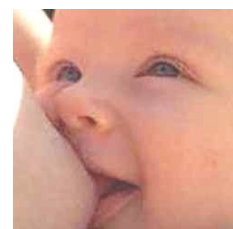
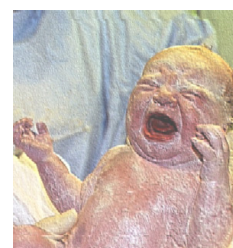


Maternity Services Strategy



August 2005



MIDCENTRAL DISTRICT HEALTH BOARD
Te Pae Hauora o Ruahine o Tairāroa

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INTRODUCTION

Maternity services in New Zealand are provided to women and their families throughout pregnancy, childbirth and for the first six weeks of a baby's life. These services are provided in the home and in the hospital by a range of health professionals including midwives, general practitioners and obstetricians.

MidCentral District Health Board, responsible for planning and funding health services for its population, has developed this strategy for a high quality integrated, safe, maternity service that is responsive to the needs of women within MidCentral District.

MidCentral District Health Board (MidCentral) is responsible for funding the hospital/facility based services, a pregnancy information service, and some pregnancy and parenting education programmes, while the Lead Maternity Carer (LMC) component is funded directly to the individual practitioners by the Ministry of Health through Section 88 of the New Zealand Public Health and Disability Act (2000). All of these services are expected to be provided free of charge to eligible¹ childbearing women in MidCentral District.

The complexity of maternity service provision within MidCentral District arises out of the variety of providers involved. These range from individual self-employed LMCs (both midwives and general practitioners) and non-government organisations that provide primary maternity services, to MidCentral's provider arm that manages secondary facility and obstetric referral services and some primary services. The characteristics and expectations of consumers, most of whom are essentially well and healthy, add a further layer of complexity to service provision in this area.

¹ Eligible women are those who are New Zealand citizens or have New Zealand Residency. Currently any baby born in New Zealand automatically receives the associated components of maternity care 'free of charge'.

MIDCENTRAL'S MATERNITY SERVICE OVERVIEW

All pregnant women, who are New Zealand citizens or residents, and their newborn babies are expected to have access to primary maternity health services funded by the District Health Board and/or the Ministry of Health. They should be able to choose to birth at home or at any primary maternity facility with a District Health Board maternity facility contract and where their chosen Lead Maternity Carer (LMC) holds an access agreement.

This strategy focuses on the activities and functions of MidCentral's maternity service contract holders to enable maintenance of LMC services in the District.

Table 1 Overview of MidCentral's current maternity contracts

Provider	Service
MidCentral Health (Palmerston North Hospital)	Secondary maternity services
	Level 2 specialist neonatal services
	Labour and birth facility
	Postnatal facility
	Pregnancy and parenting programme
MidCentral Health (Levin Hospital)	Labour and birth facility
	Postnatal facility
Dannevirke Health Services Ltd (Dannevirke Community Hospital)	Labour and birth facility
	Postnatal facility
	Pregnancy and parenting programme
Otaki Birthing Centre Ltd	Pregnancy and parenting programme
Community Birth Services	Consumer Information Service
	Pregnancy and parenting programme
Te Runanga o Raukawa Inc	Pregnancy and parenting programme

Births in the District

In 2002² there were 2 028 babies born in local maternity facilities. A small number of births in the District also occurred at home, or in other District Health Board areas, mainly Capital & Coast, for clinical or family reasons (MoH, 2004). In 2002, 17% of the birthing population in MidCentral District identified themselves Maori and 63.2% as European. The Pacific peoples' birth rate was three times lower than the national average (MoH, 2004).

In MidCentral District, the birth rate has gradually reduced since 2000 and is not expected to rise significantly over the next few years. Those most affected by this reduction in birthing numbers were the primary maternity units in the District, with births in Otaki and Feilding reduced by half between 1999 and 2002.

When identifying women according to levels of affluence, birthing women in the Palmerston North locality were more highly represented in the more affluent quintiles (2 and 3), while those in Horowhenua, Manawatu, Tararua and Otaki localities seem to be more highly represented in more deprived quintiles (MoH, 2004 p75). Therefore, access to services at a distance may be more difficult for rurally based women.

Table 2 Total births in MidCentral District 1999 – 2002 by facility

	1999	2000	2001	2002	% of total facility births 2002
Palmerston North Hospital	1 793	1 854	1 811	1 772	87.4
Levin	181	173	139	142	7.0
Dannevirke	68	79	59	40	2.0
Feilding	123	102	82	64	3.1
Otaki	22	22	22	10	.5
Total Births	2 187	2 230	2 113	2 028	100

Source: NZHIS births by Dep 2002 (2004), MidCentral District Health Board records

² In the absence of any more recent national or accurate local data on maternity activities, service volumes and birth outcomes, the data used for this report was obtained from the Ministry of Health's "2002 Report on Maternity" which was published during the strategic plan development process in September 2004.

