

**Waitemata DHB: Primary Birthing Unit
Consultation
Overview of community feedback 2016**

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Contents

Executive Summary.....	3
Background	3
Aim	3
Method.....	3
Findings	3
Waitemata DHB: Primary Birthing Unit Consultation	5
Background	5
Aim	5
Methodology.....	5
Leadership.....	5
Consultation information and survey questions.....	5
Consultation plan	6
Consultation process.....	6
Consultation promotion.....	7
Response	7
Findings	8
Recommend a primary birthing unit (PBU).....	8
Would you recommend a primary birthing unit to someone having a baby? (Online).....	8
Using a primary birthing unit	10
If you are hoping to have a baby in the future, would you choose to give birth in a primary birthing unit? (Online).....	10
Preferred choice for type of a primary birthing unit	11
Respondent type	13
Ethnicity	13
Consumers	15
Organisations, LMCs and other Health Professionals.....	16
Women under 30 years.....	17
Age Groups.....	18
Gender.....	19
Features of a primary birthing unit.....	20
Respondent type (online).....	20
Ethnicity (online).....	21
Feedback from community Hui and Fono and group meetings	21
Other essential features of a PBU (Online).....	24
Proximity to home or hospital	25

Location of birthing unit.....	26
Waitakere.....	26
North Shore.....	26
Rodney	26
Other comments	26
Overall	26
Appendix 1: Tables.....	27
Appendix table 1: Overall: Preferred choice for the Primary Birthing Unit.....	27
Appendix table 2: Preferred option for the primary birthing unit (group participants).....	28
Appendix table 3: Features of primary birthing unit, rankings by ethnicity (online).....	29
Appendix table 4: Features of PBUs, rankings by gender (Online survey).....	29
Appendix table 5: Features of the PBU identified as essential, by age group	30
Appendix table 6: OVERALL - Proximity to home and hospital.....	30
Appendix table 7: OVERALL - Would you recommend a primary birthing unit, by respondent type (online).....	31
Appendix table 8: OVERALL - Would you choose to give birth in a primary birthing unit (online)	31
Appendix table 9 - Respondent profile	32
Appendix 2: Consultation Timeline	34
Appendix 3: Key partners and community networks	36
Appendix 4: People involved in consultation.....	37
Appendix 5: References	38
Appendix 6: Consultation survey	39

Executive Summary

Background

In November 2015 the Auckland DHB and Waitemata DHB collaboration maternity plan was launched. The plan included a strategy to increase the number of primary birthing beds across the region. In order to understand the needs of the community and the level of support for primary birthing units (PBUs) and to further understand which delivery models would be most acceptable to the community, the Waitemata DHB Board agreed to undertake broad community consultation to canvas their views.

The consultation process was a robust, multi-method approach that included a significant focus on ensuring appropriate avenues and time to achieve high participation from key stakeholders and communities of interest. There were 1162 responses to the survey and more than 450 people attending community events. This substantive engagement provides confidence that the consultation process has canvassed diverse community views to inform DHB decision making

Aim

Community consultation sought to provide information to:

1. Determine the current level of support for primary birthing units in the community
2. Determine preferred locations for a primary birthing unit
3. Determine the preferred delivery model of care from four different options
4. Examine preferences on key features of a primary birthing unit

Consultation feedback is one part of the final information which the DHB board will use to inform their decision making regarding potential primary birthing units in West Auckland and North Shore.

Method

The community were provided with a range of opportunities, online and in person, to find out more and provide detailed feedback including: an online survey, community forums and meetings. The data was collated and analysed using SPSS. The results were significance tested.

For the purposes of this report, the Hibiscus area of Hibiscus and Bays Local Board has been included with North Shore. Primary Birthing Units are already present in Northern and Western Rodney and are being analysed separately.

Findings

- 1. Determine the current level of support for primary birthing units in the community**
 - 1.1. The majority of online respondents (87%) and those who attended groups (88%) indicated that they would be likely to recommend a PBU to someone having a baby.
- 2. Determine the usage of the birthing unit**
 - 2.1. Most (64%) respondents hoping to have a baby in the future would consider choosing a birthing unit, rating the likelihood as 8 or higher on a scale from 0 (definitely would not choose) to 10 (definitely would choose).
 - 2.2. Those in West Auckland (65%) were slightly more likely to indicate that they would be likely to use a PBU (rating it 8 or higher), than those in the North Shore and Hibiscus Coast area (63%) or Rodney (61%).
- 3. Determine preferred locations for a primary birthing unit**
 - 3.1. Those who live in the Waitakere area would prefer the PBU to be located in Henderson, Ranui or New Lynn. Asian groups suggested Blockhouse Bay or Titirangi as an option.

- 3.2. Those from the North Shore indicated that they would like to see the PBU somewhere on the North Shore, in Takapuna, or Northcote. Asian groups suggested Albany as a good location for a unit in the community.
- 3.3. Respondents from Rodney favoured a PBU based at either the North Shore, Albany or West Auckland. Some reiterated they would like to see it located close to a hospital.
- 3.4. Those in West Auckland and the North Shore and Hibiscus Coast area preferred the PBU to be between home and hospital, or closer to hospital.
- 4. Determine the preferred delivery model of care from four different options**
 - 4.1. Overall online survey participants and those attending forums supported a community based facility operated by a DHB or a PBU on hospital grounds, in a separate building.
 - 4.2. Health providers other than LMC midwives preferred a community- based model operated by the DHB.
 - 4.3. LMC midwives preferred a community based PBU privately run. This model did not receive widespread support from other demographic or professional groups.
 - 4.4. There are no clear preferences by ethnicity between the community-based, DHB operated facilities, and a PBU based on hospital grounds in a separate building, as the online survey and forums supported different options.
 - 4.5. It is noted, however, when respondents' first two choices of model are combined, there is widespread support for a community based, DHB operated PBU.
- 5. Examine preferences on key features of a primary birthing unit**
 - 5.1. Features considered essential to a PBU vary according to the age, culture and ethnicity of those consulted. Nonetheless, there are some common features across the demographic groups. Breastfeeding support/advice received the highest ranking and was seen as an essential service to have as part of a PBU. Other essential features include ensuring that the PBU is a warm family-friendly environment with single rooms which can accommodate friends and family. It must allow partners to be able to stay overnight. Respondents need it to be easy to get to by car. Lower ranked features included a children's playground, a private garden area and access to food for visitors.
 - 5.2. It is noted that many of those consulted said that they would like to continue to be involved in the ongoing development of a PBU.

Waitemata DHB: Primary Birthing Unit Consultation

Overview of primary birthing unit public consultation 2016

Background

Since 2013, Auckland and Waitemata DHBs have been working together to develop a plan for maternity services required over the next decade. In November 2015 the “Auckland DHB and Waitemata DHB collaboration maternity plan was launched.” The plan detailed 22 strategies to strengthen services, based on the themes to improve and enhance quality of care, build confidence, support parents and practitioners, and meet future population needs; including a strategy to increase the number of primary birthing beds across the region.

Evidence from both New Zealand and the UK demonstrates that, for women who are at low risk of complications, giving birth in a primary birthing unit increases the chance of having a normal birth. Feedback on the maternity plan from stakeholders showed a strong support for increasing primary birthing options in the Waitemata DHB area.

Currently Waitemata DHB has primary birthing units in Helensville, Warkworth and Wellsford; these are all rural units and predominantly attract local women. The distances to these units are thought to be a barrier to uptake for women giving birth. Community groups, private maternity organisations and LMC midwives have strongly advocated for the development of primary birthing units closer to urban centres in West Auckland and North Shore.

In order to understand the needs of the community and the level of support for primary birthing units and to further understand which delivery models would be most acceptable to the community, the Waitemata DHB board agreed to undertake broad community consultation to canvas their views.

Aim

To allow the DHB board information to inform their decisions the following aims were agreed to gain the current community views to:

1. Determine the current level of support for primary birthing units in the community
2. Determine the preferred delivery model of care from four different options
3. Determine preferred locations for a primary birthing unit
4. Examine preferences on key features of a primary birthing unit

Consultation feedback is one part of the final information which the DHB board will use to inform their decision making regarding potential primary birthing units in West Auckland and North Shore.

Methodology

Leadership

A team was brought together including representation from: Māori, Pacific, Asian and migrant health, consumer representatives, community engagement specialist, obstetrics, midwifery, Women’s health, and DHB planning and funding. The team engaged Alex Woodley from Point Research to assist in planning and analysis of the consultation feedback.

Consultation information and survey questions

The participants were presented with some basic information about primary birthing units (see Appendix 2) to ensure that everyone had a similar understanding of the concept and terminology used in this context.

The questions (see Appendix 3) were designed to gain insight into the current views on the following areas: key features of a primary birthing unit, location, proximity to local hospital, preferred model of care (adjacent, on hospital site, in the community, DHB or privately run), and support for primary birthing units.

For the online consultation questions where multiple choices were given, options were randomly mixed to reduce likelihood of any favouring of response. All questions were optional, except contact details.

Demographic information was requested from participants to help understand the team's effectiveness in reaching the diverse Waitemata community and to understand any differences in perspective. Tick-box options were provided that represented key communities within Waitemata that matched both census data collection approaches and how data is recorded within maternity services. This included:

- Gender – while it was expected that more women would respond to the consultation, it was felt to be important to ensure that the father's voice was also heard and that other family members had an opportunity to contribute.
- Age group – options were designed to be able to identify the women who were more likely to be at an appropriate birthing age for a new primary birthing unit should it go ahead.
- Ethnicity – it was felt that it would be useful to be able to analyse any difference in perspective between communities where possible so level 2 classification (e.g. Chinese as opposed to Asian which is level 1 classification) was used where appropriate.

In addition, people were asked if they were involved with a range of different types of organisation to help understand the different perspectives of LMCs, other health professionals, community providers and consumers.

Consultation plan

The consultation was managed in a way that provided people with different ways of providing feedback: through an online survey or through one of a series of small group forums or meetings aimed to focus specifically on the views of Māori, Pacific, Asian and young parents. The consultation which targeted the Waitemata DHB community took place between 18th January and 29th February 2016 (and later extended to 7 March 2016).

Consultation process

The community were provided with a range of opportunities, online and in person, to find out more and provide detailed feedback including:

1. Online consultation survey

The Reo Ora Health Voice website (www.healthvoice.org.nz) was used as a platform for online feedback. The site included a link to the consultation survey, some basic information about primary birthing units, overview of consultation process and details of forums which participants could attend. An option was also given for anyone to request a speaker for a group or network meeting.

Within the online survey, the only compulsory questions were name and email or postal address. These were requested to ensure that feedback was genuine and to manage instances of people providing multiple responses at events and / or online.

Questions on the kind of model of Primary Birthing Units and on the features people preferred were set up within the online survey so that the order of options was randomised to reduce the risk of bias. The incentive of a prize draw of one \$50 supermarket voucher was offered for all those completing the consultation survey.

2. Community forums and meetings

DHB-run forums (seven in total) took place on different dates and locations (including weekends and evenings). These included targeted events for the Māori, Pacific and Asian community, as well as general community events. Language support was provided where possible, and particularly within the Asian forums by the DHB's Asian Health Team and The Asian Network Incorporated. In addition, there were a number of small group discussions that targeted key communities:

- Youth – Ohana Young Parents Unit
- Refugee and migrant communities - Safari playgroup, De Paul House and WISE Collective Project
- Pacific people - Enea Ola Health Committee, Matua Pasifika Wellness Group and Tongan Self-management education group
- Maori - Incredible Years programme (Whānau House)
- Positive parenting network
- Ranui network meeting

Feedback was gathered in a slightly different format for these events to encourage and support participation.

Presenters were encouraged to keep within a structured format for presentations to reduce the risk of bias, but to provide time for discussion throughout the forum to ensure that many of the participants at meetings had the ability to be heard. This approach was felt to be more encouraging and supportive of participation for Māori, Pacific and Asian communities in particular.

A project team member or community facilitator listened to the table discussion and noted key points of feedback about the preferred features of primary birthing units and its preferred location. Attendees were then asked to complete a short version of the feedback form which asked for individual responses to the type of primary birthing unit preferred and whether or not the individual would recommend or use the unit.

This process was designed to encourage participation from communities who prefer to provide oral feedback or who needed language support and may have found the long version of the feedback form off-putting.

Consultation promotion

Consultation was promoted through the following areas:

- Waitemata DHB website and social media accounts (facebook and twitter), and staff intranet (online link);
- Reo Ora Health Voice website current members across Auckland & Waitemata DHB (email);
- Auckland and Waitemata DHB Women's Health Collaboration stakeholder networks (email), who were also encouraged to send out to their own networks;
- Waitemata DHB Maternity staff and Lead Maternity Carer (LMC) who have access to practice in Waitemata DHB hospitals (email);
- Posters distributed through DHB maternity units, libraries, community houses and parenting groups;
- Media coverage – locally (picked up through national media via www.stuff.co.nz);
- Waitemata DHB internal team meetings and weekly news;
- Waitemata DHB Community Engagement Forum members and their networks;
- Outreach also took place to support individual responses on paper surveys to the consultation from hard to reach communities.

The consultation was extended for an additional week to reach key groups who had not yet engaged and to give them time to respond and provide feedback prior to the consultation closing on 7 March 2016.

Response

The consultation was extensive and interest was high with around 1500 people participating in the consultation process. In total, there were 1077 valid responses to the survey. Community meetings, hui and events were attended by over 450 people at meetings filling in 348 questionnaires.

To strengthen the validity of the findings, the data was checked to minimise the risk of duplicate answers. It is noted that 27 respondents were found to have answered the online questionnaire or attended a group more than once. Those who responded in different capacities, for example both as an individual and on behalf of an organisation, had both responses included in the analysis. Multiple responses from seven respondents were excluded on the basis of apparent duplication.

