally and before going home with their new baby. The aim of this project is to increase the screening rates in maternity.

Actions: It was identified that we needed to create a culture change within maternity on family violence screening (FVS), with the premise being; we need to look after ourselves and each other so that we can look after others. A wellness campaign was started with the staff by sharing information on the ways that the DHB is committed to helping staff, for example, through Employee Assistance Programme (EAP) which funds counseling, on site gyms, on site yoga classes, affordable massage therapists on site. There were also baskets of nutritious and delicious food, with thank you cards, left for staff.

From here quotes and facts about family violence were left in information sharing places such as staff notice boards and toilet doors. These quotes included information on which people we might see family violence present, despite a negative family violence screen.

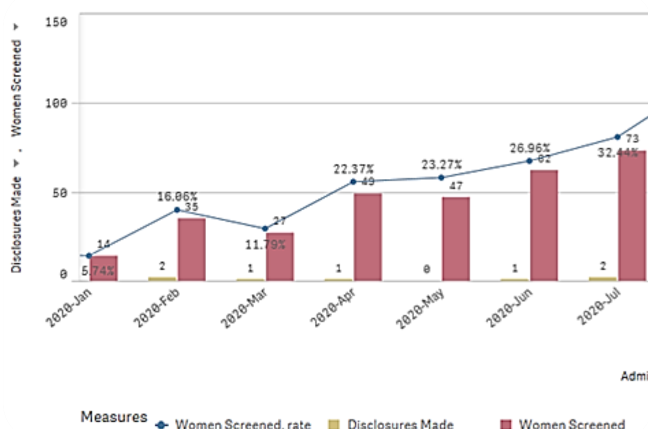
This project also identified that there were multiple ways that family violence screens were documented, but no mandatory way that the data was collected, therefore very little accurate data was being collected. This project initiated a change in how screens were documented in maternity to electronic documentation so that the screening rates could be more accurately documented.

An important part of this project was recruiting midwife champions into this role who really supported and encouraged staff to complete FVS and embed it as a normal part of their practice. Screening packs were created so that if a person did screen as positive then everything that the midwife needed to do from there was all in one place, so that the process for the person was more streamlined.

To keep the momentum of change a competition was created for all maternity staff. The idea was to have something that would remind midwives to screen women for FV and be a continual reminder of the importance of this. A creative competition was designed for WDHB staff members to enter, in which they were asked to design a t-shirt to be worn by staff commencing on White Ribbon day November 2020. The specifics given were that the shirt needed to be in black and white with the words “Talk to me I will listen, Wāhine Kaha”.

Progress: Screening rates at Waitākere hospital improved dramatically from 5% to 32% of all women screened. Screening rates at North Shore hospital did not change drastically in this time period so further cultural change is needed to embed this vital process.

We have seen improvement in FVS rates during 2020. We expect this to continue to rise as the campaign gains momentum throughout the year. We will continue to monitor this progress.



Project 3: Maternal Early Warning System (MEWS)

Rationale: MEWS is being rolled out nationally as a Ministry of Health directive aimed to help clinicians identify early warning signs of patient deterioration.

Actions: Maternity worked closely with the HQSC and a project manager from our innovations department to set up, educate and roll out a full transition from WDHB MEWs to the New Zealand MEWs. The launch of MEWS also coincided with the launch of digital only vital sign recording for maternity. This aligned us with the rest of the hospital wards in terms of vital sign recordings.

There was a strong focus on staff education, with one to one training and an online learning package available to all staff working in maternity. Both the Midwife co-ordinator – Quality and MEWS champions were available on a daily basis for staff to ask any questions that arose as they became familiar with both MEWS and the digital system (however this was paused during the level 3 and 4 lockdowns). E-vitals were recorded on iPads which were kept in the clinical areas for ease of access. Staff were issued with lanyard cards with the MEWS escalation pathway for ease of reference.