Maternity Service Profile Relating to Maori Women and Whanau

MidCentral's District Annual Plan 2003/04 confirmed the Board's commitment to Maori health status. Particular features of Maori birthing women identified in the 2002 Report on Maternity (MOH, 2004) include:

- Maori tend to have children at a younger age (16-24 years of age) than the rest of the population (25-34 years of age). Of all births to teenage mothers, 44% were to Maori women
- Maori tend to have more pregnancies than the rest of the population. Almost three times as many Maori have five to seven pregnancies more than women classified as 'European'
- Maori birthing women are more highly represented in the most deprived NZDep deciles
- In 2002 only 18.6% of Maori mothers were recorded as breastfeeding, with the rate decreasing with maternal age. European women recorded a breastfeeding rate of 56%.

Other distinguishing features of the Maori birthing population which provide guidance for planning include:

- More Maori women birthed in primary maternity units than any other ethnicity
- Most Maori women had a midwife LMC (81%). This rate was higher than the national rate of 73%
- In 2002 Maori had a higher normal birth (79.5%) rate and a slightly lower perinatal mortality rate than the national rate.

The low volumes of women accessing maternity services in MidCentral District who identified as Maori or non-European precluded the possibility of carrying out any reliable comparative analysis of service outcomes at district health board level. The national data is provided to highlight issues that should be considered with Maori in the planning process.

Maternity Care Service Components

Services Funded Directly by MidCentral District Health Board

These services include:

- Secondary maternity services and access to tertiary maternity services. This service is located at Palmerston North Hospital and consists of obstetricians, anaesthetists, radiologists, allied health practitioners, midwives, nurses and support staff
- Level 2 specialist neonatal services and access to level 3 neonatal services. This service is located at Palmerston North Hospital and consists of paediatricians, nurses, allied health staff and support staff
- Pregnancy and parenting education programmes for women
- Primary maternity facility services located in Palmerston North Hospital, Horowhenua (Levin) and Dannevirke Community Hospital
- A maternity consumer information service provided by Community Birth Services.

Services Funded Directly by the Ministry of Health

These services include:

- Lead maternity carer (LMC) services as described in Section 88 of the New Zealand Public Health and Disability Act (2000). This component of the maternity service is provided by an individual, mainly self-employed, midwife or general practitioner (GP), who is paid by the Ministry of Health, to take the role of LMC for an individual childbearing woman. This care is expected to be provided mainly in the community for the duration of the pregnancy and up to six weeks following the birth by the same practitioner, or in the case of an obstetrician or GP LMC, in conjunction with a midwife for some aspects of care. The practitioner applies to the maternity facility for an access agreement to continue care for women who choose to birth in the maternity facility.
- The term 'access agreement holder' refers to any non district health board employee LMC, who has an access agreement to provide direct care to their clients on the premises of the birthing facility (maternity hospital).

Table 3 Maternity facilities in MidCentral District in 2004

Birthing facilities	Geographic area	Population (2003 estimated)	Beds	Minutes to Palmerston North hospital
Palmerston North	Manawatu & Palmerston North	105 400	29	0 - 60
Levin	Horowhenua	30 600	7	40
Dannevirke	Tararua	17 950	4	60

Source: MidCentral District Health Board records

Note: Women in southern Tararua choose between three primary facilities: Dannevirke, Masterton and Palmerston North.

Clinically, no more than 50% of birthing women would be expected to require birthing in a secondary or tertiary maternity facility. Evidence suggests that low risk birthing women would achieve better health outcomes if they birthed in primary facilities or at home, as it limits their risk of surgical intervention (HFA, 2000 p25). Analysis of 171 157 birth outcomes in New South Wales, Australia, found that for 'low risk women', caregiver type and place of birth seemed to have the greatest impact on birth outcomes for women (Roberts, Tracy & Peat, BMJ, 15 July 2000).

Home Births

It is estimated that there is about a 5% home birth rate in MidCentral District (about 100 births), which constitutes a 50% reduction over the past four years (communication with Community Birth Services). Historically, home birthing women in MidCentral District were provided with a 'home birth package' including home help, nappies and food vouchers, but currently MidCentral does not provide any form of funding for home births.

Secondary Maternity Services

Palmerston North Hospital

Secondary maternity services at Palmerston North Hospital are located on two levels within the main building.

This service includes:

antenatal/postnatal rooms	21 rooms each with ensuites, staffed by four to five nurses and midwives in 8 hour shifts over 24 hours.
a delivery suite	with eight labour and birth rooms, staffed by two midwives per 8 hour shift.
a day assessment unit	available on Mondays, Wednesdays and Fridays and staffed by one midwife on each day.
obstetric secondary services	employing five obstetricians, five registrars and seven house officers.
midwifery services	comprising a team of four lead maternity carers (LMC) midwives and a community midwifery service with two midwives to provide postnatal midwifery services for secondary care and medical LMCs women.
a lactation consultancy service	employing two lactation consultants who hold clinics and receive referrals from LMCs.
pregnancy and parenting education	an educator, who is also a midwife, delivers this programme.

Key issues:

1. The high proportion of medical LMCs requires the hospital to employ more midwives to provide the components of midwifery care for these LMCs. Some self-employed midwives also provide these services for obstetricians and general practitioners, whereas midwife LMCs provide midwifery care for their own birthing women when they are admitted to the hospital, unless these women require secondary maternity services, when in some cases the employed midwife takes on the midwifery care.