Responses were analysed in further detail (where possible) by the following demographic variables to:

- Response method (online survey, group/community forum)*
- Responder (provider type/organisation/consumer)
- Ethnicity (Māori, NZ European, Pacific peoples, Asian, MELLA, Other)
- Location (North Shore and Hibiscus Coast, West Auckland, Rodney)
- Age groups (Under 19yrs, 20-29yrs, 30-39yrs, 40-54yrs, 55+ years)
- Gender (Male, Female)
- Potential future users of primary birthing unit development (women planning to have a baby in the future, women aged 30 years or less)

Note that for the purposes of this report, the Hibiscus area of Hibiscus and Bays Local Board has been included with North Shore. Primary Birthing Units are already present in Northern and Western Rodney and are being analysed separately.

The results highlighted within the report were selected on the basis of prioritised categories considered by the project team to be most relevant to the development of a primary birthing unit within Waitemata DHB. The Appendices contain more detailed data tables, including a more detailed responder profile. It is noted that respondents could select more than one ethnicity, and the ethnicity data is non-prioritised. Data was analysed using SPSS. Ninety-five percent confidence intervals have been used. The data was also significance tested using t-tests. Small samples can affect the confidentiality of the results and individuals can be identified. Data has only been presented when there are at least 5 people in the population group being analysed.

*Findings are shown as both 'online' and 'group' (community meeting) findings to reduce potential for multiple responses and to indicate those who have attended a session which allowed for group table participation/discussion. No limitation was placed on the number of events any member of the community wished to attend.

Findings

Recommend a primary birthing unit (PBU)

Respondents were asked how likely they would be to recommend a primary birthing unit to someone having a baby, by rating their likelihood to recommend using a scale from 0 through to 10.

Would you recommend a primary birthing unit to someone having a baby? (Online)



Most of those consulted indicated that they would be likely to recommend a PBU to someone having a baby.

The majority of online respondents (87%) indicated that on balance, they would recommend the primary birthing unit to someone having a baby, rating the likelihood of doing so as five or more. Three-quarters (74%) indicated that they would be likely to recommend a PBU to someone having a baby, rating their likelihood of doing so as eight or higher.

Similarly, most who attended groups (88%) indicated that on balance, they would recommend a PBU to someone having a baby, rating it 5 or higher.

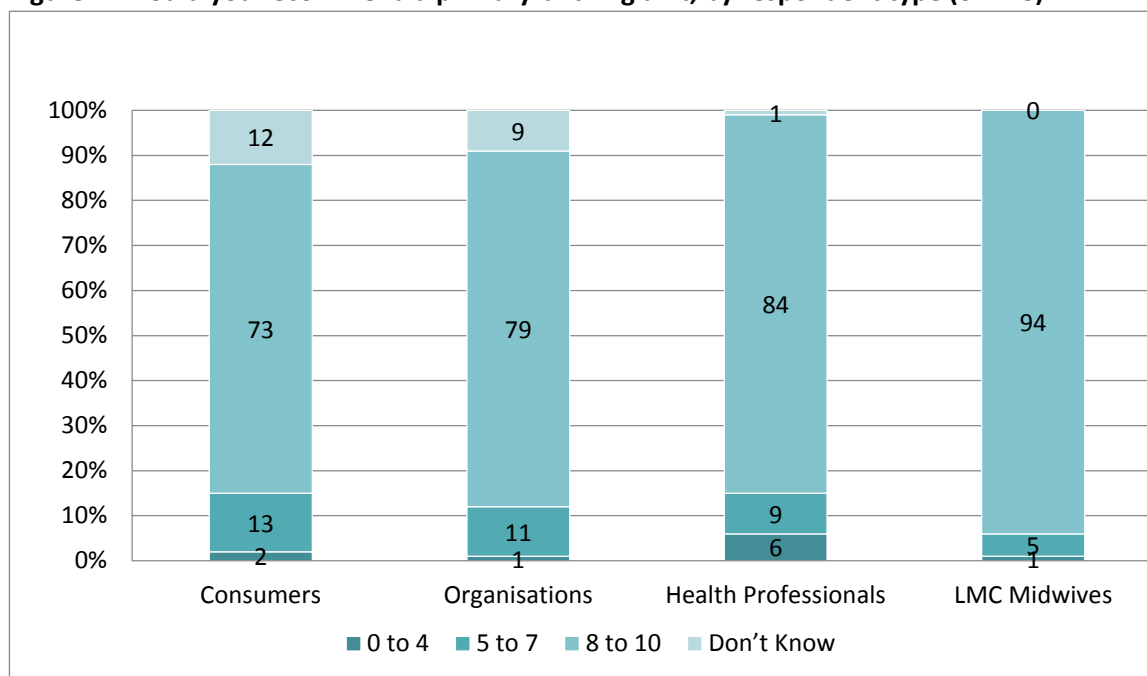
Although online respondents from West Auckland (86%) and North Shore and Hibiscus Coast (88%) indicated that on balance they were likely to recommend a PBU to someone having a baby, those from Rodney were most likely to do so (98%).

Whilst health professionals (93%) and LMC midwives (99%) in particular were likely to recommend a PBU the majority of consumers (86%) too indicated they would recommend the unit to someone having a baby (rating the likelihood five or higher).

Those from all ethnic groups indicated that they would recommend a PBU to someone having a baby. There were no significant differences between potential birthing users such as those hoping to have a baby in the future (86%), women under 30 years (87%), and other consumers.

It is noted that 2% of consumers would not recommend a PBU to someone having a baby, 12% of consumers did not know whether they would or not.

Figure 1: Would you recommend a primary birthing unit, by respondent type (online)



	0	1	2	3	4	5	6	7	8	9	10	Don't Know	WOULD RECOMMEND	n=
Consumers	0.4%	0.0%	0.6%	0.6%	0.4%	4.0%	1.7%	6.9%	14.9%	8.4%	50.0%	12.2%		524
Organisations	0.0%	1.3%	0.0%	0.0%	0.0%	2.5%	2.5%	6.3%	15.0%	18.8%	45.0%	8.8%		80
Health Professionals	0.7%	1.4%	1.4%	2.1%	0.0%	6.3%	0.0%	2.8%	14.8%	12.7%	56.3%	1.4%		142
LMC Midwives	0.0%	0.0%	1.2%	0.0%	0.0%	2.4%	1.2%	1.2%	1.0%	8.5%	78.1%	0.0%		82

Differences are significant p < 0.05

Using a primary birthing unit

Respondents were asked if they were hoping to have a baby in the future, and if so whether they would choose to give birth in a primary birthing unit, by rating their likelihood to recommend using a scale from 0 through to 10

If you are hoping to have a baby in the future, would you choose to give birth in a primary birthing unit? (Online)

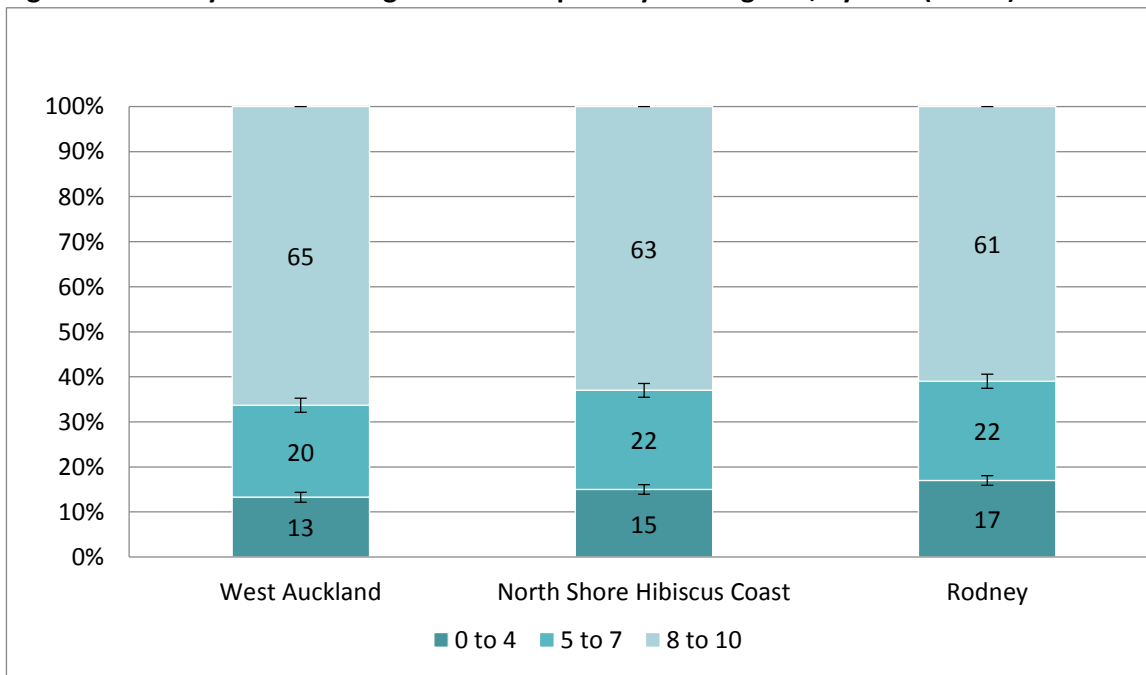


Most (84%) of those hoping to have a baby in the future indicated, on balance, that they would consider choosing a birth unit (rating the likelihood as 5 or higher). Two-thirds (64%) rating it as 8 or higher.

Those in West Auckland (65%) were slightly more likely to indicate that they would be likely to use a PBU (rating it 8 or higher), than those on the North Shore and Hibiscus Coast (63%) or Rodney (61%).

It is noted most of those hoping to have a baby in the future would consider giving birth in a primary birthing unit, irrespective of ethnicity or age.

Figure 2: Would you choose to give birth in a primary birthing unit, by area (online)



	0	1	2	3	4	5	6	7	8	9	10	Definitely would	n=
West Auckland	8.2% (24)	2.1% (6)	2.1% (6)	2.1% (6)	0.7% (2)	6.2% (18)	3.1% (9)	11.0% (32)	11.7% (34)	9.6% (28)	43.3% (126)		291
North Shore Hibiscus Coast	5.9% (14)	2.5% (6)	1.3% (3)	3.8% (9)	1.3% (3)	5.9% (14)	5.1% (12)	11.0% (26)	13.1% (31)	3.4% (8)	46.6% (110)		236
Rodney	10.0% (3)	6.7% (2)	0.0% (0)	0.0% (0)	0.0% (0)	10.0% (3)	3.3% (1)	3.3% (1)	13.3% (4)	10.0% (3)	43.3% (13)		30

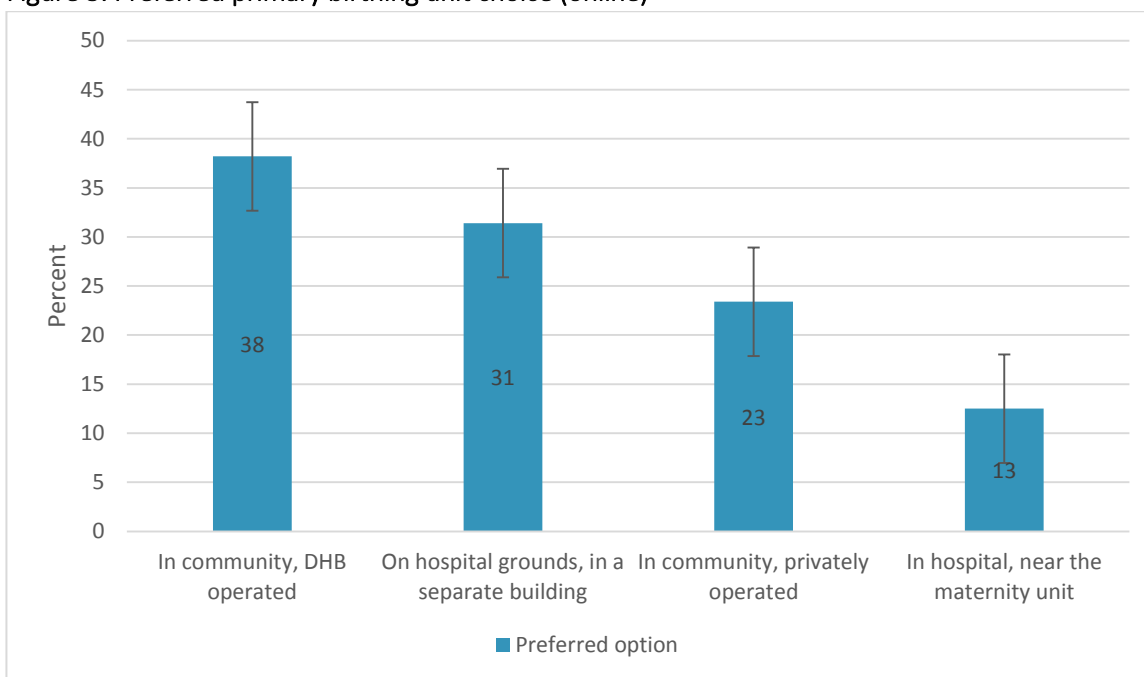
Preferred choice for type of a primary birthing unit

Respondents were asked to rank the kind of primary birthing unit preferred from four options:

- In a hospital, next to the maternity unit, located in a hospital, next to or very close to the maternity unit;
- In the community, run by the DHB, located in the community, operated by the DHB;
- On the hospital site in a freestanding building, located on hospital grounds in a separate building, with its own entrance;
- In the community run by a private provider, located in the community, operated by a private or community contractor, but still free.

Overall, online survey participants preferred the PBU to be based in the community and operated by the DHB or on the hospital grounds in a separate building.

