

Taranaki District Health Board  
Te Poari Hauora-ā-Rohe o Taranaki

# MATERNITY ANNUAL REPORT 2018-2019





## ACKNOWLEDGEMENTS

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## Our Shared Vision / Te Matakite

Taranaki Together, a Healthy Community  
Taranaki Whānui, He Rohe Oranga

## Our Mission / Te Kaupapa

Improving, promoting, protecting and caring for the health and wellbeing of the people of Taranaki

## Our Aims / Ngā Whainga

- To promote healthy lifestyles and self responsibility
- To have the people and infrastructure to meet changing health needs
- To have people as healthy as they can be through promotion, prevention, early intervention and rehabilitation
- To have services that are people-centred and accessible, where the health sector works as one
- To have a multi-agency approach to health
- To improve the health of Māori and groups with poor health status
- To lead and support the health and disability sector and provide stability throughout change
- To make the best use of the resources available.

## Our Values / Te Ahu

### Partnership / Whanaungatanga

We work together to achieve our goals

### Courage / Manawanui

We have the courage to do what is right

### Empowerment / Mana motuhake

We support each other to make the best decisions

### People matter / Mahakitanga

We value each other, our patients and whānau

### Safety / Manaakitanga

We provide excellent service in a safe and trusted environment

**TE AHU**  
TARANAKI DHB VALUES



## Maternity Services Vision

**Taranaki together, committed to caring in pregnancy, birth and beyond, for a Healthy Community:**

- HE URUNGA WHENUA
- HE URUNGA TANGATA
- HE URUNGA OHI
- HE URUNGA TARANAKITANGA
- KI TE TAIAO
- MAU TONU





# INTRODUCTION

FROM LYN WARDLAW DIRECTOR OF NURSING & MIDWIFERY, EXECUTIVE MANAGEMENT

Taranaki DHB's Maternity Services continues to remain committed to the Maternity Quality & Safety Programme. This report is fundamental in ensuring and assisting us in decision making, quality improvements and initiatives across Taranaki.

We are excited to present this and promote our adherence to Clinical Governance committee where the service audits, monitors and reviews the maternity service.

We are excited that the Ministry of Health funding has been approved to build a new unit in the very near future and in the mean time we have the opportunity to redesign Models of Care that will transport us into the new environment.

Taranaki DHB also continues to work closely on recruiting knowledgeable and skilled midwives while working with NZ Universities to promote our midwifery new graduate programmes. We have also appointed new clinical midwife coordinators which is a new

exciting initiative for our DHB. We continue to support Auckland University with fifth and sixth year Trainee Intern Programmes.

Taranaki DHB was in one of the first cohorts for the new National Maternity Vital Sign Chart rollout or Maternity Early Warning System chart, which has been introduced with great success here in maternity and throughout the DHB. The use of Intrathecal Morphine for postnatal caesarean analgesia has been a huge success and has seen the decrease of time for mobility post caesarean section and also with the amount of postnatal caesarean section pain relief.

In the past year Taranaki DHB's Maternity Services have all worked together for projects and events such as our Parent Hub at WOMAD, the Big Latch On to promote breastfeeding and Teddy Bear's picnic to celebrate SUDI prevention/smokefree. We have also completed our fifth Baby Friendly Hospital Initiative (BFHI) audit and await our results.

# PROFILING TARANAKI

## POPULATION PROFILE

According to Statistics New Zealand, in 2018/19 Taranaki DHB served a population of 119,800\* people.

The Māori population is projected to increase to 21.7% of the total population by 2028. The European, Māori, Pacific and Asian populations have grown since 2006, as at the 2013 Census. Taranaki has 83.9% identified as European and other, 17.1% as Māori, 1.7% as Pacific and 3.6% as Asian.

*Note: Where a person reported more than one ethnic group, they have been counted in each applicable group. As a result percentages do not add up to 100%.*

## AGE STRUCTURE

Our population is ageing and older than the national average, and is expected to age further in the future. The total number of people over the age of 65 is 20,980 (17.5%), with 7.8% of these being Māori.

A total of 38,440 people are under the age of 24 (32.1%), the number of Māori in this age group is 11,780 which represents 52.3% of Māori in the region.

## SOCIO-ECONOMIC INDICATORS

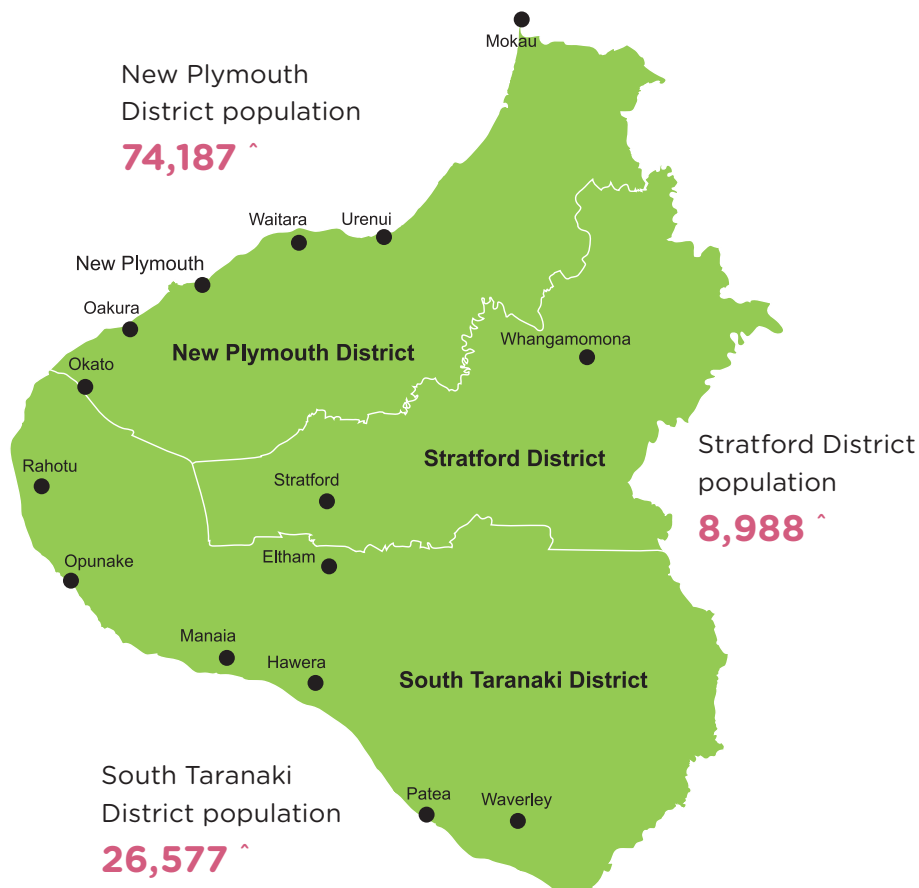
The Taranaki population sits around the centre of the socio-economic range.

Around 38.8% of the Taranaki population live in NZDEP2013 Decile 6, 7 and 8 compared to 30% nationally. Non-Māori are over-represented in the wealthiest socioeconomic deciles and Māori are over-represented in the lowest socio-economic deciles.

Within Taranaki, 32% of Māori live in the most deprived 20% of areas compared to 13% of non-Māori. In contrast, 7% of Māori live in 20% of the most affluent areas compared to 17% of non-Māori. Māori in Taranaki have five to six years less life expectancy than non-Māori.

\* Based on updated information received from Statistics New Zealand Population Projection released December 2018

^ Based on usually resident population, 2013 Census



# MATERNITY SERVICES

## IN TARANAKI

### BASE HOSPITAL PRIMARY & SECONDARY MATERNITY UNIT

Caesarean section  
Complex delivery  
Inpatient antenatal care  
Inpatient postnatal care  
Lactation consultant services  
Management of miscarriage  
Newborn hearing screening  
Normal delivery  
Orthopaedic hip checks  
Support for private obstetrician LMC (labour and birth)  
Ultrasound



### ANTENATAL CLINIC

Amniocentesis  
Fetal day assessment  
Outpatient specialist consultation clinics  
Secondary antenatal team clinics  
Secondary midwife clinics  
Vaccination clinic for flu and pertussis

### DELIVERY AND ANTENATAL WARD

- 1** pregnancy loss room "The Willow Suite"
- 5** primary and secondary birthing rooms
- 7** antenatal single rooms
- 1** birthing pool room

### POST NATAL WARD

- 16** beds which include boarder mother facilities

### LEVEL 2A NEONATAL UNIT

- 6** cots
- 2** intensive care cots



### HAWERA HOSPITAL PRIMARY MATERNITY UNIT

Inpatient primary postnatal care  
Lactation consultant services  
Newborn hearing screening  
Normal delivery  
Orthopaedic hip checks  
Outpatient specialist consultation and secondary clinic

- 1** birthing room
- 4** postnatal beds

# OUR PEOPLE

WE HAVE...

2 REGISTERED  
NURSES

**22 Midwives**

**1 Associate Director  
of Midwifery**

**49 LMCs**

3 SENIOR  
HOUSE  
OFFICERS

**1 Post Natal Coordinator**

1 LACTATION  
STATE CERTIFIED  
NURSE

**1 Antenatal  
Clinic Coordinator**

5 OBSTETRICIAN/  
GYNAECOLOGISTS

**1 Head of Department O&G**

8 PAEDIATRICIANS

**2 Medical Officers O&G**

1 CLINICAL MIDWIFE  
EDUCATOR

**5 Healthcare Assistants**

**4 Newborn Hearing Screeners**

**2 Ward Administrators**

**1 Clinical Midwife Manager**

**4 Midwifery New Graduate**

**1 ENROLLED  
NURSE**

**2 Registrar O&G**

O&G = Obstetrician/Gynaecologist



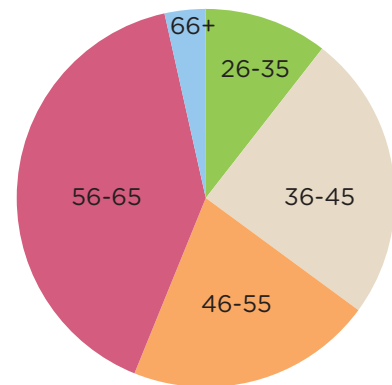


# OUR PEOPLE

## A SNAPSHOT OF OUR MIDWIFERY WORKFORCE

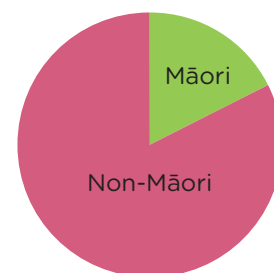
### Age distribution 2019

18-25 .....	0
26-35 .....	6
36-45 .....	14
46-55 .....	12
56-65 .....	23
66+ .....	2
<b>Total .....</b>	<b>57</b>



### Ethnicity 2019

Māori .....	10
Non-Māori .....	47
<b>Total .....</b>	<b>57</b>



### FTE 2019

Base Hospital Maternity Unit .....	28.8
Hawera Hospital Maternity Service .....	3.05
Pool/casual staff/nursing resource .....	0.7
<b>Total .....</b>	<b>32.55</b>

\* Inclusion criteria: Base Hospital Maternity Unit, Hawera Maternity Service, pool/casuals who have a position title of midwife, registered nurse, enrolled nurse, health care assistant, ward administrator, lactation consultant and associate director of midwifery

^ Non-Māori includes those who did not disclose ethnicity status

# REPORTING ON 'GOOD EMPLOYER' PRACTICES

Taranaki DHB's role in workforce planning and development is to identify strategic actions and mechanisms that when implemented will contribute to the organisation having health workers with appropriate clinical and 'soft' skills now and into the future. Actions identified are from a perspective of the DHB being a planner and a funder, a major employer, and a provider of health services in our district.