2. Core midwives (employed in the facility) will need to broaden their practice experience in order to maintain competence to meet requirements of the Health Practitioners Competence Assurance Act (2003), which came into force in September 2004. The high number of medical practitioners in training at Palmerston North Hospital appears to reduce the opportunity of employed midwives to practice to their full potential.
3. Because of the increasing centralisation of maternity services at Palmerston North Hospital, employed midwives on site in Levin are underutilised, yet they need to remain located in the facilities to be available for women who have a medical LMC or do not have an LMC.
4. Manawatu consumers, particularly those from Feilding, rural women, Maori consumers and a number of midwife LMCs expressed concern about the lack of a 'primary facility' or a service that provided a 'primary maternity focus'. For these women the only options are home birth or birthing in Palmerston North Hospital. Palmerston North Hospital was identified as requiring some refocusing on the needs to 'low risk' healthy women following the closure of the maternity service at Feilding. They indicated that there were few amenities, and no room for family/whanau, who would usually take an active role in normal birthing.

Changes suggested during the maternity strategy consultation process included:

- Provide access to amenities for family/whanau, visitors and the woman's LMC, close to the maternity ward
 - Allocate part of the maternity facility to primary birthing
 - Work with LMCs and consumers to develop a more 'primary friendly' environment in the ward.
5. Rural midwives and rural consumers expressed concern that Palmerston North Hospital did not meet their needs. There were no amenities for rural midwives or for family/whanau who usually travelled some distances to accompany women, particularly for secondary care. There was insufficient communication between the hospital and the woman's local LMC over the results of consultations, transfer of care or discharge and often LMCs were expected to provide transport for rural women on discharge from secondary care.
 6. Pregnancy and parenting programmes in Palmerston North Hospital are oversubscribed and considered to be very hospital focused.

Primary Maternity Services

Clevely Health Centre and Maternity Services in Feilding

This health centre, 20 minutes from Palmerston North Hospital, is located within a rural town with high unemployment and a catchment population of about 15 000.

In 2003, the birthing facility in Feilding was closed due to staffing difficulties and falling birth numbers.

Maternity services include:

postnatal care	a community midwifery postnatal care service and a car is provided from the Health Centre. Three MidCentral community midwives work 4 hours per day to provide postnatal care for general practitioner lead maternity carers (GP LMCs) and women who had secondary maternity services.
midwifery services	there are no local LMC midwives or GP LMCs. However, a number of Palmerston North LMC midwives provide services for local women, some running antenatal clinics at the Clevely Centre.
home birth services	are provided by Palmerston North midwives.
pregnancy and parenting education	there is a childbirth educator who is contracted by MidCentral to provide the programme in Feilding.

Key issues:

1. There is a continued desire by some of the community to have a birthing facility in Feilding. When further explored, one of the main concerns was the under servicing of women postnatally, which was seen to be remedied by enabling postnatal stay in a local facility. This had in the past not addressed the issue of lack of postnatal home based care following discharge. When given the options of focusing on providing midwifery facility cover or ensuring local women had a community based midwifery LMC service which would be responsible for postnatal follow up in the home, the latter was preferred by consumers.

2. The community wants an LMC service located in the town. They preferred that midwives be fully integrated into a community service, rather than be underutilised and waiting in a facility.
3. The community midwives in Feilding who offer postnatal home visiting are underutilised, because they are not integrated into any LMC service.
4. The childbirth educator in Feilding seems isolated, because of the fragmented nature of the maternity service in the community.
5. Maternity service options were not visible in the community, and local women were mostly referred to Palmerston North LMCs, or to Palmerston North Hospital by their GPs following a positive pregnancy test.

Dannevirke Community Hospital Maternity Services

This hospital is located about an hour from Palmerston North Hospital and provides a maternity service for the Tararua district, covering an area within a radius of about 1-1.5 hours with a mainly rural population of about 17 950. The facility was certified on 8 September 2004.

The four GP LMCs are reliant on midwives employed by the centre to provide midwifery care for their women during labour, provide postnatal care in the facility, and carry out the five required (under Section 88) postnatal home visits. Three midwives (2.5 FTE) work in a team on 12 hour rotating shifts.

Overnight, care is provided by the nurse on duty in the hospital with the midwives on call (a requirement of the facility service specifications). The GPs are willing to back up LMC midwives. LMC services are also provided for women birthing in Palmerston North Hospital.

This service includes:

labour/postnatal	there is one birthing room and three postnatal beds. This inpatient care is provided by the employed midwives and nurses.
home birth services	these are provided by self-employed LMC midwives from Palmerston North.
obstetric referral service	an obstetrician visits the Health Centre fortnightly for an outpatient clinic. They also see women referred by local LMCs.
ultrasound service	this service is available in the centre twice a week.

health line the centre provides telephone advice including advice for childbearing women.

pregnancy and parenting education a midwife delivers this programme.

Key issues:

1. The GP LMCs are overworked and having problems recruiting another GP qualified to provide LMC services. They would welcome midwife LMCs in the locality.
2. Currently there is only one midwife access agreement holder who is also employed part time in the service and only provides LMC midwifery care for a small volume of women (1-2/mth).
3. Birth volumes have been falling, with only 40 births in 2002 (they plan for about 80 births per year).
4. Midwives provide pregnancy and parenting programmes, rather than consumers. There seems to be little consumer input in to service development and promotion.

