

Te Whatu Ora Whanganui Maternity Services and MQSP Pūrongo-ā-tau 2020-2022



Te whakatutuki i te wero; huri ao tuku ratonga hauora
Meeting the challenge: delivering services in a rapidly changing world.

‘Ko au ko tōku whānau, ko tōku whānau ko au.’
Nothing without me and my family.



Kia Ora!

Acknowledgment goes to the mothers/ māāmā's, fathers/papa and their families/ whānau who have experienced a loss of their babies/pēpē during their childbearing journey.

Kia ora, Talofa, Namaste, Bula, Ni hao and hello from Te Whatu Ora Whanganui maternity services team. This maternity service/maternity quality and safety programme (MQSP) combined report provides an overview of maternity services and outcomes during the three calendar years – 2020, 2021 & 2022.

Visit our maternity unit following this link:

<https://www.wdwb.org.nz/patients-and-visitors/our-departments-and-wards/whanganui-hospitals-maternity-unit/>



Whiti Sections

Our rohe/region 4

Brief summary of the wāhine/women birthing in our rohe.
More detailed look at the whānautanga/birth statistics in our rohe.

Kaimahi/staff 6

Who looks after our wāhine/women and their whānau/families.
Includes links to our services and information about our primary birthing centres and home births.

Ratonga/services 14

What's been happening in some of our service groups.

- Tautoko whangai/Lactation consultants
- Te Rerenga Tahī.
- Diabetes clinics.
- Hapū Māmā antenatal classes (WRHN).
- He Puna Ora.
- Hospital primary midwifery led antenatal clinic.
- LARC initiative.

Te Ara Pūrere/Maternity Quality and Safety programme 27

Summary of the priorities and activities of the programme.

Pūrongo/reports 30

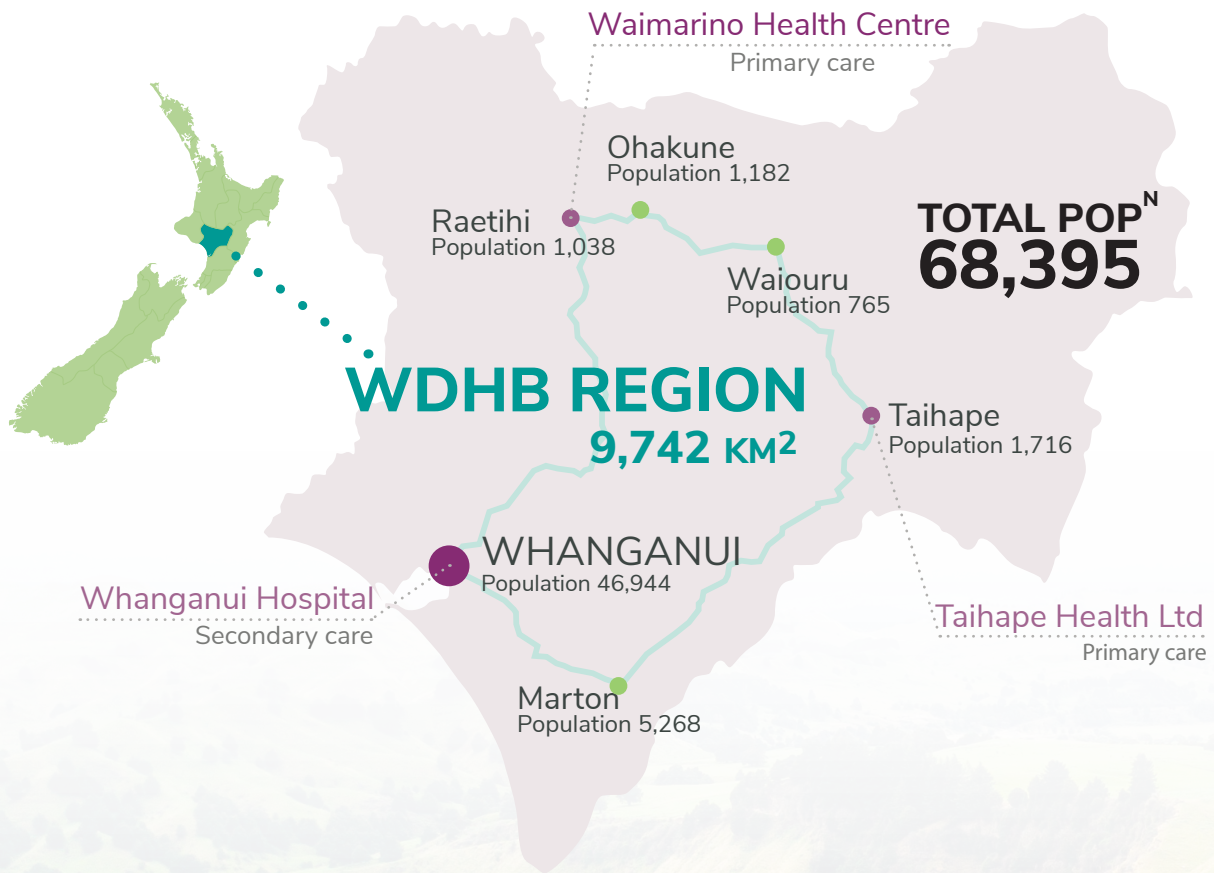
- Clinical indicators (Ministry of Health)
- Perinatal and Maternal Mortality Review Committee
- National Screening Service (Quarterly)

Kuputaka/glossary 33

Data note

The data in this report comes from a variety of sources including the Te Whatu Ora Maternity Data Collection, Te Whatu Ora - Whanganui WebPAS data and manually collected spreadsheets. Because of the variety of collection methods we have chosen to focus this report on the 2020 - 2022 calendar years to ensure the information is as consistent as possible.