In addition to these sector wide responsibilities, Taranaki DHB is the largest single employer of health employees in Taranaki. The DHB ensures good employer practices are provided to staff, such as excellent leadership, people, culture, relationships and processes. The table below is a summary of those human resources practices that assist the organisation to be a good employer for its employees, with a patient-centric focus to its people management.

Element/ Measurement	Describe formal policies or procedures	Other Practices	Priority issues	Action taken
Leadership, Accountability and Culture	<ul style="list-style-type: none"> <li>Code of Conduct</li> <li>Equal Employment Opportunities (EEO)</li> <li>Taranaki DHB Values documentation</li> <li>Performance Review Policy.</li> </ul>	<ul style="list-style-type: none"> <li>Employee Engagement Survey (2017 &amp; 2018)</li> <li>'Te Ahu Taranaki' Values (2018 launch)</li> <li>Formal management and management/union meetings</li> <li>New managers' induction</li> <li>National Leadership Domains Framework</li> <li>National Talent Management Programme</li> <li>Front-line Leadership ('Leadership in Action'), Advanced Leadership (ALP) and Team Development &amp; Collaboration programmes</li> <li>Change Management &amp; Continuous Improvement programme</li> <li>Team development workshops to support our 'Te Ahu Taranaki' Values and effective team functioning.</li> </ul>	<ul style="list-style-type: none"> <li>Leadership and team development aligned with Taranaki DHB strategy</li> <li>'Te Ahu Taranaki' Values to support Taranaki DHB strategy</li> <li>Develop employee engagement.</li> </ul>	<ul style="list-style-type: none"> <li>New suite of leadership &amp; team development programmes for 2017/2018, continuing into 2019 &amp; 2020. The following have been implemented: <ul style="list-style-type: none"> <li>Advanced Leadership for a small number senior leaders</li> <li>'Front-Line' Leadership (22 participants)</li> <li>Team Development, Collaboration and External Partnering (27 participants)</li> <li>Change Management and Continuous Improvement (120 participants)</li> </ul> </li> <li>Launch of Te Ahu Taranaki new values (2018)</li> <li>Employee Engagement Survey (2017 &amp; 2018). Teams identify employee engagement improvement actions, utilising engagement survey outcomes for their area.</li> </ul>
Recruitment, Selection Induction	<ul style="list-style-type: none"> <li>Recruitment and Selection Policy</li> <li>Recruitment Guideline Procedure</li> <li>Induction and Orientation Policy</li> <li>Worker Safety Check Policy and Procedures.</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive Induction Programme with elements online combining eLearning modules</li> <li>Recruitment training for managers</li> <li>Recruitment and Selection Toolkit</li> <li>Scholarships across all disciplines</li> <li>Schools Career Expo</li> <li>Working with clinical schools to provide work experience placements</li> <li>Police and Ministry of Justice criminal records checking</li> <li>Behaviour-based recruitment.</li> </ul>	<ul style="list-style-type: none"> <li>Better management of the online talent pool to access suitable candidates</li> <li>Use of social networking to target youth</li> <li>Vulnerable Children's Act and the implementation of procedures relating to this legislation</li> <li>Focus on hard to fill occupations to reduce re-advertising.</li> </ul>	<ul style="list-style-type: none"> <li>National Health careers website targeting students, return-to-work and international candidates</li> <li>Continue to collaborate with the national Kiwi Health Jobs working group to promote the New Zealand health sector brand</li> <li>Continue to collaborate with the Whakatipuranga Rima Rau project to place Māori into the health sector employment over 10 years</li> <li>Implementation of Vulnerable Children's Act procedures</li> <li>Electronic Onboarding - to improve the new hire experience</li> <li>Use networks as sources to identify potential talent</li> <li>Introduce Values-based questions into patterned interview formats; use of personality profiles in recruitment.</li> </ul>

Element/ Measurement	Describe formal policies or procedures	Other Practices	Priority issues	Action taken
Employee Development, Performance, Promotion and Exit	<ul style="list-style-type: none"> <li>Study, conference and course leave</li> <li>Termination of Employment Policy and Procedure</li> <li>Medical Incapacity Policy</li> <li>Professional Development Policy</li> <li>Performance Review Policy</li> <li>Performance and Disciplinary Policy</li> <li>Employment Agreements</li> <li>Continuing Medical Education (CME) policy.</li> </ul>	<ul style="list-style-type: none"> <li>Exit interview and survey</li> <li>Coaching available to all staff</li> <li>Clinical supervision</li> <li>Employee Assistance Programme (EAP)</li> <li>Non-clinical skills training for employee</li> <li>Professional development funding</li> <li>National qualifications for non regulated workforces (e.g. orderlies, cleaners and health care assistants)</li> <li>Annual calendar of educational events</li> <li>Performance appraisal.</li> </ul>	<ul style="list-style-type: none"> <li>Training Needs Analysis completed for 2019</li> <li>Continuing development of e-learning resources</li> <li>Enabling technology for accessing learning tools</li> <li>Further rollout of non-regulated workforce training – NZQA</li> <li>Review of performance review tools and processes to increase feedback</li> <li>Rollout of the OMA process for nursing functions.</li> </ul>	<ul style="list-style-type: none"> <li>eLearning platform in operation, enabling greater access to eLearning resources. New clinical courses added. Aim to increase number of courses for non-clinical staff. Site also to be used for e-portfolios</li> <li>Professional Development Policy finalised</li> <li>HCAAs, orderlies, cleaners, dental assistants, newborn hearing technicians enrolled in NZQA (Careerforce) training</li> <li>New Values-based performance appraisal &amp; development framework (launched 2019).</li> </ul>
Employee Engagement	<ul style="list-style-type: none"> <li>Flexible Working - Request and Complaints Procedure</li> <li>Collective employment agreements</li> <li>Worker Engagement and Participation Agreement</li> <li>Recognition framework – Values-based (see below)</li> </ul>	<ul style="list-style-type: none"> <li>Work in conjunction with individuals and unions in consultative manner</li> <li>Employee well-being initiatives</li> <li>Stress &amp; resilience resources for employees</li> </ul>	<ul style="list-style-type: none"> <li>Employee engagement assessment</li> <li>Employee wellbeing</li> <li>Recognition framework – Values-based (see below)</li> </ul>	<ul style="list-style-type: none"> <li>Employee Engagement Survey (2017 &amp; 2018) and implementation (see above)</li> <li>National (20 DHBs) Framework for Employee Wellbeing launched</li> <li>Active Wellbeing programme in place</li> <li>Values based Peer-to-Peer Recognition scheme in operation (launched 2018)</li> <li>On-going provision of stress &amp; resilience seminars &amp; workshops</li> </ul>
Remuneration, Recognition and Conditions	<ul style="list-style-type: none"> <li>Job Evaluation Procedure</li> <li>Recognising Long Service Procedure</li> <li>Collective employment agreements</li> <li>Recognition framework – Values-based</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive Progression/Merit criteria via collective agreements.</li> </ul>	<ul style="list-style-type: none"> <li>Recognition framework – Values-based.</li> </ul>	<ul style="list-style-type: none"> <li>Promoting employee benefits for all staff</li> <li>As above, Values-based Peer-to-Peer Recognition scheme in operation.</li> </ul>
Stress and Resilience Support; Harassment and Bullying Prevention	<ul style="list-style-type: none"> <li>Harassment Policy and Procedure</li> <li>Employee Assistance Programme (EAP)</li> <li>Stress &amp; Resilience Support initiatives.</li> </ul>	<ul style="list-style-type: none"> <li>Interpersonal skills programmes</li> <li>Coaching/training Union reps</li> <li>Conflict resolution</li> <li>Stress &amp; Resilience training workshops provided for staff during restructures; ‘lunch-n-learn’ sessions for staff on stress, meditation, mindfulness etc.</li> <li>Mental Health Awareness Week</li> <li>EAP promoted regularly.</li> </ul>	<ul style="list-style-type: none"> <li>Launch revised Bullying and Harassment Policy and Anti-Bullying Programme</li> <li>Change Management training.</li> </ul>	<ul style="list-style-type: none"> <li>Anti-Bullying programme underway</li> <li>New Bullying and Harassment Policy drafted for consultation</li> <li>Education &amp; communication plan being developed</li> <li>Teams at high risk of bullying identified and change programmes with these teams being implemented</li> <li>Change Management training programme (120 participants).</li> </ul>
Pay Gap – Pay Equity	<ul style="list-style-type: none"> <li>Recruitment and Selection Policy</li> <li>Recruitment Guideline Procedure</li> <li>Flexible Work Policy.</li> </ul>	<ul style="list-style-type: none"> <li>Participation in National 20-DHB initiatives, including pay equity claims being co-ordinated centrally by TAS.</li> </ul>	<ul style="list-style-type: none"> <li>93% of employees are covered by MECAs and SECAs so there is no gender pay gap for this group. 80% of staff are female. Limited evidence of gender pay gaps exists.</li> </ul>	<ul style="list-style-type: none"> <li>Active participation in National &amp; Regional pay equity programmes.</li> </ul>

