Maternity Annual Report
2021/2022

Hawke's Bay Maternity
Whare Kōhanga o Te Matau a Māui

Te Whatu Ora
Health New Zealand
Te Matau a Māui Hawke's Bay

Cover image: Hawke's Bay māmā Maiden Fox and pēpi (2021)

Te Whatu Ora
Health New Zealand

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Foreword

| Kupu Whakataki

On behalf of Te Whatu Ora – Te Matau a Māui, I am pleased to present the Maternity Annual Report for 2021/2022. This report provides an insight into the service delivery, projects and achievements that reflect a commitment to equitable and high-quality maternity care for the Hawke's Bay community.

Our maternity team comprises a mix of medical, midwifery and nursing staff, working alongside health care assistants, social workers, kaitakawaenga and kaiāwhina, administration and cleaning staff. This dedicated team continues to work collaboratively, both within the hospital setting, and out in the community, to ensure whānau centred care with the goal of improved and equitable outcomes.

The last few years have provided increasing challenges to our team – the continued resurgence of COVID-19, workforce shortages and facilities that are rapidly proving to be not fit for modern purpose, combined with the increasing clinical complexity and socioeconomic determinants that all impact on our community to name but a few. As this report demonstrates, despite all of these challenges, our team has continued to show a real commitment to the continual improvement of service delivery. For this, we are extremely proud.

Some highlights of our work over this period include:

- Ongoing improvements in clinician's engagement with the Growth Assessment Protocol (GAP) programme. The early detection and associated management of small for gestational age (SGA) babies meaning better outcomes for those babies born on or below the third centile.
- The successful introduction of the community based "Kawhe and Kōrero with a Māori Midwife" and the subsequent impact on the engagement of hāpu māmā with maternity services. This initiative is planned for expansion through Central Hawke's Bay, as well as Hastings and Napier through 2023.
- A continued improvement in the smokefree statistics amongst our hāpu māmā.

Our biggest undertaking during 2023 will continue to be working towards meeting the recommendations of Hau Te Kura, the cultural responsiveness report of the Hawke's Bay Maternity service undertaken in 2021. This work will be supported by our newly appointed Te Kaihaukura – Māori Midwife Lead.

The implementation of Badgernet Global – the national maternity clinical record system planned for late 2023 is another large piece of quality improvement work we are working towards. Alongside these larger projects, other initiatives will include work around the management and prevention of obstetric anal sphincter injuries (OASIS), guided by our newly appointed women's health physiotherapist, and audit of our recently introduced misoprostol induction of labour trial, and its impact on reducing the rate of lower segment caesarean section (LSCS) within our service.

As this report is finalised and going to print, the maternity service and wider community of Te Matau a Māui is in the early recovery stages from the devastating effects of Cyclone Gabrielle. We would like to take this opportunity to acknowledge the continued hard work and dedication of all of the individuals that make up the maternity services team, as well as the support and aroha received from colleagues and communities both near and far that have sustained us during this challenging period.

Ngā manaakitanga,

Director of Midwifery (Acting)
Catherine Overfield

Our Maternity Vision

| O Tatou Ūara

He Āhuru Mōwai | He Maioha Hei Whakamana

Whānaungatanga | He Tōtika

Hawke's Bay Maternity | Whare kōwhanga o Te Matau a Māui

A safe, welcoming, wāhine centred, empowering whānau friendly place that provides appropriate and expert care supporting wāhine, babies and whānau on their journey to becoming parents and caring for the next generation.

Hawke's Bay Maternity
Whare Kōhanga o Te Matau a Māui

Waharua Kopito

Oranga Ngākau – our value that acknowledges the interconnectedness of our wāhine. Representing a focus on the holistic nature and wellbeing of our māmā and pēpi.

Our Region

| To Tatou Rohe

Te Matau a Māui Hawke's Bay sits on the east coast of the North Island of New Zealand. It encompasses a large semi-circular bay that extends over 100 kilometres from Mahia Peninsula in the northeast to Cape Kidnappers and beyond in the southwest, overall covering 14,111 km2 of beautiful landscape.

The region hosts an estimated population of 178,600 (2018 Census). Most of our population live in the large urban areas of Napier and Hastings, located within 20 kilometres of each other. Together they account for 73% of the total population. About 10% of the people live in, or close to Wairoa, Clive, Waipukurau or Waipawa which are relatively concentrated rural settlements. The remaining 16% lie in rural and remote locations.

Hawke's Bay Fallen Soldiers' Memorial Hospital in Hastings is the secondary care facility housing Ata Rangi maternity unit and Waioha primary birthing suite, as well as a Special Care baby Unit. Te Whatu Ora health facilities across the region also include Wairoa Hospital and Health Centre, Napier Health and Central Hawke's bay Health Centre.

Our Population

| To Tatou Taupori

The maternity population of Hawke's Bay is both ethnically and demographically diverse. Our population has significantly higher rates of Māori wāhine giving birth than average across New Zealand and is also one of the most socio economically deprived in the nation. We are working to ensure our services reflect the unique characteristics and needs of our population, addressing both equity and access challenges that affect our wāhine, pēpi and whānau.

58,670
women gave birth to 58,995 babies in NZ in 2020

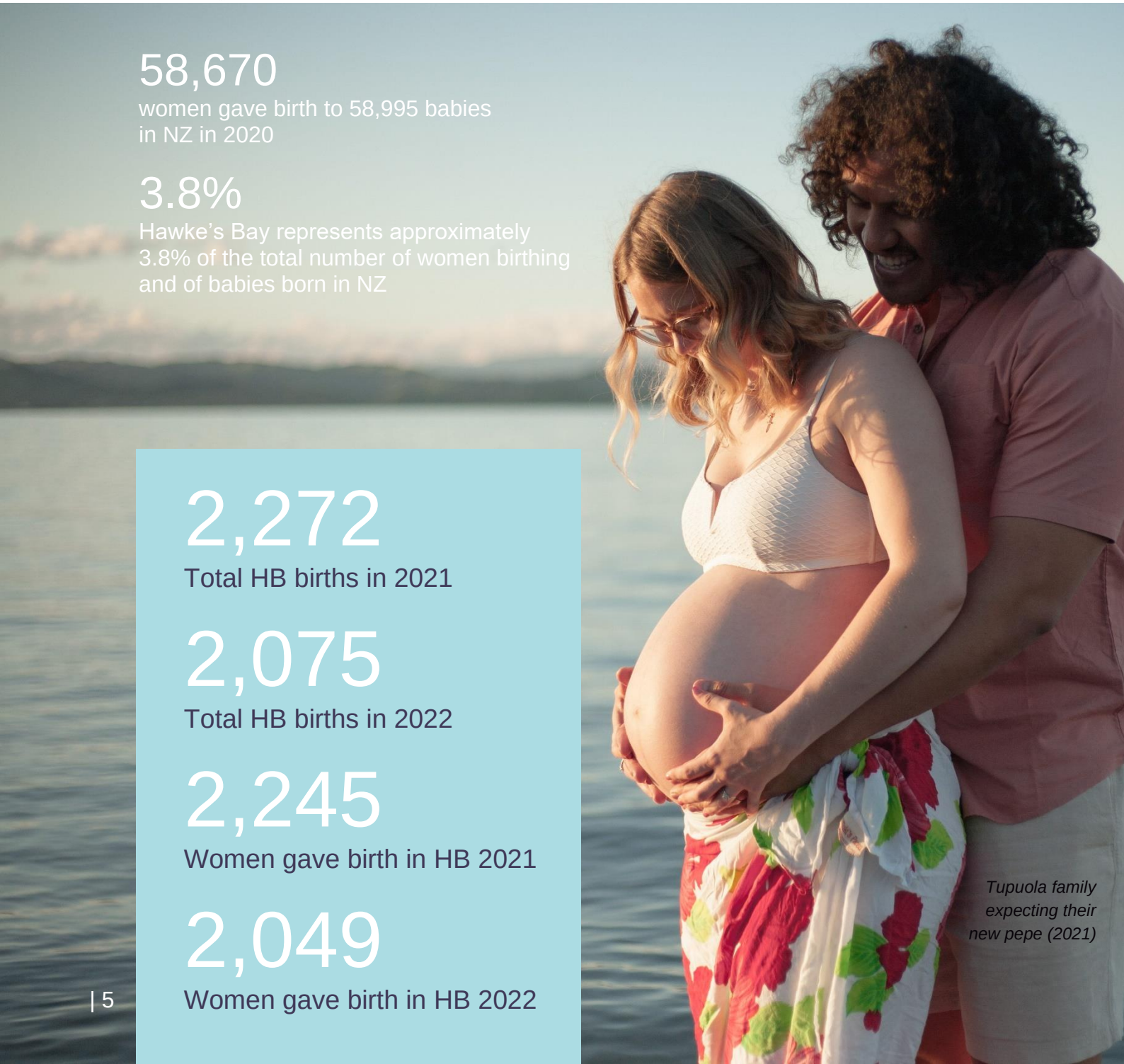
3.8%
Hawke's Bay represents approximately 3.8% of the total number of women birthing and of babies born in NZ

2,272
Total HB births in 2021

2,075
Total HB births in 2022

2,245
Women gave birth in HB 2021

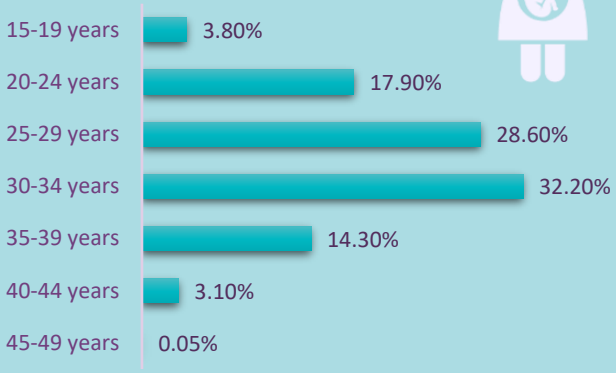
2,049
Women gave birth in HB 2022



Tupuola family expecting their new pepe (2021)

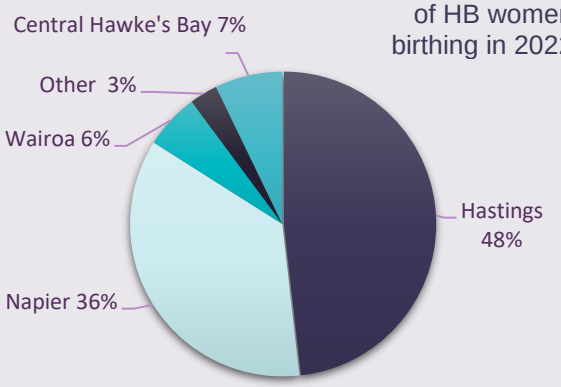
Age

of HB women birthing in 2022



Domicile

of HB women birthing in 2022



Multiple births

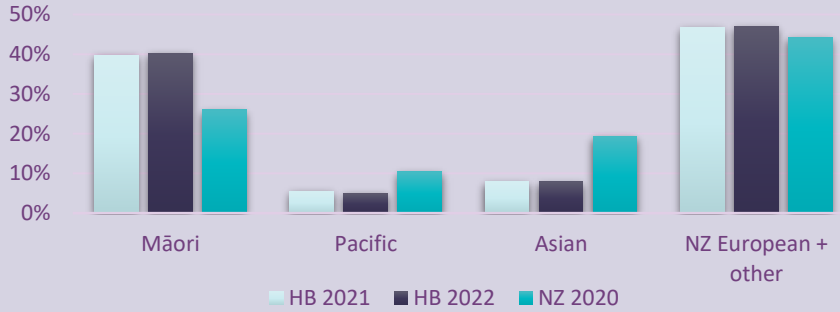
29 Sets of twins born in HB 2021
28 Sets of twins born in HB 2022

Homebirths

144 babies home born in HB 2021
175 babies home born in HB 2022

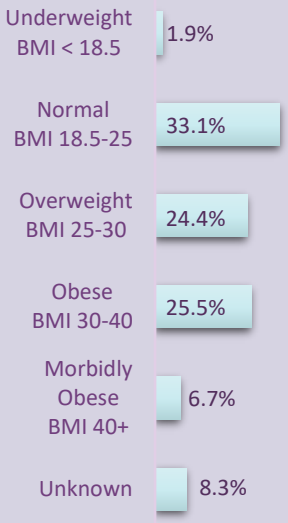
Ethnicity

Hawke's Bay has a proportionately higher percentage of Māori Wāhine giving birth than the NZ average

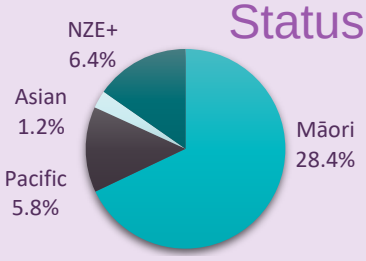


BMI

of HB women birthing in 2022



Smokefree Status



HB women not smokefree at time of booking in 2022

First time māmā

2021 917

2022 787

Deprivation

Hawke's Bay has a significantly higher rate of birthing mothers living in deprivation than the NZ average. Quintiles: 1 (least) to 5 (most) deprived.

	NZ 2020	HB 2022
1	15%	5.3%
2	17.2%	14.9%
3	18.1%	10.2%
4	23.4%	18.4%
5	26.3%	43.5%

All NZ 2020 data is the most recent nationally verified maternity data available. HB 2021 and HB 2022 data is provisional data only.

Our Facilities

| O Tatou Pakiaka

There are three Te Whatu Ora birthing facilities in Hawke's Bay

- Ata Rangi, the secondary unit within the region's main hospital
- Waioha, our primary birthing unit which sits alongside Ata Rangi
- Wairoa Primary Birthing Unit, which is situated approximately 133km north of Hastings

Ata Rangi

- Secondary Labour & Birthing Suite and Antenatal/Postnatal Ward
- 8 labour and birthing rooms
- 4 assessment rooms
- 12 antenatal/postnatal rooms
- Day Assessment Unit
- Fetal Medicine Clinic

Waioha

- Stand alongside Primary Birthing Unit
- 7 birthing/postnatal rooms, all with birthing pools
- Wāhine birth and stay postnatally in the same room
- All rooms have facilities for partners/support persons to stay

Wairoa

- Rural Primary Birthing Unit
- 3 birthing/postnatal rooms
- Midwife run antenatal clinics
- Monthly Obstetric Specialist clinics

Te Kākano

Antenatal Clinic with 5 consultant led clinics per week

Day Assessment Unit

Two bedded day assessment unit attached to Ata Rangi Labour and Birthing Suite

Maternity Resource Centres

Two maternity resource centres situated in Napier and Waipukurau. The centres are supported by LMCs and provide a range of services

- Pregnancy testing
- Drop-in for wāhine seeking maternity care
- Clinic space ideally situated for wāhine and LMCs

Level 2A Neonatal Unit

- 12 neonatal cots
- Equipped to treat babies > 28 weeks' gestation or with a birth weight > 1000g

Baby Ted meeting sister Lettie in one of Waioha's primary birthing and postnatal stay rooms.

Our Workforce

| A Tatou Kaimahi

Our Maternity workforce in 2022

- Midwifery director – 0.9 FTE (0.6 FTE vacancy)
- Māori midwife consultant – 0.6 FTE (0.6 FTE vacancy)
- Clinical midwife manager – 0.9 FTE
- Associate clinical midwife manager – 1.0 FTE (0.6 FTE vacancy)
- Midwifery educator – 0.6 FTE
- Maternity quality & safety coordinator midwife – 1.0 FTE
- Midwife Clinical Coach 1.0 FTE
- Clinical Midwifery Coordinators x 4 – 1.6 FTE (2.4 FTE vacancy)
- Antenatal clinic midwives 1.0 FTE
- Community midwives - 1.8 FTE (0.8 FTE vacancy)
- Breast Feeding Advisor – 0.8 FTE (0.1 FTE vacant)
- Clinical Midwife Specialist – Diabetes 0.4FTE
- 30 Midwives – 20.05 FTE (16.4 FTE vacancy)
- 12 Nurses – 8.8 FTE
- 7 Care associates – 5.23 FTE
- 2 Administrative staff – 1.0 FTE
- O&G consultants – 8 fully staffed
- Registrars – 8 fully staffed
- Senior House Officers – 8 fully staffed
- LMC midwives – 51 LMCs with access agreements

Work retention

In order to attract midwives to our area we have continued to advertise vacancies both nationally and internationally. There are a number of initiatives to attract staff to Hawke's Bay including relocation packages and payment of required education for overseas midwives.