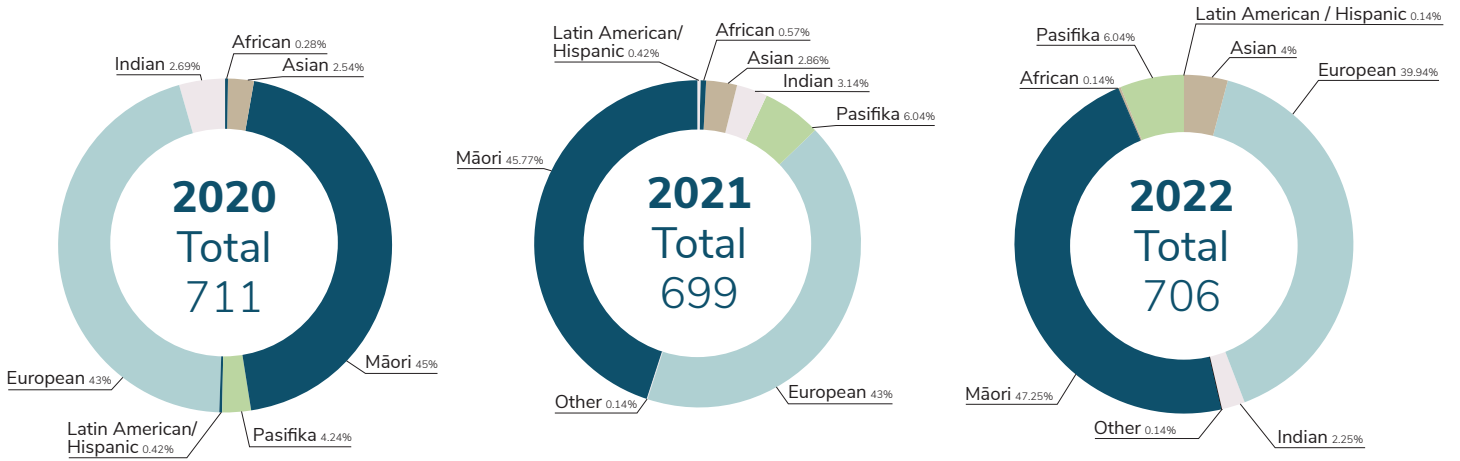
Maternity Services In The WDHB Region



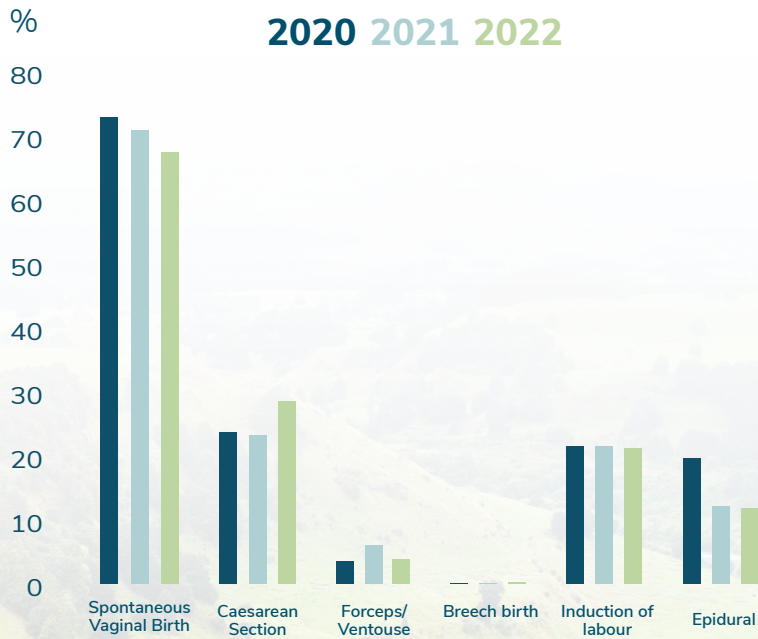
Visit our Maternity Unit by following this link:

<https://www.wdhb.org.nz/patients-and-visitors/our-departments-and-wards/whanganui-hospitals-maternity-unit/>

Maternal Ethnicity



Whanganui Hospital Birth Data



Working With Our Kiritaki

Consumers

“ Nāku te rourou nau tē rourou ka ora, ai tē iwi.
With your basket and my basket the people will thrive.

Pregnancy and childbirth are shared experience. By working with our kiritaki we seek to ensure that our services meet the needs of the community and that wāhine/women and their whānau families have the best possible experience. Throughout this document there are examples of co-governance and co-design including:

- Primary secondary interface (this page)
- Maternity Service Improvement group (more information on page 26)
- Hapū Māmā Village (Health Families) (more information on page 27)
- Maternity Quality Safety Program governance group (more information on page 27)

Primary Secondary Interface group

- Looks at integration of services across continuum of maternity and early childhood care.
- Provides leadership and forward planning.
- Facilitates early and seamless access to care.
- Supports and protects health and wellbeing of wāhine/māmā's, pēpi and whānau into the future.
- Projects include safe discharge and early registration with primary care, Best Start programme and linkages with MQSP's Te Kāhano project.

“

I think maternity ward did very well in making sure we were comfy and cared for. Considering its lockdown I'm 100% satisfied.

“

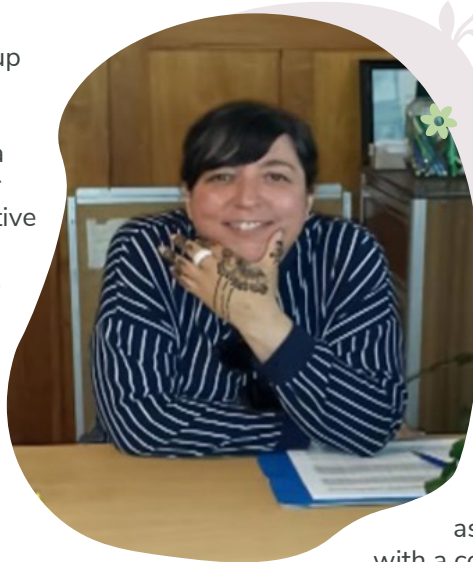
Was really so happy that my partner was present and able to stay the whole time and really appreciated that during the COVID 19 lockdown that he was still able to be present.

Consumer Profile:

Carla Donson

Carla is a consumer and community representative on the governance group of the Maternity Quality and Safety Programme in Whanganui, and has been involved since its inception. Carla has participated in National Consumer Forums, as well as being a representative for the Maternity Consumer Advisory Group nationally. She also participates in a variety of consumer and community leadership roles at Te Whatu Ora Whanganui, as well as representation at steering groups of the Whanganui District Council.

In her professional work Carla is the Manager of the Wāhine/women's Network in Whanganui, where she has been since June 2003. This work has involved a lead role in initiating a variety of community activities and awareness programs, including: La Fiesta 'NZ's Best Wāhine/women's Fest', White Ribbon Day, establishing the Youth Committee for the Whanganui District Council, coordinating three sexual diversity and gender identity conferences, a partnership programme



with the Whanganui Regional Health Network developing a consumer toolkit resource with consumers as partners in care, assisting local Kaiwhakawhānau with a community campaign to retain secondary maternity services, and raising the profile of wāhine/women's issues and gender equity in Whanganui. With a background in education and community-based services Carla continues to work from the grass roots up, and enjoys her relationships with a diverse cross section of people and providers in Whanganui and beyond.

“

It takes an active and open heart and mind, connected, to be kind. If only we all actually chose that.



Keita Puru

Tēnā koutou katoa,
Ko Keita Puru tōku ingoa
He uri ahau nō Whanganui
Ko Ngāti Pamoana te hapū, Ko Koriniti te Marae
Tihei mauri ora!

Keita Puru is a new consumer on the Maternity Quality and Safety Programme Governance Group. She was born and raised here in Whanganui and is a māmā to 2 beautiful tamāhine, Marewa Kiterangi (4 yrs) and Hinearī (3 yrs). Keita maintains a busy life including balancing motherhood and full-time mahi, here at Te Whatu Ora – Whanganui Hospital. She recently graduated from Massey University with a Bachelor of Business Studies Majoring in Human Resource Management, and since, has picked up more part-time study.

Keita's involvement in the Maternal Quality space started over a year ago when she became part of the Hapū Māmā Village formed by Health Families Whanganui, Te Oranganui. She has enjoyed her journey in the Hapū Māmā Village, navigating thoughts and experiences with other local Māmā, whilst building strong friendships and being exposed to valuable knowledge, along the way. As a consumer, Keita says she is here to provide a voice for all māmā and hopes to contribute to bridging the inequities within the maternal/health system.



**Ko te whaea te takere o te waka.
Mothers are like the hull of a canoe;
they are the heart of the family.**

Jacqueline Brand Holt

Jacqueline originates from South Africa and is a mother to two. Amongst her many interests she is a La Leche League breast feeding consultant, member of the Board of the Whanganui Womens network, dance therapist and member of the Welcoming Communities Whanganui Advisory Group. Her special interests include maternity and wāhine/women's support, community drumming and creating events that are inclusive. Jacqueline is committed to community and our connections.



**I know what grass roots people power
can achieve and the importance of
collaborative teamwork for a sense of
meaningful agency and sovereignty.**



“

I would have loved to have my family visit, but as we are in the middle of a pandemic it's understandable that there are restrictions.

“

Lockdown visitor policy has been a great time to rest and spend time with baby as well as getting rest when needed.



About Whanganui maternity services

- Primary admission centre for Whanganui regions maternity clients.
- 14 beds; three birth rooms and a mix of antenatal and postnatal rooms.
- Services: antenatal, labour and birth and postnatal care, lactation consultant, obstetricians, diagnostics, special care baby unit (paediatrics), smoking cessation and Haumoana service.
- Support services: maternal mental health, social workers, Te Rerenga Tahi, operating theatre access etc.
- Provide antenatal primary care service for wāhine/ women who are unable to get a Lead Maternity Caregiver (LMC).

Whakawhānau kapa/ Maternity team

Mātanga Tiaki Hapūtanga (Lead Maternity Carer)

- Twelve to fifteen Kaiwhakawhānau/midwives who provide LMC continuity of care. Through pregnancy, labour and birth and postnatally.
- Number fluctuates with retirement, Kaiwhakawhānau moving in or out of district and new graduates entering the workforce.
- Generally small practice.
- With back up LMC provide 24 hour care.
- Able to refer to other services and specialists as required.
- Publicly funded.
- LMC's continued to provide care to wāhine/women in the Whanganui rohe throughout lockdowns.

It is important to reach out to care providers as early in pregnancy as possible.

“

Under red light conditions having visitors was tricky, but it was thoroughly explained to us and we understood.