Element/ Measurement	Describe formal policies or procedures	Other Practices	Priority issues	Action taken
EEO	<ul style="list-style-type: none"> <li>Equal Employment Opportunities / Diversity Policy</li> <li>Recruitment and Selection Policy</li> <li>Recruitment Guideline Procedure</li> <li>Flexible Work Policy.</li> </ul>	<ul style="list-style-type: none"> <li>Impartial selection of candidates in recruitment process</li> <li>Recognition of employment requirements for Māori, ethnic or minority groups and persons with disabilities</li> <li>WhyOra Māori recruitment programme</li> <li>'Subliminal Bias' training workshops</li> <li>Engaging with Māori seminars to increase awareness of Māori culture, including recruitment, patient contact and working relationships</li> <li>Complement of people permanently employed after participation in work skills development programme.</li> </ul>	<ul style="list-style-type: none"> <li>Increasing the number of Māori is a key strategic priority. 9% of employees are Māori vis-à-vis a Taranaki population of 19%.</li> </ul>	<ul style="list-style-type: none"> <li>Through recruitment process, offering people the ability to have whānau present during an interview</li> <li>Taranaki DHB, local iwi groups and community trusts fund the WhyOra Māori recruitment unit. This organisation provides programmes that support Māori to enter the health sector workforce in Taranaki. Over the last six quarters the rate of Māori recruitment has improved to 13% compared to the existing employee percentage of 9%.</li> </ul>
Safe and Healthy Environment	<ul style="list-style-type: none"> <li>Health and Safety specific policies and procedures</li> <li>Risk management and compliance policies and procedures.</li> </ul>	<ul style="list-style-type: none"> <li>Health and Safety Programme</li> <li>Pre-employment health Declaration for all staff, contractors and students</li> <li>Health and Safety induction, orientation and compulsory refresher sessions</li> <li>Health monitoring programme for applicable staff</li> <li>Risk and Hazard registers</li> <li>Input into renovation/construction and purchase of new equipment decisions</li> <li>Member of ACC's Accredited Employer Programme</li> <li>Accident/incident/near miss reporting system</li> <li>Employee Assistance Programme</li> <li>Free staff vaccination programme that includes the annual influenza vaccination</li> <li>Health and Safety Representative and Health and Safety Committee programmes</li> <li>Bipartite Action Group</li> <li>Quarterly reporting to the Taranaki DHB Board on Health and Safety matters</li> <li>Wellness Committee</li> <li>Security.</li> </ul>	<ul style="list-style-type: none"> <li>Maintaining entry in the ACC Accredited Employer programme</li> <li>Maintenance of the electronic risk register that includes health and safety risks and hazards. Strengthening our processes in relation to our joint responsibilities with other Persons Conduction a Business or Undertaking (PCBUs)</li> <li>Strengthening our health and safety reporting</li> <li>Strengthening our training especially at manager level in regard to expectations</li> <li>Encouraging partnership by empowering the Health &amp; safety Rep roles</li> <li>Clarifying and strengthening the worker rehabilitation program.</li> </ul>	<ul style="list-style-type: none"> <li>Investigation training provided to managers and H&amp;S Representatives</li> <li>Health and Safety requirements in all job description templates and included in all staff performance reviews</li> <li>Development of Incident management Policy and associated documents</li> <li>Updating of existing health and safety policy and procedures to ensure compliance with the Health and Safety at Work Act 2015 and associated regulations</li> <li>Introduction of a new Pre-Employment Health Declaration which includes improved health monitoring and vaccination processes.</li> <li>Improvements to our follow up process in regard to new starters vaccination status</li> <li>Improvements to the TB health surveillance and monitoring procedure</li> <li>Continuing our hearing conservation program</li> <li>Asbestos Management Plan being finalised</li> <li>Recreation society available to all staff</li> <li>Wellness Committee has run and number of wellness initiatives throughout the year</li> <li>Commenced a programme of work to review and improve security for staff, patients and visitors.</li> </ul>



# OUR COMMUNITY

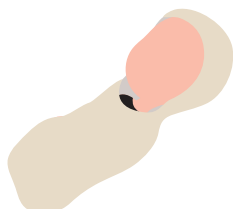
## A SNAPSHOT OF WOMEN GIVING BIRTH 1 JULY 2018 - 30 JUNE 2019

### Births

**1,467**

births in Taranaki.

That's an average of  
four births per day



### Maternal ethnicity

**69.75%**

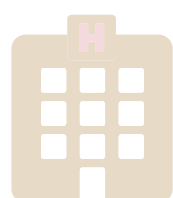
European/other

**24%**

Māori

**6.25%**

Pacific



### Births by facility type

**94.4%**

Taranaki DHB Maternity

**5.6%**

Primary facility



### Age

**86.7%**

of Taranaki DHB mothers  
were below 35 years, with  
the highest percent of  
Taranaki DHB mothers in  
the 27-34 year age bracket

### Body Mass Index

**14.3%**

of Taranaki DHB women  
had a BMI of over 34 at  
LMC registration



### Smoking

**16.4%**

of women identified as  
smoking at first LMC booking

**11.6%**

of women identified as  
smoking on discharge from  
Taranaki DHB postnatal



### Registration

**78.8%**

1st Trimester registration  
with LMC

# CLINICAL INDICATORS

	Maternity clinical indicators		All DHBs 2017	Taranaki DHB 2016	Taranaki DHB 2017
1	<b>Registration with an LMC in the first trimester of pregnancy</b>  STATIC: Taranaki has increased in rates over the last five years - 98% of women are registered under an LMC. The national rate has increased to 72.3%. Taranaki has a rate of 78.8% down from 81.2% in 2016 up from 78.7% in 2015, 76.7% in 2014 73.7 in 2013, and 73.4% in 2012. There is still a focus on inequity between Māori and non Māori which has increased slightly. Initiatives and investigations are continuing to focus on the barriers to Māori women engaging early with an LMC. Hapū Wānanga workshops have now been successfully implemented around Taranaki which hopefully will assist in narrowing the gap as the 2018/19 data is published.	Māori	60.0%	69.8%	63.3%
		Non-Māori	76.3%	86.2%	85.2%
		Total	72.3%	81.4%	78.8%
2	<b>Spontaneous vaginal birth</b>  Nationally and locally decreasing: The national rate has dropped to 65.1% in 2017 compared to 2016 when it was 67%.  Taranaki's overall rate has decreased to 64.6% in 2017 which is below the national average. Previous rates are; 67.6% in 2016, 69.8% in 2015, 66.7% in 2014, 69.3% in 2013, 70.2% in 2012, 73.5% in 2011, 79.1% in 2010, and 76.6% in 2009. Māori have marginally higher vaginal birth rates than non Māori.	Māori	75.7%	68.1%	72.3%
		Non-Māori	62.6%	67.5%	62.4%
		Total	65.1%	67.6%	64.6%
3	<b>Instrumental vaginal birth</b>  DECREASED: Taranaki has an overall rate of 13.2% which has decreased from 17.1% in 2016). The national the rate is 15.9%. Past data: 15.9% in 2016, 14.9% in 2015, 14.5% in 2014, 15.1% in 2013, 11.1% in 2012, 9.1% in 2011, 5.6% in 2010, and 8.8% in 2009. Findings from case review sessions has identified that education on indications to commence active management of labour should continue to be a focus. Non Māori rates are much less at 8.5%	Māori	10.8%	8.5%	8.5%
		Non-Māori	17.6%	19.8%	14.5%
		Total	16.3%	17.6%	13.2%
4	<b>Caesarean section among primiparae</b>  INCREASED: In 2017 Taranaki has increased significantly to 20.8% from 14.2% in 2016. The national rate is 17.6%. Previous year's data show: 14.9% in 2015, 18.8% in 2014; 15.5% in 2013, 18.3% in 2012, 17.4% in 2011, 15.3% in 2010 and 14.6% in 2009. We continue to case review all category one caesarean sections. Looking from an ethnicity lens Māori have a marginally lower rate of 19.1% but is significantly higher than the national Māori rate of 12.4% in 2017.	Māori	12.4%	23.4%	19.1%
		Non-Māori	18.7%	12.2%	21.2%
		Total	17.6%	14.3%	20.8%

Maternity clinical indicators			All DHBs 2017	Taranaki DHB 2016	Taranaki DHB 2017
5	<b>Induction of labour among primiparae</b>  INVESTIGATE: Taranaki is above the national 75th percentile and is continuing to rise in particular among non Māori. The national rate is 7.6% Taranaki's rate was 15.1% in 2017 compared to 10.1% in 2016 increased from 9.8% in 2015, 6.8% in 2014, 6.7% in 2013, 2% in 2012, 3.1% in 2011, 3.4% in 2010, and 2.9% in 2009. The Māori rate has also increased significantly to 14.9% in 2017, compared to the national rate of 7.4%. This has been audited in 2016/17 and it was found a number of the cases the MOH counted as a standard primipara did not fit this definition. Additional work plans to assist in reducing the clinical indicator 20 data may have increased the induction of labour rate.	Māori	7.4%	2.1%	14.9%
		Non-Māori	7.7%	11.2%	15.2%
		Total	7.6%	9.4%	15.1%
6	<b>Intact lower genital tract among standard primiparae giving birth vaginally</b>  STATIC: Taranaki rate is 29.2% in 2017 marginal increase from 2016 nationally the rate is 27.7%. Previous years rates were much higher 29.6% in 2015, 36.3% in 2014, and 41.4% in 2013. Māori women have a rate of 44.7% in 2017.	Māori	41.0%	52.8%	44.7%
		Non-Māori	24.4%	20.8%	24.6%
		Total	27.7%	26.3%	29.2%
7	<b>Episiotomy and no 3rd or 4th degree tear</b>  STRENGTH: Taranaki has a decreased rate of 14.3% in 2017 down from 14.7%, down from 17.5% in 2015, 17.4% in 2014, up from 13.9% (Taranaki Base rate is 15.4%) in 2013, 12.6% in 2012, 8.4% in 2011 it remains below the national average of 24.5%. Māori have less episiotomy than non Māori with a rate of 5.3% in 2017	Māori	12.9%	11.1%	5.3%
		Non-Māori	27.4%	15.6%	16.9%
		Total	24.5%	14.8%	14.3%
8	<b>3rd or 4th degree tear sustained with no episiotomy</b>  Taranaki has an increased rate to 6% in 2017 up from 3.8% in 2016 2016 and 3.2% in 2015, 4.2% in 2014, up from 3.5% (Taranaki Base 4.4, up from 4.1% in 2013) in 2013, 2.4% in 2012, 1.3% in 2011. The national average was 4.4% in 2017. Numbers are low so confidence is low. Most cases were of non Māori descent. Māori rates in 2017 were 2.6% below the national rate of 3.2%.	Māori	3.2%	0.0%	2.6%
		Non-Māori	4.6%	4.6%	6.9%
		Total	4.4%	3.8%	6.0%
9	<b>Episiotomy and 3rd or 4th degree tear sustained</b>  Taranaki has a decreased rate of 0.6% in 2017 from 1.4% in 2016, similar to 1.6% in 2015 and 2014, up from 0.5% in 2013, 1.9% in 2012, 0.6% in 2011, 0% in 2010, and 0.9% in 2009. This is below the national average of 1.7% in 2017. There were no cases in Māori women in 2017.  Numbers are very small to have confidence in these figures but will be highlighted to the practitioners.	Māori	0.7%	0.0%	0.0%
		Non-Māori	2.0%	1.7%	0.8%
		Total	1.7%	1.4%	0.6%

