Wairarapa Annual Maternity Quality & Safety Report

2023

Te Kāwanatanga o Aotearoa
New Zealand Government

Health New Zealand
Te Whatu Ora

Contents

National Context

In 2021 the New Zealand Government embarked on a three-year programme of work to reform the healthcare system. As part of this process, Te Pae Tata Interim New Zealand Health Plan (2022) was developed to outline the first two years of transformation. The plan gives key actions that will help transform the health system to ensure that no matter who they are or where anyone lives all New Zealanders will have access to care preventing illness and supporting food health and wellbeing.

The six priority actions developed that will deliver key shifts in health service delivery are outlined below and will be interwoven throughout this document in their application to the Maternity Quality & Safety Programme:

1. Place whānau at the heart of the system to improve equity outcomes
2. Embed Te Tiriti o Waitangi across the sector
3. Develop an inclusive health workforce
4. Keep people well in their communities
5. Develop digital services to provide more care in homes and communities
6. Establish Te Whatu Ora and Te Aka Whaiora a financially sustainable system

Executive Summary

The Maternity Quality & Safety Programme (MQSP) has been established to enable consumers and health practitioners to identify ways that the local maternity services can be strengthened through quality improvement initiatives. The Programme is guided by recommendations from national groups such as Perinatal Maternal Mortality Review Committee, National Maternity Monitoring Group and Maternal Morbidity Working Group. It reflects the importance of building a workforce through recruitment and sustainability across the professions while committing to focus on encouraging our young community into health as a profession … "Growing our own".

We would like to acknowledge and thank the dedication and hard work of all staff members in the senior leadership team, clinical staff in midwifery, obstetrics and nursing, health care assistants, administration and cleaning staff that provide a high standard of care and dedication in their mahi serving the Wairarapa community.

We could not be prouder of the efforts shown by the team to meet the demands of 2023 and know that this Maternity Quality & Safety report highlights the excellent work provided by the team and illustrates the passion and desire to improve locally.

We wish to thank those that work hard in the maternity sector and those individuals that have contributed to the writing of this annual report.

Values

Te Mauri o Rongo – the NZ Health Charter (2022) is required by the Pae Ora (Healthy Futures) Act (2022) as a statement of values, principles and behaviours that health entities and health workers are expected to show as both organisations and individuals.

The shared values throughout workplaces are set to ensure that health and care workers are valued for their contribution and thus enables us to best serve whānau and our communities. In turn this continues to improve health outcomes for whānau and contributes to Pae Ora for all.

Wairuatanga

Working with heart, the strong sense of purpose and commitments to service that health workers bring to their mahi.

Rangitiratanga

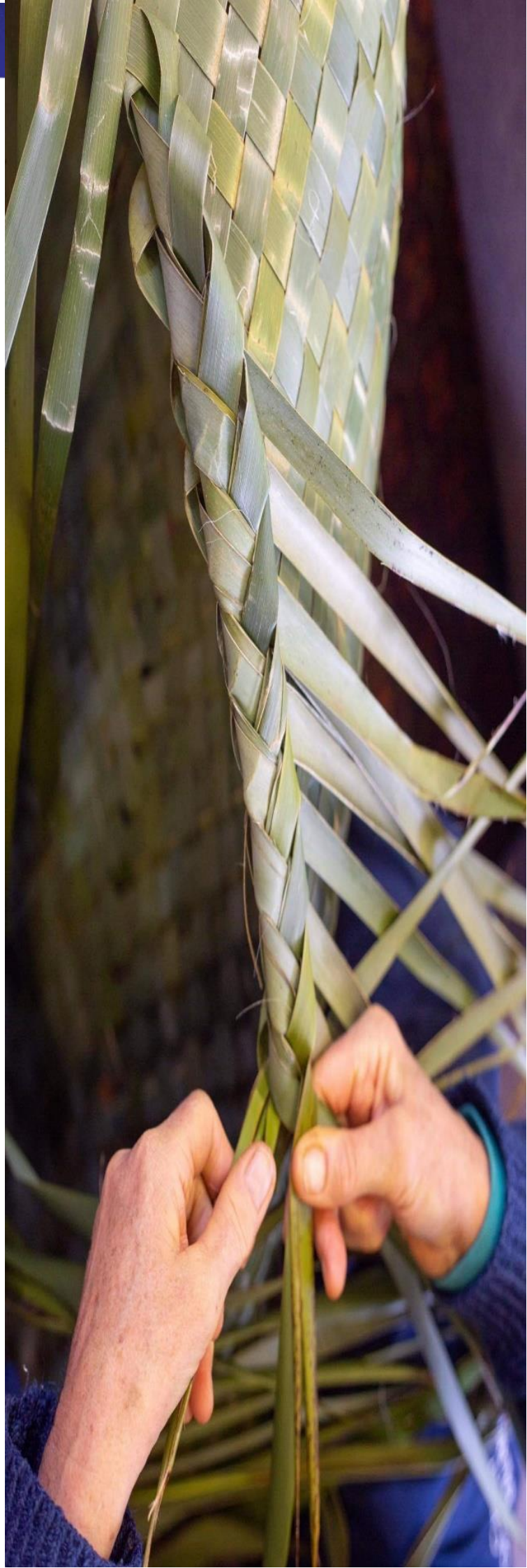
As organisations we support our people to lead. We will know our people; we will grow those around us and be accountable with them in contributing to Pae Ora for all.

Whanaungatanga

We are a team, and together a team of teams. Regardless of our role, we work together for a common purpose. We look out for each other and keep each other safe.

Te Korowai Āhuru

A cloak which seeks to provide safety and comfort to the workforce.



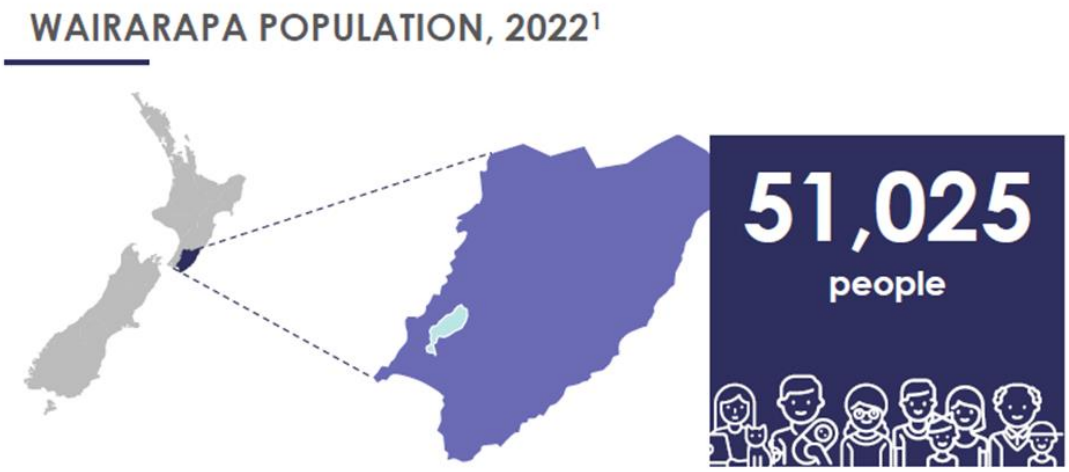
WAIRARAPA MATERNITY
WAIRARAPA ATA - RAURU

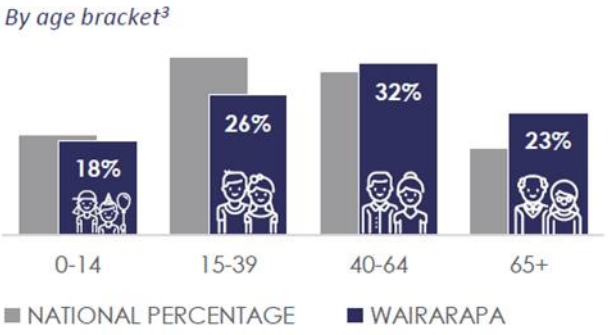
The Wairarapa Region

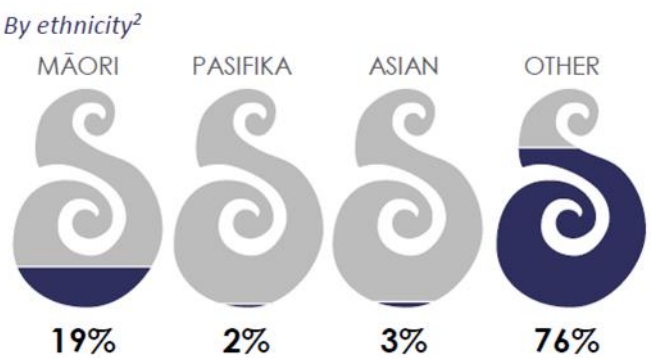
This section of the report provides an overview of the demographic, ethnic and environmental landscape of the Wairarapa in general, with the breakdown of maternity services and outcomes following.

Located in the south-eastern corner of the North Island, Wairarapa is home to just over an estimated 51,000 people. The Wairarapa is a district of spectacular coastlines, wide valleys, mountain range and small towns, a true vision of beauty on any given day. The district covers an area of 8,500 square kilometres and is considered rural with pockets of remote rural areas. It is located in close proximity to three other larger hospitals – Hutt Valley, Capital and Coast, and MidCentral who all provide additional secondary and tertiary services to Wairarapa residents. The Wairarapa is part of the Central Region of Te Whatu Ora and now works collegially in this space.

The region is known for farming, shearing, forestry, fishing and horticulture in the main. The growth trend for the Wairarapa projects that youth and 'working age' groups will remain at similar levels and the 65+ age group will be where the growth is. South Wairarapa is growing with a significant number of the population living in the region and commuting to Wellington for work.







WAIRARAPA MATERNITY
WAIRARAPA ATA - RAURU

Iwi of the Wairarapa

For statistical purposes, an iwi is defined as a whakapapa-based kinship grouping that generally has several hapū and one or more active marae, and a recognised structure that represents the interests of the iwi, such as a rōpū whakahaere, committee or board (Stats NZ, 2024)

Wairarapa have two iwi who have authority over the land, they are Ngāti Kahungunu and Rangitāne and both have strong links with Te Whatu Ora Wairarapa and representation on many local Boards and groups.

"The accessibility of Wairarapa marae, central to the way of life for many Māori in our rohe, is essential to health and wellbeing"

- Wairarapa Māori Health Strategy, 2021

Marae

There are a number of marae in our rohe, five of which are designated "matua marae":

- Kohunui Marae
- Pāpāwai Marae
- Tumapuhia Marae
- Hurunui o Rangi Marae
- Te Ore Ore Marae[6]

One of the key elements of the Pae Ora (Healthy Futures) Act (2022) is the establishment of Iwi-Māori partnership boards. Wairarapa's Iwi Māori Partnership Board is Te Karu o Te Ika Poari Hauora, (Te Poari). Te Poari stands for the resilience, wisdom and enduring traditions of Ngāti Kahungunu ki Wairarapa and Rangitāne o Wairarapa. The purpose of the Board is to present local Māori perspectives on:

- The needs and aspirations of Māori in relation to hauora Māori outcomes; and
- How the health sector is performing in relation to those needs and aspirations; and
- The design and delivery of services and public health interventions with localities (Pae Ora (Healthy Futures) Act, 2022)

The voice and expertise of tangata whenua is crucial in meeting the needs of Māori in our region and addressing inequities.

"With open minds and collaborative spirit, let us navigate forward, driven by determination to overcome obstacles and create a hauora and a brighter future for our people."

- Andrea Rutene and Piri Te Tau,
Co-chairs, Te Karu o Te Ika Poari Hauora

Wairarapa Birthing Population

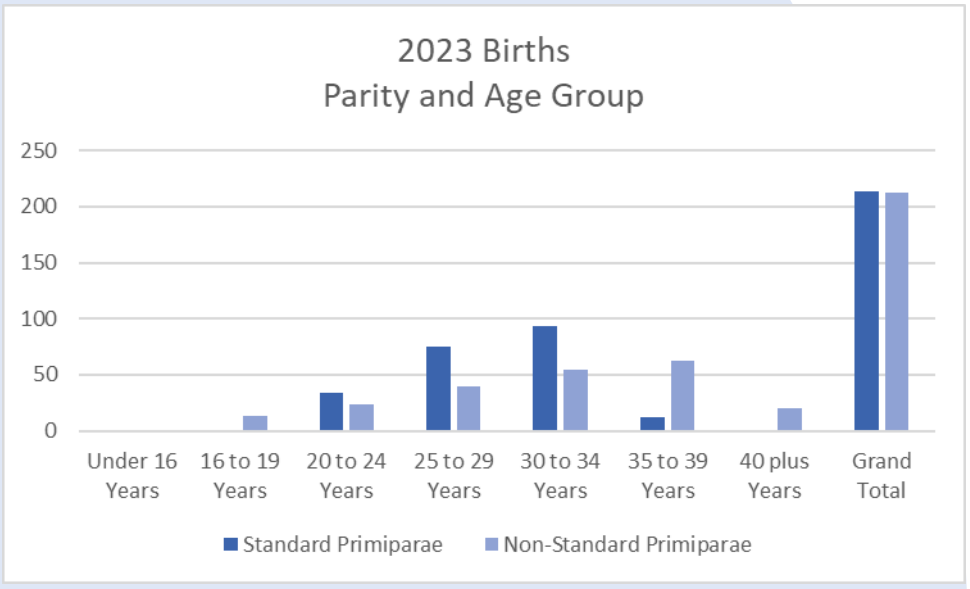
The need for maternity services in the Wairarapa continues to thrive, over the last 5 years we have seen a fluctuation in births and most recently a slight decline with 427 births in 2023. Wairarapa has a good rate of hapū māmā engaging with maternity services in the 2023 year, there was only one māmā that birthed in the unit and had not had any antenatal care. Thus 99% of our birthing population were registered with an LMC midwife or the midwifery team in 2023. However, there is still evidence that Registration with an LMC before 12 weeks gestation continues to be below the national average and most common among young women, Māori and Pacific women and women residing in the most deprived neighbourhoods.

There is an expectation for care to be integrated, woman and whānau centred and in the right place while being future proofed such as telehealth utilisation. An increasing number of complex pregnancies with existing comorbidities across all ethnicity groups is requiring the service to be adaptable and flexible with the current model of care. Regional approach to care is a phase that we are in and relationships with clinicians and services in neighbouring districts are forming, and continue to grow. Having a streamlined regional approach to care will provide not only an understanding of resource constraints, but also the barriers that exist for some communities and how these can be removed. Wairarapa whānau requiring tertiary level care often face difficulties in cost for travel, accommodation (and access) in supporting hapū māmā and pēpē.

The needs of our community are also changing again impacting the way we deliver our care in terms of workload, responsibility, time and referrals. As women present with increased morbidities the impact on the level of care required to provide safe quality care changes also.

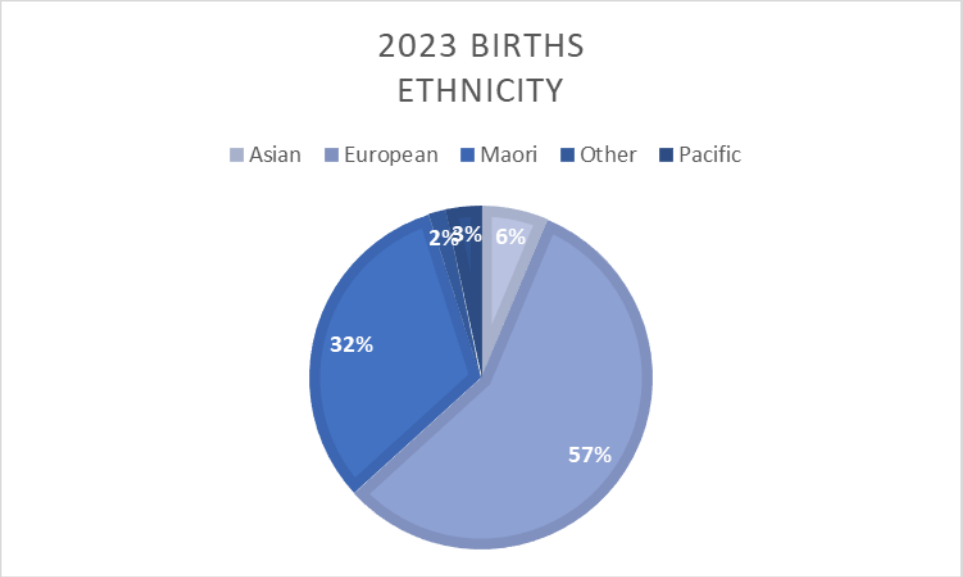
Social determinants of health are also the wide set of forces and systems affecting these circumstances e.g. economic and development policies, geographic and climatic environments, social norms, social policies and political systems. As shown in the graph below there are more first time mothers with complications (non-standard primiparae) birthing through all age groups but higher numbers >35 yrs of age.

Graph1: Births related to first birth or subsequent births and age.



While 19% of the population in the Wairarapa are Māori we have a difference in the birthing population with 32% of Māori birthing in the maternity service which has been consistent over the years. Pacific Island and Asian numbers have increased though remain a much lower proportion to the national average, as shown in Graph 2 below.

Graph 2: Births by ethnicity



Maternity Services and Facilities

Wairarapa Ata Rauru is one of the smaller maternity service units providing both primary and secondary care facilities. The maternity services are based at Wairarapa Hospital in Masterton; this is the only birthing facility in the region.

Secondary Care

At the end of 2023 we had a reduction in obstetricians with only 1 permanent obstetrician remaining with the regular use of locums to cover a 24hr on call roster, operating time and clinics. Recruitment continues to be a focal point and consideration to different ways of working to increase attractiveness to a small rural unit has been a huge focus over the year. The continuation of the regular MDT meetings and education sessions has been challenging but we continue to prioritise these ensuring evidence based practice and clinical safety is always front and centre. This MDT approach also provides the opportunity to value women and whānau centred care and ensure that their voice is strong throughout their care.

Obstetric clinics are run out of the hospital 3 x per week, and the obs and midwife clinics run out of primary practices in the South Wairarapa have been condensed to monthly, an amazing initiative for hapū māmā and whānau of the district.

The Antenatal Clinic (ANC) midwife role continues to support the Obstetric clinic, Midwifery clinic, liaise with Diabetic specialist and referral specialist, liaise between LMC and women, GP and well child services, triage appointments and follow up results. The ANC also facilitate an early pregnancy clinic to support māmā experiencing early pregnancy loss who require ongoing follow up or medical management for miscarriage. This service receives referrals from LMC, GP and Acute services department.

Antenatal Education

Pregnancy and Parenting courses are provided by a midwife employed by the hospital. The courses are well attended in fact often oversubscribed. Attendance and completion of the course sets is high and feedback from participants is positive.