Levin Hospital and Community Maternity Services

This service is located in a community hospital on the outskirts of Levin serving a population of about 30 000 people who are mainly rural, with high unemployment. The facility is currently certified.

A new facility is being planned which will include maternity beds within the hospital, with one birthing room and three postnatal rooms. Currently eight midwives are employed to work 8 hour shifts with one midwife on duty at all times, even if there are no women in. The facility does not offer LMC services, but provide midwifery care for the GP LMC. The service is managed from Palmerston North Hospital's maternity service and the midwives are MidCentral employees.

lead maternity carers there are six self-employed LMC midwives and one GP LMC who access the facility. The LMC midwives also home birth and birth some women in Palmerston North. They also provide antenatal and postnatal care for women who have to birth in the secondary service. There are good relationships between the employed midwives, GP LMCs and LMC midwives; they cover for each other and the GP will do lift out forceps at Levin. Local non-LMC GPs tend to refer women to Palmerston North obstetricians.

home birth services	these are provided by self-employed LMC midwives from Otaki, Levin and Palmerston North.
obstetric referral service	an obstetrician visits the Levin Hospital fortnightly for an outpatient clinic. They will see women referred by local LMCs.
ultrasound service	women travel to Palmerston North or Kapiti.
maternity resource centre	the service provides telephone advice for childbearing women, a drop in pregnancy testing service, information for the community on maternity issues.
pregnancy and parenting education	these programmes are currently not offered in Levin. The women either go to Otaki or Palmerston North.

Key issues:

1. There is anxiety about the new hospital in relation to local maternity service needs. The local practitioners want to make sure the facility will accommodate future maternity service requirements.
2. Currently the facility service is underutilised, which has a depressing effect on the local employed midwives who feel promotion and increasing the use of the facility by local LMCs and their women is out of their control, as the service is managed from Palmerston North Hospital. There was a lack of a sense of ownership of the service at local level.
3. There has been an absence of pregnancy and parenting classes.
4. Many local women cannot afford the cost of transport to Palmerston North for maternity services and to birth.

Otaki Birthing Centre and Community Maternity Services

This service is located in Otaki, about one hour from Palmerston (in low volume traffic) and 20 minutes from the primary birthing facility in Levin Hospital. This service is located within a rural, low decile population of 6 500 - 7 000.

A midwifery practice (three LMC midwives and the owner) work from this facility.

The service includes:

labour and birth	until November 2004, the one bed birthing unit on site provided a birthing facility for local women. Funding for this service ceased as the volume of homebirths in the locality had increased and midwives chose to focus on this service option.
lead maternity carers	up to seven LMC midwives work from the Otaki Maternity Centre on State Highway One. They also provide services at Levin hospital and antenatal and postnatal care for women who have to birth in the secondary service.
maternity resource centre	this service provides telephone advice for childbearing women, a drop-in pregnancy testing service, and information for the community on maternity issues. They work collaboratively with the Women's Health Centre in town.
pregnancy and parenting education	programmes are offered to Levin, Otaki and Paraparaumu women with full classes four times per year on site at the Otaki Maternity Centre. A local consumer is completing her Childbirth Educator Course.

Key issues:

1. Volumes using the facility had fallen below viability and midwives chose to put their energy into home birth and providing a resource centre for local women, including childbirth education programmes.
2. The midwife owner ceased offering publicly funded births on site in November 2004. The cost of time and money in maintenance and compliance was viewed as better spent on supporting home birth, maternity service information and childbirth classes.
3. A local consumer was completing a two-year correspondence course (\$2 500 for fees), to qualify as a childbirth educator.

LMC Midwifery Services in MidCentral District

About 36 self-employed LMC midwives provide services throughout MidCentral District, overlapping MidCentral's boundaries at Bulls, Marton and Otaki. Of these 36, about one third provide home birth services. Some offer shared care with GPs or Obstetricians. Some midwives belong to midwifery practices where they run clinics and drop in services for consumers. The remaining one third work from home, in solo or paired practices with arrangements for colleagues to provide back-up. Palmerston North Hospital maternity service employs four LMC midwives and two community midwives who provide home visits for medical LMCs.

Key issues:

1. Lack of wide disbursement of LMC midwifery services in MidCentral District as a whole with most midwives centred in Palmerston North. There were no LMC midwifery practices located in Feilding. There were few LMCs available for women birthing from December through to February.
2. The high cost of provision of home birth services and LMC midwifery care to rural, isolated women, is not compensated for sufficiently by Section 88. There are no added incentives in Section 88 for LMCs to provide care in isolated areas, to offer home birth or to care for women with high social needs.

LMC Medical Services

Ten medical practitioners provide LMC services for women within MidCentral District: two GPs in Palmerston North, one GP in Levin, four GPs in Dannevirke, and three of the five obstetricians in Palmerston North. The number of births in MidCentral District with medical LMCs was twice the national average in 2002 (MoH, 2004), meaning that more midwives in this District will be providing 'shared care' with a medical LMC in order to provide the midwifery component of care for women.