Emily-Louise Dixon

Lead Maternity Carer

Ako Mai Widwifery

This is the first year of practice for Emily, she trained through Otago Polytechnic and with Whanganui Hospital being a teaching hospital she taught and learned here, as well as placements further afield and block courses in Wellington.

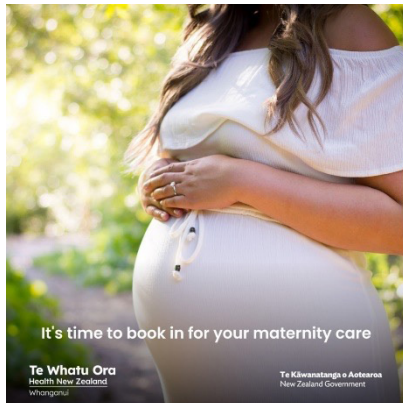
Training is intense and we want it to be – our Kaiwhakawhānau are working with our treasured mana wāhine to bring forth pēpē.

Emily is a mother, a wife, a Whanganui local and very holistic in her nature. She blends this with midwifery by embracing her holistic nature and the science of midwifery. Something she feels completes what she offers as a Kaiwhakawhānau .

As a new grad' the challenges that have arisen for her are time management and making sure that paperwork is completed, something that can be tough to master in any trade!

Kaiwhakawhānau in the region are empowering and educating wāhine/women about their options so they have

the best experience during their pregnancy journey, which is amazing and wonderful to be a part of.



Find a GP, Kaiwhakawhānau/midwife or Pharmacy

[Find a GP, Midwife or Pharmacy — Te Whatu Ora Whanganui - Whanganui Hospital \(wdhb.org.nz\)](https://www.findyourmidwife.co.nz/)

<https://www.findyourmidwife.co.nz/>



Roopu Hohipera

Hospital team



Along with Otago Polytechnic we whakahari/celebrate our new graduate Kaiwhakawhānau and welcome them to the rohe. Whakamihi to you all!

We also wish to whakahari Suzanne Poynter who completed the Midwifery Council return to practice programme.

Kahu pokai/Kaiwhakawhānau and Nēhi/Nurses colour coding:

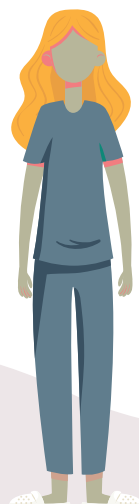
Kaiwhakawhānau



Nurse Registered & Enrolled



Health Care Assistant



“

"I am very proud of all the midwives, core & LMC, and the nurses who provide care and support to our mums and babies. The collegiality and professionalism they have shown each other to keep our service running safely over the last few months has been amazing."

- Lucy Pettit, Director of midwifery.
(May 2022)

Wāhine whakawhānau

- Work alongside LMC's and obstetricians
- Provide inpatient antenatal care and postnatal care.
- Care for labouring wāhine/women who don't have an LMC.

Staff nurses

- Provide postnatal care under the direction of the Kaiwhakawhānau.
- Support Kaiwhakawhānau in an emergency.

Health Care Assistants

- Help keep unit clean and tidy.

“

Honestly they are like your fav Aunties.

Mātai Whakawhānau

Obstetrics

WDHB has a group of specialist obstetricians/ gynaecologists who provide rostered cover 24 hours a day, seven days a week.

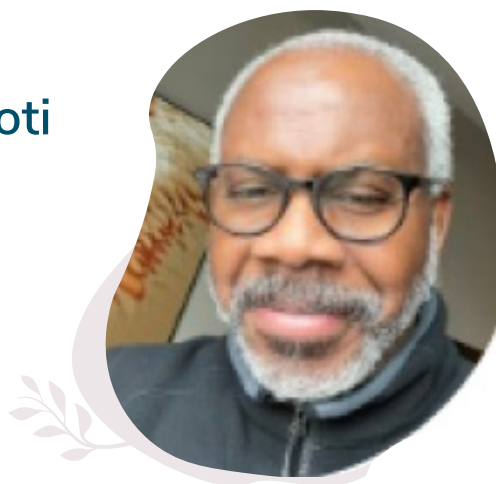
We farewelled Dr Mark Stegmann and welcomed two new obstetricians who joined the obstetric/gynaecology team.

Dr Olufela Ifatureti

Medical Director



Dr Fela was clear about the increased risks present and gave me all the info to make informed decisions about treatment options.



Dr Andy Narine

Joined our team in November 2020. Andy completed his medical education and specialist training in Canada and was working in private practice before moving to New Zealand.

Dr Jo Gheevarghese

Joined the team in 2022. Jo's husband Raj is one of our consultant paediatricians.



Anaesthetists

WDHB provides a 24 hours anaesthetic service for labour and delivery.

Ratonga

Services

Vicki runs the antenatal clinic for wāhine/women who have been unable to access an LMC in our Whanganui rohe/region.

Kaiwhakawhānau training for Vicki was in 1990, with a nine year break before returning to the fold. There are many in midwifery with such long service, a wealth of experience that is treasured in the profession.

For Vicki, the connection she has with families in the community is the part she loves about her role as a Kaiwhakawhānau. Now being able to recount tales of birthing the babies she birthed 'back in the day'. That must be very special indeed for any Kaiwhakawhānau!

Everyone knows that babies come when they're ready, they work to their own timeline. This can lead to hectic times if all the Mums booked for the month start to deliver in very close succession! It's a challenge that there is no solution for and can be tough for our Kaiwhakawhānau to deal with – all that work, to a timeline not of their making and no space for a breather in between.



Whare Haumanu Hapū Wāhine

Midwifery Clinic at Te Whare Kakariki

- Operates on a temporary basis responding to community need.
- Offers hospital booking, blood tests and ordering scans helps wāhine/women try to find a community LMC. Offers ongoing midwifery antenatal care as needed.
- During COVID-19 lockdowns offered online virtual clinics.
- Our clinic Kaiwhakawhānau does not offer labour or postnatal care.
 - Labour care for our clinic ladies is provided by the hospital core midwifery team.
 - Postnatal care will be provided by a community LMC.

Phone: 06 348 3080 - Monday, Tuesday, Wednesday.

Appointments in Clinic

Table show number of appointments in clinic 2020 – 2022 (Including no shows).

Year	Attended	DNA
2020	167	43
2021	272	47
2022	619	160

Ensuring Access: Mātōwaka/Ethnicity

Ethnicity	2020	2021	2022	Total
Maori	134	197	454	785
Other	62	113	289	464
Pasifika	14	9	36	59
Total	210	319	779	1308

Tautoko whangai

Lactation Consultants

Whanganui experienced a reduced community service between 2020 and 2022 due to the impact of lockdowns and personal circumstances. We were very lucky to have Kim Mawston working towards the ICBLC qualification during this time. As a result of Kim's hard work wāhine/women were able to receive support and advice and staff received their education¹.

In October 2021 Whanganui hospital and Waimarino primary service were audited and both met the Baby Friendly Hospital Initiative criteria.

“

Everyone did their best to help me try breastfeeding and giving me as much information as I need!

“

The lactation consultant gave me advice about tongue ties. Found the midwife helped a lot with feeding, holding correctly etc.

“

The staff nurse/midwife did help me with breastfeeding which I was grateful for as it had been over a decade since I had my last child. Overall during in comparison to my last 3 pregnancies and hospital experiences in [place name supplied], this time was most definitely the best and I was fully satisfied and grateful for the services I received. Thank you.

“

The midwives were all very helpful and encouraging whilst I was trying to get the hang of breastfeeding. I was very happy with them and their support.



¹ In 2023 Aani Sherin was appointed as Lactation Consultant

Support Services

Te Rerenga Tahī Maternal Care and Wellbeing Group – The journey we will take together.

- Enabling best possible outcomes for wāhine/ women/wāhine and their babies/pepi with complex needs (health, social and economic challenges)
- Issues include: Intimate Partner Violence and Domestic Violence, mental health and addiction, previous or current Oranga Tamariki involvement, social challenges.
- Available antenatally and up to 6 weeks postpartum.
- Multiagency approach with Te Whatu Ora Whanganui, Whanganui Regional Health Network, Te Oranganui (Family Start, He Puna Ora and Tamariki Ora), Plunket Whanganui, JigSaw Whanganui Te Kotuku Hauora and Oranga Tamariki.
- Coordinator - Tanya Baker:
Email: tererengatahi@wdhb.org.nz
Phone: 021908935
- Needs assessments often completed over the phone.
- Difficulty screening for IPV/FV safely, sighting wāhine/women and their families for wellbeing, support (family and professional) at hospital admissions and completing follow-up post-natal visits.
- Plunket, LMC's and Tamariki Ora and Family Start instrumental in reaching families in the community.