Maternity clinical indicators			All DHBs 2017	Taranaki DHB 2016	Taranaki DHB 2017
10	<b>General anaesthesia for all caesarean sections</b>  STATIC: Taranaki rate is static at 10.4% in 2017, slightly up from 9.6% in 2016, the national median being 8.2% in 2017. The local rates were 10.6% in 2015, 14.1% in 2014 up from 10.7% (Taranaki Base is 14.2%) in 2013, 10.4% in 2012, 11.6% in 2011, 11.9% in 2010 and 10.7% in 2009. The Māori rates are higher at 13.6% with the national rate being 10.3%, they are in line with previous years outcomes/rates. The general operating theatres which are used for caesarean section are a considerable distance from the maternity unit and until the new maternity unit is built and operational and nearer to the operating theatres, this rate is unlikely to change significantly. However audits have been undertaken by the anaesthetic team and a portable CTG monitor and delivery beds with battery backup were introduced as a quality improvement to try and reduce these rates, these initiatives and raising awareness have impacted on the rates.	Māori	10.3%	9.9%	13.6%
		Non-Māori	7.7%	9.5%	9.3%
		Total	8.2%	9.6%	10.4%
11	<b>Postpartum haemorrhage (PPH) blood transfusion after caesarean section birth</b>  DECREASED: Taranaki has a decreased rate of 1.7% in 2017 compared to 1.9% in 2016 down from 3.7% in 2015 up from 3.5% in 2014, up from 1.9% in 2013, 3% in 2012, 2.1% in 2011, 2.8% in 2010, and 2.3% in 2009. The national average is static at 3.1% in 2017 and 2.9% in 2016. Māori rates are higher than non Māori at 3.4% local and 4.2% national in 2017. Numbers are low to be able to have confidence in these rates however PPH has been audited in 2015/16 and 2016/17 and an external review of PPH was completed in November 2017 and we have seen a significant decline in PPH rates in Taranaki DHB following implementation of quality initiatives.	Māori	4.2%	4.9%	3.4%
		Non-Māori	2.8%	2.0%	1.1%
		Total	3.1%	2.7%	1.7%
12	<b>PPH and blood transfusion after vaginal birth</b>  DECREASED: Taranaki has a decreased rate of 1.6% in 2017 compared to 2.3% in 2016 from 1.2% in 2015 from 2.6% in 2014, up from 0.9% in 2013, 1.4% in 2012, 1% in 2011, 1.7% in 2010, 1% in 2009, the national average is 2.2% in 2017. Māori rates are slightly lower at 1.2%. Taranaki DHB had an external review of their PPH rates in 2017.	Māori	1.8%	1.8%	1.2%
		Non-Māori	2.3%	2.5%	1.8%
		Total	2.2%	2.3%	1.6%
<b>Indicators 13-15 of women giving birth in 2017:</b> <ul style="list-style-type: none"><li>• 29 were diagnosed with eclampsia during the birth admission</li><li>• 25 had a peripartum hysterectomy</li><li>• 9 were admitted to ICU and required over 24 hours of mechanical ventilation at some time during their pregnancy or postnatal period.</li></ul> District health boards with cases pertaining to these indicators should investigate each case to confirm the accuracy of the data and to determine whether there were opportunities for prevention. All of these criteria meet the criteria for local case review to ascertain these points.					
13	<b>Diagnosis of eclampsia at birth admission</b>  Taranaki had no cases in 2017; 1 case in 2016, no cases in 2015 2 cases in 2014 and no cases were reported in 2013.	Māori	0.0%	0.0%	0.0%
		Non-Māori	0.0%	0.1%	0.0%
		Total	0.0%	0.1%	0.0%



Maternity clinical indicators		All DHBs 2017	Taranaki DHB 2016	Taranaki DHB 2017
14	<b>Peripartum hysterectomy</b>  Taranaki had 0.1% in 2017; 1 case in 2016. There were no cases in 2015, 2 reported cases in 2014 and no cases were reported 2013.	Māori	0.0%	0.2%
		Non-Māori	0.1%	0.0%
		Total	0.0%	0.1%
15	<b>Mechanical ventilation during pregnancy or postnatal period</b>  Taranaki had no cases in 2017, 2016, 2015, 1 case reported in 2014 and no cases in 2013.	Māori	0.0%	0.0%
		Non-Māori	0.0%	0.0%
		Total	0.0%	0.0%
16	<b>Maternal tobacco use during the postnatal period</b>  increase: Taranaki has An increased rate of 16.4% in 2017 up from 15.8% in 2016 compared to the national rate of 10.5% in 2017. Smoking in pregnancy is more prevalent amongst Māori women the rate being 37.1% in 2017 compared to the national rate of 28.4% and is a key indicator to focus on improving both the number and inequity. In 2018 a safe sleep and maternity smoking cessation coordinator position was implemented to try and identify and implement initiatives to assist women to quit smoking	Māori	28.4%	32.8%
		Non-Māori	4.7%	8.8%
		Total	10.5%	15.8%
17	<b>Premature births</b>  DECREASED: Taranaki has a declined rate of 6.6% in 2017 compared to 7.9% in 2016. The national average rate was 7.5% in 2017 and 2016. Local data for 2015 was 7.2% down from 8.2% in 2014, 7.8% in 2013 8.5% in 2012 and 5.9% in 2011, 6.1% in 2010, 5.7% in 2009. Māori rates in Taranaki are slightly higher at 7.5% but below the national Māori rate of 8.1%. We continue to monitor the rate of preterm births via our analytics. Quantitative Fetal Fibronectin testing is undertaken in TDHB and early tocolysis where appropriate is administered.	Māori	8.1%	9.1%
		Non-Māori	7.3%	7.2%
		Total	7.5%	7.9%
18	<b>Small babies at term (37-42 weeks' gestation)</b>  Taranaki has a decreased rate of 2.6% in 2017 compared to 3.2% in 2016, 2.7% in 2015, 3% in 2014, 3.5% in 2013. The national rate was 2.9% in 2016 and 2017 The Māori rate is significantly higher at 4.5% in 2017 and could be associated with smoking in pregnancy rates. We have had local education sessions and adopted the GROW App and are encouraging the use of the GROW tool in pregnancy and the use of the birth weight centile calculator on the newborn weight to help identify babies at risk. We are also monitoring undiagnosed SGA babies in the weekly case review/ maternity obstetric outcomes monitoring meetings.	Māori	2.9%	2.8%
		Non-Māori	2.9%	3.1%
		Total	2.9%	3.0%

Maternity clinical indicators			All DHBs 2017	Taranaki DHB 2016	Taranaki DHB 2017
19	<b>Small babies at term born at 40–42 weeks’ gestation</b>  CONTINUE TO INVESTIGATE BUT DECLINING: Taranaki’s rate of 46.2% in 2017 continues to decline but is still above the national average of 32.1%. Compared to 52.4% in 2016 from 61.9% in 2014, 52.6% in 2015; 55.1%in 2013. The Māori rate is lower at 38.1% but still above the national Māori rate of 31.6%. This raterequires continued monitoring. The expectation is that diagnosed SGA are likely to be induced before term. Also SGA can be linked with smoking in pregnancy. We are currently reviewing all undiagnosed cases of SGA that are identified in the weekly case review sessions to try and help identify any trends/ areas that can be improved. An audit has been completed. The GAP programme has been introduced to Taranaki; all practitioners have been offered e-learning, face to face education was completed in October 2017. Having the GAP programme allows access, audit and on going monitoring of SGA to ensure best practice guidelines are followed	Māori	31.6%	46.2%	38.1%
		Non-Māori	32.1%	59.3%	46.2%
		Total	31.9%	55.0%	41.2%
20	<b>Term babies requiring respiratory support</b>  Taranaki has a similar rate of 1.7% (for Māori and non-Māori) in 2017 compared to 1.5% in 2016, 1.4% in 2015 down from 2.4% in 2014, 1.5% in 2013 It continues to be below the national average of 2.2%. The number is small, however all unexpected term baby admissions to the Neonatal Unit are case reviewed.	Māori	2.1%	1.5%	1.7%
		Non-Māori	2.0%	1.5%	1.8%
		Total	2.0%	1.5%	1.7%

# MATERNITY QUALITY & SAFETY PROGRAMME

## AIMS AND OBJECTIVES

### Expectations of the New Zealand Maternity Standards:

#### STANDARD ONE:

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

- 8.2 Report on implementation of findings and recommendations from multidisciplinary (MDT) meetings including access holders.
- 8.4 Produce an annual maternity report.
- 8.5 Demonstrate that consumer representatives are involved in the audit of maternity services at Taranaki DHB.
- 9.1 Plan, provide and report on appropriate and accessible maternity services to meet the needs of the Taranaki region.
- 9.2 Identify and report on the groups of women within their population who are accessing maternity services, and whether they have additional health and social needs.
- 9.4 The proportion of women with additional health and social needs receive continuity of midwifery care.
- 10.1 Clinical audit demonstrates effective communication among maternity providers.
- 10.2 The number of sentinel and serious events in which poor communication is identified is monitored and decreases over time.
- 11.1 National evidence informed clinical guidelines are implemented. (National postpartum haemorrhage (PPH) and observation of the mother and newborn implemented, working forwards with implementation of the gestational diabetes mellitus (GDM) guidelines).
- 21.1 100% maternity service specifications are implemented in each funded DHB-funded maternity service.

#### STANDARD TWO:

##### **Maternity services ensure a women-centred approach that acknowledges pregnancy and childbirth as a normal life stage**

- 16.1 Taranaki DHB provides access to pregnancy, childbirth and parenting information and education services.

- 17.2 Demonstrate in the annual maternity report how Taranaki DHB have responded to consumer feedback on whether services are culturally safe and appropriate.
- 18.1 Consumer feedback demonstrates that consumers consider the services to be culturally safe and appropriate
- 18.2 Consumer feedback demonstrates that consumers consider the services to be culturally safe and appropriate. Taranaki DHB to report on how they have responded to consumer feedback.
- 19.2 Taranaki DHB provides information about local maternity facilities and services and facilitates women's contact with Lead Maternity Carers (LMC) and primary care. Taranaki DHB report on the proportion of women accessing continuity of care from an LMC for primary maternity care.