Progress: The launch of MEWs was delayed briefly due to a technical issue with our eVitals vendor which would have impacted the safety of the launch. When we did launch, 3 weeks later, a lot of momentum was lost and a lot of on-going education was consequently needed. Shortly after we launched we also entered Level 4 lockdown so further momentum was lost. Once we were in Level 2 lockdown MEWS was again addressed as initial auditing showed that compliance was low. It has been an ongoing process to embed MEWS and electronic vital sign recording.

MEWS was launched in March 2020, therefore we plan to continue with on-going auditing throughout the 2020/2021 year to monitor compliance and we will report the results of this in next year's annual report.

Project 4: Early Recovery after Caesarean Birth

Rationale: This project has been carried over from the 2028-2019 MQSP year. 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 people'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: Further work to update consumer information was done and a WDHB specific video on preparing for your caesarean was made. The guideline on caesarean section birth and postnatal care was also under review.

Progress: The video was completed and consumer feedback was overwhelmingly positive. Written information is also being reviewed and consulted on to complement the video including:

Project 5: Primary Birthing

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. Funding was secured and a site was located. A primary birth working party was commenced including LMC and consumer representation.

Progress: Due to council requirement the proposed site has had to be renegotiated due to an unachievable carpark demand to building size ratio. Funds allocated for this project had to be re-distributed due to Covid-19. This has been a major set back for this project.

Projects planned for 2020/2021

1. Enhanced Equity
2. Reduced LSCS rate
3. Placenta Accreta Pathway
4. Implementation of the GAP programme

Covid-19 response

WDHB Maternity responded to the rapidly changing landscape during the covid-19 pandemic response. Our response included:

- Setting up virtual obstetric and anaesthetic clinics
- Establishing an 0800 ASK MIDWIFE phone line for people to phone with postnatal questions. This was initiated to help people who may have discharged earlier due to lockdown, and also help the busy and stressed LMC workforce. This phone line was manned by staff that were not able to continue clinical duties during the lockdown.
- Distribution of personalized protective equipment (PPE) to our staff and all LMC's.
- Establishing a mask fit testing programme
- Weekly zoom meetings with LMCs
- Consumer information on our Covid response was shared with LMC's and published online.
- A comprehensive list of extra support resources available for anyone or any whānau who was struggling during the lockdowns
- A comprehensive list of lactation support resources
- Antenatal parent education classes adapted for online learning and network building

A comprehensive survey was sent to all consumers who had indicated that they were happy to receive email communication from the DHB. The survey results were rich with detailed responses which signals how important women felt this episode was in their lives and how they wanted to share their experiences both good and bad.

Overall women appeared to have received adequate antenatal care and although they would have preferred more face to face appointments they were able to adapt to what was offered. Some of the primary health care services and community based tests were harder to access. Most women did not appear to change their birth place plan.

Most women were happy with the care they received in hospital from our staff. There were some amazing accolades for our staff and the lengths they went to support women and their families despite Covid- 19 restrictions.

"The attitude and kindness of the staff, despite everything going on they always took the time to listen to you and provide support. I could hear them talking in the corridor or workstation sometimes and they were positive and supportive to each other as well."

There was also clear evidence that some women found the restrictions extremely hard and this resulted in heart breaking comments about feeling abandoned, and alone. Some of these women commented that this has had a lasting effect on their or their partners' mental health.

"So so disappointed with our experience and as a result seeking psychologist help to manage the trauma of it."

The lack of support people on the postnatal ward was a key factor in early discharge decisions made by women this also resulted in an increased readmission rate. As a result the service made the decision to enable more liberal visiting during Covid 19 outbreaks to support postnatal recovery and maternal mental health

Maternity service non-MQSP quality improvements

Midwifery education

The continuing professional education programme was curtailed due to Covid 19, however some education was provided either to smaller groups or via on-line learning.

Midwifery study days have included: perineal repair; immunisation; preceptorship; diabetes in pregnancy; optimal fetal positioning; wahakura weaving wananga; emergent leaders; pre-eclampsia; physiological breech and Spinning Babies®.