Equity:

- Partnerships and Memorandum of Understanding (MoU)'s have enabled options for Kaupapa Māori referrals and community support.
- Simple resourcing such as taxi vouchers to help low income families attend maternity and paediatric clinics.
- Collaboration and coordination has assisted identify key supports, historical involvement and re-engaged across service relationships.

COVID impact:

- Decrease in referrals.
- Face to face meetings and home visits became more difficult.

Quality Improvement

- Increasing visibility in the community. All referrals.

Te Hau Ranga Ora

'Ko au ko tooku whānau ko tooku whānau ko au'

Te Hau Ranga Ora - from all corners of the land the four winds converge into the valley, intertwining, emerging as one together; you, me, us and we; working in unity to achieve the best outcome for whānau. Gifted to the organisation by Kaumatua John Niko Maihi.

Our Haumoana navigators are part of the hospital care team. They are available to all whānau and patients during weekdays, after hours and in the weekend through an on-call service. The team offers support, work with staff to support and engage whānau, advocate for patients and their whānau and facilitate links back to community services.

The Te Hau Ranga Ora also provides cultural support such as advice or powhiri at events and a mentoring program Te Uru Pounamu for Maori Nurses and midwives.



Universal Newborn Hearing Screening and Early Intervention Programme (UNHSEIP)

- Safe and simple check to find out if a baby hears well.
- Designed to pick up moderate to profound hearing loss.
- May not pick up mild hearing loss.
- Finding hearing loss early helps language, learning and social development.

(<https://www.health.govt.nz/your-health/pregnancy-and-kids/first-year/first-6-weeks/health-checks-first-6-weeks/newborn-screening-tests/newborn-hearing-screening>)

COVID impact:

- Clinics cancelled so focus changed to ward screening BUT families were going home earlier
- Clinics restarted BUT all clients had to be phoned and screened before attending
- Extra clinics, more client cancellations mostly due to COVID symptoms and illness
- More babies had to be seen in audiology clinics as they were too old for routine newborn screening.

“

The staff member who did the test was so lovely and very professional.

“

Very informative and comfortable experience which was very well facilitated by staff.

“

Super easy and relaxed thank you.

“

Everything was explained really clearly and we were well looked after.

Staff

All our screeners achieved their Annual Competency Exercise (ACE) in 2022.

Kiki Herman

Newborn Hearing Screening coordinator (Mon-Fri).

Diane Arbuckle

Weekly Whanganui clinic and casual screener (mostly weekends).

Trudi Fermor

Ward screener and weekly clinics Taihape, Marton, Raetihi.



Pregnancy ultrasound

Rivercity Ultrasound

Rivercity Ultrasound is based in Bell Street. The company provides a number of pregnancy services including dating, nuchal translucency, morphology and growth scan.

06 281 3182

reception@rivercityultrasound.co.nz.

Whanganui Hospital

Whanganui Hospital radiology department also provides ultrasound services especially for wāhine/ women who have complex pregnancies.

(06) 348 3224



MEDLAB CENTRAL
MEDLAB HAWKES BAY
MEDLAB WANGANUI
TLAB GISBORNE

Med Lab tests samples from wāhine/women referred by general practitioners, specialists, Kaiwhakawhānau and other medical referrers. Collections sites are based at four locations around the Whanganui rohe; Whanganui hospital, Bulls medical centre, Marton and Wicksteed Street (Whanganui).

Taihape Health

The midwifery team at Taihape Health aims to offer full LMC care through pregnancy, labour and birth and postnatally. The team is currently a Kaiwhakawhānau short and so since July 2021 has only been able to offer care from 8am to 5 pm Monday to Friday with locum cover at weekends. As a result Taihape wāhine/women have to birth at Whanganui Hospital.

	2020	2021	2022
Births at Taihape	16	15	8
Home births	5	0	2
Maori	48%	51%	52%
NZ European	43%	44%	48%
Other	9%	5%	-



The Taihape Midwifery Team can be reached via office phone 06 9010140, or work mobile Sherry Horton 029 770 5962, Lisa Thompson 029 770 5965. Email midwives@thl.org.nz





(left to right) Katherine Hall, Kaiwhakawhānau , Mary Wood (locum Kaiwhakawhānau), Te Amo Docherty (Kaiwhakawhānau)

Whānautanga tuatahi Primary Birthing

Te Amo Docherty – Full time since March 2022

Katherine Hall – Full time since November 2021

Mary Wood – Locum since 2021

- 24hour, 7day maternity service to our remote rural whānau living in the Waimarino rohe.
- Te Amo & Katherine work full time in a shared caseload model of care.
- Provide antenatal and postnatal care and care and support for low-risk primary services to whānau who wish to birth locally.

- Work collaboratively with colleagues at Whanganui Hospital to provide safe care for whānau who require secondary services is also a large part of their role.
- Mary Wood provides cover and support for Te Amo & Katherine when it is needed.

COVID Impact:

- Reduced service operating with one LMC and locum support.
- Returned to full service in March 2022.



We are a tight team dedicated to providing a consistent, safe and full maternity service to the Waimarino rohe.

Pregnancy and Parenting Programmes

Hapū me te whānau tamariki

Mātauranga/education

Class options range from six weekly sessions to two hour one on one sessions and are tailored to meet the needs of each client.

190 wāhine accessed antenatal classes 95% first time Hapū wāhine. Fifty-six classes - sixteen in rural areas.

Rā Hapū wāhine

One stop shop aimed at young Maori wāhine. Incorporates cultural aspects of pregnancy, labour and birth.

Five days held in 2019.

Safe sleep (pepi pods)

Safe sleep spaces are distributed to any baby with increased risk of SUDI which includes, pre term or small for dates, co sleeping and addiction.

- 268 safe sleep spaces distributed.
- 53% Maori.
- 6% Pacifika.
- 35% locally woven harakeke wahakura.
- 44% of mothers were smokers with mental health issues and smoking whānau or māmā.



Whanganui Regional Health Network (WRHN)

WRHN collaborated with Hāpai te Hauora and in partnership with He Puna Ora to hold a wahakura wananga, in October 2022.

- It took place over 4 weeks,
- starting with a wahakura weaving weekend
- weekly evening digiwa (online sessions for smoking cessation support)
- hand back for the 11 mama who participated in the sessions.

All our childbirth educators are now *Transition to Parenting Diploma* qualified to run classes, Angela and Jenny having completed their qualifications in 2022.

WRHN childbirth educators have been busy running a number of different antenatal class options – the information for all can be found on our website, www.wrhn.org.nz/pregnancy parenting.

- Wrap around care to hapā māmā and their whānau to give them a positive start to the parenting journey.
- One on one classes for young mums and their significant others/support people.

Weekend classes have now been moved onsite to the WRHN. All our classes aim to provide as much information, as possible, including

- maternal and partner immunisations,
- car seat fitting
- safe sleep messaging
- a power to protect/ shaken baby
- labour and birth sessions.

Rural mama have the options of group classes or one-on-one sessions with Tania as numbers allow.

Over half of the safe sleep spaces/devices distributed within our rohe are now locally made wahakura.

Maternal vaccination rates over March 2023 showed a significant increase in maternal vaccinations locally.

- WRHN provide Hapū mama vaccinations on Tuesdays and other days by prior agreement.
- Protecting adults helps reduce risk of pēpē getting whooping cough while they are too young to be immunised.
- Pēpē can start making their own antibodies as they are immunised at the 6 week ,3 month and 5 month vaccination events.



Education

A 4800 hour programme, with 2400 practice hours.
www.op.ac.nz/study/midwifery

Congratulations to the graduates

- End 2020 Marcia O'Connor, Sophie Pehi.
End 2021 Stacey Graham Emily Dixon, Melissa-Ann Musso, Danielle Grant, Shiella Thomas.
End 2022 Stevie Love, Amber McDermott.



Responding to COVID:

OP already had the technology and blended learning design in place.