Despite regular advertising, 2021 and 2022 have seen a significant increase in midwifery vacancies. We have seen an increasing number of midwives leave to work as lead maternity carers, others have left to gain experience in Australia. In order to ensure that hapū māmā and pēpi continue to receive timely care the number of nurses working in postnatal has increased, with several nurses having Lactation Consultant qualifications.

To encourage midwifery retention, we have paid quarterly retention payments to our midwifery staff. These payments have been paid pro rata. Call back payments and overtime have also been paid to encourage staff retention and to fill roster gaps.

Another enterprise to fill our roster gaps has been the Midwifery and Maternity Provider Organisation (MMPO) Agency Midwives initiative. A number of LMC midwives have agreed to help the maternity unit by picking up shifts or just a few hours to support their colleagues and ensure māmā receive care. LMCs fill in a time sheet which is then forwarded to MMPO for immediate payment. This service has been much appreciated by the hospital staff.

We still have many gaps in our roster and to assist with this the midwifery leadership team roster themselves to be able to support clinical work on the floor, fill vacant shifts and commenced an on-call roster for support with the staffing.

LMC & Te Whatu Ora Engagement

The LMC and Te Whatu Ora Te Matau a Māui midwives work closely to give the best possible care to wāhine in our community. We work together in all the maternity settings and also engage in a bi-monthly LMC/Te Whatu Ora meeting. Both LMC and hospital midwives can add to the agenda and this is a good way of understanding the pressures we all work under. As well as meetings Lead Maternity Carers (LMC) are encouraged to have input into our maternity unit in many ways. We have LMC representatives on our Maternity Clinical Governance Group (MCGG) bi monthly meetings, in our monthly guidelines group and LMCs are invited to our bi monthly Perinatal and Maternal Mortality Review Committee (PMMRC) presentations.

The MNPO agency midwives initiative, allowing LMC midwives to work alongside midwives and nurses in the maternity unit has enabled greater understanding of each other's role and forged stronger working relationships.

Midwifery New Graduate Programme

In 2021 Hawke's Bay Maternity Services developed a package for new graduate midwives to support them through their first year of practice. The package also included financial support for the first year of practice.

We aim to provide all new graduate midwives with a comprehensive first year of practice where they can experience all areas of practice including our rural primary birthing unit. Our Māori student midwives are supported and coached by our Nga Maia Midwives.

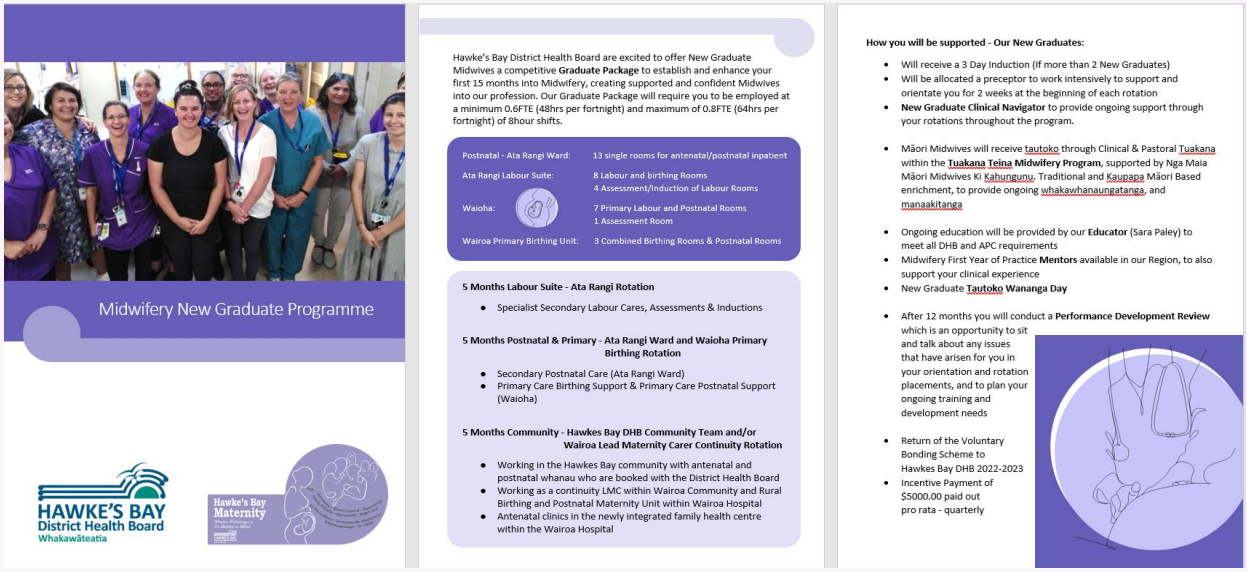
This is Monique Owen a 2019 Hawke's bay District Health Board Tūruki Scholarship recipient. Tūruki is a Māori Health workforce development strategy, providing scholarships for Māori, career advice and support. Monique qualified as a midwife in February 2021 and joined the team in Ata Rangi, Hastings. Monique has consolidated her midwifery skills and continues to grow as a midwife. With all Monique's skills and knowledge, she has decided to expand her experience in pastures new and is heading to Australia in 2023.

Grace Redman qualified as a midwife in 2021 and joined the team at Ata Rangi, Hastings. Grace has worked in all areas of our maternity unit including the labour and birth suite, the postnatal ward and Waioha primary birthing unit. Grace has continued to gain knowledge and skills. Always smiling, Grace has become a valued member of our team.

Ryley Clark qualified as a midwife in March 2022 and we were very happy that Ryley chose to join the team here in Ata Rangi. Ryley has worked in all areas of the maternity unit and consolidated her midwifery skills. Always friendly and approachable Ryley is a great advocate for māmā and a great support to her midwifery colleagues, old and new.

Claudia Carr-Branco a locally trained midwife became part of our maternity team in May 2022. Claudia has been a great addition to our team and is gaining confidence working across all areas of our unit. We are so please Claudia chose to join us, she is always a pleasure to work with and we enjoy her bubbly sense of humour.

2021 brochure advertising our new graduate programme



Midwifery New Graduate Programme

HAWKE'S BAY District Health Board Whakawāteatia

Hawke's Bay Maternity

Hawke's Bay District Health Board are excited to offer New Graduate Midwives a competitive **Graduate Package** to establish and enhance your first 15 months into Midwifery, creating supported and confident Midwives into our profession. Our Graduate Package will require you to be employed at a minimum 0.6FTE (48hrs per fortnight) and maximum of 0.8FTE (64hrs per fortnight) of 8hour shifts.

Postnatal - Ata Rangi Ward:	13 single rooms for antenatal/postnatal inpatient
Ata Rangi Labour Suite:	8 Labour and birthing Rooms 4 Assessment/Induction of Labour Rooms
Waioha:	7 Primary Labour and Postnatal Rooms 1 Assessment Room
Wairoa Primary Birthing Unit:	3 Combined Birthing Rooms & Postnatal Rooms

5 Months Labour Suite - Ata Rangi Rotation

- Specialist Secondary Labour Cares, Assessments & Inductions

5 Months Postnatal & Primary - Ata Rangi Ward and Waioha Primary Birthing Rotation

- Secondary Postnatal Care (Ata Rangi Ward)
- Primary Care Birthing Support & Primary Care Postnatal Support (Waioha)

5 Months Community - Hawkes Bay DHB Community Team and/or Wairoa Lead Maternity Carer Continuity Rotation

- Working in the Hawkes Bay community with antenatal and postnatal whanau who are booked with the District Health Board
- Working as a continuity LMC within Wairoa Community and Rural Birthing and Postnatal Maternity Unit within Wairoa Hospital
- Antenatal clinics in the newly integrated family health centre within the Wairoa Hospital

How you will be supported - Our New Graduates:

- Will receive a 3 Day Induction (If more than 2 New Graduates)
- Will be allocated a preceptor to work intensively to support and orientate you for 2 weeks at the beginning of each rotation
- **New Graduate Clinical Navigator** to provide ongoing support through your rotations throughout the program.
- Māori Midwives will receive tautoko through Clinical & Pastoral Tuakana within the **Tuakana Teina Midwifery Program**, supported by Nga Maia Māori Midwives Ki Kahungunu, Traditional and Kaupapa Māori Based enrichment, to provide ongoing whakawhanaungatanga, and manaakitanga
- Ongoing education will be provided by our **Educator** (Sara Paley) to meet all DHB and APC requirements
- Midwifery First Year of Practice **Mentors** available in our Region, to also support your clinical experience
- New Graduate **Tautoko Wananga Day**
- After 12 months you will conduct a **Performance Development Review** which is an opportunity to sit and talk about any issues that have arisen for you in your orientation and rotation placements, and to plan your ongoing training and development needs
- Return of the Voluntary Bonding Scheme to Hawkes Bay DHB 2022-2023
- Incentive Payment of $5000.00 paid out pro rata - quarterly

Clinical Coach Role

In 2021 we were fortunate to secure funding for 1FTE clinical coach position. The role was shared between two of our senior midwives who each work 0.5FTE.

The role has now been successfully rolled out in Te Matau a Māui Hawke's Bay. The clinical coaches work closely with our new graduate midwives along with midwives wanting to upskill or refresh skills. The clinical midwife coaches are a constant source of support, giving encouragement and assistance to the midwives on the floor and having well trained supported staff was highlighted in the **Hau Te Kura** report. Our clinical midwife coaches are helping us attain some of the recommendations of this report, reducing the stress an unsupported midwife can experience and enhancing staff retention.

As well as working closely with midwives on the floor the clinical midwife coaches regularly contribute to our monthly maternity bulletin with educational items.

> "I have been in post as a clinical midwife coach for eight months. To date the role has been busy working alongside new graduate midwives, experienced midwives new to our service and supporting our existing midwives to expand and develop their skills. I have found this to be a very fulfilling and worthwhile role which will continue to grow and develop"

Medical Team

The Obstetrics and Gynaecology team has consisted of seven Senior Medical Officer (SMO) consultants since 2015. In 2021 we were able to increase this by creating an 8th position on a two-year fix term for our senior registrar to step up into, this was converted to a permanent position at the end of 2022. Unfortunately, the end of 2022 saw two SMOs resign to take up different opportunities in other hospitals, so 2023 will certainly bring some challenges for SMO staffing as we look to recruit two new permanent positions.

Our registrar team consists of eight registrars and we have continued to have issues with short staffing due to COVID throughout 2021, along with the second half of 2022 when two of our rotating training registrars pulled out of their rural rotation to Hawke's Bay. This left us very short staffed at a registrar level. We were fortunate that the other six registrars picked up a considerable number of shifts to fill these gaps and we also had SMOs on the floor doing registrars shifts to cover this short staffing.

We continue to have eight Senior House Officer (SHO) positions with the majority of SHO completing the postgraduate diploma or certificate in obstetrics and gynaecology while working with us. We continue to grow new O&G specialists with our SHOs stepping up onto the registrar roster, then getting onto the training scheme and leaving us, before coming back later during their training for a rural rotation.

Education

Midwifery education within our unit is co-ordinated by our Midwifery Educator, Sara Paley. Sara has worked in this role at 0.6 FTE for a number of years. Additionally, acknowledgement must be given to the wider team of clinicians who regularly teach alongside the Midwifery Educator, sharing their expertise. This team includes: Kirsten Gaerty (Obstetrician and Gynaecologist), Dr Oliver Grupp (Paediatrician), Dianne O'Conor (Assistant Clinical Nurse Manager for SCBU), Elizabeth Banks (Breast Feeding Advisor), Sharlene Olsen (Resuscitation Training Officer), and Eddie Coates (Anaesthetist).

Leading Empowered Organisations (LEO)

Our unit has continued to show commitment to the development of future leaders by supporting midwives to complete the LEO course. The COVID-19 pandemic meant there has only been one LEO course available over the past two years. Never-the - less, we have supported two midwives to complete the LEO course in the 2021/2022 period.

The management projects undertaken as part of the LEO course included:

- Improving clinical handovers
- Expanding access to immunisations for māmā

Complex Care

2021 saw two more Hawke's Bay midwives complete the Post Grad Certificate in Complex Care Midwifery at Victoria University in Wellington.

Lunch and Learn

As a way to share new recommendations, guidelines and current best practice, Lunch and Learn sessions commenced in 2022. These sessions are facilitated by the MQSP midwife, the clinical midwife coaches and guest speakers. We provide light refreshments and encourage all staff

to relax with their lunch whilst listening to the day's speaker. The sessions run at least monthly and frequently more often as opportunities arise.

Some of the topics covered included:

- Low Risk Birthing and the Use of Water in Labour
- Sexual Health – testing, treating and referring for STIs
- Review of Abnormal CTGs
- Vaccination Update MMR
- Using the Gap Grow tool
- Maternal Mental Health

Fetal Surveillance Education (FSEP)

Te Matau a Māui Hawke's Bay has continued to support staff to complete the Royal Australian and New Zealand College of Obstetrics and Gynaecology (RANZCOG) Fetal Surveillance Education as per the Perinatal and Maternal Mortality Review Committee recommendations. Staff are required to complete the online course yearly and the full day, face to face session every three years. The course is provided free of charge to all hospital and LMC midwives.

Prompt

Although Practical Obstetric Multi-Professional Training (PROMPT) training was disrupted by the COVID-19 lockdown periods we have continued to provide this multi professional training. This day is offered to Midwives, Anaesthetic Registrars, Anaesthetic Technicians, Obstetric Registrars and House Officers, Paediatric Registrars and House Officers, Registered Nurses from Maternity, Special Care Baby Unit (SCBU), Post Anaesthetic Care Unit (PACU) and Emergency Department (ED). Three PROMPT study days were held in both 2021 and 2022 with 44 participants in 2021 and 45 participants 2022.

Breech without Borders workshop

In November 2022 our maternity unit hosted two days of the Breech without Boarders workshop. The course was attended by LMC midwives, hospital midwives and several of our senior obstetricians. The workshop included hands on instruction including simulation training, breech birth videos with critic, analysis and discussion. We hope that these workshops are the inception of a pro breech group who can educate and support other practitioners facilitate breech births.

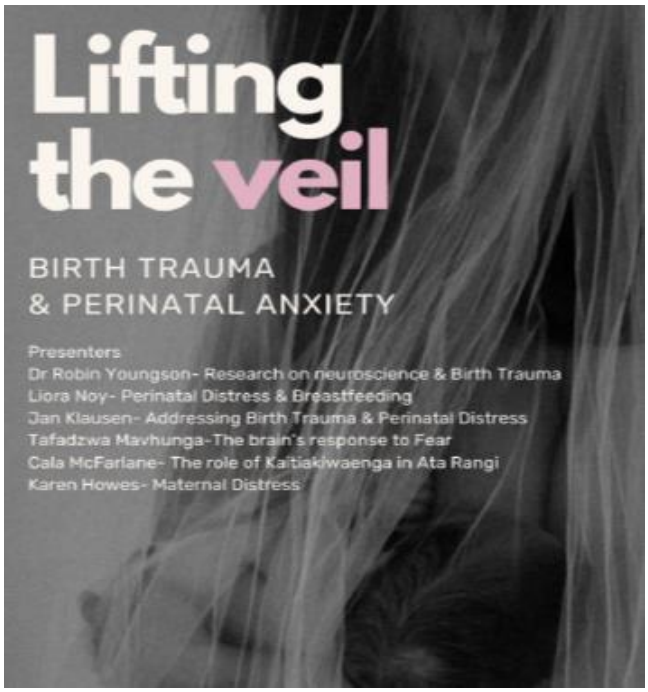
> “Honestly, it was life changing. I learnt so much and also unlearnt a few things too!”

Following on from the Breech without Boarders workshops a number of midwives and doctors have continued to meet on a monthly basis, the Breech Pro Group. This group meet to discuss breech birth, continue to practice breech manoeuvres and watch breech birth videos. The group are designing a pathway for breech birth which will see support for māmā hoping for a vaginal breech birth and for midwives wanting to care for these women with the support of obstetricians.