#### STANDARD THREE:

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

- 22.1 Local services are consistent with the national and regional plans and are accessible and appropriate for the local population.
- 23.1 Clinical audit demonstrates women and babies have access to levels of care that are clinically indicated.
- 24.1 Report on implementation of the Maternity Referral Guidelines processes for transfer of clinical responsibility (reported in 2012/13 annual report).
- 24.2 Clinical audit demonstrates effective linkages between services.
- 25.1 Report on local and regional maternity and neonatal emergency response plans.
- 25.3 Clinical audit demonstrates effective communication among maternity providers in cases of clinical emergency.
- 26.1 Taranaki DHB provide a model of continuity of midwifery and obstetric care when secondary services are responsible for the woman's care.
- 26.2 Consumer feedback shows that women requiring secondary level care are satisfied with the continuity of midwifery and obstetric care received.



# MQSP GOVERNANCE AND OPERATIONS

The Maternity Quality & Safety Programme (MQSP) Governance Group is known as the Maternity Quality Committee (MQC). The MQSP Project Coordinator position is currently vacant and will be advertised in October. The MQC meets monthly to support the Taranaki maternity services, the Taranaki DHB Clinical Board and maternity related multidisciplinary clinical teams to monitor and manage standards of clinical care to ensure they are of a high quality.

## **Its main functions are to:**

- Monitor and oversee regional and local activities associated with:
  - The National MQSP
  - The National Maternity Standards
  - Maternity Service Specifications
  - The Universal Newborn Hearing Screening Programme

An example of priorities for the MQC is to review, monitor and recommend improvements for:

- Actions and themes arising from adverse events submitted to the Serious & Sentinel

Events Committee (SSEC), Reportable Events Committee (REC) and the Perinatal Mortality & Morbidity reviews

- Clinical Indicator Reviews
- Actions and themes arising from complaints submitted to Customer Services and the REC
- The National MQSP
- The National Maternity Standards
- Maternity service specifications
- Actions and themes arising from Newborn Hearing Screening audits
- Overseeing quality improvement, quality assurance and risk management activities within the maternity services and Newborn Hearing Screening
- To provide a forum in which decision making and responsibilities for the quality of maternity care are shared between clinicians and managers in consultation with consumers and stakeholders
- To report these activities to the Taranaki DHB Clinical Board
- To manage obstetric clinical risk



**Membership consists of:**

- Clinical directors or their representative: Obstetrics & Gynaecology and Paediatrics
- ADOM
- Clinical midwifery manager (CMM)
- Four stakeholders:
  - Clinical nurse manager, Neonatal Unit
  - Maternal & child health social worker
  - Maternal mental health intake coordinator
  - Clinical nurse specialist (CNS) - infection prevention and control & quality improvement facilitator
- Operations manager, women and child clinical manager
- Quality and risk advisor
- Midwife educator (ME)/quality risk delegate
- Two LMC representatives
  - Rural
  - Urban
- Consumer representatives
- Core midwife/New Zealand College of Midwives (NZCOM) representative
- Planning & funding maternity portfolio manager/Māori health representative

**Priorities for the MQC are to review, monitor and recommend improvements for:**

- Actions and themes arising from adverse events submitted to the Serious and Sentinel Events Committee (SSEC) and Reportable Events Committee (REC), and the Perinatal Mortality & Morbidity reviews
- Clinical Indicator Reviews
- Actions and themes arising from complaints submitted to Customer Services and the REC
- The National MQSP
- The National Maternity Standards
- Maternity Service Specifications
- The National Perinatal & Maternal Mortality Review Committee.

**The MQC evaluates service improvements as a result of the Committees' recommendations:**

- To set audit priorities, schedules and review audit outcomes and to endorse and monitor implementation of audit recommendations.
- To monitor retrospective clinical record reviews with feedback to individual practitioners by nominated lead reviewers.

**Recommendations and actions from the MQC are forwarded to the CSM, M&CH and CMM or other relevant units:**

- The activities/minutes are submitted monthly to the Chief Operating Officer, Director of Nursing and Quality & Risk Manager

Information and direction is communicated to multidisciplinary clinical teams, including LMCs and stakeholders through relevant members of the MQC.

**Consumer Representation on Taranaki DHB MQC**

Taranaki DHB MQC has a consumer group representative who is a mother of two young children who were born in Taranaki Base Hospital. She has a formal contract with Taranaki DHB and has signed an agreement of confidentiality and the Taranaki DHB Code of Conduct. She has completed Taranaki DHB training in confidentiality and consumer service and is remunerated for her attendance at meetings.

The consumer is an active advocate for empowered birthing and informed consent, and brings an open minded and honest view/approach to maternity services in Taranaki. She is a member of community maternity consumer groups Active Birth Taranaki, La Leche League and has completed her training as a childbirth educator.

# PROGRESS OF PROJECTS



**Continue with planning for the future maternity services; a new secondary maternity unit, what the services will look like in Taranaki with a focus on strengthening primary birth and including, exploring the feasibility and options for the a further primary maternity unit as part of the planning process for stages two and three of Project Maunga, the three-step redevelopment of Taranaki Base Hospital.**

**Ensure Hawera primary maternity unit is utilised to its full potential and the workforce/staffing model supports this.**

<b>Rationale</b>	The current Base Maternity Unit (BMU) is outdated and recently has been identified as being earthquake prone. Having a maternity unit on one floor will provide improved staffing, efficiency and continuity of care. Having a new build is an opportunity to explore if a further primary maternity unit in New Plymouth is feasible to enhance and strengthen primary birthing
<b>Actions</b>	Project Maunga stage 2 planning is underway with plans for our primary birthing and Secondary facility to be a part of this
<b>Measures</b>	Taranaki DHB complete a business plan to have sufficient primary, secondary maternity and neonatal facilities in the future that are conducive to safe birthing and a satisfying experience for women and their whānau. With a focus on providing continuity of care, integrated, efficient and effective use of equipment, staff and sustainable workforce.
<b>Outcomes</b>	Working party formed with representatives from all consumers and Project Maunga team
<b>Future</b>	Estimated Base Maternity facilities will be relocated by 2022

## Sustainable Workforce

<b>Rationale</b>	Midwifery model requires review; the current model was intended for in patient clinical care on the antenatal/birthing and Postnatal wards. An increase in the number of woman requiring outpatient review, the implementation of Care Capacity Demand Management and the Trendcare tool, the need to have a core nurse/midwife to provide care throughout the operating theatre and recovery room has identified a need for this review. The equity gap between Māori and non-Māori breastfeeding rates has highlighted the need to ensure Lactation services are accessible and equitable
<b>Actions</b>	<p>A. Investigate current funded core maternity model of care and ensure it meets the needs of the service in times of high acuity including the secondary antenatal clinic services in Taranaki Base Hospital and Hawera</p> <p>B. Continue to review the responsibility and care for mothers and babies during transfer, delivery and return from the operating theatres</p> <p>C. Lactation Consultant services are accessible and equitable</p>

<b>Measures</b>	<p>Midwifery staffing meets the safe staffing standards and the needs of the service, consumer and workforce satisfaction. Provides a model that focusses on providing continuity of care, integrated, efficient and effective use of staff. This includes seamless transfer of responsibility between core and community midwives and obstetric service.</p> <p>Trendcare is embedded with data that meets the national benchmarks with a fully implemented 8 and 12 hour maternity shift roster.</p> <p>Variance Response Management is embedded Care Capacity Demand Management is embedded</p> <p>Recruitment schemes attract medical and midwifery workforce to North, Central and South Taranaki. MQSP governance group write to request that Midwifery is reinstated on the Voluntary Bonding Scheme (VBS) in Taranaki</p> <p>All cases 24/7 have a core midwife/nurse/NNU nurse who is responsible to provide early newborn and delivery care in the operating theatre and until transferred to the postnatal ward. Allowing seamless transfer of care between levels of maternity and other health services. The core funded FTE and services support this.</p> <p>Māori lactation scholarship training is supported; increasing capacity and capability to provide LC services with a focus on improving Breast feeding support and rates in Māori babies.</p>
<b>Outcomes</b>	<p>A. Trendcare is embedded with data that meets the national benchmarks with a fully implemented 8 and 12 hour maternity shift roster.</p> <ul style="list-style-type: none"> <li>• Variance Response Management and Care Capacity Demand Management is embedded</li> <li>• Recruitment schemes for midwifery workforce to North, Central and South Taranaki. MQSP governance group write to request that Midwifery is reinstated on the Voluntary Bonding Scheme (VBS) in Taranaki</li> </ul> <p>B. Expression of Interest is currently advertised for a midwife for elective Caesarean Sections</p> <p>C. Māori lactation scholarship participant will complete her training in May 2020. Community Lactation Services in Taranaki are under review.</p>
<b>Future</b>	Taranaki DHB restructuring is underway.

<b>Post Partum Haemorrhage (PPH)</b>	
<b>Rationale</b>	Fully implement the PPH review recommendations and monitor analytics data and work toward a reduction in PPH at Taranaki DHB by June 2019 to 10 %.
<b>Actions</b>	<ul style="list-style-type: none"> <li>• Weekly newsletter update of PPH analytics</li> <li>• Education spot sessions</li> <li>• Annual combined emergency refresher for all midwives including PPH</li> <li>• Weekly Case Reviews for PPH over 1000mls</li> <li>• NZCOM conference presentation on work undertaken to reduce PPH rate at Taranaki DHB.</li> </ul>
<b>Measures</b>	PPH rates at Taranaki DHB will reduce to 10% by June 2019
<b>Outcomes</b>	PPH rate on 1 June 2019 = 10.52%. Down from 14.3% June 2018 and 17.63% 1 June 2017
<b>Future</b>	Continue weekly monitoring and education to keep the PPH rate at 10% or less