All students were able to complete their practice hours in 2020 and 2021 despite lockdowns. Academic staff tracked vaccinations and mask fit testing.

One of the unintended consequences of initiating a flexible impaired performance policy across OP in response to COVID has been a large volume of impaired performance applications² in 2022. Many students and their whānau have been impacted by COVID and flu (particularly around mid-year exam time) in 2022 so impaired performance applications increased.

Whanganui Satellite Students in 2022



We would like to introduce our **Year 1** and **Year 2** students for 2022:

Year 1	Year 2
<p>Kaiako: Deb Beatson 021 272 1255</p> <p>Blair Wilson Eden-Ngahaia Ratapu-Wanoa Rakapa Sciascia Vahini Uba</p>	<p>Kaiako: Deb Beatson 021 272 1255</p> <p>Brodee Blanche Claire Keown Javana Rangihuna</p>

Otago Polytechnic would like to thank the Kaiwhakawhānau in Whanganui (both community and those employed by Te Whatu Ora) for their time and generosity in sharing their practice and knowledge with the students.

Likewise, we appreciate the generosity of wāhine/ women/pregnant people who allow students to share in their pregnancy and birthing experiences. We would also like to acknowledge the obstetric, paediatric, support staff and community organisations who contribute to the practice experiences and learning for taura.

² Students may apply for a review of their performance in an assessment when they believe this has been impaired or where they have been unable to attend/complete/submit an assessment or examination because of circumstances beyond their control.

Applications for impaired performance may request reconsideration of results which may result in:

- an adjustment of an assessment mark
- permission to undertake a special examination/assessment
- an aegrotat pass.



Hāpai te hoe

“Hāpai te hoe” is our cultural awareness programme run by Te Hau Ranga Ora – Maori Health Services, here at Te Whatu Ora - Whanganui Hospital. The programme works alongside our staff so they can have a sound knowledge and understanding of tikanga Māori and can feel confident when caring for Māori whānau/families.

“Hāpai te hoe” enables you to understand the culture of Te Whatu Ora - Whanganui Hospital, some of the health and social realities for our population, our values, the “Waka” model, family/whānau centred care, and gain an insight into the Te Tiriti o Waitangi from a Whanganui perspective. This provides a good foundation when working with patients, whānau and staff. Staff also experience a waka/canoe trip on the Whanganui Awa (river).

All new staff come through a pōwhiri process and do two days of Hāpai te Hoe when they start with Te Whatu Ora – Whanganui Hospital. All existing staff have been through Hāpai te Hoe.



Ned Tapa, Kaitakitaki/
Cultural Advisor/Educator



Hōhipera/Midwifery Educator (Hospital) - Jo McDonnell

Challenges and Successes 2020 - 2022:

- Reduced time to provide education – required to work clinically, worked at home during lockdown.
- Three month freeze on all hospital education in 2022.
- Midwifery Emergency Skills Refresher nineteen full days delivered PROMPT³ (Practical Obstetric Multi-Professional Training) four full day courses.
- Neonatal Lift Support (NLS) four full days.

Additional education included:

- Suture workshop.
- Midwifery update days (2).
- One on one and group personal protective equipment (PPE) donning and doffing training.
- 100% of Kaiwhakawhānau met their mandatory educational requirements for their APC's.

Neonatal Life Support - Anna Lawson, coordinator.

- 2020 – 2022 ten completed workshops delivered to eighty five clinicians.
- Two workshops cancelled due to COVID.
- Staff included nurses, Kaiwhakawhānau and senior doctors from across the rohe.

³ <https://www.promptnz.org/>

Kelly Belcher

- Clinical Coach

July 2021 government announced that, as part of the Midwifery Accord Working Group recommendations, funding was being established for a new clinical coach role in maternity facilities.

A Midwife's Story

Kelly came to midwifery when she didn't really know what career she wanted to step into after completing school. Midwifery wasn't on the cards until, after a chat with a friend who had recently finished her training, Kelly to quit her job, went to Uni' and entered the profession of midwifery. Eleven years later it was definitely the perfect choice!

Pregnancy and childbirth fascinates Kelly, who loves that she can do a job that actually pays her to be a part of that journey.

Recently starting work as the Kaiwhakawhānau Clinical Coach here at our DHB, which is alongside her usual role. This is a Ministry of Health initiative to provide support to 'return to practice' Kaiwhakawhānau, new graduate Kaiwhakawhānau and anyone else new to the unit or who wants a little extra support. She remembers how it feels to be new to midwifery, to start in a new hospital and even in a new country, so is looking forward to helping people get through those things.

The midwife clinical coach acts as a support for new graduates, new staff and LMC's as well as a supervisor for return to practice and midwives undertaking their overseas competency requirements.

Originally from the UK, that's where Kelly did her midwifery training and began her career. The TV programme 'One Born Every Minute' was incredibly popular for a while, (not sure if it's available here in New Zealand), but it's worth a look. After seeing it family and friends mostly assumed Kaiwhakawhānau sat around drinking tea and eating biscuits all day, we wish! The reality she supposes is that we do run on tea and toast but it's usually because that's all Kaiwhakawhānau get time for. The maternity ward is a very unpredictable place to work, you can start a shift with only a handful of people on the ward and pretty soon you're full to bursting. There's no planning when you go into labour but sometimes everyone seems to do it all at once, weirdly so on a full moon!

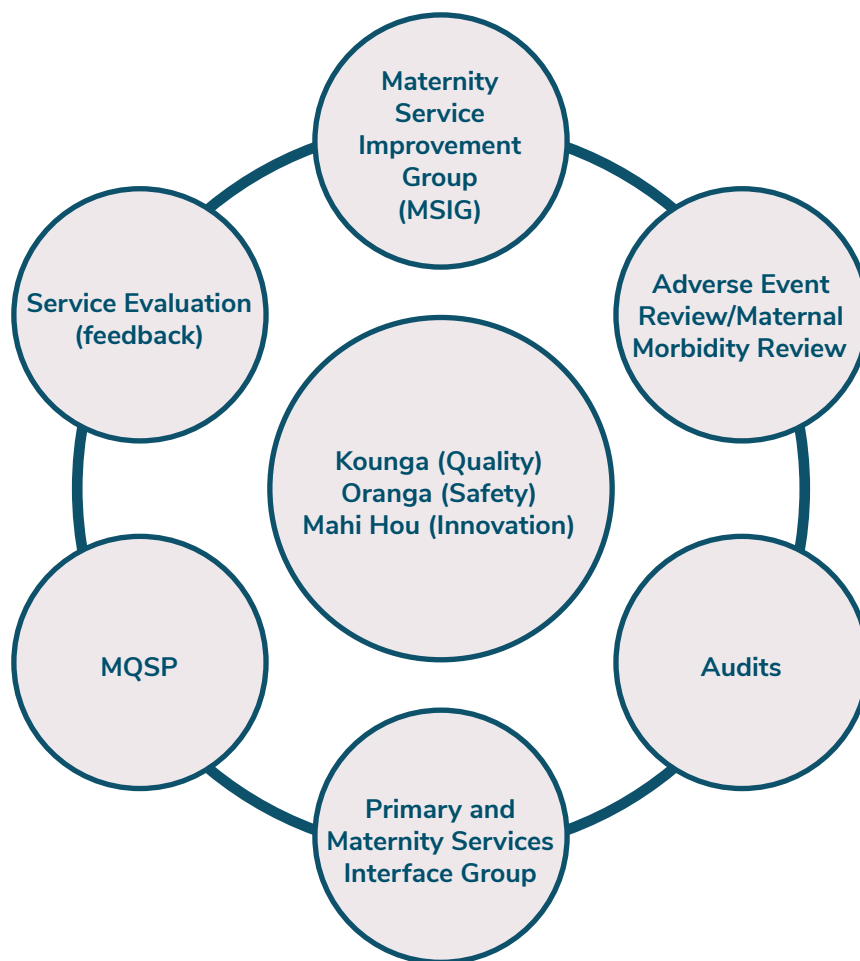
This might sound terrible at first but my favourite thing is when people go home. When people arrive in labour they might be tired, in pain and anxious about what's going to happen next. It's a beautiful thing to see them going back through those doors beaming, excited and with a baby in their arms ready for whatever life throws at them next – that's when the real fun begins.