Staff participating in November 2022 Hawke’s Bay workshop

Lifting the Veil

After several thwarted attempts to run this local study day, a lull in the COVID mandates allowed the maternity unit to facilitate these sessions. Organised by our Childbirth After Thoughts (Chat) midwife, and maternal mental health nurse, outside speakers made for an interesting and thought-provoking day. The day was attended by a number of different disciplines from the maternity and mental health unit as well as those involved in women’s health in the wider community.



Spinning Babies

The Spinning Babies workshop was held in October 2022. Again, this workshop was open to all disciplines with a focus on supporting vaginal births and reducing the caesarean section rate.

> “Thank you, I learnt so much. Side lying release is now part of my tool box.”

Life Support Training

Our Newborn Life Support training days have continued with minimal disruption throughout the past two years. Offered to all clinicians working in the maternity unit and in SCBU, they are comprehensive days leaving the clinicians confident with newborn resuscitation.

In 2021 we ran five courses with 62 multidisciplinary participants in total. In 2022 we again ran five courses with 45 multidisciplinary participants.

Professional Development Opportunities

During the last two years we have created opportunities for midwives to extend their practice and professional development. This has included creating paid roles so that core midwives can gain experience in other areas of midwifery.

MCGG group

Expressions of interest to join the Maternity Clinical Governance Group (MCGG) identified a very motivated midwife to join this group. Our MCGG now benefits from staff level core midwife input. This in turn encourages professional development and growth for our midwives.

Guidelines group

An opportunity for professional development in the form of a guidelines midwife was created in 2021. This role was temporarily interrupted during the COVID-19 pandemic but re commenced in May 2022. The addition of midwifery hours to complete clinical guidelines has been immensely helpful in completing

a number of new guidelines for our maternity unit.

Misoprostol Induction group

Two of our units' midwives were identified to have an interest in developing the Misoprostol induction of labour pathway. These midwives have worked with the Head of Department for Obstetrics and an Obstetric Registrar to implement the misoprostol induction pathway. The trial commenced in November 2022 (see pg 46).

Audit midwife

We have employed midwives over the last two years to help us complete audit. This has included completing audit of the Maternal Early Warning Score (MEWS) and Neonatal Observation Chart/Newborn Early Warning Score NOC/NEWS projects and other audits to ensure compliance with quality and safety initiatives and compliance with policy.

Extending the Clinical Midwife Coordinator role

In order to provide 24/7 Clinical Midwife Coordinator support for staff and provide professional development for midwives clinical midwife coordinator roles were trialed during night shifts for a short time. Challenges to fill vacant FTE Clinical midwife coordinator roles has meant the initative has not continued. At the time of writing the last Annual Clinical Report eight clinical midwife coordinators were employed. At the end of 2022, four permanent, parttime (0.4) clinical midwife coordinatros and two midwives with casual clinical midwife coordinator contracts were employed. Despite regular advertisment of theses roles, the FTE has not been recruited to.

Wintec/Te Pūkenga Hawke's Bay Midwifery Hub

In 2021 two midwives from Wintec's Hawke's Bay Hub graduated, with both consolidating their training as midwives working in our maternity units (see New Graduates pg 11). In 2022 the Hub started with 15 student midwives; six third year students, six second year students and three first year students. The total number of students reduced to seven after four graduated and others ceased training for a number of reasons. This is the smallest cohort of student midwives the Hub has known since its inception in 2010. On a positive note, the small number of students has ensured that there are always preceptors and clinical placements available for them, ensuring continuity and quality during clinical placement.

We are proud to have 53% of our students identify as Māori and 47% as NZ European. We have no Pacifica or Asian students at present which we hope to rectify in 2023/2024.

Currently three registered nurses working in maternity have expressed interest in becoming midwives. We plan to support them in their studies in the upcoming year.

The commitment shown by Hub Clinical Midwife Educator/Kaiako Judy Emmett ensured that Hawke's Bay student midwives have continued to achieve during the challenging times of Covid-19.

Kia ora, my name is Stacey Hokianga, I am a proud graduate Midwife in my first year of practice. I work in my community of Ngāti Kahungunu as a lead maternity care provider (LMC).

Ko Kahunurānaki te maunga
Ko Ngaruroro raua ko Tukituki ngā awa
Ko Takitumu te waka
Ko Ngāti Kahungunu te iwi
Ko Ngāti Pōporo, Ngāi Te Rangikoianake, Ngati Kere nga hapū
Ko Kōrongotā, Kahuranaki, Rongomaraeroa ngā marae.
He uri ahau no Ngāti Kahungunu ki Heretaunga
Ko Stacey Hokianga tōku ingoa

I was lucky enough to reap the benefits of the **Te Ara o Hine** funding in 2021/2022. This came in the form of financial assistance and pastoral care with the aim of addressing inequities for wāhine Māori. I used the funds to pay for travel and accomodation to the Hamilton Wintec campus, for tertiary placements outside of Hawke's Bay, membership fees to NZCOM/Ngā Maia, Ngā Maia Aotearoa tauira (student) midwifery wānanga in Auckland, and small equipment to add to my tool kit. I found that it alleviated some of the financial struggles faced in my final year allowing me to concentrate diligently on my academics and clinical hands-on practicum hours to complete the degree.

The statistics speak for themselves. I was one of four to graduate from Hawkes's Bay in 2022 and being the only Māori who is also a mother of four, I believe it contributed positively towards me entering the Māori health workforce allowing me to serve our people and community as a midwife.

Te Tiriti o Waitangi

Hau Te Kura | Cultural Review

During 2021 our maternity unit took part in a cultural responsiveness review of our services. We were honoured to be one of the first services in the motu to undertake this mahi. The aim of the review was to identify any areas we can improve upon so that every child born in our maternity unit is delivered into a safe and caring environment, and where Māori whānau feel respected, listened to, cared for and supported with their new pēpi.

The review was designed to look at ways in which we can improve our services particularly for Māori and Pacific whānau. The reviewers engaged with whānau to gain insight into their lived experiences of being hapū and birthing in our maternity unit. Reviewers also interviewed staff members and sought staff views via an online survey.

The Cultural Review took over a year to prepare for, researching methodology and ensuring appropriate design. The reviewers spent a month here in Hastings and in Wairoa (one reviewer Zoomed from Australia).

The completed review has highlighted areas where we can do better and to this end has formed recommendations

to help us improve upon the service we provide and support all our māma through their pregnancy and birthing experience. This is both challenging and rewarding. Some of the recommendations will be mentioned throughout this report, some we have yet to commence. We are fortunate to have a team of new colleagues who we look forward to working with to help us along our journey in 2023.

Laurie Te Nahu
Pou Whakaruruhau Matua

Duayne Davis
Cultural Advisor

As part of their roles, Laurie and Duayne will support the maternity unit to navigate through the **Hau Te Kura** recommendations.

Tūranga Kaupapa Cultural Competency Workshops

These cultural competency workshops commenced in 2017 with the appointment of our Māori Midwife Consultant. By 2020 all of our staff had completed this one-day course which was both informative and enjoyable. Since the COVID-19 pandemic, and the resignation of our Māori Midwife Consultant these workshops have been put on hold. However, cultural competency for all staff is a key requirement of the Hau Te Kura report and as such it is hoped these workshops will be reinstated during 2023.

Hā Wairua - Guided Hui Wānanga for Professionals

One of the recommendations of **Hau Te Kura** was for all staff to have cultural support, training and mentoring in Hauora Māori model of care. Mamia have stepped up to support us in doing that.

Mamia, is a local marae-based kaupapa Māori child and maternal wellbeing project to support and nurture māmā, pēpi and whānau in our community. Mamia is a sanctuary that offers aroha and so much more:

- Kōpu – hapūtanga antenatal education and support through hui wānanga.
- Ūkaipō – wāhine wellbeing through the wāhine lifespan.
- Waiū – postnatal and parent and child care.
- Mihi Ata – pastoral Kōrero with our Whānau Mamia psychologist.
- Manaia – Kaupapa Māori maternal wellbeing.

Dr Aria Graham, the founder of Mamia, experienced a beautiful childhood near Waipatu Marae in Hastings, surrounded by aunties and nannies. Mamia was born out of Dr Graham's hope for all Māori māmā to share this experience. Mamia now runs from a converted outbuilding at Waipatu Marae as a drop-in centre where all māmā, pēpi and tamariki are welcome. Whether māmā just need a sleep, to talk, support with pēpi or activities like yoga, knitting or budgeting they can find it at Mamia.

Mamia is not only offering support to our māmā but in order to address some of the recommendations from **Hau Te Kura** is offering support and guidance to maternity staff. Mamia will provide ongoing sessions for staff through guided hui wānanga commencing in 2023. Hā Wairua will build on personal and collective strength, explore and honour personal worldviews to enable all to understand and engage positively with a Māori worldview. Mamia also offers the opportunity to have an ongoing connection with Hā Wairua and Mamia so that growth and understanding can be supported and continue.

Kaupapa Māori Services within our unit

We have the support of kaitakawaenga within our maternity unit. Employed by Te Wāhanga Hauora Māori Health Services, our kaitakawaenga provide support for Māori māmā and their whānau during their hospital stay in Ata Rangi and Waioha. kaitakawaenga also provide health literacy, advocacy and wellness planning. Our kaitakawaenga are valued members of our maternity team and provide cultural support to staff.

Breastfeeding Kaiāwhina

Hau Te Kura recommended better breastfeeding support for our Māori and Pacifica māmā. In response to the review and aligning with the Whakamaua, Māori Health Action Plan 2020-2025, two breastfeeding kaiāwhina joined our team in July 2022 to work alongside our Lactation Advisors. Although the breastfeeding kaiāwhina will support all māmā in the maternity unit their main role is to offer breastfeeding support and education to Māori and Pacifica māmā.

Maraea & Kiriana

breastfeeding kaiāwhina

> “Breastfeeding wasn’t easy, it was sore to start and took a long time to get it right. The breastfeeding kaiāwhina, they were awesome, I think I would have given up if they hadn’t been around”

The breastfeeding Kaiāwhina role is initially for one year but this will be evaluated using a Te Ao Māori approach. The service has been very well received and we hope to continue and extend the service in 2023

Manu Taupua Supported Enrolment Programme

It has become increasingly difficult for our whānau to obtain enrolment with a general practitioner (GP) practice over the last few years. This is a barrier to care and as documented in **Hau Te Kura** this is progressively problematic for our Māori māmā, and a large equity issue.

A collaborative approach between Health Hawke’s Bay and Te Whatu Ora Te Matau a Māui has been used to create the Manu Taupua supported enrolment programme. This programme not only assists māmā and whānau with enrolment with a GP but also offers a Health Coach or Poutoko to walk alongside whānau when attending services. The programme also offers six free doctors’ appointments for māmā and whānau and free pharmacy prescriptions for 12

months. The programme is relatively new ensuring our vulnerable māmā receive ongoing support.

Physiotherapy for postnatal māmā

Hau Te Kura recommended specialist physiotherapist support in our maternity unit and identified the absence of a physiotherapist as a large inequity for our Māori māmā who have suffered birth trauma. We are pleased to report that work through 2022 has resulted in the appointment of a specialist physiotherapist. This role also incorporates care to outpatients allowing for continuity of care and ongoing support. Whilst still in its infancy it is hoped the service will grow and thrive.

Funded Scanning

After sustained effort and funding discussions through 2021 and earlier, from early 2022 Te Whatu Ora Hawke's Bay was able to begin funding the co-payments on community maternity ultrasounds making it free for pregnant māmā to have essential ultrasounds across Hawke's Bay, from Wairoa to Central Hawke's Bay. This has addressed inequity concerns, particularly for our Māori māmā, enabling more pregnant women to access needed scans.

Kaupapa Māori Services in the community

We are also able to reach out to kaupapa Māori services in our community for cultural support. These include:

- Tuai Kōpu
- Whanake Te Kura
- Te Whare Pora
- He Korowai Aroha

Tuai Kōpu

Tuai Kōpu – wāhine hapū wellbeing service, conceptualised in 2019 and commenced in 2020, has continued to flourished and grow. The service which sits under Te Wāhanga Hauora Māori Health Services, was originally staffed with one programme coordinator, but from 2022 now also has two kaitakawaenga and one Te Wahakura Pēpi (safe sleep coordinator) to help with the demand for this service.

Tuai Kōpu offers māmā and whānau quality care and support including advocating for and linking whānau with internal and external service to provide for clinical and non-clinical health impacting needs. The service uses a whānau centric models of care to achieve health equity for Māori and Pasifika wāhine and whānau.

Whanake Te Kura
Te Taiwhenua o Heretaunga

Whanake Te Kura facilitates holistic and innovative wānanga for māmā and whānau. This service continues to grow and diversify. Initially offering two-day wānanga in a kaupapa Māori setting the team have trialled weekend wānanga for those who cannot attend on weekdays, three-day wānanga for those who can only attend for shorter periods throughout the day and evening wānanga for those busy with mahi during the day. The service also offers a pick up and drop off service helping to remove some barriers for whānau.

Whanake Te Kura have introduced popular one off classes at their whare to enable whānau to make ipu whenua from clay. Also offered are classes to make muka ties. **Te Whare Pora**, which offered weaving classes has temporarily closed, they hope to be up and running again in 2023 offering free wānanga for māmā and whānau.

Whanake Te Kura in partnership with Te Mana Waiū provide breastfeeding support to all whānau who have attended their classes. Kaimahi at Whanake Te Kura continue to up skill their breastfeeding knowledge with ongoing breastfeeding training from qualified lactation consultants.

He Korowai Aroha

He Korowai Aroha (cloak of love/ affection/support) is a kaupapa Maōri service in Wairoa. This service offers health, mental health, mobile nursing and housing services to the Wairoa community and surrounding rural areas. The service also offers care for hapū māmā with Tikanga Māori pregnancy support, parenting information and advice. This is a Kahungunu Executive initiative with an overarching goal of building sustainable whānau using a Te Ara Whakamana approach.





Our Services

| A Tatou Ratonga

Community based Midwifery Hastings and Napier

Hawkes's Bay Maternity has a small and dynamic team of four community midwives based at our Hastings maternity unit. These midwives cover a large geographical area and care for our most vulnerable māmā, many with complex social and medical histories. These community midwives also take on the care of māmā who are handed over from our LMC midwifery colleagues. The team provide antenatal and postnatal care and work closely with social workers, Kaitakawaenga, Tuai Kōpu (a service to coordinate care for Hawke's bay's wāhine hapū), the mental health team, Te Ara Manapou (pregnancy & parenting Support) and Oranga Tamariki to provide wrap around care for these māmā, pēpi and whānau.

Maternity Immunisation Clinic

We recently celebrated 10 years of "drop-in" immunisation clinics for pregnant māmā. The clinics are run once a week in Ata Rangi and once a week in Napier Health Centre with another drop-in clinic planned for central Hastings in 2023.

The clinic offers free Boostrix, Flu and COVID-19 vaccines with over 350 Hāpu māmā vaccinated each year at these drop in sessions as well as a number of partners if appropriate.

The clinic is socialised on our Facebook page and LMCs also refer their māmā into the clinic. The clinic is well attended and ensure ease in accessing immunisations in pregnancy.

Day Assessment Clinic (DAU) & Anti-D Clinic

The Day Assessment Unit is situated next to the labour and birthing suite in Ata Rangi. The unit is staffed by core midwives three days a week and offers increased outpatient surveillance and treatment for high risk pregnancies. Referrals are accepted from the antenatal clinic, community midwives and LMC's.

The assessment unit provides care for māmā experiencing obstetric complications including: -

- Small for gestational age.
- Intrauterine growth restriction.
- Cholestasis.
- Prolonged premature rupture of membranes.
- Multiple pregnancies.
- Increased monitoring for previous still birth.
- Gestational hypertension.
- Anaemia requiring iron infusions.

In 2021, in order to reduce the alloimmunisation in rhesus negative māmā we followed international best practice and introduced a prophylactic Anti-D. The Anti-D clinic runs from the Day Assessment rooms twice a week. This service has been well received by māmā.