Under the Section 88 Maternity Notice:

- Medical LMCs must purchase midwifery services for care in labour and birth and for postnatal home visits
- GPs are not allowed to co-charge women, but obstetricians may.

This has implications for both the configuration of self-employed midwifery practices and for MidCentral's midwifery services. Midwives will need to remain 'on call' for women who have medical LMCs. Traditionally, medical LMCs have been more likely to use MidCentral employed midwives because the level of remuneration for providing care in labour is much less than a midwife could earn under a Section 88,

therefore, medical LMCs have difficulty finding self-employed midwives who will provide 'shared care'. The GP LMCs in Dannevirke and Levin have an excellent relationship with local midwives, sharing back up and cover. There appears to be less of a cooperative environment within the urban setting.

Key issues:

- The high volume of medical LMCs in MidCentral District places increased responsibility on MidCentral to provide them with midwifery services. The configuration of midwifery services in Palmerston North Hospital reflects this.
- Rural LMC midwife/non-LMC GP relationships need to be developed enough for local GPs to feel confident in referring local women to local midwives rather than automatically referring them to Palmerston North LMCs.

Consumer Information Services

MidCentral contracts Community Birth Services to provide pregnancy and parenting programmes and a consumer information service. The organisation is registered as a Charitable Trust, established by the Home Birth Association. The pregnancy and parenting programme has been underutilised.

Key issues:

1. There seems to be a lack of congruence between the service contract and the philosophical and organisational goals of Community Birth Services. The service seems to have made every effort to meet contractual requirements, but community perception of them as primarily a home birth service may have reduced consumer uptake in the community information service they were providing.

Pregnancy and Parenting Education Programmes

There are five funded, and two unfunded providers of pregnancy and parenting programmes in MidCentral District. Most programmes are provided in Palmerston North. The Ministry of Health service coverage schedule (2004) expects these services to be available free of charge to 30% of all pregnant women each year. This would equate to 600 pregnant women or 50 programmes per year.

Table 4 Pregnancy and parenting providers in 2004

Funder	Provider	Locality
MidCentral District Health Board	MidCentral Health	Palmerston North Feilding
	Community Birth Services	Palmerston North
	Otaki Birthing Services	Otaki
	Te Runanga o Raukawa	Levin
	Dannevirke Community Hospital	Dannevirke
Self funding	Parents Centre	Palmerston North
	Parents Centre	Levin

Maori Maternity Services

Information received in the course of this strategy being developed, and the available data on maternity care outcomes for Maori women identified some issues that were of specific interest to Maori and should be addressed in this strategy. These issues include:

- the reduced economic resources of these birthing women compared with others in the community
- the young age of the mothers
- the increased use of maternity services over time compared with other ethnicities
- the low breastfeeding rates
- the need to preserve the low intervention rates and the improved outcomes for Maori babies
- a preference for access to primary birthing services with midwife LMCs and primary birthing facilities.

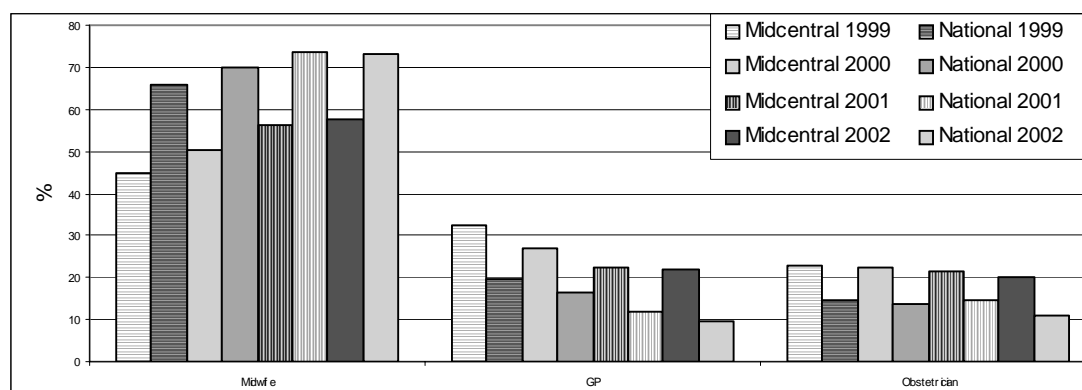
Anecdotally it seemed that a significant number of Maori consumers lived in rural areas within MidCentral District. Indications were that they had very similar issues to most other rural women in the District:

- lack of access to LMC services,
- low level of postnatal follow up care
- lack of a wellness and primary focus on birthing in Palmerston North Hospital
- lack of amenities for whanau.

Maternity Service Workforce in MidCentral District

In MidCentral, the midwife LMC rate³ has been 15% to 20% below the national average. Indications are that the rate of LMC midwives has been increasing over the past two years.

Figure 1 Lead maternity carer rate for MidCentral District compared with the NZ rate



Source: Report on Maternity 1999 (MOH, 2001); Report on Maternity 2000 & 2001 (MOH, 2003); Report on Maternity 2002, (MOH, 2004)

General Practitioners

Currently there are seven GP LMC access agreement holders in MidCentral District (see table 5).

Midwives

In MidCentral, as in the rest of the country, midwives form the main maternity workforce. Midwives are classified as either a core midwife or a caseload midwife.