Figure 3: Preferred primary birthing unit choice (online)



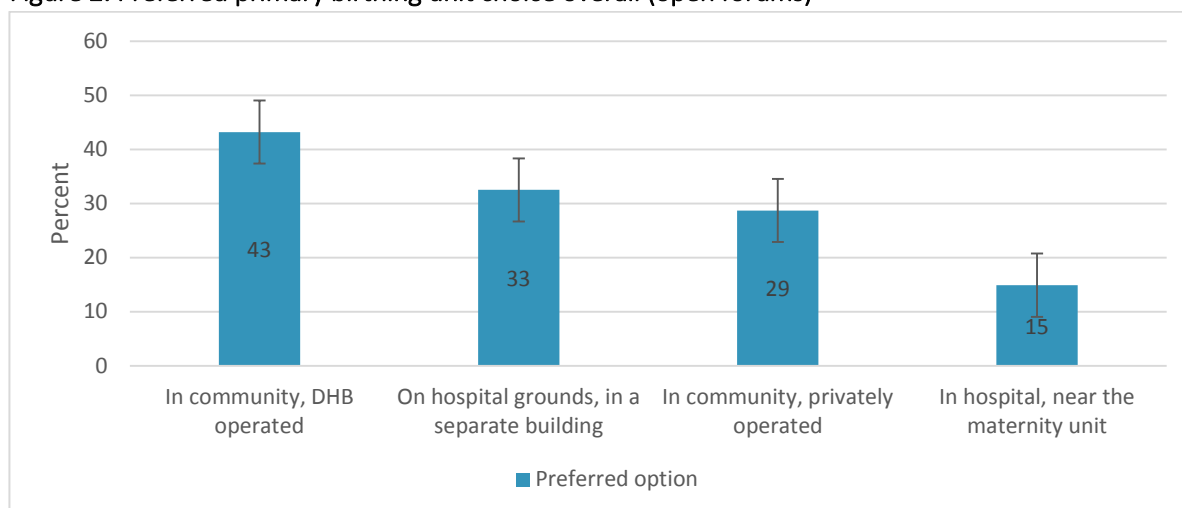
	FIRST CHOICE	SECOND CHOICE	THIRD CHOICE	FORTH CHOICE	n=
Overall online	In community, DHB operated 38.2% (376)	On hospital grounds, in a separate building 31.4% (307)	In community, privately operated 23.4% (226)	In hospital, near the maternity unit 12.5% (121)	985

Differences are significant $p < 0.05$

Note that the percentages may not add up to 100% as the options are drawn from four different variables.

Similarly, those who attended the groups and open forums either selected a community-based facility operated by the DHB, or a PBU on hospital grounds in a separate building as their first choices.

Figure 2: Preferred primary birthing unit choice overall (open forums)



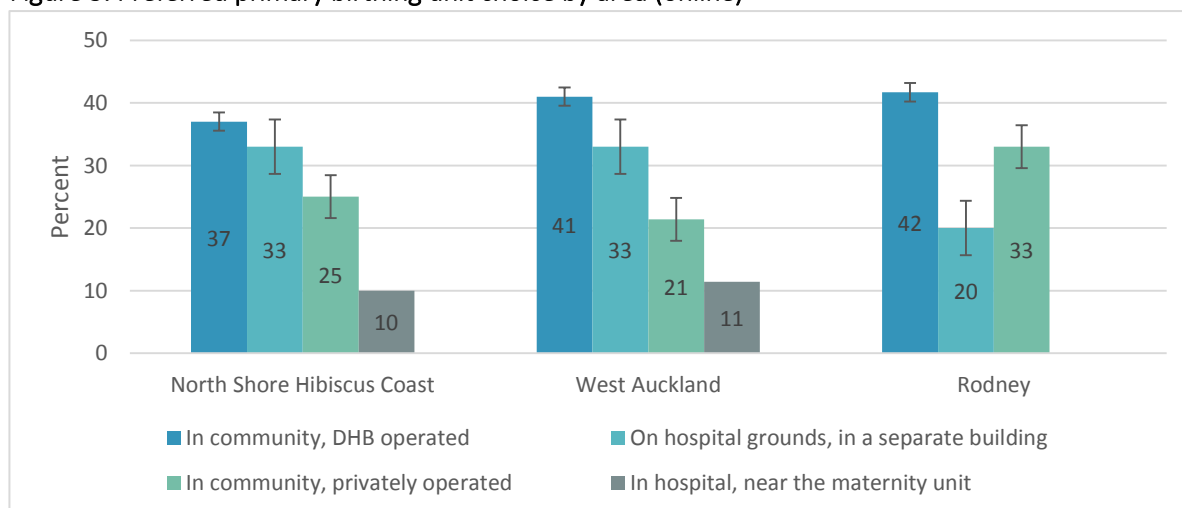
	FIRST CHOICE	SECOND CHOICE	THIRD CHOICE	FOURTH CHOICE	n=
Overall groups	In community, DHB operated 43.2% (114)	On hospital grounds, in a separate building 32.5% (76)	In hospital, near the maternity unit 28.7% (73)	In community, privately operated 14.9% (33)	264

Differences are significant $p < 0.05$

Note that the percentages may not add up to 100% as the options are drawn from four different survey variables.

Those from West Auckland and Rodney favoured a community-based, DHB operated facility. Those in the North Shore Hibiscus Coast area favoured a community-based DHB operated facility, or one on the hospital grounds in a separate building.

Figure 3: Preferred primary birthing unit choice by area (online)



	FIRST CHOICE	SECOND CHOICE	THIRD CHOICE	FOURTH CHOICE	n=
North Shore Hibiscus Coast	In community, DHB operated 37.2% (132)	On hospital grounds, in a separate building 33.0% (138)	In community, privately operated 24.5% (83)	In hospital, near the maternity unit 10.3% (35)	355
West Auckland	In community, DHB operated 40.8% (172)	On hospital grounds, in a separate building 33.0% (138)	In community, privately operated 21% (86)	In hospital, near the maternity unit 11.2% (46)	422

Rodney	In community, DHB operated	42.0% (21)	In community, privately operated	32.7% (16)	On hospital grounds, in a separate building	20.4% (10)	In hospital, near the maternity unit	S*	50
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s* - there were fewer than 5 respondents

Note that the percentages may not add up to 100% as the options are drawn from four different survey variables.

Respondent type

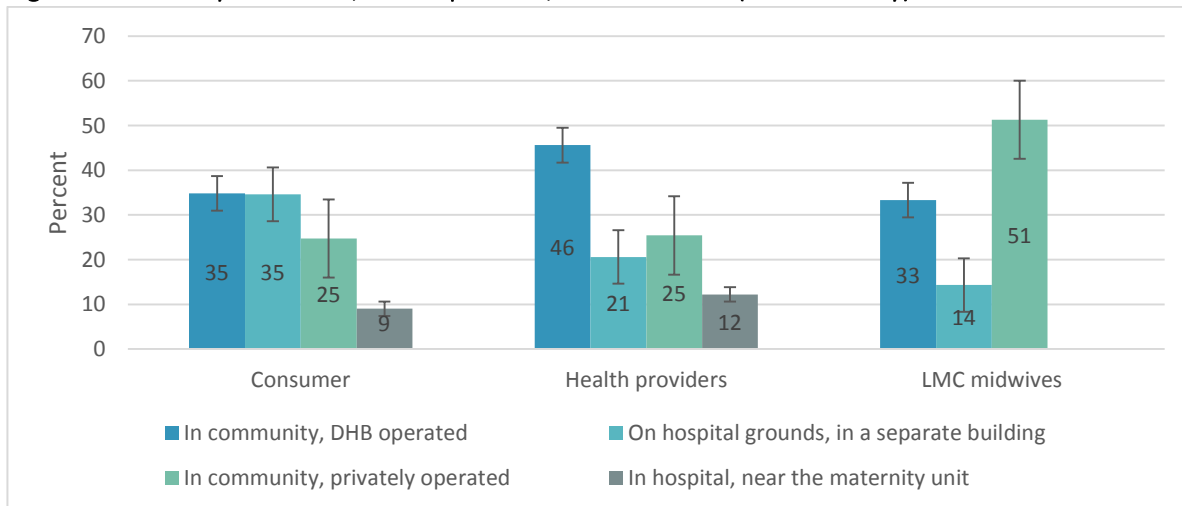
The difference between consumers' first and second choices, namely a community-based PBU operated by the DHB or a PBU on hospital grounds with a separate entrance, were not significant.

Health providers too favoured a community-based, DHB operated facility.

LMC midwives, however, preferred a privately operated community-based facility.

It is noted that when respondents' first and second choices were considered together, a community-based PBU, run by the DHB was either the most popular or equally popular option across all the respondent types, including LMC midwives.

Figure 4: Choice by Consumer, Health provider, LMC Midwives (Online survey)



	FIRST CHOICE		SECOND CHOICE		THIRD CHOICE		FOURTH CHOICE		n=
Consumer	In community, DHB operated	34.8% (175)	On hospital grounds, in a separate building	34.6% (140)	In community, privately operated	24.7% (121)	In hospital, near the maternity unit	9.0% (45)	503
Health providers	In community, DHB operated	45.6% (57)	In community, privately operated	25.4% (33)	On hospital grounds, in a separate building	20.6% (26)	In hospital, near the maternity unit	12.2% (16)	131
LMC midwives	In community, privately operated	51.3% (40)	In community, DHB operated	33.3% (26)	On hospital grounds, in a separate building	14.3% (11)	In hospital, near the maternity unit	S*	78

s* - there were fewer than 5 respondents

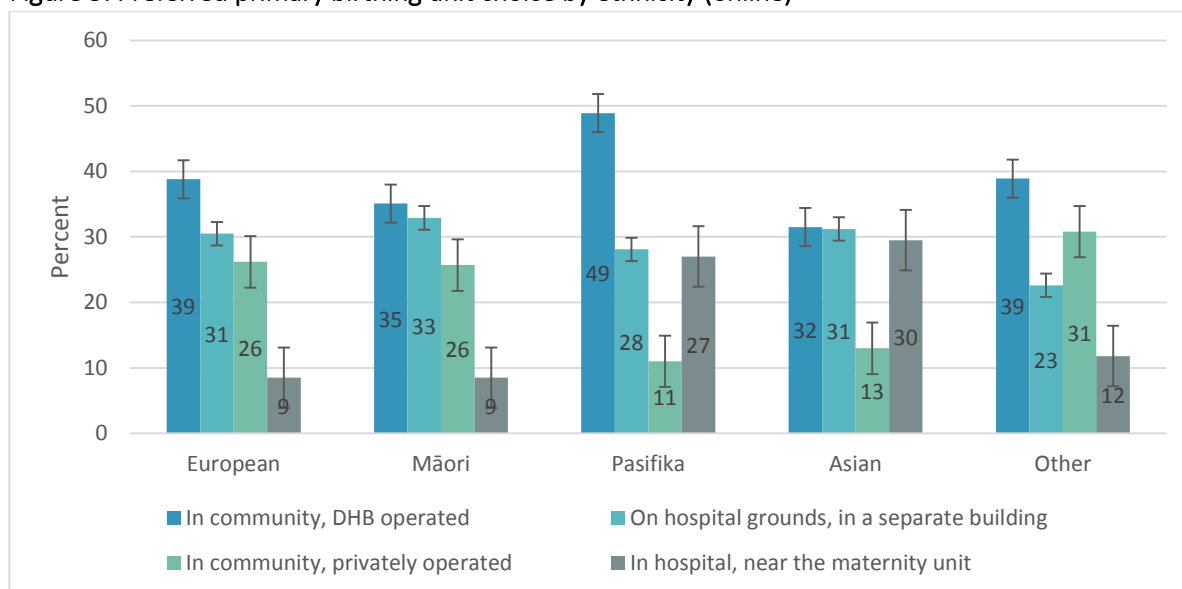
Note that the percentages may not add up to 100% as the options are drawn from four different survey variables

Ethnicity

European and Pacific peoples who responded to the survey had a preference for a community-based PBU operated by a DHB.

Māori respondents favoured either a community-based PBU run by a DHB or a PBU on hospital grounds with a separate entrance. Asian respondents were fairly equally in favour of all three DHB operated PBUs.