Education available to the multidisciplinary team included the RANZCOG fetal surveillance education programme; perinatal pathology workshop; substance misuse in pregnancy; newborn life support course and the practical obstetric multi-professional training (PROMPT).

New Graduate Midwife Programme

There was an intake of 12 new graduates onto the Waitematā DHB new graduate midwife programme in April 2020. The programme aims to ensure that new midwives receive a warm welcome and a high standard of orientation. It promotes learning in supportive clinical settings and fosters transition to confident midwifery practice. The new graduate intake of April 2020 faced the unprecedented additional challenge of Covid-19. This affected their orientation programme and reduced opportunities for formal face-to-face education, however these midwives have coped exceptionally well and service leaders have been impressed by their resilience and attitude.

Small for Gestational Age Clinic

Women with small for gestational age (SGA) babies often require multiple monitoring appointments. Our previous service managed this in an ad hoc way and women often found themselves in our acute assessment areas for a "scan review". This added additional work to the acute area and created long waits for women. In 2020 Waitematā DHB established an SGA clinic, designed to streamline the service for women.

Implemented across both sites, running twice a week, women have their scans and appointments aligned on the same day. This means these women receive a better service and there is more consistent monitoring of their vulnerable babies. Providing this service means an increase in safety and quality for women and babies.

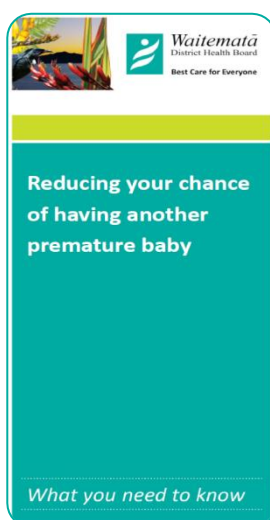
Clinical Guidelines Review

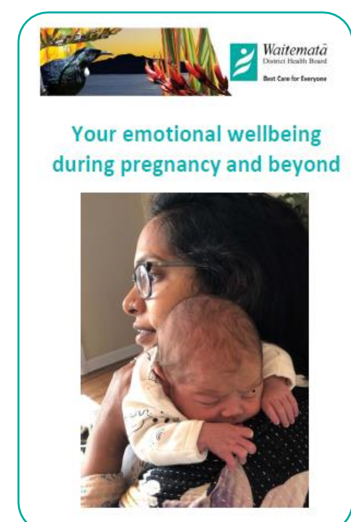
Reviewing and updating our guidelines is an on-going quality priority. Examples of guidelines reviewed or newly published this year include:

- Antepartum Haemorrhage
- Breastfeeding – Maternity
- Cleft lip/Palate – Neonatal management
- Babies staying with unwell mothers (Boarder Babies)
- MEWS – Maternity early warning system
- Measles in pregnant and postpartum women
- Postnatal discharge to primary birthing units – Maternity
- Bed management – Maternity
- Instrumental Birth
- Fetal Scalp lactate
- Hepatitis B and C – Maternal and Neonatal care
- Visitors in maternity

New information leaflets for women and families

Examples of leaflets that have been written or reviewed during 2019/2020





Communicating improvements with staff and LMCs

The latest news and information around Quality is published in newsletters and sent to staff and LMC access holders. Information and updates are also shared via the global email and through a private LMC and a staff Facebook page.