HappyBirth Day & Spinning Babies Classes

The Maternity Quality & Safety Programme continues to support the employment of a midwife to provide the Happy Birthday (Hypnobirthing Courses) and Spinning Babies Courses and provided free of charge, further discussion of these courses will be provided later in the report.

Lactation Consultant

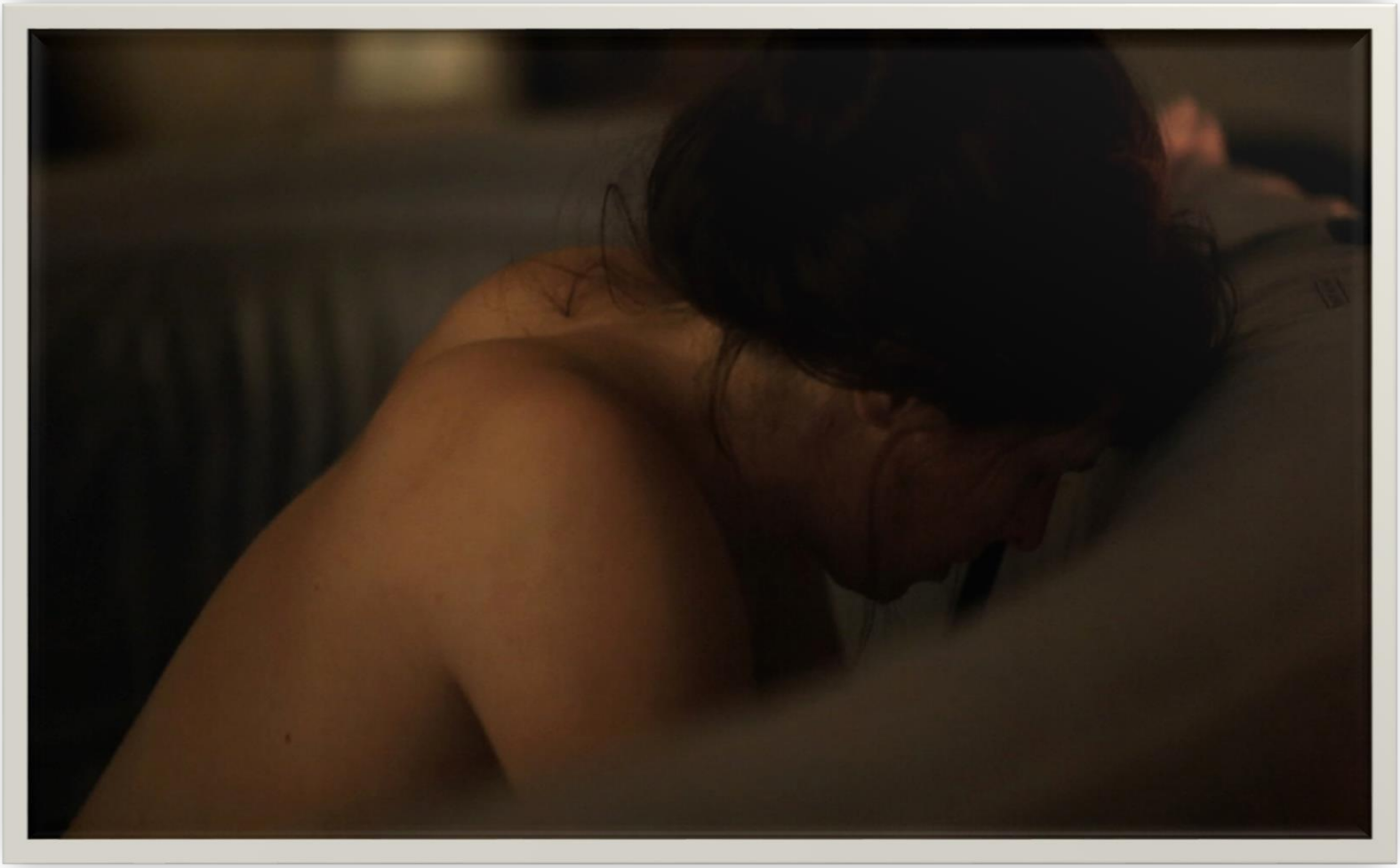
Lactation Consultant (LC) support is available for inpatients in Maternity or Paediatrics (and other Wards if there is a need) and also outpatients, who attend clinic at a time arranged with the LC. Home visits are undertaken for those women who are not able to come to the clinic due to either not being able to drive or having transport challenges. Support continues until a time when the mother is feeling confident with the outcome of feeding her infant, which may be some weeks, or even months down the track. Referrals are received from Core Midwives, LMC Midwives, Well Child/Tamariki Ora Nurse, Paediatric Nurses, General Practitioners and other Community Health providers such as Family Start. Some mothers self-refer when they have been told about the service by a Health Professional, friend or whanau who have previously received support.

Newborn Hearing Screening

The newborn hearing screening service sits within Wairarapa Ata Rauru, it is provided and coordinated by a sole screener. Both inpatient and outpatient services are available with a 98 % uptake for screening of pepē in the Wairarapa. The National Screening Unit audit was under taken in 2023 (Ministry of Health, 2023) and the corrective actions from 2022 had all been completed/met. Overall the service was commended for its improvement to its newborn hearing screening programme. There were 2 small observations that were identified in the audit as corrections for next time.

Homebirth

Homebirth is a safe choice for low risk, healthy māmā and whānau, most of our amazing LMC workforce support another and the māmā choosing to home birth. The number of homebirths for the district was 28 (6.5%) of births for the year 2023, a small drop from 8% the previous year. Looking forward into the 2024 year there is the proposal to do some regional work on the promotion of homebirthing.



Waterbirth

49 women had waterbirths in 2023 comprising 19.9% (nearly 20%) of all NVB's and 11.4% (more than 10%) of all women's births.

15 women were primiparous, 34 were multiparous

26 women were European (53%), 22 Maori (45%), and 1 Indian (2%)

Of babies born in the water, 37 (76%) had a five minute Apgar score of 10, 10 (20%) had a five minute Apgar of 9, and 2 (4%) had an Apgar score of 8.

An Apgar score of less than 7 at five minutes suggests severe compromise.

There was only one admission to SCBU; this baby was born in caul, with Apgars of 9 and 10, but needed resus. The baby was diagnosed with Transient Tachypnea of the Newborn, the chest x-ray being consistent with this diagnosis.

2 babies born in water weighed more than 5kg both to multiparous women. The biggest, weighing 5115g, was following a post-dates induction and the mother had an intact perineum.

The other, weighing 5060g, was following an induction for mild polyhydramnios and reduced fetal movement. This mother sustained the only 3rd degree tear recorded in this cohort, due to manoeuvres to release a shoulder dystocia.

There was one other shoulder dystocia, with a weight of 3825g on the 61st centile. This makes a rate of 4% shoulder dystocia with waterbirths.

11 of the babies born in the water weighed more than 4000g (22%)

14 women (29%) had a PPH of 600ml or more, 4 of whom had a PPH of greater than 1,000ml

12 women had an intact perineum (24%), 13 had a 1st degree tear (27%), 22 women had a 2nd degree tear (45%), 1 woman had a 3rd degree tear (2%), and 1 woman declined assessment.

1 woman had a VBAC following a spontaneous labour at term

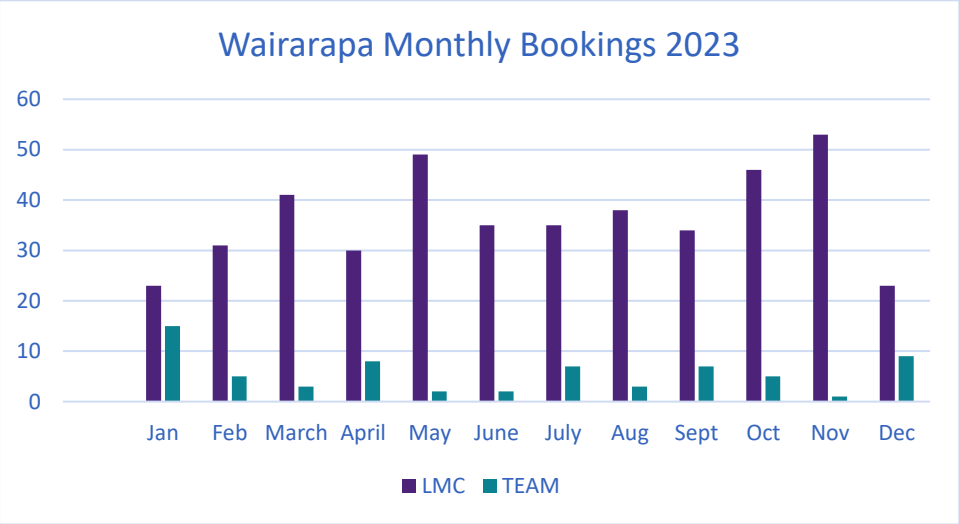
5 labours were induced:

- 1 post dates (ARM)
- 1 SROM (misoprostol)
- 1 mild polyhydramnios DVP 9cm, known LGA baby, decreased FM (misoprostol and ARM) - resulting in 3rd degree tear, baby 99.6th centile
- 1 oligohydramnios, DVP 18mm (misoprostol)
- 1 IUGR 10th centile on USS with slowed growth (misoprostol) with the baby being born on 44th centile

Providers of Care

The Wairarapa region has been stable with the LMC workforce consisting of 12 LMC midwives throughout the 2023 year. Four new graduate midwives joined the LMC workforce and were well supported by practice partners and the Midwifery First Year Programme, they have certainly been a breath of fresh air into the workforce. However LMC midwives have endeavored to maintain a healthy work life balance with caseloads that reflect sustainability. This in turn has meant there was a small number of hapū māmā unable to find an LMC midwife in the community and so booked with the hospital midwives. This service sees the Antenatal Clinic midwife provide continuity of antenatal care, then intrapartum and birth care is provided by the core midwives on duty and postnatal care is picked up by core midwives that can claim under section 88 or LMC midwives that may have some capacity but again lending to continuity of care for the postnatal period.

Graph 3: Wairarapa team / LMC births 2023



An initiative undertaken by the service during 2023 was the development of a pregnancy handbook for māmā receiving primary care from the antenatal clinic midwife. This book meets the expectations that women have handheld clinical records and has been developed with our Manukura Midwife, the Māori Health Directorate and consumers. It is reflective of the pregnancy journey alongside the clinical care, further content is found in Appendix 1.

The Workforce

Wairarapa Ata Rauru is multi-disciplinary and includes Lead Maternity Carers (LMC's), hospital employed midwives, obstetricians, registered nurses, a lactation consultant, a newborn hearing screener, allied health and health care assistants. During the 2023 period staffing has been challenged, like that throughout Aotearoa. There has been an average 25% vacancy of midwives and a small workforce of registered nurses have been employed on fixed term contracts to work alongside the 2 midwives on a day shift where the hotspots were identified through the Care Capacity Demand Management process.

2023 saw the recruitment of three new graduate midwives into the LMC workforce and one into the hospital setting. The midwifery workforce of Wairarapa Ata Rauru is fluid and often for work life balance or whānau reasons midwives are able to move from LMC to core and vice versa as suits them. This also increases the opportunity for both workforces to be able to support where necessary.

The retention/recruitment package for core midwives in the Wairarapa has continued in two instalments over the 2023 year. It has seen the increase in a fixed term contract of a midwife back to the area and the support of a new graduate along with incentive for staff to pick up extra shifts and feel valued by the leadership team.

The number of LMC midwives has remained at 14 and they work in a variety of ways from partnerships to backing up in threes. We are fortunate to have 6 LMC midwives that are Māori that are extremely busy and offer a great service to whānau independently of one another. The breadth of what they offer to whānau is always responsive to whānau wishes, desires and needs; the focus is always of that to empower whānau on their journey to parenthood.

The obstetric team has fluctuated over 2023 with the loss of one permanent obstetrician toward the end of the year and thus a pressure point of increased locum usage. While locum use can be challenging with our small rural setting, there has been a pool of regular locums built which enhances the service and builds a consistency and safe use of locums.

The maternity unit is supported by 2 HCAs that take care of stores / ordering / cleaning / beds and linen, answering the door and assisting families, facilitating breast pump and birthing pool hire, one HCA has completed Breastfeeding peer support training to further support our new families.

We have continued to have a Maternity Care Assistant work throughout the 2023 year and this has been both extremely beneficial to her and the service.

The Maternity Service consists of the following staff:
- Director of Midwifery & Maternity Quality & Safety Coordinator
- Midwife Manager
- 4 part-time Obstetric Consultants
- Clinical Midwife Manager
- Midwife Educator and Clinical Quality Facilitator
- Quality & Safety Coordinator
- Antenatal clinic midwife
- Midwife clinical coach
- 17 Registered Midwives
- 3 Registered Nurses
- Lactation Consultant
- Newborn Hearing Screener and Coordinator
- 2 Maternity Health Care Assistant
- 2 Maternity Care Assistant
- 1 Antenatal and Parenting Education Midwife
- Midwifery and medical students on placement

Being a small rural unit, one might assume that there would be a conservative attitude towards gender and sexuality within our community. We are, however, a progressive and inclusive group at Wairarapa Ata Rauru. We have welcomed the addition of LGBTQIA representation within our team, and also provided holistic and safe care to a number of rainbow whānau within our community.

Whilst we are a welcoming and open team, we recognise that increasing inclusivity and diversity is an ongoing process and as such we must look for opportunities for improvement. We are changing the language used in our guidelines and procedural texts to represent greater diversity within our communities, and we encourage educational discourse between staff members where appropriate.

Additionally, we have a number of midwives who identify as neurodiverse, and have adapted our environment to reduce unhelpful stimulation, for example adding low lighting options and tidying shared work stations.

We recognise that there is still a long way to go, as we learn together the best ways to openly embrace differences and diversity, both within our workforce and within the whānau we care for.

Manukura Role

Compiled by Samantha Kahukura, Manukura Māori Midwife Lead Advisor

Manukura Māori Midwife Advisor – The Manukura role was developed to work in partnership with the maternity multi-disciplinary team to support and establish a culturally responsive maternity workforce. Samantha Gibbs-Kahukura is our Manukura and works on the ward and out in the community, advocating for equitable outcomes for whānau māori, fostering a collaborative approach to healthcare and integrating Te Ao Māori practices in our midwifery care. This work is provided in such a way that supports Māori wellbeing within their own cultural paradigm whilst also understanding the diversity of Māori people. Samantha has

built relationships and engagement with national Māori midwife leads, Ngā Maia Aotearoa Midwives, LMCs, whānau and community.

Midwife Clinical Coach – a year in reflection

Compiled by Bec Gray, Midwife Clinical Coach

"I have had the privilege of being the Clinical Coach Midwife (CCM) for Wairarapa Ata-Rauru for almost a year now. When I started in this role, the previous CCM had already left on maternity leave and so there was no hand-over of tasks or workload. This meant that I was able to set my own aspirations for this role, and work with both Michelle and Laura to determine what success would look like.

We have been lucky to have had a relatively stable and experienced workforce over the last year, with three new graduates becoming LMC's and one a core midwife there have been no midwives returning to practice, and so I have been able to support the new graduates and look for additional opportunities as the Clinical Coach to support my colleagues. Each day on the ward is different, and the flexibility of this position means that I am able to provide support in a surprising number of ways – from debriefing after clinical events, counselling around interpersonal issues between staff, and critical analysis of outcomes, to promotion of improved standards of practice, researching clinical mysteries, and taking advantage of on-the-spot teaching opportunities. I have been able to provide hands-on clinical support, cover staffing shortages, support students, and work alongside the senior midwifery team with the ongoing management and improvement of our ward.

When the ward has been quiet I have been able to work on a number of projects that have been suggested by my colleagues, such as creating new reference material for procedures, reformatting the emergency transfer bag, reorganizing and improving the flow of shared workspaces, and rewriting the orientation package for new staff. I have also started a larger quality improvement project around clinical handover, which includes an updated format for information sharing and a protocol for handing over at the bedside – this project has proven challenging and is ongoing, but has already seen improvements in information sharing between practitioners."

Student Midwives

Student midwives are a very important part of our team and are well supported in the community with LMC's as well as with in the hospital setting. Wairarapa Ata Rauru supports students from both Otago Polytechnic and in the latter three years Victoria University. Future proofing the opportunities for student midwives is meaning that work is being undertaken to ensure variety in placements and enhanced opportunities is a priority.

Student Voice

Compiled by Katie, Student Midwife

"I thoroughly enjoyed my secondary placement in the Wairarapa and would recommend the experience to any midwifery student. It provided me with many amazing opportunities;

working in a different region to my previous experiences, working alongside passionate and experienced midwives, and feeling very well supported by the wonderful team.

The commitment of the team to whānau centred care really stood out to me as well as the encouragement from the midwives to support my learning. I felt warmly welcomed to the core team, the midwives would actively seek out opportunities to help support my learning and strengthen my skills. I felt very well supported to consolidate my skills and expand my knowledge while on placement, both in practical situations and with great follow up and debriefing opportunities.

The collegiality between core staff and LMC midwives is a cultural strength of the unit that stood out to me. The midwives worked really well together, regardless of setting. As a student, this had a hugely positive impact on me- not only in experiencing a warm work culture, but also in allowing me many more learning opportunities. There was also clear communication and great support from the midwifery management team with managing staffing and acuity.

If the opportunity ever arose to work in the Wairarapa in the future, it is one I would absolutely jump at!"

Education

Te Tiriti - Two Day Workshop

This is a compulsory component of education for all staff employed at Te Whatu Ora Wairarapa. This workshop was prioritized for Wairarapa Ata Rauru in 2023 with 90% of staff attending the workshop. The two day workshop includes:

- The Treaty as a fundamental relationship between Māori and the Crown.
- Realise that contemporary Treaty issues and Māori / Pākehā relationships cannot be understood outside the context of history.
- Develop your own personal opinion; be aware of why you hold it; be open to developing insights.
- Be aware of the effect that culture and racism (personal, cultural and institutional) has on self and others.
- Look at contemporary Māori health, and your professional practice in the context of Treaty relationships.
- Be empowered to develop and maintain the Treaty relationship appropriate to your area of work.

Feedback is always that it is really well received, it helps to motivate people to continue learning and gaining a deeper understanding of Te Tiriti and how we apply this to our services and our practice.

The executive leadership team has also had a focus on equity and opportunities have been available to the Director of Midwifery as a member of this team, it has been foundational to the approach of leading teams by example and the commitment to a non-biased culture within the service. Another senior midwife has prioritized a foundational Te Reo course for her own personal learning and journey.

Multidisciplinary Training

PROMPT

PROMPT has been run in Aotearoa since 2006 and more than two thirds of the countries birthing units have run PROMPT training and we can now confidently say that Wairarapa Ata Rauru is regularly providing PROMPT training.
There is a mixture of LMC's, core midwives, obstetrics, anaesthetics, ED staff, Duty Nurse Managers and PAR team participating in the day with great attendance.
The keys things of the day are team building and communication between the multidisciplinary members and it creates a space for constructive debriefing which has been really positive for the service.
There is a better understanding of one another's roles and has empowered the staff that attend the emergencies outside of the maternity service to feel more confident in how they can support us.