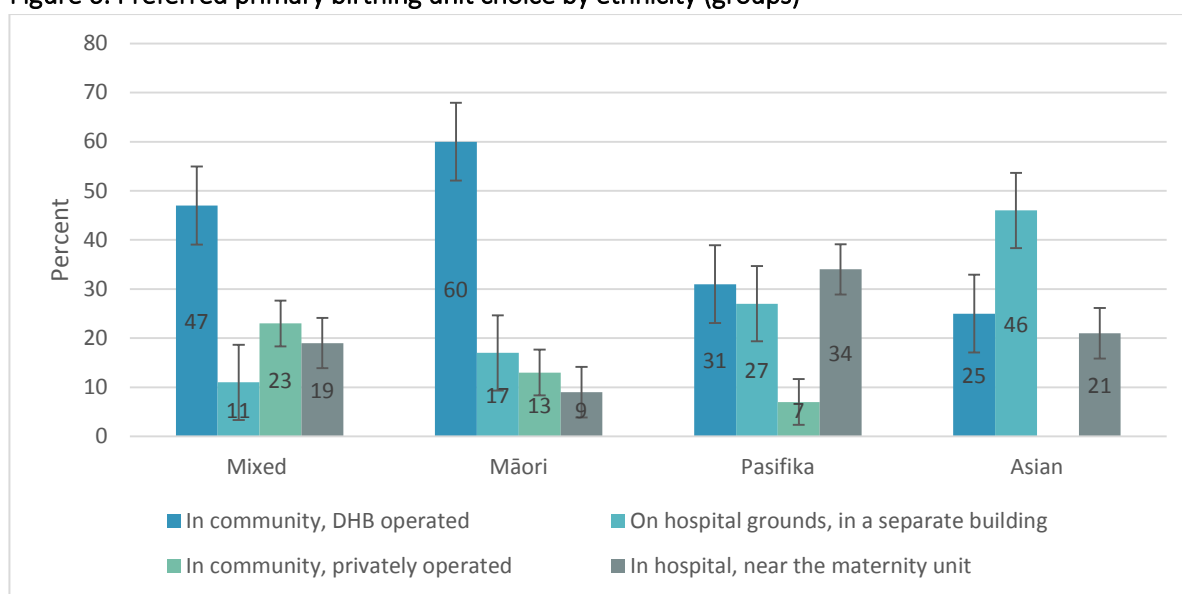
Figure 5: Preferred primary birthing unit choice by ethnicity (online)



		FIRST CHOICE	SECOND CHOICE	THIRD CHOICE	FOURTH CHOICE	n=
European	In community, DHB operated	38.8% (302)	On hospital grounds, in a separate building	In community, privately operated	In hospital, near the maternity unit	778
			30.5% (235)	26.2% (199)	8.5% (64)	
Māori	In community, DHB operated	35.1% (26)	On hospital grounds, in a separate building	In community, privately operated	In hospital, near the maternity unit	76
			32.9% (25)	25.7% (19)	8.5% (6)	
Pacific peoples	In community, DHB operated	48.9% (45)	On hospital grounds, in a separate building	In hospital, near the maternity unit	In community, privately operated	94
			28.1% (25)	26.6% (25)	11.4% (10)	
Asian	In community, DHB operated	31.5% (29)	On hospital grounds, in a separate building	In hospital, near the maternity unit	In community, privately operated	95
			31.2% (29)	29.5% (28)	13.0% (12)	
Other	In community, DHB operated	38.9% (21)	In community, privately operated	On hospital grounds, in a separate building	In hospital, near the maternity unit	54
			30.8% (16)	22.6% (12)	11.8% (6)	

Whilst Māori respondents online favoured either a community-based PBU run by a DHB or a PBU on hospital grounds with a separate entrance, participants at forums with a Māori focus had a preference for community-based, DHB operated PBUs. Participants at forums with a refugee and new migrant focus showed a preference for a PBU on hospital grounds but with a separate entrance.

Figure 6: Preferred primary birthing unit choice by ethnicity (groups)



	FIRST CHOICE	SECOND CHOICE	THIRD CHOICE	FOURTH CHOICE	n=
Mixed groups	In community, DHB operated 47.2% (25)	In community, privately operated 22.6% (12)	In hospital, near the maternity unit 18.7% (10)	On hospital grounds, in a separate building 11.3% (6)	23
Māori	In community, DHB operated 60.4% (32)	On hospital grounds, in a separate building 17.0% (9)	In community, privately operated 13.2% (7)	In hospital, near the maternity unit 9.4% (5)	53
Pacific peoples	In hospital, near the maternity unit 34.3% (47)	In community, DHB operated 31.4% (43)	On hospital grounds, in a separate building 27.0% (37)	In community, privately operated 7.3% (10)	56
Asian new migrant	On hospital grounds, in a separate building 46.2% (24)	In community, DHB operated 25.0% (13)	In hospital, near the maternity unit 21.2% (11)	In community, privately operated S*	52

* S - there were fewer than 5 people.

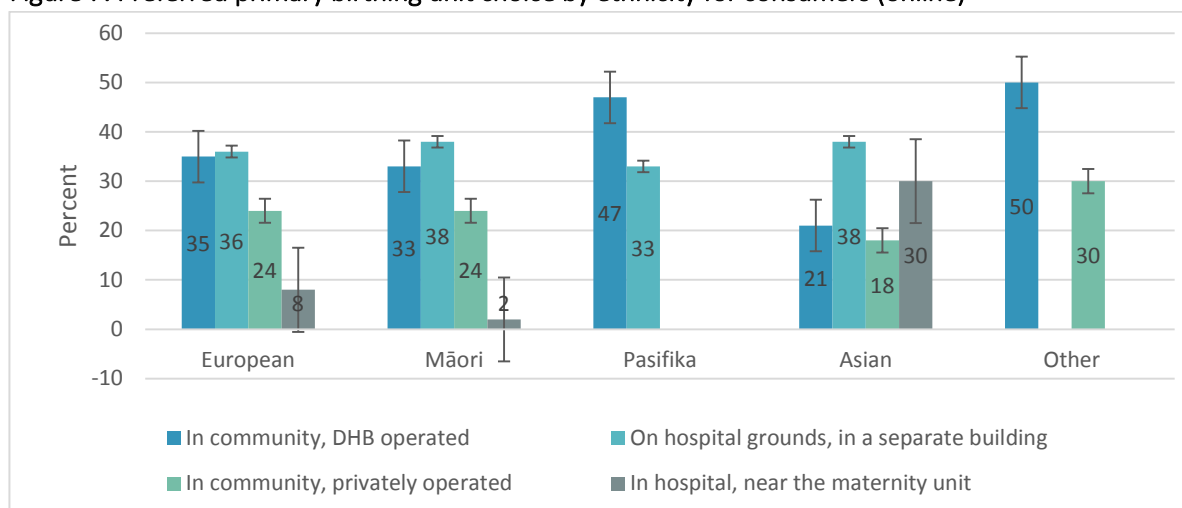
Note that the percentages may not add up to 100% as the options are drawn from four different survey variables

Consumers

When examining the preferences of consumers separately from health providers, Pacific peoples and those from other ethnicities preferred a community-based facility operated by a DHB. European and Māori consumers too preferred this option, along with the facility based on hospital grounds in a separate building.

Asian consumers also favoured a PBU in the hospital near the maternity unit, along with a PBU in hospital near the maternity unit.

Figure 7: Preferred primary birthing unit choice by ethnicity for consumers (online)



	FIRST CHOICE		SECOND CHOICE		THIRD CHOICE		FOURTH CHOICE		n=
European consumer	On hospital grounds, in a separate building	36.3% (140)	In community, DHB operated	34.9% (135)	In community, privately operated	23.9% (89)	In hospital, near the maternity unit	8.1% (31)	387
Māori consumer	On hospital grounds, in a separate building	37.8% (14)	In community, DHB operated	33.3% (12)	In community, privately operated	23.5% (8)	In hospital, near the maternity unit	2.0% (2)	37
Pacific consumer	In community, DHB operated	47.4% (9)	On hospital grounds, in a separate building	33.3% (7)	In community, privately operated	S*	In hospital, near the maternity unit	S*	21
Asian consumer	On hospital grounds, in a separate building	37.9% (11)	In hospital, near the maternity unit	29.6% (8)	In community, DHB operated	20.7% (6)	In community, privately operated	17.9% (5)	29
Other consumer	In community, DHB operated	50.0% (11)	In community, privately operated	30.0% (6)	In hospital, near the maternity unit	S*	On hospital grounds, in a separate building	S*	22

s* - there were fewer than 5 respondents

Note that the percentages may not add up to 100% as the options are drawn from four different survey variables

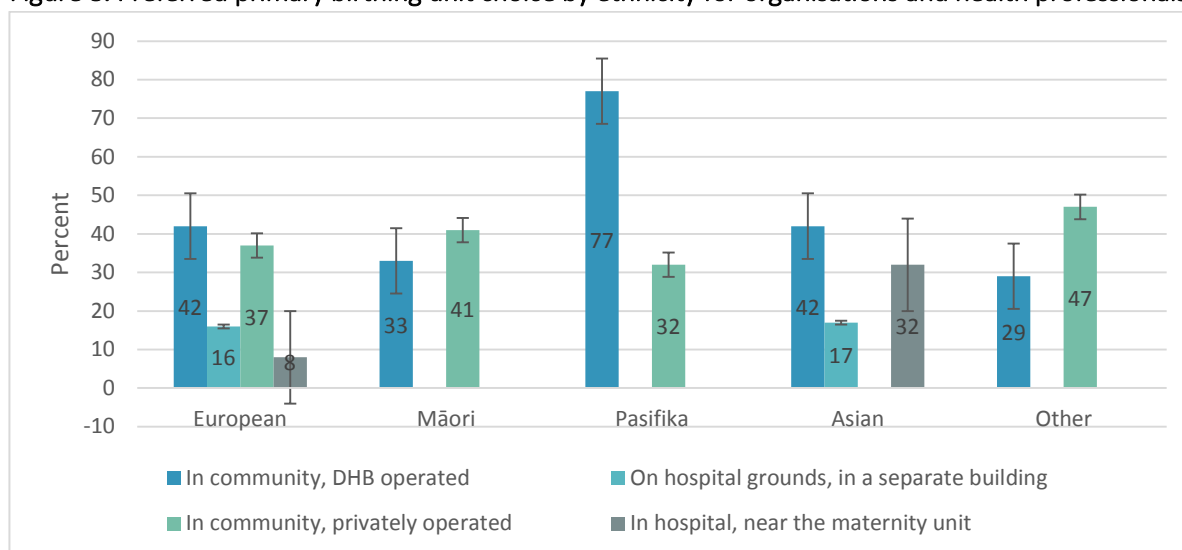
Organisations, LMCs and other Health Professionals

Health professionals and respondents from organisations tended to favour a community-based DHB operated facility as either first choice or first equal choice.

Pacific peoples who were staff had a clear preference for this model.

Whilst European and Māori staff preferred either this model or a community-based privately operated PBU, Asian staff preferred either a community-based, DHB operated PBU or a hospital-based facility near the maternity unit.

Figure 8: Preferred primary birthing unit choice by ethnicity for organisations and health professionals (online)



	FIRST CHOICE	SECOND CHOICE	THIRD CHOICE	FOURTH CHOICE	n=
European	In community, DHB operated 42.3% (71)	In community, privately operated 37.4% (62)	On hospital grounds, in a separate building 16.4% (27)	In hospital, near the maternity unit 8.1% (13)	168
Māori	In community, privately operated 41.2% (7)	In community, DHB operated 33.3% (5)	On hospital grounds, in a separate building S*	In hospital, near the maternity unit S*	17
Pacific peoples	In community, DHB operated 76.9% (9)	In community, privately operated 31.6% (6)	On hospital grounds, in a separate building S*	In hospital, near the maternity unit S*	26
Asian	In community, DHB operated 42.4% (14)	In hospital, near the maternity unit 32.4% (12)	On hospital grounds, in a separate building 17.1% (6)	In community, privately operated S*	37
Other	In community, privately operated 47.1% (11)	In community, DHB operated 29.4% (5)	In hospital, near the maternity unit S*	On hospital grounds, in a separate building S*	17

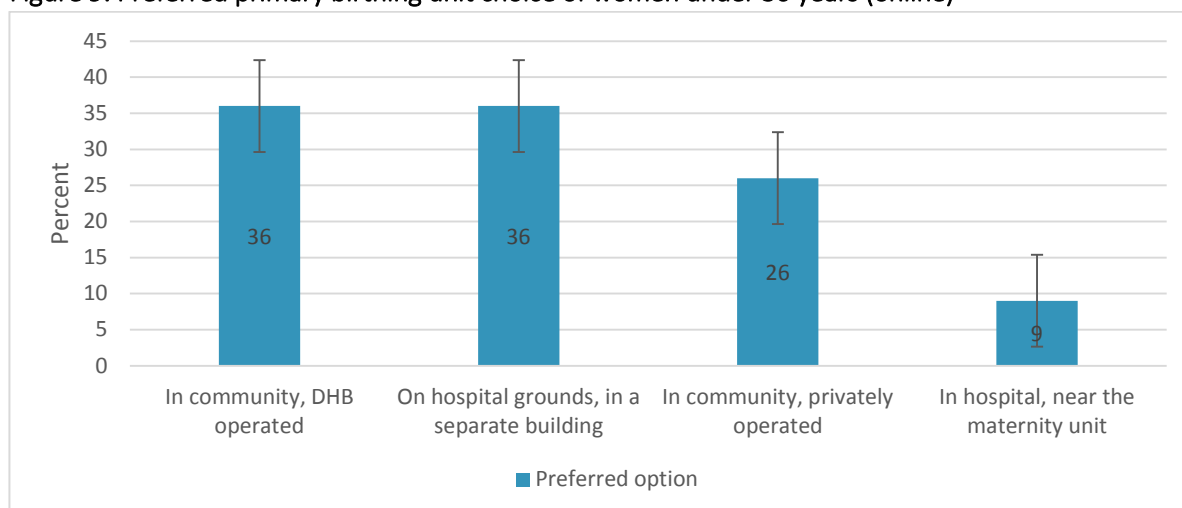
* There were fewer than 5 respondents

Note that the percentages may not add up to 100% as the options are drawn from four different survey variables

Women under 30 years

Women under 30 years ranked three different models similarly, namely a community-based PBU either DHB operated or community run, or a PBU on hospital ground in a separate building. Few, however, favoured a hospital-based PBU near the maternity unit.