Community Environment and Whānau	
<b>Rationale</b>	Health Equity for access and outcomes in maternity care
<b>Actions</b>	<ol style="list-style-type: none"> <li><b>Engaging with an LMC</b> <ul style="list-style-type: none"> <li>Undertake a Health Equity Assessment (HEA) to understand why less Māori women are registering with an LMC in the first trimester of pregnancy compared to non-Māori</li> <li>Work with key stakeholders to implement recommendations from HEA</li> <li>Implement Hapū Wānanga, a kaupapa Māori antenatal education programme that will identify the services Māori women and their whānau engaged in the programme need and will make appropriate linkages including referrals to LMCs if required, Māori provider networks, smoking</li> </ul> </li> <li><b>Smoking in Pregnancy. Smoking in pregnancy data shows its prevalence high in Māori than non-Māori</b> <ul style="list-style-type: none"> <li>Develop a tobacco outcomes framework (P&amp;F)</li> <li>Undertake a co-design process with hapū māmā, PHO, Te Kawau Maro alliance / Māori provider network and other key stakeholders to: <ul style="list-style-type: none"> <li>Understand the pathways and barriers for hapū wāhine accessing cessation services and design referral pathways and processes to overcome the barriers ready for pilot implementation in 2019/20 – Q4</li> </ul> </li> <li>Investigate successful incentives-based programmes for Māori women to quit smoking, develop and implement at least one such intervention as a trial in two locations (North and South Taranaki) by Q4 (Tui Ora TSSS)</li> <li>Establish a Smokefree Maternity and SUDI Coordinator (DHB – Maternity)</li> </ul> </li> <li><b>Pregnancy support directory for maternity practitioners and stakeholders is available and up to date (see appendix 1).</b></li> </ol>
<b>Measures</b>	<ol style="list-style-type: none"> <li>18/19 goal: ≥85% for Māori &amp; non-Māori engage with an LMC in the first trimester who have access to culturally appropriate advice, services, treatment and maternity education programmes and early referral to support services where indicated.</li> <li>2018/19 goal: 100% of Māori hapū wāhine are offered ABC (smoking cessation advice and support) whilst maintaining current rate for non-Māori. <ul style="list-style-type: none"> <li>Increased rate of referrals to the Taranaki Stop Smoking Service (TSSS)</li> <li>Reduction in the number of pregnant women smoking in pregnancy.</li> <li>Equity for Māori</li> <li>Smokefree maternity and SUDI coordinator is established</li> </ul> </li> <li>The pregnancy support directory is updated annually and circulated to maternity practitioners and stakeholders to ensure knowledge of available services and contacts/ referral information within the region</li> </ol>
<b>Outcomes</b>	<ol style="list-style-type: none"> <li>Hapū Wānanga.</li> <li>Smokefree maternity and SUDI coordinator was established, but has now resigned so this position will be advertised again at the beginning of October 2019. Smokefree and SUDI data is included in this annual report in a later section. Two SUDI/Smokefree workshops designed and well attended at Taranaki DHB. Smoking statistics are also included in this Annual Report <ul style="list-style-type: none"> <li>Decrease of 5.7% as of latest data showing women smoking in pregnancy.</li> </ul> </li> <li>Taranaki DHB Maternity Annual Report updated annually and circulated to all maternity practitioners and stakeholders.</li> </ol>
<b>Future</b>	<ul style="list-style-type: none"> <li>SUDI smokefree coordinator position to be filled</li> <li>Continue with workshops for SUDI/smokefree</li> <li>Pregnancy support diary continue to be updated annually</li> <li>Hapū Wānanga to continue.</li> <li>≥85% for Māori &amp; non-Māori engage with an LMC in the first trimester who have access to culturally appropriate advice, services, treatment and maternity education programmes and early referral to support services where indicated.</li> </ul>



# NATIONAL MATERNITY MONITORING GROUP

## PRETERM BIRTH

Taranaki DHB currently has a guideline for Preterm Birth which was developed following the NICE Green top Guidelines for Preterm birth and the RANZCOG Guidelines.

In the period from 1 July 2018 to 30 June 2019 132 women birthed between 20 and 36+6 gestation which was a increase from the same period for year prior of 85 births

All women in Taranaki who have been identified by their LMC as having a previous preterm birth are referred to our Secondary Antenatal Clinic, either in South Taranaki or at Base Hospital, for a Consultation with an Obstetrician as per the NZ Ministry of Health Maternity Referral Guidelines number 3014 and a plan put into place for their pregnancy. There is a solid communication process between the Secondary Clinics and the LMCs regarding feedback.

Taranaki DHB supports six Auckland University Trainee Interns and an audit suggestion has been forward as a follow up to 2017 preterm birth audit whose aim was to review the management of women presenting with pre-term labour who met the requirements for the guidelines as set by Taranaki DHB.

Taranaki DHB promotes early engagement with an LMC in the first 12 weeks and has a robust campaign which has been in place since 2015.

In the past 12 months all women who have birthed in Taranaki have engaged and registered with an LMC and Taranaki DHB has not had to become Provider of Last Resort.



**TOP 5**  
things to do  
in the first  
12 WEEKS

- ☐ Find a Lead Maternity Carer
- ☐ Consider early pregnancy screening
- ☐ Take iodine and continue folic acid
- ☐ Eat well and exercise
- ☐ Avoid smoking, drinking and other drugs

# MATERNAL MENTAL HEALTH

## In Taranaki, the following criteria is required for admission to our secondary care Maternal Mental Health Service

- women who have a mental illness arising from the pregnancy or baby
  - has a baby who is under 1 year old
  - has a referral from a Well Child/Tamariki Ora Nurse, GP, maternity service or midwife
  - are exhibiting some mental health symptoms/signs
  - has had a screening tool score in moderate to severe range
- 
- Taranaki DHB adult inpatient psychiatric unit has single rooms but the overall level of noise makes the facility inappropriate for mothers and babies to stay overnight.
  - Women are cared for and observed in the postnatal and paediatric wards, with the aim of keeping mother and baby together.
  - The volume of referrals is double now what was used to quantify the current FTE available required for the role of intake co ordinator. This puts an incredible strain on the pathway and FTE available.
  - The crisis doctor is available by phone during working hours and after hours/weekends. Email queries are also passed on daily to the crisis doctor. The intake coordinator is also the consult liaison for primary care to phone, email or text.
  - At Taranaki DHB all LMCs and DHB core midwives along with Well Child Tamariki Ora nurses are educated on Taranaki DHB referral pathway for perinatal maternal mental health, either by attendance at workshops or in service attendance. More in services are needed for GPs. A suggestion has also identified that this could be discussed at Taranaki DHB new employees induction to capture more employees.
  - There is a robust policy in place and referral pathway for inpatient and outpatient pathways and has been in place for four years (see appendix 2).
  - Taranaki DHB also has EAP available for midwives/maternity health services to make sure they are well supported for the midwives who are constantly looking after women with complex mental health unwellness or who are experiencing suicidal tendencies or who have committed suicide. Maternity also have case reviews and substantial debriefs for sentinel events. The liaison nurse is available by phone, email or text. De facto clinical supervision/debriefs/encouragement and strategies are given over the phone also to midwives having issues with complex clients.



## PLACE OF BIRTH

There are three options for place of birth in Taranaki, home, primary facility in South Taranaki and Taranaki Base Hospital which have a combined primary/secondary facility.

South Taranaki Midwives are passionate about their primary facility and advise all women of the benefits of birthing and commencing your birthing journey in a primary facility.

All LMCs discuss birthing place options with their women and advise as required if changes are needed.

## EQUITABLE ACCESS TO CONTRACEPTION

Taranaki DHB offers a postnatal Long Acting Reversible Contraception (LARC) service, prior to discharge from our facilities to all women in Taranaki, regardless of age or ethnicity. There is no known data collated by Taranaki DHB about the percentage of women leaving a birthing unit with contraception but there were 93 women who received a LARC prior to discharge from Base Maternity Unit.

For the next print of our Maternal Postnatal Care Plan, contraception on discharge will be included so this can be coded for future annual reports.

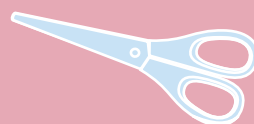
## CLINICAL GUIDELINES

Implementation has occurred of the diagnosis and treatment of hypertension and pre-eclampsia in pregnancy in New Zealand. This was launched at our perinatal Mortality Meeting by our head of department. Our local policy was also updated to follow this guideline, with the above guideline also being accessible on our policy site for easy access.



# TARANAKI DHB MATERNITY QUALITY IMPROVEMENTS 2018-2019

Updated electronic fetal monitoring reporting stamp for clinical notes to be in-line with the latest Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) Guidelines



Scissors on recycling bin so will encourage correct placement for plastics

Implementation of national MEWS chart and maternity vital signs chart use for Taranaki DHB

Perineal suturing proforma implemented

One day medication chart implemented for maternity for women who require one dose of medication

Postnatal baby resuscitation area



Prophylactic antibiotic administration for elective caesarean section moved to admin in theatre

Introduction of intrathecal morphine for post operative caesarean section women

Vaginal X-ray detectable tamponades for suturing



Two new resuscitation dolls for Taranaki DHB



New SUDI/smokefree coordinator

New SUDI/smokefree workshops



Recycling

Increase in postnatal coordinator positions

Appointment of clinical midwife coordinators

FTE available for dedicated elective caesarean section midwife

FTE available for community secondary clinic midwife

Primary/secondary interface changes on Labour Ward in preparation for moving to new build

Implementation of the Hapū Wānanga programme





## IMMUNISATION

Mum of two, Aleisha Tancred, knows the importance of getting immunised during pregnancy. That's why she's accessing Taranaki DHB's free vaccination drop-in clinic at Base Hospital's maternity unit during her third pregnancy.

"It's really important to me that I protect not just myself and my family, but my unborn baby," says Aleisha who is in her final trimester of pregnancy with baby number three.

Aleisha's pregnancy immunisation is timely as the nation celebrates Immunisation Week from 29 April – 5 May 2019. This year's theme is '*Protected Together, #Immunise*' and highlights the need for high immunisation rates to help protect our tamariki, whānau, iwi and community from serious diseases.

Aleisha is one of many women who has utilised the free immunisation drop-in clinic at Base Hospital.

She says "I know the vaccination is safe for me during pregnancy, it's free and I'm helping to protect my baby from serious disease."

Taranaki DHB's antenatal clinic coordinator, Karen Janes says "We are getting anywhere between 1-8 pregnant women coming to the drop-in clinic on a weekly basis which is great. Immunisation for whooping cough can be given at 28 weeks gestation and immunisation against influenza can be given at any time throughout pregnancy.



Taranaki DHB staff had tshirts designed and printed to wear during Immunisation Week 2019



## POWER TO PROTECT

A team with representatives from social work, maternity, midwifery, emergency and child health departments has been working to roll out a local version of the national Power to Protect campaign.

Power to Protect was previously known as 'Never shake a baby'. This is still the most important message we can pass on to parents because shaking a baby can cause permanent brain damage, paralysis, blindness, deafness, seizures, broken bones, developmental delay and death.

Power to Protect aims to help parents understand why babies must not be shaken, and to give them coping strategies and options for getting help when they need to.

The reinvigorated campaign includes a new e-learning module which is available online for staff.