Newborn Life Support (NLS)

The NLS advanced day is a new training being offered in the Wairarapa thus meaning participants are not having to travel and can undertake this in their own hospital environment. The day covers the fundamental skills of newborn resuscitation and is scenario based learning following pre- requisite modules. The goal of the day is that clinicians leave feeling confident in their ability to provide newborn life support and work cohesively in a multidisciplinary team.

It has also brought about a consistent set up of resuscitaires and equipment across the paediatric, maternity and theatre, thus reducing risk and improving efficiency. There has been excellent staff engagement with the days being full with participants and extended to paediatric staff, Duty Nurse Managers, PAR team, ED staff, theatre and RMOs. NLS has also been a priority day to get nurses employed in maternity to attend to ensure they feel confident and competent in working with babies requiring resuscitation.

Fetal Surveillance

Provide a bi annual local full Fetal surveillance training, with alternate years being accessible at a neighbouring district. Online training is an expectation between the years of face to face and is monitored by the Midwifery Educator. This has been normal practice within Wairarapa Ata Rauru for over ten years now.

Compiled by Alex Williamson, Midwife Educator

Photos below are a team involved on the PROMPT day.

Midwifery Conference

The NZCOM 2023 Conference saw the attendance of a great group of midwives from the Wairarapa district across all facets of midwifery. It allowed wider connections and learnings that will be brought back to the Wairarapa and an ethos of the strength and connection we are as a group of health professionals serving our community.

Equity and Access

Health inequities are not about 'making bad choices', 'bad genes' or not accessing medical care. Health inequities usually stem from avoidable structural problems in communities. These social determinants of health can cause health inequities and disparities.

Te Pae Tata interim New Zealand Health Plan (2022) outlines the first steps to becoming a health service delivery system that better serves all New Zealand's people and communities. The foundations of our new health system, outlined in the Pae Ora (Healthy Futures) (2022) legislation are:

- Health equity matters for everyone
- Embedding a Te Tiriti-dynamic health system
- Implementing a population health approach
- Ensuring a sustainable health service delivery system

Wairarapa Ata Rauru have been active in the approach to designing new ways of working with our local communities and the focus of Te Pae Tata is certainly framing that work. Close relationships with community services such as Pēpe Ora, Ahuru Mowai, Hokai Tahi and the Ruth Project has seen some excellent work in the space of access to care and support.

Reports such as the Perinatal & Maternal Mortality Review Committee 15th Annual Report (2022) aligns recommendations with Te Pae Tata and gives direction for services to improve outcomes related to mortality rates. There is profound evidence that statistically Māori, Pacific and Indian ethnicities experience higher rates of stillbirth and the leading classification of death for these babies was spontaneous preterm labour or rupture of membranes.

Health and equity concerns has also driven Wairarapa Ata Rauru to review their focus on enabling the vision of the service to meet the needs of the community by focusing on:

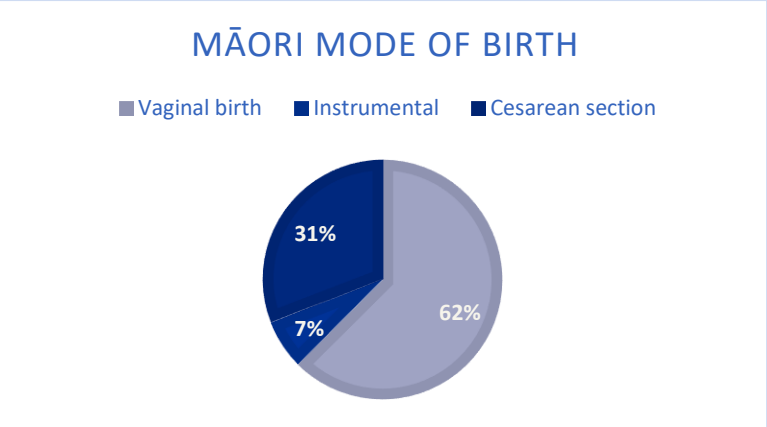
1. **Woman and whānau centred care –** centred on the woman and her whānau, based around their cultural needs and their decisions, where they have genuine choice driven by woman and whānau.
2. **Continuity of care –** to ensure the right midwife in the right place to achieve positive health outcomes for wahine and pēpe. This enables seamless transition into and out of care, with no gaps this is supported by really good information sharing across the pregnancy, birth and postnatal period.
3. **Quality & Safety driven and developed care –** driven by wahine and whānau it is integrated and seamless for all and culturally safe with great outcomes that all are accountable for. It needs to be evaluated and celebrated, reflected on and changed if necessary, open and transparent with expectation that outcomes will be visible and accountable, both positive and adverse with robust review and audit and quality driven approaches with strong woman and whānau involvement.
4. **Culturally responsive care –** provide a Māori and Pacific equity focus on care that enhances engagement with Māori and Pacific and supports traditional birthing practices. Continue to recruit Māori and Pacific midwives and a health coordinator valuing their cultural and clinical expertise to ensure a safe and culturally responsive maternity service thus valuing Māori cultural needs across the continuum of care.

5. **Multi-professional working –** integrated care across the continuum, all with the same vision of enhanced maternity care that is driven and supported by women, whānau and our health system both hospital and community.

Māori Wahine

32% of births in Wairarapa Ata Rauru are to Māori hapū māmā whom have excellent vaginal birth outcomes and low caesarean section births, 8% of these māmā are under the age of 20. This is enriching in the way that Māori wahine believe in the power of their bodies to physiologically birth vaginally.

Graph 4: Birthing outcomes for Māori 2023



While this is something to celebrate and embrace to enhance moving forward, there is knowledge and evidence that there are fundamental areas that need to be a focus. Smoking rates, while declining for hapū māmā, are still statistically higher for Māori. Premature birth rates are significantly higher for Māori at 5.8%, and also sadly stillbirth rates are higher. This figure is representative of those that have birthed before 37 weeks but does not include those that have been transferred and birthed in the tertiary centre. Acknowledgement of these disproportionately higher rates has seen the encouragement of the Hapū Ora programme to quit smoking for whānau and a desire for Wairarapa Ata Rauru to participate in the Carosika Project for pre-term birth and embed practices that will reduce pre-term birth rates.

Breastfeeding rates have improved over the 2023 year and, at 85%, Māori māmā have higher rates of breastfeeding on discharge than that of NZ European, another success and excellent start to life for pēpe.

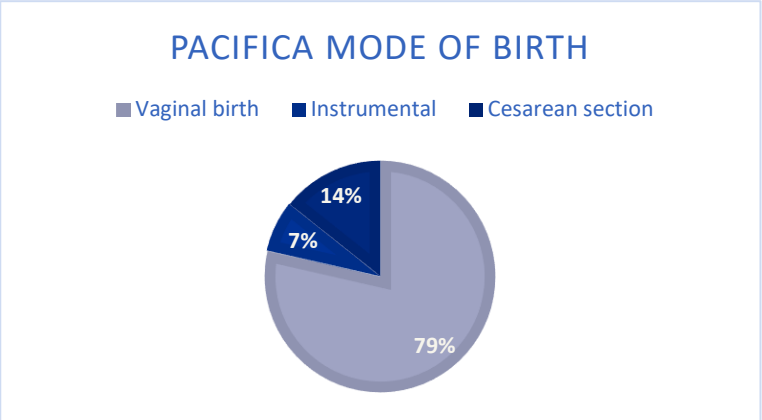
The acknowledgement of the Whakamaua Māori Health Action Plan 2020-2025 (2020) is vital in meeting the aspirations of tangata whenua and ensures accountability and commitment from Wairarapa Ata Rauru as a service. Encouraging and supporting all health care providers within the service to engage in meaningful culturally safe practices is a priority for us. A significant project is being developed in partnership with the Māori Health Directorate with the designing of a resource Orientation to An Aotearoa Māori context, applicable for all staff in Wairarapa Ata Rauru. Areas or aspects that we have been able to achieve in honouring our commitment of Turanga Kaupapa is the offer of Ipu whenua (if whanau do not have one), Ipu taonga and wahakura.

Pacific Wahine

The vaginal birth rate for Pacific māmā birthing at Wairarapa Ata Rauru being at 79% can indeed be seen as positive, especially in a maternity system aiming to support natural birthing practices. It is on a par with the national average of between 70-80%. However, they do experience health issues that can complicate pregnancies for some wahine such as diabetes, obesity and preterm birth. While the total number of births equate to 11 over the 2023 year, each 11 of those māmā and pēpe should be receiving the same access to a high standard of care. Exclusive breastfeeding rates sit at 50% on discharge from maternity. Registration with an LMC is significantly low at around 40% and work with our Kaiawhina in the community is hoped to strengthen and support the trust in the maternity system and service in the district.

When considering cultural needs, it's crucial to acknowledge Te Mana Ola: *The Pacific Health Strategy* (2023) that recognises the direction and long-term priorities to achieve equity in Pacific health and wellbeing over the next ten years. Access to the Pacific supports in the community is a strong and growing relationship. POPS Pasifika has established over the 2023 year and we are hopeful that this becomes an amazing support network for our Pacific community.

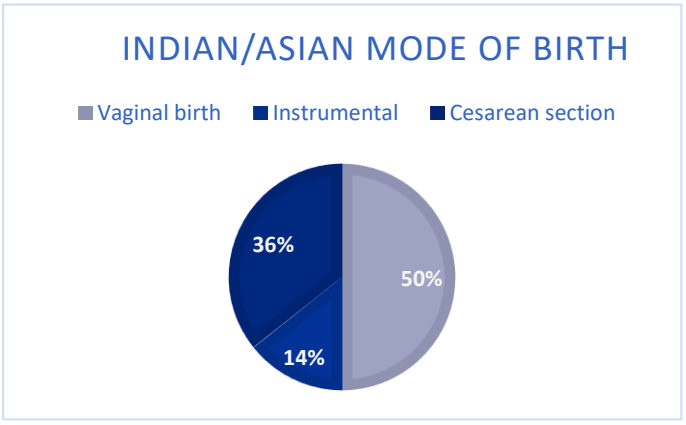
Graph 5: Birthing outcomes for Pacifica 2023



Indian/Asian Wahine

The national cesarean section rate has typically been around 25 – 30%, but these figures can change based on various factors, including maternal health and risk factors. Comparing a 36% cesarean rate among Indian women in Wairarapa to the national average suggests that this group may experience a higher likelihood of cesarean births than the general populations. These higher rates are often correlated with certain maternal comorbidities, such as diabetes, hypertensive disorders and obesity. There is also a correlation with pre-term birth and sadly still birth.

Graph 6: Birthing outcomes for Indian 2023



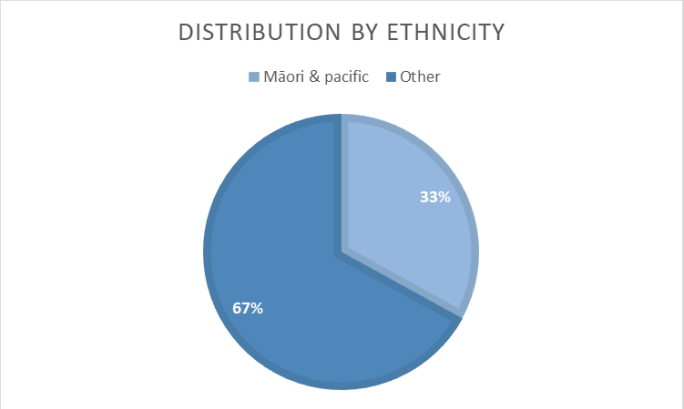
Cultural considerations and access to healthcare, including differences in the preference or recommendations around birthing methods, may contribute to the difference in cesarean section rates among various demographic groups.

The antenatal programme for Indian whānau led by Counties Manukau has been well received by the local community and LMC's are thrilled with the engagement of their māmā.

SUDI Prevention

The national SUDI prevention programmes and actions plans are targeted to a specific goal, the reduction of SUDI in New Zealand to 0.1 deaths per 1000 births. Central Region developed a Regional SUDI Action Plan (Ministry of Health, 2019) with two key modifiable risk factors needing to be addressed – second-hand tobacco smoke exposure in pregnancy and shared sleeping surfaces between infants and others.

Te Whatu Ora Wairarapa's commitment to pēpe born here is that all whānau have access to safe sleep spaces for pēpe. The local Safe Sleep Coordinator is pivotal in the education, distribution and monitoring of the SUDI programme. Over the 2023 year Te Whatu ora Wairarapa provided 149 safe sleep spaces and the distribution across ethnicities is highlighted in graph 7 below, Wahakura are distributed to only Māori and Pacifica pēpē.



Graph 7: Distribution of safe sleep spaces by ethnicity 2023

Graph 8: Number of wahakura and pepipods distributed 2023

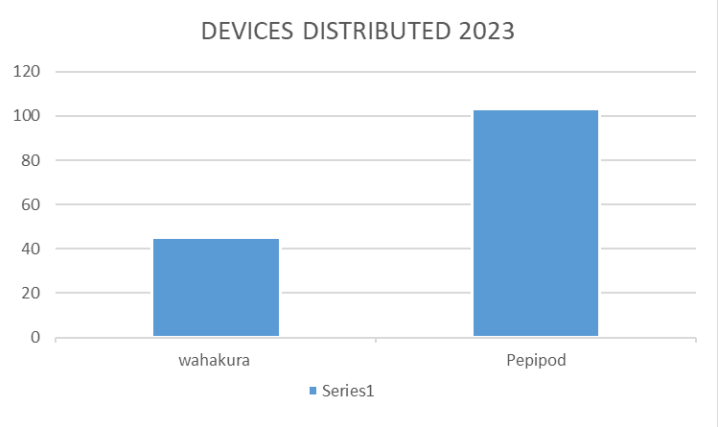


Table 1: Reasons for referring pēpē for a safe sleep space 2023

Reason for referral	Number
Premature baby	12
Small baby	3
Co - sleeping	4
Smoking in the household	38
Low maternal support	7
Mental health concerns	7
Infant welfare and overcrowding	11
Artificially feeding	9
No risk factors whānau choice	58

Smokefree Pregnancies and Homes

The Hapū Ora Smokefree programme continues to be free for hapū māmā and or pāpā with a pēpē under one year of age. Whānau members who are connected to the pēpē and want to quit smoking are also able to join the programme with smaller incentives offered.

The focus is:

- Weekly behavioural support and motivation sessions
- Nicotine replacement therapy (NRT)
- They will ensure that NRT is used correctly
- Use a carbon monoxide reader (smokelyser)
- Coaches that travel anywhere within the Wairarapa

Numbers through the programme for 2023 are displayed in table 2 below:

Table 2

Number of Referrals		Completed	Did not complete	Declined Service	Note eligible / vape	No Response
Hapu	24	11	5	2	3	
Postnatal	17	11	3		2	2
Support	3	2	1			
Papa	12	11	2			1
TOTALS	56	35	11	2	5	3

Table 3: Providers referring to Hapū Ora Smokefree Programme 2023

Referral Source	
LMC	13
Whaiora	12
Tamariki Ora	3
GP	
Family Start	1
Self-Referral	20
Plunket	2
Pae Ora	3
Pēpe Ora	1
Maternity	1
TOTAL	56

The Hapū Ora programme continues to reach their target groups of Māori and Pasifica with excellent attendance and completion of the programme.

Table 3: Ethnicity breakdown of whānau attendance on the programme

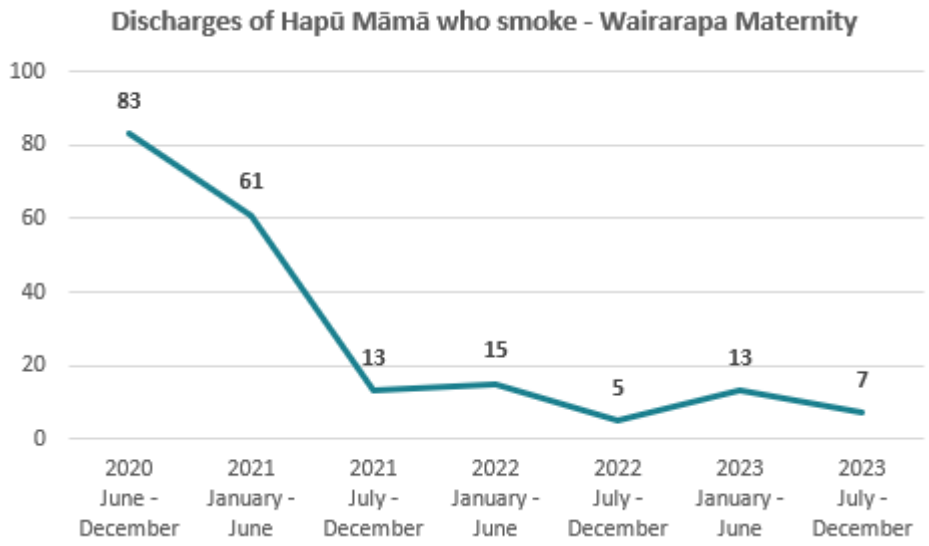
Ethnicity	
Maori	35
NZ European/Pakeha	18
Pacific Is	
Cook Island Māori	3

The Hapū Ora quit coach is also connected to the two-community peri-natal programmes POPS (Pēpe Ora Parenting Support) and Ahuru Mōwai. The incentive of a top of the line car seat has continued to be successful in attracting māmā and pāpā to the programme. LMC midwives and Whaiora Outreach services remain the main referrers to the programme.

Te Whatu Ora continues to meet the maternity target each quarter and the Smokefree Coordinator meets regularly with the MQSP Coordinator to discuss the progress of the Hapū Ora programme, the new POPS programme and professional training.

Wairarapa Ata Rauru continues to collect the discharges from maternity of women who smoke. Midwives continue to offer and provide support on Brief advice given and refer appropriately to the Hapū Ora programme, see numbers of smoking māmā discharged from maternity.

Graph 9: Smoking māmā discharged from maternity



Below is Jemma's story as a hapū māmā that successfully quit smoking and her whānau supported her by giving up also.

Smokefree Success Story:

Jemma Voice

"I have an early memory of being sent home from intermediate for being caught smoking on school grounds," Jemma Voice says. I smoked all through intermediate and college.

The month before she turned 18, Jemma was very ill and ended up in hospital with pneumonia. A Māori advocate for quitting smoking came to her bed and said, "You've not smoked for a fortnight now, why start again?" So, as she turned 18, now legally able to buy cigarettes, Jemma gave up smoking.

Aged 21, she picked it up again. "It was part of a social thing, it accompanied drinking."

Becoming pregnant changed everything. Smoking in her house and car was banned. She cut back, attending Hapū Māmā Smokefree courses at Whaiora. When her daughter was born, she gave up entirely. "My Gran encouraged me to quit smoking. I attended Whaiora groups." That was two years and three months ago.