Figure 9: Preferred primary birthing unit choice of women under 30 years (online)



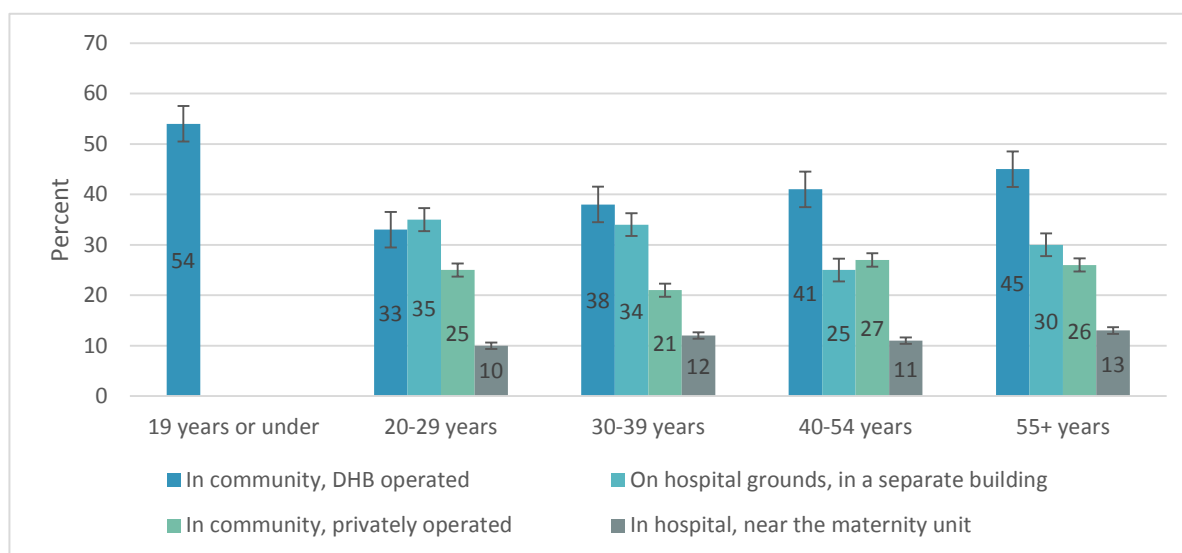
	FIRST CHOICE	SECOND CHOICE	THIRD CHOICE	FOURTH CHOICE	n=
Women under 30 years	In community, DHB operated 36.3% (78)	On hospital grounds, in a separate building 36.1% (67)	In community, privately operated 25.5% (54)	In hospital, near the maternity unit 9.0% (19)	215

Note that the percentages may not add up to 100% as the options are drawn from four different survey variables

Age Groups

Whilst those aged between 20 years and 39 years ranked the community-based, DHB operated facility and a PBU on hospital grounds in a separate building similarly, those aged 40 years or over had a clear preference for a community-based DHB operated facility.

Figure 10: Preferred primary birthing unit choice by age group (online)



	FIRST CHOICE	SECOND CHOICE	THIRD CHOICE	FOURTH CHOICE	n=
19 years or less	In community, DHB operated 53.8% (7)	In hospital, near the maternity unit S*	On hospital grounds, in a separate building S*	In community, privately operated S*	13
20-29 years	On hospital grounds, in a separate building 35.4% (79)	In community, DHB operated 33.2% (73)	In community, privately operated 25.1% (55)	In hospital, near the maternity unit 9.6% (21)	223

30-39 years	In community, DHB operated	37.6% (151)	On hospital grounds, in a separate building	33.9% (134)	In community, privately operated	21.3% (83)	In hospital, near the maternity unit	12.3% (48)	402
40-54 years	In community, DHB operated	40.9% (88)	In community, run by private provider	26.5% (58)	On hospital grounds, in a separate building	25.0% (54)	In hospital, near the maternity unit	10.6% (23)	219
55+ years	In community, DHB operated	45.4% (44)	On hospital grounds, in a separate building	29.9% (29)	In community, privately operated	25.8% (24)	In hospital, near the maternity unit	13.0% (12)	97

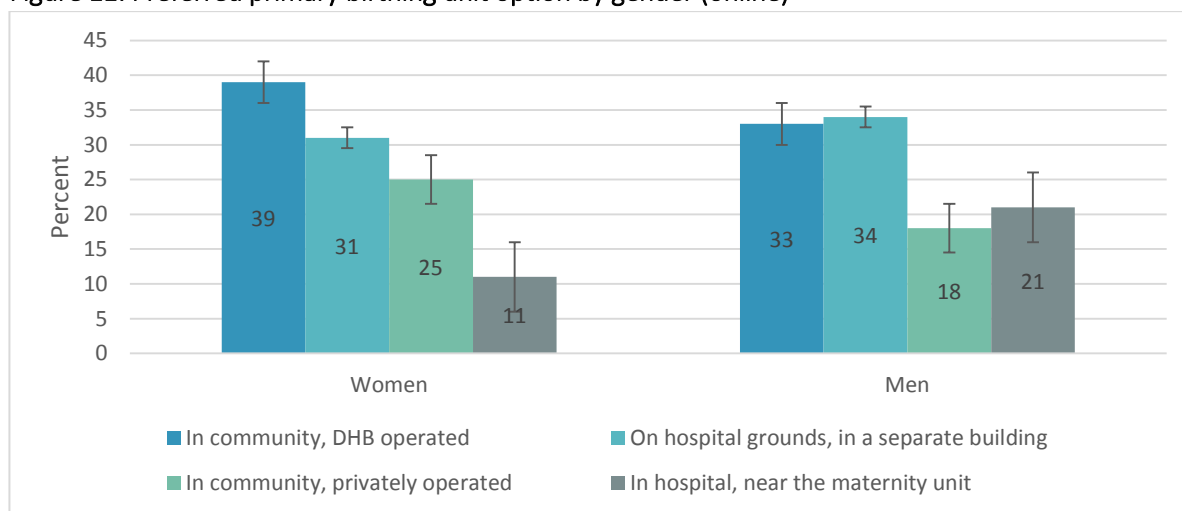
* There were fewer than 5 respondents.

Note that the percentages may not add up to 100% as the options are drawn from four different survey variables

Gender

There was no significant difference between either men's or women's first and second choices, namely a DHB-run PBU in the community or a PBU on hospital grounds with a separate entrance. However, when the first and second choices were combined, women had a clear preference for a PBU in the community, run by the DHB.

Figure 11: Preferred primary birthing unit option by gender (online)



	FIRST CHOICE	SECOND CHOICE	THIRD CHOICE	FOURTH CHOICE	n=
Women	In community, DHB operated 38.8% (341)	On hospital grounds, in a separate building 30.6% (266)	In community, privately operated 24.6% (212)	In hospital, near the maternity unit 10.7% (92)	878
Men	On hospital grounds, in a separate building 33.9% (19)	In community, DHB operated 32.8% (19)	In hospital, near the maternity unit 20.7% (12)	In community, privately operated 17.5% (10)	58

Note that the percentages may not add up to 100% as the options are drawn from four different survey variables

Features of a primary birthing unit

Respondents were asked what would be important to them to have as part of a primary birthing unit. A list was provided as a guide, and responders were asked to provide any other features important to them by ranking as: essential, nice to have, not important or don't know. Responses are represented as:

- cells that are shaded blue had 75% or more respondents consider them to be an essential part of the unit.
- numbering represents the features ranking by order of importance.

Respondent type (online)

Breastfeeding support/advice received the highest ranking as the most essential service to have as part of a PBU by women planning to be pregnant, consumers, organisations, and health professionals. LMC midwives selected the provision of a birthing pool as the most important service.

Lower ranked features included a children's playground, a private garden area and access to food for visitors.

Table 12: Features of primary birthing unit, rankings by respondent type (online)

	HOPING TO HAVE A BABY IN FUTURE*	WOMEN UNDER 30YRS	CONSUMER	ORGANISATIONS	HEALTH PROFESSIONALS	LMC MIDWIFE**
Breastfeeding support / advice	1	1	1	1	1	2
Family-friendly	2	2	2	2=	2	3=
Easy to get to by car	3	3	3	4	3	3=
Tasty healthy meals	4	5	4	11	5	6=
Partners able to stay overnight	5	4	5	7=	6	5
Birthing pool	6	6	6	13	4	1
Private ensuite bathrooms	7	8	7	6	7	6=
Free car parking	8	7	8	9	9	9
Clinic rooms for appointments	9	9	9	2=	10	12
Lounge area for families	10	10	10	14	8	8
Pregnancy and parenting classes	11	11	11	10	12	10
Easy to get to by public transport	12	13	12	7=	11	13
Language support	13	12	13	5	13	14
All day visiting	14	14	14	12	14	18
Other community health services nearby	15	15	15	15	16	16
Private garden area	16	17	17	18	15	11
Access to food for visitors	17	16	16	17	17	17
Children's playground	18	18	18	16	18	15
OVERALL	n=511	n=223	n=457	n=85	n=147	n=54

*Women planning pregnancy included in all data groups

** Data shaded is where 75% or more of the group have considered the feature to be essential.

Ethnicity (online)

The top ranked features that online respondents wanted to see in the PBUs were largely consistent across the ethnic groups.

Breastfeeding support and advice was ranked as the most essential service by most (75% or more) respondents across all ethnicities. A family-friendly service and a service easy to get to by car were also considered essential by three-quarters or more of respondents from each ethnic group.

For those from ethnic groups other than European, having partners stay overnight and private bathrooms were important to 75% or more of online respondents.

Tasty meals and a birthing pool were considered essential by Europeans, Māori and Pasifika, it was less likely to be ranked highly by Asian or MELAA respondents.

Pacific peoples and Asian respondents favoured a 'one stop shop' ranking clinic rooms for appointments with midwives, lactation consultants and physiotherapists as an essential service.

Features least likely to be considered essential were private garden areas, children's playgrounds and access to food for visitors, with respondents across each of the different ethnic groups giving these lower rankings.

Feedback from community Hui and Fono and group meetings

Māori

For those attending hui, participants ranked partners staying overnight, a lounge area for families and free parking the most highly. The next highly ranked features included a birthing pool, breastfeeding support and advice, language support and tasty healthy meals.

They also said they would like to see whānau centred care. This includes space for whānau, comfortable chairs, and allowing partners and or support people to stay overnight. They would like rooms to be private, and to be designed to enable new mothers to rest. It was suggested that a whānau room could be built alongside a birthing room.

The importance of cultural support was emphasised. This included birthing facing the sun, enabling an elder to offer the baby to the four winds, and ensuring the placenta could be taken home. It was felt that some staff are unaware of the importance to Māori of these cultural practices.

Spirituality was also seen as important with participants considering the provision of a prayer and meditation room, and chapel to be important features of PBUs.

The participants also wanted to see the PBU provide other services, such as childbirth classes, a lactation consultant, and support for new mothers such as how to look after and care for babies.

For the participants of these groups, it was noted that small things can make a difference, such as toiletries and hair dryers.

Participants also noted that trust needs to be built. For example, the death of a baby at a unit after a delay in transfer reduced trust of such units. Work will need to be done to make PBUs an option as many women are not given information about options other than hospitals.

It was felt there needed to be a grief team available to those who may need such support.

Pacific peoples

For those attending Pacific fono, breastfeeding advice, and a PBU which was easy to get to by car ranked most highly. This was followed by features such as a birthing pool and clinic rooms for appointments. Attendees also rated pregnancy and parenting classes, access to food for visitors, all day visiting, a private garden area, private bathroom, a children's playground and family-friendly facilities as essential.

Those attending fono noted that they would like to see the birthing unit closer to hospital in case of emergency. They asked for the ambulance service to be free.

Fono attendees acknowledged the importance of cultural and spiritual values at the PBU. In addition to interpreter services, participants said that faith support for families, through a chaplain service and other spiritual supports such as a chapel, would be important to many Pacific peoples. One group asked for access to a woman chaplain.

Other services they would like to see are free Wi-Fi services, access to computers and printers. Several groups noted that they would like a support person, not necessarily a partner, to stay overnight.

In addition, they would like to see postnatal classes linked to community services, including counselling or budgeting services.

In terms of the 'feel' of the unit, participants said the PBU would need to have a relaxed, family-friendly feel, underpinned by cultural and faith based supports. One group pointed out that rooms needed to be large enough to accommodate large Pacific families, with a children's area where children too could be cared for and stay overnight.

Asian, refugee and new migrant groups

Asian groups were most likely to rate having community health facilities nearby as essential to a PBU. This was followed by ease to get to by car, access to food for visitors, a birthing pool, breastfeeding support and advice, and clinic rooms for appointments. Other features which ranked highly included ease to access by public transport, all day visiting, free car parking, family-friendly facilities and a lounge area for families.

Asian mothers, including Korean mothers, look after their daughters following birth, providing breastfeeding support and new parenting support. This is considered important for the wellbeing of the new mother, both physically and emotionally. Participants said that rooms would need to be of sufficient size to accommodate them. Some said that they found men on wards to be off-putting. Participants said that they would prefer single rather than shared rooms after delivery. This was a priority due to privacy reasons.

Meals need to be culturally appropriate and nutritious. Cold food is considered inappropriate culturally. Food needs to be hot with vegan and vegetarian options. Korean women, for example, like to drink seaweed soup after birth to ward off postnatal depression. Similarly, special foods are important to Chinese women. It was suggested that a microwave could be provided so that clients could heat food up. The provision of a cooker, rice cooker and fridge to store food were also suggested,

Like Pacific peoples, they would like to see a crèche for children.

Participants said the birthing unit would need to be kept warm enough for mothers and their babies. It was suggested that the unit have underfloor heating. This is seen as very important. Participants said there was no need to provide outside space as new mothers and their babies need to be kept warm, rest and stay inside.

Transport and parking were key concerns identified by those attending Asian group meetings. They said the unit would need to be accessible by public transport. Free parking was seen as important along with proximity to motorways and good roads.

Support for new families was seen as critically important. It was suggested that staff be given permission to use their discretion and allow some families to stay longer, particularly where there is little family support.

Some said that language support was needed, others felt that all day visiting would reduce the need for interpreter services.

Age Groups (online)

Again, breastfeeding support and advice was the PBU feature that ranked most highly across all the age groups. Although the order varied, a family-friendly service, easy to get to by car and tasty healthy meals were selected by 75% or more of those aged 20 years or over.

Three-quarters of those aged under 30 years wanted their partners to stay overnight.