Kelly Belcher pictured at baby resuscitaire in Delivery Room One.



Kia Tika

Getting it right – Quality Safety Innovation



Kei te pehea tatou/How are we doing?

Service Evaluation/Whakahokinga Whaihua

- Feedback form given to all wāhine/women at discharge.
- Reviewed by Kaiwhakawhānau Clinical Manager.
- Complaints followed up with wāhine/woman and whānau if contact number given.
- Feedback to MSIG at monthly meeting.

Development of monthly Maternity Dashboard report

Developed for monthly report at Maternal Child and Youth All of Service meeting.

Covers:

- Quality and risk.
- Workforce.
- Financial.
- Service delivery.
- How are we doing.

Maternity Service Improvement Group (MSIG)

The MSIG:

- Is multi-disciplinary.
- Reviews service needs/requirements.
- Monitors adverse events reporting.
- Monitors service activities and performance.
- Reviews protocols, policies, audits and guidelines.
- Provided input for COVID planning.

Ensures:

- We maintain highest standards of care and skill within our maternity service.
- Projects and actions are completed within timeframes.
- We have an open supportive environment.

COVID:

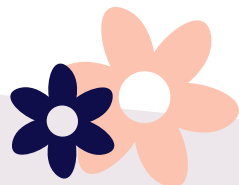
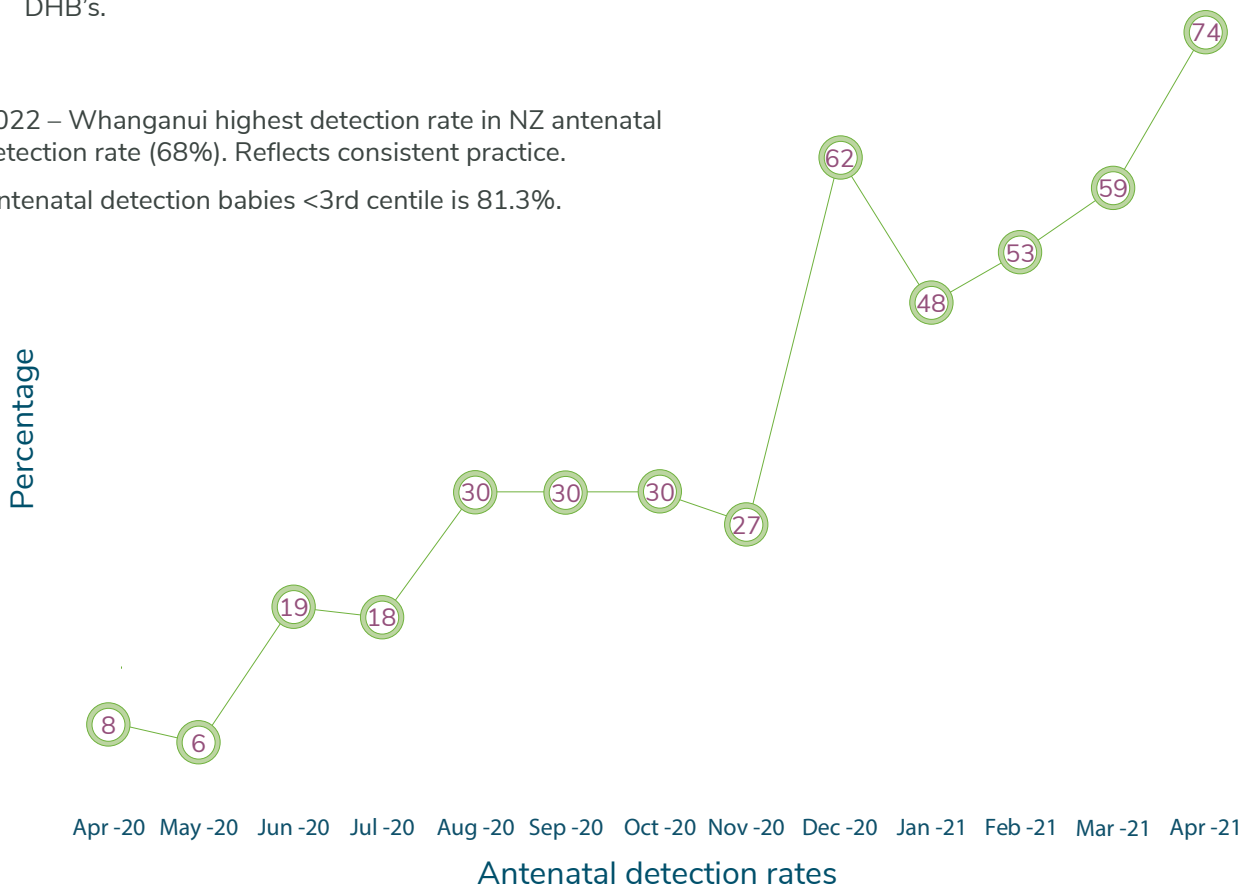
- Continued to operate using Zoom conferencing.

Growth Assessment Protocol/GAP

- Fetal Growth Restriction is the primary contributor to stillbirth, and a major cause of perinatal mortality and morbidity.
- Antenatal detection of FGR reduces stillbirth risk.
- GAP aims to reduce stillbirth rates by increasing detection of small for gestational age (SGA) babies.
- Programme sponsored by the Accident Compensation Corporation (ACC) and offered to all DHB's.
- In New Zealand GAP has been adapted following advice from the New Zealand College of Kaiwhakawhānau (NZCOM) and Professor Lesley McCowan.
- Training is provided through a 3-hour workshop and an eLearning module.

2022 – Whanganui highest detection rate in NZ antenatal detection rate (68%). Reflects consistent practice.

Antenatal detection babies <3rd centile is 81.3%.



Te Ara Pūrere

Maternity Quality Safety program



Rachel Taylor, Coordinator Te Ara Pūrere /
Maternity Quality and Safety programme

Rachel is the Maternity Quality Safety Program (MQSP) coordinator for the WDHB. Rachel has been a Kaiwhakawhānau for over 30 years and is one of many Kaiwhakawhānau who serve long careers in their professions! Quite an achievement.

Our lives really are a journey. Having crossed oceans in 1991, in 2001 Rachel crossed the country and went to Wellington where she worked in a variety of corporate roles such as clinical analyst, team manager and auditor. The role of Maternity Quality and Safety Program Coordinator has given Rachel the chance to use all the non-clinical skills learned in Wellington to support improving our maternity services in Whanganui. Kaiwhakawhānau fill many different roles but at the centre of everything Kaiwhakawhānau do is wāhine, their pēpē and whānau.

The challenge faced by Kaiwhakawhānau is not a 'how we are doing' but rather 'how we can change things going forward' situation. Our wāhine, and their whānau, face daily challenges such as poor housing, low income and health access. Midwifery can influence the politics of these challenges but we also need our wāhine/women to tell us what they need from our services and to be part of those changes.

Te Ara Pūrere Whakatutuki

Maternity Quality and Safety Achievements

- Contracted with /He oranga whānau/Healthy Families Whanganui Rangitikei Ruapehu to provide insights report. Work completed early 2023.
- Following local focus group meetings with providers contracted David Silvester of Liquid Edge to develop Te Kākano.
- Implemented Midwifery Forums.
- Worked with Te Hau Ranga Ora/ Māori Health Services to develop localised cultural competency training for LMC's.
- 2022 MQSP funded six LMC's to attend Te Hau Ranga Ora – Māori Health Services LMC's specific one day training.
- Developed a monthly MQSP newsletter (now a Maternity Services newsletter).
- Rolled out NEWS, LARC, MEWS and Sepsis bundle clinical projects.
- Maintained Crown Funding Agreement reporting schedule.
- Undertook ad hoc and regular data analysis and Clinical Board reports.
- Supported maternal mental health nurse to attend the 'Wait, Watch, Wonder program.

Te Kākano

Te Kakano serves as a central source of basic information and a directory of agencies and providers.

Mai I te kakano, ka puawaitia nga hua – from the seed we flourish and blossom, plant the seed and it will grow.

In this whakataukī we recognize pregnancy, growth and development.

Why Te Kākano?

In 2021 the hospital maternity services, primary care providers and agencies identified their shared purpose for women and their whānau/family:

"Women in Whanganui rohe who are navigating the pregnancy and parenting journey are healthy, well-informed and well-supported from pre-conception to postnatal care (first 6 weeks)."