"Things taste better now," she says. "The smell has gone out of my hair and clothes, off my hands and breath. I'm no longer breathing toxins around my daughter."

Her entire whanāu gave up smoking, all around the same time, including her father Alfie Puhara as part of his journey to self-love and better health.

Breastfeeding in the Wairarapa

December 2023 Little Latch on celebration for pre-Christmas, supported by our local lactation consultant and peer support mums.

The Little Latch On sessions have continued throughout the year. Initially these were held in Madison's Café in Lansdowne, although this was getting noisy, as it is a public venue, and there is an expectation of buying something when visiting a café, so we decided to search for a different venue. Since the end of May 2023, these sessions have been held in the lounge area of Hōkai Tahi premises on Worksop Road, Masterton. This has increased the attendance, as parents seem to feel more relaxed with only other parents there, and morning tea is provided for them.

Breastfeeding support in the community is provided by our Lactation Consultant attending the Pēpe Ora Parenting Support (P.O.P.S) programme each term to talk with parents about feeding their babies, and also at the antenatal classes provided at Wairarapa Hospital.

During the 2023 year, there were 247 referrals to our Lactation Consultant. These are a combination of inpatient referrals and outpatient referrals. Most referrals are received from Core staff or LMC Midwives, with some self-referrals, some coming from Well Child Services, and a few from GPs or other health professionals involved in the care of the dyad. Some of the referrals only require one consultation, while others may be seen numerous times, depending on their needs for on-going support. The range of ages of baby seen are from newborn right through until weaning age (which may be years).

Katie Edmead and baby Freddie graduating Peer Support

In February and March 2023 a Breastfeeding Peer Supporter training was facilitated by our Lactation Consultant, where 2 Pēpe Ora kaiāwhina and 2 community māmā completed the training. During October and November and further 2 Pēpe Ora kaiāwhina completed this training as well. This has increased the knowledge of those supporting parents in our community, particularly around breastfeeding. This is a comprehensive course taken over 6-7 sessions with 12 modules.

The completion of the breastfeeding video project has been a highlight of 2023 with local whānau being the high light of the videos and sharing their stories. These videos are available on many different platforms across the motu and most favourably the inclusion of them in the Wairarapa Ata Rauru education channel and the website. The intent of these stories is that breastfeeding māmā can recognise their journeys are not alone, and for services to improve accessibility to information and care for māmā who are breastfeeding. We know there are limiting factors impacting on this data such as, returning to work, in work breastfeeding policy and accessibility/resources.

Te Whatu ora Wairarapa had a slight reduction in the breastfeeding rate by 2% in the 2022 year which while disappointing is still relatively static and the work continues to increase the breastfeeding rate as a district. The 2023 report has not been finalised yet by NZBA and thus a comparison of the 2023 year data is unavailable. Raw data captured by Wairarapa Ata Rauru is sitting at 81.84% for 2023 which is a further reduction, however we are working with women with more co-morbidities during pregnancy which impacts on the outcomes of breastfeeding.

Compiled by Julie Foley, Lactation Consultant

Pregnancy & Parenting Classes

Through 2023 the Pregnancy & Parenting classes have unfortunately been impacted by the midwifery workforce shortages and there have been episodes of time that the role has been vacant. Wairarapa Ata Rauru is committed to providing Pregnancy & Parenting classes to the community and has responded and adapted to the evolving circumstances over the 2023 year. Support from a local LMC meet the need to provide classes that may not have otherwise occurred due to vacancy. With this in mind there was limited data and feedback sought over the 2023 year due to the irregular nature of workload and numbers.

The programme is fully funded and referral to the classes can be via either LMC or self-referral. The purpose of the programme is to provide education, information and support to hapū māmā, expectant fathers/partners and where appropriate whānau to meet their needs and empower them in preparation for labour, birth and parenthood.

For those that had the opportunity to attend the classes they were satisfied with information shared and felt prepared for labour and parenting and this was captured in some of the consumer satisfaction survey undertaken by Wairarapa Ata Rauru as a service.

Pēpe Ora Parenting Support and HappyBirth Day and Spinning Babies classes, all of which are highlighted later in this annual report, also support these classes.

Maternity Quality & Safety Programme

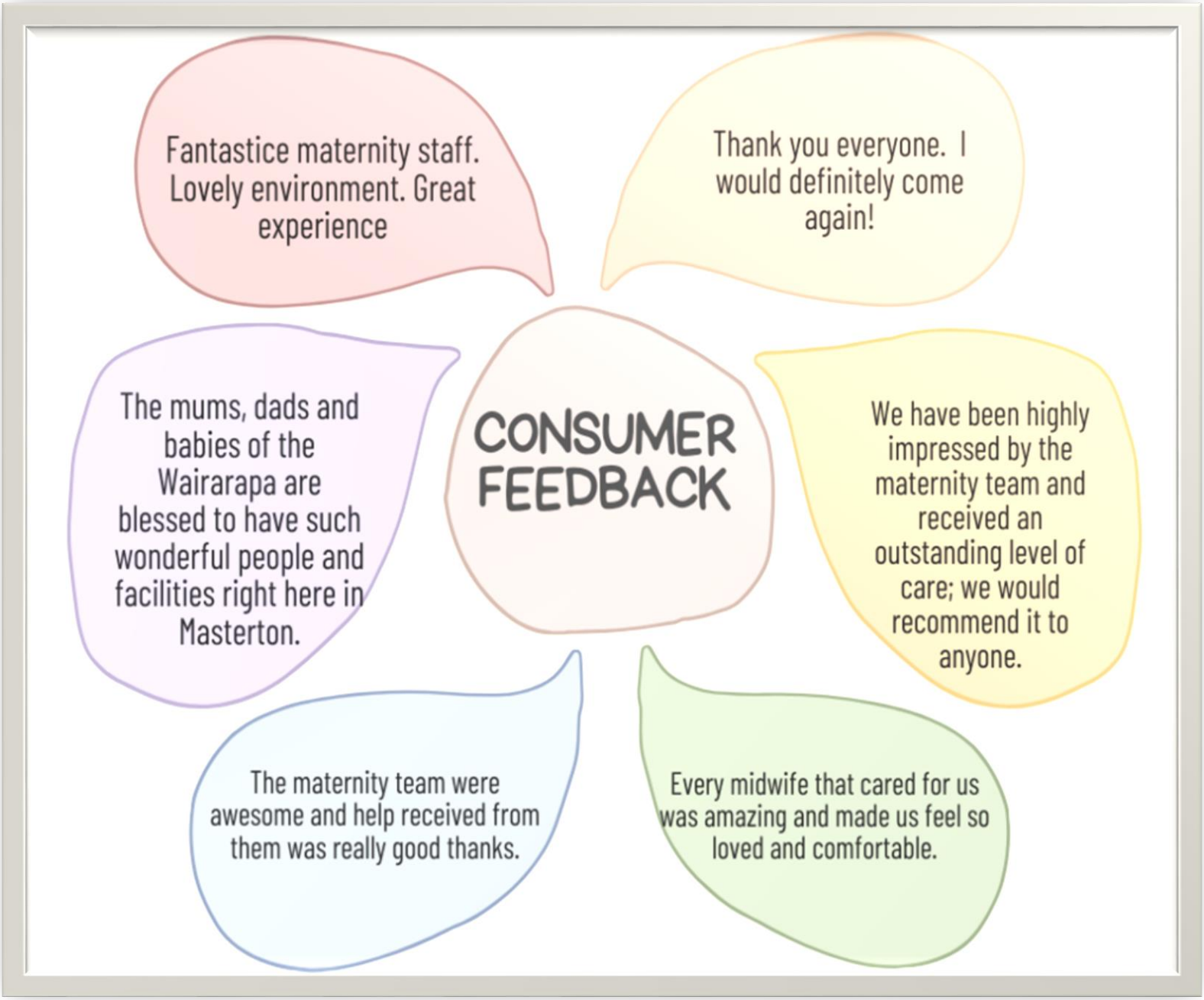
This is the tenth maternity services annual clinical report from Te Whatu Ora Wairarapa following the introduction of the Maternity Quality and Safety Programme (MQSP) in Wairarapa, March 2012 and covers the period from the 1st January 2023 to the 31st December 2023. However for the purpose of the data sourced it comes from a variety of locations and covers differing time frames, in the instance of maternity clinical indicators it covers the 2022 annual year, maternity data and Maternity Clinical Governance Group (MCGG) project work covers the 2023 annual year. Underpinning this programme is the New Zealand Maternity Standards (2011) and thus this annual report has been aligned to meet these expectations, see Appendix 2.

With the migration to Health New Zealand | Te Whatu Ora Kahu Taurima | Maternity Early Years was established focusing on a Child's first 2,000 days laying the foundation for their future. Kahu Taurima's goals affiliate with much of the project work undertaken in the MQSP space. The MCGG includes stakeholders from many facets of the health system and provides support, guidance and oversight of the quality projects and improvements over this period with positive impacts for hapū māmā and whānau. The Terms of Reference for the MCGG and the Annual 23/24 Plan can be seen in Appendix 3 and 4.

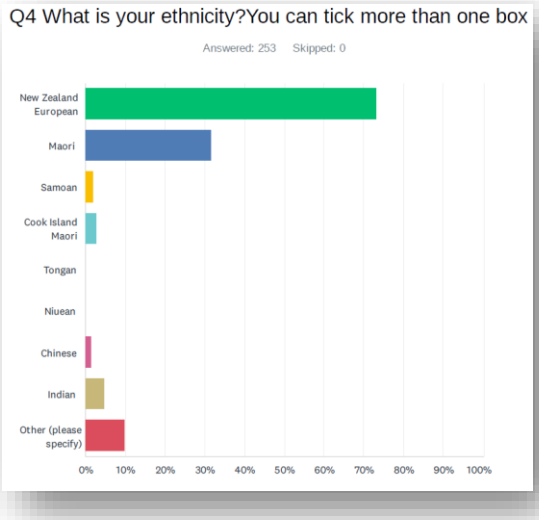
The investment in some projects go beyond clinical work to those of a hau ora approach in our community, Circle of Security Programme, Happy Birthday classes and Spinning Babies classes to name a few. Following is a summary of the mahi that continues to enhance the experience and outcomes for those using the Wairarapa Ata Rauru service.

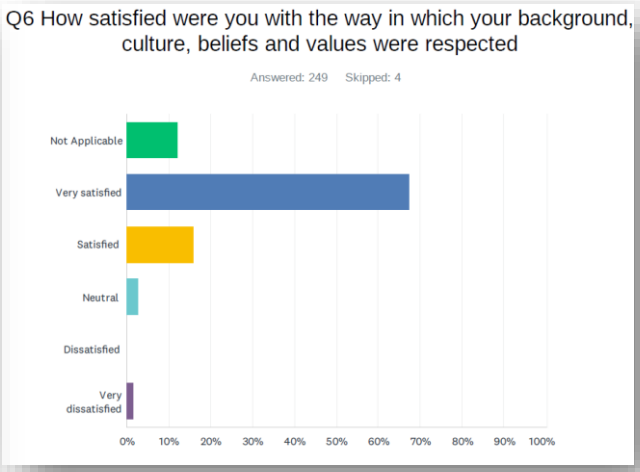
Consumer Feedback

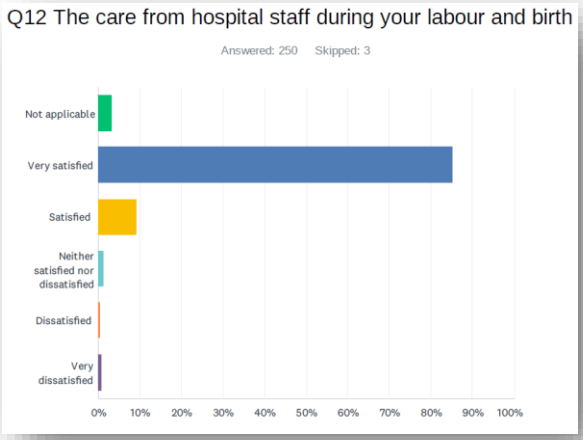
We continue to have two amazing consumers on our Maternity Clinical Governance Group who provide input and a consumer voice in many improvements, projects and review of guidelines, leaflets and website interactivity. Their commitment is such that Brooke below walked over from her bed in maternity, attended a Maternity Clinical Governance hui the day following her birth in July with baby Molly being probably the youngest baby to attend throughout the country!!

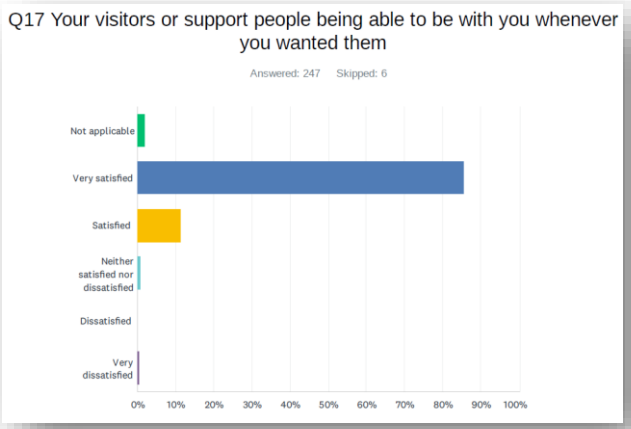

Fantastice maternity staff. Lovely environment. Great experience
Thank you everyone. I would definitely come again!
The mums, dads and babies of the Wairarapa are blessed to have such wonderful people and facilities right here in Masterton.
CONSUMER FEEDBACK
We have been highly impressed by the maternity team and received an outstanding level of care; we would recommend it to anyone.
The maternity team were awesome and help received from them was really good thanks.
Every midwife that cared for us was amazing and made us feel so loved and comfortable.

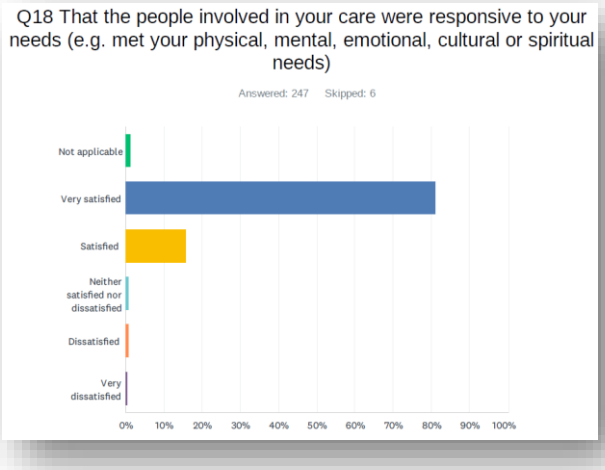
Wairarapa Ata Rauru offers the opportunity for any whānau staying to provide feedback on their experience with the service. Throughout 2023 59% of whānau birthing with us completed the survey and the information received was the form of data and written feedback (as displayed on the previous page). Following are the responses from a variety of the questions asked.

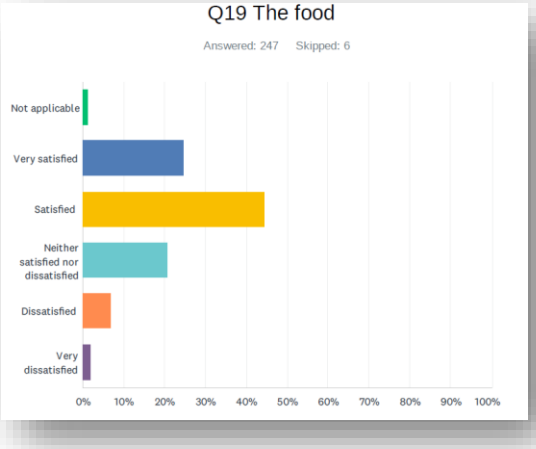










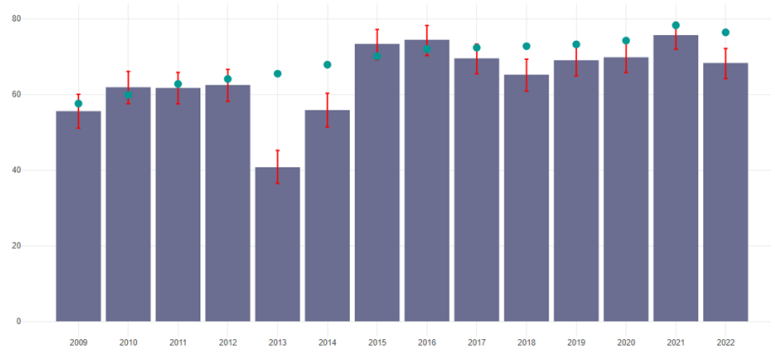


Maternity Clinical Indicators

The Ministry of Health have provided data relating to twenty maternity clinical indicators since 2009. The graphs below, released in 2024, show trends in birth outcomes and interventions for women residing in the Wairarapa district for the 2022 annual year. This data guides and reinforces the work and quality care of care occurring in Wairarapa Ata Rauru for our birthing population, supporting discussion on current work, and work planned for the future.

The graphs chosen for inclusion in this report are based on numbers of people residing in the Wairarapa district rather than being limited to those who have birthed their babies here, so reflect outcomes based on maternity care given throughout pregnancy even if there was cause to seek care from a region with different maternity and neonatal resources.

Clinical Indicator 1: Registration with an LMC in the first trimester of pregnancy



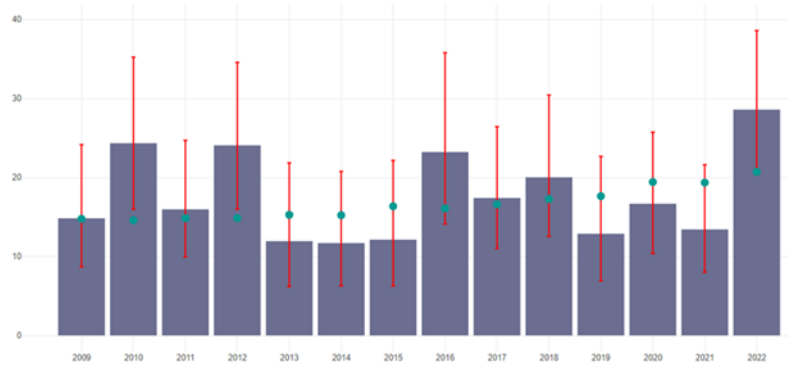
Although the overall rate of registration has been maintained above 65% since 2015, the Wairarapa region lags behind the national average. 2022 saw a year of reduction in the LMC workforce and thus women were struggling to access an LMC and often came to the hospital beyond 12 weeks gestation and thus booked beyond the measure of this indicator. Work is required in this area as a further analysis of data by ethnicity show the difference is even greater.