Teen parents

A young mothers' (teen) group said that they would like the PBU to provide an environment more akin to a home than a hospital. They would like to see artwork on the walls, plants, and the comforts normally associated with a home environment. They would like to see dim lighting, and comforts such as a couch or lazy boy chair. They consider the soundproofing of walls to be essential as they said it was scary hearing others giving birth, and frustrating hearing others give birth if their own labour is long. Young mothers also wanted a kitchen with fruit or snacks. They were averse to the unit smelling like a hospital. The young mothers suggested additional rooms in the PBU so that the unit could be a place where they could transfer to after birthing in hospital and be supported. They were concerned that mothers could be transferred back to the unit if they had been transferred from the unit to hospital, e.g. for pain relief.

Parenting groups

Parenting groups wanted the PBUs to have single rather than shared rooms as they were concerned about privacy. They wanted enough space for the father to be able to stay, and for both sets of grandparents to be able to visit. They emphasised the importance of the PBU being family-friendly, and dad friendly in particular. They would like double beds to be provided for dads to stay, and they felt it was important for PBUs to have less restrictive visiting hours. They would also like to be able to bring children in to see the new baby. They reiterated the importance of a warm and friendly environment as it can be hard for new mothers to ask for help or support.

Participants in parenting groups suggested the PBU could become a hub for other services, such as antenatal services, and to provide information about home births. They would also like to see the PBU provide parenting advice and support to ensure that parents are well prepared before they go home. Other services which participants suggested included physiotherapy services, exercise classes and mental health support including information on warning signs.

They would like the feel of the PBU to be homely. They are wary of private providers charging them for additional extras finding it elite and off-putting.

Gender (Online)

Both men and women had very similar ranked preferences. The only notable difference was the ranking of birthing pools, which was considered more important to women (ranked 5th) than men (ranked 13th).

For both men and women, breastfeeding support/advice was the highest ranked service to have as part of a PBU. The top four choices, namely breastfeeding support and advice, a family-friendly service, a PBU considered easy to get to by car, and a service which provided healthy, tasty meals were listed as essential by over 75% of the women surveyed. The top three services ranked by men, were considered to be essential by over 75% of male respondents.

Lower ranked items for both men and women included access to food for visitors, and a private garden area, a children's playground and nearby health services.

Other essential features of a PBU (Online)

Respondents were asked if there were other essential services or features they would like to see in a PBU. More than one in ten (13%) respondents said that they would like parenting or postnatal support or advice. One in ten (10%) said that they would like the room to be comfortable, with the ability to play music, a double bed, or the provision of arm chairs and lazy boys.

Some respondents (5%) noted that the Warkworth Birthing Centre was an excellent example of a PBU, and said that they would like to see any new PBUs modelled on that.

It was noted that Muslim women need their own room away from men, but large enough to hold visitors. They would prefer a kitchen to be available where they could make their own halal food. They would also like a space where they can pray. Other requirements include no shoes to be worn. They would like lactation support including an option to formula feed their babies.

Proximity to home or hospital

Respondents were asked whether they would prefer the Primary Birthing Unit to be closer to home or the hospital. (See Appendix 1).

Those in West Auckland and on the North Shore and Hibiscus Coast area preferred the PBU to be between home and hospital, or closer to hospital. Those in Rodney favoured a mid-point.

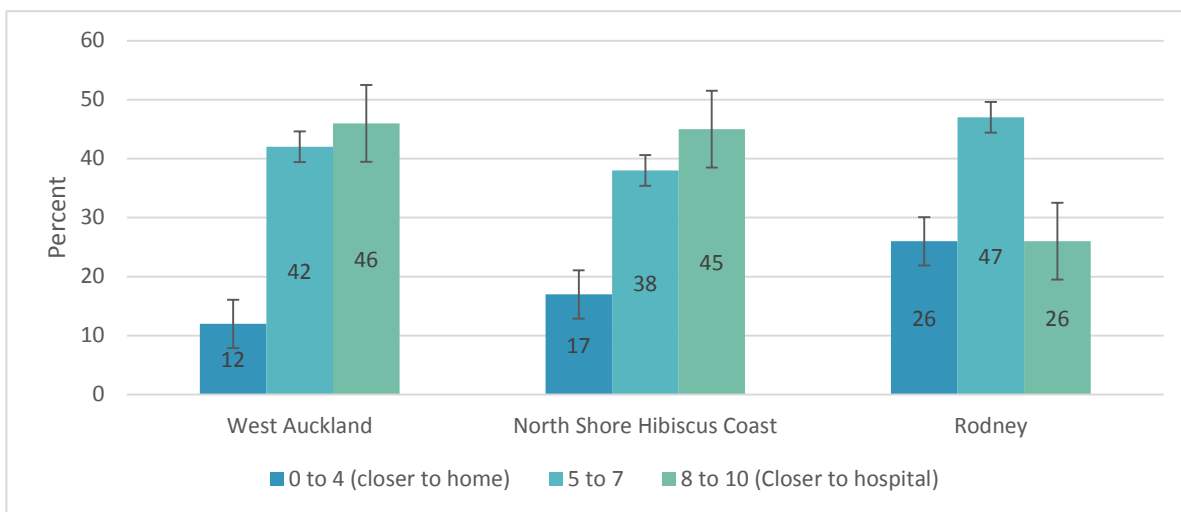
Those on the LMC midwives and other health professionals, were more likely to prefer the PBU to be located between home and hospital. Consumers were divided in their preferences between it being located between home and hospital, or nearer a hospital.

Consumers from ethnicities other than European were most likely to prefer the unit to be located closer to hospital. Those attending Asian groups suggested that it needed be close enough to the hospital to get there if there are complications so that families feel safe, however far enough away that the issues associated with hospitals, such as parking, a lack of privacy and the risk of infection, are minimised.

Those aged under 30 years were slightly more likely to prefer the birthing unit sited between home and hospital. Those aged 30-39 years were more likely to prefer it to be sited closer to the hospital.

Whilst women preferred a PBU to be located closer to hospital than home, or somewhere in between, men were slightly more likely to prefer it to be sited closer to hospital.

Figure 13: Proximity to home and hospital, by area



CLOSER TO HOME	0	1	2	3	4	5	6	7	8	9	10	CLOSER TO HOSPITAL	n=
West Auckland	1.1% (5)	3.2% (15)	3.0% (14)	2.8% (13)	1.7% (8)	23.4% (109)	5.2% (24)	13.7% (64)	16.7% (78)	6.0% (28)	23.2% (108)		466
North Shore Hibiscus Coast	3.7% (14)	3.5% (13)	3.2% (12)	3.2% (12)	3.5% (13)	20.9% (78)	4.5% (17)	12.6% (47)	17.6% (66)	7.8% (29)	19.5% (73)		374
Rodney	5.7% (3)	1.9% (1)	5.7% (3)	5.7% (3)	1.9% (1)	39.6% (21)	3.8% (2)	3.8% (2)	13.2% (7)	9.4% (5)	9.4% (5)		53

* Significant differences between highest and lowest values.

Location of birthing unit

Waitakere

Those who live in the Waitakere area preferred the PBU to be located in Henderson, Ranui or New Lynn. Asian groups suggested Blockhouse Bay or Titirangi in the trees as an option.

North Shore

Those from the North Shore indicated that they would like to see the PBU somewhere on the North Shore, in Takapuna, or Northcote. Asian groups suggested Albany as a good location, with staff able to cope with emergencies as it is a distance from the hospital.

Rodney

Online respondents from Rodney favoured a PBU based at either North Shore, Albany or West Auckland. Some reiterated they would like to see it located close to a hospital.

Other comments

In general respondents were supportive of a PBU, largely as they felt it was good to have birthing options. Key concerns from consumers centred on how it would be run if privately operated. There were also questions regarding the availability of land. Respondents commented that they would like on-going involvement and input into the development of a PBU.

Overall

Overall there is agreement that those consulted would be likely to recommend the PBU to others, and those hoping to have a baby in the future would be likely to use it.

The Waitemata DHB: Primary Birthing Unit Consultation of online survey respondents and group participants has found support for a PBU to be based in the community and run by the DHB.

Features considered essential to a PBU vary according to the age, culture and ethnicity of those consulted. Nonetheless, there are common features, such as breastfeeding support, a warm friendly environment with single rooms which can accommodate friends and family.

It is noted that many of those consulted said that they would like to continue to be involved in the development of a PBU should these be progressed.

Appendix 1: Tables

Appendix table 1: Overall: Preferred choice for the Primary Birthing Unit

	FIRST CHOICE	% n=	SECOND CHOICE	% n=	THIRD CHOICE	% n=	FOURTH CHOICE	% n=
Gender								
Overall	In community, DHB operated	38.2% (376)	On hospital grounds, in a separate building	31.4% (307)	In community, privately operated	23.4% (226)	In hospital, near the maternity unit	12.5% (121)
Women	In community, DHB operated	38.8% (341)	On hospital grounds, in a separate building	30.6% (266)	In community, privately operated	24.6% (212)	In hospital, near the maternity unit	10.7% (92)
Men	On hospital grounds, in a separate building	33.9% (19)	In community, DHB operated	32.8% (19)	In hospital, near the maternity unit	20.7% (12)	In community, privately operated	17.5% (10)
Respondent type								
Consumer	In community, DHB operated	34.8% (175)	On hospital grounds, in a separate building	34.6% (140)	In community, privately operated	24.7% (121)	In hospital, near the maternity unit	9.0% (45)
Organisation	In community, DHB operated	51.5% (34)	On hospital grounds, in a separate building	25.0% (16)	In community, privately operated	21.9% (14)	In hospital, near the maternity unit	19.1% (13)
Health Provider	In community, DHB operated	45.6% (57)	In community, privately operated	25.4% (33)	On hospital grounds, in a separate building	20.6% (26)	In hospital, near the maternity unit	12.2% (16)
LMC midwives	In community, privately operated	51.3% (40)	In community, DHB operated	33.3% (26)	On hospital grounds, in a separate building	14.3% (11)	In hospital, near the maternity unit	5.4% (4)
Other / Prefer not to say	In community, DHB operated	42.9%* (72)	On hospital grounds, in a separate building	30.9% (53)	In community, privately operated	19.8% (34)	In hospital, near the maternity unit	12.9% (18)
Ethnicity								
European	In community, DHB operated	38.8% (302)	On hospital grounds, in a separate building	30.5% (235)	In community, privately operated	26.2% (199)	In hospital, near the maternity unit	8.5% (64)
Māori	In community, DHB operated	35.1% (26)	On hospital grounds, in a separate building	32.9% (25)	In community, privately operated	25.7% (19)	In hospital, near the maternity unit	8.5% (6)
Pacific peoples	In community, DHB operated	48.9% (45)	On hospital grounds, in a separate building	28.1% (25)	In hospital, near the maternity unit	26.6% (25)	In community, privately operated	11.4% (10)
Asian	In community, DHB operated	31.5% (29)	On hospital grounds, in a separate building	31.2% (29)	In hospital, near the maternity unit	29.5% (28)	In community, privately operated	13.0% (12)
MELAA	On hospital grounds, in a separate building	50.0% (6)	In community, privately operated	27.3% (3)	In hospital, near the maternity unit	16.7% (2)	In community, DHB operated	16.7% (2)
Other / Prefer not to say	In community, DHB operated	38.9% (21)	In community, privately operated	30.8% (16)	On hospital grounds, in a separate building	22.6% (12)	In hospital, near the maternity unit	11.8% (6)

	FIRST CHOICE	% n=	SECOND CHOICE	% n=	THIRD CHOICE	% n=	FOURTH CHOICE	% n=
Age								
19 years or less	In community, DHB operated	53.8% (7)	In hospital, near the maternity unit	23.1% (3)	On hospital grounds, in a separate building	15.4% (2)	In community, privately operated	8.3% (1)
20-29 years	On hospital grounds, in a separate building	35.4% (79)	In community, DHB operated	33.2% (73)	In community, privately operated	25.1% (55)	In hospital, near the maternity unit	9.6% (21)
30-39 years	In community, DHB operated	37.6% (151)	On hospital grounds, in a separate building	33.9% (134)	In community, privately operated	21.3% (83)	In hospital, near the maternity unit	12.3% (48)
40-54 years	In community, DHB operated	40.9% (88)	In community, run by private provider	26.5% (58)	On hospital grounds, in a separate building	25.0% (54)	In hospital, near the maternity unit	10.6% (23)
55+ years	In community, DHB operated	45.4% (44)	On hospital grounds, in a separate building	29.9% (29)	In community, privately operated	25.8% (24)	In hospital, near the maternity unit	13.0% (12)
Region								
West Auckland	In community, DHB operated	40.8% (172)	On hospital grounds, in a separate building	33.0% (138)	In community, privately operated	21.0% (86)	In hospital, near the maternity unit	11.2% (46)
North Shore Hibiscus Coast	In community, DHB operated	37.2% (132)	On hospital grounds, in a separate building	33.0% (138)	In community, privately operated	24.5% (83)	In hospital, near the maternity unit	10.3% (35)
Rodney	In community, DHB operated	42.0% (172)	In community, privately operated	21.0% (86)	On hospital grounds, in a separate building	20.4% (10)	In hospital, near the maternity unit	s
Other / Prefer not to say	In community, DHB operated	38.7% (106)	In community, privately operated	28.0% (75)	On hospital grounds, in a separate building	25.1% (68)	In hospital, near the maternity unit	13.3% (35)
Potential future birthing population								
Hoping to have a baby in the future	In community, DHB operated	35.6% (235)	On hospital grounds, in a separate building	29.5% (195)	In community, privately operated	23.2% (153)	In hospital, near the maternity unit	11.8% (78)
Women under 30 years	In community, DHB operated	36.3% (78)	On hospital grounds, in a separate building	36.1% (67)	In community, privately operated	25.5% (54)	In hospital, near the maternity unit	9.0% (19)

Note that the percentages may not add up to 100% as the options are drawn from four different survey variables

Appendix table 2: Preferred option for the primary birthing unit (group participants)

	FIRST CHOICE	% n=	SECOND CHOICE	% n=	THIRD CHOICE	% n=	FOURTH CHOICE	% n=
Open forums	In community, run by DHB	43.0% (113)	On hospital grounds, separate entrance	32.5% (76)	In hospital, near the maternity unit	28.7% (73)	In community, privately operated	14.9% (33)

Note that the percentages may not add up to 100% as the options are drawn from four different survey variables

Appendix table 3: Features of primary birthing unit, rankings by ethnicity (online)

	EUROPEAN	MĀORI	PACIFIC PEOPLES	ASIAN	MELAA	OTHER / PREFER NOT TO SAY
Breastfeeding support / advice	1	1	1	1	1	1
Family-friendly	2	2	4	2	2	2
Easy to get to by car	3	4	2	4	3	4
Tasty healthy meals	4	7	6	8	13	7
Birthing pool	5	6	9	14	14	6
Partners able to stay overnight	6	3	5	3	4	5
Private ensuite bathrooms	7	5	7	9	5	8
Free car parking	8	8	8	5	6	3
Lounge area for families	9	10	11	12	12	12
Clinic rooms for appointments (e.g. midwife, lactation consultant, physiotherapist)	10	9	3	6	10	9
Easy to get to by public transport	11	12	10	7	8	11
Pregnancy and parenting classes	12	11	13	11	9	13
Language support	13	13	12	10	7	10
All day visiting	14	14	14	13	11	14
Other community health services nearby	15	15	15	15	16	16
Private garden area	16	17	18	18	18	17
Access to food for visitors	17	16	17	16	15	15
Children's playground	18	18	16	17	17	18

NB: Shaded cells denote that 75% or more respondents considered the feature to be an essential part of the unit.