Clinical Midwife Specialist Diabetes

One of our experienced midwives with an interest in diabetes now works 0.4FTE supporting our māma with Diabetes type I & 2 and gestational diabetes. The role works in partnership with the Diabetic Team including Physicians, Clinical Nurse Specialists and Dieticians and as such this midwife is able to access all the in-depth knowledge and experience of that team. This midwife has also forged strong connections with our LMC midwives and is a point of contact for the LMC.

The Clinical Midwife Specialist's caseload is about 46 māmā at any one time and includes type 1 & type 2 diabetic māmā and those with gestational diabetes. This midwife maintains weekly contact with māmā via email, phone or face to face and monitors blood sugars for these māmā. In conjunction with the physicians our Clinical Midwife Specials prescribes and titrates insulin and oral medication for blood sugar control

My breastfeeding journey was hard as I didn't have milk yet, but I was determined to have my baby breastfed. I almost gave up as I think I won't have milk but while I was still in the hospital, midwives and nurses helped me and gave me advice on breastfeeding. I became determined as well so I pumped every 2-3hrs to increase my supply and had baby latched on to me and fed on demand and continued this at home. Eventually I had enough milk for her and she was gaining weight, knowing that, made me happy that all my efforts weren't wasted.

Keeshia Ababao first time mum to Taliana (born 2021)

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Breastfeeding Services

We first attained Baby Friendly Hospital Initiative accreditation in 2006 and have proudly continued to meet the requirements for this initiative. We have not become complacent and continue to strive to improve upon the services we provide.

We have two Lactation Advisors covering a 0.8 FTE. The Lactation Consultants provide daily support to māmā within the maternity unit and also support to breastfeeding māmā as inpatients throughout the hospital. The Lactation Advisors also see māmā referred by LMCs and offer support and education to both LMC and hospital midwives.

The Lactation Advisors run monthly breastfeeding classes for hāpu māmā and whānau. These classes are very well attended with up to 30 participants attending each class. As with most services COVID-19caused challenges, however classes continued via ZOOM.

To further increase support for breastfeeding māmā, a programme to educate those working in primary health has been expanded. This is to ensure as many workers in the community avoid giving conflicting information to māmā and whānau. The breastfeeding advisors run free professional development breastfeeding education in the community for staff working in Primary Health, particularly those working in Māori health provider services

Mum Vanessa with baby Phoenix. Born 8 weeks premature, he spent 5 weeks in SCBU in 2021

Special Care Baby Unit

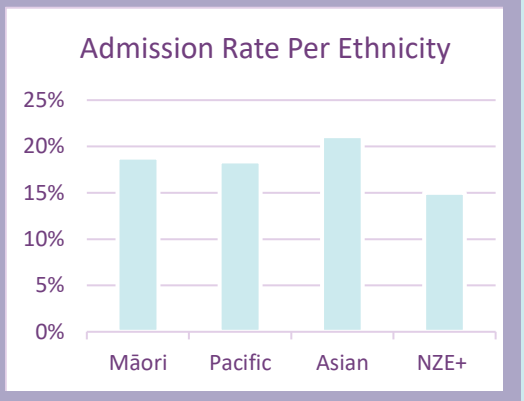
Our Special Care Baby Unit (SCBU) sits alongside our labour and birthing suite and provides specialist nursing and medical care for our vulnerable and sick pēpi. Pēpi with a gestational age of 28 weeks and above can be cared for in our SCBU. There are 12 neonatal cots and four rooms for parents to stay in so they can be with their pēpi prior to discharge. Having time with pēpi prior to discharge helps with the transition from SCBU to the home environment.

Further data see Appendix 2

Total SCBU Admissions

422 (18.6% of total births) in 2021

357 (17.2% of total births) in 2022



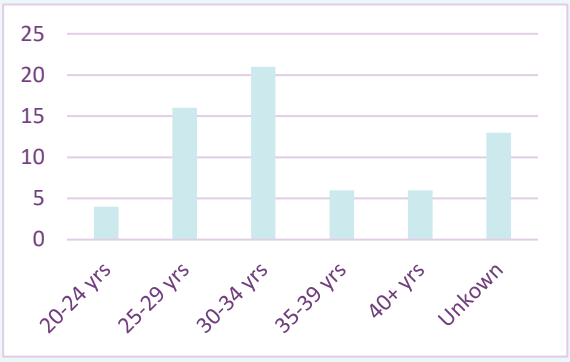
Childbirth After Thoughts Service (ChAT)

The ChAT service, a midwifery led initiative commenced in 2020. This was the inspiration of a core midwife with an interest in maternal mental health after completing a Cognitive Behavioural Therapy (CBT) course. The service was designed to address the emotional distress or anxiety from an unexpected or traumatic pregnancy, birth or postnatal event. The ChAT midwife worked in partnership with the māmā to identify key triggers and empower cognitive management of symptoms. The ChAT midwife worked in association with the maternal mental health team allowing for referral onto specialised mental health services if needed.

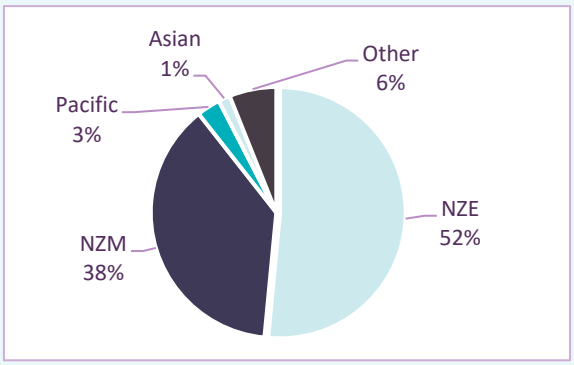
The ChAT service has been a resounding success with referrals from the Obstetric Team, core midwives, LMC midwives, Tamariki Ora and Plunket nurses and the service has become so well know that māmā are now self-referring.

2022 saw the third year of the ChAT service with a year on year increase in women accessing the service. This gives a clear indication of the growing need for maternal mental health support in our area as highlighted in the latest Perinatal and Maternal Mortality Review Committee report.

Number of women accessing ChAT by age 2022



Ethnicity of women accessing ChAT 2022



It is heartening to see that this service was well received by our Māori and Pacific population with referral rates mirroring birthing rates by ethnicity.

Reasons for referral included:

1. History of trauma; previous traumatic birth, sexual abuse and family violence.
2. Pregnancy issues; pregnancy related disease, fetal anomaly, prematurity.
3. Baby's health issues including admission to SCBU and feeding difficulties.
4. Birth trauma.
5. Baby loss/miscarriage/termination of pregnancy.
6. Whānau or relationship breakdown.
7. Postnatal complications including ICU admission.

Unfortunately, our ChAT midwife commenced a well-deserved retirement in October of 2022 leaving our maternity unit with a huge gap. Our staffing levels at present do not allow for a designated midwife to work in this way and a new pathway for maternal mental health service has been implemented. This pathway includes the specialist services of Te Ara Manapou (maternal mental health and addictions services) and the Mental Health and Addiction services. We hope to further develop our maternal mental health work in the future.

Te Ara Manapou Pregnancy and Parenting Support

Te Ara Manapou is a multidisciplinary team comprising of social workers, nurses, a psychologist and a psychiatrist as well as peer support workers. Their aim is to improve life outcomes for unborn babies and children under the age of three. The team work with hāpu māmā and whānau in a mana enhancing way. The team offer free support to māmā experiencing:

- Alcohol and drug addiction.
- Family violence.
- Mental and physical health problems.
- Abuse and trauma.

The team can also help with:

- Custody of children/Oranga Tamariki involvement.
- The Justice system.
- Transport and childcare.
- Housing and finances.

Midwives can refer māmā to this service or māmā can self-refer.

Te Haa Matea Stop Smoking Service

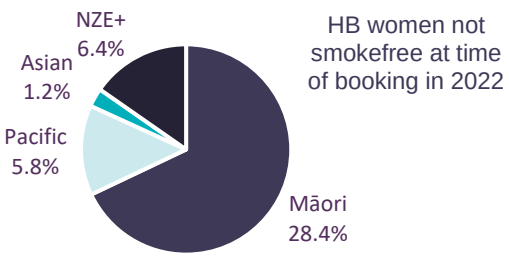
The Hawke's Bay Stop Smoking Service is providing culturally sensitive projects and programmes towards Smokefree Aotearoa goal 2025 with a strong focus to equity. Te Whatu Ora Te Matau a Māui Hawke's Bay works in partnership with Te Taiwhenua o Heretaunga, Te Kupenga Hauora Ahuriri and Choices Kahungunu Health Services to provide Smokefree support under collaboration as Te Haa Matea Hawke's Bay Stop Smoking Service. This team is focusing on making a clear referral and services pathway, as well as providing education and support to health professionals and the wider community. From this team, the Smokefree Coordinator for Maternity and Child Services works specifically towards reducing smokefree rates for hāpu māmā and their whānau. As highlighted in **Hau Te Kura** Māori māmā currently face inequities in health and for this reason are prioritized by our Smokefree Team. Every effort is made to provide a culturally competent and professional smokefree service.

To provide equity for our māmā in Wairoa (our rural primary unit) a Smokefree Coordinator works from Wairoa Hospital. With a focus on local cultural needs the smokefree coordinator runs eight week stop smoking programmes which have seen

increasing numbers become enrolled and achieved smokefree status. This smokefree coordinator also works within the Wairoa community, runs hands on, community-based health promotion events in collaboration with Kahungunu Executive Health Promotion Team, Te Whatu Ora National Public Health Services Team and Te Whare Pora weaving project. Despite COVID-19 challenges, smokefree support has been ongoing.

In recent years we can see the number of Māori māmā who are not smokefree two weeks post birth is reducing. In 2019 44%, of Māori māma were not smokefree. This has continued to decrease to 38% in 2020, 28% in 2021 and 26.3% in 2022. Pacifica women decreased their smoking from 16% in 2018 to 9% in 2021 and NZE & other smoking rates have been reduced from 12% in 2018 to 7%.

The Increasing Smokefree Pregnancy Project (ISPP) is Wāhine Hāpu 8 Week stop Smoking Programme with incentives for māmā with pēpi (up to 6 months) and their whānau. In 2021 we processed 163 referrals from which 74% were Māori, 3% Pacifica and 23% other ethnicities. Of the 130 clients joined the programme in 2021 85% became smokefree. The Wāhine Hāpu is a well-established programme with a Quit Coach who provides support in the comfort of a clients' home. Behaviour counselling, carbon monoxide motivational monitoring and nicotine replacement therapy are provided to assist māmā and whānau become smokefree.



Te Wahakura Pēpi Safe Sleep

Te Wahakura Pēpi – Safe Sleep is now sitting under Tuai Kōpu, ensuring safe sleep education is delivered and resources are distributed out widely into the community. Tuai Kōpu is our Hapū Māmā navgation program, it helps to assist our māmā and whānau to access the necessary wrap around services needed in their hapūtanga and beyond.

During 2022, 345 Safe Sleep devices were distributed within maternity and the Hawkes Bay community. There are currently 71 newly trained Safe Sleep Champions throughout Hawkes Bay. Safe Sleep devices are currently being distributed in Hawkes Bay Maternity, Wairoa Maternity, Tuai Kōpu, Plunket, Tamariki Ora, Whanake Te Kura, Choices, and via all local LMCs.

Te Wahakura Pēpi has developed a Safe Sleep Champion pin and certificate to acknowledge our Safe Sleep distributers, along with this we have also been gifted a Te Wahakura Pēpi Tohu which will see Safe Sleep with a 'new look branding' this is now being displayed on all safe sleep supplies and within maternity and the community.

Te Whatu Ora Te Matau a Māui has started a new Seagrass Pēpi pod trial in conjunction with the original Pēpi pod, with positive feedback. It is hoped they will be available more widely by July 2023.

Our Primary Birthing Unit

The 2021 COVID-19 lockdown again saw Waioha transition to Hawkes's Bay Hospital's dedicated maternity COVID positive isolation area. Although there were periods of time when this seven bedded unit was at capacity with COVID-positive māmā we were fortunate that there was never a time when we could not cater for māmā with COVID symptoms in Waioha. We also consider ourselves fortunate that our māmā in Waioha remained relatively well and we had no admissions to ICU.

Since the return of Waioha to purpose as our Primary Birthing Unit, workforce challenges have meant that although LMC midwives are able to access and use the birthing unit with support from an LMC colleague, we have unfortunately been unable to consistently staff Waioha with core midwives. Together these challenges are reflected in the drop in Waioha births, from 431 births in 2021 to 143 births in 2022.

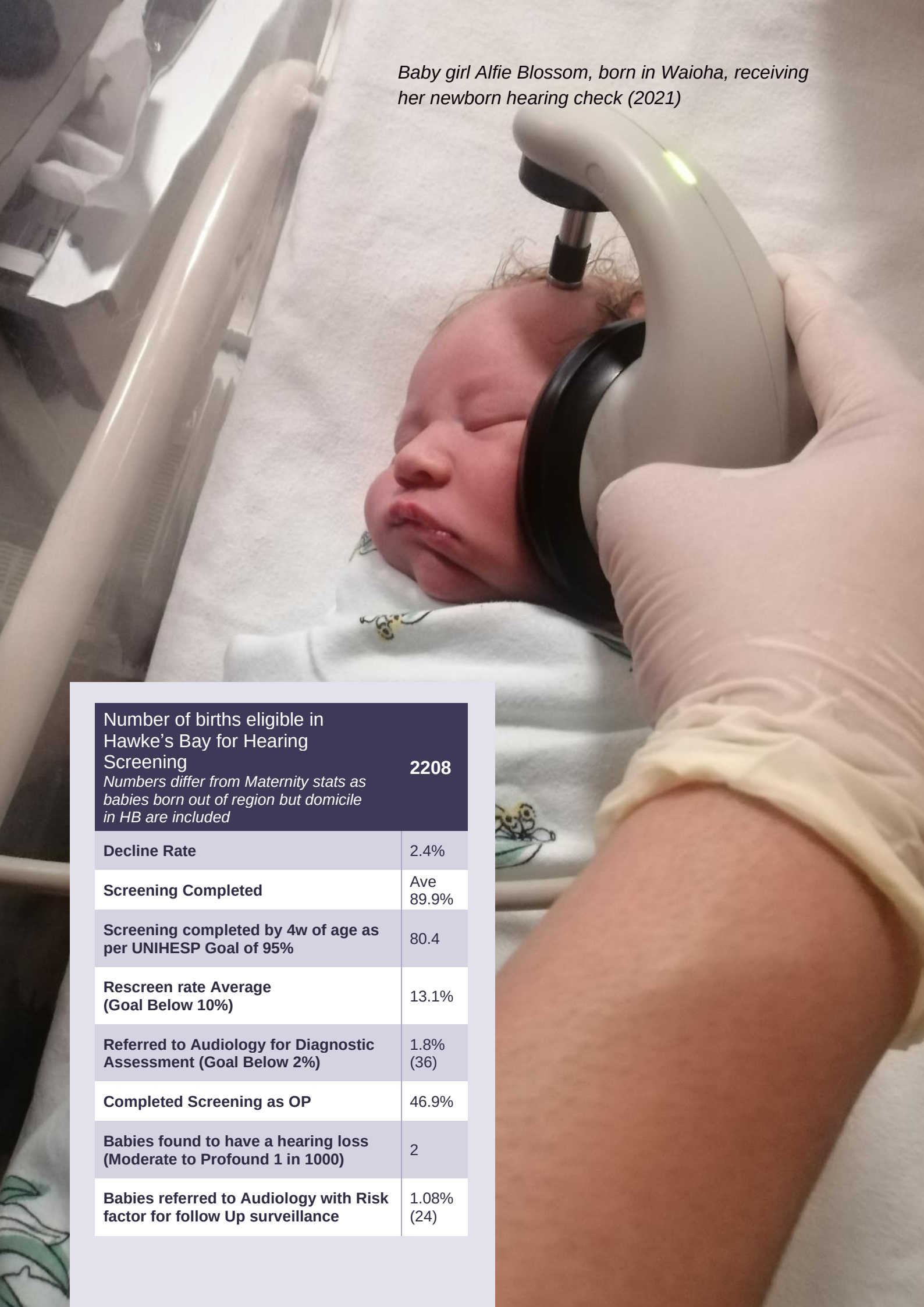
Fetal Medicine Scanning

Dr Kirsten Gaerty continues to run the scanning clinic once a week. The clinic provides detailed ultrasound and consultation on complex issues including second opinion scanning, scanning and management of fetal abnormalities which do not always require tertiary and follow up, amniocentesis for diagnostic testing and management of whānau with complex abnormalities often in a shared care set up with the fetal medicine unit in Wellington.