Clinical Indicator 2: Standard primiparae who have a spontaneous vaginal birth (SVD)

It is concerning that SVD for standard primiparae dropped dramatically from a rate of 71% in 2021 to 55% in 2022, the lowest since 2010, and mostly accounted for by a reduction of 17% in the rate of European standard primiparae having SVD. This does not seem to be associated with engagement with LMC care, judging by indicator 1. Analysis of ongoing trends may give some insight as to where intervention can be targeted to improve outcomes. The overall SVD is supported by better than average rates for Māori whānau sitting at 84.2%. Maternity teams continue to work hard in this region

to support normal physiological processes in labour and birth, with core and LMC midwives supporting continuity in care and good communication.

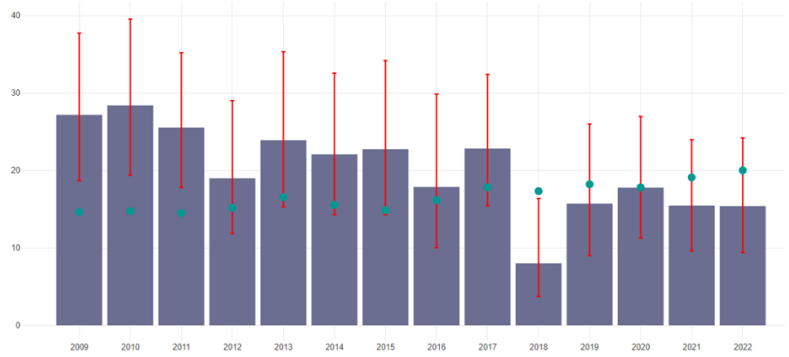
Clinical Indicator 3: Standard primiparae who undergo an instrumental vaginal birth



This graph shows a dramatic change in instrumental rates, due to primiparae of European and other ethnicities having an increase from 7 instrumental births in 2021 (13.4%) to 19 in 2022 (28.6%).

These fluctuations may have associations with changes in SVD and Caesarean section rates, which may in some part be explained by changing obstetric teams and use of locum specialists.

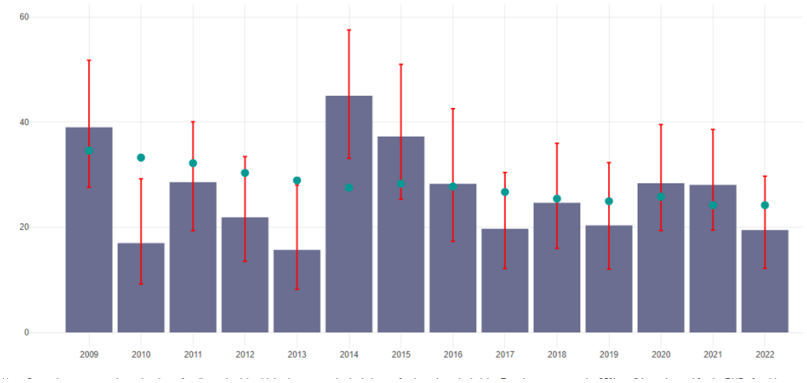
Indicator 4: Standard primiparae who undergo Caesarean section



This data shows a five year trend at or below the national average, accounting for 14 standard primiparae having Caesarean sections in 2022.

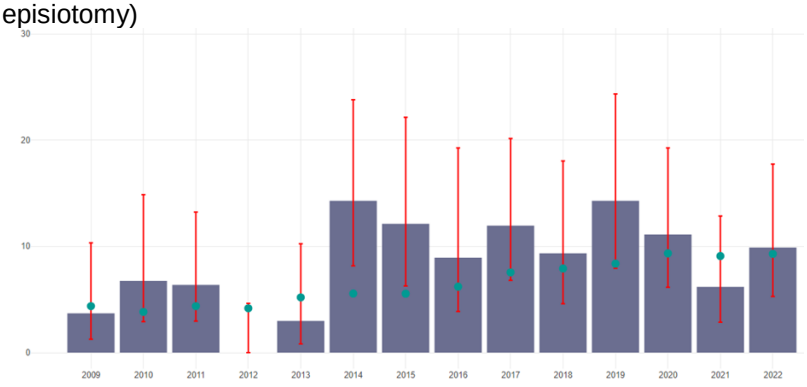
This reflects the work of the Wairarapa maternity team, both hospital and community based, aiming for the best outcomes for our birthing whānau and supporting normal physiological birth processes where possible. A multidisciplinary team with a view to improving decision-making that lead to this outcome has reviewed documentation for all people having Caesarean sections. It is hoped that this trend can be sustained, with education around having “Fresh Eyes” to regularly interpret CTG monitoring in labour, and point-of-care fetal scalp blood lactate sampling being available in the unit.

Indicator 5: Standard primiparae who undergo induction of labour



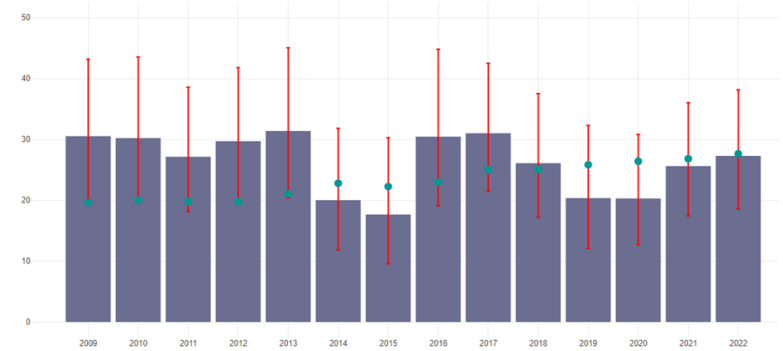
This data represents 9 standard primiparae having inductions of labour in 2022, an increase of 3 from the previous year. Looking at data recorded by the maternity team, it would appear that these inductions were for pre-labour rupture of membranes and would all have been justified in reducing the risk of poor outcomes for these mothers and babies

Indicator 6: Standard primiparae with an intact lower genital tract (no 1st to 4th degree tear or episiotomy)



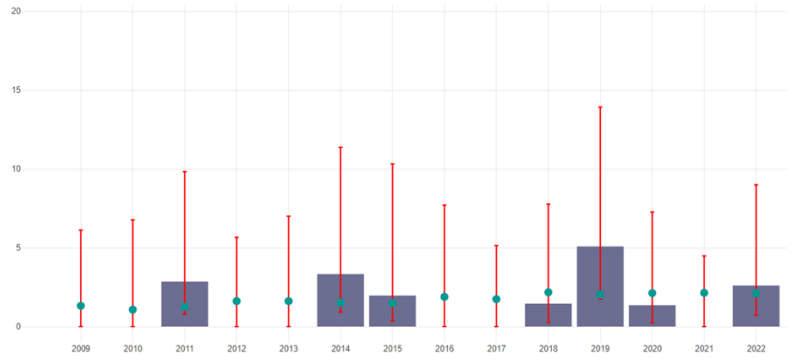
This outcome represents 15 primiparae out of a possible 77, and has fallen below 2022's national average. All staff and LMC practitioners are motivated to minimise perineal trauma, the PEACHES project was commenced during 2023 in the anticipation of improving this outcome.

Indicator 7: Standard primiparae undergoing episiotomy and no 3rd or 4th degree perineal tear



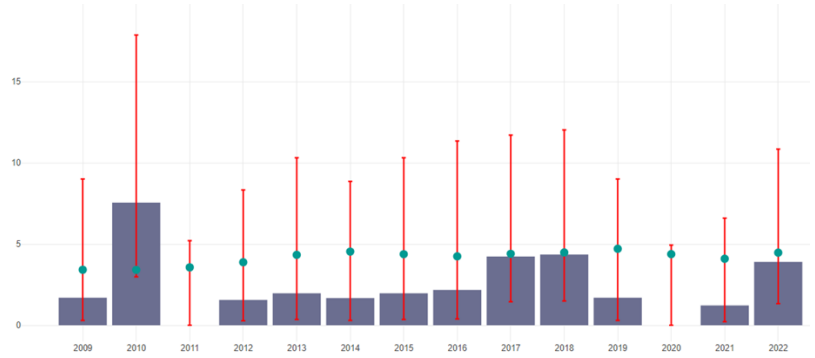
Nationally this trend has been steadily increasing, and here in the Wairarapa rates have been starting to increase too. On average 2/3 of these primiparae undergoing episiotomy had instrumental vaginal births, so this increase is probably relative to indicator 3.

Indicator 8: Standard primiparae sustaining a 3rd or 4th degree perineal tear



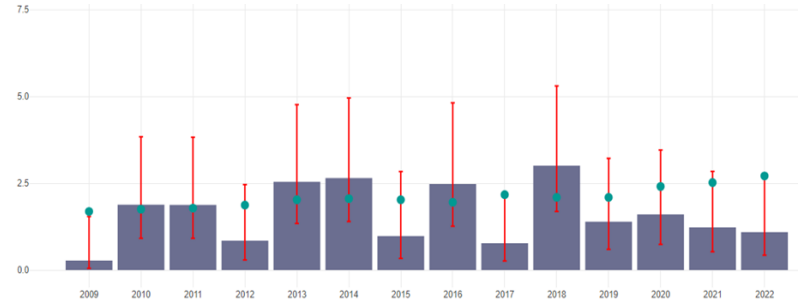
This indicator represents 3 primiparae with no obvious linking factors apart from all babies being above the 70th centile, 2 of which weighed more than 4100g

Indicator 9: Standard primiparae undergoing episiotomy and sustaining a 3rd or 4th degree tear



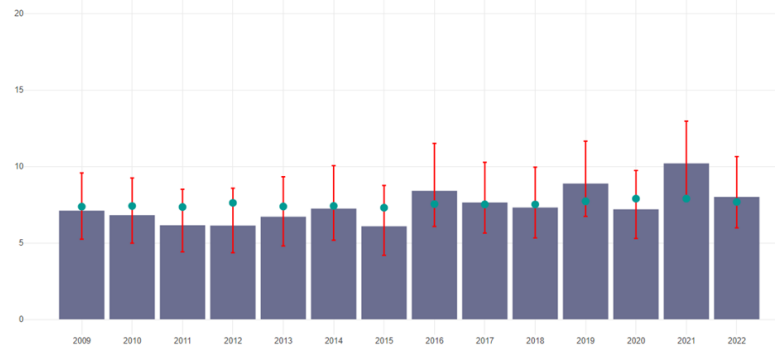
These outcomes represent 0-3 women each year, with the most recent events being associated with instrumental birth.

Indicator 10: People having a general anaesthetic for Caesarean section



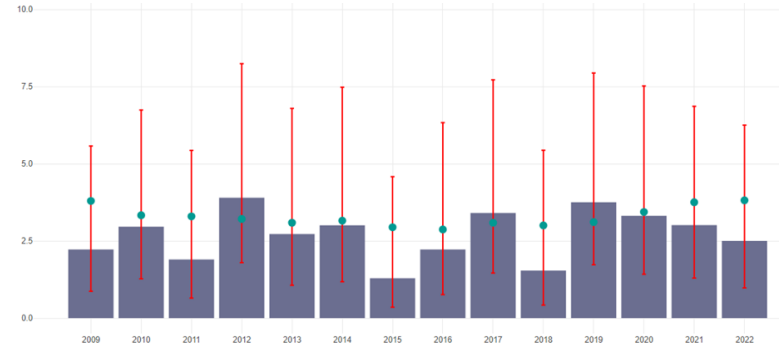
This indicator represents 8 women in 2022, an improvement on recent numbers, but with such low numbers, is unlikely to be statistically relevant or indicative of a trend.

Indicator 11: People requiring a blood transfusion with Caesarean section



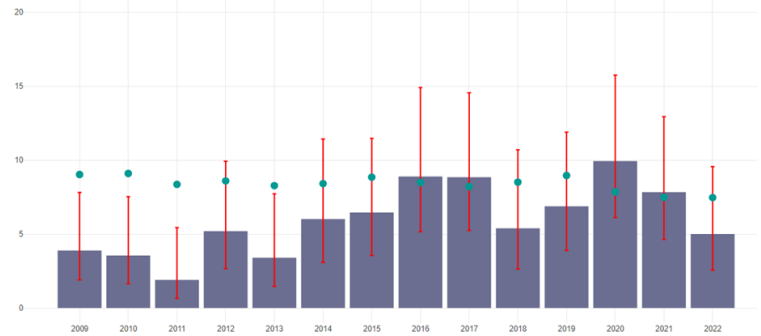
While pleasing to see that these data are trending downwards, they represent 2-6 women each year so have large error bars and trends are unreliable as indications of any actual change in outcome.

Indicator 12: People requiring a blood transfusion with vaginal birth



Although small numbers make these data less reliable, outcomes for the last few years have been sustained at levels lower than the national average.
This could be in part due to people with complex medical conditions being encouraged to birth in tertiary centres, or due to increasing use of tranexamic acid as a management option of post-partum haemorrhage.

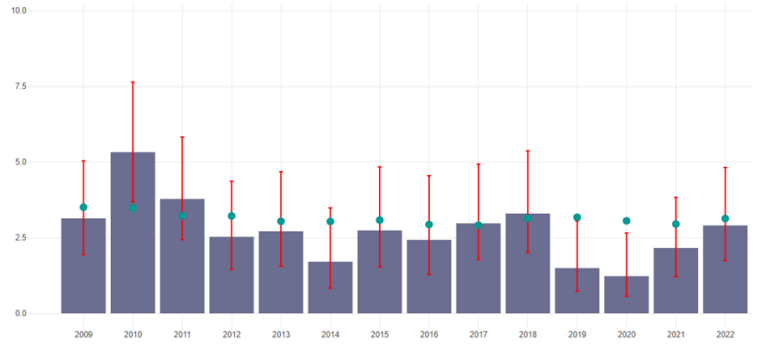
Indicator 17: Preterm birth



This graph is a measure of care commenced in the Wairarapa district rather than babies born here, as when the potential for a very preterm birth is recognised, people are transferred to a tertiary centre such as Capital Coast Hospital, as the special care baby unit (SCBU) in the Wairarapa is on suitable for babies of gestations from 32 weeks.

These data indicate that the rate is steadily increasing in the Wairarapa and warrants an audit to identify areas for targeting local maternity health care and interventions.

Indicator 18: small babies at term (37-42 weeks' gestation)



These data are based on the internationally defined standards of INTERGROWTH-21 and would likely expose a higher rate if New Zealand customised growth charts were used.

Compiled by Fiona Girdwood, MQSP Coordinator

Recommendations from National Groups

National Maternity Monitoring Group (NMMG)	
Prevention of preterm birth	• Wairarapa Ata Rauru has a rising pre-term birth rate with 10 pēpe born between 31 – 35 weeks in Wairarapa and 10 hapū māma transferred to Wellington and birthing. Fetal fibronectin testing continues to be available as an assessment tool for transferring when clinically indicated. • Further work is required to understand the areas in need of change and improvement
Promotion of primary birthing	• Wairarapa has an average of 6.5% homebirths and a strong commitment to home birthing from LMC's. • The MQSP programme has purchased further birthing pools that are available for rent at the small cost of the liner use. This is hugely popular and can be utilised for homebirth and for use in the birthing rooms with no access to the built in pool
Access to and referral/treatment pathways for maternal mental health services	• The maternal mental health referral pathway is well known to LMC's in the community. The maternal mental health clinician role is funded from the 3DHB mental health team at Capital, Coast & Hutt Valley. The role has had a significant period of time vacant over the 2023 year, but was filled by the end of the years. • Maternal mental health specialist services are lacking in the Wairarapa support is available from Capital & Coast but access can be difficult for Wairarapa women. Further work in this space is necessary.
Equitable access to postnatal contraception	• There are now multiple options for access to postnatal contraception across the district. There has been a considerable amount of investment and training in primary care of nurses undertaking LARC insertion. • There continues to be access to postnatal contraception by both midwives and an obstetrician for māmā that find it easier to get to the hospital or in conjunction with postnatal obstetric appointments or Newborn hearing screening.
Perinatal & Maternal Mortality Review Committee (PMMRC)	
Co-develop and implement models of care that meet the needs of Indian women	• Engagement with Indian māmā has been sporadic over the 2023 year. There has been representation and communications with a māmā through the MCGG group. However no developments to care have come to fruition. • The antenatal online education package for Indian whānau has been promoted and LMC's have confidently

	shared with their Indian communities and the uptake has been great with very positive feedback.
Education	• Te Tiriti O Waitangi is a core training that all Te Whatu Ora Wairarapa staff attend as new members of staff and as refreshers for retained staff. • Newborn Life Support (NLS) is now facilitated in the Wairarapa for all staff and LMC's. A paediatrician and midwife educator facilitates the day with good attendance and clinical opportunity. There are also opportunities to attend out of the district if required. • Fetal Surveillance Education Programme – provided bi-annually with the online programme encouraged for the alternate years. • PROMPT days facilitated at Wairarapa, there is full engagement from the multi-disciplinary team and feedback on the days is positive. • Midwifery Emergency days are held regularly throughout the year and 100% attendance from LMC and Core midwives.
Mothers less than 20 years of age	• The local Puawānanga Young Parents (Teen Parent Unit) is a very successful unit that has open access for LMC midwives to engage with young hapū māmā • Young wahine attending Puawānanga have the opportunity to attend the Pēpe Ora sessions each week. • The unit is well supported with schooling alongside everyday living, i.e. cooking, budgeting and parenting • Young hapū māmā that do not attend TPU are well supported by LMC's
SUDI Prevention	• Te Whatu Ora Wairarapa is committed to providing safe sleep devices to all pēpe that need them, • Education is provided to all whānau regarding SUDI via LMC's, antenatal classes, education channel and Maternity website. See report on page 25. •
Neonatal Encephalopathy (NE)	• Very small numbers of NE cases occur at Te Whatu Ora Wairarapa • NE is a standing agenda item on the Paediatric Clinical Quality Review Group • Te Whatu Ora Wairarapa supports the clinical review of cases identified by the tertiary level centre by providing information and details regarding clinical care provided at Wairarapa of these babies, in accordance with PMMRC reporting • An opportunity to implement a local review process is necessary as a multi-disciplinary team

Maternal Morbidity Working Group (MMWG)	
Health Equity Assessment Tool (HEAT)	The HEAT tool is utilised when undertaking perinatal & maternal mortality reviews. This provides the ability to assess service interventions and inequities that exist within the service. The approach to use this through projects and improvements creates opportunity for all whānau of our community to experience good care and health.
Hypertension and pre-eclampsia national guideline	Te Whatu Ora Wairarapa has adopted the national hypertension and pre-eclampsia guideline All medications required to manage these cases are available in the maternity setting
Categorisation of urgency for caesarean section	Te Whatu Ora Wairarapa has adopted the RANZCOG categorisation of urgency for caesarean section, this has also been added to the Orientation Guide for locum obstetricians to bring consistency in care. In a rural hospital setting consideration for calls to theatre are always complex due to theatres unstaffed after hours. Categorisation for urgency of caesarean section has aided this process.
Maternity Early Warning Score chart (MEWS)	MEWS charts are routinely used now throughout Te Whatu Ora Wairarapa and ongoing audit shows them being used appropriately and the escalation pathway working effectively. Audits show the response to the escalation pathway is appropriate and positive. 777 emergency calls are infrequent but early identification of unwell pregnant women has been successful and cases well managed

Maternal Birth Injury Project

An in-depth review of our statistical data was completed and comparisons made to national data provided by MMPO. From this comparison we could see that our intact perineums were significantly lower than the national average (Wairarapa 27.2%, national 57.4%), while the first and second degree tears were much higher than the average (Wairarapa 27.9% and 41.7%, national 11.1% and 29.1%). The rate of third and fourth degree tears were comparable nationally however with such a small set of data (OASI total in Wairarapa for 2022 was 10 women) it is difficult to gain statistically significant data.