We initially met with two groups of providers/agency representatives but soon recognized that we had a shared set of needs and the concept of an online directory was created. Over national lockdowns work was done to collect lists of providers, agencies and resources.

We then engaged David Silvester (Liquid Edge Creative) as our website designer and Cecilia Kumeroa (IHI Design) as our brand designer.

“*Mai I te kakano, ka puawaitia nga hua – from the seed we flourish and blossom, plant the seed and it will grow.*”

Our consumer advice has come from the Hapū Māmā group. Made up of new māmā and their village, this group has brainstormed content and met with the website team to review and provide feedback as the site is being developed.

What was originally planned as a service guide/leaflet for women, flow chart of roles and responsibilities for providers and community directory of services has grown into Te Kākano.

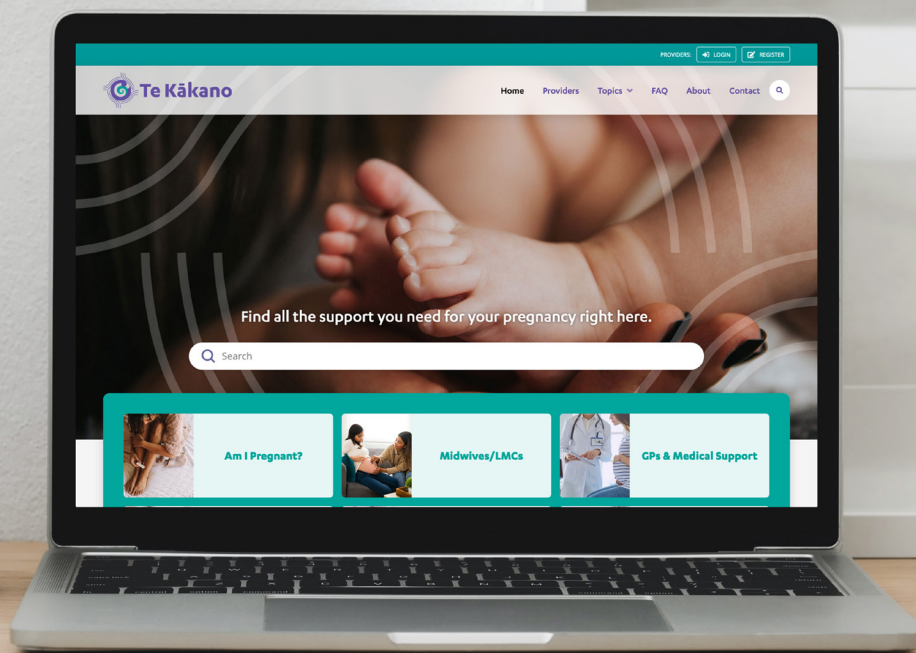


The Design

Our logo is a representation of growth and haputanga/pregnancy. The embracing koru expresses whakapapa and the bond of mother/māmā and child/pepi. Surrounding the māmā/pepi the Tipuranga design curves out from the central forms signifying growth or te tipurangi.

The teal and purple colours seen in our branding and through the website represent light and all creation (purple) and a calmness and moana (teal). Together the colours are seen in woven and carved taonga and so are associated with sacred possessions.

The logo typeface is Karbon and was designed by Kris Sowersby, an award winning graduate of Whanganui School of Design.



Maternal Morbidity Review

- Uses a trigger form to identify events which require review.
- Ensures we learn from adverse outcomes.
- Supports practice change through reporting and individual feedback.
- Reduces risk of recurrence.
- Reports to Maternity Service Improvement Group.
- Most recent report to the Clinical Board showed an increase in the most frequently reviewed events.

Event Trigger	2020 - 2021	2021-2022
Complications Requiring Additional Monitoring (MEW's escalation and or Admission to CCU)	6	8
Anal sphincter trauma	13	24
PPH requiring blood transfusion of 2 units or iron infusion	30	24
Unanticipated admission to SCBU	24	21
Other	1	1
Sepsis	0	1
Total	74	79

Anal sphincter increase statistically significant and being monitored. Mostly associated with normal vaginal birth and small number of forceps Slight increase in MEWS escalations probably associated with increased awareness of the MEWS tool and its use.

Themes associated with events

Theme	Comments	Activity
Documentation	Concerns raised by reviewer regarding overall standard of documentation and policy/guideline compliance at recent reviews. Agreed by the service improvement meeting (May 2022) that a stocktake /audit to be completed (July 2022) to assess the overall standards. Paediatric SMO not documenting assessments/interventions at resuscitation/ critical event.	Audit completed in July 2022. Escalated for sentinel event investigation.
Policy/guideline compliance	Identified issue: <ul style="list-style-type: none"> • Partogram not being utilised in complex labours (Oxytocin infusion/ epidural). • Epidural form/fluid balance incomplete. 	One to one conversation with practitioner(s) involved and discussion at ward meeting(s) re ensuring completion. Midwifery educator following up re epidural chart at education/training sessions.
Follow-up/OPD appointment following 3rd degree tear.	Three patients did not receive OPD follow-up review.	<ul style="list-style-type: none"> • Patient scheduling dept notified and appointments requested by Reviewer. • Escalated to HOD/CMM they have completed an investigation.



Nga Purongo a motu (National reports)

Whakatūpato (alert)

Te Whatu Ora has requested that localities provide an analysis of the 2020 clinical indicators.

Locally we can provide some data however our systems hamper the use of comparison data such as standard primiparae as this is not collected locally.

Clinical indicators for standard primiparae have been excluded as we are unable to provide comparator data. The definition of standard primiparae only applies to approximately 15% of all first time mothers nationally.

Use of trigger event review and sentinel/serious event review means that we have often already identified quality improvements and moved forward. As such this reduces the value of comparison to two year old clinical indicator data.

Clinical Indicators (2020)

The series of reports present comparative maternity interventions and outcomes data for pregnant wāhine/women and their babies by maternity facility and DHB region.

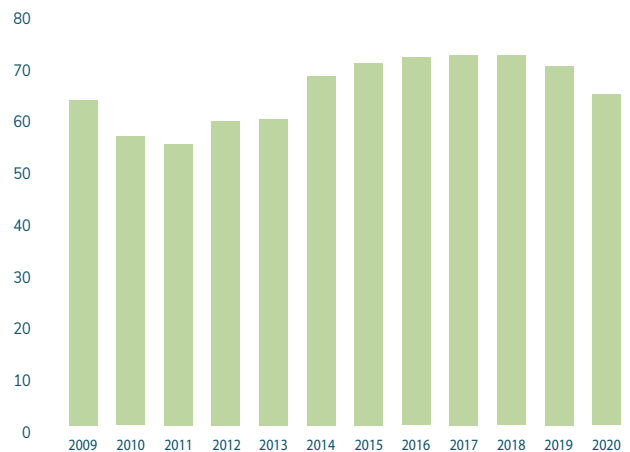
Indicator 10: Wāhine/women having a general anaesthetic for caesarean section

Rate (%) of births at Whanganui (secondary facility), 2009–2019 Denominator: Total number of wāhine/women who undergo caesarean section.

We have previously audited against our high numbers and note that the data is repeatedly incorrect as it captures all maternity GA including return to theatre.

2021 71.1% (QLIK data)

1. Registration with LMC in the first trimester of pregnancy



10: Wāhine/women having a general anaesthetic for caesarean section



Indicator 16: Maternal tobacco use during postnatal period.

Rate (%) of births at Whanganui (secondary facility), 2009–2019

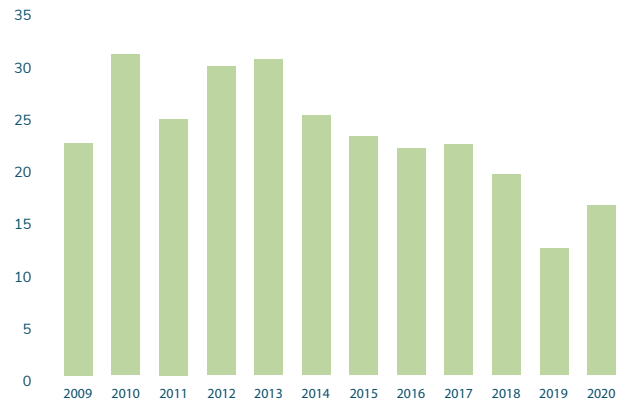
Denominator: Total number of wāhine/women with smoking status at 2 weeks after birth reported.