Appendix table 4: Features of PBUs, rankings by gender (Online survey)

	FEMALE	MALE
Breastfeeding support / advice	1	1
Family-friendly	2	3
Easy to get to by car	3	2
Tasty healthy meals	4	4=
Birthing pool	5	13
Partners able to stay overnight	6	4=
Private ensuite bathrooms	7	8
Free car parking	8	4=
Clinic rooms for appointments (e.g. midwife, lactation consultant, physiotherapist)	9	4=
Lounge area for families	10	9
Pregnancy and parenting classes	11	14
Easy to get to by public transport	12	10
Language support	13	11
All day visiting	14	12
Other community health services nearby	15	16=
Private garden area	16	18
Access to food for visitors	17	15
Children's playground	18	16=
OVERALL	n=948	n=63

* Other includes Gender Diverse & Prefer not to say. Gender diverse numbers were too small to provide robust analysis.

NB: Shaded cells denote that 75% or more respondents considered the feature to be an essential part of the unit

Appendix table 5: Features of the PBU identified as essential, by age group

	19 AND UNDER	20-29	30-39*	40-54	55+	PREFER NOT TO SAY
Breastfeeding support / advice	1	1	1	1	1	1
Family-friendly	4	2	2	2	3	3
Easy to get to by car	3	3	3	3	2	13
Tasty healthy meals	9	5	4	4	7	11
Partners able to stay overnight	6	4	5	7	11	9
Birthing pool	7	6	6	5	6	2
Private ensuite bathrooms	15	8	7	6	4	10
Free car parking	12	7	8	8	10	8
Lounge area for families	8	10	9	10	12	15
Clinic rooms for appointments (e.g. midwife, lactation consultant, physiotherapist)	2	9	10	9	5	6
Pregnancy and parenting classes	5	13	11	12	9	5
Easy to get to by public transport	13	11	12	11	8	4
Language support	11	12	13	13	13	7
All day visiting	10	14	14	14	14	16
Other community health services nearby	16	15	15	16	15	12
Children's playground	17	18	16	18	17	17
Access to food for visitors	14	16	17	17	18	18
Private garden area	18	17	18	15	16	14
OVERALL	n=13	n=233	n=431	n=239	n=113	n=7

NB: Shaded cells denote that 75% or more respondents considered the feature to be an essential part of the unit

Appendix table 6: OVERALL - Proximity to home and hospital

	CLOSER TO HOME	0	1	2	3	4	5	6	7	8	9	10	CLOSER TO HOSPITAL	n=
Overall		2.6%	3.0%	3.3%	3.5%	2.5%	22.4%	4.4%	13.6%	16.6%	7.2%	20.8%		1034
Hoping to have a baby in future		2.7%	3.4%	3.8%	3.3%	2.2%	22.6%	4.7%	13.0%	17.3%	6.5%	20.6%		875
Women under 30 years		2.7%	1.8%	0.9%	2.3%	3.6%	25.8%	6.3%	14.5%	17.2%	5.9%	19.0%		221
European		2.8%	2.8%	3.9%	3.5%	2.7%	24.0%	5.4%	14.5%	16.6%	6.0%	17.8%		820
Māori		1.3%	2.6%	3.8%	1.3%	1.3%	16.7%	3.8%	15.4%	12.8%	5.1%	35.9%		78
Pacific peoples		1.2%	6.0%	1.2%	0.0%	0.0%	19.0%	1.2%	11.9%	14.3%	10.7%	34.5%		84
Asian		3.9%	2.9%	1.9%	3.9%	0.0%	10.7%	1.0%	14.6%	22.3%	9.7%	29.1%		103
MELLA		7.7%	0.0%	0.0%	0.0%	0.0%	23.1%	0.0%	15.4%	15.4%	0.0%	38.5%		13

* Significant difference between highest and lowest values.

Appendix table 7: OVERALL - Would you recommend a primary birthing unit, by respondent type (online)

	0	1	2	3	4	5	6	7	8	9	10	Don't Know	n=
Overall	0.4%	0.6%	0.8%	0.6%	0.5%	4.2%	2.0%	6.6%	13.4%	8.8%	52.1%	10.1%	1057
Potential future birthing population													
Hoping to have a baby in future	0.5%	0.6%	0.6%	0.6%	0.6%	4.1%	2.2%	6.3%	13.3%	9.0%	51.3%	11.1%	875
Women under 30 years	0.5%	0.0%	0.5%	0.0%	0.5%	4.6%	2.7%	3.7%	13.2%	4.1%	58.4%	11.9%	219
Respondent type													
Consumers	0.4%	0.0%	0.6%	0.6%	0.4%	4.0%	1.7%	6.9%	14.9%	8.4%	50.0%	12.2%	524
Organisations	0.0%	1.3%	0.0%	0.0%	0.0%	2.5%	2.5%	6.3%	15.0%	18.8%	45.0%	8.8%	80
Health professionals	0.7%	1.4%	1.4%	2.1%	0.0%	6.3%	0.0%	2.8%	14.8%	12.7%	56.3%	1.4%	142
LMC Midwives	0.0%	0.0%	1.2%	0.0%	0.0%	2.4%	1.2%	1.2%	7.3%	8.5%	78.0%	0.0%	82
Other / Prefer not to say	0.0%	1.5%	0.5%	0.0%	1.0%	2.5%	1.5%	10.1%	9.5%	8.5%	56.3%	8.5%	199
Ethnicity													
European	0.4%	0.2%	0.7%	0.7%	0.6%	3.7%	1.6%	6.7%	13.9%	8.1%	53.4%	10.0%	819
Māori	1.3%	0.0%	3.8%	0.0%	1.3%	3.8%	1.3%	10.1%	12.7%	10.1%	49.4%	6.3%	79
Pacific peoples	0.0%	0.9%	1.9%	0.0%	0.0%	2.8%	2.8%	5.6%	8.4%	10.3%	60.7%	6.5%	186
Asian	0.0%	2.0%	0.0%	0.0%	0.0%	7.8%	3.9%	7.8%	14.7%	12.7%	38.2%	12.7%	102
MELLA	7.1%	7.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.1%	64.3%	14.3%	14
Other	0.0%	0.0%	0.0%	0.0%	0.0%	5.1%	1.7%	6.8%	20.3%	6.8%	52.5%	6.8%	59

* *Significant difference between highest and lowest values.

Appendix table 8: OVERALL - Would you choose to give birth in a primary birthing unit (online)

	0	1	2	3	4	5	6	7	8	9	10	CLOSER TO HOSPITAL	n=
Overall	7.8%	3.0%	2.1%	2.2%	1.0%	6.3%	3.3%	9.7%	12.7%	7.9%	44%	CLOSER TO HOME	624

Appendix table 9 - Respondent profile

	All respondents n=1111	Percentages (%)
Overall		
Online survey	1077	75.6%
Open forums (forms)	348	24.4%
Mixed ethnicity hui participants	57	18.8%
Māori hui participants	54	17.8%
Pacific fono participants	140	46.2%
Asian, refugee, migrant forums	52	17.2%
Potential future birthing population		
Hoping to have a baby in future	682	77.6%
Women under 30 years	225	22.0%
Gender		
Female	952	93.3%
Male	63	6.2%
Gender Diverse	3	0.3%
Prefer not to say	2	0.2%
Age		
19 years or less	13	1.3%
20-29 years	235	22.5%
30-39 years	432	41.6%
40-54 years	239	23.1%
55 years or more	113	10.9%
Prefer not to say	7	0.7%
Ethnicity (Multiple response)		
European	823	77.2%
Māori	80	7.5%
Pacific peoples	118	10.5%
Asian	105	9.9%
Middle Eastern, Latin American	8	0.8%
African	6	0.6%
Other	51	4.8%
Respondent type		
Consumers	527	58.9%
Organisations	85	9.4%
Health Professionals	147	16.3%
LMC Midwife	82	9.2%
Other / Prefer not to say	204	23%
Area		
North Shore and Hibiscus Coast	387	37.1
West Auckland	485	46.5
Rodney	56	5.4
Auckland central	91	8.7
Other	25	2.4

KEYRespondent type**Consumers** (Consumer, maternity service user);**Organisations** (Māori organisation, Pacific peoples organisation, Asian organisation, Youth organisation, Women's health organisation);**Health professionals** (LMC Midwife*, LMC Obstetrician, DHB maternity clinical staff, Community health provider, Private health provider);**Other** (Government / Ministry of Health, Union, Other – please specify, Prefer not to say)

* LMC midwife separated for analysis, as health professional providing advice on place of birth when in a primary birthing units

Region

Grouped by locality, based on local boards by Auckland Council:

North Shore and Hibiscus (Devonport-Takapuna, Hibiscus and Bays, Kaipātiki, North Shore, Upper Harbour);

West Auckland (Henderson-Massey, Waitākere Ranges, West Auckland, Whau);

Rodney (Rodney, excluding Hibiscus and Bays)

Auckland central (Auckland)

Other (Counties Manukau, Outside Auckland Metro, Other/Unknown)

Unspecified (unknown, prefer not to say)

Appendix 2: Consultation Timeline

Date	Meetings & activities
Mon, 18/Jan	Start of public consultation period Reo Ora Website Primary Birthing Unit consultation information and survey (live) Press Release to Auckland & Waitemata press, and Womens Health Collaboration maternity stakeholders advising of start of public consultation (with links to Reo Ora site)
Tue, 19/Jan	Blog linking public to online consultation on Reo Ora site on Waitemata DHB facebook site Banner linking public to online consultation on Reo Ora site on Waitemata DHB website Banner linking staff to online consultation on Reo Ora site on Waitemata DHB intranet homepage
Tue, 02/Feb to Fri, 05/Feb	Posters advertising online consultation and public meetings, put into community at Libraries, Community Houses, Citizens Advice Bureau, and other places that families attend from Rodney: Whangaparoa to Dairy Flat North Shore: Browns Bay to Devonport Waitakere: Whenuapai to New Lynn
Thu, 11/Feb	11am: Matua Pasifika Wellness Group, Henderson (Pacific Elderly Group)
Sat, 13/Feb	10-12: West Auckland Pacific Fono, Kelston Community Hall, (Pacific focused community meeting)
Wed, 17/Feb	10.30am: De Paul House Café Club, Onewa Road, Northcote (Migrant and displaced families)
Wed, 17/Feb	6-8pm: North Shore Pacific Fono, Maria Assumpta Church Hall, Beach Haven (Pacific focused community meeting)
Thu, 18/Feb	7pm Enea Ola Health Committee, The Fono (West Auckland Pacific Health & Community providers)
Fri, 19/Feb	9.45am: Safari Playgroup, Henderson Baptist Church (Refugee & Migrant women)
Sat, 20/Feb	10-12: North Shore community meeting, Northcote Netball Centre (general community and healthcare provider meeting)
Sat, 20/Feb	10-12: West Auckland Asian meeting, Kelston Community Centre (Asian focused community meeting)
Mon, 22/Feb	11.30am - WISE women meeting, Henderson (women from diverse refugee backgrounds)
Mon, 22/Feb	1-3: North Shore Maori community hui, Birkdale Community Hall, Birkdale (Maori focused community meeting)
Tue, 23/Feb	10-11am: Positive Parenting network meeting, Man Alive, 11 Edmonton road, Henderson
Tue, 23/Feb	12-1: Incredible Years education, Whanau House (Maori focussed parent education)
Tue, 23/Feb	Ranui Community Action Network meeting, Ranui Baptist Church
Wed, 24/Feb	10-12am: TANI Network Meeting (75+ people), Western Springs
Wed, 24/Feb	10-12: West Auckland community meeting, Ranui Baptist Church (general community and healthcare provider meeting)