Table 4: Perineal Audit 2022

Perineal trauma and parity for vaginal births at term, 2022						
Perineal trauma	primiparous		multiparous		total	
	n	%	n	%	n	%
intact	15	10.9%	70	40.0%	85	27.2%
first degree	36	26.3%	51	29.1%	87	27.9%
second degree	76	55.5%	54	30.9%	130	41.7%
third degree	9	6.6%	0	0.0%	9	2.9%
fourth degree	1	0.7%	0	0.0%	1	0.3%
total	137	100.0%	175	100.0%	312	100.0%

A quality project was commenced which started with a MDT group being formed which included midwifery representation from LMC, DoM, CMM, Educator, Quality and RM, CHOD Obstetrics, Women's health physio and consumers. This group was presented with our data and the intent to role out a project to improve pelvic floor health for our birthing māmā in Wairarapa.

The goals of the project were decided by the group:

- reduce pelvic floor injury
- improve pelvic floor health
- improve documentation
- ensure appropriate referral and follow up
- ensure equity for all consumers

Our consumer shared her birthing experience after having 2 births which resulted in an Obstetric anal sphincter injury (OASI) and gave her full support for this project. Both OASI and PEACHES (Position, Extra midwife, Assess perineum, Communication, Hands on, Episiotomy if indicated, Slowly birthing head) bundles of care analysed and discussed as possible options to implement the project and how we could facilitate this in Wairarapa and areas for improvement identified:

- **Education for māmā**, update resources (patient leaflet), video to educate and inform for website and AN classes to be produced, meet with LMCs to discuss information being shared and support sharing of resources, including appropriate AN identification of risk factors
- **Education for midwives**, how to implement the OASI and PEACHES care bundles into practice, training opportunities with midwives, educate around national ACC changes, increased educating about pelvic floor health in AN, birth and PN period, important to have LMC buy in
- **Education for SMOs**, encourage training days, review practice using evidence based recommendations
- **Update documentation** to provide more accurate information about tear, birth, and repair
- **Increase women's health physio input**, rounding on ward improving accessibility, OASI clinic before 6 weeks post birth
- **Equipment**, towel warmer for birthing rooms to enable warm compresses to be used, consider episiotomy scissors

The outcomes that have been implemented as part of this project into Wairarapa Ata Rauru have included:

- An update to our local suturing workshop, this has moved from a half day to full day workshop and has been renamed Pelvic Floor Health and Perineal Care Workshop. The feedback we have had from hospital midwives and LMCs who have attended the workshop has been positive, they are learning and enjoying the update to content and workshops throughout the day.
- We have collaborated with our local women's health physio to make a new film and updated our education channel and website with a pelvic floor health video specifically for birthing māmā, which educates women and whānau about recovery, evidence based recommendations and how to access ACC
- We have worked with our SMOs to break down and review the cases they were involved in and discuss best practice and how they can implement this especially around assisted birth, ensuring all of our clinicians are following best practice using OASI and PEACHES. A decision was made to see women at both 6 weeks and 6 months in our OASI clinic for follow up as feedback from consumers and SMOs was that only being seen once at 6 weeks wasn't adequate follow up and didn't give time to explore a return to many post birth routines
- New forms have been created specifically for recording details about birth and perineal repair for our unit to be used by both RM and SMO alongside a new referral form for referral to the women's health physio for women who have a 3rd or 4th degree tear. The SMO team now have new forms to use at the 6 week and 6 month follow up for 3rd and 4th degree tears in OASI clinic to ensure consistency with information shared and discussions had.
- We are working with Allied Health to explore having the possibility of physiotherapists being more visible and present in our ward, to educate, offer support and give advice to women post birth, this is an ongoing goal for us in Wairarapa
- Towel warmers have been purchased with MQSP support to allow for consistency and availability of warm compresses for both our birthing rooms

Compiled by Laura Ashwell, Midwife Manager

Newborn Pulse Oximetry Screening

Background: In 2021, the Ministry of Health published a document titled “Discussion document: National guidelines for newborn pulse oximetry screening” (Ministry of Health, 2021). This document requested feedback on recommended guidelines for those hospitals already offering this screening, and for those still in the planning phases. This follows the 2018 recommendation from the National Screening Advisory Committee (NSAC) that the National Screening Unit (NSU) should encourage and support the development of national guidelines for newborn pulse oximetry screening.

Overview: Congenital heart defects are the most common group of congenital malformations and the leading cause of infant mortality from birth defects.

Most congenital cardiac anomalies are amenable to surgery if diagnosis and intervention happens in a timely manner.

Pulse oximetry is a simple and non-invasive screening tool that measures oxygen levels in the infant’s blood. Studies have shown that pulse oximetry screening to detect hypoxaemia (low blood oxygen levels) enables the early diagnosis of critical congenital heart disease (CCHD) in newborns (Plana, et al., 2018). Early detection aims to improve outcomes by preventing death or morbidity caused by cardiovascular collapse. Pulse oximetry is also a valuable tool for detecting respiratory and other diseases resulting in hypoxaemia (Cloete, Gentles, & Bloomfield, 2020) (Meberg, 2015).

Cloete (2020) found:

- pulse oximetry is acceptable to both consumers and health care professionals
- pulse oximetry is also valuable in detecting respiratory, infectious and other diseases resulting in hypoxaemia
- false-positive test results can be minimised with a screening strategy that allows repeat testing for inconclusive results
- all newborn infants should receive equitable access to pulse oximetry screening, regardless of ethnicity, place of birth or other socioeconomic factors.

Progress: Groundwork commenced in July 2023, and over the following 6 months liaised with midwifery and paediatric teams. Local guidelines and protocols remained in the consultation phases, and funding was sought for purchasing enough pulse oximeters for use by community-based midwives to ensure that all whānau could be offered screening should they so choose.

Compiled by Fiona Girdwood, MQSP Coordinator

Growth Assessment Protocol

The Growth Assessment Protocol (GAP) is an international, award winning program which aims to improve safety in maternity care and outcomes of pregnancy, including perinatal mortality and morbidity, with the predominant focus on improving antenatal recognition of pregnancies at risk due to fetal growth restriction. GAP consists of evidence based guidelines and risk assessment algorithms, education and accreditation of all staff involved in clinical care, and rolling audit and benchmarking of performance.

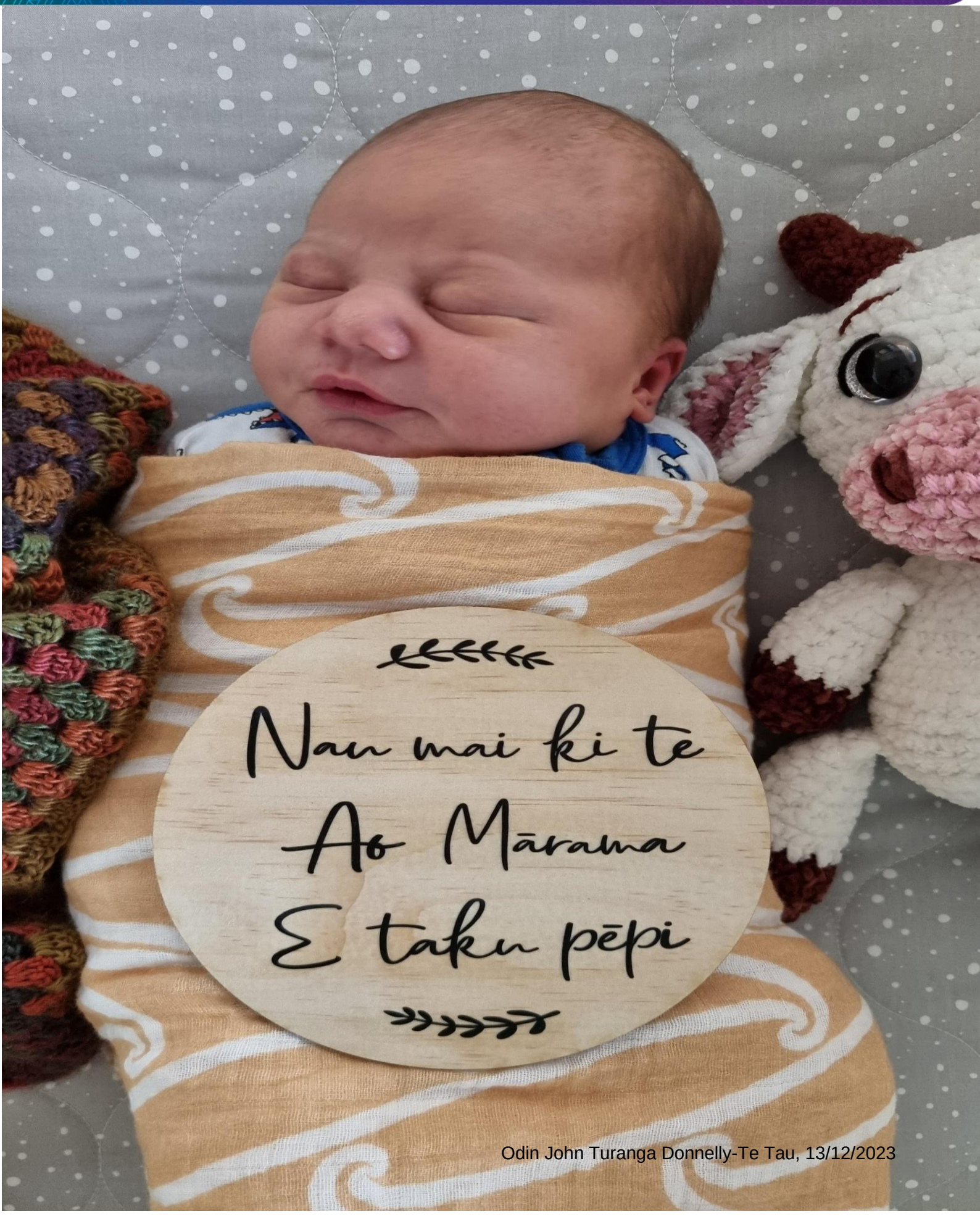
GAP training education is offered to all health professionals within the maternity system, and is recommended to be undertaken every 3 years. Education is now available as an online interactive workshop or via an online e-learning, to ensure the education is accessible to all health professionals across the scope. This allows for a multi-disciplinary approach to detection and implementation of appropriate evidence-based management plans for pregnancies affected by fetal growth restriction.

Across Aotearoa New Zealand, GAP is commissioned nationally by Te Whatu Ora. Thanks to a concerted effort by DHBs and clinicians including midwives, obstetricians and sonographers, all expectant mothers are now being cared for with evidence based maternity guidelines, including New Zealand antenatal growth (GROW) charts which are customised according to each individual pregnancy's characteristics.

Since November 2023, GROW 2.0 has been rolled out nationally. GROW 2.0 is a fully electronic, individualised, interactive growth chart. Previously to this, GROW charts were generated online and then printed and held in the pregnant persons notes. Because of this, they were seldom used by sonographers, and hindered the ability to plot growth in real time. GROW 2.0 now auto-plots symphysis-fundal heights (SFH) and estimated fetal weights (EFW) following revision of the USS (ultrasound scan) by the pregnant persons primary caregiver. It aids in the reduction of human error through incorrect plotting, has the ability to plot twins and calculate twin discordance, it also allows for risk assessment throughout pregnancy in accordance with our national SGA/FGR (small for gestational age & fetal growth restriction) guideline.

Over the course of 2023, we had reasonably high rates of SGA babies born in our community considering the average number of births we have here in the Wairarapa. For example, in the second quarter of 2023, 16% of babies born in the Wairarapa were SGA, which is higher than the national average for that quarter (14%). We are unable to pinpoint the exact reason behind this, but it is likely multi-faceted including socio-cultural factors, economic status, and being (remote) rural. The continued dedication by clinicians working together with the community and the utilisation of the GAP, will endeavour to aid in the reduction of these numbers over the coming years.

Compiled by Courtney Halligan, Antenatal Clinic Midwife & GAP Champion.



Odin John Turanga Donnelly-Te Tau, 13/12/2023

Circle of Security Programme

Background

COSP is an 8-week parenting programme that offers a confidential, educational & therapeutic space, to help parents/caregivers to recognise their child's needs through an attachment lens. The programme aims at helping parents/caregivers to move away from seeing behaviour as undesirable and using rewards and punishments, to seeing behaviour as a way of communicating needs. As the programme progresses parents/caregivers are then asked to shift their focus from their child's needs to themselves. This can be both challenging and very rewarding for parents/caregivers as they have a space to reflect on their own journey and how this can at times get in the way of their desire to have a securely attached child.

This programme is aimed at supporting local Wairarapa mothers who are currently or recently involved with Wairarapa Ata Rauru or have a community midwife (LMC). Through advertising alongside local midwives, agencies and community groups, we have been able to identify women who are experiencing parental anxiety, sit within the mild – moderate mental health demographic or feel they are struggling with bonding with their baby pre or post birth. It provides a safe space for mothers to explore their struggles, celebrations and wonderings about their journey as a parent with their babies in mind.

Summary

This programme began for maternity in Term 2 2022 and was fortunate to have one of the mothers attending who was a social worker and family therapist interested in running the Circle of Security Programme with me. Tash then went on to do the training and has since then run the groups alongside the facilitator. This has been a huge success and women attending the group are from varying backgrounds, ages and ethnicities. So far 5 groups have been facilitated and with approved future funding the plan is to run a group each term as there are many women who are interested and on the waiting list for future groups.

The programme has been adapted to suit differing needs, considerations as to how the programme can be more culturally relevant and inclusive also including having space for supervision once a term to reflect on the group. and how we can continue to provide a parenting programme that nourishes our māmās so they can then nourish and support their babies.

Each woman is assessed either on the phone or in person and have a pre interview to gather important information including whether they are hāpu, how many children they have, age, ethnicity and background including relevant mental health information, their support network and their needs to feel safe in a group setting. From here it is shared what the group entails including it being a closed group after 2 weeks as the programme builds on itself and allows for trust and safety to develop.

Surveys are handed out at the end of each group term, which provides helpful information that both facilitators use to continue to grow and adapt to suit the needs of the women who attend. Along with this, we take time after each session to reflect on our facilitation, the group needs and dynamics and write a summary of what each woman has reflected on so we can use this with their permission to write therapeutic letters at the end.

The survey gathers useful information including questions such as; The level of stress about parenting prior to the group (1 strongly disagree – 5 strongly agree) versus level of stress now. 100% of the mothers who participated in this programme noticed a significant shift in their level of stress regarding parenting.

Table 5: Total Data from 5 Groups of women who have completed the 8 week course

How many women overall have attended and completed COSP over the last 5 groups On average how many women come each term and stay for 8 weeks (max allowed per group 8)	33 women in total 6
Ethnicity NZ European	21
Ethnicity NZ Māori	11
Ethnicity Other	1
Age range of women attending	15 - 40 years old
How many women was it their first baby	8
How many women were referred from maternal health and or have a history of post-natal depression/anxiety	25
How many women were hāpu	12

Areas of Strength

- We consider our cultural responsibilities and are mindful of how we set up and practice in our space together. This includes; beginning and ending each session with a meaningful karakia to provide a sense of coming together, honoring our cultural diversity and recognising the space we are in and the kaupapa of each group. We value providing kai, as this provides a delicious morning tea for the māmās, making them the food, tea/coffee so we can nurture and look after them. Kai is used as a way to lift tapu and provide manaakitanga and connection. We bring along pounamu and harakeke to bring connection to the natural world and provide spiritual safety.
- There is an awareness of the space that is used and how this can bring about trust, connection and a deepening of the group dynamics. We have adjusted this over time by seeking out feedback and changing and evolving how things are done. This includes no longer using chairs – unless a māmā prefers this, and instead we sit on big cushions on the floor in a circle to promote a sense of togetherness.
- Having two facilitators has been beneficial and necessary, particularly with larger groups as it allows us to manage when women have been confronted by material and may be triggered. At times this happens due to their histories and if they do not feel able to share in the group setting, then one of us can go with them to help provide support and emotional grounding and containment.
- We spend time at the first session going over the group kaupapa, how we can uphold our mana and how we support the women to feel safe to be honest and vulnerable.
- The participant surveys each person completes gives useful feedback about how the programme has helped them and any feedback for us to take away as facilitators. So far we have had 100% positive feedback and many have taken the

time to write extended information about how the programme has been a positive experience for them. I have included some of this feedback in this report.

- We provide the women with therapeutic letters & harakeke flowers to gift each of them when they finish the 8 weeks programme to acknowledge their areas of strength and areas they wish to further grow and develop. Each week we take time to write about each women's reflections that day and gather this information to help write the letters at the end. Many women have said that this is very meaningful as it helps them to reflect on what they have learned and gives them something to take away and remember their experience by.
- Inviting the maternal mental health liaisons to attend the 8 week programme has meant they are aware of how it runs and can refer women. This has been successful and has encouraged future referrals.

Areas of Growth

- In the beginning there were less hāpu māmā attening the programme so we have worked hard to increase the awareness in the community that this programme is both funded and appropriate for those who are hāpu. There is a growing trust in the programme and previous attendees sharing their encouraging experiences in the community have boosted these numbers of late. There have been several heartfelt emails and reflections received from mothers who have been positively impacted by attending and feel grateful to have this knowledge at the beginning of their parenting journey. Tash and I plan to meet with agencies early next year, such as The Ruth Project and Whaiora Family Start to continue to spread the word.
- How can we involve fathers/spouse/partners so the women do not feel they need to carry the weight of parenting alone.
- We have had a lot of feedback from mothers who wish to attend this programme but do not fit the criteria of being hāpu or having a baby under one.
- How we can look at keeping the 8 women who initially confirm but then drop off at the last minute due to other life commitments. Consider having back up women who have been assessed so we can fill the 8 spaces if women no longer can attend or do not show up at the first session.
- We are going to look at ways to have a refresh session for any mums who have been to prior courses as a way to evaluate the courses effectiveness longer term and give them an opportunity to refresh their knowledge and discuss any areas that might need further discussion.