The first official Maternity Lead Study Day: Power to Protect/Safe Sleeping/Smokefree training, presented by Beki Madden, was held on 21 May.

Power to Protect resources and coping tips are to be given to all new mothers presenting at the Taranaki DHB and you may also see two of our cars sign-written with Power to Protect messaging (pictured).



*Grace Shallard, national Power to Protect coordinator, speaks at the launch of the Taranaki campaign.*





## HAPŪ WĀNANGA

Māori women and their whānau have enjoyed better access to antenatal classes based on kaupapa Māori practices and principles, thanks to birth education programme Hapū Wānanga which was launched by Taranaki DHB in 2018.

Over the past year Hapū Wānanga has offered 10 free workshops around Taranaki to help pregnant women better understand pregnancy, birth and raising tamariki. A total of 106 women attended throughout the year, 96 who were of Māori descent.

The workshops have incorporated a new feature for fathers-to-be this year with the introduction of a Mana Tāne panel, where prominent Taranaki men share their experiences as fathers. Whānau are also benefitting from an eco-friendly education session to learn about the correct disposal of nappies, wipes and general household products. Education also focusses on increasing the use of reusable materials to have a more positive impact on Papatūānuku, our earth.





## WOMAD PARENT HUB A RESPITE FROM THE HEAT

Hundreds of families visited the Taranaki DHB Parent Hub at Womad this year. Staffed by Taranaki DHB midwives and La Leche League leaders, the space offered a place for parents to take a break, get out of the sun, have a seat and feed or change their babies.

Midwife educator Sharon Howe said parents were grateful to be able have a moment away from the hubbub of Womad's festivities.

"It was a haven for them," she said.

The shade and cool of the tent was especially appreciated as the sun blazed down on the three-day festival.

"It was so hot," Sharon said. "We spread out onto the grass area next door too."

The tent was in the perfect position, she said.

"We had shade, water, food, entertainment and toilets all nearby."

More than 150 families came through the hub over the weekend.

"What was surprising was that 30 of those were on a Friday night. Usually that's our quietest time of Womad but people were coming to see where it was."

She said parents also enjoyed having the chance to have a casual talk with a midwife or La Leche League leader about any issues they may be facing.

"They said it was good to just be able to sit and have a chat. The breastfeeding mums really like having La Leche League there to talk about what was working for them or what maybe wasn't."

Sharon said it was also helpful for the midwives and La Leche League to work together.

"It was really good collegiality for the parenting community. It was good for us to be able to learn more about what they do and for them to learn about what we do."

"Everyone worked so hard and enjoyed it."

The Hospice Shop provided comfy couches and furnishings for the Parent Hub tent and even loaded and delivered and unloaded them at the site.

"The support from Hospice was just incredible," Sharon said.

The Parent Hub has been running at Womad for a number of years now, and Sharon says they have a great setup.

"It's like a well-oiled machine because we've been doing it for a few years now."





## WORLD BREASTFEEDING WEEK 2019

Taranaki DHB joined forces with other organisations throughout Taranaki to support World Breastfeeding Week which ran from 1-7 August 2018.

The slogan for World Breastfeeding Week was Breastfeeding: Foundation of Life.

In a world filled with inequality, crises and poverty, breastfeeding is the foundation of lifelong good health for babies and mothers. It's the one food which is free, environmentally friendly and available to all babies worldwide.

### **Taranaki Base Hospital display**

During World Breastfeeding Week there was a display of breastfeeding resources in the maternity entrance for parents, whānau and staff.

### **The Big Latch On**

Four venues took part in the Big Latch On, where mums and babies gathered for a public breastfeeding event on 3-4 August.

They were Hāwera Plunket Clinic, Kaimata Playgroup, Pregnancy Help (Stratford) and Locals Café in Westown, New Plymouth.



# SUDI PREVENTION/ SMOKEFREE

In October 2018 Taranaki DHB established and recruited the role of SUDI prevention/maternity smokefree coordinator the purpose of this role was to coordinating activities that will influence the two main preventable risks for SUDI, which are; exposure to tobacco smoke during pregnancy and unsafe sleep practices. Year to date from 1 October 2018 we have no reported cases of SUDI in Taranaki.

All māmā who attend Hapū Wānanga, our local kaupapa Māori antenatal programme, receive a taonga (gift) of a wahakura upon completion of the two day programme which has a strong focus on māmā, papa and whānau being smokefree, having a smokefree whare and using safe sleep practices.

Since the establishment of the role, the SUDI prevention/maternity smokefree coordinator has started a few initiatives for quality improvements, such as:

- making wahakura and PepiPods an option for at-risk māmā
- automatic referrals to Taranaki Stop Smoking Service (TSSS) for all smokers referred for a safe sleep space
- education for all staff and Lead Maternity Carer (LMC) midwives around safe sleep practices, smoking cessation, conversations with smokers and Nicotine Replacement Therapy (NRT).

We have also held a very successful Safe Sleep Day/ Teddy Bears Picnic where over 300 mums, dads and children attended we were blown away by this

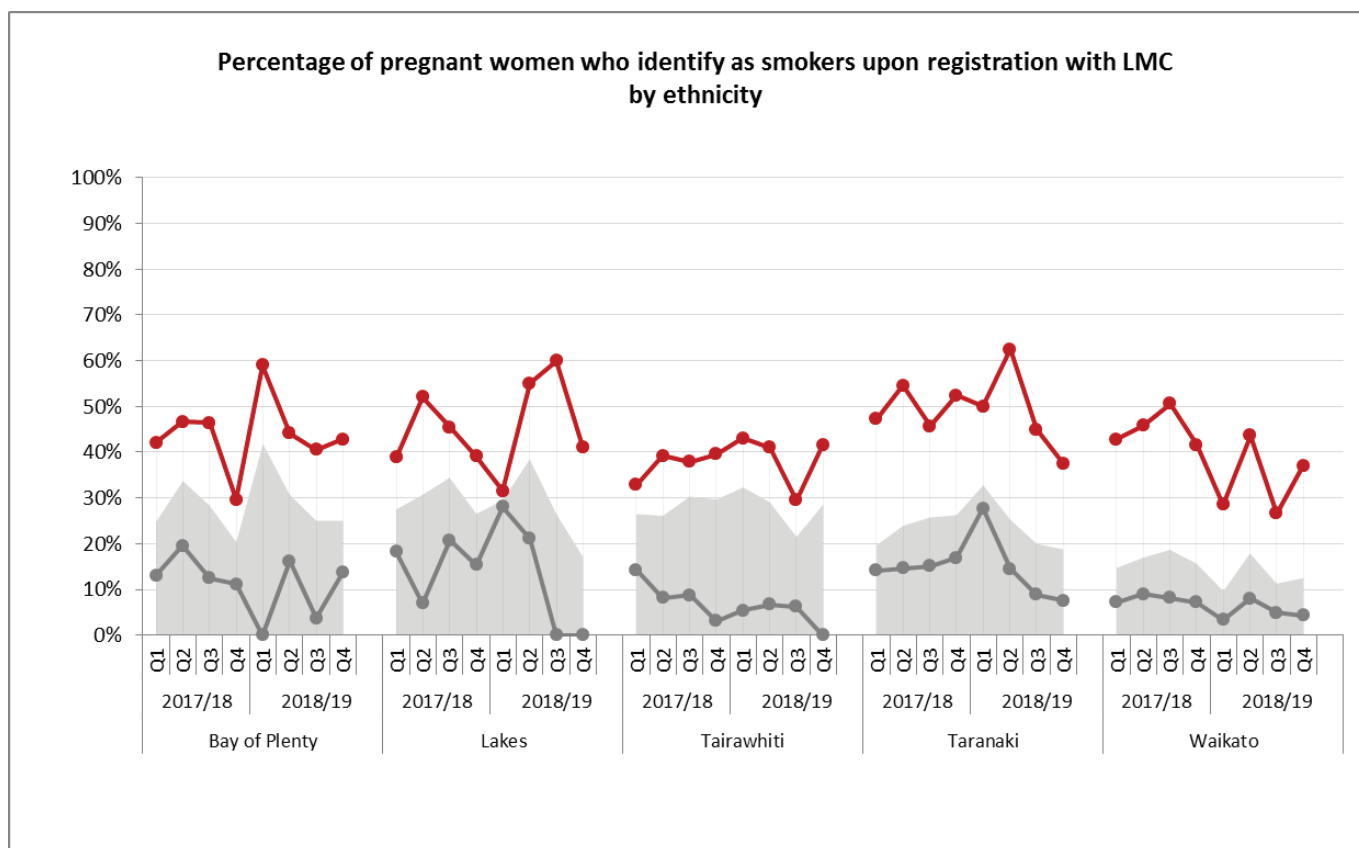
attendance and were ecstatic at how many caregivers we could reach with the safe sleep, smokefree message.

Since 1 October we have received 44 referrals for smokers who need a safe sleep space for their baby. 35 (79.5%) of these referrals were for Māori. 100% of these were referred to TSSS. The number of hapu māmā being referred to TSSS decreased initially through 2017, but has now increased to new highs in 2018/19. Numbers of enrolments, setting of quit dates and the number of hapu māmā who successfully quit smoking have all also followed this same pattern. Quit rates (as defined by the MOH definition of number of smokers who quit to number of smokers who set a quit date) have roughly averaged around 60%, ranging from 54% to 72%. This rate places Taranaki around sixth in the country from a national perspective. We have also made it easier for LMC midwives to refer to TSSS with their referral form being loaded onto the Expect Maternity software.



# PERCENTAGE OF PREGNANT WOMEN WHO IDENTIFY AS SMOKERS UPON REGISTRATION WITH LMC

			2017/18				2018/19			
DHB		Ethnicity	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Bay of Plenty	%	Māori	42%	47%	46%	30%	59%	44%	41%	43%
		Non Māori	13%	20%	13%	11%	0%	16%	4%	14%
		Total %	25%	34%	28%	20%	42%	31%	25%	25%
Lakes	%	Māori	39%	52%	45%	39%	32%	55%	60%	41%
		Non Māori	18%	7%	21%	15%	28%	21%	0%	0%
		Total	28%	31%	34%	27%	30%	38%	26%	17%
Tairāwhiti	%	Māori	33%	39%	38%	40%	43%	41%	30%	42%
		Non Māori	14%	8%	9%	3%	5%	7%	6%	0%
		Total	26%	26%	30%	30%	32%	29%	22%	29%
Taranaki	%	Māori	47%	55%	46%	52%	50%	63%	45%	38%
		Non Māori	14%	15%	15%	17%	28%	15%	9%	8%
		Total	20%	24%	26%	26%	33%	25%	20%	19%
Waikato	%	Māori	43%	46%	51%	42%	29%	44%	27%	37%
		Non Māori	7%	9%	8%	7%	3%	8%	5%	4%
		Total	15%	17%	19%	16%	10%	18%	11%	13%





# SAFE SLEEP

OCTOBER 2018 - JUNE 2019

55

Referrals were made to the  
Safe Sleep Programme  
Of the 55...