In 2022 the fetal medicine unit in Wellington extended a pilot for funded non-invasive prenatal testing (NIPT) for women with high risk screening via a Maternal Fetal Medicine (MFM) midwife led counselling unit in Wellington. This service is allowing more equitable access to care for our māmā.

Newborn Hearing Screening Programme

The Newborn Hearing Screening Programme operates five days a week. Our hearing screeners work in the maternity unit and in the community running outpatient clinics. The service has an FTE of 2.4 with three screeners. One of our screeners is the coordinator of the service and one is an audiology Kaiāwhina who works to remove barriers for whānau in accessing hearing screening for their pēpi.



Baby girl Alfie Blossom, born in Waioha, receiving her newborn hearing check (2021)

Number of births eligible in Hawke's Bay for Hearing Screening *Numbers differ from Maternity stats as babies born out of region but domicile in HB are included*	**2208**
Decline Rate	2.4%
Screening Completed	Ave 89.9%
Screening completed by 4w of age as per UNIHESP Goal of 95%	80.4
Rescreen rate Average (Goal Below 10%)	13.1%
Referred to Audiology for Diagnostic Assessment (Goal Below 2%)	1.8% (36)
Completed Screening as OP	46.9%
Babies found to have a hearing loss (Moderate to Profound 1 in 1000)	2
Babies referred to Audiology with Risk factor for follow Up surveillance	1.08% (24)

Our Quality

| O Tatou Kounga

Maternity Quality and Safety Programme

The NZ Maternity Standards are the core foundation to our Maternity Quality and Safety programme (MQSP). Comprising three strategic statements, the standards guide planning, funding, monitoring and provision of high quality, equitable and safe maternity services across the nation.

Standard One

Maternity Service provide safe, high quality services that are nationally consistent and achieve optimal health outcomes for mothers and babies.

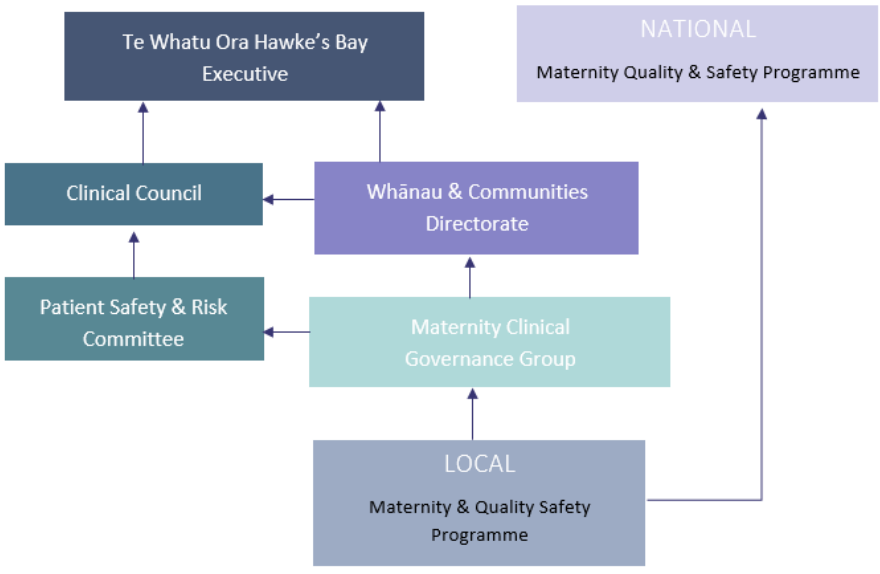
Standard Two

Maternity services ensure a woman-centred approach that acknowledges pregnancy and childbirth as a normal life stage.

Standard Three

All wāhine 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 wāhine.

The MQSP is overseen by the Maternity Clinical Governance Group (MCGG) and embedded in wider governance structure:



Membership of the Maternity Clinical Governance Group

Our MCGG membership demonstrates a wide representation of key stakeholders in the maternity field, inclusive of both primary and secondary care practitioners and consumer representatives.

Core members include the Head of Department for Obstetrics, a Senior Obstetrician, a Senior Paediatrician, the Director of Midwifery, Maternity Quality and Safety Program Coordinator, Midwifery Educator, Māori midwife consultant, NZ College of Midwives representative, an LMC member, two hospital midwives, and two consumer representatives, Māori and Non-Māori. Other members are invited for specific input as needed, including a Senior Anaesthetist, and the Hospital's Patient Safety and Quality Manager.

We meet bimonthly with an aim of maintaining and improving upon the service we provide to wāhine, pēpi and whānau. We have a strong focus on ensuring the service we provide is appropriate, equitable and accessible for all wāhine and whānau.

Catherine Overfield
Acting Director of Midwifery

Julie Crawley
MQSP Coordinator

Roisin Van Onselen
Clinical Midwifery Manager

Sara Paley
Midwifery Educator

Kirsten Gaerty
Head of Department Obstetrics

Oliver Grupp
Paediatrician (2022)

Jeremy Meates
O&G Consultant

Donna Foote
LMC Midwife

Julie Kinloch
LMC Midwife
NZCOM Rep

Briony Raven
Staff Midwife (2022)

Kiley Hewitt
Māori midwife consultant (2021)

Gabby Allen
Consumer Rep

Whitney Ferris
Maori Consumer Rep (2021)

Jaime Cuppen
MQSP Administrator

Consumer Engagement in Hawke's Bay Maternity

Our consumer representatives are vital to our Maternity and Clinical Governance Group. In our last report we highlighted Gabby and Whitney our consumer representatives. Unfortunately, due to family and work commitments Whitney is no longer able to contribute to our governance group. We continue with ongoing efforts to increase our pool of maternity consumer representatives, particularly from whānau Māori..

Hello, my name is Gabby Allen – Consumer Representative at Te Matau a Māui Hawke's Bay Hospital Maternity services. I am also a wife, mother, aunty and community advocate.

Being in this role for over seven years, together with two completely different births for my two babies I have developed not only understanding of what it means to represent you and your whanau but also the prevalence of inequities. To understand that not all of us have the same abilities to get equal care, our journeys are varied and we all start at different points in this journey. Understanding this makes the desire to be in this role even more meaningful. I strongly advocate for all whānau to have equity in all levels of pre and postnatal care. To be able to birth your pēpi with support and cultural awareness and sensitivity.

Across 2021 and 2022, I have supported māmā, pēpi and their whānau in a variety of ways. Not only as a representative at an MQSP and Maternity Governance level, but in the community practically helping through the tough times of COVID. I have represented our women nationally, as part of the TAS covid resilience planning group and on various national maternity consumer groups, helping advise what is needed in unprecedented times like these. I have also advocated for woman and children via Wellchild interagency groups and as part of the Hawke's Bay Breastfeeding Advisory group. I have a range of skills and understanding that I hope makes me a good advocate for Hawkes Bay families.

I stand for working together to provide a strong, nurturing environment for Te Matau a Māui Hawkes's Bay whānau to birth and raise your pēpi. I strive to represent all whānau so that all voices are heard. It is an honour to do this. Thank you

Improving Safety and Learning from Adverse Events

Hawke's Bay Maternity is committed to improving the service we provide and learning from any adverse events occurring in our units. In our last annual report (2019/2020) we described how we have fully implemented the Health Quality and Safety Commission's (HQSC) Maternal Morbidity Review process.

See Appendix Two for event data by area, type and classification rating.

Case Review Process

We aim to keep māmā and/or whānau fully informed of the event process and as involved as they wish to be. This involves meeting with whānau as soon after a serious adverse event as possible. A debrief is offered and explanation given as to

why and how an event review will commence, and an apology if appropriate. This is led by the most appropriate clinician at the time and every effort is made to ensure this clinician remains the lead contact for this whānau. This debrief is also followed up with a letter.

Clinical notes are reviewed and staff's reflections of the event are sought. This may happen on a one to one basis or a staff multi-disciplinary meeting may be held. The Health Equity Assessment Tool is used when developing the recommendations and actions.

We try to capture the whānau experience of the event and include this in our report. We offer further follow up from the lead clinician to try to keep whānau involved and up to date on progress. Finally, whānau are offered follow up with the Maternity Quality and Safety Programme (MQSP) midwife and/or the Head of Department for Obstetrics and Gynaecology or another senior doctor, paediatrician, LMC or clinician as appropriate. Whānau are also offered an anonymised copy of the final event report with recommendations.

All adverse events are reported via our online Safety-First system. Staff are encouraged to submit an event if they have concerns around care or outcome. For 2022 we had a total of 229 events reported via Safety-First. These events are reviewed weekly by the Head of Department for Obstetrics, the Associate Clinical Midwifery Manager (ACMM) and the MQSP coordinator. Events are triaged using the HQSC maternity severity assessment code (SAC).

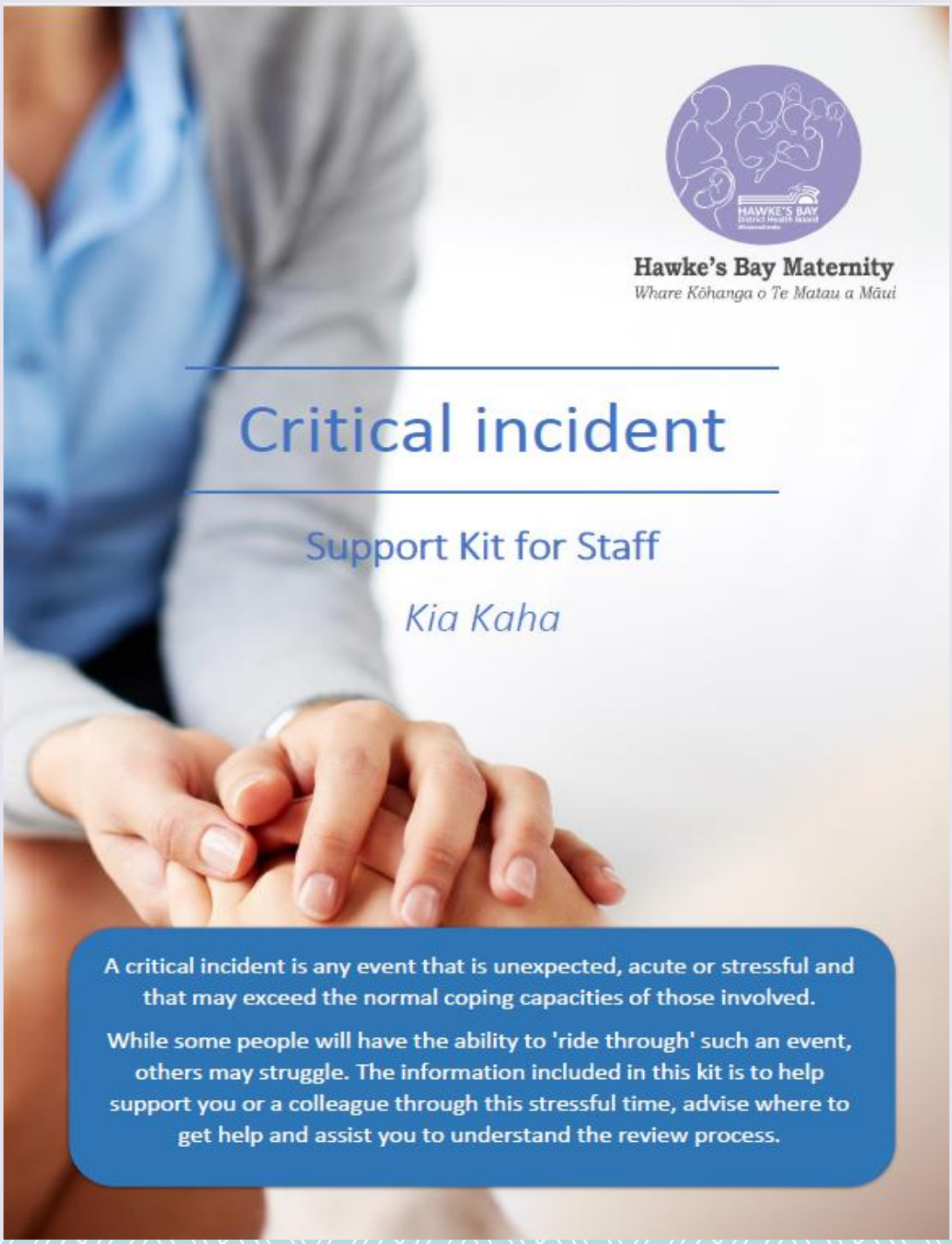
Severity Assessment Code (SAC) One and Two

In 2021 there were four SAC One events and seven SAC Two events. In 2022 there were two SAC One events and two SAC Two events. Although difficult to pinpoint the reason behind reduction in SAC events for 2022, we hope that learnings and recommendations implemented from the previous year are reflected in this reduction.

Severity Assessment Code (SAC) Three and Four

Incidents with a SAC rating or 3 or 4 (moderate to near miss events) are shared between the Clinical Midwifery Manager (CMM), ACMM and the MQSP coordinator for review, which occurs at the weekly event meeting as above. These events are investigated and actions arising are documented in the events system.

We recognise that staff involved in serious adverse events can struggle with the event process. We strive to ensure that a debrief for staff happens as soon as possible after and event and have several staff members trained in facilitating such debriefs. We have developed *Āwhina Mai*, a quick 10-minute debrief tool which assists in this process. Our aim is that staff members involved in an adverse do not go home without some form of supportive conversation or debrief. We have also developed a support kit for staff in the form of a kete, which includes an information leaflet with advice on self-care and where to find support, including EAP (Employment assistance programme) and how to access time off work. This support package has been well received.



Learnings from events

Learning and recommendations from events are shared at the bi monthly Maternity Clinical Governance Group meetings. These recommendations are shared with our wider workforce via our monthly maternity bulletin, via email with staff and some learnings are shared in our Perinatal Morbidity and Mortality Review Committee (PMMRC), an open forum for medical, nursing and midwifery staff.

The high midwifery vacancy rate with midwifery leaders constantly working clinically is reflected in a reduced number of recommendations completed for 2022. Work in 2023 will continue to address outstanding recommendations.

Lunch and learn

As stated earlier, lunch and learn sessions were commenced after events showed staff needed further support of education. The sessions are jointly run by the MQSP coordinator and the Midwifery Clinical Coach with guest speakers as required.

Whenua form

This form was refreshed and a new process introduced and socialised after regular auditing showed poor compliance with whenua return documentation. Ongoing regular audits will help ensure all whenua are returned to whānau post whenua being sent for laboratory tests.

Escalation pathway

Several events showed that staff were failing to escalate to senior staff in a timely manner. A large amount of work has been completed highlighting reasons for not escalating which was socialised to our senior staff members. A refreshed escalation pathway has been introduced with great effect.

24/7 Clinical Midwifery Coordinators

A review of maternity events highlights the need for 24/7 Clinical Midwife Coordinator (CMC) support and our Care Capacity Demand (CCDM) safe staffing requirements also mandate for 24/7 CMC cover for our maternity unit. In our previous annual report we were trialling weekend CMC cover (eight hours daily). Weekend CMC cover is now business as usual. However, we wanted to extend this to include 24/7 CMC cover and this was trialled in 2022. Unfortunately, due to current CMC vacancy we have been unable to continue with this. At present, each night shift has a named midwife identified as the shift lead and as such is paid at a higher rate.

Satellite phone for our rural area

A recent review highlighted the difficulty faced by our midwives working in extremely rural areas with no cell phone coverage. In order to support our rural midwives a satellite phone has been commissioned.

Jess Wilson meeting her baby girl (2021)

MQSP Priorities & Projects

See Appendix Six for National Projects Status Summary

Impact of Coronavirus (COVID 19)

The MQSP coordinator role was flexed to assist with the development and communication of care pathways during COVID lockdown periods. The MQSP midwife has also been required to work clinically on a regular basis during the last year which has impacted upon the number of quality projects we have been able to complete.