Testimonials

"100%, it was invaluable to me as a mother, the support I received from everyone was amazing. Knowing that there were others in the same waka and I wasn't on my own. Great to actually reflect on my parenting and try new ways of being with my kids and enjoying the time being present, also figuring out the shark music and what sets me off to actually stop and think before reacting and see what my children actually needs and where they are on the circle"

"I believe this is a course that almost any parent could benefit from. It has given me a framework for interacting with my kids in a positive way and a guide out of repeating the same mistakes over and over again. I highly recommend it"

"I found this programme so valuable and feel that this is a perfect programme for learning more about yourself and your baby/children and the relationship. It's really useful to look at and reflect on and be mindful of your own journey as a child and how you were parented, and how that can impact your parenting today mindful of shark music etc. The circle helps make sense of interactions with our children and how I can recognise where my children are at on the circle, look at if I am meeting my children's needs or if I am not what is going on for me. I feel it has also made me reflect more on my parenting and have more open dialogue with my husband."

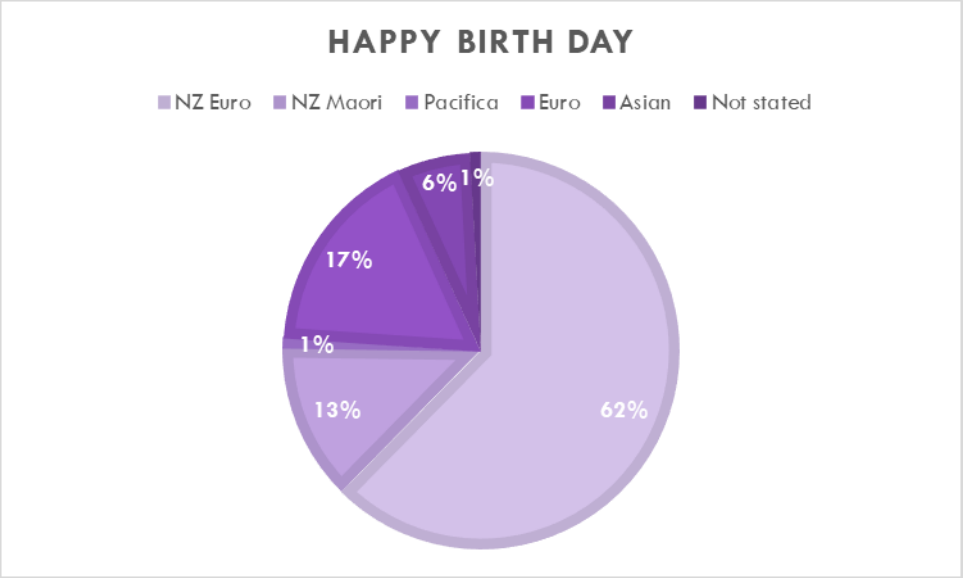
Compiled by Emma Ellis, Circle of Security Facilitator

Happy BirthDay & Spinning Babies Classes

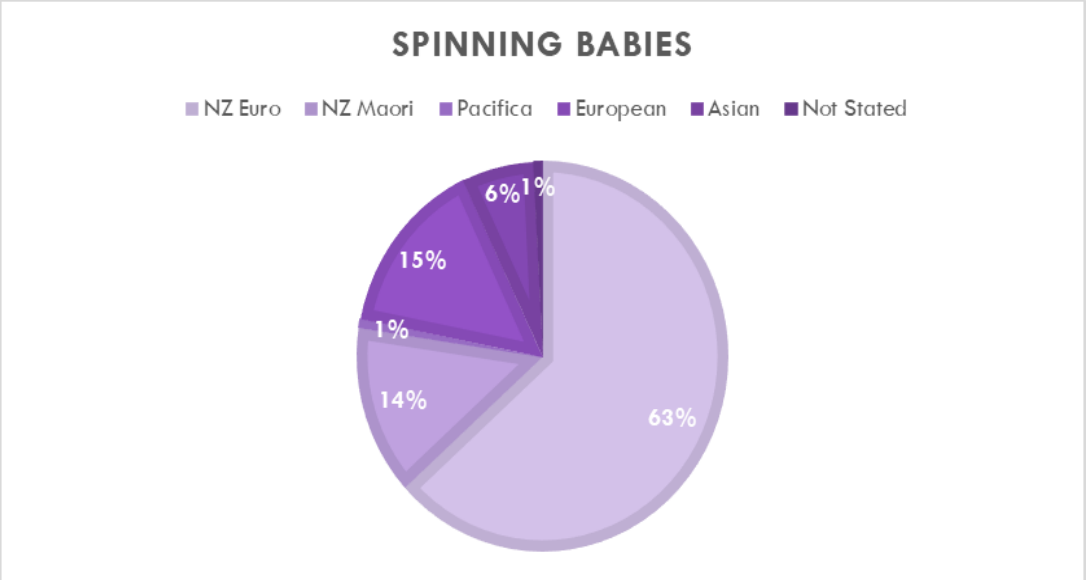
These continue to be provided by a local retired midwife and are extremely successful with a 95% attendance and completion rate. The classes are run separately over evenings and weekends with wonderful feedback. While the classes were initially introduced as part of an attempt to reduce the cesarean section rate they have proven to be also beneficial for parents in preparing for labour and birth with a sound knowledge base and calm approach to their journey and experience. These classes are the only ones being offered free throughout Aotearoa and funded by the MQSP programme.

Breakdown of participants and their ethnicity over the 2023 calendar year, see below:

Graph 10: Ethnicity of attendees at HappyBirth Day classes 2023



Graph 11: Ethnicity of attendees at Spinning Babies classes 2023



Consumers experiences

Looking back, I am so blown away that I had managed to birth our first born vaginally with no pain relief during the 'pushing' stage but I believe the mix of breathing, calming music, karakia, wearing my own gown and having my support team coach me through it all is what got me through. We are so grateful to have attended your classes as it gave my partner the confidence and understanding of how to support me through it all. He said it was very hard to watch me go through it all (bloody hard work!) but together with our support people, we got through it and would say in all, it was a positive birth experience.

Thank you for all of your support and guidance leading up to the birth of our son, we are deeply grateful.

30/12/2023

Hi Carole,

Xavier and I really enjoyed the Spinning Babies class, and are really glad we did it - thank you for giving us your time and sharing your expertise with us!

We feel the classes definitely should keep running (and stay free!). We feel very blessed to have such an amazing resource in the Wairarapa. 8/10/23

Pēpe Ora

Review and production of a Pēpe Ora booklet for māmā and whānau was undertaken following the introduction of a booklet three years prior for health professionals. This booklet was originally designed (three years ago) for LMCs and health professionals working in the first 2000 days space as a quick reference if a māmā needed support, for example breastfeeding, antenatal classes, stop smoking, mental health. The booklet contains all the low to no cost health services available in the Wairarapa. When the māmā saw the professional's booklet they were very impressed and wondered why they didn't have one and commented on how useful it would be. The new booklet had been specifically designed with this in mind. The booklet is also supported by the website www.pēpeora.nz

The Pēpe Ora concept has been admired by neighbouring districts and over the 2023 year discussions occurred that saw the mirroring and inception of Pēpe Ora in Wellington and Hutt Valley. There was agreement and understanding that the concept be recognised as Wairarapa work but happily shared to meet the needs and improve access to information far and wide.

Pēpe Ora Parenting Support (POPS) Masterton

POPS was created when a lack of choice in antenatal education in the Wairarapa was identified. A Māori LMC and a Māori Kaiawhina developed the programme and even though all mama are welcome there would be a focus on attracting Māori hapū māmā. Over two years the programme naturally evolved into a perinatal space for both ante natal and post-natal mama.

There have been some challenges over the 2023 year with the midwifery pregnancy and parenting role being vacant, filled then vacant again in a short space of time. However there was a local LMC midwife whom continued to support the programme and now officially sits in the pregnancy & parenting role. At the end of every term the māmā who have attended the programme are asked what they enjoyed and what they would like included in the next term's programme. Some of the new topics to be added are "easy meals for busy mums",

budgeting and headlice and skin infections. POPS continued to grow over the year with the help of a new social media strategy supported by the POPS kaiāwhina having had training on making the most of social media platforms. That much so that there are three groups now formed in Masterton, Featherston (South Wairarapa) and POPS Pasifika. Eeatherston and POPS Pasifika were both formed toward the end of the 2023 year and so we look forward to seeing the growth of these groups over the coming years.

The local Teen Parent Unit now named Puawānanga Young Parents are supported to come along to the POPS group giving them the opportunity to connect with other hapū māmā and new parents.

Graph 11: Attendees at POPS 2023

	ATTENDANCE		Ethnicity	
POPS Masterton	Māmā	105	Māori	23
	Hapū māmā	17	NZ Euro	29
	New māmā	42	Samoan	2
			Other	2
POPS Pasifika				
POPS Featherston	Māmā	8	Māori	2
	Hapū māmā	2	NZ Euro	8

POPS Featherston has had a steady attendance in the later part of the year which has given the confidence to continue the programme being run in the South Wairarapa for 2024. This occurred following conversations with Plunket, Maternity, Lactation Consultant Whaiora and LMC's when they described the need for antenatal support and Pēpe Ora Collective messaging in the South Wairarapa for hapū māmā.

Karen Sinclair from Te Whatu Ora presenting Babies First Teeth to the Featherston mama

Our POPS Kaiawhina

Malili, Teina and Maria

POPS Pasifika has a Kaiawhina who works one on one with mama in the community, any mama she is working with receive a pele mat. Our POPS Pasifika Kaiawhina was also funded to attend a National Pasifika Conference in Auckland focused on building “My Baby’s Village”. This was an amazing event and planning will begin in 2024 on building a Wairarapa Pasifika Baby’s Village.

The POPS kaiawhina has supported Pasifika events and engaged with māmā but this has not in turn increased attendance at the POPS programme. More discussion needs to happen with key members of the Pasifika community. This will be something to focus on once the POPS 2024 programmes are underway.

Appendices

1. Tōku hapūtanga / My pregnancy booklet
2. Maternity Standards 1,2 and 3
3. MCGG Terms of Reference
4. Wairarapa Ata Rauru 23/24 Workplan

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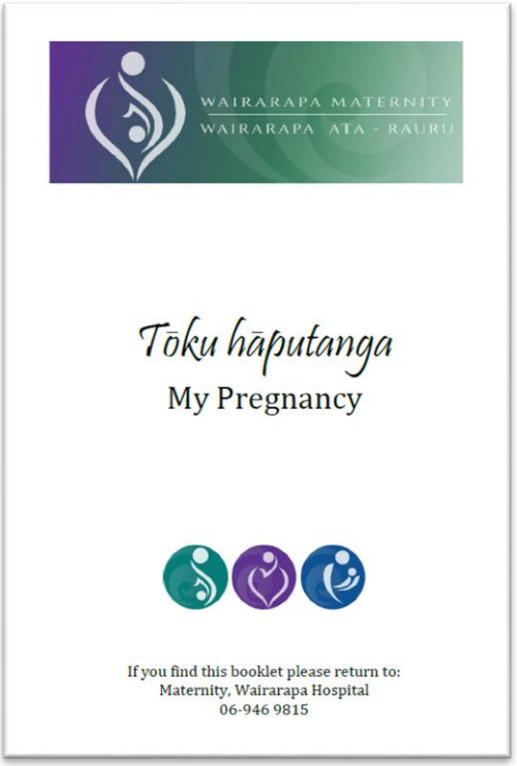
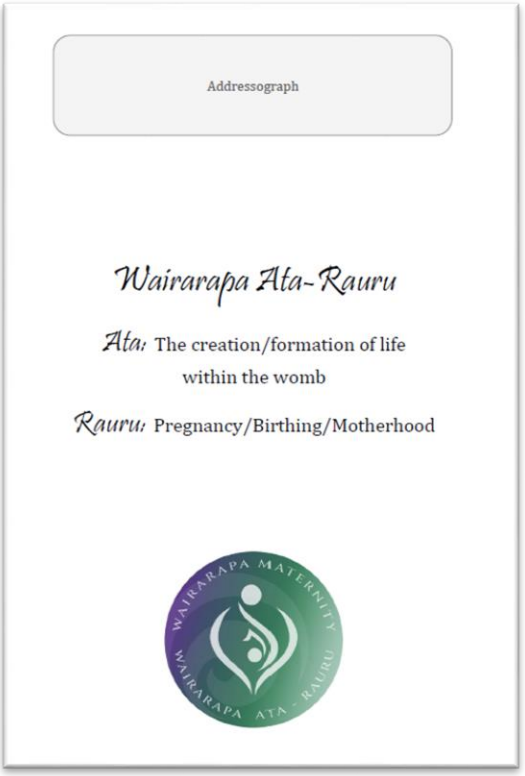
Appendix 1



WAIRARAPA MATERNITY
WAIRARAPA ATA - RAURU

Tōku hāputanga
My Pregnancy

If you find this booklet please return to:
Maternity, Wairarapa Hospital
06-946 9815

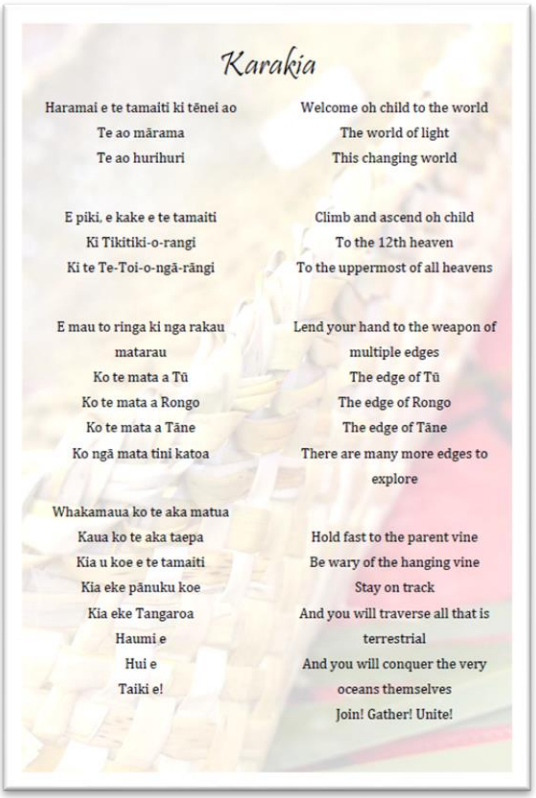


Addressograph

Wairarapa Ata-Rauru

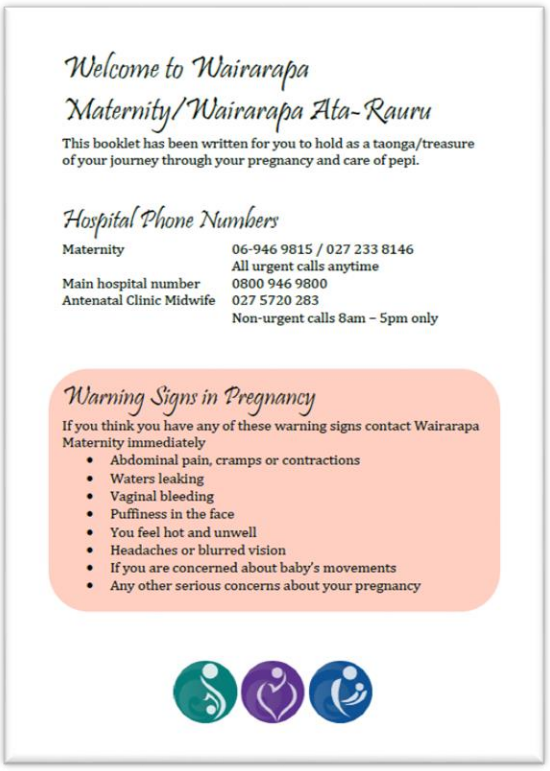
Ata: The creation/formation of life within the womb

Rauru: Pregnancy/Birthing/Motherhood



Karakia

Haramai e te tamaiti ki tēnei ao	Welcome oh child to the world
Te ao mārama	The world of light
Te ao hurihuri	This changing world
E piki, e kake e te tamaiti	Climb and ascend oh child
Ki Tikitiki-o-rangi	To the 12th heaven
Ki te Te-Toi-o-ngā-rāngi	To the uppermost of all heavens
E mau to ringa ki nga rakau matarau	Lend your hand to the weapon of multiple edges
Ko te mata a Tū	The edge of Tū
Ko te mata a Rongo	The edge of Rongo
Ko te mata a Tāne	The edge of Tāne
Ko ngā mata tini katoa	There are many more edges to explore
Whakamaua ko te aka matua	
Kaua ko te aka taepa	Hold fast to the parent vine
Kia u koe e te tamaiti	Be wary of the hanging vine
Kia eke pānuku koe	Stay on track
Kia eke Tangaroa	And you will traverse all that is terrestrial
Haumi e	
Hui e	And you will conquer the very oceans themselves
Taiki e!	Join! Gather! Unite!



Welcome to Wairarapa Maternity/Wairarapa Ata-Rauru

This booklet has been written for you to hold as a taonga/treasure of your journey through your pregnancy and care of pepi.

Hospital Phone Numbers

Maternity	06-946 9815 / 027 233 8146 All urgent calls anytime
Main hospital number	0800 946 9800
Antenatal Clinic Midwife	027 5720 283 Non-urgent calls 8am – 5pm only

Warning Signs in Pregnancy

If you think you have any of these warning signs contact Wairarapa Maternity immediately

- Abdominal pain, cramps or contractions
- Waters leaking
- Vaginal bleeding
- Puffiness in the face
- You feel hot and unwell
- Headaches or blurred vision
- If you are concerned about baby's movements
- Any other serious concerns about your pregnancy

Vision and Values

Vision

To work in partnership with women/birthing people and their families/whānau, to ensure they are at the heart of seamless care that supports them to achieve their desired outcomes & empower them to participate as they wish in their care.

Shared Values

Care & Respect
Treating the partnership between midwife and women/birthing people with respect and dignity. Valuing individual and cultural differences and diversity.

Teamwork
Achieving success and a good birthing experience by working together and valuing each other's skills and contribution.

Professionalism
Acting with integrity and embracing the highest ethical standards.

Innovation
Constantly seeking and striving for new ideas and solutions.

Responsibility
Using and developing our capabilities to achieve outstanding results. Taking accountability for our individual and collective actions.

Partnership
Working alongside and encouraging others supporting you in your care to promote long-term good health for whānau.

Support Networks

Within the Wairarapa community there are a large range of support networks from budgeting support, smoke cessation, Dads groups, Iwi support, maternal mental health support, pregnancy loss, disability groups, parenting programmes and breastfeeding to name a few.

Many of these have different ways of being accessed and so it is always a great opportunity to discuss with your midwife what your individual and whānau needs are so that you can get the best support for you.