52

Pepi-pods/wahakura  
given out

12

babies were preterm or  
low birth weight

42

referrals were smokers

32

referrals were due to  
social needs eg no  
designated bed space

42

were referred to  
smoking cessation  
services

41

are of Māori ethnicity

13

are of European  
ethnicity

0

are of Pacific ethnicity

1

are of other ethnicity



# APPENDIX 1 - PRE AND POST PREGNANCY SUPPORT SERVICES DIRECTORY

Support needed because	Ante Natal	Post Natal
<b>Mother or baby Māori</b>	TKM Alliance GP services  Plunket  Smoking/Safe Sleep  Te Puna Trust Nurture Taranaki  Hapū Wānanga	Māori Health team  Plunket kaiawhina Well Child Tamariki  Position advertised due to resignation of current co ordinator  Paul Lampe 067598854  Jo Patterson 0278361666 Tawera Trinder
<b>Well child /Tamariki Ora provider</b>	Tui Ora Tamariki Ora Service  Tamariki Ora/Well child Nurses  Outreach Immunisation Administrator	Tui Ora Mama Pepe Hauora Service
<b>Well child/Tamariki Ora provider</b>	Plunket Well Child Tamariki Ora schedule 4-6 weeks to 5 years  Lactation consultant  Rose Haskell 0272758563	Plunket Plunket Nurses Plunket Kaiawhina Community Karitane
<b>Mother under 20 years old</b>	Young Parent Programme  Te Puna Trust Nurture Taranaki  Great Fathers On-line info for every new dad and their partner  Stratford Teen Parent Unit  Young Parent Payment  Tutaki  Tui Ora Tamariki Ora Service and  Tui Ora Mama & Pepe Hauora  Great Fathers On-line info for every new dad and their partners  Plunket Well Child Tamariki Ora Schedule 4-6 weeks to 5 years	Young Parent Programme  Stratford Teen Parent Unit  Youth Service (under 19 years) (Benefit administration and SW support) SWITCH - Young Mums Peer support (for those on a benefit and under 19)  Benefit administration for young parents - 16 - 19 years  Tui Ora Mama Pepe Hauora Service  Tui Ora Mama & Pepe Kaiawhina  Plunket Well Child Tamariki Ora

Support needed because	Ante Natal	Post Natal
Come from or will live in a high deprivation area	<p>Community Kaiawhina South Taranaki NAV team c/o Ruanui Health</p> <p>North Taranaki Tui Ora</p> <p>Plunket Well Child Tamariki Ora Schedule 4-6 weeks to 5years</p> <p>Great Fathers On-line info for every new dad and their partner</p> <p>Te Puna Trust Nurture Taranaki</p> <p>Young Parent Programme</p>	<p>Kaimahi Hauora</p> <p>Plunket Well Child Tamariki Ora</p> <p>Young Parent Programme</p>
Lactation Consultant Breastfeeding Support	<p>Taranaki DHB lactation consultant</p> <p>Tiaki Ukaipo Tui Ora</p> <p>La Leche League New Plymouth Taranaki</p>	Lactation consultant
<b>Addiction issues</b>		
Smoking	<p>Smokefree Pregnancy Tui Ora</p> <p>Plunket Well Child Tamariki Ora Schedule 4-6 weeks to 5years</p> <p>Taranaki District Health Smoking/Safe Sleep Co-ordinator</p>	<p>Cessation Services Ruanui Health Hawera GP services</p> <p>Plunket Well Child Tamariki Ora Smoking cessation support</p>
Drugs	Alcohol & Drug team	Alcohol & Drug team
Alcohol	Alcohol & Drug team	Alcohol & Drug team
Gambling	Problem Gambling Foundation	Problem Gambling Foundation
Requiring pepi pods or wahakura	LMC, well child providers, Pepi pod distributors	<p>LMC, well child providers Requires an exchange card Obtained from LMC/well child provider</p> <p>Contact Tui Ora</p>
<b>Are they experiencing or have experienced;</b>		
Extreme budget restraints (income not covering outgoings)	<p>Work and Income</p> <p>Budget Advice</p>	<p>Work and Income</p> <p>Budget Advice</p>
Oranga Tamariki involvement of either parent or partner: Child Protection	<p>Oranga Tamariki Liaison</p> <p>Immediate Danger</p>	<p>LMC, Maternal and Child Health Social Worker</p> <p>Immediate Danger</p>

Support needed because	Ante Natal	Post Natal
<b>Vulnerable at risk pregnancy requiring wrap around services</b>	<p>Taranaki DHB Child Protection Coordinator</p> <p>Plunket Well Child Tamariki Ora Schedule 4-6 weeks to 5 years</p> <p>Maternal &amp; Child Health Social Worker</p> <p>Clinical Midwife Manager</p> <p>Family Start Barnardos</p> <p>Plunket Well Child Tamariki Ora Schedule 4-6 weeks to 5yrs</p>	<p>Taranaki DHB Child Protection Coordinator</p> <p>Plunket Well Child Tamariki Ora</p> <p>Maternal &amp; Child Health Social Worker</p> <p>Maternal Wellbeing and Child Protection Multi Agency Group</p> <p>Plunket well Child Tamariki Ora</p>
<b>Family violence or domestic violence concerns: Partner Abuse</b>	<p>Immediate Danger</p> <p>Tu Tama Wahine O Taranaki</p> <p>Taranaki Women's Refuge</p> <p>Work &amp; Income: FV Response</p> <p>Taranaki DHB Maternal &amp; Child Health Social Worker</p> <p>Primary Mental Health</p> <p>Taranaki DHB Violence Intervention Programme Coordinator</p> <p>Maternity Care, Wellbeing and Child Protection Multi-Agency Group</p>	<p>Immediate Danger</p> <p>Tu Tama Wahine O Taranaki</p> <p>Taranaki Women's Refuge</p> <p>Work &amp; Income: FV Response</p> <p>Taranaki DHB Maternal &amp; Child Health Social Worker</p> <p>Taranaki DHB Violence Intervention Programme Coordinator</p> <p>Maternity Care, Wellbeing and Child Protection Multi-Agency Group</p>
<b>Behaviour concerns leading to prison</b>	<p>Youth justice service if under 17</p> <p>Tui Ora</p>	<p>Youth Justice Social Worker</p> <p>NP Police</p>
<b>Perinatal Mental health concerns (MMH Pathway)</b>	<p>Perinatal Maternal Mental Health Pathway</p> <p>Police if life is in immediate danger otherwise Mental Health Crisis Team</p>	<p>MMH pathway</p> <p>GP services</p> <p>Police if life in immediate danger otherwise Mental Health Crisis Team</p>
<b>Tui Ora Mental Health Concerns (Including perinatal and infant mental health)</b>	<p>Infant Mental Health in development – current peri-natal mental health as per Maternal Mental Health Pathway</p>	<p>Infant Mental Health in development – current peri-natal mental health as per Maternal Mental Health Pathway</p>
<b>Tui Ora Mental Health Concerns (Including perinatal and infant mental health)</b>	<p>Infant Mental Health in development – current peri-natal mental health as per Maternal Mental Health Pathway</p>	<p>Infant Mental Health in development – current peri-natal mental health as per Maternal Mental Health Pathway</p>
<b>Family concerned about mental health</b>	<p>Supporting families/whānau in Mental Health Taranaki</p>	<p>Support, advocacy, information and education for loved ones of someone who has a mental health concern.</p>

Support needed because	Ante Natal	Post Natal
Concerns regarding previous trauma (TABs)	TABS Trauma After Birth Information	Trauma after birth pathway
Language barriers	Kaumatua  Language line  Plunket Well Child Tamariki Ora Schedule 4-6 weeks to 5yrs Language Line Interpreters	Kaumatua  Language line  Plunket Well Child Tamariki Ora Schedule 4-6 weeks to 5 years Language Line Interpreters
Concern regarding parenting ability or life skills	Open Home Child & Youth Health Programme Triple P Programme Mothercraft Waikato  Plunket Community Services Parenting Education  Maternal social worker	Plunket Community Services Parenting Education  Maternal social worker
Concealed/unwanted pregnancy	Maternal Social  Associate Director of Midwifery  Sexual Health Unit if termination requested	Adoptions?  Surgical and medical terminations can be organised, along with sexual health checks and treatment, biopsies, wart treatment and HIV tests all free of charge.
Transient lifestyle	Find your Midwife website  Plunket Well Child Tamariki Ora Schedule 4-6 weeks to 5yrs	Kaiawhina  Tui Ora Mama Pepe Hauora  Tui Ora Mama & Pepe Kaiawhina  Plunket Well Child Tamariki Ora  Plunket Nurses Plunket Kaiawhina
Poor engagement with maternity care	Tui Ora Mama & Pepe Kaiawhina  Maternity social worker	Tui Ora Mama & Pepe Hauora Kaiarahi  Tui Ora Mama & Pepe Kaiawhina



Support needed because	Ante Natal	Post Natal
Poor social supports	<p>Tui Ora Mama Pepi Hauora</p> <p>Plunket Well Child Tamariki Ora Schedule 4-6 weeks to 5 years</p> <p>Pregnancy Help Stratford: pregnancy tests</p> <p>Birthing &amp; parenting classes</p> <p>Parenting support</p> <p>Information advocacy counselling</p> <p>Clothing (maternity, prem/newborn &amp; children - up to 2 years)</p> <p>Bedding/linen/supplies etc</p> <p>Baby equipment - loaned for 1 to 3 months</p>	<p>Parent as first teachers</p> <p>Plunket Well Child Tamariki Ora</p>
Living alone	<p>Tui Ora Mama Pepi Hauora</p>	<p>Parent as first teachers</p>
Estranged from family/whānau or from another district and have no family/whānau support close	<p>Mama Pepi Hauora Tui Ora</p>	<p>Parent as first teachers</p>
Obesity BMI over 40	<p>Dietitian</p> <p>Tui Ora</p> <p>Mama Pepi Hauora</p> <p>Green prescription</p>	<p>Dietitian</p> <p>Mama pepi</p> <p>Green prescription</p>

# APPENDIX 2 - PERINATAL MENTAL HEALTH: LOCAL REFERRAL PATHWAY