Crown Funding Agreement

The 2020 Crown Funding Agreement has allowed for the employment of a full time Maternity Quality and Safety Programme Coordinator (MQSP). Our full time MQSP coordinator midwife has been in post since November, 2020. This has allowed for dedicated time to be spent working on and implementing national and local quality improvement initiatives (see projects below) ensuring equity is threaded through all our work with commitment to Te Tiriti o Waitangi. The MQSP midwife also works collaboratively with other agencies, teams and consumer representatives on campaigns including engagement and education campaigns. Maternity Quality and Safety Programme (MQSP) involvement in the adverse event process has helped in implementing the HQSC maternal morbidity review toolkit and develop recommendations to avoid future events. Lastly our MQSP team enables our Facebook page to remain current and relevant to our community.

Kai, Kawhe and Kōrero with a Māori Midwife

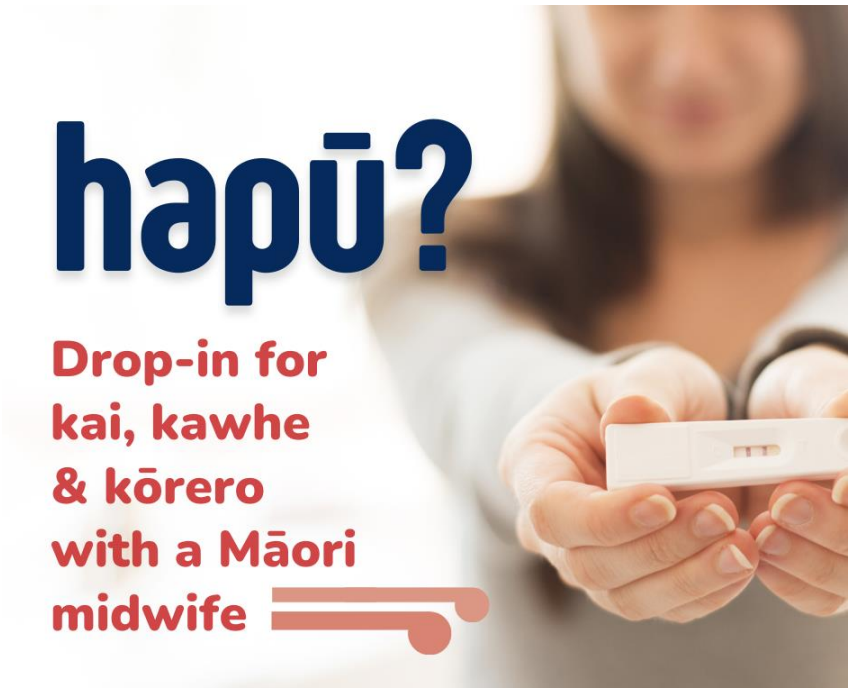
In our last Annual Clinical Report, we reported how our rates of early registration with a midwife had continued to reduce over the last two years. These rates have been significantly low in our priority population groups of Māori, Pacifica and young māmā and this was highlighted in the **Hau Te Kura** report. In order to try to address this inequity we ran a joint initiative with Tuai Kōpu, a service advocating for and supporting hapū wāhine and whānau.

In October of 2021 Tuai Kōpu ran a pilot initiative to engage with wāhine in the community supported by Māori midwives and the MQSP team. Weekly drop in sessions were held in the community. Care was taken when looking for a venue, which needed to be within easy reach for our māmā, in an area of known high needs, and family friendly. Toys were available for children and kai was available to all. These sessions were advertised on the Hawkes Bay Maternity Facebook page and in GP and medical centres.

The midwife attending is able to offer early pregnancy advice and assists in finding the māmā an LMC midwife. Midwives can also use this space to offer antenatal and postnatal checks. Staff from Tuai Kōpu also offer safe sleep education and devices, smoke free support with access to Nicotine Replacement Therapy (NRT) and carbon monoxide monitors. They also assist in finding a general practitioner as well as information and access to contraception, housing advice and income support. Staff from Tuai Kōpu are embedded in the community and are a source of ongoing support and education for our māmā. Plunket, The Ministry of Social Development, Sport Hawkes Bay, Pregnancy Help, Maraenui Medical Centre, Niwa Brightwell (Flax Weaving), Kauika Pumau, Safe Sleep, Smokefree and Child Health Promotion are acknowledged for their time, energy and resources in the facilitation of Kai, Kawhe & Kōrero.

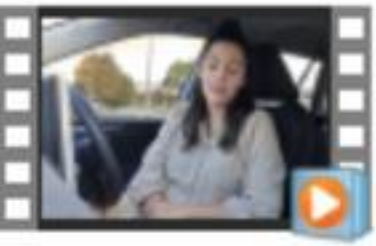
> *"We had a first time expectant Māmā see our post on Social Media and attend the next meeting in Maraenui. She was expecting her first pēpi and had not enrolled with a midwife yet and was 12+ weeks as she wanted to be confident she could carry this pregnancy. Our Māori midwife provided clinical assessment with māmā, enrolled her for midwifery care and booked her ongoing appointments with her there and then"*

After a short pilot (October – December 2021) which was well received, plans were made to facilitate fortnightly sessions. In May 2022, with the **Hau Te Kura** report recommendations in mind sessions were recommenced. A larger, whanau friendly venue was found which allowed for multiple support people and tamariki to be catered for. Kai, Kawhe and Kōrero with a Māori Midwife sessions were re-established. These sessions have been so well received that we plan to introduce more in the Central Hawke's Bay during 2023.



Drive Smoke free for our Tamariki

This campaign, promoting new laws prohibiting smoking in the car with Tamariki present, kicked off in September 2021. The MQSP and the Smokefree team got together to educate whānau about the new law. The team visited new māmā and whānau to give away car air fresheners and car stickers around the maternity unit. The campaign was socialised on our Facebook page with a prize draw of $100 grocery voucher for those who shared the post. This post reached over 37,084 people, really getting the message out to our Hawke's Bay community.



In readiness for Smokefree Day 2022 we publicised Driving Smokefree again and asked wāhine to send in a short video about how they would ensure they were smoke free in the car with Tamariki. The videos were published on the Hawkes Bay Maternity Facebook page during the month of May to coincide with World Smokefree Day. Seven winners from the Hastings/Central Hawkes Bay area and five winners from the Wairoa area were chosen and each received a car seat. We held a celebratory morning tea to distribute the car seats which was enjoyed by all.

Pokemokimoki Noho Marae – Tāpuhi Toiora Midwives

In October of 2022 our Tāpuhi Toiora Team (Māori Midwives) arranged a Noho Marae at Pokemokimoki Marae in Maraenui. The essence and kaupapa of the noho was to enhance whakawhānaungatanga with our client base as a group practice.

We were able to share in knowledge around karakia and waiata and its significance in birth. We spent time exploring the benefits of mirimiri in early labour and enjoyed learning new skills and experiencing mirimiri. We also looked at the benefits of Rongoa and how to prepare some Rongoa.

This was a pilot opportunity to further develop connections with our hāpu māmā and their whānau while incorporating mātauranga Māori practices. It was a privilege to hui and noho with whānau and definitely strengthened the relationships with the community and whānau we care for. The Tāpuhi Toiora Team were supported by Tuai Kōpu, Hikoi4Life, the MQSP programme and My Food Basket.

Ōu Ritenga a Hapū - Your Pregnancy Checklist

In order to continue to promote early engagement with a midwife we designed a checklist now displayed in General Practices, Health Centres, Libraries, supermarkets, child care facilities and other public places. The aim of the poster was to get māmā to contact a midwife and think about any lifestyle changes that may be required while hapū as early as possible.

The Hau Te Kura Cultural Review recommended more use of te reo language in our everyday communications. To this end we consulted with our Māori Health Team to ensure the language we used was appropriate and that the poster was acceptable for our Māori community.

We will review the success of the poster with potential to translate this information into other languages in 2023. *See Appendix Three for detail.*

Escalation Pathway

Several of our adverse events have shown that staff can be hesitant to escalate their concerns up to SMO level which has caused delay in appropriate management and treatment. In order to address this, we refreshed and displayed the escalation pathway in all rooms.

We then sought to understand why staff didn't escalate as often as they should. Staff were asked to engage in a staff survey to identify their understanding and reasons for not escalating, this included all midwifery, nursing, LMCs and junior medical staff. Reasons were highlighted and discussed at staff meetings and shared with Senior Obstetric Consultants. This was really important as the senior staff needed to be aware of the reasons why staff were not escalating up to them. Findings were published in our monthly Maternity Bulletin and staff were encouraged to escalate early if they had concerns. The rest of 2022 saw no adverse events linked to escalation pathway delays. *See Appendix Five for the Escalation Pathway.*

Newborn Hearing Screening project

In February 2022 the Newborn Hearing Screening team assisted by the MQSP team ran a one-month survey of whānau understanding about the Newborn Hearing Screening programme. Hearing screeners introduced whānau to the Newborn Hearing Screening online survey when performing the hearing screening test for pēpi. Results were collected and analysed, showing only 65% of our whānau had heard about the Newborn Hearing Screening Service.

Following the initial survey posters were displayed in all postnatal rooms, information was also shared on our Facebook page. A repeat survey in March showed that awareness of the service had increased, with 75% of whānau being aware of the hearing screening programme. We have not repeated the survey but posters continue to be displayed and information shared on social media. We feel that whānau are more aware of the service, with more engagement and expectations that hearing screening for pēpi will be completed.

Label Wise Campaign

Labelling errors continue to be one of our most frequent events. These errors can cause delay especially if māma or pēpē need to provide extra samples. Having to re-collect samples or fill in forms is also frustrating and time consuming for staff and of course labelling errors can occur happen at the most busy times.

In July 2021 and again in July 2022 we ran our inaugural and second annual labelling campaigns “Get Label Wise”. The maternity team including our senior medical officers, nurses, midwives and cleaners all donned “label wise” T-shirts. Posters were displayed in all rooms reminding staff to label at the bed and encouraging whānau to ask to have their ID checked and samples labelled at the bedside.

Monitoring of events across the months of July and August provided reassurance that our hard work paid off with fewer labelling events. We will continue to reinforce this work with a repeat campaign rolled out annually. We also plan to have the patient ID label redesigned in 2023, to stick directly onto samples and further reduce the risk for labelling errors.

Growth Assessment Protocol (GAP)

We have been using the GAP tool in Hawke’s Bay since 2018. Our local GAP champion works closely with the national educational leads to navigate the GAP role and support midwives using the tool, providing both face to face and group education to ensure midwives are confident with GAP methodology. Regular auditing and our champion’s tireless work with staff has seen the detection rate of babies under the 10th centile raise from 30% when the tool was first introduced up to 70% in 2022.

“Congratulations on your success with our new GAP. Your detection rate is well above the national average. Well done to you and your colleagues” - NZ GAP Educator

New-born Observation Chart and New-born Early Warning Score (NOC/NEWS)

The Neonatal Encephalopathy Taskforce was set up in November 2015 and comprised of clinicians, professional bodies, government agencies and patient advocacy groups. This task force was designed to standardise the initial assessment and care of all new-borns in New Zealand to better identify and treat those babies at risk of neonatal complications. In order to identify these babies, the Newborn Observation Chart (NOC) including the New born Early Warning Score was created. This chart was implemented in Te Matau a Māui Hawkes Bay in July 2019. Regular audits show the chart has been well received and used with appropriate escalation.

Maternal Early Warning Score (MEWS) and trigger tool

It is recognised that hāpu māmā are usually well and can compensate for some time when they become unwell. However, these māmā can deteriorate quickly and the MEWS observation has been designed to enable early recognition, referral and treatment of hāpu māmā and postnatal māmā.

The MEWS observation chart was introduced into Ata Rangi and Waioha in October 2019 and into the rest of the hospital and Wairoa in 2020. The chart has been well accepted in all areas and is now seen as a routine part of the care of all māmā.

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Research, Trials & Audits

Misoprostol Trial

In 2022 we decided to embark on implementation of oral misoprostol for induction of labour. Expressions of interest were sought to oversee the trial, and a small core group was formed which included clinical leads.

The group worked through comparable policies and protocols from other maternity units. Policies were modified to suit local requirements.

The Misoprostol trial began on November the first 2022. The team worked with all staff on the floor to problem solve initial issues as the roll out continued.

The group has had one review meeting since implementation with policy changes expected to help guide some common issues arising. We hope to survey women about their experience as we continue with the process. We look forward to adapting this process as necessary and assess its impact on our birth outcomes

Research

OBLIGE (Outpatient Balloon Versus Inpatient Gel) completed in 2021 with preliminary results presented at the Perinatal Society of Australia and New Zealand meeting in July 2022. The study was stopped early due to slow recruitment with COVID contributing to this.

Overall findings suggest an increase caesarean section rate in the outpatient balloon group but no difference in maternal or neonatal outcome and this will add to the international body of literature with regard to the safe use of outpatient balloon. We look forward to seeing how this may influence the next review of the national induction of labour guidelines.

This is the largest randomised controlled trial that Hawkes Bay Hospital has been a part of. It was positive to see the willingness of people to be involved in research both staff and whanau. We hope that we can continue this into future multicentre trials.

Local ethics approval for C*STERIOD study has been granted. This is a trial to find out whether giving māmā corticosteroid injections before planned caesarean section will reduce the risk of breathing problems for pēpi. Application for a research grant to employ a midwife/nurse to run the study has been successful. This position will be advertised in 2023.

Audits

Audit activities were significantly curtailed through 2021 and 2022 due to medical staff resourcing and COVID. A number of audits were conducted in the early pregnancy clinic which was a focus for the junior medical team in the last 18 months.

An audit was carried out on data from 2020 with regards to clinical indicator 8, standard primipara women sustaining a third- or fourth-degree tear without episiotomy. The interesting first observation is that on auditing cases some were actually miscoded and had received an episiotomy which reduced the 2020 rate of clinical indicator 8 from 6.1 down to 5%. The other key findings of the audit were while the majority of patients had a care pathway in their notes, the degree to which the list was completed was below desirable. Issues with follow-up were identified, and it was not clear that contraception had been discussed with women in up to 62% of cases. Delays to theatre were highlighted with at least half of these women having to wait over three hours to access theatre for perineal repair.

This was presented to the maternity clinical governance group in 2022

alongside the evidence based clinical care standard for the care of third and fourth degree tears from Australia. There was robust discussion on the practicalities of positively changing practice and this is work that the quality and safety team will continue into the coming year.

A one month snapshot audit of induction of labour was carried out in June 2022, of the 41 women being induced in the month. Caution needs to be used in such a small data set. 70% of inductions were being carried out for standard indications, the most common of which was post-dates. Of the non-standard indication half were for reduced fetal movements the majority of which had other complicating factors. There was poor documentation of the 2 consultant sign off for non-standard indications and this is an area for significant improvement. The emergency caesarean section rate was 60% for nulliparous women in this month and was one of the motivating factors to start implementing misoprostol as it had originally been intended to work to change the management of labour dystocia first.

Future Projects

At present the Crown Funding Agreement which funds the Maternity Quality and Safety Programme (MQSP) expires in June 2023. After this point it is unclear if the MQSP will continue as it currently stands. We will continue work on recommendations from Hau Te Kura. At present only a few of these recommendations have been addressed and we look forward to working with our Pou Whakaruruhau Matua, Cultural Advisor, local community and our new Māori Midwife Lead to address these recommendations. We will continue to identify projects and areas which need improvement to benefit our māmā and pēpi. We hope to receive confirmation of the MQSP service so that we may start work upon new quality initiatives. Some of the projects we hope to commence work on include: -

- Collaboratively working with our Māori midwives to increase early engagement with Māori māmā.
- Working with our maternity physiotherapist to introduce OASIS education for our midwives and reduce the amount of perineal trauma for our māmā.
- Explore the needs of māmā under 20 years of age and design model of care to meet their needs.
- Work with SCBU to understand reasons for increased numbers of pēpi born at term who require respiratory support with potential for on-going project.
- Collaborative working with other MQSP midwives within the central region to engage with Indian whānau and design a model of care to meet their needs.
- Auditing and implementing the Misoprostol Induction of Labour pathway.
- Work to introduce the Robson Classification system which is a global standard for assessing, monitoring and comparing our birth data.