The following websites have information and links to the support groups in your community so you can see what might work for you.

www.wairarapamaternity.nz

www.pēpeora.nz

Breastfeeding Wairarapa on Facebook

Taking Care of Yourself in Pregnancy

Having a baby means making many choices. As your midwife, we are here to discuss any issues arising in pregnancy with you.

We promote regular antenatal visits.

Antenatal visits are a time to share information about you and your baby's health in pregnancy. This is just as important whether it be your first pregnancy or one of many pregnancies. Your health can change from one pregnancy to another.

A safe environment is important for all families. This involves simple means, such as safety gates so children don't fall down stairs, a car seat for baby, or dealing with domestic violence. Talk to your LMC if you have any concerning issues.

Eating a healthy diet keeps both you and your baby well.

A balance of work (at home or the workforce) exercise and rest is necessary for good health.

A new baby in the house means an adjustment to you and your family's lifestyle. Some people find it difficult to cope with the new change. It is important to talk about your feelings. Your Doctor or Midwife can provide help in coping with many of these issues.

Taking care of yourself in pregnancy with a holistic approach will maximise wellbeing for you and your whānau.

1st Trimester Pregnancy Care

Pregnancy	Date Discussed	Comments/ Preferences
Options for care		
Patient code of rights		
Interpreter required? Language		
Paid parental leave		
Diet and exercise in pregnancy		
What to watch for in pregnancy		
Effect of smoking/alcohol		
Frequency of antenatal visits		
Booking bloods, swabs, scan, smear		
Hep B, Rubella, Anti D, HIV		
Breast care, feeding plan		
Whooping Cough/Flu & Covid Vaccines		
Antenatal class options		
Anti-D		

2nd Trimester Pregnancy Care

	Date Discussed	Comment
Second trimester bloods (incl; polycose)		
Fetal movements		
Side Sleeping		
Planned hospital/place for birth		
Options for postnatal care / PN Midwife		
Getting prepared for baby		
Car Seat		
Virtual Tour on website		
Antenatal Classes		
Nutrition		
Exercise		

3rd Trimester Pregnancy Care

	Date Discussed	Comments/ Preferences
36 week blood tests		
Home environment		
What to pack		
Vitamin K		
Antenatal hand expressing		
Care of the baby after birth		
Newborn Hearing Screening		
Well Child/NIR/Oral Health/GP		
Skin to skin		
Special needs identified		
Social Worker/Family Start		
Safe Sleep		
Signature of LMC		

What is Important to Me & Whānau

Wishes for my birth
Labour Support
Birth Environment
Cord Tying / Muka / Clamp
Whenua / Placenta

Pregnancy Antenatal

EDD_____

	1st Bloods	26-28 weeks	36 weeks	
Blood Group Rhesus				
Antibodies				
Hb/Ferritin				
Hep B Ag				
Rubella				
VDRL				
HIV				
Polycose GTT				
Date & Sign				

Appendix 2

Standard 1:

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

Applicable to district health boards

Audit criteria	Measurement
8. All DHBs have a system of ongoing multidisciplinary clinical quality review and audit of their maternity services, involving consumer representatives and all practitioners linked to maternity care.	8.1 Multidisciplinary meetings convene at least every three months. 8.2 DHBs report on implementation of findings and recommendations from multidisciplinary meetings. 8.3 DHBs invite all practitioners linked to maternity care, including holders of Access Agreements, to participate in the multidisciplinary meetings, and report on proportion of practitioners who attend. 8.4 All DHBs produce an annual maternity report. 8.5 DHBs can demonstrate that consumer representatives are involved in their audit of maternity services.
9. All DHBs work with professional organisations and consumer groups to identify the needs of their population and provide appropriate services accordingly.	9.1 All DHBs plan, provide and report on appropriate and accessible maternity services to meet the needs of their population. 9.2 All DHBs identify and report on the groups of women within their population who are accessing maternity services, and whether they have additional health and social needs. 9.3 All DHBs plan and provide appropriate services for the groups of women within their population who are accessing maternity services and who have identified additional health and social needs. 9.4 The proportion of women with additional health and social needs who receive continuity of midwifery care is measured and increases over time.
10. Communication between maternity providers is open and effective.	10.1 Local multidisciplinary clinical audit demonstrates effective communication among maternity providers. 10.2 The number of sentinel and serious events in which poor communication is identified as a risk decreases over time.
11. A national set of evidence-informed clinical guidelines is implemented within each DHB-funded maternity service.	11.1 The number of national evidence-informed clinical guidelines implemented in each DHB-funded maternity service increases over time.
12. National maternity service specifications are implemented within each DHB-funded maternity service.	12.1 100% maternity service specifications are implemented in each DHB-funded maternity service.

Standard 2:

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

Applicable to district health boards

Audit criteria	Measurement
16. All women have access to pregnancy, childbirth and parenting information and education services.	16.1 All DHBs provide access to pregnancy, childbirth and parenting information and education services.
17. All DHBs obtain and respond to regular consumer feedback on maternity services.	17.1 All DHBs apply the national tool for feedback on maternity services at least once every five years. 17.2 All DHBs demonstrate in their annual maternity report how they have responded to consumer feedback on maternity services.
18. Maternity services are culturally safe and appropriate.	18.1 Consumer feedback demonstrates that consumers consider the services to be culturally safe and appropriate. 18.2 All DHBs demonstrate in their annual maternity reports how they have responded to consumer feedback on whether services are culturally safe and appropriate.
19. Women can access continuity of care from a Lead Maternity Carer for primary maternity care.	19.1 All DHBs have a mechanism to provide information about local maternity facilities and services and facilitate women's contact with Lead Maternity Carers and primary care. 19.2 The proportion of women accessing continuity of care from a Lead Maternity Carer for primary maternity care is reported in each DHB's annual maternity report.

Standard 3:

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

Applicable to district health boards

Audit criteria	Measurement
22. All DHBs plan locally and regionally to provide the nationally agreed levels of primary, secondary and tertiary maternity facilities and services for their population.	22.1 Local services are consistent with the national and regional plans and are accessible and appropriate for the local population.
23. Women and their babies have access to the levels of maternity and newborn services, including mental health, that are clinically indicated.	23.1 Local multidisciplinary clinical audit demonstrates women and babies have access to levels of care that are clinically indicated.
24. Primary, secondary and tertiary services are effectively linked with seamless transfer of clinical responsibility between levels of maternity care, and between maternity and other health services.	24.1 All DHBs report on implementation of the Maternity Referral Guidelines processes for transfer of clinical responsibility. 24.2 Local multidisciplinary clinical audit demonstrates effective linkages between services.
25. All DHBs plan locally and regionally for effective clinical and organisational pathways to respond to maternity and neonatal emergencies.	25.1 All DHBs have local and regional maternity and neonatal emergency response plans agreed by key stakeholders including emergency response services. 25.2 All maternity providers can demonstrate knowledge of local and regional maternity and neonatal emergency response plans. 25.3 Local multidisciplinary clinical audit demonstrates effective communication among maternity providers in cases of clinical emergency.
26. Women whose care is provided by a secondary or tertiary service receive continuity of midwifery and obstetric care.	26.1 All DHBs provide, or accommodate, a model of continuity of midwifery and obstetric care when secondary or tertiary services are responsible for the woman's care. 26.2 Consumer feedback demonstrates that an increasing proportion of women requiring secondary or tertiary level care are satisfied with the continuity of midwifery and obstetric care they received.

Appendix 3

Wairarapa DHB
Wairarapa District Health Board
Te Poari Hauora a-rohe o Wairarapa

Terms of Reference	
Group	Maternity Clinical Governance Group

Introduction / Background

The Maternity Clinical Governance Group was established as part of the Maternity Quality & Safety Programme to:

1. Develop an inclusive maternity service that ensures women and whānau are at the heart of clinical governance, supported to achieve their desired outcomes and participate as they wish in their care.
2. Implement recommendations as suggested by Perinatal and Maternal Morbidity Review Committee, National Maternity Monitoring Group, Maternal Morbidity Working Group.
3. Provide a Māori equity focus on care that enhances engagement with Māori and supports traditional birthing practices.
4. Maintain a midwifery leadership voice within the DHB.
5. Identify workforce needs and recruit strategically ensuring midwifery workforce have capacity and capability to be responsive to Māori equity of outcome.
6. Continue to recruit Māori midwives valuing their cultural and clinical expertise and ensure a safe and culturally responsive maternity service thus valuing Māori cultural needs across the continuum of maternity service provision.
7. Ensure outcomes used to measure service delivery and performance are quantifiable and measurable and external benchmarking is actively sought.

Purpose

The purpose of the Wairarapa Maternity Clinical Governance Group (MCGG), including organisations and representatives external to the DHB is to monitor maternity systems and processes, make recommendations and to implement approved strategies that:

- Ensure women are consistently and safely cared for with high quality clinical services that are equitable, effective, women and whānau centered. Identify and advance best clinical practice improvements.
- Continuously assess, monitor, report and remediate clinical and women / whānau experience risks.
- Verify mechanisms to constantly improve on outcomes and reduce inequities for Tangata Whenua.
- Acknowledge and uphold Tangata Whenua rights under Te Tiriti ō Waitangi guaranteeing their right to determine, develop and maintain practices that support their health and wellbeing.
- Work to advance appropriate cultural awareness, sensitivity and responsiveness within the ethos and practice of Maternity service provision continuum

The MCGG will make the assumption that inter agency and contract management relationship meetings will occur between organisations outside the parameters of the MCGG, as needed. Parties

will agree to take issues that arise from these meetings to the MCGG where they impact on the integrated service and would benefit from the input of all participating organisations or require a systemic response.

Objectives

1. The Maternity Clinical Governance Group (MCGG) is established as a collaborative leadership group responsible for guiding the development and delivery of integrated maternity services.
2. MCGG will monitor agreed quality performance indicators to ensure effective service delivery and the best possible outcomes for women and their babies.
3. Lead maternity service quality improvement decision making processes to ensure opportunities of equity and for improvement are identified and acted upon in a timely manner.
4. Advocate for health management and clinical best practice ensuring it encompasses an equity focus, values iwi intelligence, enables Tangata Whenua knowledge and practices to inform quality of care.

Membership

The MCGG will include representatives from:

- DHB Maternity Service including DOM, Charge Midwife Manager, RM, Obstetrician.
- Planning & Performance
- Quality & Risk
- Māori Health Directorate
- A LMC representative
- Tū Ora Compass Health
- Regional Public Health
- Well Child Provider/s
- Consumer representative, as appropriate
- Antenatal education provider, as appropriate.

Term of membership to the MCGG is initially for two years. Replacement of members will be staged to ensure the continuity of the group.

DHB representatives are confirmed/mandated by the Director of Midwifery. Representatives from other organizations or providers are confirmed by their respective senior management or governance as appropriate.

All members will actively participate in the MCGG. A member who is unable to attend a meeting is able to be substituted by another person from their organization if arranged with the Chair of the group in advance. If a member of the group misses a number of meetings in a row, the group will consider asking them to be replaced by another person from their organization.

The MCGG is able to agree to co-opt members in order to ensure the group has the appropriate skills and expertise to progress the initiatives and work plan of the group.

Frequency of Meetings
Meetings will be held three monthly.

The group will review the frequency of meetings and agree to reduce them to no less than quarterly.

The group will meet with a minimum number of members being agreed upon as 5.

Ad hoc meetings may be called if required.

Relationships (External and Internal)

Linkages will be maintained with the following:

- Consumers
- Clinical Board
- Lead Maternity Carers
- Well Child Services
- Tū Ora Compass Health (PHO)
- Planning & Performance
- Quality and Risk Department

Accountability and Reporting

The committee reports to the Clinical Board 6 monthly. Minutes are available on the Maternity Sharepoint site.

Review Period

Terms of Reference will be reviewed bi-annually.

FY23/24 Work Plan

Goal 1 - Quality improvement/patient safety			
What	**How**	**Actions**	**When**
Introduce an electronic system in maternity. Implement the national Maternity Clinical Information System to provide an end-to-end electronic record of all aspects of maternity care, admission to discharge planning, consistent and aligned data collection systems. Ensure consistent approach to data collection and reporting. Improved record keeping, information sharing between maternity service and GP services when women and babies are discharged.	Accurate and timely record keeping on a safe electronic system Collection of consistent and comprehensive maternity data occurs, regardless of the provider of primary maternity care Data/information used to prioritise quality improvement activities. Processes to audit and improve the quality of maternity data collection, storage and reporting are in place	Regional business case submitted to Te Whatu Ora National. 3DHB ICT planning is advancing, project manager in place that will oversee rollout in Capital Coast, followed by Hutt Valley and Wairarapa.	To be implemented by March 2024.
Introduction of Hapu Wānanga as a programme, that will be designed for Māori and the wānanga will align to culturally appropriate methodologies. It will give the opportunity to connect with cultural knowledge, build new knowledge and celebrate the old thus empowering hapu mama and whanau to achieve positive birth experiences and parenting preparedness.	Engaging with Iwi Māori Partnership Board, Te Aka Whaiora, local Māori Health Providers and community. A co-design / consultation process will take place to design a Kaupapa Māori framework alongside key clinical messages. There will be Cultural Expertise sought throughout the implementation, delivery and evaluation process.	Māori Midwife Lead Advisor is engaging with our Māori community and whānau on what a hapū wānanga may look like and what whānau want. Hui held with whānau in the community. Explore possible opportunities for additional funding through commissioning aligning with Kahu Taurima. Investigate access to spaces to facilitate wānanga.	By end 2024
#Everybody Can Birth documentary. Opportunity to build a resource for those accessing maternity services with a mobility disability and a resource for health professionals providing care.	Filming of consumer experiences of accessing and using the maternity service. Filming of health practitioners experiences of providing care to hapū māmā and whānau with a mobility disability.	Engagement with Disability services and team across Capital, Coast, Hutt Valley and Wairarapa hospitals. Develop Plan and questions for interviewing Undertake interviews	Completion by February 2024
Goal 2 - Clinical Effectiveness			
What	**How**	**Actions**	**When**
Align and participate in any national work being undertaken with regard to Pre-term birth.	Engage in the Karosika project. Encourage midwives and obstetricians to participate in any relevant education regarding pre-term birth.	Audit pre-term birth and the effectiveness of the management in the Wairarapa birthing population Education/training provided to midwifery and obstetric staff Implement any national guidelines and documentation as it becomes available Communication to teams of rollout timings	March 2024
Access to Maternal Mental Wellbeing support and care in the community	Participate in the Regional stocktake being undertaken by project manager of Capital Coast and Hutt Valley Review support networks in the Wairarapa. Review Liaison role and growth in this area.	Wairarapa Ata-Rauru Māori Midwife Leader to represent on the regional infant and maternal health services working group. Have guest speaker from Ruth Project at Monthly Education session for maternity.	September 2024

	Facilitate the opportunity for a Birth after thoughts clinic	Work with Team Leader and Consult-liaison clinician for the Wairarapa to job size and potentially grow this role. Investigate what is being undertaken nationally. Business case to follow and allocation of FTE. Trial period with consumer feedback.	
Maternal Birth Injuries project	Introduction of OASI documentation. Training for midwives on perineal and pelvic floor care. Upskilling of staff with ACC changes and legislation. Education video for consumers OASI follow up clinics at 6 weeks and 6 months through obstetric clinic. Supporting PEACHES with the warm compresses. Physio input, more shared model of care with obstetrics.	Review of documentation and guidelines. Review of training package for midwives and obstetricians inclusive of theory and practical sessions. Filming of physio with best information and techniques regarding pelvic care for women. To be loaded onto the education channel accessible in maternity and on the website. Clinics in place Job sizing required and a business case will need to be formulated.	June 2024
Provide equitable access to Oxygen Saturation screening of babies over 24 hours old. A tool for detecting congenital heart defects and other serious diseases before the onset of symptoms.	MQSP Coordinator will work alongside a Senior Midwife on this project. Identify a team of key stakeholders that will be able to develop a process to facilitate the roll out of Oxygen saturation screening of babies over 24 hours old.	Auditing of NEWS chart as per the ACC implementation programme of NEWS. Develop a project charter Purchase equipment with ACC funding. Identify problems and solutions with a co-design focus.	Start September 2023 Completion June 2024
Self Medicating as an option for hapū māmā post birth.	Investigate options for introducing self medicating packs of pain relief. This project will best fit in the space of a regional project in view of neighboring districts wanting to undertake the same mode of care.	Stocktake with districts in the region who would like to participate. Engage with pharmacies regarding the processes from a dispensary perspective. Understand legalities and responsibilities for self medicating. Develop processes and training to implement rollout.	July 2024
Goal 3 - Consumer engagement and participation			
What	**How**	**Actions**	**When**
Consumers represented on Maternity Clinical Governance Group (MCGG)	Increase the number of Māori consumers on the Maternity Clinical Governance Group	Advertise as required. Feedback is sought and acted on Continual engagement and co-design on projects	Ongoing
Involvement of consumers in reviews and projects	Invite consumers to participate in case reviews Include consumers in projects both virtual and face to face work Seek consumer input with regard to guidelines and resources		Ongoing
Representation of Indian consumers to give effect to the recommendations from PMMRC.	Indian consumer on the MCGG	Recruit consumer to the Maternity Clinical Governance Group Create space for feedback from wider Indian community	Ongoing

Goal 4 - Engaged, effective workforce			
What	**How**	**Actions**	**When**
Build a sustainable workforce committed to actively working with women and whanau to achieve a positive pregnancy, birth and postnatal experience. Succession planning will enable a fluid workforce between core/LMC roles.	Grow our own Maori midwives and ring fence FTE for new graduate positions Apply the Midwifery Career Pathway as per MECA in any roles moving forward Establishing a new graduate programme across 2-DHB to enhance clinical experience in MFYP Enhance the Antenatal clinic midwife role by specialising in diabetic care and miscarriage liaison improving services for women.	Develop workforce strategy document Support 1-2 graduate midwives per year through the MFYP programme	Ongoing
Newborn Life Support Training	Get Newborn Life Support trainers credentialed to facilitate the Newborn Life Support day.	Training for the trainers Engagement with NLS Director from Capital, Coast and Hutt Valley district for support. Fix training days for the 2024 calendar year.	September 2023
Orientation programme	Dedicated organisation and time from midwifery educator to support new midwives Engage with CCDHB new graduate programme to provide opportunity to have a period of time at CCDHB, enhancing exposure to complex care.	Orientation booklet reviewed Midwifery educator engagement with CCDHB midwifery educator / new grad coordinator	Ongoing
Maternity Education / Audit Sessions	Occur on a monthly basis for obstetric and midwifery workforces Topics covered facilitate and encourage evidence based practice Review of guidelines and ratification process	Facilitation of meetings, chaired by Midwife Educator	Ongoing
Core and interface meetings	Occur on a monthly basis Interface meeting includes obstetricians, LMC's and core midwives Core meetings for core midwives Opportunity to communicate care coordination, professional issues and positive feedback / outcomes	Facilitation of meetings, chaired by Charge Midwife Manager	Ongoing