Maternity Quality Update
June 2019
Think HIE
What's new...
A warm welcome to...
Upcoming meetings

Consumer participation

Waitematā DHB collects consumer feedback in the following ways:

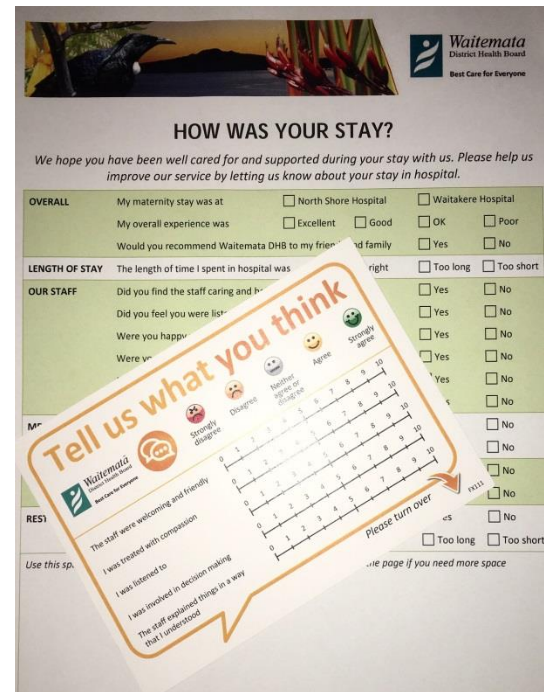
- 'Family and Friends Test'
- 'How Was Your Stay?'
- New Zealand College of Midwives feedback

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.

Family and Friends Test

The Friends and Family Test is offered to maternity consumers and their families by way of cards or 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.

"Thank you for everything. I will remember you all forever. I could not have asked for a better experience, and I think that what you all do for us is incredible. I will forever be an advocate of the NZ healthcare system"

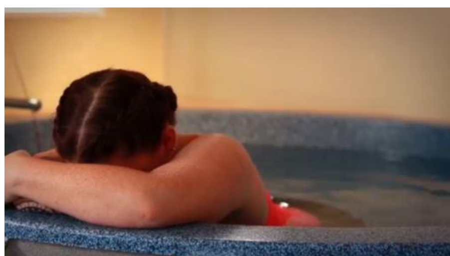
Appendix 1- Helensville Birthing Centre

Helensville Birthing Centre (HBC) 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. HBC also supports a regular coffee group and a breastfeeding peer counsellor programme and annually hosts a local Big Latch On event. Free pregnancy and parenting classes are offered by the birthing centre and are well received by local women.

2019 Statistics There were 65 births in 2019 at Helensville Birthing Centre, a 20% increase. 38% of the women gave birth to their first baby. 31% of all women had water births. A further 10 women (13%) laboured at HBC and transferred to hospital for further care/pain relief. 92% of women who began labour care with their LMC at HBC had vaginal births. 454 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)

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 2019, the exclusive breastfeeding rate upon discharge for babies born at HBC was 94%.

The end of 2019 into early 2020 saw the Birthing Centre have a refreshed look, whilst retaining the same number of rooms.

http://www.birthcentre.co.nz/

Appendix 2- Warkworth Birth Centre

Warkworth Birthing Centre (WWBC) opened in 2000, managed by Rodney Coast Midwives Ltd, founded by two midwives passionate for primary birthing and providing postnatal care. These midwives retired in February 2020. The business was purchased in February 2020 by Rodney Coast Midwives (2020) Ltd, the Directors are also local midwives, both currently LMC's in the local Rodney area.

The year from 1st July 2019 to 30 June 2020 we had:

Births: 140 - Including 39% waterbirths

PN only stays: 958 women

Transfers in labour: 10.8% - the outcome for these transfers resulted in a 94% vaginal birth rate for the women who started their labour at WWBC.

Exclusive BF rate of 95% for the women who birth at WWBC (90% for PN only women)

During this period, the founding midwives Sally Wilson and Sue Wynyard received Queen's Birthday honours Order of Merit for services to maternity. As a facility we are very proud of them and their groundwork; this foundation is what the WWBC now grows and develops on.

We are proud that our birthing centre is midwife led and that our statistics are so favourable. The purpose-built building is owned by the Warkworth Birthing Centre Community Trust (WWBCCT). We have two contracts with the WDHB for running the facility and antenatal education program. We are certified by the MOH and accredited by the BFHI.

Nicky Snedden & Donna Hamilton

Directors 2021