The **Hau Te Kura** report has identified many health inequities for whānau Māori within our service. These inequities are also identified in Whakamaua (Māori Health Action Plan 2020-2025) and Te Pae Tata (New Zealand Health Plan 2022). Much of our future mahi within the Maternity Quality and Safety Programme will be to address as many of these inequities as possible. Our maternity service will be working closely with our Pou Whakaruruhau Matua and Pou Whirinaki to try to reduce these inequities for Māori māmā.

Other future projects include co-designing a model of care to meet the needs of Indian women. This has been identified as a priority of the MQSP coordinators for a number of years. However, due to lack of staffing and the leadership team working clinically plus the impacts of the COVID-19 pandemic our efforts to address this issue have be unsuccessful. Indian women account for approx. 5% of our birthing population. All current attempts at providing a model of care have not been successful. This is something we hope to complete by the next annual clinical report.

We will continue to work closely with Tuai Kōpu in order to meet the needs of women under 20 years of age. We had already partnered with early engagement projects and hope to expand on this in 2023 to include taking services out to our rural areas.

Equitable access to long acting reversible contraception is one of the four priorities as set out in the NMMG's 2019 work programme. As discussed in our last Annual Clinical Report (2019/2020) our maternity unit previously had 11 midwives and nurses trained to insert Jadelle (Levonorgestrel implants) as well as several doctors.

Unfortunately, due to high levels of attrition we now only have FOUR midwives (two of these are employed on a casual basis) able to insert Jadelles. This, along with short staffing and high acuity means it has become increasingly difficult to maintain this service. We have a number of Obstetric Registrars able to insert Jadelles and plans are underway to up skill more of our junior doctors to enable this service to continue. We also continue to collaborate with community providers to support this service for our māmā. High numbers of Māori māmā are choosing to use the Jadelle implant (In 2020 62% of implants were for Māori māmā). It is important from an equity stance that we continue to offer this service.

We do continue to provide injectable contraception for those māmā who choose this method of contraception.

Jaade Tipu breastfeeding her new baby girl after her waterbirth in Waioha (2021)

Our Data

| A Tatou Raraunga

The National Maternity Clinical Indicators are a selection of 20 indicators, which are useful for Maternity services to identify and flag possible variances in their service that may need investigation, quality improvement or special focus. Of the 20 indicators, eight relate to all wāhine giving birth in HB, eight relate to Standard Primipara (SP) – wāhine aged 20-34 years birthing their first baby with no history of pregnancy complications, and the remaining four relate to babies.

	Maternity Clinical Indicators	HB 2020 %	HB 2021 %	HB 2022 %	NZ 2020 %	How we compare
1	Register with LMC in 1st trimester (ALL)	76.6	62.9	61.2	74.1	×
2	Spontaneous vaginal birth (SP)	69.8	72.3	56.8	62.1	×
3	Instrumental vaginal birth (SP)	14.2	12.1	17.9	19.2	✓
4	Caesarean section (SP)	14.8	15.1	23.6	17.6	×
5	Induction of Labour (SP)	8.5	8.8	11.8	9.2	×
6	Intact perineal (SPV)	34.7	31.0	21.1	26.7	×
7	Episiotomy and no 3rd or 4th degree perineal tear (SPV)	16.2	15.9	26.3	26.1	×
8	3rd or 4th degree perineal tear and no episiotomy (SPV)	6.3	2.9	3.3	4.3	✓
9	Episiotomy with 3rd or 4th degree perineal tear (SPV)	1.1	0.6	0.0	2.1	✓
10	General anaesthetic for caesarean section (ALL)	7.9	7.7	9.0	7.8	×
11	Blood transfusion with caesarean section (ALL)	2.5	2.1	4.2	3.4	×
12	Blood transfusion with vaginal birth (ALL)	2.0	2.5	1.8	2.4	✓
13	Eclampsia at birth admission (ALL)	0.0	0.0	0.0	0.3	✓
14	Peripartum hysterectomy (ALL)	0.0	0.0	0.0	0.4	✓
15	ICU with mechanical ventilation during pregnancy or postnatal period (ALL)	0.0	0.2	0.2	0.3	✓
16	Postnatal maternal tobacco use (ALL)	13.9	16.5	13.0	8.6	×
17	Preterm births (under 37wks gestation) (ALL)	7.6	7.2	8.8	7.9	×
18	Small babies at term (37-42wks gestation)	2.9	2.8	3.1	3.0	×
19	Small babies born at 40-42wks gestation	19.6	39.6	25.5	29.6	✓
20	Babies born at 37wks+ gestation requiring respiratory support	4.4	4.6	4.8	2.7	×

2022 Maternity Clinical Indicators by Ethnicity

		Māori %	Pacific %	Asian %	NZE+ %	HB average
1	Register with LMC in 1st trimester (ALL)	48.5	61.2	65.6	71.2	61.2
2	Spontaneous vaginal birth (SP)	64.0	58.3	59.1	52.2	56.8
3	Instrumental vaginal birth (SP)	12.4	8.3	13.6	22.3	17.9
4	Caesarean section (SP)	22.5	25.0	27.3	23.6	23.6
5	Induction of Labour (SP)	7.9	8.3	31.8	11.5	11.8
6	Intact perineal (SPV)	30.4	25.0	18.8	15.8	21.1
7	Episiotomy and no 3rd or 4th degree perineal tear (SPV)	21.7	37.5	18.8	29.2	26.3
8	3rd or 4th degree perineal tear and no episiotomy (SPV)	2.9	0.0	6.3	3.3	3.3
9	Episiotomy with 3rd or 4th degree perineal tear (SPV)	0.0	0.0	0.0	0.0	0.0
10	General anaesthetic for caesarean section (ALL)	9.6	6.7	10.3	8.8	9.1
11	Blood transfusion with caesarean section (ALL)	4.3	10.0	5.9	3.0	4.1
12	Blood transfusion with vaginal birth (ALL)	1.5	2.9	3.3	1.8	1.9
13	Eclampsia at birth admission (ALL)	0.0	0.0	0.0	0.0	0.0
14	Peripartum hysterectomy (ALL)	0.0	0.0	0.0	0.0	0.0
15	ICU with mechanical ventilation during pregnancy or postnatal period (ALL)	0.1	0.0	0.6	0.1	0.2
16	Postnatal maternal tobacco use (ALL)	26.3	5.3	0.0	5.3	13.0
17	Preterm births (under 37wks gestation) (ALL)	11.7	11.7	6.2	6.4	8.8
18	Small babies at term (37-42wks gestation)	4.1	2.4	4.7	2.1	3.1
19	Small babies born at 40-42wks gestation	19.2	50.0	28.6	31.3	25.5
20	Babies born at 37wks+ gestation requiring respiratory support	5.7	5.9	6.8	3.6	4.8

SP – Standard Primipara women SPV - Standard Primipara women who birthed vaginally

Hawke's Bay 2020 and NZ 2020 data are verified from the Ministry of Health's National Maternity Report, published October 2022. All Hawke's Bay 2021 and Hawke's Bay 2022 data is provisional data, based on Hawke's Bay facilities data only, not accounting for HB domiciled women who may have birthed elsewhere.

Our data collection with current IT systems do not always provide a true indicator of maternity outcomes. With the implementation of Badgernet (maternity digital information system) in 2023, we hope to improve the quality of data collated, which will in turn help determine the direction of quality improvement projects.

Response to Clinical Indicators

Clinical indicators number two to nine all relate to the standard primip and suggest more intervention with a reduction in positive outcome and spontaneous vaginal birth. There is also an increase in caesarean section rates, induction rates, instrumental birth rates and an increase in significant peritoneal trauma without episiotomy.

While the standard primip indicator is used to identify a group of women who are low risk there are sometimes other complicating medical and or obstetric factors which are missed by this definition of coding. On the basis of this data we will be instigating an audit of the 2022 standard primip outcomes as a priority to further assess how accurate this data is and how we can improve obstetric outcomes for women that should be low risk.

For our data to be more meaningful and help with quality changes, we should be looking to adopt the Robson criteria and this has been under discussion at a governance level for the last few years. Unfortunately, we do not have the current resources to be able to implement the Robson Criteria as yet. The Robson Criteria helps to more clearly define where intervention is happening and where changes can best be targeted.

1 Register with LMC in 1st trimester (SP)

Our 2022 provisional data appears to show a steady decline in the number of women registering with an LMC in the first trimester. However, this data does not include LMC data sent directly to the Ministry of Health (MOH). We can see from the last annual clinical report which showed registration with an LMC for 2020 at 54.5%, this figure increased to 76.6% for the same period in our latest data. We fully expect numbers for engagement with an LMC to increase as the data updates.

We have worked to address early engagement with LMCs in the first trimester over the last two years. Our initiatives include Kai, Kawhe & Kōrero with a Māori Midwife, Your Pregnancy Checklist Ōu Ritenga a Hapū, and our ‘Pregnant? Book in with a Midwife’ Facebook campaign.

2 Spontaneous vaginal birth (SP) & 4 Caesarean section (SP)

Our spontaneous vaginal birth rate and caesarean section rate for standard primips in our last report for 2020 indicated we were achieving positively for both these clinical indicators. Data for 2021 showed a further increase in spontaneous vaginal births and a small increase in caesarean sections (although still well below the national average). However, our 2022 data shows a sharp decrease in the number of spontaneous vaginal births for standard primips and an increase in the numbers of caesarean sections. A potential factor identified in this trend could be the significant outbreaks of influenza and Respiratory Syncytial Virus (RSV) illness we experienced in 2022. A number of māmā experienced severe flu symptoms and required emergency caesarean sections.

We are hopeful that the Misoprostol Induction Trial may drive some improvement in our spontaneous vaginal birth rate and reduce our caesarean section rate.

5 Induction of Labour (SP)

Although our induction of labour (IOL) rate for 2020 was below the national average, our data shows a steady increase in IOL during 2021 and 2022. A snap shot audit in 2022 suggested 75% of these were for standard indications, but there is more work to do around indications for induction. These numbers may also be a reflection of the increased complexities and comorbidities in the population we serve.

6 Intact perineal (SP)

Our figures for intact perinea for the standard primip have remained well above the national average for the last four years. It is unclear why the numbers for 2022 have shown a decrease in intact perinea. This will also be incorporated into the audit.

New to our service is a specialist physiotherapist for maternity. The MQSP midwife and maternity physiotherapist hope to introduce OASIS education for all midwives to help in the prevention of perineal tears.

16 Postnatal maternal tobacco use (ALL)

When drilling down on the percentage of māmā using tobacco in the postnatal period it is clear that rates for our NZ European and Pacifica māmā are well below the New Zealand national average. However, rates for our Māori māmā continue to sit well above national average. Te Haa Matea – our stop smoking service has worked hard to decrease smoking rates in our area and although smoking rates continue to be above the national average we have seen a steady decline in the smoking rates for our Māori māmā. In 2020 the postnatal use of tobacco for Māori māmā was 38%, this has declined in 2022 to 26.3%. Te Haa Matea will continue to work hard in this space.

19 Small babies born at 40-42 weeks

There has been a significant reduction in the number of babies born small for gestational age at 40-42 which is a mark of the success of the GAP/GROW programme.

20 Babies born at 37 weeks + gestation requiring respiratory support.

A 2020 audit of admissions to SCBU confirmed an increase in respiratory support required for our pēpi born at term and admitted to SCBU. These rates were highest for our Māori, Pacifica and Indian pēpi. This indicates further work to be done in this area.

Other Measurable Outcomes

Measureable outcomes rates all women 2022				
Spontaneous Vaginal Birth 64.5%	Instrumental Birth 6.9%	Elective Caesarean Section 10.3%	Emergency Caesarean Section 19.3%	Total Caesarean Section 29.6%
Caesarean Section under GA 9%	Induction of Labour 17.9%	Episiotomy 7.3%	3rd or 4th Degree Perineal Tear 1.4%	Epidural 12.3%
Postpartum Haemorrhage 7.2%	Postnatal Blood Transfusion 2.3%	Women Living in Deprivation Deciles 8-10 54.7%	Neonatal SCBU Admission 17.2%	Premature Birth (<37weeks) 8.8%
Homebirth 8.6%	Exclusive Breastfeeding 69%	BMI ≥ 35 at Booking 9.9%	ICU Admission 0.2%	

Measureable outcomes Māori women 2022				
Spontaneous Vaginal Birth 70.4%	Instrumental Birth 4.7%	Elective Caesarean Section 7.6%	Emergency Caesarean Section 18.1%	Total Caesarean Section 25.7%
Caesarean Section under GA 9.6%	Induction of Labour 14.1%	Episiotomy 4.8%	3rd or 4th Degree Perineal Tear 0.9%	Epidural 11.1%
Postpartum Haemorrhage 6.6%	Postnatal Blood Transfusion 2.1%	Women Living in Deprivation Deciles 8-10 68.8%	Neonatal SCBU Admission 18.8%	Premature Birth (<37weeks) 11.7%
Homebirth 7.1%	Exclusive Breastfeeding 65.5%	BMI ≥ 35 at Booking 12.2%	ICU Admission 0.1%	

Measureable outcomes women 15-19 years 2022				
Spontaneous Vaginal Birth 67.5%	Instrumental Birth 6.5%	Elective Caesarean Section 1.3%	Emergency Caesarean Section 24.7%	Total Caesarean Section 26%
Caesarean Section under GA 10%	Induction of Labour 15.6%	Episiotomy 9.1%	3rd or 4th Degree Perineal Tear 1.3%	Epidural 18.2%
Postpartum Haemorrhage 3.9%	Postnatal Blood Transfusion 1.3%	Women Living in Deprivation Deciles 8-10 81.8%	Neonatal SCBU Admission 21.8%	Premature Birth (<37weeks) 14.1%
Homebirth 6.5%	Exclusive Breastfeeding 66.2%	BMI ≥ 35 at Booking 9.1%	ICU Admission 0%	

Perinatal Mortality Data

Baby loss at any gestation is a tragedy for any family and also has repercussions within the wider community and for the clinicians involved.

We acknowledge the grief of the families in our community who have lost their precious babies in the last two years.

Appropriate, sensitive and culturally safe care are the cornerstones of our care for whānau.

Part of this care includes reviewing the circumstances of loss, identifying any aspects of care that could have been improved, including systems and processes, barriers to accessing care, and clinical care.

This may be done as part of a sentinel event review or as part of the multidisciplinary PMMRC (Perinatal and Maternal Morbidity and Mortality Review Committee) meetings. These are confidential, quality protected meetings which invite practitioners within the maternity and paediatric service to review cases, discussing recommendations for future pregnancies and with a focus on education and improvement. In Hawkes Bay we hold five meetings across the year with good attendance from local clinicians and support from the National Perinatal pathology service.

- In 2021 we cared for 24 families experiencing perinatal loss, the majority (54%) of fetal losses occurred at less than 24 weeks gestation.
- In 2022 we cared for 23 families experiencing perinatal loss, the majority were split between less than 24 weeks gestation (39%) and later losses of 32-40 weeks gestation (35%).
- In 2022 of the 11 babies stillborn at >32 weeks or who died within 28 days of birth, four were reviewed using the SAC event review process, two had known abnormalities incompatible with life and five were reviewed at the multidisciplinary PMMRC meetings.

It is important for families to have answers when facing unexpected outcomes. The gold standard for investigating a stillbirth is a full post mortem. For whānau that choose not to proceed with a full post mortem there are options of partial investigations including, but not limited to, placental histology, blood tests, culture swabs, genetic testing and x-rays. As a minimum, all babies have a physical examination by two clinicians.

The uptake of post mortem (PM) in Hawke's Bay is not high. The reasons for this are difficult to determine but may include cultural and religious beliefs or perhaps whānau feeling they do not require further information.

At present we do not have a designated PMMRC/Bereavement midwife role, a role which could suupport postmortem decision making by whānau for

Answers and closure. We hope to prioritise a bereavement midwife service in 2023.

Appendices

| Tapiritanga

Baby Luka, born April 2021 in Hawke's Bay by home waterbirth.