Date	Meetings & activities
Wed, 24/Feb	12-1: Incredible Years education, Whanau House (Maori focussed parent education)
Thu, 25/Feb	8.30am: Waipareira Staff meeting, Whanau House, Henderson (Community health workers)
Sat, 27/Feb	10-12: North Shore Asian community meeting, St John Centre, Takapuna (Asian focused community meeting)
Mon, 29/Feb	<p>Email to Auckland & Waitemata press and Women’s Health Collaboration maternity stakeholders advising of additional week extension of public consultation (with links to Reo Ora site)</p> <p>Extension update on Blog linking public to online consultation on Reo Ora site on Waitemata DHB facebook site</p> <p>Extension update on Banner linking public to online consultation on Reo Ora site on Waitemata DHB website</p> <p>Extension update on Banner linking staff to online consultation on Reo Ora site on Waitemata DHB intranet homepage</p>
Mon, 29/Feb	9-10: Te Puna Hauora Staff meeting, Northcote (Maori focused healthcare provider meeting)
Fri, 04/Mar	Ohana teen parents group, West Auckland (Teen parent focussed meeting)
Fri, 04/Mar	Tongan Self-Management Education group, New Lynn (older adult)
Mon, 07/Mar	<p>7am Reo Ora Website Primary Birthing Unit consultation information and survey (closed)</p> <p>End of public consultation period</p>

Appendix 3: Key partners and community networks

Group	Outcome
Womens Health Stakeholder Network	Promoted to participants (approx. 150) Auckland DHB & Waitemata DHB Womens Health Collaboration stakeholders, who were encouraged to share with their networks across Health and Community organisations involved in Womens Health.
General community	<p>The two Health Links were a key partner for the two general community forums. They published information in their newsletters and actively promoted through their networks with particular encouragement to attend the events. Health links also helped to distribute posters through Plunket and childcare groups and enabled participation in networks eg in Ranui.</p> <p>The North Shore Community Co-ordinators also helped to spread the word through their networks and while there were opportunities to attend their community family days, the team was too stretched.</p>
Maori community	Worked in partnership with Te Runanga o Ngati Whatua to help encourage involvement and participation in the Maori community forum. Discussions also took place with Te Puna and with the Waipareira Trust.
Disability community	Promoted through the disability networks and a sign language interpreter was offered for the two general community events but not required.
Asian community	<p>The Asian Network Incorporated (TANI) were a key partner and supported the two Asian community events in Kelston and Takapuna. TANI encouraged attendance at the events from people enrolled in their Healthy Babies Healthy Futures programme, promoted the consultation through their networks and social media and provided time at their network meeting to talk about the consultation and gather feedback.</p> <p>The Chinese New Settlers Services Trust also promoted through their networks through Chinese social media sites and attended the North Shore Asian community event.</p> <p>Cultural performers were arranged for both Asian community events which further encouraged participation from the Chinese and Korean communities.</p>
Youth	Promoted through Youthline, the Youth Health Hub and Youth Horizons Trust. Connections with Teen Parents, the Positive Parenting network and the Ohana Young Parents Unit
Pacific community	<p>Worked in partnership with the Fono to support attendance at the west Pacific community forum and to enable discussion with Enea Ola and other small Pacific group meetings.</p> <p>North Shore Pasefika forum were a partner in delivering the North Shore Pacific community forum and they helped to spread the word through local churches and through social media.</p>
Refugee and migrant communities	Gained support from the Auckland regional refugee migrant team to connect with key groups such as the WISE women's collective and the Safari playgroup in West Auckland. Also met with De Paul House on the North Shore.

Appendix 4: People involved in consultation

Waitemata DHB staff involved in consultation meetings and promotion:

- Carol Hayward*
- Wendy Devereux*
- Linda Harun*
- Peter van der Weijer*
- Emma Farmer*
- Ruth Bijl *
- Lita Foliaki*
- Leani Sandford*
- Sangeeta Shah*
- Wai Vercoe*
- Aroha Haggie*
- Galuafi (Galu) Lui
- Grace Ryu
- Samantha Dalwood
- Bruce Levi
- Christine Mellor
- Sue Fitzgerald
- Louise Elia - Kaumatua
- Frank Taipari - Kaumatua
- Jay O'Brien
- Samantha Bennett
- Lifeng Zhou
- Sione Feki

Consumer and partner organisations involved in consultation meetings, support and promotion:

- Jesse Solomon (Waitemata DHB Consumer Liaison)*
- Isis McKay (Auckland DHB Consumer Liaison)*
- The Fono: Hira Harema, Lingi Pulesea
- North Shore Pasefika Forum: Gaylene Wilson, Maria Lafaele
- Maria Assumpta Catholic Church: Fr Ikenasio Vitaliano (Parish Priest)
- TANI: Samuel Cho, Vishal Rishi and Lily Xu
- Te Runanga o Ngati Whatua: Te Hao Apaapa-Timu, Matua Heta Tobin
- Youth Health Hub: Junior Tavai
- Waipareira: Susan Van der Plas & Audrey Tinsley
- Te Puna: John Marsden
- Waitakere Health Link – Tracy McIntyre, David Lui, Farhana Buksh, Kay Lindley, Noelene Coppell, David Lui
- Health Link North – Wiki Shepherd Sinclair, Lorelle George, Jennie Michel, Tanya Binzegger
- Ohana Young Parent Unit: Kerry Leonard and Sam Molesworth

* *Womens Health Collaboration - Primary Birthing Unit Consultation Project Team*

Appendix 5: References

Hollowell J, Puddicombe D, Rowe R, Linsell L, Hardy P, Stewart M, et al. (2011). *The Birthplace national prospective cohort study : perinatal and maternal outcomes by planned place of birth*. Birthplace in England research programme. Final report part 4. United Kingdom.

Farry, A. (2015). A retrospective cohort study to evaluate the effect of 'Place Presenting in Labour' and 'Model of Midwifery Care' on maternal and neonatal outcomes for the low risk women birthing in Counties Manukau District Health Board. Auckland University of Auckland Thesis available online at May 9, 2016:

<http://aut.researchgateway.ac.nz/bitstream/handle/10292/9467/FarryA.pdf?sequence=3>

18 January to 7 March 2016

Primary Birthing Unit Consultation



Introduction

Waitemata District Health Board (DHB) currently has primary birthing units in Helensville, Warkworth and Wellsford and is considering opening a new primary birthing unit in West Auckland, followed by one on the North Shore. Community support is a key factor in whether a unit is well used or not, so the DHB is holding a public consultation to hear what communities, individuals and health professionals think.

What is a primary birthing unit

Primary birthing units are places where healthy women with no complications can give birth, then stay for a day or two afterwards. They are staffed by midwives and have a relaxed homely feel. They are family friendly and partners are often able to stay overnight. Research says that giving birth in a primary birthing unit is safe for women with no complications. Primary birthing units have all the necessary equipment for normal birth. Women transfer to a hospital if they need epidurals or caesareans. Primary birthing units are free to all women eligible for publically funded healthcare (if the unit is public or has a contract with the DHB).

How to have your say

This consultation is important to help the DHB understand where a primary birthing unit should be located, what facilities should be there and how the unit should be managed. It will help us understand what would encourage the community to use the unit.

Consultation will begin on Monday 18 January and will close on Monday **7 March 2016**. As part of the consultation, there will be community events, an online survey and information available in a wide range of places including online at www.healthvoice.org.nz. Where possible, the DHB will provide a speaker on request to talk with community groups or networks.

This survey can be completed by individuals, community organisations, health professionals or any interested persons. It will take 5-10 minutes to complete. You do not need to complete all questions but we do ask you to provide your name and email address so that we can keep you informed of the results and outcome of this consultation. Please let others know about the consultation so they can have a say too.

Everyone who provides feedback will be invited to enter into a prize draw for a \$50 supermarket voucher.

Email engagement@waitematadhb.govt.nz to register for events direct, if you have any queries or would like to request a speaker.

The consultation closes on Monday 29 February 2016.

Your feedback

Your contact details

As this is a public consultation your name and email or postal address are required to help us feel confident that the feedback we receive is genuine. Your name and email address will not be published.

We will not use your name and contact details for any purpose apart from entering you into a prize draw for a \$50 supermarket voucher and providing you with feedback about this consultation.

1. Your name: _____

2. Your email address (or postal address if you prefer): _____

3. What suburb/neighbourhood do you live in? *This will be used to help us analyse the results of the consultation but is non-compulsory.* _____

4. What would be important to you to have as part of a primary birthing unit? *Please indicate if you think the features listed are essential, nice to have or not important.*

Features	Essential	Nice to have	Not important	Not sure
Access to food for visitors				
All day visiting				
Birthing pool				
Breastfeeding support / advice				
Children's playground				
Clinic rooms for appointments (eg midwife, lactation consultant, physiotherapist)				
Easy to get to by car				
Easy to get to by public transport				
Family friendly				
Free car parking				
Language support				
Lounge area for families				
Other community health services nearby				
Partners able to stay overnight				
Pregnancy & parenting classes				
Private ensuite bathrooms				
Private garden area				
Tasty healthy meals				

5. Do you have any other suggestions? _____

6. Is it more important for the primary birthing unit to be closer to home or closer to the hospital? *Please indicate your preferred location using the scale of 0-10.*

0 – closer to home	1	2	3	4	5	6	7	8	9	10 – closer to hospital

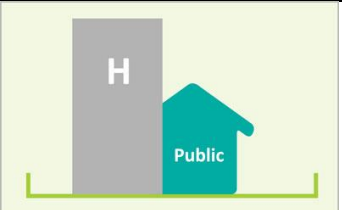


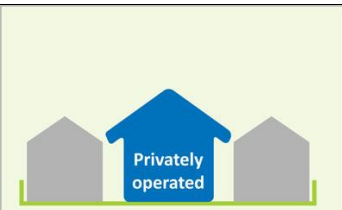
7. Do you have any preference on which suburb/neighbourhood it should be located?

8. Why do you think this?

Primary Birthing Units come in a range of different designs to suit community needs. If a primary birthing unit is closer a hospital it is easier for a woman to transfer to hospital if needed. If the Primary birthing unit is located in the community there is a greater chance of a woman having a normal birth. For the baby, all options are equally safe. UK Birthplace study 2014.

In the question below we have described the options that the Waitemata DHB is considering. Use the pictures below to rank the kind of primary birthing unit you would prefer - you can choose as many or as few as you like.

9. Please indicate your order of preference from 1st choice being your most preferred to 4th choice being your least preferred

Image	Explanation	1st choice	2nd choice	3 rd choice	4 th choice
	Located in a hospital, next to or very close to the maternity unit.				
	Located in the community, operated by the DHB.				
	Located on hospital grounds in a separate building, with its own entrance				
	Located in the community, operated by a private or community contractor, but still free.				

10. Would you recommend a primary birthing unit to someone having a baby? *Please use the scale of 0-10 to identify your likelihood of recommending one.*

0 – definitely not	1	2	3	4	5	6	7	8	9	10 – definitely would	Don't know

11. If you are hoping to have a baby in the future, would you choose to give birth in a primary birthing unit? *If you are not hoping to have a baby in the future, please go to the next question. Please use the scale to identify your likelihood of using one*

0 – definitely not	1	2	3	4	5	6	7	8	9	10 – definitely would	Not relevant

12. Do you have any comments to help us understand your answers to the previous questions? _____

13. Do you have any other comments or feedback? _____

About you

We would be grateful if you could answer a few questions about yourself to help us to understand how well we have reached our community. These questions will not be used to identify individuals but may help us to understand if there are different perspectives from different parts of the community.

14. Gender:

Female / Male / Gender diverse / Prefer not to say

15. Age group:

19 years or less	
20-29 years	
30-39 years	
40-54 years	
55+	
Prefer not to say	

16. Which ethnic group do you belong to? *Please select as many options that apply below.*

New Zealand European		Chinese	
Other European		Indian	
Maori		Japanese	
Samoan		Korean	
Cook Islands Maori		Other Asian	
Tongan		Middle Eastern	
Niuean		Latin American	
Tokelauan		African	
Fijian		Other please state	
Other Pacific Peoples		<i>Prefer not to say</i>	
Filipino			

17. Are you submitting on behalf of an organisation or group? No / Yes – please specify _____

18. Do you align yourself with any of the following? *Please select all that apply.*

Consumer / maternity service user	
Māori organisation	
Pacific peoples organisation	
Asian organisation	
Youth organisation	
Women's health organisation	
LMC Midwife	
LMC Obstetrician	
DHB maternity clinical staff	
Community health provider	
Private health provider	
Government / Ministry of Health	
Union	
Other – please specify	
Prefer not to say	

19. If you are a Lead Maternity Carer which area or areas do you work in? *Please select all that apply.*

West Auckland	
North Shore	
Rodney	
Auckland Central	
Other – please specify	
Prefer not to say	

19. Would you like your name to be entered into the prize draw for a \$50 supermarket voucher? Yes / No

20. Are you interested in being added to the mailing list to get involved in future maternity services improvements across Auckland and Waitemata DHBs? More information about the programme of work is at the following [link](#). *Note you will be able to unsubscribe at any time.* Yes / No

21. Would you be interested in being added to the new Waitemata District Health Board Reo Ora Health Voice online community panel to have your say on other health matters? You will be sent links to other online surveys or occasional invitations to participate in community forums and focus groups. *Note you will be able to unsubscribe at any time.* Yes / No

Thank you for your feedback

Thank-you for your feedback and having your say about primary birthing options for the Waitemata District Health Board.

What's next

Feedback closes on Monday 7th March 2016 (extended deadline). Please also encourage your friends, families and networks to participate if you feel they would be interested.

All feedback provided through events and through this survey will be collated, analysed and provided to the Waitemata DHB Board to make a final decision on primary birthing unit options.

We will provide you with an update later this year on the results of the consultation, when decisions have been made and with other opportunities to get involved.