TARANAKI
District Health Board

EXECUTIVE SUMMARY
Health Equity Assessment:

Lead Maternity Carer (LMC) Registrations in First Trimester of Pregnancy

July 2019

Public Health Unit, Taranaki District Health Board

In 2019 the Taranaki District Health Board (Taranaki DHB) Public Health Unit led a Health Equity Assessment (HEA) process of Lead Maternity Carer (LMC) registrations in the first trimester in Taranaki. It sought to understand the existing inequities in first trimester registrations with an LMC in Taranaki, and highlight areas for potential intervention to improve equity in LMC registrations in Taranaki.

This Health Equity Assessment was undertaken at the request of the Taranaki DHB Chief Advisor Māori Health to support the work of the Taranaki DHB to investigate and act to reduce inequities for Māori in response to the "Babies in Smokefree Households" System Level Measure (SLM). The Ministry of Health 2008 Health Equity Assessment Tool (HEAT) was applied using a participatory approach at a wāhine Māori stakeholder hui held at a marae. Additional hui were held with Māori providers who were not represented at the stakeholder hui, and local data on registrations with LMCs was analysed. Consumer voice input was collected through face-to-face interviews with wāhine Māori about their experience of registering with an LMC. Recommendations from the findings of this report have been developed in partnership with wāhine Māori stakeholders

This HEA highlighted existing inequities based on age, ethnicity, socio-economic status and geographical location (NZ Deprivation quintiles) in registering with an LMC in the first trimester of pregnancy. It found that wāhine Māori in Taranaki experience a lower rate of registration with an LMC in the first trimester of pregnancy across all age groups, compared to Non-Māori. This was particularly apparent for younger age groups (i.e. under 25 years). Māori were also more likely to live in an area of high deprivation compared to Non-Māori, which was another key factor impacting on lower rates of registration with an LMC within the first trimester.

Barriers identified included patient-centred barriers, such as transport, lack of access to internet to search the 'Find My Midwife' website or lack of credit on phone to ring a midwife. Wider system level barriers included a lack of culturally appropriate workforce, with only one available Māori midwife identified, and a lack of assistance regarding help to enrol with an LMC, especially for younger women. It is noted that Māori are more likely to have children younger, with the median age of mothers for Māori being 27.1 years of age, compared with 30.5 years for the total New Zealand population.

A strong theme to emerge from this assessment was that in Taranaki, Māori women were unlikely to get a midwife who understood their cultural needs around pregnancy and birthing. From the consumer voice, it was evident that the majority of wāhine Māori interviewed in this study would have preferred a Māori LMC who understood Te Ao Māori, but the reality was they had to accept a Non-Māori LMC. The literature shows this is not a new issue but it is one which has failed to be addressed by the health system, indicating the presence of institutionalised racism in antenatal services in New Zealand. It is essential to increase the number of Māori midwives and provide the existing Non-Māori workforce with training to ensure they are culturally responsive.

Not being able to find an LMC, due to all of the LMC being 'booked up', was another key issue which resulted in late registration. Having to accept their second or third choice of provider was a common experience. It is essential to increase the number of Māori midwives and provide the existing Non-Māori workforce with training to ensure they are culturally responsive.

This assessment highlighted a wide range of opportunities to strengthen the equity focus of early registration with an LMC in Taranaki. Key areas for intervention include working with general practices to ensure priority women (young, Māori or those who live in areas of high deprivation) are given further assistance with enrolling with an LMC early on in pregnancy. The raising of awareness about early enrolment with an LMC with Māori whānau is another key aspect, as about half of the consumers interviewed relied on whānau and friends for their advice on enrolling with an LMC. It is also noted that Māori are less likely to be enrolled at a GP practise in Taranaki (86% of the Māori population are enrolled), compared to Non-Māori (97% of the Non-Māori population are enrolled).

Building on the success of the current Hapū Wānanga antenatal education programme by offering a 'pre-Hapū Wānanga' course that includes the importance of early enrolment with an LMC was suggested by Māori stakeholders. Updating current information on the 'Find My Midwife' website is also required, with more accurate information and culturally relevant content for Māori. Wāhine Māori suggested developing a FaceBook page to connect younger Māori with an LMC and with information about pregnancy.

As a result of this HEA, the following recommendations have been developed by stakeholders at the HEA Hui:

1. Explore opportunities for integrating midwifery services with Māori health providers. It is suggested that an integrated model is trialled with a Taranaki Māori Health Provider under Te Kawau Mārō, with a salaried position established for a Māori midwife to provide LMC services exclusively for Māori women in Taranaki. Monitor and evaluate the trial and consider expanding the model to partner with other Māori providers through out Taranaki in future.

2. Work with general practices to introduce a policy and process for practice nurses to provide additional assistance to priority women (Māori, young, or those who live in areas of high deprivation) until they successful register with an LMC. This additional support would provide a more seamless pathway for priority women to navigate through the system to an LMC. To support those women who experience barriers in registering with a GP, a community kaiāwhina navigator contract could be established with a Māori provider to support priority wāhine Māori with engaging with an LMC.

3. Increase efforts to grow the Māori midwifery workforce in Taranaki by developing a local workforce strategy which includes training scholarships, WhyOra cadetships, student mentoring to support retention and midwifery career promotion.

4. Increase cultural responsiveness of existing midwifery workforce in Taranaki, including providing compulsory in-service training to all Taranaki midwives on traditional Māori approaches to birthing and Māori world views on pregnancy. It is suggested that this training is provided by Hapū Wānanga educators and is held at marae. In addition, it may also be beneficial for all Taranaki midwives to experience Hapū Wānanga as an observer first hand.

5. Work with the local LMC workforce to accurately update online information on the Taranaki DHB and Find My Midwife websites, recognising that this is the primary source of information for a woman selecting an LMC. Ensure information is included that is culturally relevant for wāhine Māori, such as LMC knowledge and experience with tikanga Māori and Te Ao Māori, te reo Māori (including greetings) and pepeha that explains whakapapa of midwives. Ensure all listings include where LMCs are located and LMC te reo Māori language abilities are accurately listed.

6. Explore the opportunity for establishing a locally run FaceBook page to support Taranaki wāhine Māori during their pregnancy and consider how this online information resource and communication tool could be most appropriately managed and moderated.

7. Work with local LMC services to develop a local 'one-pager' resource that includes all of the key information a woman may benefit from when required to find, select and successfully register with an LMC in Taranaki, including who is available to assist them in the process. Ensure resource explains the importance of registering early with an LMC and is pre-tested to ensure it is appropriate for young women and wāhine Māori.

8. Consider establishing a specific TDHB Māori case loader position for Māori women who can not find a midwife.

9. Continue to monitor and report LMC registrations in Taranaki by ethnicity, age and socio-economic status and request the MOH provides standard quarterly reports with this data.