- A *core midwife* provides midwifery care, usually employed on shift work, within a hospital or birthing facility. These midwives provide the 24 hour hospital midwifery cover, support and back up for LMCs, midwifery care for GP LMCs and secondary midwifery care for women.
- A *caseload midwife* provides LMC services, either employed or self-employed, on call 24 hours a day, seven days a week (with self organised rostered time off). They provide community based antenatal and postnatal care and midwifery care for women in labour and birth, whether the birth is in the hospital or home.

³ This rate refers to the percentage of births with the designated health professional group.

Obstetricians

MidCentral currently employs five part time obstetricians, three of whom also work in private practice as LMCs.

MidCentral District has about 30 self employed LMC midwives who hold access agreements to birth or care for women in one or more of the facilities in the District (see table 5).

Table 5 Lead maternity carer access agreement holders in MidCentral District

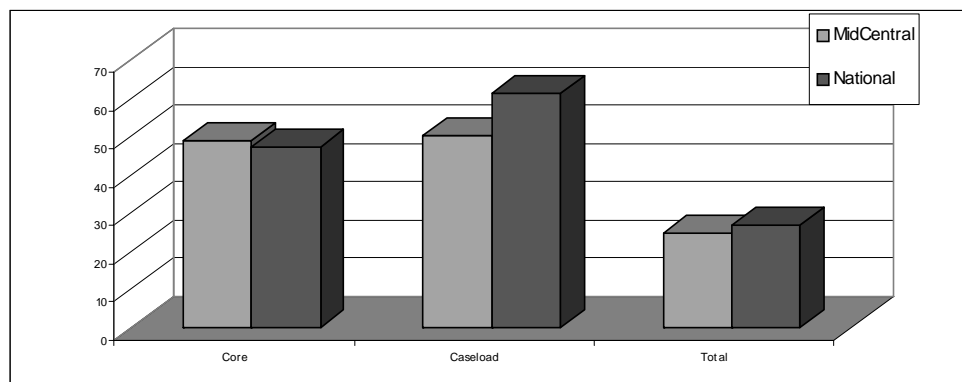
Facility	General Practitioner	Midwife	Obstetrician
Palmerston North	2	20	3
Levin	1	6	0
Otaki	0	6	0
Dannevirke	4	3	0
Total	7	35*	3

Source: MidCentral District Health Board records, 2004

* Some midwives may hold multiple access agreements

MidCentral seems to have a higher volume of midwives per birth than in the country as a whole (figure 2). The ratio of caseload midwives to births indicates that there are more LMC midwives available for women in MidCentral District than in the country as a whole (this data does not distinguish between midwives working part time or full time).

Figure 2 Ratio of births per midwife in MidCentral District



Source: Report on Maternity 2004, Health workforce statistics. (NZHIS, 2004)

Maternity Services Development - Advisory Processes

A Steering Group was established to guide the development of this strategy. The group consisted of representatives of the community, Maori, consumer groups, midwives, medical practitioners, and MidCentral's management and contracted providers. This forum enabled a diversity of views to be presented and discussed during the course of the strategy development process.

Feedback from the consultation process supported the continuation of such a group to guide the implementation and evaluation of the strategy. The composition of this group was proposed as:

- a community representative from each territorial local authority
- a general practitioner
- a midwife LMC
- a core midwife
- representatives of the primary facilities
- an obstetrician
- the Medical Director Women's Health
- representatives drawn from community provider organisations, such as Parents Centre, Plunket, Community Birth Services and primary health organisations
- Maori provider representatives
- Maori consumer representatives.

MIDCENTRAL'S MATERNITY SERVICES STRATEGY

This section sets out MidCentral's strategic vision for maternity services in its District.

Six goals and 16 initiatives have been developed with the intent of achieving a high quality, collaborative, safe, maternity service in MidCentral District that is responsive to the needs of women.

The Vision

*To enable access to a high quality,
collaborative and safe maternity service in the
MidCentral District, which is responsive to the needs
of women while achieving healthy outcomes for
mothers and babies.*

The Goals

The goals of this strategy are congruent with those of the Board's Primary Health Care Strategy, and are aimed at achieving healthy outcomes for mothers and babies in MidCentral District. There are 16 initiatives to achieve the six goals and to meet the needs of Maori.

Access	Women have closer access to maternity services.
Collaboration between primary and secondary care	Secondary services are provided in a way that enables the maintenance of continuity of maternity care and increases inter provider collaboration.
Community participation	The community actively contribute to shaping maternity services.
Coordination of services	Services are structured and managed to facilitate continuity of maternity care throughout the childbearing experience.
Infrastructure development	Maternity service development is guided by an overarching strategic plan and change is systematically implemented in line with agreed priorities and directions.
Quality	Women and babies will receive the best possible quality maternity services, which are monitored regularly by a reliable, multidisciplinary and informative process.

The initiatives will be implemented over the next 1-3 years. They involve specific actions which range from the management of structural changes to the development of systems to monitor and evaluate maternity care outcomes for MidCentral District.