2021

QLIK data

Records 8 wāhine/women smoking postnatally (<1%)

16: Maternal tobacco use during postnatal period



Indicator 17: Preterm birth (<37/40)

Rate (%) of births at Whanganui (secondary facility), 2009–2019

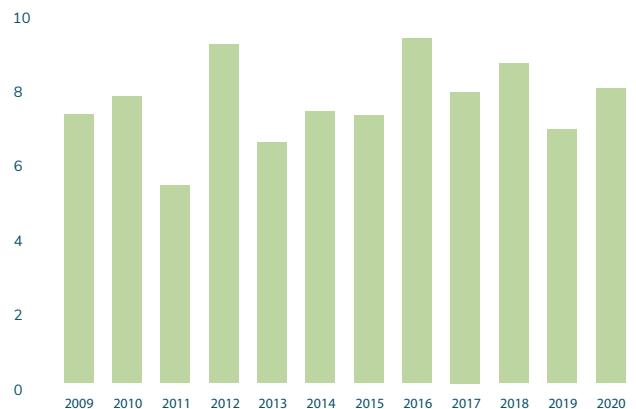
Denominator: Total number of babies born (live births)

2021 (QLIK data)

31 preterm births at Whanganui 13 of whom were low birthweight.

Ten term babies were born with a low birthweight and 18 were large for gestational age.

17: Preterm Birth



Te Rōpū o NMMG

(National Maternity Monitoring Group)

2019 Pūrongo-ā-tau

(Annual Report)

The NMMG acts as a strategic advisor to the Ministry on areas for improvement in the maternity sector, provides advice to district health boards (DHBs) on priorities for local improvement, and provides a national overview of the quality and safety of New Zealand's maternity service. The 2019 report was released to the health sector on 8th December 2020 and includes recommendations for DHB and primary care activities as well as to actions for the Ministry of Health. The report introduction highlights concern that:

The New Zealand Maternity Standards (2011) strategic statement in relation to “all wāhine/women having access to a nationally consistent, comprehensive range of maternity services that are funded and provided appropriately to ensure there are no financial barriers to access for eligible wāhine/women” is not being achieved in a number of areas in New Zealand.



www.findyourmidwife.co.nz
www.wdwb.org.nz/your-health/find-a-gp-or-Kaiwhakawhānau

NMMG recommendations to service providers	Whanganui DHB response/activities (ongoing)
<p>Place of birth</p> <p>DHB and PHO to report on how wāhine/women are informed of the full range of birth options; and outline methods used to promote primary birthing facilities for appropriate wāhine/women.</p>	<p>As a smaller DHB we have a secondary birthing facility at the hospital which includes a primary care approach and a primary care unit at Waimarino. We have a high rate of normal birth and decisions regarding whether to birth at home or in hospital are made between a wāhine/woman and her Kaiwhakawhānau .</p>
<p>Equitable access to contraception</p> <p>DHB to report on access to postnatal contraception for wāhine/women, processes in place for supporting wāhine/women to make informed choices, and services available that support wāhine/women to obtain their choice of contraception.</p>	<p>This has been identified as an area for us to work on in 2021.</p>
<p>Maternal Mental Health</p> <p>The NMMG would 'like to see' a DHB report on mental health referral and treatment pathways for wāhine/ women.</p>	<p>This will be discussed at the maternity Service improvement group meetings.</p>
<p>MQSP</p> <p>Areas of improvement for all DHBs included:</p> <ul style="list-style-type: none"> • Evidence of DHB audit and progress on achieving the New Zealand Maternity Standards. • The analysis, interpretation and application of DHB data/statistics into quality improvement projects that improve outcomes. • Undertake an audit of DHB LARC services to include the age and ethnicity of wāhine/women receiving them and the number of LARCs removed in each 12 month period, so trends can be shown. • Data in relation to DHB specialist maternal and infant mental health referrals, declines and access issues. • Evidence of consumer feedback being incorporated into quality improvement projects and the impact on outcomes. 	<p>The areas of improvement will be discussed by the MQSP governance group and added to the work plan as appropriate.</p> <p>Consumer feedback is reviewed at the monthly Maternity Service improvement Group meeting. LARC activity will be reported to the Ministry of Health quarterly.</p> <p>The NMMG reviewed the WDHB report and noted that we were “an exemplar of good practice in their adoption of kupu Māori (Māori words) and commitment to embracing mātauranga Māori (Māori knowledge and understanding)”.</p>

Glossary

Caesarean Section	An operative birth through an abdominal incision.
Episiotomy	An incision of the perineal tissue surrounding the vagina to facilitate or expedite birth.
Gravida	A pregnant wāhine/woman.
Maternity Facilities	A maternity facility is a place that wāhine/women attend, or are resident in, for the primary purpose of receiving maternity care, usually during labour and birth. It may be classed as primary, secondary or tertiary.
Multiparous	Multiparous is a wāhine/woman who has given birth two or more times. depending on the availability of specialist services (Ministry of Health 2012). This section describes wāhine/women giving birth at a maternity facility.
Neonatal Death	Death of a baby within 28 days of life.
Parity	Number of previous births a wāhine/woman has had.
Primiparous	A wāhine/woman who is pregnant for the first time.
Primary Facility	Refers to a maternity unit that provides care for wāhine/women expected to experience normal birth with care provision from Kaiwhakawhānau . It is usually community-based and specifically for wāhine/women assessed as being at low risk of complications for labour and birth care. Access to specialist secondary maternity services and care will require transfer to a secondary/tertiary facility. Primary facilities do not provide epidural analgesia or operative birth services. Birthing units are considered to be primary facilities. Primary maternity facilities provide inpatient services for labour and birth and the immediate postnatal period.
Postpartum Haemorrhage	Excessive bleeding after birth that causes a wāhine/woman to become unwell.
Primary Maternity Services	Primary maternity services are provided to wāhine/women and their babies for an uncomplicated pregnancy, labour and birth, and postnatal period. They are based on continuity of care. The majority of these maternity services are provided by Lead Maternity Carers (LMCs).

Secondary Facility	Refers to a hospital that can provide care for normal births, complicated pregnancies and births including operative births and Caesarean Sections plus specialist adjunct services including anaesthetics and paediatrics. As a minimum, secondary facilities include an obstetrician rostered on site during working hours and on call after hours, with access to support from an anaesthetist, paediatrician, radiological, laboratory and neonatal services.
---------------------------	---

Standard Primiparae	A group of mothers considered to be clinically comparable and expected to require low levels of obstetric intervention. Standard primiparae are defined in this report as wāhine/women recorded in the National Maternity Collection (MAT) who meet all of the following inclusions:
----------------------------	--

- delivered at a maternity facility.
- are aged between 20 and 34 years (inclusive) at delivery.
- are pregnant with a single baby presenting in labour in cephalic position.
- have no known prior pregnancy of 20 weeks and over gestation.
- deliver a live or stillborn baby at term gestation: between 37 and 41 weeks inclusive.
- have no recorded obstetric complications in the present pregnancy that are indications for specific obstetric interventions.

Intervention and complication rates for such wāhine/women should be low and consistent across hospitals. Compiling data from only standard primiparae (rather than all wāhine/women giving birth) controls for differences in case mix and increases the validity of inter-hospital comparisons of maternity care (adapted from Australian Council on Healthcare Standards 2008, p 29).

Stillbirth	The birth of an infant after 20 weeks gestation, which has died in the womb and weighed more than 400 grams
-------------------	---

Tertiary Facility	Refers to a hospital that can provide care for wāhine/women with high-risk, complex pregnancies by specialised multidisciplinary teams. Tertiary maternity care includes an obstetric specialist or registrar immediately available on site 24 hours a day. Tertiary maternity care includes an on-site, level 3, neonatal service.
--------------------------	---

Weeks' Gestation	The term used to describe how far along the pregnancy is. It is measured from the first day of the wāhine/woman's last period.
-------------------------	--



find us on
@whanganuidhb



follow us on
@whanganuidhb



wdhb.org.nz

100 Heads Road, Private Bag 3003, Whanganui 4540, New Zealand