HB Neonatal SCBU Admission Data 2021/2022

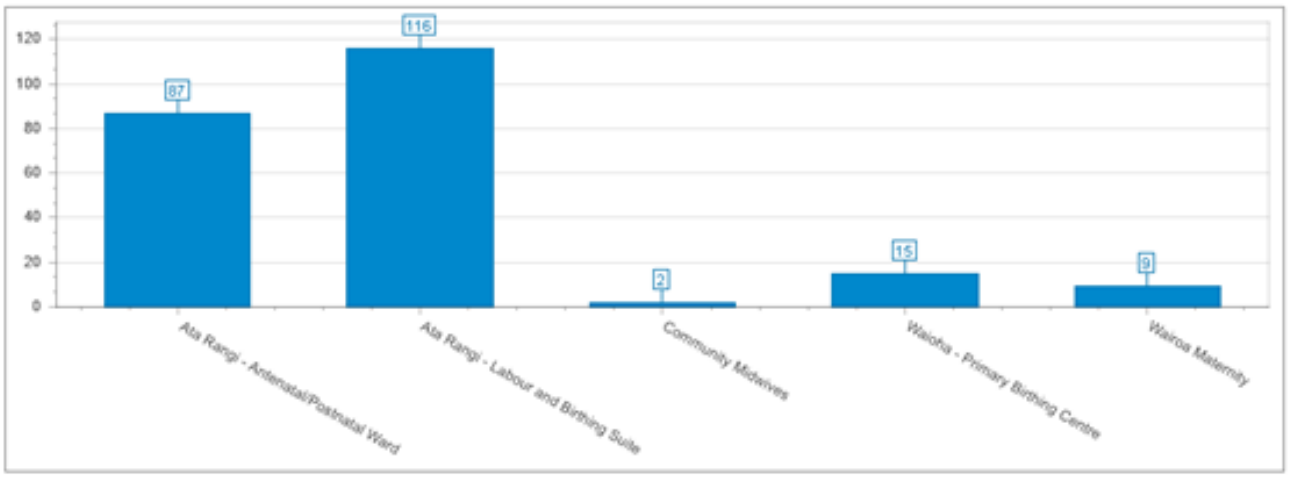
	2021	2022
Total Births	2272	2075
Total Neonatal SCBU Admissions	422	357
Total Neonatal SCBU Admission rate	18.6%	17.2%
Neonatal SCBU Admission rate per gender:		
Girl	14.6%	15.4%
Boy	22.6%	19.0%
Neonatal SCBU Admission rate per ethnicity:		
Māori	18.8%	18.8%
Pacific	13.7%	18.4%
Asian	19.9%	21.1%
Other (NZE+)	18.9%	15.0%
Neonatal SCBU Admission rate per depravation decile 8-10	18.6%	19.4%
Neonatal SCBU Admission rate per 15-19yr māmā	20.4%	21.8%
Neonatal SCBU Admission rate per multiple births	60.3%	51.8%
Rate of total Neonatal SCBU admissions that are multiple birth babies	8.33%	8.19%

Maternity Adverse Events 2022

All Events

Entered Date is within 01-01-2022 and 31-12-2022

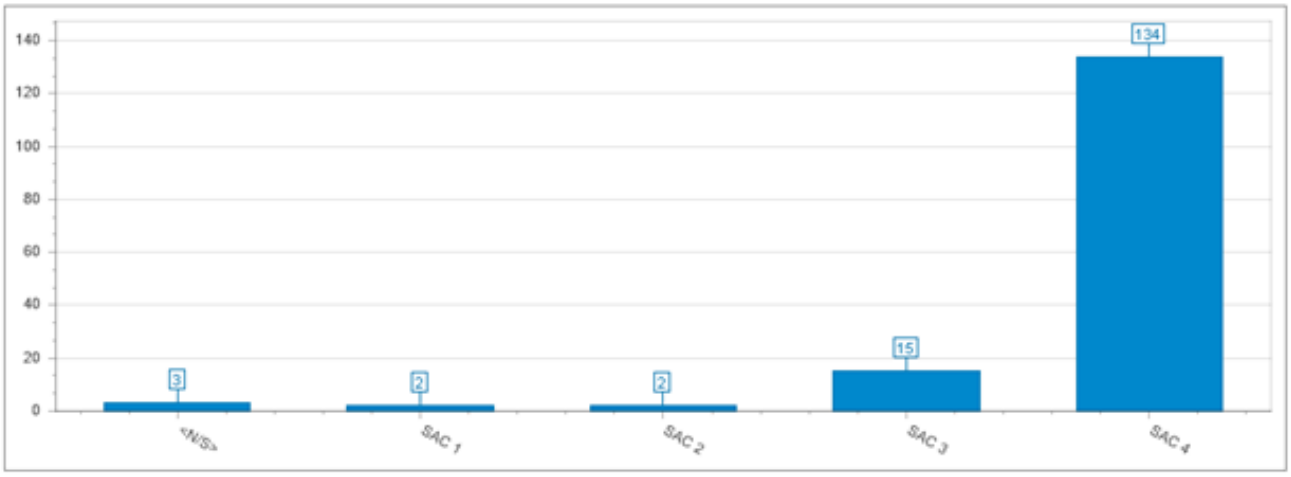
Grand Total: 229



Events by SAC Classification

Entered Date is within 01-01-2022 and 31-12-2022

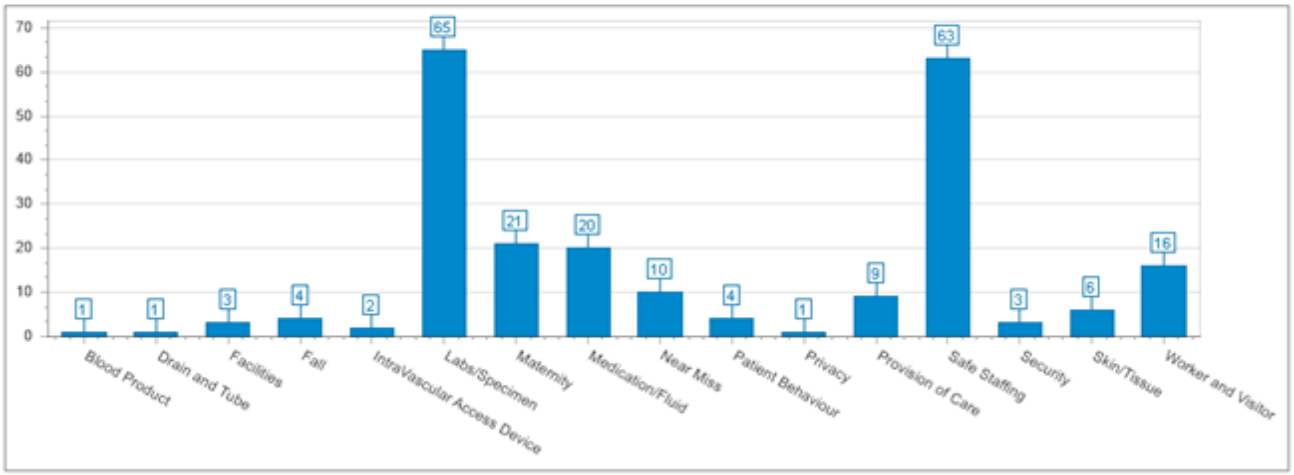
Grand Total: 156



Events by General Type

Entered Date is within 01-01-2022 and 31-12-2022

Grand Total: 229



Your Pregnancy Checklist

Ōu Ritenga a Hapū

◯ Choose a midwife or doctor to be your Lead Maternity Carer (LMC) *	Tohua he kaiwhakawhanau, takuta rānei mōu hei kaitiaki matua (LMC)
◯ Talk to your LMC about where or how you would like to give birth	Tohua ki tō LMC ki hea, pēhea rānei ka Whakawhānau mai tō pēpi
◯ Tell your family doctor that you are pregnant	Whakamōhio ki tō tākuta, kei te hapū koe
◯ Take Folic Acid until 12 weeks	Horomia ōu matū-huaora mo te toru marama
◯ Take Iodine until you stop breastfeeding	Inumia he matū-huarino kia mutu ra ano te waiū
◯ Talk about screening tests with your LMC	Pātaihia ngā momo mātautau ki tō LMC
◯ Consider getting Influenza, Whooping cough and Covid-19 vaccines	Ātawhakaarohia ngā momo ngūngurutanga katoa pēnei te rewharewha, te mate-urutā
◯ Enjoy your pregnancy	Me ū ki tō haputanga

* go to: **findyourmidwife.co.nz** or call our Community Midwives team on **027 442 3131**

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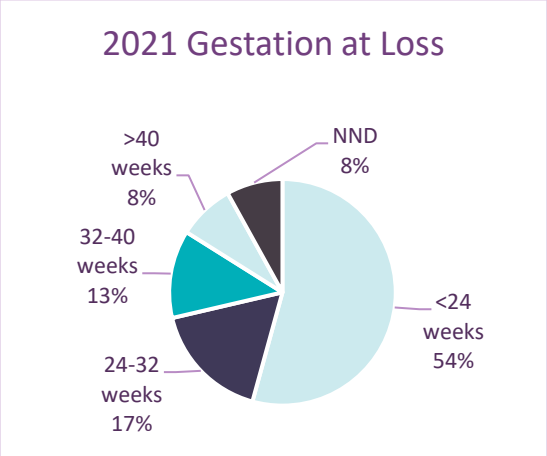
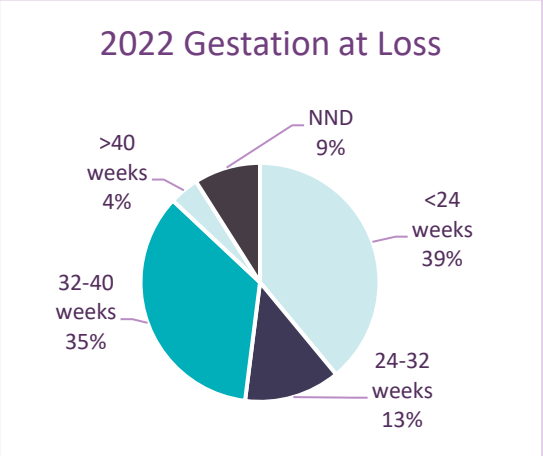
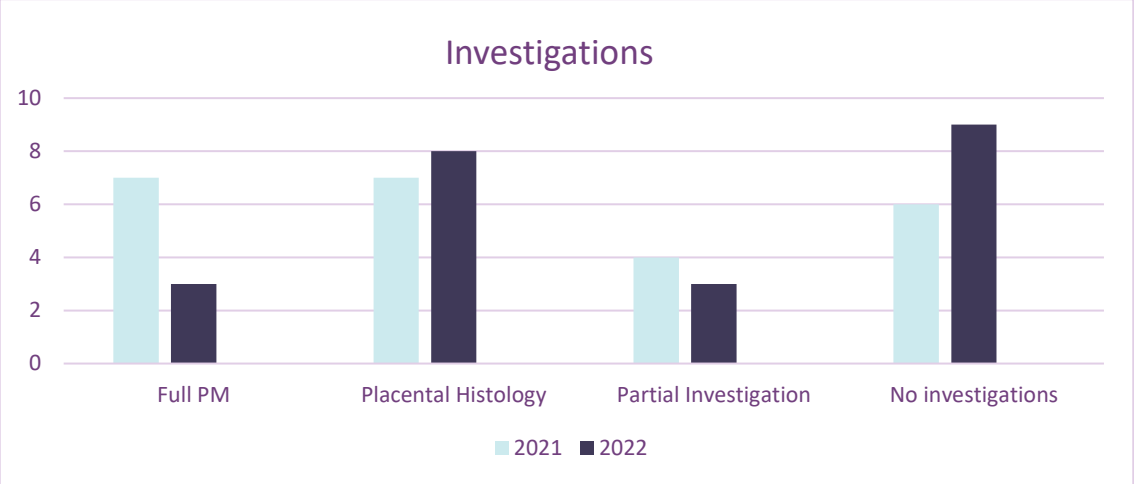
Health New Zealand
Te Matau a Māui Hawke's Bay

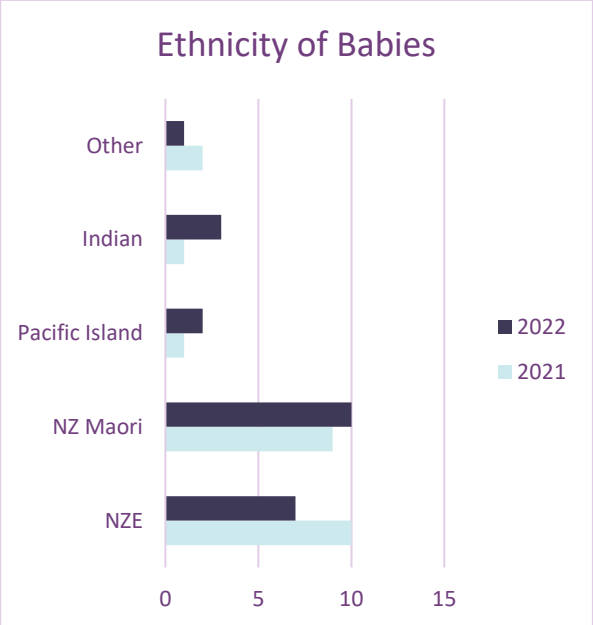
Hawke's Bay Maternity

Perinatal Mortality Data









When to Contact a Consultant: Support Flowchart

National Projects Status

	Project	Progress	Status
Local project	Vaginal breech working group To offer women choice in mode of birth with breech presentation	Established a multi-disciplinary group. Supported two-day Breech Workshop for all group members and interested doctors and midwives. Monthly meetings to share education and update. Initiated an on-call system for midwives who wish to be supported in advocating for women wishing for a vaginal breech birth and to support midwives and māmā labouring and birthing with a breech pēpi.	Ongoing ✓
National project (1)	Implementation of NOC/NEWS as per national roll out	The NOC/NEWS tool is now fully implemented.	Completed ✓
NMMG	Encouraging low risk women to birth at home	We have supported midwives to attend study days (Spinning Babies) and provided ongoing education regarding normal birth (lunch and learn) we have tried to support midwives to facilitate home births with low risk māmā. We also support midwives to use our primary birthing unit. Even when we have been unable to staff the primary birthing unit we ensure it is available for LMC use. Our birthing rates have steadily increased with a rate of 4.2% home births in 2019 and 8.6% home births in 2022.	Ongoing ✓
NMMG	Equitable access to post-partum contraception, including regular audit	In our 2020 Annual Clinical report we documented the work done on providing long active reversible contraception for our māmā. We then had 11 nurses and midwives who were trained in inserting Jadelle contraceptive implants.	Ongoing ✓

		This proved very popular on the postnatal ward with our māmā able to go home confident that they had long acting contraception. Unfortunately, due to resignations and staff shortages we no longer have the nurse/midwife time/skill to insert these implants. This is currently being addressed by medical staff who are being trained and able to offer jadelle implants as well as injectable contraceptives.	
NMMG	Equitable access to primary mental health services. Maternal mental health referral and treatment pathway	2022 saw the maternity unit review the Maternal Mental Health pathway. The maternity service works alongside the maternal mental health team and is supported by Te Ara Manapau (pregnancy and parenting support) to provide seamless care.	Ongoing ✓
MMMG	MEWS implementation and audit	The MEWS tool is now routinely used.	Completed ✓
NMMG	Reduce preterm birth and neonatal mortality	We have continued to promote early engagement with a midwife to try to ensure every māmā gets the care and support she needs in her pregnancy. Our projects have included: - Ōu Ritenga a Hapū - Your Pregnancy Checklist, and Kawhe & Kōrero with a Māori midwife. The Heat Tool was used in designing these projects	Ongoing ✓

Te Reo Glossary

| Kuputaka

Hapū	Pregnant
Kai whakawhānau	Birth worker, midwife
Kaiāwhina	Helper, counsel, advocate
Kaitakawaenga	Mediator, arbitrator
Karakia	Prayer, grace, blessing
Kaupapa	Topic, policy
Kōrero	Talking, discussing
Māmā	Mother, mum
Mātauranga	Knowledge, wisdom, understanding, skill
Pēpi	Baby
Pēpi Pod	Baby bed
Rongoa	Remedy, treatment, tonic
Te Matau a Māui	Hawke's Bay
Wahakura	Woven sleeping basket for infants
Waharua kopito	Triangular patterns
Wāhine	Female, women
Wānanga	Meet, learn, discuss
Whakawhānaungatanga	Process of establishing relationships, relating to others
Whare kōwhanga	Building for childbirth
Whenua	Placenta

Notes

Notes

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