GOAL 1 ACCESS

Increase access to primary maternity services throughout MidCentral District

INITIATIVE 1

Support and promote the use of strategically located primary birthing facility services at Levin and Dannevirke

- 1 Ensure accountability and responsibility for maternity services contractual requirements and associated service development initiatives rest with on site management.
- 2 Redevelop the facility service at Horowhenua Hospital in Levin to better meet the needs of local women and lead maternity carers (LMCs).
- 3 Negotiate realistic service volumes and require regular reporting on service activities and outcomes from all maternity facilities.
- 4 Encourage the use of Levin and Dannevirke Hospitals such that at least 50% of birthing women domiciled within the catchment area of these facilities birth there.

INITIATIVE 2

Facilitate the further development of primary maternity services in Palmerston North Hospital for women of the Manawatu

- 5 Establish a Maternity Reference Group.
 - The Group will provide feedback on maternity services development. The terms of reference will be developed through a stakeholder engagement process.
 - The Group will contribute to the further development of services at Palmerston North Hospital to better meet the needs of healthy women and babies.
- 6 Negotiate realistic service volumes and require regular reporting on service activities and outcomes.

INITIATIVE 3

Promote and maintain access to lead maternity carer services in the localities of Otaki, Levin, Feilding, and Tararua district

- 7 Provide funding to support the community to establish and maintain a maternity resource centre and a local LMC service in Feilding.
- 8 Provide funding to maintain a maternity resource centre and a local LMC service in the Otaki area, which offers birthing in Horowhenua Hospital and in the home.
- 9 Provide funding to support the community to establish and maintain a local LMC service in Pahiatua which also offers home birth and birthing in Dannevirke.
- 10 Provide funding to support the community to establish and maintain a local LMC service in Dannevirke which offers birthing in Dannevirke Community Hospital and in the home.
- 11 Negotiate realistic service volumes and require regular reporting on service activities and outcomes from all maternity facilities.

INITIATIVE 4

Develop strategies to ensure women are aware of their maternity service options and entitlements

- 12 Develop a process for making readily available to both consumers and providers, updated information on maternity service options and associated providers in the District and a summary of maternity service outcomes, including breastfeeding rates.
- 13 Develop processes to hold providers accountable for ensuring consumers in the District receive information on maternity service options and their entitlement to specific maternity services.

INITIATIVE 5

Ensure equitable access to community based pregnancy and parenting programmes throughout the District

- 14 Pregnancy and parenting programmes will be available free of charge from a variety of providers for at least 30% of eligible pregnant women in Palmerston North for women planning to home birth and for first time mothers, Levin, Tararua district, Otaki and Feilding; and for Maori in localities as negotiated.

GOAL 2 COLLABORATION BETWEEN PRIMARY AND SECONDARY CARE

Secondary services will be provided in a way that enables the maintenance of continuity of maternity care

INITIATIVE 6

Ensure appropriate access to and use of secondary maternity services, and transition of consumers from these services to community based care and their lead maternity carers

- 15 Develop regular reporting processes to monitor access to secondary obstetric and neonatal services in the District.
- 16 Support the secondary maternity service to further establish processes to ensure appropriate access to and use of secondary services.
 - Ensure the ratio of staff available for secondary services is balanced appropriately against the requirements of women needing primary services in Palmerston North Hospital.
 - Ensure secondary obstetric services are accessed by women who have a clinical need and have been referred to this service by their lead maternity carers (LMCs).
 - Ensure women requiring secondary care have a plan of care which is made available to both the woman and her LMC or local maternity care provider.
- 17 Develop processes to ensure women are appropriately informed of their service entitlements following discharge from the facility.
 - Involve LMCs more in the postnatal inpatient care including discharge planning.
 - Ensure all women discharged from maternity facilities are given the name and contact details of the midwife who will provide at least five home visits.

INITIATIVE 7

Implement a maternity service workforce maintenance and development plan

- 18 Through a maternity workforce maintenance and development plan:
 - Facilitate collaboration between provider groups, professional colleges and education providers to monitor workforce requirements and build capacity in areas of need to ensure women in MidCentral District have access to the maternity services outlined in the strategy.
 - Actively manage recruitment in under serviced areas.
 - Facilitate collaboration between education providers and service providers to work to ensure midwifery and medical students have access to a wide range of experiences in maternity care including primary maternity services.
 - Ensure the necessary resources are available to be directed more specifically towards competency maintenance and staff development opportunities.
 - Ensure all active maternity service health professionals have a current practicing certificate.

GOAL 3 COMMUNITY PARTICIPATION

The community will actively contribute to shaping maternity services

INITIATIVE 8

Involve both the consumer and provider community in monitoring of the implementation, development and evaluation phases of this strategy

- 19 Develop a district-wide programme for multidisciplinary involvement in monitoring service inputs and outcomes.
- 20 Ensure consumers and providers are represented on the Maternity Reference Group.
- 21 Involve the local Maori community in the development and monitoring phase of the strategy.
- 22 Ensure that consumer satisfaction plays a part in service evaluation and ongoing development.
- 23 Implement a monitoring and evaluation plan for the strategy.

GOAL 4 COORDINATION OF SERVICES

Services will be structured and managed to facilitate continuity of maternity care throughout the childbearing experience for women in MidCentral District

INITIATIVE 9

Ensure that all maternity service planning and developments are focused on the maintenance of continuity of care for childbearing women

- 24 Configure maternity services, including maternity information services, pregnancy and parenting programmes, maternity facility services and obstetric and neonatal referral services, to maximise and maintain the relationship between the woman and her LMC.
- 25 Notify the Ministry of Health of constraints in Section 88 that obstruct, prevent or restrict the provision of continuity of maternity care to any groups of women.
- 26 Redevelop maternity services for rural women requiring secondary care in order to ensure that they have local access to regular ongoing maternity care.
- 27 Develop processes to enhance inter-provider collaboration regarding continuity of care for all birthing women in the District.
- 28 Develop reliable processes to ensure women and babies are referred to other health providers, Primary Health Organisations and Well Child services between two and four weeks following the birth.

INITIATIVE 10

Develop the role of a project manager to manage and monitor the service contracts and coordinate progress on implementation of the strategy

- 29 Establish the role of a project manager to manage and monitor the service contracts and coordinate progress on implementation of the strategy.
 - Ensure all service planning, development and monitoring would promote and maintain continuity of care.
 - Promote service options.
 - Enable consumer access to the range of service.
 - Measure consumer satisfaction.
 - Monitor service utilisation and care outcomes.
 - Maintain communication with and between providers.
 - Ensure service provision during peak times (December – February).
 - Facilitate inter-provider collaboration.
 - Provide coordination of the Maternity Reference Group.

GOAL 5 QUALITY

Women and babies in MidCentral District can expect a safe and high quality maternity service that is responsive to their needs

INITIATIVE 11

Implement an information systems and technology programme that will enable reliable monitoring of service activities

- 30 Develop an information systems and technology programme for monitoring all the District's maternity inputs and outcomes to be used to form the basis of regular outcomes reporting, service development planning and the production of an annual report for benchmarking against national and international trends.
- 31 Implement a generic reporting system for all maternity facility providers, to enable comparative analysis to take place.
- 32 Publish an annual report on maternity service inputs and outcomes for the District.

INITIATIVE 12

Use community participation processes to assist in quality improvement.

- 33 Involve the Maternity Reference Group in providing ongoing advice and support for this strategic plan.
- 34 Develop and maintain a regular consumer satisfaction feedback process that is specifically focused on maternity service consumers.
- 35 Involve the local Maori community in this process, with particular emphasis on their role around consulting, advising on, monitoring and assisting in the development of maternity services in MidCentral District that meet the needs of Maori women and whanau.

GOAL 6 INFRASTRUCTURE DEVELOPMENT

Maternity services are supported by a planned infrastructure

INITIATIVE 13

Foster the continued development of primary maternity services into the local communities

- 36 Work with community groups to facilitate collaboration between providers in order to ensure access to primary maternity services including LMC services, pregnancy and parenting programmes and the option of home birth in the localities of Feilding, Levin, Otaki, Dannevirke, Pahiatua and Palmerston North.
- Support and encourage women living near to Levin and Dannevirke facilities to birth locally and access locally provided maternity services.
 - Encourage LMCs to establish practices in rural localities such as Feilding.
 - Involve consumers in pregnancy and parenting programme provision.
 - Locate MidCentral LMC services in under serviced areas.
- 37 Work with the Maori communities to provide direction for primary maternity service providers to configure services to meet the needs of their community.
- Facilitate collaboration between Maori health service providers and primary maternity service providers.
 - Involve the Maori community in service development and promotion of primary maternity services and support the establishment of Maori providers.

INITIATIVE 14

Support Palmerston North Hospital secondary maternity services in their consultation and referral roles in respect of primary maternity service providers

- 38 Develop a process for ongoing review of utilisation and outcomes of secondary obstetric services.
 - Ensure ease of access for LMCs to on call Obstetricians.
 - Clarify and maintain an ongoing review of mechanisms for safe and efficient referral and transfer of women to secondary care services.
 - Review the level and timeliness of access to secondary services for rural women.
- 39 Resource the secondary service to provide educational opportunities for contracted providers and access agreement holders.

INITIATIVE 15

Support the provision of home birth services

- 40 Promote to consumers and LMCs, and support, home birth as an option such that the home birth rate will increase within three years.
 - Offer an assistance 'package' for women who choose this option.
 - Educate and inform the community of this birthing option.
 - Regularly report on their activities and home birth outcomes.
 - Fund support for women during their postpartum adjustment.
- 41 Involve the local Maori community in the development of home birth as an option for Maori women and encourage the establishment of Maori home birth providers.
- 42 Develop a process for ongoing review of utilisation and outcomes of home birth services, including consumer satisfaction.

Meeting the Needs of Maori

Pathways for action outlined in He Korowai Oranga provide a framework for including Maori in maternity service development.

INITIATIVE 16

Develop timely, high quality, effective and culturally appropriate maternity services for Maori

- 43 Support and encourage Maori to participate in the planning, development, delivery and evaluation of maternity services.
- 44 Develop maternity services in Palmerston North Hospital to provide facilities and amenities which meet the needs of Maori and whanau.
 - Involve Maori in this service development.
- 45 Encourage providers to work collaboratively with Maori health and social service providers to improve maternity services for Maori.
- 46 Work with Maori and education providers to foster the development a Maori maternity workforce.

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